

FY2020 Title II Formula Grants Program

Program Narrative

Addendum to Idaho's 3-Year State Plan

Idaho is not making any changes to the current 3-Year Plan other than the required addendum to include the new information required per the JJRA which are addressed below.

• Describe how the state plan is supported by or takes account of scientific knowledge regarding adolescent development and behavior and regarding the effects of delinquency prevention programs and juvenile justice interventions on adolescents; 34 U.S.C. § 11133(a).

Idaho's 2018 Title II Plan was designed to enhance the juvenile justice system and strengthen Idaho youth and families. The plan was the culmination of local planning workgroups throughout the state using a data driven, strengths-based approach.

The Idaho juvenile justice system is based on the concept that juveniles are developmentally different than adults and require a different approach. Idaho's system is responsive to issues of mental illness, traumatic experience, and gender. Our 3-year plan similarly takes into account the need for developmentally appropriate programs and interventions, and focuses on evidence-based and best practice approaches.

The priority areas in Idaho's 3-year plan included compliance with the core protections; system improvement, training, and collaboration; and family engagement. All priority areas take into account scientific knowledge regarding adolescent development and behavior. With more robust brain science helping practitioners more fully understand adolescent brain development, and improved upon evidence informed practices, Idaho is positioned to make transformative changes in our juvenile justice system.

• Contain a plan to provide alternatives to detention for status offenders, survivors of commercial sexual exploitation, and others, where appropriate, such as specialized or problem-solving courts or diversion to home-based or community based services or treatment for those youth in need of mental health, substance abuse, or co-occurring disorder services at the time such juveniles first come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(iv).

While Idaho is a frontier state and resources are extremely limited, the Idaho Department of Juvenile Corrections (IDJC) is working with the SAG and community partners to provide alternatives to detention for status offenders. There are efforts to increase diversion efforts and

create protocols to aid community partners in addressing status offenses without arrests or formal court processes. In the past year, two counties were awarded grant funds through Title II to start programs that aim to keep status offenders out of detention. It is the hope to continue supporting these programs and help establish similar programs in other areas.

The IDJC and the SAG are also working in partnership to strengthen diversion practices in Idaho Code over the next two years. Since focusing more on diversion efforts in past years, there has been a significant decline in status offenses petitioned into court: 2,329 status offenses were petitioned to court in 2014; in 2019 that dropped to 1,358 – a 42% decrease. The goal to further improve diversion practices will further cut down the number of youth entering the justice system solely on status offenses.

Idaho has a limited number of active problem solving courts including juvenile mental health courts, juvenile drug treatment courts, and truancy courts. Idaho's 6th Judicial District is also working with the Idaho Department of Health and Welfare to develop protocols to identify and prevent youth from crossing over from one system into another. These youth are often status offenders, so early identification in the system and bringing together a Multidisciplinary Team to address needs prior to the youth/family becoming involved in both systems is helping cut down the number coming into the juvenile justice system. It is the hope to complete the pilot project summer 2020 and roll it out to the rest of the state by 2021.

• Contain a plan to reduce the number of children housed in secure detention and corrections facilities who are awaiting placement in residential treatment programs; 34 U.S.C. § 11133(a)(7)(B)(v).

Currently the IDJC supports statewide juvenile detention centers with the established Detention Clinician Program. The Program provides screenings and assessments to youth admitted to juvenile detention centers and supports all eleven juvenile detention centers in Idaho. Detention clinicians provide consultation with detention staff, probation staff and parents regarding mental health and/or substance use services for juvenile offenders with identified needs. Due to this consultation and collaboration, juveniles are often able to get connected to services much more quickly. Detention clinicians are available to youth for crisis intervention or in a counseling role and are instrumental in assisting youth in managing their behavior while in juvenile detention. Detention clinicians also assist in linking youth with community mental health and substance use services upon release from detention to expedite the delivery of services.

