

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2019
SERVICE SPECIFICATION
CLINICAL POLYGRAPH EXAMINATION OF JUVENILE SEX OFFENDERS
Service Code 177**

SERVICE DEFINITION:

Clinical Polygraph Examination means the employment of any instrumentation used for the purpose of detecting deception or verifying the truth of statements of any person under supervision and/or treatment for the commission of sex offenses. Clinical polygraph examination is specifically intended to assist in the treatment and supervision of sex offenders. Sex offender meaning is defined in A.R.S. §13-1401 et seq.

STANDARDS/LICENSURE REQUIREMENTS:

1. Polygraph examiners must hold a full membership in good standing with the American Polygraph Association or another polygraph practitioner association/licensure approved by the AOC.
2. Complete no less than two- hundred (200) actual polygraph examinations using a standardized polygraph technique.
3. At a minimum, a Baccalaureate Degree from an accredited college or university.
4. Complete a minimum of forty (40) hours of specialized sex offender polygraph examination training recognized and approved by the American Polygraph Association. This training shall focus on sex offender assessment, evaluation, and monitoring in the following manner:
 - a. Twenty-four (24) hours of training consisting of:
 - i. Pre-test interview procedures and formats;
 - ii. Valid and reliable examination formats;
 - iii. Post-test interview procedures and formats;
 - iv. Reporting format (i.e., to whom, disclosure content, forms);
 - v. Recognized and standardized polygraph procedures;
 - vi. Administering examinations consistent with CSOT guidelines;
 - vii. Professional standards and conduct;
 - viii. Expert witness qualifications and courtroom testimony.
 - b. Sixteen (16) hours of specialized training associated with:
 - i. Behavior and motivation of sex offenders;
 - ii. Trauma factors associated with victims/survivors of sexual assault.

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CONTINUING EDUCATION:

All polygraph examiners shall, at a minimum, successfully complete forty (40) hours of continuing education every two (2) years. This continuing education shall consist of:

1. Sixteen (16) hours of polygraph procedures and other professional topics applicable to polygraph and the sex offender.
2. Eight (8) hours of training on the behavior and motivation of sex offenders.
3. Eight (8) hours of training on trauma factors and sexual assault issues associated with victims/survivors.
4. Eight (8) hours of training on adolescent development, brain development, and other adolescent related topics.

GUIDELINES:

1. Recording
 - a. All clinical polygraph examinations will be appropriately recorded for diagnostic and documentation purposes.
 - b. Recording channels/component required for these polygraph examinations will be:
 - i. Respiration patterns made by two separate pneumograph components. One respiration component will record the thoracic (upper chest) respiration and the other component will record the abdominal (lower stomach) respiration pattern.
 - ii. One of the chart tracings will record the Skin Conductance Response (SCR), which reflects relative changes and the conductivity/resistance of very small amounts of current by the epidermal tissue. The SCR is commonly referred to as the Galvanic Skin Response (GSR).
 - iii. A cardiograph tracing will be utilized to record changes in the pulse rate, pulse amplitude, and changes in the relative blood pressure.

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- c. To effectively evaluate the polygraph tracings collected during any polygraph examination, it is understood by all professional examiners that easily readable trace recordings must be obtained. Tracings that are either too large, too small, or that have extraneous responses to outside stimuli are difficult, if not impossible to evaluate. In order to allow the examiner to render a valid and reliable opinion based on the information contained within the polygraph charts, it is recommended that all pneumograph and cardiograph tracings recorded during the polygraph examination be of sufficient amplitude to be easily read and evaluated by the initial examiner, by a reviewing examiner, and for any quality control review purpose.

- d. All pneumograph and cardiograph tracings should be not less than one half inch in amplitude in the pneumograph and/or cardiograph tracings, without sufficient documented explanation of physiological cause, will be considered insufficient for analysis purposes. Every effort should be made by the examiner to increase baseline amplitude recordings that are less than recommended minimums. Charts that are evaluated and determined to be inadequate, may require additional testing of the examinee (test subject).

2. Instrument Calibration

- a. Polygraph instruments utilized for the recording of changes in the physiological responses as produced by the human body during polygraph examination, at a minimum, will be calibrated once per month according to the manufacturer's guidelines as provided in the instruction and operation manuals. Calibration of polygraph instruments will be performed to ensure that every examinee is afforded a polygraph examination utilizing an instrument that is demonstrated to be functioning according to the manufacturer's required specification at the time that polygraph examination was conducted. In addition, calibration charts are required to document instrument operation, for quality control review, for purposes of research and data gathering, for purposes of courtroom defense and documentation, and for purpose of peer review.

- b. Calibration Charts
 - i. A hard copy (print out) calibration chart will be generated by analog polygraph instruments.

 - ii. All calibration charts should be filed and available along with all other pertinent papers for a period of not less than three (3) years.

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- iii. Calibration charts will be filled out with the below listed data:
 - A. Instrument make, model, and serial number;
 - B. Date, location, and time of instrument calibration;
 - C. Identity of examiner performing the instrument calibration procedure;
 - D. Identification of each component, i.e., mechanical or electronic pneumographies, GSR/SCR, mechanical or electronic cardiograph, etc.;
 - E. Applied sensitivity units;
 - F. Sensitivity checks;
 - G. Applied mm of air pressure;
 - H. Kymograph checks;
 - I. Pneumograph leak checks; and
 - J. Cardiograph leak checks, to include start and end times.
 - c. Standardized Chart Markings, recognized and utilized within the polygraph profession will be employed to annotate all calibration and examination charts.
 - d. Calibration Requirements: Polygraph instruments utilized will be calibrated on a regular basis as follows:
 - i. All analog polygraph instruments in use will be calibrated at least once a week if the instrument remains stationary.
 - ii. Each analog polygraph instruments will be calibrated prior to its use if the instrument was moved subsequent to its last calibration procedure.
 - iii. Digital polygraph instrument will be calibrated according to factory specifications and the manufacturer's recommendations.
3. Examination Frequency
- a. To safeguard against habituation and familiarization between the examiner and the subject, it is recommended that the polygraph examiner not conduct more than two (2) separate clinical polygraph sessions per year on the same offender unless significant reason exists for more frequent testing. A re-examination over previously examined issues where no opinion was formed would not be considered a separate session.

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- b. In order to allow sufficient time for the pre-test, actual test, and post-test phases of the examination, it is recommended that the examiner schedule not less than ninety (90) minutes for each examination session. In many cases, it should be anticipated that the examination session will take considerably longer.

4. Testing Techniques & Procedures

- a. Clinical polygraph examination techniques will be limited to those techniques that are recognized and published, within the industry, as standardized and validated examination procedures. To be a recommended examination format, the examination procedure must include appropriately designed relevant questions, appropriately designed control questions for diagnostic purposes, and appropriately designed irrelevant questions as applicable to that defined and standardized procedure. A standardized examination technique or procedure is defined as:
 - i. A technique or procedure which has achieved a published, scientific database sufficient to support and demonstrate validity and reliability from the application and use of that specific polygraph technique; and,
 - ii. A technique or procedure that is evaluated according to the published methods for that specific procedure, and that provides for numerical scoring and quantification of the chart data, where applicable; and,
 - iii. A technique or procedure that has not been modified without the support of published validity and reliability studies for that particular modification.
- b. Stimulation/Acquaintance Test
 - i. The Stimulation/Acquaintance Test will be employed during each polygraph examination session as the first chart. The Stimulation/Acquaintance Test is used to demonstrate that the psychological set of the examinee and the examinee's reaction capabilities are established for diagnostic purposes. This test is a recognized test procedure utilized in conjunction with professional examination formats and should be made a part of the clinical polygraph examination of any sex offender.
 - ii. Blind or known stimulation procedures, as published, may be used for the Acquaintance Test.

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c. Number of Relevant Questions

All standardized and recognized published examination formats and procedures define the number of relevant questions (pertaining to the issues under investigation) that may be utilized. Those applications should not be modified or altered. No recognized or validated examination procedure allows for more than five (5) relevant questions to be asked during any given polygraph examination. Therefore, not more than five relevant questions pre-examination may be asked, regardless of the examination procedure selected.

d. Single-Issue Examinations

Only single-issue examinations have demonstrated scientific validity and reliability. Single issue examinations, therefore, should be adhered to in order to ensure the clinical polygraph examination produce maximum validity and reliability. Based on all available scientific research, mixing issues during an examination significantly reduces the validity and reliability of opinions based on that data. Issues of psychological set, anti-climactic dampening, and other principles forming the foundation of the polygraph science must be adhered to; thus, the requirement for single issue examinations only. For example, any examination mixing a sexual history topic questioning about the instant offense (disclosure) or violations of probation/parole (monitoring) would be considered mixing issues, and would not be considered a valid or appropriate examination.

e. Relevant Question Construction

In order to design an effective polygraph examination and to adhere to standardized and recognized procedures, the questions to be utilized should be constructed to be:

- i. Simple and direct.
- ii. As short as possible.
- iii. Should not include legal terminology (sexual assault, homicide, incest). This terminology allows for examinee rationalization and utilization of other defense mechanisms.
- iv. The meaning of each question must be clear and not allow for multiple interpretations.
- v. Should not be accusatory in nature.
- vi. Should never presuppose knowledge on the part of the examiner.

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- vii. Should contain reference to only one element of the issue under investigation.
- viii. Should use language easily understood by the examinee.
- ix. Must be easily answerable yes or no.
- x. Should avoid the use of any emotionally laden terminology, such as rape, molest, murder, etc.

POLYGRAPH EXAMINATIONS & FORMATS:

1. Disclosure Issue Examinations

- a. Must be adjudicated delinquent.
- b. Must be 12 years or older.
- c. Must be evaluated through the use of a psychosexual examination that meets the Administrative Office of the Courts (AOC) contract standards prior to the polygraph examination.
 - i. The psychosexual evaluation must certify that the youth is able to clearly distinguish right from wrong.
 - ii. Determine any mental problems or deficiencies of the youth
- d. Specific issue examination for the instant offense, resulting in conviction
 - i. The specific issue examination is utilized to determine if the examinee appears deceptive or non-deceptive in his/her denial of guilt to the offense(s) for which he/she has been convicted. The use of this disclosure examination as the issue under investigation for the polygraph examiner should be made by the examiner in conjunction with the treatment provider and/or the supervision specialist.
 - ii. Specific issue allegations under indictment or pending court action are not clinical polygraph examinations and should not be examined as a disclosure test. Disclosure test procedures are designed for the purpose of assisting therapists and/or supervision officials in evaluation denial in order to enhance the effectiveness of treatment and supervision programs only.

