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Trends in Juvenile Justice State Legislation 2001 – 2011



Trends in Juvenile Justice State Legislation: 2001-2011

By
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Executive Summary

Two main goals drive the nation's juvenile justice system: protecting both public safety and the welfare and rehabilitation of young offenders who break the law. State juvenile justice policies require balancing these interests, while also preserving the rights of juveniles.

A rise in serious juvenile crime in the late 1980s and early 1990s led to state laws that moved away from the traditional emphasis on rehabilitation in the juvenile justice system toward tougher, more punitive treatment of youth, including adult handling. During the past decade, juvenile crime rates have declined, and state legislatures are reexamining juvenile justice policies and rebalancing approaches to juvenile crime and delinquency.

Today, more and better information is available to policymakers on the causes of juvenile crime and what can be done to prevent it. This includes important information about neurobiological and psychosocial factors and the effect on development and competency of adolescents. The research has contributed to recent legislative trends to distinguish juvenile from adult offenders, restore the jurisdiction of the juvenile court, and adopt scientific screening and assessment tools to structure decision-making and identify needs of juvenile offenders. Competency statutes and policies have become more research-based, and youth interventions are evidence-based across a range of programs and services. Other legislative actions have increased due process protections for juveniles, reformed detention and addressed racial disparities in juvenile justice systems.

The very difficult budget climate in states recently has prompted questions about the effectiveness of punitive reforms and the high economic costs

they can impose. States are re-evaluating their juvenile justice systems in order to identify methods that produce better results for kids at lower cost. This has contributed to a state legislative trend to realign fiscal resources from state institutions toward more effective community-based services.

The appendix contains citations to referenced legislation.

Distinguishing Juvenile Offenders from Adults

Research distinguishing adolescents from adults contributed to a state trend to re-establish boundaries between the adult and juvenile justice systems. One of the more prominent shifts in juvenile justice policy has been the focus on juveniles' developmental needs.

Adolescent Development Research

A growing body of research on the brain development of children, as compared to adult brains, has received national attention. Findings by the MacArthur Foundation's Research Network on Adolescent Development and Juvenile Justice show that adolescent brains do not fully develop until about age 25, and the immature, emotional and impulsive nature characteristic of adolescents makes them more susceptible to committing crimes. Studies also have shown that juveniles who commit crimes or engage in socially deviant behavior are not necessarily destined to be adult criminals. This research has provided the basis for widespread state legislative policy reforms in juvenile justice systems.



Federal Standards

Significant rulings at the federal level also have helped reshape juvenile justice policies. In a 2005 case, *Roper v. Simmons*, the U.S. Supreme Court held the Eighth Amendment's ban against cruel and unusual punishment prohibits juveniles from being sentenced to death for crimes they committed before they reached age 18. The court cited MacArthur Research Network research as evidence that adolescents' brains are not fully developed, which affects mental abilities such as self-control and, thus, their ability to take responsibility for their actions. The Court also held that there was a "consensus" in society that juveniles lack the requisite "culpability" for their crimes, as demonstrated by the fact that 47 percent of state legislatures had already outlawed execution of juveniles in the 1980s and 1990s.

Then again in 2010, the Court abolished the sentence of life without the possibility of parole for youth convicted of non-homicide crimes in *Graham v. Florida*, building on the reasoning it applied in *Roper*. On June 25, 2012, the Court in *Miller v. Alabama* ruled that imposing mandatory life sen-

tences without the possibility of parole on juveniles also violates the Eighth Amendment.

Twelve states—**Alaska, Colorado, Kansas, Kentucky, Maine, Montana, New Jersey, New Mexico, New York, Oregon, Vermont** and **West Virginia**—and the **District of Columbia** currently prohibit juvenile life without parole sentences or have no juvenile offenders who are serving the sentence. In 2006, **Colorado** changed its mandatory sentence of life without parole to 40 years before the possibility of parole, and in 2011, in response to the *Graham* ruling, **Nevada** ended the sentence of life without parole for juveniles for non-homicide crimes.

Raising the Age of Juvenile Court Jurisdiction

A major trend in juvenile justice policy in the past decade has been to expand the jurisdiction of the juvenile court by increasing the upper age of jurisdiction. Today, 38 states set the maximum age at 17, 10 states—**Georgia, Illinois, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, South Carolina, Texas** and **Wisconsin**—set the age at 16, and two states—**North Carolina** and **New York**—set it at 15; therefore, 16- and 17- year-olds automatically are tried in the adult system.