The IDJC is also working with the Idaho Department of Health and Welfare to include the Divisions of Medicaid and Behavioral Health to develop a plan to streamline processes and maximize resources for juveniles in the community.

• Contain a plan to engage family members, where appropriate, in the design and delivery of juvenile delinquency prevention and treatment services, particularly post-placement; 34 U.S.C. § 11133(a)(7)(B)(vi).

The Juvenile Corrections Act §20-501 stipulates that the parents or other legal guardians of juvenile offenders participate in the accomplishment of treatment goals through participation in counseling and treatment designed to develop positive parenting skills and an understanding of the family's role in the juvenile offender's behavior.

All juvenile probation departments throughout the state make efforts to engage and involve a juvenile offender's family and/or other supportive adults in the design and delivery of services. Families are paramount to ensuring successful outcomes for youth, and families are most effectively involved when there is an opportunity for the family to have meaningful, information, and authentic input.

The IDJC maintains engagement with families whose juveniles are in state's custody. After being committed to the custody of the IDJC, each juvenile is assigned a Juvenile Service Coordinator (JSC). These JSC's are the main point of contact for the family throughout the process. JSC's engage family members in a strength-based family assessment that examines circumstances, beliefs, and values with the family that have helped to minimize the behaviors that resulted in the juvenile's placement in the systems, and examine those that have contributed positively overall to the family's functioning with each other and within the larger community. As a result, circumstances that contribute to the offending behavior may also become apparent and thus may be targeted for change. The juvenile's treatment goals and expectations are based in part on information collected from the family during this assessment. These goals follow the juveniles throughout their placement and are targeted in their reintegration planning. The IDJC strives to keep families engaged through the entire process, and values them as a critical part of the treatment team. Families are invited to participate in monthly staffings, and JSC's also meet with the families in person on a quarterly basis to engage them in the process of their juvenile's treatment and to help prepare the family for the juvenile's return to the community. The IDJC strives to provide services that will meet the needs of both the juvenile and the family, thereby increasing the chance the juvenile will be successful.

• Contain a plan to use community-based services to respond to the needs of at-risk youth or youth who have come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(vii).

Currently the IDJC supports statewide juvenile probation departments through various community-based services to respond to the needs of at-risk youth and youth who have come into contact with the juvenile justice system. Roughly one-fourth of the IDJC overall budget is passed through to counties to provide services that address the needs of at-risk youth statewide. The IDJC has established two behavioral health programs to support this: Substance Use Disorder Services

Program and Community Based Alternative Services Program. These community-based programs are responsible for the delivery and oversight of funding for justice-involved juveniles who have substance use disorder treatment, mental health, and behavioral addiction treatment needs. The program collaborates with Idaho counties and tribes, the Judiciary, Medicaid/private insurance, and other stakeholders to build a responsive service delivery system of treatment for youth that are not committed to the IDJC. By allowing funds to be authorized for treatment locally through district boards and tribal committees, this model is intended to provide timely screening, professional level assessment, treatment, and recovery support services in the community.

• *Contain a plan to promote evidence-based and trauma-informed programs and practices; 34 U.S.C. § 11133(a)(7)(B)(viii).*

The IDJC follows a Recovery Based Systems of Care model to promote evidence-based and trauma-informed programs and practices. This restorative justice model recognizes the community as a client of the system. Building effective recovery based systems of care helps to ready the community for providing a broader range of behavioral health services. Effective recovery systems of care require the use of evidence-based practices and include the following characteristics:

- Providing a coordinated strategy for identification of clients and needs.
- Recognizing the impact of trauma on behavior.
- Engaging families to support recovery.
- Building the capacity of natural supports to sustain recovery.
- Emphasizing an individualized, flexible approach to services.
- Enhancing and maintaining a continuous focus on improving practice.
- Assuring effective service delivery by providers.
- Coordinating engagement with the court and legal system.

The IDJC works with key stakeholders such as Idaho counties and tribes, the Judiciary, and the Idaho Department of Health and Welfare Divisions of Medicaid and Behavioral Health to ensure that clients are receiving programs and services throughout Idaho that promote this recovery system of care.