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- iii. Disclosure examinations, used for verification of sexual histories, explore sexual histories, therapeutic issues, and sexual deviance prior to the time of conviction. In conjunction with appropriate examination procedures and professional obligations, admissions are often obtained during the pre-test phase, as well as the post-test phase of the examination. Oftentimes, offenders deny illegal sexual behavior and ideation, except for what has been identified by the judicial process. Disclosure examinations and admissions are relied upon by therapists, court officers, attorneys, supervision officials, and others on the team in their development of appropriate supervision and treatment programs. The issue under examination should pertain to sexual history deviance by the examinee. For example, those issues identified by therapists on sexual history questionnaires are appropriate subject matter for this examination format.

2. Monitoring and Maintenance Examinations

- a. Must be adjudicated delinquent.
- b. Must be 12 years or older.
- c. The treatment provider must recommend, in writing, specific areas to be covered by the polygraph examiner, but should not include specific questions.
- d. Monitoring and maintenance polygraph examinations have different purpose and intent from disclosure examinations dealing with an instant offense or a sexual history.
 - i. Monitoring and maintenance polygraph examinations have been found to be extremely important in the supervision process. This examination is specifically targeted to deal with issues of violation of probation and/or the commission of additional sexual offenses, yet unidentified, while on probation or parole. (Abrams, **Polygraph Testing of the Pedophile**, 1993). Results of these examinations are meant to assist treatment providers and supervision specialist in development of individual treatment and supervision strategies.

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- ii. These examinations are often the most difficult to administer and the probability for error will be the greatest in these types of examinations due to:
 - A. The probability of examinee habituation, due to testing frequency; and,
 - B. Specific targets (issues) are often unknown or unidentified; specific allegations have not been made and questioning may be more general than in specific target tests.
- iii. Monitoring and maintenance polygraph examinations will require the greatest commitment of time on the part of the examiner and the examinee, and will require special care and special preparation by the examiner to minimize the possibility of error.
- iv. Monitoring and maintenance polygraph examinations are particularly useful in reducing the probability of recidivism, but caution should be observed in scheduling these examinations too frequently.
- v. In addition, polygraph examiners should obtain in writing at the beginning of each examination session, the examinee's written authorization regarding the release of information, regarding any and all admissions, statements and opinions resulting from the examination session.

REPORTING REQUIREMENTS:

- 1. Polygraph examiners shall report the result of examination either verbally (phone call) or in writing (email or letter); to the probation department and referral source, as applicable, within 24 hours of the examination.
- 2. Polygraph examiners shall submit a written report within ten (10) business days to the probation department of the examination that will be factual and descriptive of the information and results of each examination. Written reports are intended for treatment and supervision purposes only. Each report shall include information regarding:
 - a. The date of the examination;
 - b. Beginning and ending time;

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- c. Name of person requesting examination;
 - d. Name of examinee;
 - e. Birth date of examinee;
 - f. Type of court supervision;
 - g. Reason for examination;
 - h. Date of last clinical polygraph examination;
 - i. Examination questions and answers;
 - j. Any additional information deemed pertinent by the examiner;
 - k. Reasons for inability to complete the examination;
 - l. Post-test phases of the examination; and
 - m. Test results.
3. Prepare and provide all required reports in accordance with AOC Standard Terms and Conditions.

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I have read and fully understand the requirements to provide sex offender polygraph services and agree to all requirements and restrictions and propose the following rate:

Proposed Service Rate:

Clinical Polygraph Examination of Juvenile Sex Offender (service code 177) \$ _____ / exam

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Service Rate:

Clinical Polygraph Examination of Juvenile Sex Offender (service code 177) \$ _____ / exam

Other agreement _____

Contractor Signature / Date

AOC Signature / Date



Dear Members of ATSA:

Since 2010, a committee appointed by the ATSA Board of Directors has been working to develop guidelines for the treatment of adolescents who have engaged in sexually abusive behavior. This committee, co-chaired by Dr. Jacque Page and Mr. Tom Leversee, has reviewed the extensive advances in research on adolescent development and our understanding of effective treatment of sexually abusive behavior in adolescents. Using available knowledge, the Adolescent Guidelines Committee developed the ATSA Practice Guidelines for Adolescents Who Have Engaged in Sexually Abusive Behavior. These guidelines were reviewed and approved by The ATSA Executive Board of Directors pending comments from the membership. The guidelines were made available to the membership for a 60 day review and comments period beginning on August 25, 2016. After being presented with an overview of the membership feedback at the November 1 Board meeting, the Guidelines were again approved by the Board pending integration of agreed upon aspects of the Membership feedback.

The current treatment guidelines were built from the ground up, given that many of the assumptions that drove earlier treatment recommendations have proven to be false. It is clear from research on adolescent development, and the more current studies of adolescents who have engaged in sexually abusive behavior, that such youth have little in common with adult sexual offenders and the vast majority of those identified for abusive sexual behavior in adolescence will not continue to engage in such behavior into adulthood. The current Guidelines, therefore, attempt to reverse the historical trend of applying adult models to adolescent treatment and, thus, there are substantial differences between the Guidelines presented here and past recommendations for the treatment of adolescents. Of particular importance is the emphasis on the social ecology in which adolescents reside and on the importance of therapeutic relationships. Additionally, these guidelines consider the heterogeneity that has consistently been found in samples of adolescents who have engaged in sexually abusive behavior and, thus, emphasize comprehensive assessment and individualized treatment plans.

In developing the guidelines, there was quite a bit of controversy and disagreement around the use of psychophysiological measures, particularly polygraph and penile plethysmography. The Adolescent Guidelines committee was initially split between advocating for limited use of these instruments and recommending that they not be used with adolescent populations. The language presented to the membership during the review period last fall was a compromise that was presented to the Board at its November 1, 2016 meeting. While there was very little comment about the Psychophysiological Measures section from the membership, this issue was raised again during the Guidelines Committee discussion of changes. At that point, the committee was again split between a “limited use” option reflective of the wording sent to the membership and a “no use” option. The Committee could not reach agreement and so both options were presented to the Board and the Board voted overwhelmingly in support of the “no use” option as stated below:

Polygraph and plethysmography are physiological measurements designed for use with adults. Their use was extended to adolescents (and younger children) without establishing their scientific validity and without full consideration of their potential for harm. In particular, no research has subjected either measurement to controlled evaluation with relevant comparison groups including adolescents who have not offended sexually or otherwise. There are, therefore, no “norms” against which to compare measurement results, which severely limits their interpretability. More generally, neither measurement has been shown to improve treatment outcomes, reduce recidivism, or enhance community safety. Neither measurement is regularly used outside of the United States. Indeed, some countries have banned the use of one or both measurements with minors. Ethical concerns raised for both measurements include the potential for coercion and for engendering fear, shame and other negative responses in adolescent clients. Further ethical concerns relate to the prospect of basing impactful decisions (including those relevant to such things as legal restrictions and/or family reunification) on the results of measurements that are largely unsupported, empirically. Separately, plethysmography involves the ethically concerning practice of exposing adolescents to developmentally inappropriate sexual material. Without a clearly identified benefit and with a potential for harm, ATSA recommends against using polygraph or plethysmography with adolescents under age 18. We recommend the use of valid assessment procedures as outlined in sections 7.1 – 8.3.

We know that some of these guidelines may be controversial and require some of you to carefully consider your treatment models and activities. ATSA develops practice guidelines in order to aid providers in clinical decision-making and these are not “standards of care.” Standards of care are determined on the basis of all available information for an individual client and are subject to change as scientific knowledge and technology advance and practice patterns evolve.^[1] We are really excited about moving forward with the Adolescent Guidelines, which have been in the works for 5 years. We expect that they will aid in advancing our field in productive directions, leading to additional innovation and continuing your great work in prevention of sexual abuse. I want to thank the Guidelines Committee: Kevin Creeden, MA, LMHC, Elizabeth Letourneau, Ph.D., Sue Righthand, Ph.D., and Daniel Rothman, Ph.D., for all

their work in providing ATSA and the treatment field with empirically-based, professionally considered recommendations for the treatment of adolescents who have engaged in sexually abusive behavior.



Michael H. Miner, Ph.D.
ATSA President



Maia Christopher
ATSA Executive Director

[1] American Psychiatric Association (2006). *Practice guidelines for the treatment of psychiatric disorders*. Arlington, VA: Author.

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To ensure delivery, please add 'sarah@atsa.com' and 'sarah@atsa.mmsend.com' to your email address book.

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To update your email preferences, please log into the ATSA members section and click on Update Your Information.

[Unsubscribe](#) from these messages.

Racial and Ethnic Disparities

Pima County Juvenile Court

History of RED work in Pima County

- 2004 – Judge Campoy starts JDAI and DMC work in Pima County
- 2010 – DMC Model Intervention Project
- 2015 – Project Evaluation
- 2016 – New RED Committee formed
- 2017 – W. Haywood Burns Institute planning session.

The Model Intervention Project

- 5 years
- 89 recommendations
- 29 Implementations
- Every Decision Point
- Large diverse collaborative group
- System mapping/Process mapping
- Implementation is ongoing

What we have learned

- ◉ Smaller bites
- ◉ Data, Data, more Data.
- ◉ Relationships matter
- ◉ Be realistic with your expectations...
- ◉ ...and with those of your stakeholders.

So what next?

- ◉ Renewed our formal RED Committee
- ◉ Looking for new voices
- ◉ Engage the community
- ◉ Elicit community work
- ◉ Go back to our data...

Identifying a Target Population

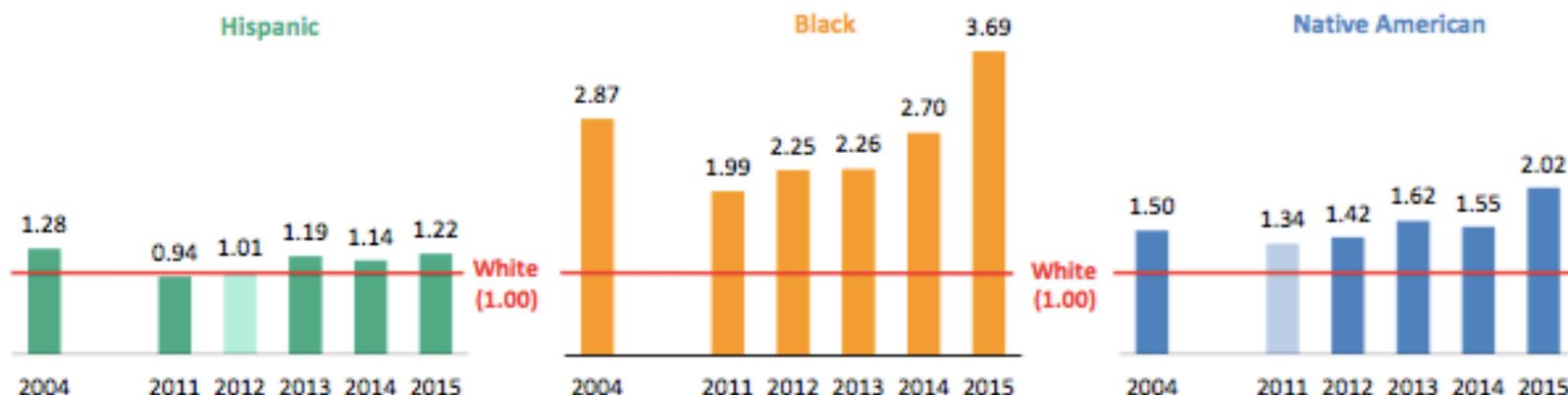
- ◉ Where are the differences?
- ◉ For which Groups?
- ◉ What is the magnitude?

