

## GLOSSARY

### A

**Adverse childhood experiences (ACEs):** Potentially traumatic experiences that occur before age 18. The 10 ACEs identified in a landmark study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente are abuse (emotional, physical, or sexual), neglect (emotional or physical), and household challenges (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, or incarcerated family member). Research suggests that the more ACEs a person experiences, the greater the chances for poor physical and mental health and socioeconomic outcomes. Researchers have identified additional adverse childhood experiences (e.g., bullying, homelessness) that also have negative consequences.

**Age of criminal responsibility:** The age at which an individual is subject to the jurisdiction of adult criminal court instead of juvenile court. In Wisconsin, the age of criminal responsibility is 17 and in some circumstances a person as young as age 14 can be “waived” into adult court.

**Assessment (also known as *risk and needs assessment*):** A standardized process or tool to determine the nature and complexity of a youth’s problems, risk for recidivism, and factors that, if treated, can reduce a person’s likelihood of reoffending. An assessment can identify risks and needs in various domains such as mental health, prosocial skills, and support networks. Assessments are typically longer and more in-depth than screenings and can be used to match youth with appropriate treatment and level of supervision. (See also *needs assessment* and *risk assessment*.)

**Adolescence:** The period of life between puberty and young adulthood, from age 10 or 11 (“early adolescence”) through age 19 or even the early 20s (“late adolescence”), during which biological, cognitive, emotional, and social development unfolds. Compared to children or adults, individuals in mid- or late adolescence are more impulsive, less likely to consider the future consequences of their actions, more likely to engage in sensation-seeking, and more likely to pay attention to the potential rewards of a risky decision than the potential costs.

**Arrest:** When law enforcement personnel take or hold a juvenile in custody in response to a delinquent or criminal charge. In Wisconsin, juveniles may also be taken into custody but not arrested when the officer reasonably believes that the juvenile has committed an act in violation of state or federal criminal law, is a runaway, or has violated some other law or court order.

### B

**Behavioral health condition:** A term that encompasses all contributions to a person’s mental wellness, including mental health conditions (e.g., anxiety, depression, conduct disorder), substance use disorders, and conditions related to traumatic exposures. Behavioral health conditions can pose developmental, emotional, physical, and social challenges, and youth with these conditions are at an increased risk of juvenile justice system involvement.

## C

**Community-based program:** Services, programs, and/or supervision provided to youth who remain in their homes and communities in lieu of detention, as part of a diversion program, or upon release from a correctional facility. Services and programs may include restitution programs, substance abuse treatment, or other rehabilitative services.

**Co-occurring disorders:** When a person has a mental health condition and substance use disorder at the same time. These conditions may precipitate or exacerbate one another, or they may exist independently. Research shows that 50% to 70% of adolescents involved in the juvenile justice system have a mental health condition and 60% of those youth have a co-occurring substance use disorder.

**Criminogenic needs:** Characteristics, traits, or problems of a person that are correlated with the likelihood of reoffending. Risk assessments often measure two categories of criminogenic needs: static and dynamic. Static factors, such as age and criminal history, cannot be changed or addressed through treatment or programs. Dynamic factors, such as antisocial thinking, negative peer groups, or lack of literacy or job skills, can be addressed in therapy, training, or education to help the offender become a law-abiding citizen.

**Crisis Intervention Team (CIT) program:** A community-based program to improve the response to individuals experiencing a mental health crisis. CIT programs create partnerships between law enforcement, mental health providers, hospital emergency services, and families. Although initially developed to respond to adults in crisis, the model has been expanded to youth with the goal of preventing youth from becoming involved with the juvenile justice system.

## D

**Disproportionate minority contact (DMC):** The difference in the rates of juvenile justice system contact of youth from specific minority groups compared to white, non-Hispanic youth. This term also refers to the disparate and harsher treatment administered to minority youth compared to white, non-Hispanic youth at various decision points in the justice system.

**Delinquency:** Conduct by a juvenile that would constitute a crime if committed by an adult. Delinquent acts do not include status offenses and may exclude traffic violations and petty offenses.

**Detention:** Temporary custody of a juvenile in a secure confinement facility. Juveniles may be placed in secure detention prior to trial or disposition, or for violation of a condition of a dispositional order.

**Desistance:** The cessation or giving up of criminal activity. Most adolescent offenders stop their offending as they age and mature into adulthood.

**Diversion:** A system of procedures and programs designed to channel certain youth away from formal processing in the juvenile justice system, sometimes to treatment programs or services in the community. Programs frequently target first-time offenders, non-violent offenders, and youth whose delinquent behavior stems from behavioral health conditions (e.g., mental health conditions or substance use disorders).

**I**

**Intake:** The process after taking a juvenile into custody in which intake workers with the juvenile court or county department (1) make a determination about temporary custody, (2) decide how the case is to proceed (i.e., dismissal of the case, deferred prosecution agreement, or formal delinquency proceedings), and (3) provide counseling and referral services.

**J**

**Juvenile justice system (also called youth justice system):** In Wisconsin, the area of law applicable to youth between the ages of 10 and 17 who are accused of violating a state or federal criminal law, civil law, or county or municipal ordinance. Each county is responsible for its own juvenile justice system. The juvenile justice process operates from the premise that youth are fundamentally different from adults, both in level of responsibility and potential for rehabilitation.

**M**

**Mental health condition (also known as mental health disorder):** A wide range of conditions that affect a person's mood, thinking, and behavior. A mental health condition is often not the result of one event, but of overlapping factors including genetics, environment, experiences (including traumatic experiences), and lifestyle. Common mental health conditions among juveniles in the justice system include anxiety, depression, conduct disorder, and attention-deficit/hyperactivity disorder.