In 2007, a **Connecticut** law raised the age of juvenile court jurisdiction from 16 to 18. Connecticut previously had the largest number of inmates under age 18 in its adult system. According to recent data, the proposed change in the age of juvenile jurisdiction moves more than 10,000 new cases a year from the adult criminal justice system to the juvenile justice system. Research also shows that moving 16- and 17-year-old youth out of the adult system into the juvenile system

Landmark Juvenile Life Without Parole Decision: *Miller v. Alabama* (2012)

In this case, the U.S. Supreme Court determined that proportionality—punishment be appropriate to the crime committed—must take into account “the mitigating qualities of youth.” The Court’s rationale extended from previous cases (*Roper v. Simmons* and *Graham v. Florida*) detailing how juveniles differ from adults—they are prone to impulsive behavior and less able to understand the full impact of their actions—and how this makes them somewhat less culpable for their crimes, even when egregious. Those who sentenced the two defendants, Evan Miller and Kuntrell Jackson, had no discretion to impose different punishments because of mandatory minimum sentencing. Under these sentencing structures, judges who decided Miller’s and Jackson’s sentences could not consider youth or any other factors that may make the sentence disproportionate to the crime. The Court ruled that judges need to examine all circumstances of a case and, therefore, sentencing schemes that require life in prison without the possibility of parole for juvenile offenders violates the Eighth Amendment.

will return about \$3 in benefits for every \$1 in cost.

Also in 2007, the **Rhode Island** General Assembly reversed the governor's recommendation to decrease the age of juvenile jurisdiction from 18 to 17 and restored the jurisdiction age to 18. The same year, **Missouri** expanded juvenile court jurisdiction to include status offenders age 18 and younger. In 2009, an **Illinois** act raised the age of juvenile court jurisdiction from 17 to 18 for youth charged with misdemeanor offenses, while **Colorado** expanded eligibility for sentencing for select youth ages 18 to 21 to the youthful offender system instead of to the adult offender population.

In 2010, a **Mississippi** law allows juveniles charged with certain felonies— robbery, drug offense and arson— to remain in the juvenile justice system. Previously, all 17-year-olds charged with felonies were tried in adult court. The same year, an **Oklahoma** measure provided that those up to six months into age 18 can be adjudicated in the juvenile system for misdemeanors.

These actions are significant because extending the age limit in juvenile court affects the lives of hundreds of thousands of youths.

Reforming Transfer and Direct File Laws

As the decade moved forward, other age-related statutory changes were made to juvenile court jurisdiction. State legislative actions began to refine circumstances under which juvenile offenders are treated as adult criminals, leaving transfer to adult court for only the most serious crimes and offenders. Other laws returned discretion to juvenile court judges to determine the best interests of the juvenile.

A 2007 **Virginia** measure changed the “once an adult, always an adult” law. Previously, a one-time

transfer of a juvenile to adult court was enough to keep a juvenile in the adult system for all future proceedings, no matter how minor the charge, or even an acquittal. The law requires that youth now must be convicted of an offense in order to be tried in adult court for all future offenses. In 2008, a **Colorado** act allowed a juvenile charged with felony murder to serve in the juvenile justice system. The same year, a **Maine** law provided that juveniles under age 16 who receive adult prison sentences can begin serving the sentence in a juvenile facility. Similarly, **Virginia** allowed a juvenile sentenced as an adult to gain earned sentence credits while serving the juvenile portion of the sentence in a juvenile center, rather than in an adult facility.



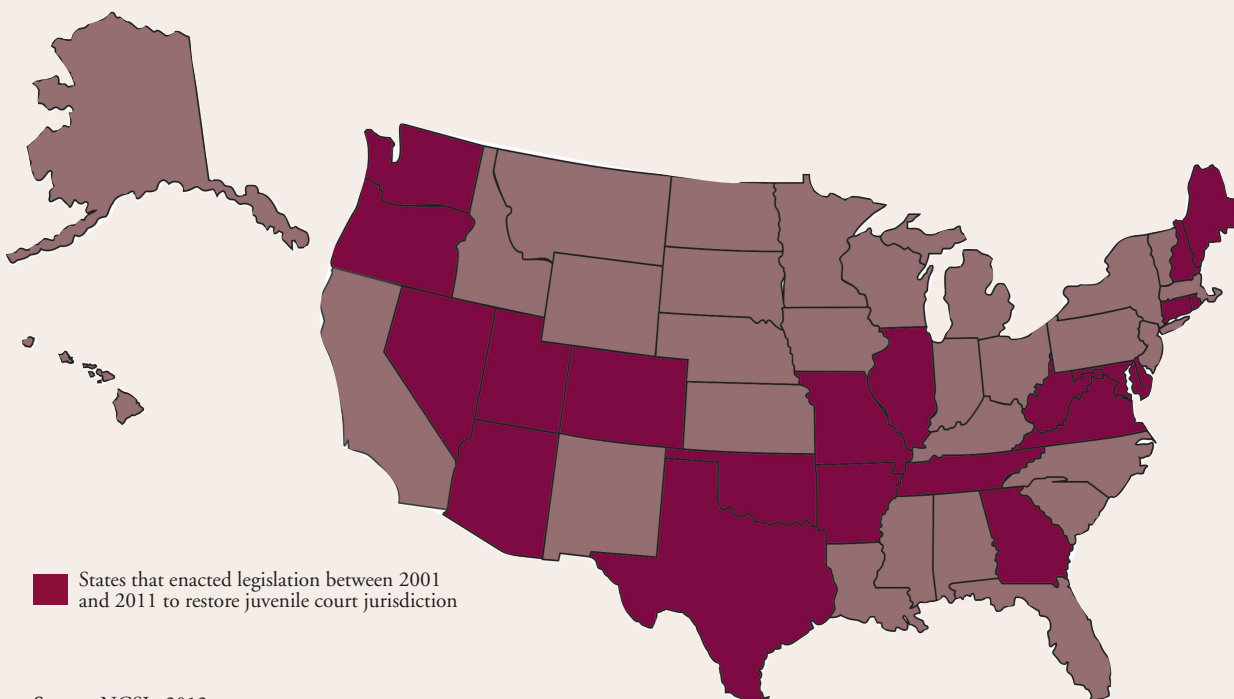
In 2009- 2010, three states—**Nevada**, **Mississippi** and **Utah**—left it to the juvenile court to determine whether transfer to the adult court was necessary. Most recently, a 2012 **Colorado** law bars district attorneys from charging juveniles as adults for many low- and mid-level felonies. The act also raises from 14 to 16 the age at which young offenders may be charged as adults for more serious crimes.