The Idaho Department of Health and Welfare Divisions of Medicaid and the IDJC relies on the state of Idaho Behavioral Health Plan (Medicaid managed services contract with Optum Idaho). This plan is used to develop a resource list of evidence-based practices (EBPs) to promote the use of scientifically established behavioral health interventions. Training and education in these EBPs increase the expertise needed to provide effective interventions to members receiving services. Optum Idaho provides a clearinghouse of resources for providers to access based on their specific need and clinical judgement. These lists identify General EBPs that can be utilized for a variety of treatment needs. They also identify EBPs for common diagnostic categories such as: Trauma, ADHD, Disruptive Behavior, Depression, and Anxiety. These resources include free,

low-cost, and higher-cost resources. Additionally, there are a variety of delivery methods (webinars, DVDs, books, etc.) in an effort to meet the educational needs of providers. Resources include relevant modules available through their e-learning system that can increase skills and knowledge base for working with specific populations.

• ***Contain a plan that shall be implemented not later than December 21, 2020, to—***

I. Eliminate the use of restraints of known pregnant juveniles housed in secure juvenile detention and correction facilities during labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others.

II. Eliminate the use of abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on known pregnant juveniles, unless—

(a) credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or

(b) reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method; 34 U.S.C. § 11133(a)(7)(B)(ix).

Currently, Idaho Statute §20-902 states:

(1) A correctional institution shall not use restraints of any kind on a prisoner known to be pregnant during labor and delivery, except as provided in subsection (2) of this section.

(2) In an extraordinary circumstance, where a corrections official makes an individualized determination that restraints are necessary to prevent a prisoner from escaping or from injuring herself or medical or correctional personnel, such a prisoner or detainee may be restrained, provided that:

(a) If the doctor, nurse or other health professional treating the prisoner requests that restraints not be used, the corrections officer accompanying the prisoner shall immediately remove all restraints; and

(b) Under no circumstances shall leg or waist restraints be used on any prisoner during labor or delivery.

(3) If restraints are used on a prisoner pursuant to subsection (2) of this section:

(a) Both the type of restraint applied and the application of the restraint must be done in the least restrictive manner necessary; and

(b) The corrections official shall make written findings within ten (10) days as to the extraordinary circumstance that dictated the use of the restraints. As part of this

documentation, the corrections official must also include the kind of restraints used and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances. These findings shall be kept on file by the institution for at least five (5) years and be made available for public inspection, except that no information identifying any individual prisoner or detainee shall be made public under the provisions of this section without the prisoner or detainee's prior written consent.

Under the Idaho Juvenile Corrections Act §225.04(a), the use of mechanical restraints shall be restricted to:

- Instances of transfer;
- Instances of justifiable self-protection;
- The protection of others;
- The protection of property;
- Medical reasons under the direction of medical staff;
- The prevention of escapes; and
- The suppression of disorder.

It is the intent of the IDJC to convene a meeting of the juvenile detention standards committee to review this section of the Juvenile Corrections Act to strengthen the language regarding mechanical restraints specifically related to pregnant juveniles.

All juvenile detention administrators are aware of the federal restrictions and are taking measures to comply with the new regulations by December 2020.

• Describe policies, procedures, and training in effect, if any, for the staff of juvenile state correctional facilities to eliminate the use of dangerous practices, unreasonable restraints, and unreasonable isolation, including by developing effective behavior management techniques; 34 U.S.C. § 11133(a)(29).

The mission of the IDJC includes providing a safe and secure environment for all juveniles and all staff at each IDJC facility. Effective supervision of juveniles is the foundation for maintaining the safety and security necessary to support a therapeutic environment.

It is the policy of the IDJC that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. There will be documentation that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment is not tolerated.