**N**

**Needs assessment:** A tool used to assess the degree to which a person has struggled with or is currently exhibiting signs and symptoms of mental health and behavioral problems. Some tools also ask questions about behaviors that have or could lead to court involvement (e.g., violence, breaking the law, drug use). Some comprehensive assessments combine a needs assessment and a risk assessment (e.g., risk for re-offending) into one instrument. (See *assessment*.)

**R**

**Racial disparity:** When the proportion of a racial/ethnic group within a system is greater than the proportion of such groups in the general population.

**Recidivism:** Subsequent criminal involvement of individuals who have been involved in the justice system. Different jurisdictions have different definitions of what qualifies as recidivism. The Wisconsin Department of Corrections (DOC) defines recidivism as a youth committed to the Division of Juvenile Corrections, who, within three years after release into the community, commits a new offense resulting in a court disposition involving DOC. In 2014, the most recent year data are available, the recidivism rate for juveniles released from Wisconsin juvenile correctional facilities (i.e., Lincoln Hills, Mendota Juvenile Treatment Center, and Copper Lake School) was 58.8%.

**Recidivism rate:** The rate at which youth who have been previously adjudicated delinquent reoffend, as measured by subsequent arrests, prosecutions, and/or placement or incarceration. A decrease in the recidivism rate is frequently used as a key indicator to determine the success of programs and services for delinquent offenders.

**Reclaiming Futures:** An evidence-informed, six-step model adopted by communities to better serve justice system-involved youth who have behavioral health conditions, especially substance use problems. Reclaiming Futures' model promotes cross-system collaboration within communities and states to ensure all youth receive screenings (and assessments if needed), are matched with appropriate support and treatment as soon as possible, and are regularly monitored to ensure their treatment is successful.

**Risk assessment:** A tool to help juvenile justice decision-makers classify youth into graduated risk levels according to their likelihood of committing a new offense. These instruments can help with decisions about which youth can be safely released into the community, with or without supervision, or might qualify for or succeed in a particular community-based program. Some comprehensive assessments combine a needs assessment (e.g., mental health and behavioral problems) and a risk assessment into one instrument. (See *assessment*.)

## **S**

**School-based mental health services:** Care provided to and coordinated for children and adolescents with mental health conditions in the school setting. Care can include the screening of and treatment for mental health conditions, often in collaboration with community health agencies. Community mental health clinics may also be co-located in schools. Providing school-based mental health services addresses common problems families might experience such as lack of transportation and financial constraints, and may address mental health provider shortages and stigmas related to mental health problems.

**School Responder Model (SRM):** A school-based approach to reroute students with behavioral health needs who are at risk of referral to the juvenile justice system (e.g., youth with academic disengagement, pattern of escalating misbehavior, law enforcement involvement). Trained, school-based "responders" identify and screen youth for behavioral health conditions, including mental health and substance use disorders and exposures to trauma, and connect them to community-based behavioral health services instead of referring them to the juvenile justice system.

**Screening:** A brief process or tool to identify people who may require more in-depth assessment to determine risks or needs related to problematic behavior, health, mental health, trauma, academic concerns, and drug use. Because they are not used to diagnose problems or establish treatment plans, screening instruments can be administered by a wide range of health, school, and justice professionals.

**Sequential Intercept Model (SIM):** A strategic planning tool that helps communities better understand their gaps in services and resources available for helping justice system-involved individuals with mental health conditions or substance use disorders. Both Dane County and Milwaukee County have developed a Sequential Intercept Model map that illustrates how people with behavioral health needs come in contact with and flow through their criminal justice systems.

**Status offense:** An act that would not be a crime if committed by an adult but is unlawful when committed by a minor, such as underage use of alcohol, curfew violations, truancy, and running away from home.

**Strengths-based approach:** Policies, practice methods, and strategies that identify and draw on the strengths of individuals, families, and communities, as opposed to a deficit approach, which emphasizes problems and pathology. Strengths-based approaches engage the family as a partner in developing and implementing programs and treatment plans. (For example, see *YASI*.)

## T

**Trauma:** A painful or distressing experience often resulting in lasting mental and physical effects that interferes with daily functioning. Potentially traumatic experiences include abuse, neglect, and household dysfunction. Symptoms of trauma in youth may include emotional numbing, nightmares, sleep disturbances, academic decline, aggressive and antisocial behaviors, or suicidal thoughts.

**Toxic stress:** Excessive activation of a child or adolescent's stress response system that occurs when he or she faces intense, prolonged, or frequent adversities, especially in the absence of a relationship with a supportive adult. This type of stress can negatively impact an adolescent's developing brain, ability to learn and function in school, and capacity to build trusting, supportive relationships.

## Y

**Youth Assessment and Screening Instrument (YASI):** A research-based tool used in Wisconsin and other states to measure a youth's needs, strengths, and risk for reoffending, and to help develop case plans. The YASI includes 88 questions designed to ensure that only those youth with higher risk levels enter the system. The tool also includes a brief "pre-screen" version to assist in early decision-making. The statewide roll-out of the YASI began in a small number of Wisconsin counties in early 2019. By the end of the two-year, phased implementation process, all counties will use the YASI in their youth justice cases.

## Z

**Zero tolerance policies:** School discipline policies and practices that respond to violations of school rules, misbehavior, or possession of banned items with predetermined consequences—often severe, punitive, and exclusionary (e.g., out of school suspension and expulsion)—regardless of the context or rationale for the behavior.