These laws reflect the trend in states to treat and rehabilitate youth in the juvenile justice system instead of sending them to the more punitive-oriented adult system.

Juvenile Competency

Competency is an individual's cognitive ability to comprehend and participate in legal proceedings. Traditionally, competency was focused only on adults. During the past decade, however, juvenile competency has come to the forefront as policy-

Enacted Legislation Restoring Juvenile Court Jurisdiction: 2001 – 2011



Source: NCSL, 2012.

makers digest the research on adolescent development and their emotional and psychological maturity. At least 10 states—**Arizona, Colorado, Florida, Georgia, Kansas, Minnesota, Nebraska, Texas, Virginia** and **Washington**—and the **District of Columbia** specifically address competency in their juvenile delinquency statutes.

Other state legislative actions have addressed competency and insanity determinations in the adjudicatory process. In 2005, **Oregon** legislation allowed a juvenile an affirmative defense of mental disease or defect constituting insanity, and in 2006, **Georgia** required that a juvenile be represented by an attorney when being evaluated for competency. Recent enactments in **California** and **Louisiana** provide that a juvenile transferred to adult court may seek a sanity hearing to determine competency, while **Maryland** and **Tennessee** require court-ordered mental health evaluations of a juvenile's competency to proceed. In 2010, **Iowa** required a proceeding to be suspended if the child was ordered

into a residential facility for treatment of a mental illness, and in 2011, **Idaho** lawmakers established standards for evaluating a juvenile's competency to proceed.

Due Process and Procedural Issues

In the past decade, state legislatures have provided increased due process protection for juvenile offenders. Such measures have included providing legal services to juveniles who are facing proceedings and addressing the needs of indigent juvenile offenders.

Legal Counsel and Other Procedural Issues

Many states have addressed a juvenile's constitutional right to quality defense counsel during proceedings. In the past decade, at least nine states—**Kentucky, Louisiana, Maryland, Mississippi, North Dakota, Tennessee, Texas, Utah** and **Virginia**—enacted laws that require qualified counsel

be provided to juveniles at various stages of youth court proceedings. In addition, between 2004 and 2005, **Illinois**, **Louisiana** and **Maryland** prohibited juveniles from waiving their right to counsel. For juveniles who are appealing their case, **Utah** created an expedited process for appeals from juvenile court orders. Two 2012 laws in **Pennsylvania** provide that juvenile defendants must be represented by counsel and require the juvenile court judges to state in open court the reasoning behind their sentences.

Indigent Defense

An “indigent defendant” is someone who has been arrested or charged with a crime punishable by imprisonment and who lacks sufficient resources to hire a lawyer without suffering undue hardship. The issue of indigent defense has received attention in recent years in the states. In at least one state—**Michigan**—the juvenile court must appoint an attorney to represent a youth, regardless of his or her indigence status. Most states appoint counsel to youths only upon determining that they qualify as indigent, and the application process for receiving counsel varies from state to state. Several states—including **Florida**, **Delaware**, **Georgia**, **Louisiana** and **Tennessee**—require administrative fees to submit an application. Once a state receives an application for juvenile indigent counsel, decision makers must evaluate either the parents’ or the child’s finances and other enumerated factors to make their ruling. In **Alabama**, the presiding judge determines indigence, while **Georgia** leaves it to the public defender’s office or any agency providing the service.

Other states have established commissions to help facilitate the process for determining indigence and providing services. In 2009, for example, **Maine** established a Commission on Indigent Legal Services to provide efficient, high-quality services to

indigent juvenile defendants. In 2010, **Louisiana** provided for appointment of counsel for indigent youth and set guidelines for admissibility of a child’s confession.

Such actions addressing juvenile defense, including indigence, reflect a trend to preserve the constitutional rights of youth who come into in the system.

Prevention and Intervention

In the past decade, state legislatures have enacted prevention statutes that increasingly incorporate risk and protective factors to provide intervention services for at-risk youth and establish diversion programs for non-violent offenders. States also have recognized that prevention policies must facilitate collaboration with the justice system, and other youth-serving agencies.