Referrals

Youth are referred (arrested) for delinquent and/or status offenses (offenses that are illegal only for minors), as well as for warrants and violations of probation or conditions of release. Referrals can originate from a variety of sources but are primarily made by law enforcement and juvenile probation officers.

In 2004 and over the 2011-2015 period, **Hispanic, Black, and Native American youth were consistently overrepresented** at the Referral decision point as compared to White youth.

From 2011 to 2015, **disproportionality of referrals increased** between each group of youth-of-color and White youth.



Referral rates for Hispanic youth were **significantly greater** than rates for White youth in 2004, and 2013-2015.

Referral rates for Black youth were **consistently at least 2 times** rates for White youth.

Referral rates for Native American youth were **consistently at least 1.3 times** rates for White youth.

WHAT DOES THIS MEAN?

If all youth were referred at the rate that White youth were referred in 2015, there would have been approximately...

705 fewer referrals of Hispanic youth (an 18% reduction)

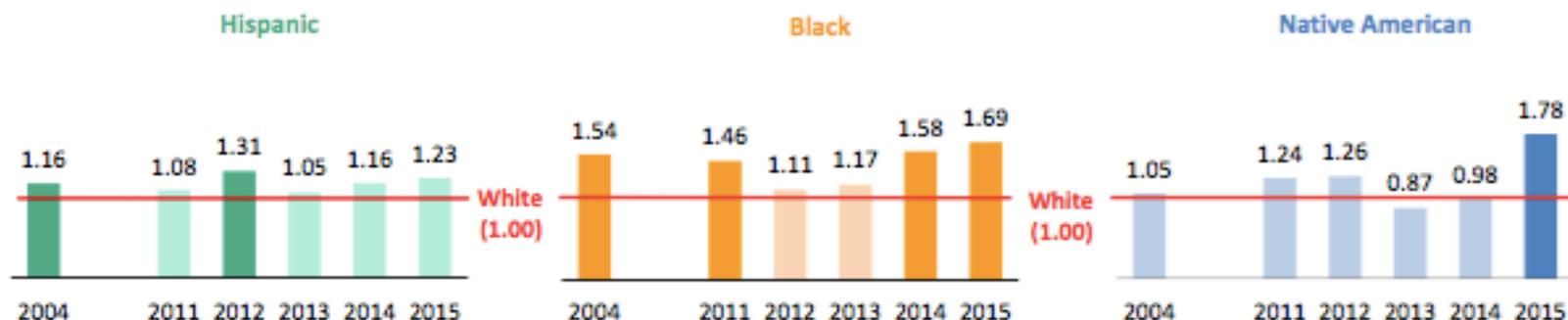
771 fewer referrals of Black youth (a 73% reduction)

227 fewer referrals of Native American youth (a 50% reduction)

Referrals for Violations of Probation (VOPs)

Youth are placed on probation as a result of the adjudication and disposition processes. Conditions that probationers must follow in order to successfully complete probation are itemized in a document that probationers and their families receive at the start of probation. Judges may order additional conditions that must be followed. Violation of the conditions of probation (VOP) can result in referral by a probation officer.

VOP referral rates for Hispanic and Black youth were consistently greater, to varying degrees, than those for White youth.



VOP referral rates for Hispanic youth were significantly greater than rates for White youth in 2004 and 2012.

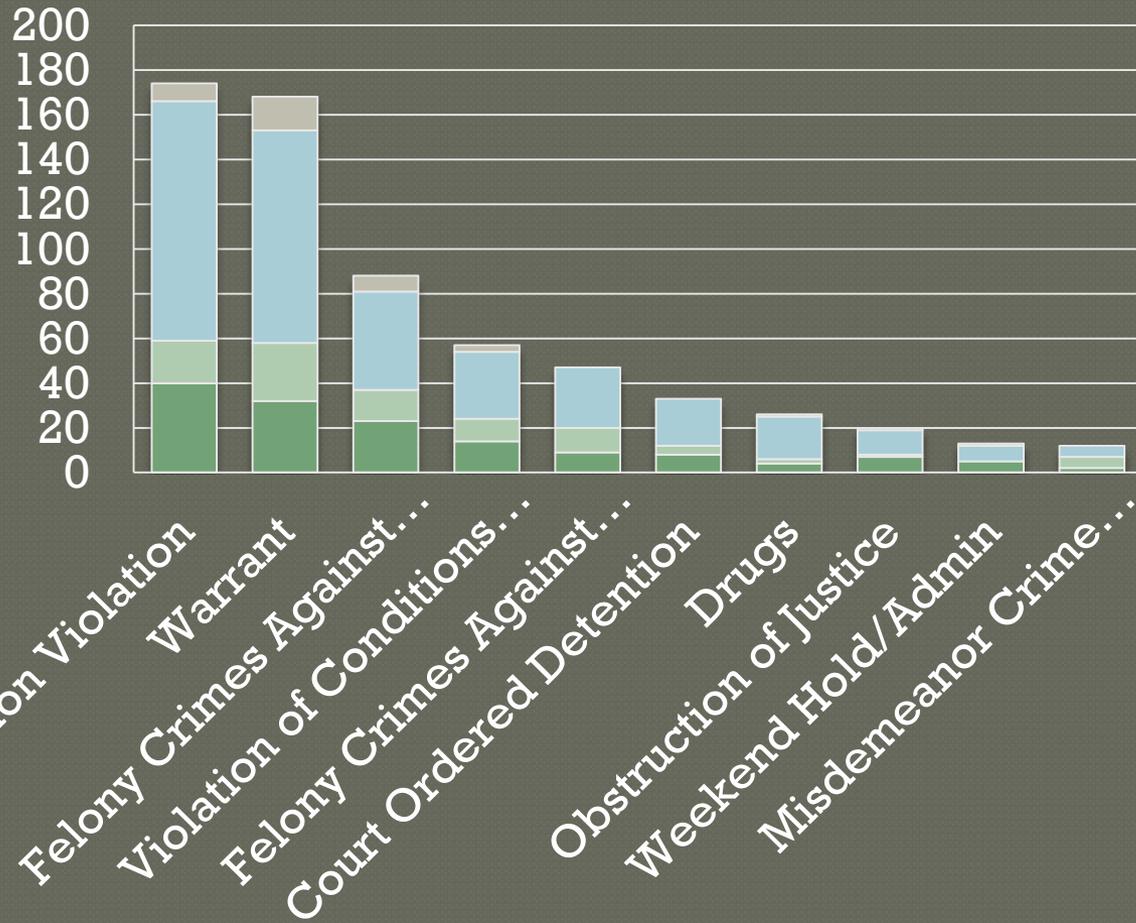
VOP referral rates for Black youth were significantly greater than rates for White youth in 2004, 2011, 2014, and 2015.

The VOP referral rate for Native American youth was significantly greater than the rate for White youth in 2015.

Pima County: Top 10 MSO Categories at Admission to Secure Detention(2016)

Chart Title

Top 10 offenses comprise **92%** of all admissions to secure detention in 2016.



- Native American
- Latino
- Black
- White

Identifying a geographic area

- Our data identifies 3 zip codes for disparate referrals of African-American youth.
- 85710, 85711, 85712
- Palo Verde High School, East Probation Teams.

Prioritize Work Plan

Goal	Tasks	Timeline	Responsible Party(s)
(1) Select a target population of youth of color to engage in order to reduce disparities in admissions to secure detention for violations of probation.	(A)	(A) By _____	(A) _____
	(B)	(B) By _____	(B) _____



Pima County Juvenile Court

Disproportionate Minority Contact (DMC) 2011-2015

Annual Five-Year Trend Report
Issued March 2017

Disproportionate minority contact (DMC) in Pima County's juvenile justice system **continues to persist across decision points.**

The graphic at right illustrates instances of DMC throughout Pima County's juvenile justice system:

- ← DMC for Hispanic youth
- ← DMC for Native American youth
- ← DMC for Black youth

Youth-of-color are consistently over-represented at decision points affecting the greatest numbers of youth (Referral and Petition) as well as for Probation outcomes.

Black youth have the most frequent differences in system contact compared to White youth. These differences are the most pronounced at the Referral decision point (see page 4).

DMC at Juvenile Justice Decision Points in Pima County

	2004*	2011	2012	2013	2014	2015
p. 4 Referrals (Arrests)						
p. 7 Detentions						
p. 8 Petitions						
p. 9 Diversions	N/A	N/A	N/A	N/A		
p. 10 Adjudications						
p. 11 Standard probation placements						
p. 11 Juvenile intensive probation placements						
p. 12 Commitments to AZ Dept. of Juvenile Corrections						
p. 13 Referrals for violations of probation (VOPs)						
p. 14 Unsuccessful terminations from probation						

*2004 was designated as the baseline year for tracking DMC at Pima County Juvenile Court.

Using This Report

Relative Rate Index (RRI) values were calculated by dividing rates of juvenile justice system contact for each group of youth-of-color by the rate for White youth (see bar graph below).

Raw data and relative rates are included in the appendix of this report for reference.