The IDJC trains staff to treatment program dynamics including Positive Peer Culture, Therapeutic Community, and Dialectical Behavior Therapy. Staff focus is always on treatment and rehabilitation with juvenile versus a Juvenile Corrections “prison-type” environment. The IDJC also trains staff in Trauma Informed Care/self-care (Think Trauma) and Mental Health for Juvenile Justice. The more IDJC staff know about self-care and mental health related issues the better they will be at responding to the issues involving juvenile behaviors. We stress Effective De-Escalation and being more proactive versus reactive in crisis situations. All of this helps with avoiding the unreasonable restraints and room isolation or confinement.

Good staff judgment based upon regular training and team strategies is the most critical factor in determining the level of behavioral management that is needed. Every use of behavioral management, including all types of physical intervention and room confinement or segregation/isolation, must specifically take into account the medical, mental health, and emotional needs of the juvenile involved. When the need arises for physical control, the most appropriate and reasonable techniques requiring the least amount of force warranted by the situation will be used. The use of behavioral management techniques are not imposed for more than the time necessary for the juvenile to regain control and for staff to restore order, as taught in Effective De-Escalation.

In addition, each of the three IDJC-operated facilities actively participates in Performance-based Standards (PbS). PbS is a data-driven improvement model that helps us identify, monitor, and improve conditions of confinement and treatment services using national standards and performance outcome measures. At least twice a year we collect and submit data to PbS through surveying youth, staff, and families, and reporting administrative data, incidents, and services offered at the facilities. We are provided the ability to analyze our performance as compared to others nationally, and use this analysis of data to develop improvement plans. Specifically, we closely monitor all restraint, room confinement, isolation, and segregation use, compare our outcomes to those of the 113 participating facilities across the U.S., and continually set goals and strategies to reduce such interventions.

• ***Describe:***

(A) The evidence-based methods that will be used to conduct mental health and substance abuse screening, assessment, referral, and treatment for juveniles who—

(i) request a screening;

(ii) show signs of needing a screening; or

(iii) are held for a period of more than 24 hours in a secure facility that provides for an initial screening; and

(B) How the state will seek, to the extent practicable, to provide or arrange for mental health and substance abuse disorder treatment for juveniles determined to be in need of such treatment; 34 U.S.C. § 11133(a)(30).

The evidence-based methods used to conduct mental health and substance abuse screening, assessment, referral, and treatment for juveniles who request a screening or show signs of needing a screening is largely completed through the Idaho Behavioral Health Plan (Optum Idaho-Medicaid) as a voluntary request by parents/clients. Optum Idaho's model consists of the following:

- Comprehensive Diagnostic Assessment (CDA): The CDA includes a current mental status examination, as well as a description of the Member's readiness and motivation to engage in treatment, participate in the development of the treatment plan and adhere to the treatment plan. The CDA includes a biopsychosocial history that provides information on previous medical and behavioral health conditions, interventions, outcomes, and lists current and previous providers. The mental status exam includes an evaluation of suicidal or homicidal risk. A substance use screening should occur for Members over the age of 10 years, noting any substance use and treatment interventions. When a substance use concern is identified during the assessment process, the provider must include the six ASAM dimensions in their CDA. The ASAM assessment and placement determination must be completed by an individual trained in the ASAM criteria multidimensional assessment process and level of care placement decision making. Other areas to be covered in the CDA are developmental history, education, legal issues, social support and cultural and spiritual considerations. The assessment will lead to a DSM diagnosis (or ICD equivalent) with recommendations for level of care, intensity and expected duration of treatment services.
- Functional Assessment Tool: The Idaho Department of Health and Welfare has selected The Child and Adolescent Needs and Strengths (CANS) assessment as the functional assessment tool to be used for youth under the age of 18 receiving Medicaid benefits. There is no specific functional assessment tool which is mandated for adults, but one is required to be used. If a provider identifies the need to administer a specialized assessment to further understand the member's substance use concerns, the provider may administer the GAIN or another specialized SUD assessment tool.