Evidence-Based Programs

A recent trend in state juvenile justice policy has been adoption of evidence-based practices that provide treatment to youth and their families and seek to improve behavior and emotional functioning. Evidence-based programs or policies are supported by a rigorous outcome evaluation, that clearly demonstrate effectiveness. For example, multi-systemic therapy, family functional therapy and aggression replacement training are evidence-based interventions in place in juvenile justice systems today in at least eight states—**Connecticut**, **Florida**, **Hawaii**, **Mississippi**, **Oklahoma**, **Pennsylvania**, **Tennessee** and **Washington**. A 2011 **Vermont** law required its Center for Justice Research to evaluate innovative programs and research on evidence-based alternative programs for juvenile offenders.





Diversion and Investing in Community-Based Alternatives to Incarceration

In recent years, state legislative actions also have diverted non-violent young offenders from juvenile or criminal justice systems through local community-based and pre-trial diversion programs. In 2004, major reform legislation was passed in **Illinois** to establish *Redeploy Illinois*, which has become a model for other states. *Redeploy* encouraged counties to develop community-based programs for juveniles rather than confine them in state correctional facilities. Savings from the reduced commitments are reallocated to the counties for development of community-based treatment programs. The now-permanent state program is expanding throughout the state.

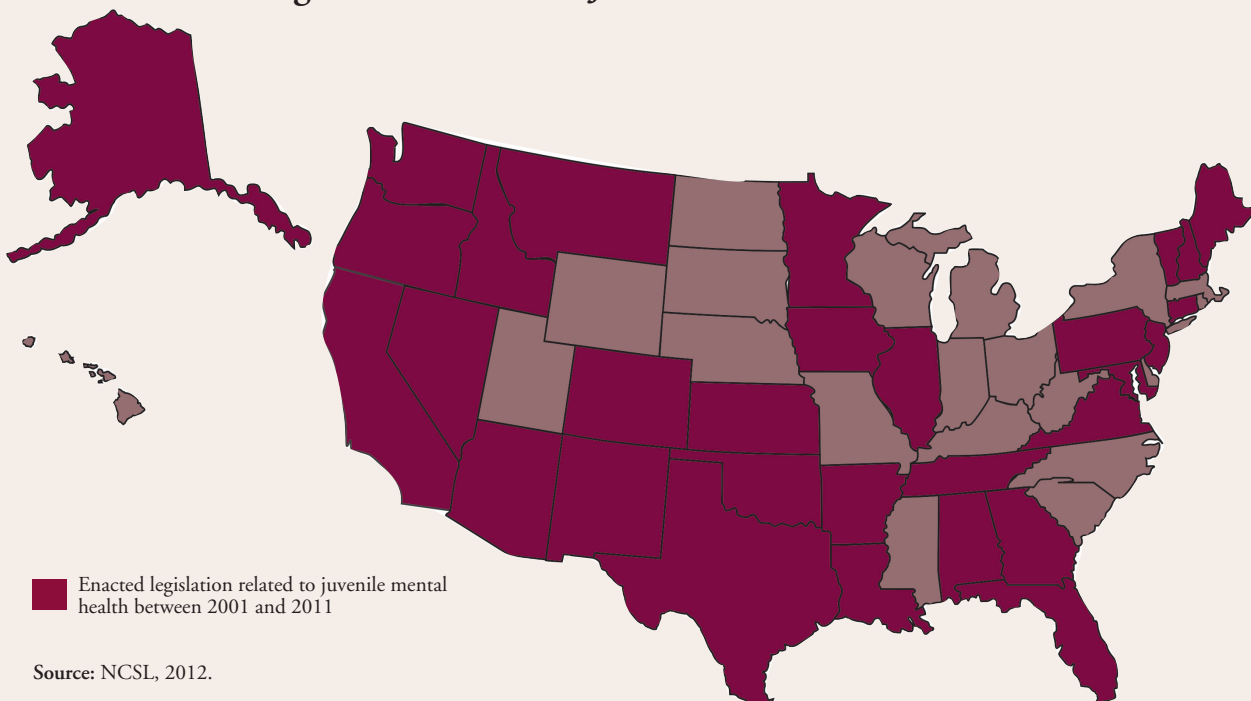
In at least half a dozen states today, other realignment strategies are moving fiscal resources from

state institutions to community-based services. In 2011, for example, comprehensive reform measures passed in **Ohio** and **Texas**. **Ohio's** law urged that 45 percent of savings from corrections facility closures be reinvested in community-based services. The **Texas** law combined the state Youth Commission with its Juvenile Probation Commission and tasked the new commission with increasing community-based programs for juveniles throughout the state.

Treating Mental Health Needs of Juvenile Offenders

Between 65 percent and 70 percent of the 2 million youth arrested each year in the United States have some type of mental health disorder. Mental health needs of court-involved youth challenge juvenile justice systems to respond with effective evaluations and interventions. During the past decade, state policies have focused on providing proper screening, assessment and treatment services for young offenders who have mental health needs.