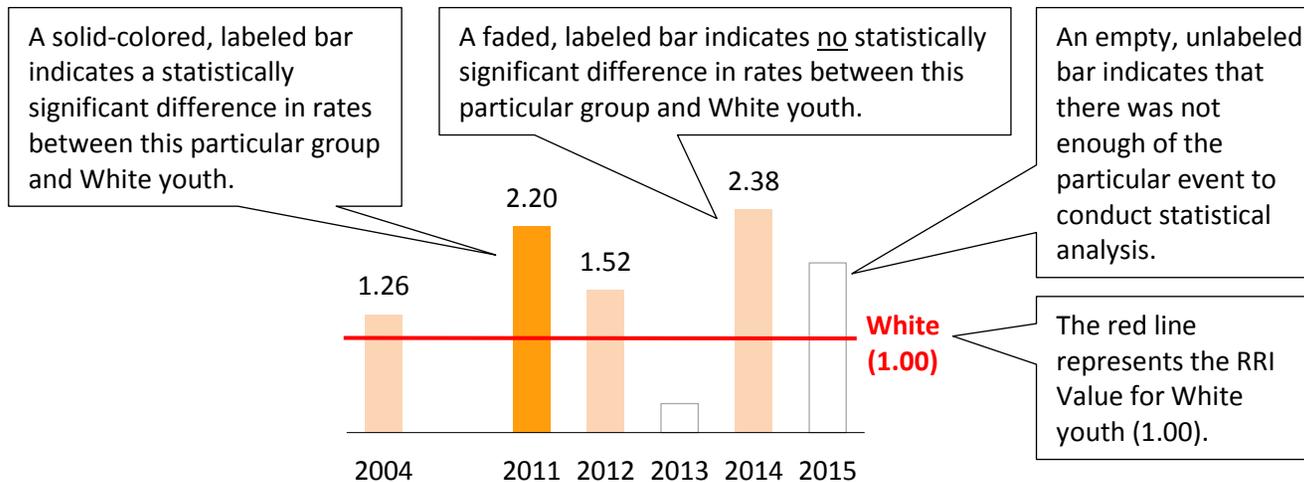
RRI values for each group reflect the amount of disproportionality at each decision point:

- A value of 1.00 means the youth-of-color rate is comparable to the rate for White youth,
- A value great than 1.00 means youth-of-color are overrepresented, and
- A value of less than one means youth-of-color are underrepresented.

Statistical significance of the ratios of rates for youth-of-color to White youth was analyzed at each decision point using the Chi-square goodness of fit test ($p < 0.05$).

Testing for statistical significance shows whether an RRI value indicates that DMC may likely be present or not.

Bar graphs of Relative Rate Index (RRI) Values
(Ratios of youth-of-color rates to the White rate)



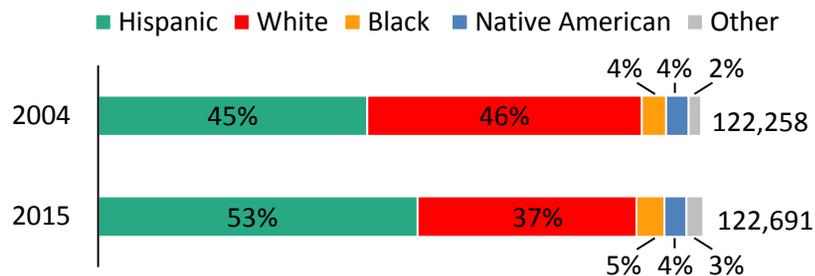
For assistance with data, contact Kevin Koegel, PCJCC Research & Evaluation Specialist, Senior: (520) 724-2287 or kevin.koegel@pcjcc.pima.gov.

Population Trends

While the number of youth in Pima County increased only slightly from 2004 to 2015, the composition of this population has changed more substantially.

Namely, **Hispanic youth (of any race) now constitute a majority** of this population (53%), while the proportion of White (non-Hispanic) youth has decreased (from 46% to 37%).

**Pima County Population Ages 8-17,
2004 & 2015**



In 2015, there were more than 6 times as many Hispanic youth in Pima County (64,793 youth) as Black youth (5,700) and Native American youth (4,442) combined.

This means that **small proportional differences in rates of system contact can translate to large numbers of Hispanic youth**, particularly at decision points like Referral and Petition.

Youth population estimates for 2004 and each year of the 2011-2015 period can be found in the appendix of this report.

SOURCE: National Center for Juvenile Justice. *Easy Access to Juvenile Populations: 1990-2015*. Retrieved from <http://www.ojjdp.gov/ojstatbb/ezapop/>.

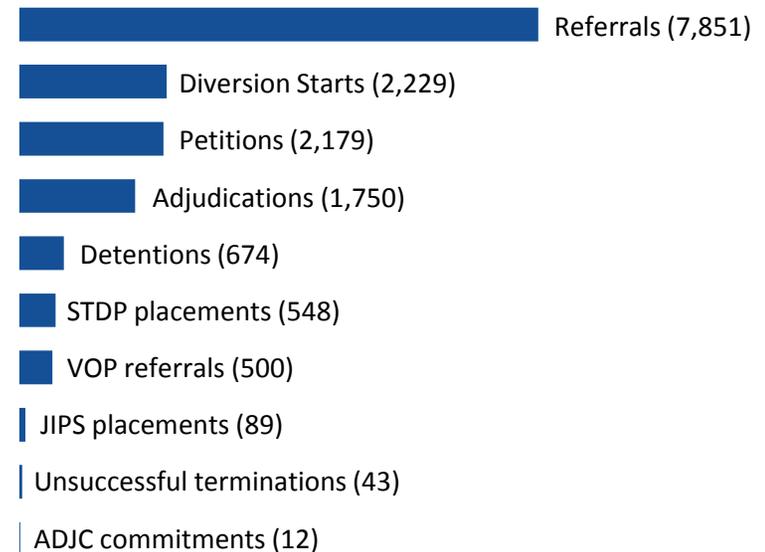
Decision Points

Pima County’s juvenile justice system comprises distinct decision points, from referral (arrest) to adjudication to termination of probation.

Generally speaking, **as we look ‘deeper’ into the system, there are fewer events.**

Here are PCJCC’s event totals by decision point in 2015:

Number of Events at PCJCC, 2015



The most youth are impacted at the Referral decision point.

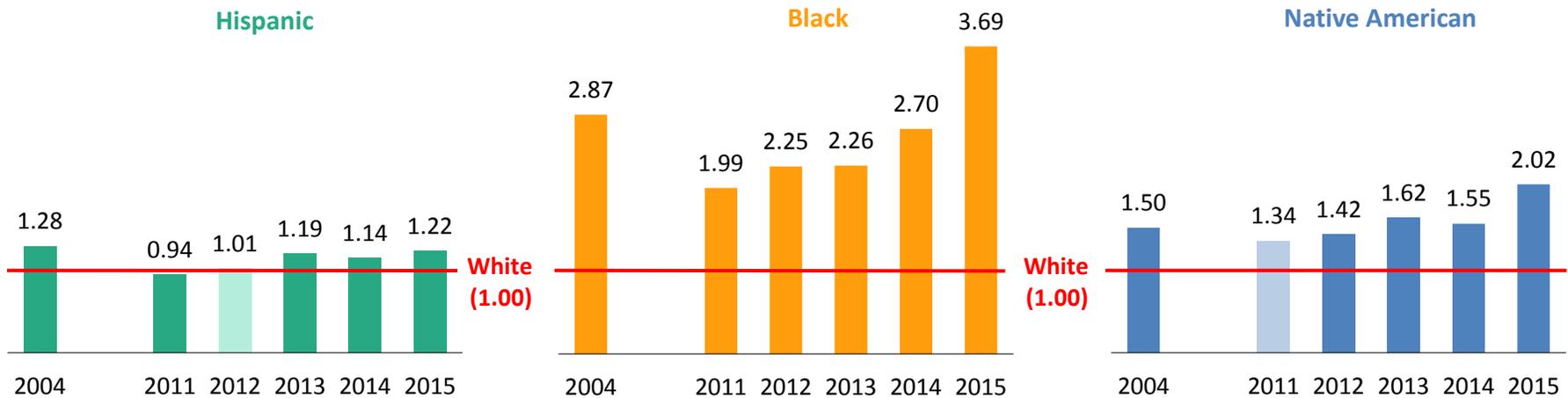
In comparing RRI values across decision points, it is important to remember that **the number of youth impacted by disproportionality depends on how deep in the system a decision point is.**

Referrals

Youth are referred (arrested) for delinquent and/or status offenses (offenses that are illegal only for minors), as well as for warrants and violations of probation or conditions of release. Referrals can originate from a variety of sources but are primarily made by law enforcement and juvenile probation officers.

In 2004 and over the 2011-2015 period, **Hispanic, Black, and Native American youth were consistently overrepresented** at the Referral decision point as compared to White youth.

From 2011 to 2015, disproportionality of referrals increased between each group of youth-of-color and White youth.



Referral rates for Hispanic youth **were significantly greater** than rates for White youth in 2004, and 2013-2015.

Referral rates for Black youth **were consistently at least 2 times** rates for White youth.

Referral rates for Native American youth **were consistently at least 1.3 times** rates for White youth.

WHAT DOES THIS MEAN?

If all youth were referred at the rate that White youth were referred in 2015, there would have been approximately...

705 fewer referrals of Hispanic youth (an 18% reduction)

771 fewer referrals of Black youth (a 73% reduction)

227 fewer referrals of Native American youth (a 50% reduction)

SPOTLIGHT ON Offense Types

Felony-person offenses most commonly include aggravated assault, arson, and sexual abuse. **Misdemeanor-person offenses** encompass lesser assaults, threats, and intimidation. **Felony-property offenses** include those in which property valued at more than \$1,000 is stolen or damaged, while **misdemeanor-property offenses** do not meet this monetary threshold. **Drug offenses** involve the use or sale of any drug (primarily marijuana) and are usually felonies. **Status offenses** are acts like truancy or runaway that are only illegal for those younger than age 18. Offenses not examined here include obstruction of justice offenses (acts that impede enforcement of justice, including violations of probation) and public peace offenses like disorderly conduct.

In 2015, **youth-of-color referral rates for specific offense types were frequently two or more times** the rate for White youth.

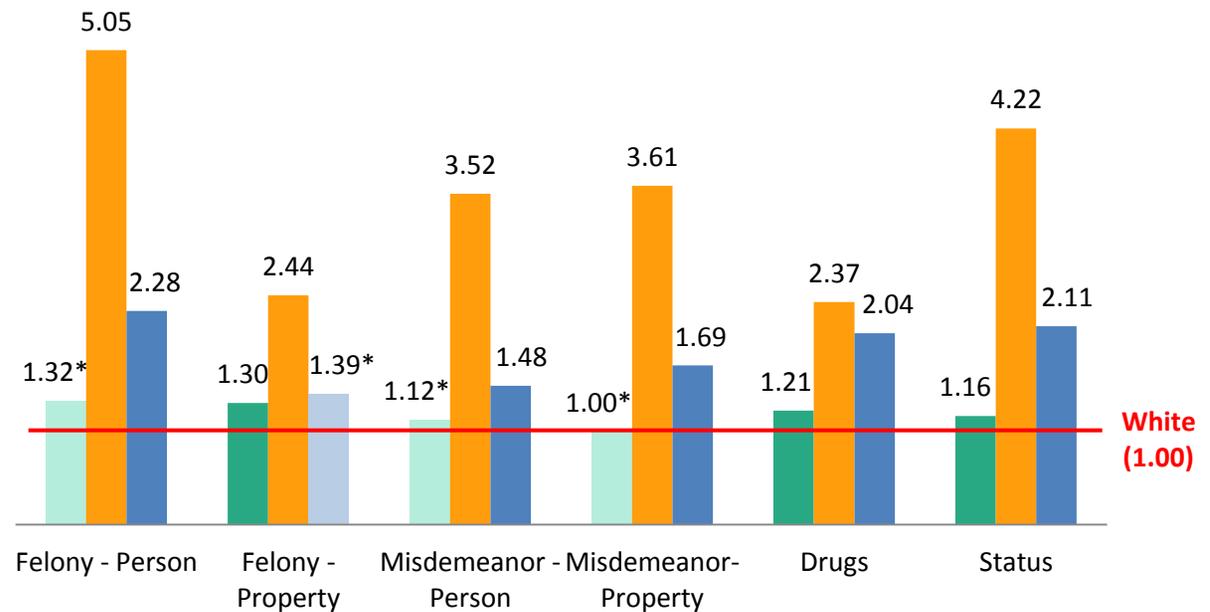
The greatest proportional differences between each group of youth-of-color and White youth were in referrals for felony offenses.