Idaho's juvenile justice system also utilizes the Youth Level of Service/Case Management Inventory (YLS/CMI) as a structured assessment instrument designed to facilitate the effective intervention and rehabilitation of youth who have committed criminal offenses (aged 12-18 years) by assessing their risk level, criminogenic needs, and strengths in the community for clients involved in the diversion or probation process.

Idaho juvenile detention centers that hold clients for more than 24-hours in a secure facility also rely on evidence based practices such as the MAYSI and the Alaska Screening tools.

- MAYSI is a brief behavioral health screening tool designed especially for juvenile justice programs and facilities. It identifies youths 12 through 17 years old who may have

important, pressing behavioral health needs. Its primary use is in juvenile probation, diversion programs, and intake in juvenile detention centers or corrections.

- Alaska Screening Tool (AST) screens for substance abuse, mental illness, co-occurring substance abuse and mental illness, traumatic brain injury (TBI), and Fetal Alcohol Spectrum Disorders (FASD).

Currently the IDJC supports statewide juvenile probation through various community-based services to respond to the needs of at-risk youth who have come into contact with the Juvenile Justice system. The Idaho Department of Health and Welfare Divisions of Medicaid and IDJC relies on the state of Idaho Behavioral Health Plan (Medicaid managed services contract with Optum Idaho) as the primary gateway for clients to review behavioral health services. In addition to this, the IDJC has established two behavioral health programs, Substance Use Disorder Services Program and Community Based Alternative Services Program to support alternative services not found in the normal area of services offered through Optum Idaho. These community-based programs are responsible for the delivery and oversight of funding for justice-involved juveniles who have substance use disorder treatment, mental health, and behavioral addiction treatment needs. The Program collaborates with Idaho counties and tribes, the Judiciary, Medicaid/private insurance, and other stakeholders to build a responsive service delivery system of treatment for youth that are not committed to the IDJC. By allowing funds to be authorized for treatment locally through district boards and tribal committees, this model is intended to provide timely screening, professional level assessment, treatment, and recovery support services in the community.

• Describe how reentry planning by the state for juveniles will include—

(A) A written case plan based on an assessment of needs that includes—

(i) the pre-release and post-release plans for the juveniles;

(ii) the living arrangement to which the juveniles are to be discharged; and

(iii) any other plans developed for the juveniles based on an individualized assessment; and

(B) Review processes; 34 U.S.C. § 11133(a)(31).

Re-entry planning begins as soon as juveniles are placed in the custody of the IDJC. Every juvenile has an individualized re-integration plan based on information gained through an in-depth observation and assessment process, and input from the family. This plan continues to be developed throughout treatment while in custody, and is modified as needed by the juvenile's treatment team. The plan is driven by the needs of the juvenile, family, and community, and reflects the work necessary to meet release expectations. Release expectations go beyond a simple statement of ideal results or of conditions of probation. Substantive and realistic release expectations result from consistent monthly dialog with the youth, family, probation officer and

other community partners. The information should reflect what the parents, families, and probation want the juvenile to look like when they return home, and state the behaviors that are expected when they are ready to release.

Areas of release expectations include personality & behavior; attitudes, values and delinquent orientation; peer relations; substance abuse; leisure & recreation; family circumstances and parenting; education and vocations; sexual misconduct; and specialized needs.

Re-integration plans include living arrangements, education, family, and aftercare services needed (individual therapy, family therapy, vocational rehabilitation services, substance abuse aftercare, medication management, etc.), and legal. All youth leaving a juvenile correctional facility leave with a copy of their Relapse Prevention Plan, either a hard copy, a digital copy, or utilizing a newly implemented phone application.

• *Describe policies and procedures, if any, to—*

(A) Screen for, identify, and document in records of the state the identification of victims of domestic human trafficking, or those at risk of such trafficking, upon intake; and

(B) Divert youth described in subparagraph (A) to appropriate programs or services, to the extent practicable; 34 U.S.C. § 11133(a)(33).