Enacted Legislation Related to Juvenile Mental Health: 2001 – 2011



Source: NCSL, 2012.

Highlights include a 2005 omnibus state mental health law passed in **Washington** that expanded mental health services and addressed treatment gaps. It also encouraged criminal and juvenile justice diversion and treatment by authorizing counties to establish a 0.1 cent sales tax to establish therapeutic courts. The same year, an **Idaho** measure also created mental health courts to be incorporated into existing state drug courts. A similar **Colorado** law allowed a 90-day suspended sentence, during which treatment is provided to developmentally disabled or mentally ill juveniles. In 2009, **Texas** provided that mentally ill youth be eligible to receive continuity of care and treatment while in the juvenile justice system. And the same year, **Colorado** established a family advocacy program to work with the community to collaborate in providing services to young people with mental illnesses.

Screening and Assessment

Screening and assessment are key to addressing mental health treatment needs of youth in the juvenile justice system. Recent state policies require proper screening and assessment to help determine juvenile risk, placement and treatment. **Minnesota** and **Nevada** have established statewide mental health screening for all youth in the juvenile justice system. A 2005 **Texas** act required juvenile probation departments to have youth complete the MAY-SI-2 screening instrument that identified potential mental health and substance abuse needs. **Idaho** allowed juvenile courts to order mental health assessment and treatment plans for juveniles. In 2009, acts in **North Dakota** and **Oregon** required alcohol and drug education, assessment and treatment for juveniles who commit alcohol violations.

Disproportionate Minority Contact

Minority youth come into contact with the juvenile justice system at every stage at a higher rate than

their white counterparts. Various explanations have emerged for the disproportionate treatment of minors, ranging from jurisdictional issues, certain police practices and pervasive crime in some urban areas. The past decade has seen state legislative actions to address complex problems of over-representation of minority youth.

Between 2005 and 2007, **Colorado**, **Indiana**, **Kansas** and **Tennessee** established committees or commissions to address and remedy overrepresentation of minorities in their juvenile justice systems, and continue to work on these issues today. In 2008, **Iowa** became the first state to require a “minority impact statement,” which is required for proposed legislation related to crimes, sentencing, parole and probation. **Connecticut** soon followed, requiring racial and ethnic impact statements for bills and amendments to increase or decrease the pretrial or sentenced population of state correctional facilities. Similar to fiscal impact statements, the new requirements seek to provide greater understanding of the implications of proposed laws for minorities.

A 2010 **Maryland** law requires cultural competency model training for all law enforcement officers assigned to public school buildings and grounds. In 2011, **Texas** established an interagency council to address the disproportionate involvement of minority children in the juvenile justice, child welfare and mental health systems. The same year, **Illinois** established a task force to create a standardized collection and analysis of data on the racial and ethnic identity of arrestees. **Connecticut** now requires judicial and executive entities to report to the legislature and governor every two years on progress in addressing disproportionate minority contact in the juvenile justice system.



Highlights of Other Significant Juvenile Mental Health Laws

2001

Arizona - Requires residential treatment if the court finds that the juvenile has psychological and mental health needs and requires the court to periodically review the progress of the treatment given.

2003

Connecticut - Authorizes the court to order a juvenile charged with cruelty to animals to undergo counseling or participation in an animal cruelty prevention and education program.

2005

California - Provides education on mental health and developmental disability issues affecting juveniles in delinquency proceedings to judicial officers, and other public officers and entities that may be involved in the arrest, evaluation, prosecution, defense, disposition and post-disposition or placement phases of delinquency proceedings.

2006

Georgia - Requires a full mental health evaluation if the juvenile is found not competent. Requires such juveniles to be treated in the least restrictive environment and that community-based treatment options be exhausted before treatment in a secure facility is considered.

2007

New Jersey - Requires suicide and mental health screening of juveniles in county detention centers. Requires every suicide gesture or attempt to be reported.

2008

Colorado - Permits the court to order mental health treatment or services as a part of the disposition

2009

Montana - Provides children with mental health needs with in-state service alternatives to out of state placement. Establishes reporting requirements regarding high-risk children with multiagency service needs who are suffering from mental health disorders.