Referral rates for **Hispanic youth** were **significantly greater** than rates for White youth for felony-property, drug, and status offenses.

Referral rates for **Black youth** were **significantly greater** than rates for White youth **for every offense type**.

Referral rates for **Native American youth** were **significantly greater** than rates for White youth **for all but one offense type** (felony-property offenses).

The **greatest proportional differences** between White youth and both Black youth and Native American youth were in **referrals for felony-person offenses**; the second-greatest differences were in **referrals for status offenses**.



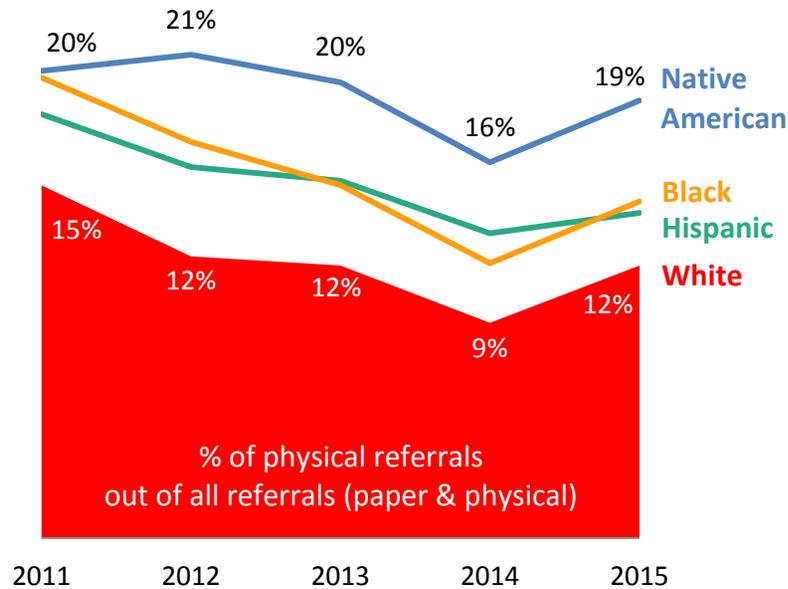
*Difference between youth-of-color rate and White youth rate was not statistically significant.

SPOTLIGHT ON Physical Referrals

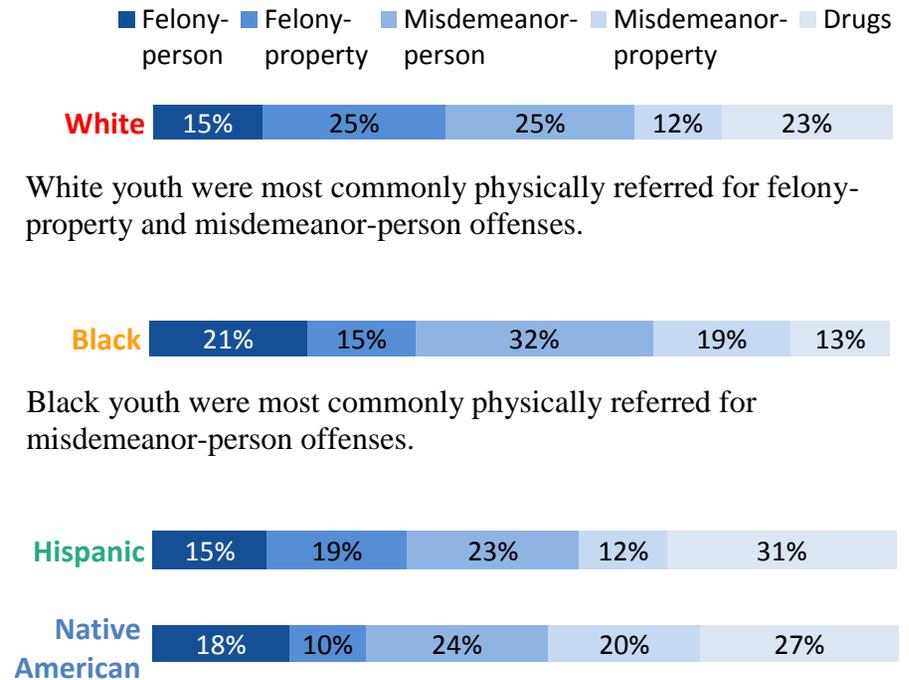
A physical referral occurs when a youth is physically arrested and brought to the detention facility to undergo screening for detention intake, which may result in detention. A paper referral, on the other hand, is when a youth is cited with arrest paperwork and released to an adult by law enforcement.

Physical referral is less common and more severe than paper referral.

In 2004, and over the 2011-2015 period, youth-of-color consistently had greater proportions of physical referrals (and smaller proportions of paper referrals) than White youth. All differences were statistically significant.



Types of delinquency offenses* for which youth were physically referred to juvenile court in 2015 varied between White youth and youth-of-color.



White youth were most commonly physically referred for felony-property and misdemeanor-person offenses.

Black youth were most commonly physically referred for misdemeanor-person offenses.

Hispanic youth and Native American youth were most commonly physically referred for drug offenses.

*Physical referrals for violations of probation or violations of conditions of release are not included.

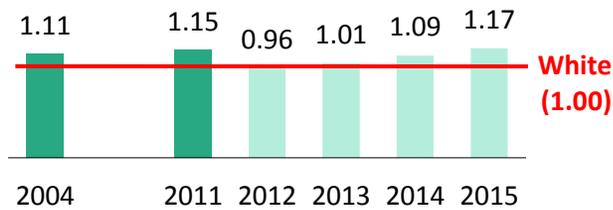
Detentions

Youth referred to detention intake are screened using a standardized risk assessment instrument (RAI) to determine appropriateness for detention. Youth classified as low- or medium-risk are released unless there is sufficient reason to “override” the RAI, while high-risk youth are detained. Detention hearings are held within 24 hours of a youth’s detention to determine whether the youth will continue to be detained or released.

In 2004, Hispanic and Native American youth had rates of detention at least 1.1 times the rate for White youth.

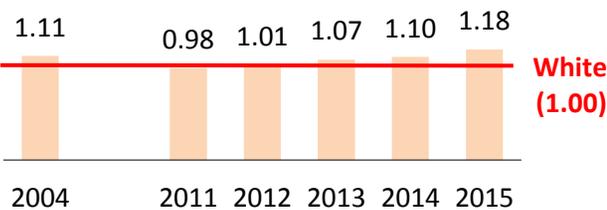
Since 2011, there has been **no statistically significant difference** in detention rates.

Hispanic



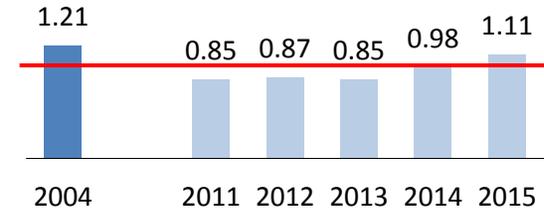
Detention rates for Hispanic youth **were significantly greater** than rates for White youth **in 2004 and 2011**.

Black



There has been no difference between detention rates for Black youth and rates for White youth.

Native American



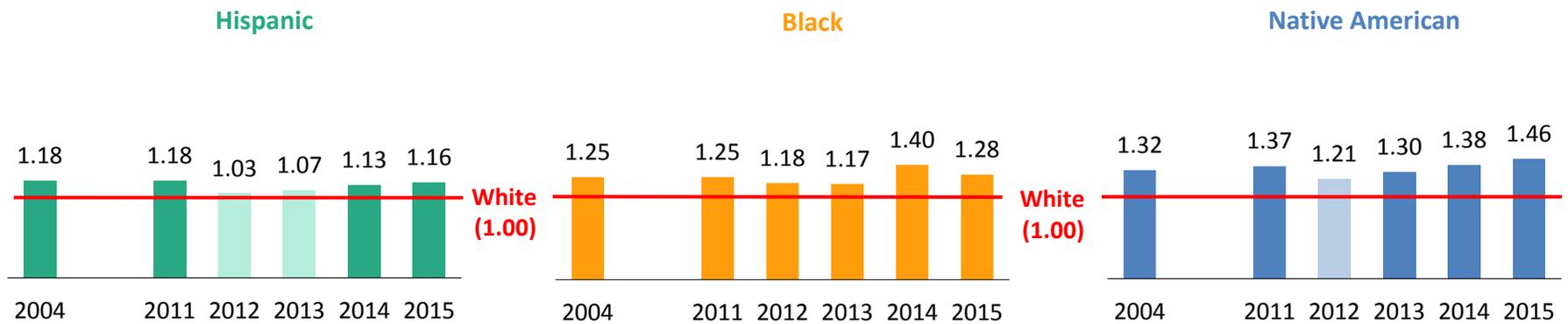
Referral rates for Native American youth **were significantly greater** than rates for White youth **in 2004**.

Petitions

The County Attorney's office is primarily responsible for procedures that occur at the Petition decision point, determining whether a case will be dismissed, whether charges will be filed in the form of a petition, or whether the youth is eligible for the Diversion program (see next page).

Petition rates for each group of youth-of-color **were consistently greater** than rates for White youth, with only three exceptions (Hispanic youth in 2012 & 2013; Native American youth in 2012).

Differences have varied between youth-of-color petition rates and the petition rate for White youth, and **each group matched or exceeded its 2004 difference at least once in the 2011-2015 period.**



Petition rates for Hispanic youth **were significantly greater** than rates for White youth in 2004, 2011, 2014, and 2015.

Petition rates for Black youth **were significantly greater** than rates for White youth **in every year examined.**

Petition rates for Native American youth **were consistently at least 1.3 times greater** than rates for White youth.

WHAT DOES THIS MEAN?

If all youth were petitioned at the rate that White youth were petitioned in 2015, there would have been approximately...