At this time, Idaho juvenile correctional facilities and detention centers do not have any standard policies or procedures to screen, identify, and document the identification of victims of domestic human trafficking or those at risk of trafficking upon intake; nor are there currently policies and procedures to divert such youth. However, the IDJC has established a working committee specifically to address issues related to potential victims of human trafficking in our custody. This work group met on March 2, 2020, and developed recommendations regarding screening, data collection, service plans, and staff education/training. The recommendations were given to the IDJC Leadership Team for review and consideration.

Once a screening tool is identified, it is the intention of the IDJC to begin screening for, identifying, and documenting those juveniles who are placed in custody that are victims, or may be at risk of human trafficking. That information will then help the IDJC create individualized treatment plans and strategies to address their needs while in custody, and make appropriate referrals for services in the community when they reintegrate.

After a screening tool and policies and procedures have been adopted by the IDJC, we will share this information with county detention and probation administrators in hopes that they will adopt similar policies and utilize the same tool for more standardization statewide.

FY2020 Title II Idaho Racial and Ethnic Disparities Action Plan

2018 Racial and Ethnic Disparities Data						
		White	Black/African American	American Indian	Asian	Hispanic
Population		161,112	3,011	2,582	3,834	37,129
Arrest	Number	5899	285	169	64	1006
	Percentage	3.66%	9.47%	6.55%	1.67%	2.71%
Diversion	Number	650	18	25	7	151
	Percentage	0.40%	0.60%	0.97%	0.18%	0.41%
Detention	Number	3411	148	242	18	986
	Percentage	2.12%	4.92%	9.37%	0.47%	2.66%
Secure Confinement	Number	105	11	12	1	28
	Percentage	0.07%	0.37%	0.46%	0.03%	0.08%
Adult Transfer	Number	3	1	0	0	2
	Percentage	0.002%	0.03%	0.00%	0.00%	0.005%

2017 Racial and Ethnic Disparities Data						
		White	Black/African American	American Indian	Asian	Hispanic
Population		155493	3734	4456	4070	36065
Arrest	Number	5116	299	168	50	1188
	Percentage	3.18%	9.93%	6.51%	1.30%	3.20%
Diversion	Number	685	23	25	50	143
	Percentage	0.43%	0.76%	0.97%	1.30%	0.39%
Detention	Number	3721	184	221	13	744
	Percentage	2.31%	6.11%	8.56%	0.34%	2.00%
Secure Confinement	Number	134	7	5	0	29
	Percentage	0.08%	0.23%	0.19%	0.00%	0.08%