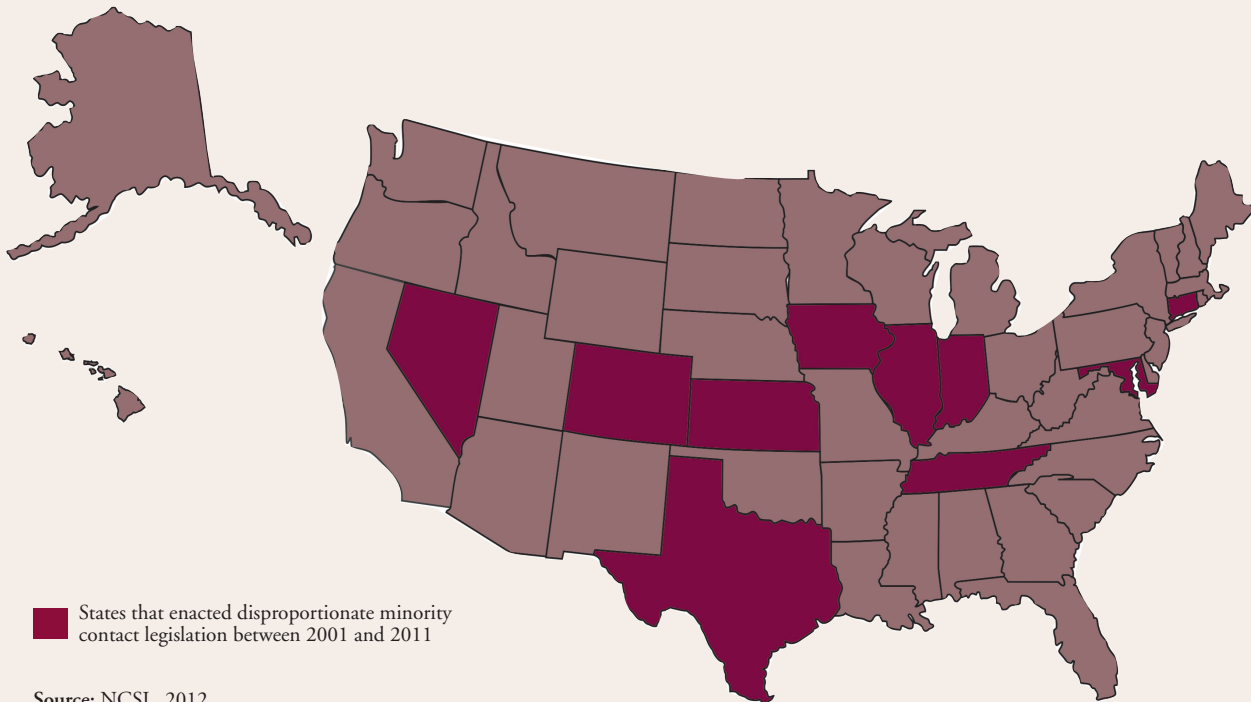
2010

Tennessee - Requires the state to pay for court ordered mental health evaluations of juveniles who have been charged with commission of an offense that would be a felony if committed by an adult.

2011

Iowa - Provides that if prior to the adjudicatory or dispositional hearing, the child is committed with a mental illness and ordered into a residential facility, institution or hospital for inpatient treatment, the delinquency proceeding be suspended until the juvenile court terminates the order or the child is released for purposes of receiving outpatient treatment.

Enacted Disproportionate Minority Contact Legislation: 2001 – 2011



Detention and Corrections Reform

States legislative actions also have addressed juvenile detention issues. Confined juveniles include those in detention or reception centers and training schools, among others. Detention centers usually are used for juveniles who are awaiting a court appearance or disposition; stays generally are short, averaging 15 days or less.

In recent years, detention reform laws have shortened the length of time a juvenile remains in a detention center. Risk assessment instruments also were created and have been used at detention admission screenings to analyze an offender's level of risk, individual treatment needs and to determine who should be held in secure detention.

A 2006 **Mississippi** act mandated that youth be ordered only to detention centers that have certified educational services and adequate on-site medical

and mental health services. In 2007, **Colorado** established juvenile risk assessment instruments and required their use to determine whether a juvenile requires detention. The same year, **New Jersey** required suicide and mental health screening for juveniles in detention centers, in order to properly assess their needs. In 2010, **Virginia** allowed juveniles transferred to or charged in criminal courts to remain in juvenile, rather than adult, detention facilities.

In regard to shortening the length of time in detention, **Mississippi** law provided that first-time non-violent youth offenders may not be committed to detention centers for more than 10 days. In 2007, **Illinois** provided that minors under age 17 (instead of age 12) cannot be detained in a county jail or municipal lockup for more than six hours. A 2009 **Georgia** measure



decreased from 60 days to 30 the maximum time a court can order a juvenile to serve in a detention center. **North Dakota** now limits to four days in a one-year period the total detention period of a child who is participating in a juvenile drug court. And, a recent **Oregon** act authorized the court to release youth offenders from detention facilities when the county juvenile detention facility capacity is exceeded.

Reentry/Aftercare

Each year, 100,000 juveniles are released from juvenile corrections facilities and other out-of-home placements into communities. In recent years, state lawmakers have focused attention on providing aftercare services to improve post-release supervision, services and supports to help juveniles make safe, successful transitions home.

A 2004 **Maryland** law required “step-down aftercare” to provide individualized rehabilitation and services to youths returning to their communities. Access to mental health services upon release also is an important part of after-

care. Two states—**Oklahoma** in 2004 and **Virginia** in 2005—implemented regulations for mental health, substance abuse and other therapeutic treatment services for juveniles who are returning to the community. Other states—**Arizona, California, Colorado, Connecticut, Hawaii, Il-**

linois, Indiana, Oklahoma, Pennsylvania, South Carolina and **Washington**—provided additional support services to such juvenile offenders.