157 fewer petitions
of Hispanic youth
(a 14% reduction)

69 fewer petitions of
Black youth
(a 22% reduction)

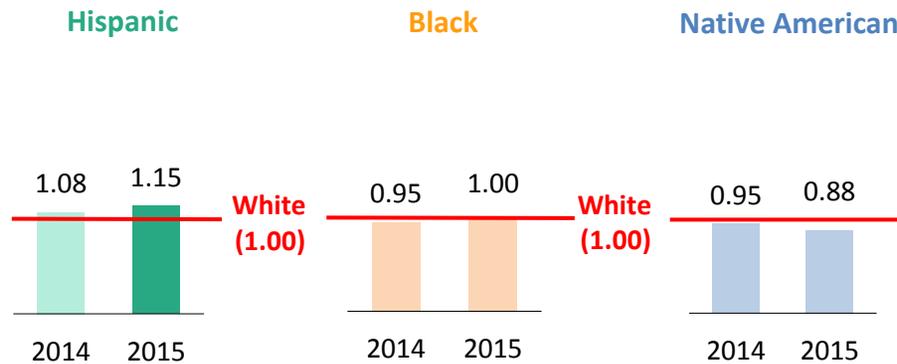
50 fewer petitions
of Native American youth
(a 31% reduction)

Diversions

The Diversion program reroutes youth from the standard path of prosecution through assignment of consequences to be completed within 90 days. Youth who do not successfully complete consequences may be subject to prosecution. The County Attorney's office works closely with Probation to administer this program.

BEGINNING DIVERSION

In 2014 and 2015, there was no significant underrepresentation* of youth-of-color with regards to rates of beginning diversion as compared to White youth.

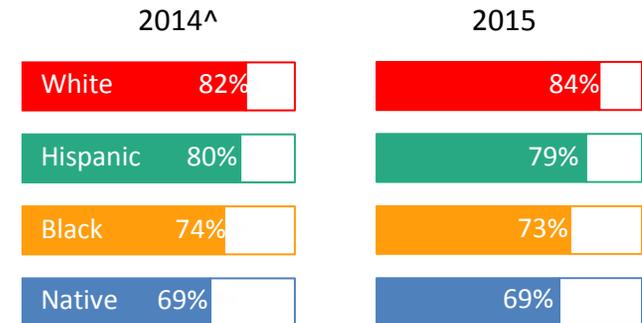


There was significant difference in diversion start rates between Hispanic youth and White youth in 2015. However, this difference indicates *over*-representation of Hispanic youth relative to White youth.

*In the case of beginning diversion, DMC exists when youth-of-color are *under*-represented. This is because diversion affords youth referred to juvenile court the opportunity to avoid formal court processing and further system involvement.

COMPLETING DIVERSION

In 2014 and 2015, youth-of-color consistently had lower rates of successful completion of diversion than White youth.



All youth-of-color rates of successful completion were **significantly lower** than the rate for White youth.

[^]No statistical differences in successful completion of diversion were reported in the 2010-2014 version of this report. However, an update to methodology yielded the statistically significant differences presented above.

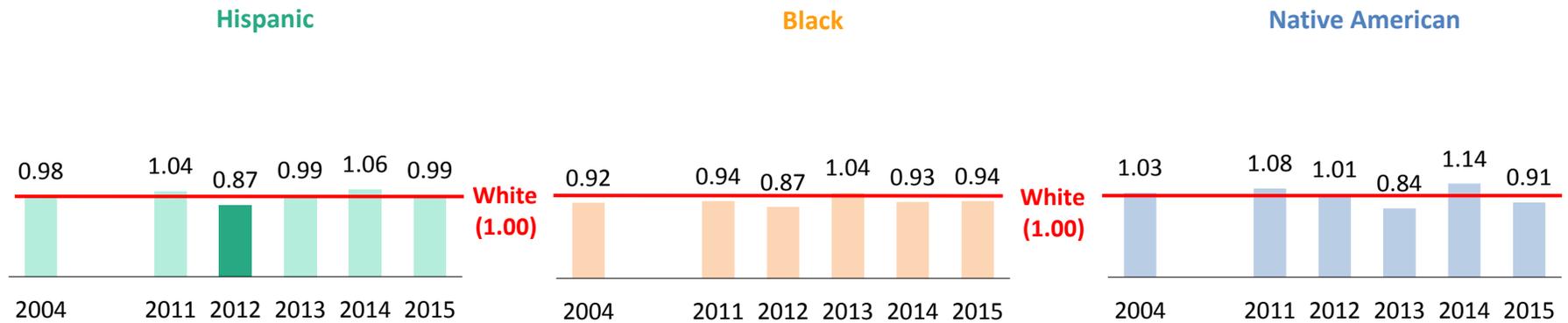
NOTE: Due to a methodological change linked to PCJCC's JOLTSaz database (instituted in July 2013), accurate diversion data is available for two full calendar years (2014 and 2015) that have occurred since JOLTSaz roll-out. While this limits present historical comparisons, these new methods will result in more accurate data on diversion starts and completions moving forward.

Adjudications

Adjudication includes processes for determining whether youth are guilty of formal charges contained in petitions filed by the County Attorney. Attorneys make recommendations as to whether the youth should be found guilty or not guilty, and judges issue final rulings. Youth who are adjudicated delinquent (i.e., convicted) have been found guilty of or plead guilty to charges.

There was virtually **no statistically significant difference** in adjudication rates over the 2011-2015 period.

The difference between Hispanic youth and White youth in 2012 shows *underrepresentation*, not overrepresentation, of youth-of-color.



Adjudication rates for Hispanic youth were not significantly different than rates for White youth in 2004, 2011, or 2013-2015.

Adjudication rates for Black youth were not significantly different than rates for White youth in any year examined.

Adjudication rates for Native American youth were not significantly different than rates for White youth in any year examined.

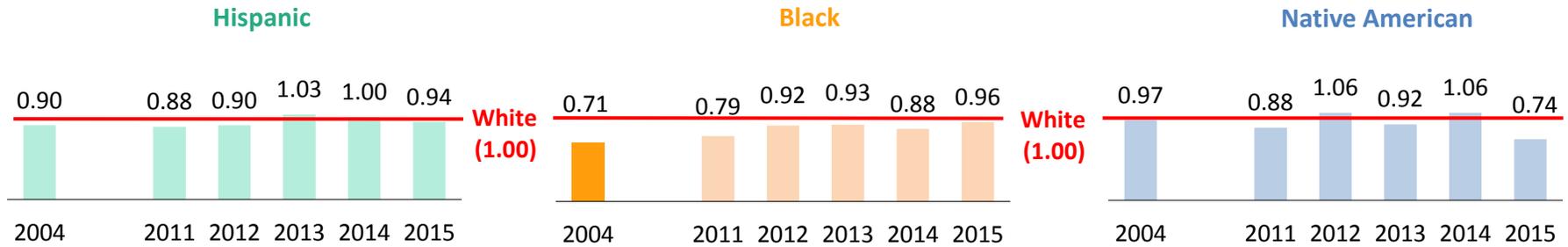
Placement on Probation

Disposition is similar to sentencing in the adult criminal system. Youth who have been adjudicated delinquent (been found or pled guilty) are often placed on standard probation (STDP) or juvenile intensive probation (JIPS). Probation officers (POs), attorneys, youth and parents participate in disposition hearings, at which judges issue final rulings.

JIPS is a more strictly supervised form of probation than STDP. Intensive services provided to the youth within the family environment, combined with surveillance, are employed as alternatives to out-of-home placement or commitment to state facilities.

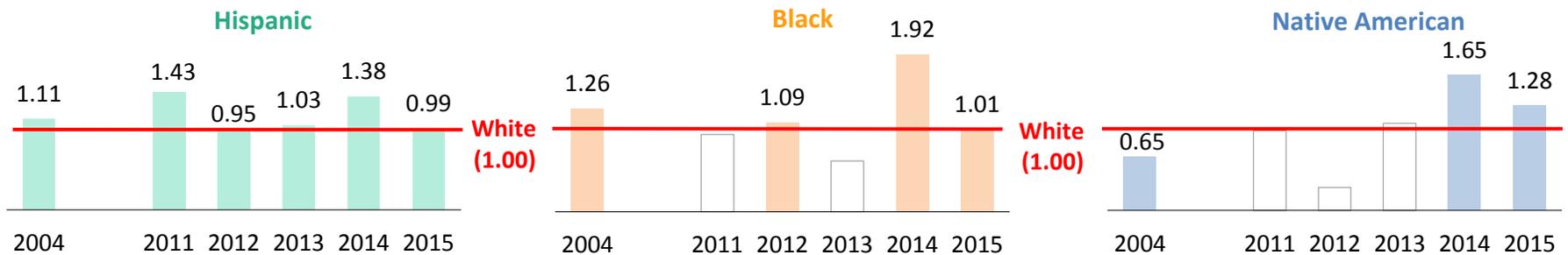
There was **no statistically significant difference** in STDP or JIPS placement rates over the 2011-2015 period.

STANDARD PROBATION (STDP)



The STDP placement rate for Black youth was significantly lower than the rate for White youth in 2004.

JUVENILE INTENSIVE PROBATION (JIPS)



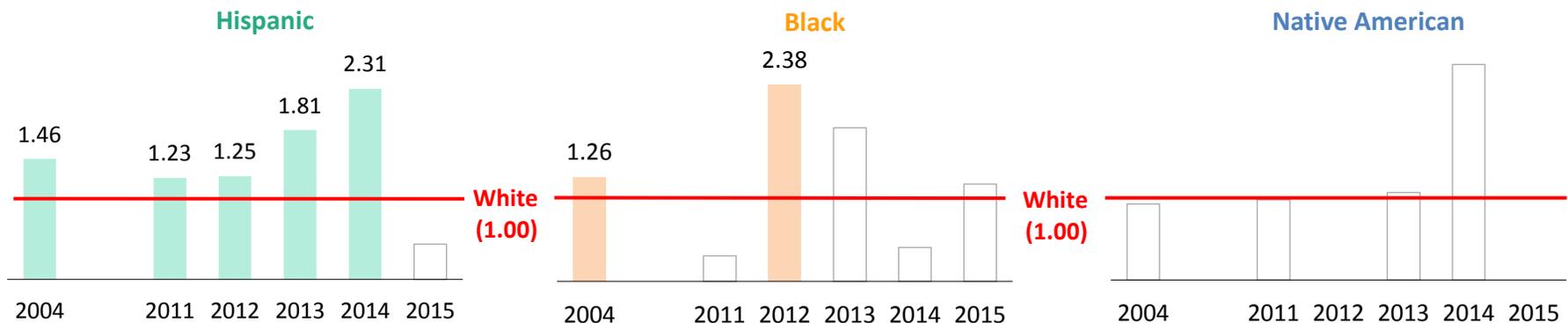
Commitments to the Arizona Department of Juvenile Corrections

In a small number of the most severe cases, youth are committed to the Arizona Department of Juvenile Corrections (ADJC).