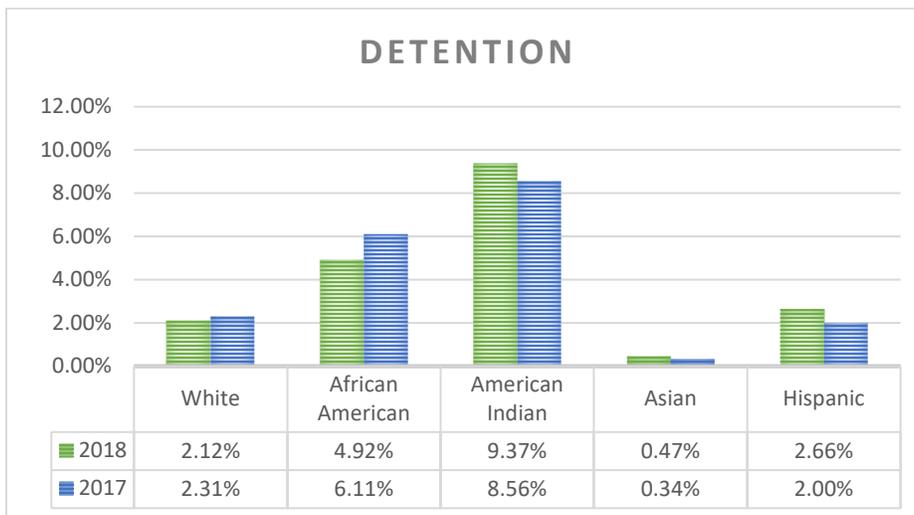
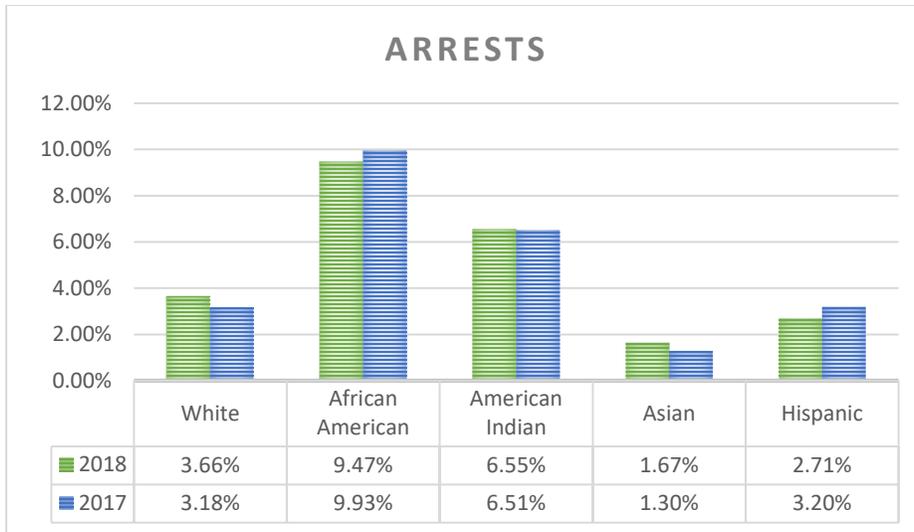
Population Data based on EZAPOPOP data

1. What do your Racial and Ethnic Disparities numbers tell you about your jurisdiction?

Throughout the years Idaho has investigated and addressed Racial and Ethnic Disparities issues, one dynamic emerged as a defining factor: Racial and Ethnic Disparities and the issues influencing it are highly localized. A second dynamic affecting potential Racial and Ethnic Disparities is the fact the population sizes in Idaho are often very small and can lead to great variance in data from year to year.

Assessments conducted in targeted communities in the past revealed no bias at any decision point in the system, but rather identified other predictors for involvement in the juvenile justice system including prior arrests, seriousness of the offense, and gang involvement.

Utilizing the current data evaluation model, it appears the most significant disparities lie within Black/African American and American Indian youth at both the arrest and detention points.



2. What would success in Racial and Ethnic Disparities reduction look like for your state?

To date, Idaho has not substantiated any disparities in the juvenile justice system based on race or ethnicity. Our success lies within the continuance of community-based programming that addresses known predictors of Racial and Ethnic Disparities, and increased knowledge in cultural awareness and competence for professionals throughout the state.

Goal 1: State-level programming to prevent and reduce delinquent behavior throughout the state.

Goal 2: Increase of cultural awareness and competence among stakeholders and juvenile justice professionals throughout the state.

Goal 3: Collaboration with community leaders in minority groups to aid direction in cultural awareness training and alternatives to law enforcement referrals.

3. How much do you want to reduce Racial and Ethnic Disparities next year?

- a. Idaho's Racial and Ethnic Disparities reduction goal is to reduce the rate of Black/African American youth at the point of arrest. It is anticipated that with lower arrest rates, detention rates of Black/African American youth will also decrease.
- b. Additionally, it is our goal to continue to monitor American Indian youth and work to also reduce the numbers of youth at both the arrest and detention points.

4. Is the reduction reasonable? If yes, why?

The reductions are reasonable for the following reasons:

- a. Idaho is focused on helping juvenile justice professionals within the state understand adolescent brain development from a trauma informed perspective. This perspective includes the need for continued cultural competency building.
- b. Idaho is prepared to expand training among its stakeholders on the topics of cultural awareness that utilizes a trauma informed approach.
- c. Idaho is also positioned to make changes to its juvenile justice system that encompass the need for a reduction in arrest and detention of all youth within the state.