Gender-Responsive Programming

Although the overall juvenile crime rate has declined during the past decade, the female juvenile offender population is the largest growing segment in the juvenile justice system. Girls now represent 15 percent of those held in juvenile facilities and as much as 34 percent in some states. Lawmakers in **Connecticut, Florida, Hawaii, Minnesota** and **Oregon** have enacted legislation that requires gender-specific programming for juveniles. The laws generally require programs to help with prevention, treatment and rehabilitation needs of young people who are served by juvenile justice systems. And, in 2011, **New Mexico** lawmakers passed a measure asking the Department of Children, Youth and Families to develop a plan for gender-responsive services and programs for girls.

California and **Washington**, for example, eased health care accessibility for reentering youth. **Arizona, Colorado** and **Pennsylvania** made changes to their probation programs to enable successful reentry. And, a 2010 juvenile parole reform law in **Illinois** required the Illinois Juvenile Justice Commission to develop recommendations regarding due process protections for youth during parole and parole revocation proceedings. The bill also clarifies that the Prisoner Review Board has options other than re-incarceration for juvenile parolees who may violate a condition of parole.

Some aftercare laws have established community-based programs to help administer state services to juveniles. In 2006, **Indiana** established a Juvenile Reentry Court, and in 2007, **Mississippi** required that community-based services be provided for all youth leaving detention facilities. In 2008, **Colorado** legislation required use of an objective risk assessment to identify aftercare treatment and parole services for juveniles. While an **Ohio** act allowed representatives of faith-based organizations to provide reentry services to juveniles. The same year, **Connecticut** established a community-based pilot program to provide reentry services for youth.

Confidentiality of Juvenile Records and Expungement

Protecting the confidentiality of juvenile records for education, employment and other transitions to adulthood are part of successfully reintegrating juveniles into society. State actions have included enacting expungement measures and other record confidentiality safeguards. Between 2007 and 2011, **Arkansas, Connecticut, Illinois, Kansas, Montana, New Mexico, New York, Texas, Virginia** and **Wisconsin** established safeguards to protect the confidentiality of juvenile records.

Expungement allows a minor who has committed delinquent acts to permanently erase his or her record. Between 2004 and 2011, **Colorado, Illinois, Ohio** and **Washington** created procedures for juveniles to request their individual records be sealed or expunged. Also during that time period, **Delaware, North Carolina**, and **Vermont** provided for automatic expungement of juvenile court records for non-violent felonies. In 2011, **Washington** required juvenile deferred disposition records to be

automatically sealed upon a juvenile's 18th birthday and prohibited consumer reporting agencies from disseminating personal information contained in juvenile records.

Conclusion

States are not complacent about juvenile crime and remain interested in providing public safety, improved juvenile justice systems and positive results for youth. The legislative trends evidenced during the past decade reflect a new understanding of adolescent development and the value of cost-benefit analysis of existing data-driven research. Investing in community-based alternatives to incarceration and evidence-based intervention programs, as well as multi-system coordination and cross-systems collaboration are among the examples of how states now are better serving youth and addressing and preventing juvenile crime.



About the Funder

The John D. and Catherine T. MacArthur Foundation is one of the nation's largest independent foundations. Through the support it provides, the Foundation fosters the development of knowledge, nurtures individual creativity, strengthens institutions, helps improve public policy, and provides information to the public, primarily through support for public interest media.

Models for Change

The MacArthur Foundation's Models for Change initiative collaborates with selected states to advance juvenile justice reforms that effectively hold young people accountable for their actions, provide for their rehabilitation, protect them from harm, increase their life chances, and manage the risk they pose to themselves and to public safety.

Appendix

Distinguishing Juvenile Offenders from Adults

Maryland HB 294 (2001); Virginia HB 2795 (2001); Illinois HB 4129 (2002); Georgia HB 470 (2003); Oregon SB 69 (2003); Virginia HB 2276 (2003); Connecticut HB 5444 (2004); Connecticut HB 5215 (2005); Oregon SB 232 (2005); Colorado HB 1034 (2005); Washington HB 1187 (2005); Washington HB 2061 and 2064; Colorado HB 1315 (2006); Georgia HB 1145 (2006); New Hampshire HB 627 (2006); Arkansas HB 1475 (2007); Connecticut SB 1500 (2007); Rhode Island SB 1141 (2007); Virginia HB 3007 (2007); Colorado SB 66 (2008); Colorado HB 1016 (2008); Louisiana SB 38 (2008); Maine SB 691 (2008); Missouri HB 1550 (2008); Virginia HB 1207 (2008); California AB 1516 (2009); Colorado HB 1122 (2009); Illinois SB 2275 (2009); Mississippi SB 3115 (2009); Nevada SB 235 (2009); Nevada SB 235 (2009); Colorado HB 1413 (2010); Oklahoma HB 2313 (2010); Tennessee HB 459 (2010); Utah HB 14 (2010); Virginia SB 259 (2010); Arizona SB 1191 (2011); Idaho HB 140 (2011); Nevada AB 134 (2011); Colorado HB 1271 (2012).