Commitment to state correctional facilities is a dispositional option that is usually only exercised after other, less restrictive options like standard probation and JIPS have been exhausted.

In years for which there was enough data, **there was no statistically significant difference** between ADJC new commitment rates for youth-of-color and White youth.

There were often not enough events involving Black or Native American youth to conduct valid analyses.



ADJC new commitment rates for Hispanic youth were not significantly different than rates for White youth.

Tests could not be conducted for 2015 because there were not enough events involving Hispanic youth.

ADJC new commitment rates for Black youth were not significantly different than rates for White youth.

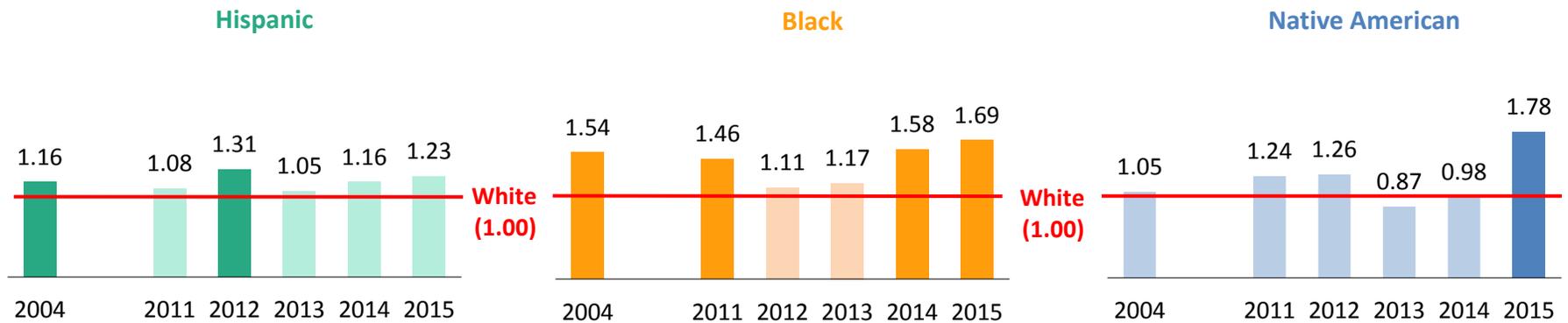
Tests could not be conducted for four years (2011 or 2013-2015) because there were not enough events involving Black youth.

Tests could not be conducted because there were not enough events involving Native American youth in any year, including no commitments in 2012 or 2015.

Referrals for Violations of Probation (VOPs)

Youth are placed on probation as a result of the adjudication and disposition processes. Conditions that probationers must follow in order to successfully complete probation are itemized in a document that probationers and their families receive at the start of probation. Judges may order additional conditions that must be followed. Violation of the conditions of probation (VOP) can result in referral by a probation officer.

VOP referral rates for Hispanic and Black youth **were consistently greater**, to varying degrees, than those for White youth.



VOP referral rates for Hispanic youth **were significantly greater** than rates for White youth **in 2004 and 2012**.

VOP referral rates for Black youth **were significantly greater** than rates for White youth **in 2004, 2011, 2014, and 2015**.

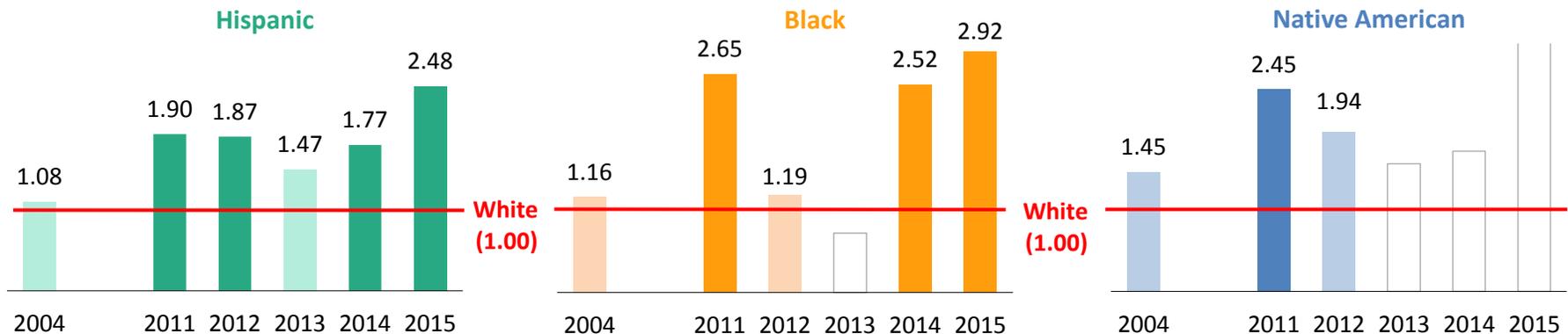
The VOP referral rate for Native American youth **was significantly greater** than the rate for White youth **in 2015**.

Terminations from Probation

Unsuccessful termination from probation can be another consequence of non-compliance with conditions of probation. Judges make these determinations, taking into account recommendations from attorneys and probation officers. Youth who are unsuccessfully terminated from probation are unable to petition to have their juvenile court records destroyed when they turn 18, unlike those who successfully complete probation.

Rates of unsuccessful termination from probation **were generally greater** for youth-of-color, to varying degrees, than those for White youth.

There were statistically significant differences between rates for youth-of-color and White youth, including the differences for Black youth and Hispanic youth in 2014 and 2015.



Unsuccessful termination rates for Hispanic youth **were significantly greater** than rates for White youth in **2011, 2012, 2014, and 2015**.

Unsuccessful termination rates for Black youth **were significantly greater** than rates for White youth in **2011, 2014, and 2015**.

Tests could not be conducted for 2013.

The unsuccessful termination rate for Native American youth **was significantly greater** than that for White youth in **2011**.

Tests could not be conducted for 2013-2015.

Appendix I: Raw Data

	Group	2004	2011	2012	2013	2014	2015
Pima County youth population ages 8-17	White	55,654	47,680	46,631	45,596	44,933	44,367
	Hispanic	54,607	63,833	63,988	64,165	64,540	64,793
	Black	4,909	5,509	5,513	5,518	5,620	5,700
	Native American	4,576	4,292	4,259	4,267	4,350	4,442
	Other	2,512	3,290	3,321	3,299	3,361	3,389
Youth referred	White	N/A	N/A	1,944	1,668	1,625	1,360
	Hispanic	N/A	N/A	2,825	2,705	2,551	2,259
	Black	N/A	N/A	457	438	466	484
	Native American	N/A	N/A	256	249	236	238
	Other	N/A	N/A	150	209	141	135
Referrals (paper & physical)	White	5,879	3,851	3,389	2,697	2,563	2,228
	Hispanic	7,406	4,865	4,685	4,507	4,209	3,959
	Black	1,488	884	901	738	866	1,057
	Native American	723	465	441	408	385	450
	Other	244	220	221	274	173	157
Physical referrals	White	1,432	592	416	320	242	265
	Hispanic	2,023	900	758	704	560	561
	Black	452	178	156	114	104	155
	Native American	243	95	93	81	63	86
	Other	53	24	13	21	14	4
Referrals for felony – person offenses	White	119	87	74	70	64	57
	Hispanic	155	103	103	83	92	110
	Black	41	22	30	29	27	37
	Native American	25	10	6	8	13	13
	Other	7	2	0	9	2	3
Referrals for felony – property offenses	White	305	132	107	100	97	86
	Hispanic	430	185	183	182	167	163
	Black	65	38	29	37	24	27
	Native American	29	8	15	16	13	12
	Other	12	5	12	11	5	2
Referrals for misdemeanor – person offenses	White	635	464	454	423	377	371
	Hispanic	766	543	562	562	546	607
	Black	201	126	142	116	139	168
	Native American	78	63	48	70	53	55
	Other	22	26	18	33	18	28
Referrals for misdemeanor – property offenses	White	882	541	387	340	315	330
	Hispanic	879	711	525	535	493	480
	Black	196	121	106	98	127	153
	Native American	78	48	49	59	45	56
	Other	34	37	39	32	33	34
Referrals for drug offenses	White	696	572	525	371	361	338
	Hispanic	1104	818	848	777	710	599
	Black	101	124	77	91	91	103
	Native American	121	103	87	68	57	69
	Other	27	32	32	51	25	19

Appendix I: Raw Data (continued)

	Group	2004	2011	2012	2013	2014	2015
Referrals for status offenses	White	1244	792	825	546	530	487
	Hispanic	1679	971	995	974	848	823
	Black	364	169	235	156	185	264
	Native American	117	98	101	80	92	103
	Other	68	41	46	46	15	21
Detention screens	White	1,685	692	522	356	303	287
	Hispanic	2,420	1,099	939	785	680	677
	Black	532	208	192	132	131	171
	Native American	331	117	115	90	76	100
	Other	68	32	14	21	15	5
Detentions	White	1,004	389	327	177	162	139
	Hispanic	1,602	713	566	393	396	383
	Black	353	115	122	70	77	98
	Native American	238	56	63	38	40	54
	Other	43	15	7	4	7	0
Petitions	White	1,980	1,192	1,009	719	624	548
	Hispanic	2,895	1,783	1,501	1,263	1,163	1,144
	Black	600	349	309	228	293	319
	Native American	343	196	162	143	124	159
	Other	72	42	33	42	24	9
Youth referred who meet basic diversion eligibility criteria	White	N/A	N/A	N/A	N/A	909	825
	Hispanic	N/A	N/A	N/A	N/A	1,357	1,177
	Black	N/A	N/A	N/A	N/A	252	253
	Native American	N/A	N/A	N/A	N/A	129	132
	Other	N/A	N/A	N/A	N/A	101	100
Youth diverted	White	N/A	N/A	N/A	N/A	827	696
	Hispanic	N/A	N/A	N/A	N/A	1,332	1,144
	Black	N/A	N/A	N/A	N/A	217	214
	Native American	N/A	N/A	N/A	N/A	112	98
	Other	N/A	N/A	N/A	N/A	78	77
Youth who completed diversion	White	N/A	N/A	N/A	N/A	817	726
	Hispanic	N/A	N/A	N/A	N/A	1,340	1,201
	Black	N/A	N/A	N/A	N/A	203	233
	Native American	N/A	N/A	N/A	N/A	118	94
	Other	N/A	N/A	N/A	N/A	87	70
Youth who successfully completed diversion	White	N/A	N/A	N/A	N/A	671	608
	Hispanic	N/A	N/A	N/A	N/A	1,071	944
	Black	N/A	N/A	N/A	N/A	151	170
	Native American	N/A	N/A	N/A	N/A	81	65
	Other	N/A	N/A	N/A	N/A	50	42
Adjudications	White	1,689	881	880	562	499	451
	Hispanic	2,413	1,372	1,144	975	986	928
	Black	470	242	235	185	219	247
	Native American	302	156	143	94	113	119
	Other	62	27	18	28	12	5