5. What do you need from OJJDP to be successful with your plan?

Idaho has a new Racial and Ethnic Disparities Coordinator who would benefit from specialized training materials and collaboration with other coordinators in the country. Racial and Ethnic Disparities specific trainings would be beneficial to ensure compliance with OJJDP regulations regarding Racial and Ethnic Disparities while also having opportunities to learn of emergent trends and successful approaches in other states.

6. What safeguards will you put in place to ensure that as you work to reduce Racial and Ethnic Disparities, you are still protecting the public, holding youth accountable, and equipping youth to live crime-free, productive lives?

The Idaho Juvenile Corrections Act is based on the Balanced Approach to Restorative Justice. All activities implemented pursue a balance of community safety, accountability, and competency development. All probation departments and detention centers base decisions on individual cases off of validated assessments that reduce bias and disparity by looking at static and dynamic risk factors including GAIN Assessments, MAYSI, and Alaska Screening tools.

The Idaho Department of Juvenile Correction's mission is to develop productive citizens in active partnership with communities. Racial and Ethnic Disparities initiatives to date focused on crime prevention, effective policy/youth communication, anti-gang programming, stakeholder training, and community awareness. Idaho has a long history of implementing graduated sanctions that meet the needs of victims, communities, and offenders. Racial and Ethnic Disparities programming operates within the paradigm of restorative justice with graduated sanctions that are supported by validated risk and needs assessments such as the Youth Level of Service/Case Management Inventory.

Outcome-Based Evaluation

1. What are your new numbers?

Comparing data from 2017 and 2018, 2018 data does highlight a significant reduction in detention rates of Black/African American youth but still shows rates to be nearly three to four times the rate of White youth in the state at the points of arrest and detention. Contact at the point of detention increased for both Hispanic and American Indian youth in 2018, following the trend of disproportionate contact among minorities at all points of the juvenile justice system throughout the state. While many of the improvements among minority contact is minimal, Idaho is beginning to show a negative trend in arrest data.

2. Did you meet your goal?

No changes were anticipated other than the typical fluctuations observed every year as Idaho was at an early stage of implementation with a target community and efforts resulting from the strategic plan were not in implementation phase yet. However, as stated, Idaho did begin to show a negative trend in arrest data which demonstrates success towards the goal.

3. If yes, what worked? What drove the success? If no, what were the barriers? How might you overcome those next year? What partners do you need?

Initial assessment in the targeted community showed possible disparities at the point of arrest particularly for Native American juveniles. After further analysis by an independent researcher only crime type and prior history were found to be statistically significant predictors of arrest outcome. Thus, it is concluded that juveniles were not treated differentially at the point of arrest because of their race/ethnicity.

While no disparities due to race/ethnicity were determined to be present at the time of arrest, the quantitative data analyses did provide some valuable information about demographic and situational variables associated with race/ethnicity which were helpful in determining what resources could be provided. On-going efforts include locating and implementing resources specific to tribal youth and females referred to the juvenile justice system.

4. How can OJJDP help you next year? What do you need from us?

As previously indicated, Idaho has a new Racial and Ethnic Disparities Coordinator, therefore training and resources would be beneficial as we continue to develop strategies to address potential disparities.

5. How did you protect the public, hold kids accountable, and equip them to live crime-free?

Under the Idaho Juvenile Corrections Act, the juvenile justice system demands a balance of community safety, accountability, and competency development. Racial and Ethnic Disparities initiatives focus on looking at alternative programs to hold youth accountable while ensuring they receive appropriate community-based services. Examples of initiatives in the targeted community include establishing a youth court programs for Native American youth on the reservation, and further training on restorative justice practices.

6. What are your goals for next year?

The intention is to continue offering support in the targeted community while looking at other statewide strategies for cultural competence among juvenile justice professionals.