Due Process and Procedural Issues

Arkansas SB 108 (2001); Colorado HB 1187 (2001); Illinois SB 730 (2001); Texas HB 1118 (2001); Kentucky HB 146 (2002); Fla. Stat. Ann. §27.52 (2003); Ga. Code Ann. §17-12-24 (2003); Louisiana HB 1508 (2004); Maryland SB 163 (2004); Utah SB 179 (2004); Del. Fam. Ct. R. of Crim. P. 10. (2005); Illinois SB 1953 (2005); Virginia HB 2670 (2005); La. Child. Code art. 809 (2006); MI Rules MCR 6.937; Mississippi HB 199 (2006); Tennessee HB 3147 (2008); Ala. Code

§15-12-2 (2009); Maine SB 423 (2009); North Dakota HB 1108 (2009); Tenn. Code. Ann. §37-1-126 (2009); Louisiana HB 663 (2010); Illinois HB 6129 (2011); Pennsylvania SB 818 (2012) and SB 815 (2012).

Prevention and Intervention

Connecticut HB 7013 (2001); Florida SB 2-A (2003); Washington HB 1028 (2003); Illinois HB 2545 (2004); Oklahoma SB 1799 (2006); Tennessee, T.C.A. 37-5-121 (2007); Mississippi SB 2246 (2008); Hawaii SB 932 Ohio HB 86 (2011); Texas SB 653(2011); Vermont SB 108 (2011).

Treating Mental Health Needs of Juvenile Offenders

Arizona HB 2246 (2001); Texas HB 1071, 1901 and SB 1470 (2001); Alaska SB 302 (2002); Arizona SB 1059 (2002); California SB 1911 (2002); Illinois HB 5625 (2002); Connecticut HB 5530 (2003); Kansas HB 2015 (2003); Maine HB 1165 (2003); Texas HB 2895 (2003); Virginia HB 1599 (2003); Colorado SB 27 (2004); Arkansas HB 2095 (2005); California SB 570 (2005); Colorado HB 1034 (2004); Idaho SB 1165 (2005); Nevada AB 47 (2005); Oregon SB 1059 (2005); Virginia SB 843 (2005); Washington HB 5763, Chapter 504 laws of 2005. Sec. 101. (2005); Colorado SB 5 (2006); Georgia HB 1145 (2006); Louisiana HB 503 (2006); Maryland HB 1257 (2006); Colorado HB 1057 (2007); New Jersey AB 2281 (2007); Oregon SB 328 (2007); Colorado HB 1016 (2008); Florida HB 1429 (2008); Minnesota SB 3049 (2008); New Mexico HB 364 (2008); Oklahoma SB 2000 (2008); Vermont HB 615 (2008); Alabama HB 559 (2009); California AB 1516 (2009); Colorado HB 1022 (2009); Montana SB 399 (2009); Tennessee HB 2295 (2009); Texas HB 4451 (2009); Arizona HB 2471 (2010); Colorado SB 14 and 153 (2010); New Hampshire HB 621

(2010); Tennessee HB 459 (2010); Idaho HB 140 (2011); Iowa SB 327 (2011); Kansas HB 2104 (2011).

Disproportionate Minority Contact

Tennessee HJR 890 (2005); Kansas SB 47 (2006); Indiana HB 1289 (2007); Colorado HB 1119 (2008); Connecticut HB 5933 (2008); Iowa Code Sec. 2.56; Sec. 8.11 (2008); Maryland SB 882 (2010); Connecticut HB 6634 (2011); Illinois SB 2271 (2011); Texas SB 501 (2011).

Detention and Corrections Reform

Arizona HB 2282 (2001); Illinois HB 2088 (2001); Virginia HB 2631 (2001); Maryland HB 961 (2002); Mississippi HB 974 (2002); South Dakota HB 1253 (2002); Florida HB 5019 (2006); Georgia HB 245 (2009); North Dakota SB 2159 (2009); Oregon HB 2299 (2009); Florida SB 1012 (2011); New Mexico HB 40 (2011).

Reentry/Aftercare

Colorado HB 1357 (2001); Illinois HB 4566 (2004); Maryland SB 767 (2004); Oklahoma SB 985 (2004); Washington HB 3078 (2004); Wisconsin AB 709 (2004); Delaware SB 52 (2005); Montana SB 426 (2005); Virginia HB 2657 (2005); Indiana SB 84 (2006); Ohio HB 137 (2006); Vermont SB 194 (2006); Arizona SB 1041 (2007); California AB 1300 (2007); Hawaii SB 1444 (2007); Illinois HB 615 (2007); New Mexico HB 738 (2007); New York SB 3092 (2007); Colorado HB 1156 (2008); Connecticut HB 5926 (2008); Ohio HB 113 (2008); Colorado HB 1044 (2009); Kansas HB 2642 (2008); Virginia HB 1258 (2008); Texas HB 2386 (2009); Washington HB 1954 (2009); Arkansas SB 339 (2011); Connecticut HB 6634 (2011); North Carolina SB 397 (2011).





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