Appendix I: Raw Data (continued)

	Group	2004	2011	2012	2013	2014	2015
Dispositions	White	1,158	544	472	338	319	268
	Hispanic	1,612	886	663	559	598	494
	Black	307	144	124	109	131	136
	Native American	187	93	80	64	61	60
	Other	44	19	14	19	10	4
Standard probation placements	White	545	259	211	173	158	115
	Hispanic	681	373	267	295	295	199
	Black	102	54	51	52	57	56
	Native American	85	39	38	30	32	19
	Other	22	9	9	9	6	2
JIPS placements	White	57	12	21	10	19	35
	Hispanic	88	28	28	17	49	64
	Black	19	3	6	2	15	18
	Native American	6	2	1	2	6	10
	Other	0	2	0	0	0	1
ADJC new commitments	White	27	12	8	5	6	5
	Hispanic	55	24	14	15	26	4
	Black	9	1	5	3	1	3
	Native American	4	2	0	1	3	0
	Other	1	0	0	0	0	0
Youth on probation (at any time during the year)	White	1,062	433	427	354	278	229
	Hispanic	1,343	738	622	543	510	447
	Black	234	109	111	100	97	94
	Native American	181	71	69	60	56	51
	Other	34	14	14	17	16	5
Referrals for violations of probation (VOPs)	White	487	221	177	169	132	111
	Hispanic	717	408	338	271	282	267
	Black	165	81	51	56	73	77
	Native American	87	45	36	25	26	44
	Other	15	3	8	6	3	1
Terminations from probation	White	630	297	258	304	214	191
	Hispanic	727	504	401	439	404	368
	Black	125	69	65	75	68	80
	Native American	87	56	40	46	42	40
	Other	19	12	10	10	12	6
Unsuccessful terminations from probation	White	65	26	20	17	15	9
	Hispanic	81	84	58	36	50	43
	Black	15	16	6	3	12	11
	Native American	13	12	6	4	5	9
	Other	3	0	1	0	2	0

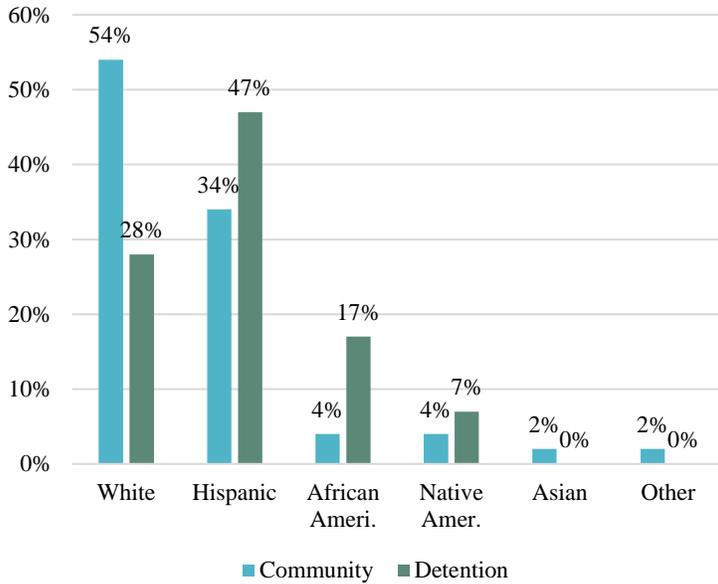
Appendix II: Relative Rates

	Group	2004	2011	2012	2013	2014	2015
Referral rate (Referrals per 1,000 youth in Pima County)	White	106	81	73	59	57	50
	Hispanic	136	76	73	70	65	61
	Black	303	161	164	134	155	185
	Native American	158	108	104	96	89	101
Detention rate (Detentions per 100 youth screened)	White	60	56	63	50	54	48
	Hispanic	66	65	60	50	58	57
	Black	66	55	64	53	59	57
	Native American	72	48	55	42	53	54
Petition rate (Petitions per 100 referrals, less status offenses)	White	43	39	39	33	31	32
	Hispanic	51	46	41	36	35	37
	Black	53	49	46	39	43	40
	Native American	57	53	48	44	42	46
Diversion rate (Youth who start diversion per 100 youth referred who meet basic diversion eligibility criteria)	White	N/A	N/A	N/A	N/A	91	84
	Hispanic	N/A	N/A	N/A	N/A	98	97
	Black	N/A	N/A	N/A	N/A	86	85
	Native American	N/A	N/A	N/A	N/A	87	74
Adjudication rate (Adjudications per 100 petitions)	White	85	74	87	78	80	82
	Hispanic	83	77	76	77	85	81
	Black	78	69	76	81	75	77
	Native American	88	80	88	66	91	75
Standard probation new placement rate (STDP new placements per 1,000 dispositions)	White	471	476	447	512	495	429
	Hispanic	422	421	403	528	493	403
	Black	332	375	411	477	435	412
	Native American	455	419	475	469	525	317
JIPS new placement rate (JIPS new placements per 1,000 dispositions)	White	49	22	44	30	60	131
	Hispanic	55	32	42	30	82	130
	Black	62	21	48	18	115	132
	Native American	32	22	13	31	98	167
ADJC new commitment rate (ADJC new commitments per 1,000 dispositions)	White	23	22	17	15	19	19
	Hispanic	34	27	21	27	43	8
	Black	29	7	40	28	8	22
	Native American	21	22	0	16	49	0
VOP referral rates (VOP referrals per 100 probationers)	White	46	51	42	48	48	49
	Hispanic	53	55	54	50	56	60
	Black	71	74	46	56	75	82
	Native American	48	63	52	42	46	86
Unsuccessful termination rates (Unsuccessful terminations per 100 terminations from probation)	White	10	9	8	6	7	5
	Hispanic	11	17	15	8	12	12
	Black	12	23	9	4	18	14
	Native American	15	21	15	9	12	23

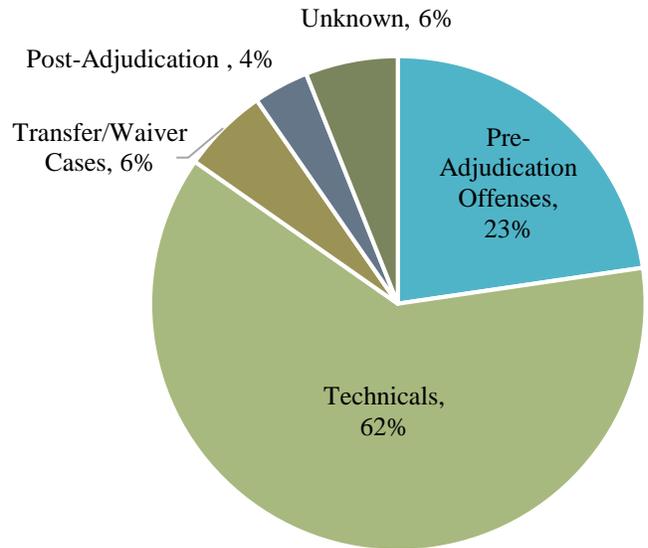
Arizona JDAI State Advisory Meeting - February 8th, 2017

FY2016 Statistics At-a-Glance

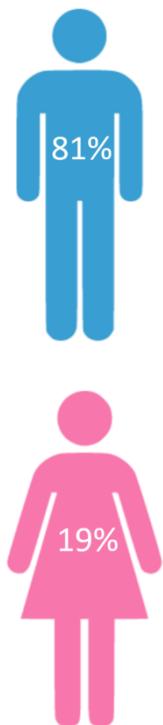
Race/Ethnicity of Detained Youth in JDAI Counties



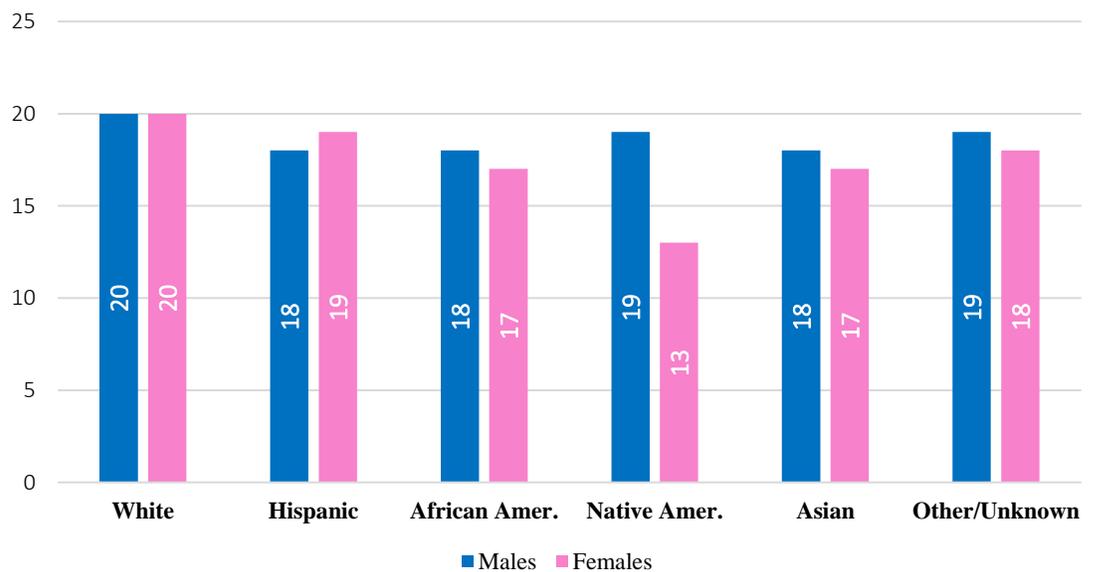
Reason for Detention in JDAI Counties



Between July 1st, 2015 and June 30th, 2016, a total of 3,205 youth were detained in JDAI counties.



Average Length of Stay by Race and Gender in JDAI Counties



Arizona JDAI State Advisory Meeting - February 8th, 2017

FY2016 Statistics At-a-Glance

- For non-JDAI counties, non-white youth were overrepresented by 25% in admissions to detention compared to their make-up of the community population. For JDAI counties, there was a 22% overrepresentation.
- With a detention rate of 4 youth per one thousand juvenile residents, JDAI counties detained fewer youth than non-JDAI counties whose rate was more than double that (10 youth per 1,000 residents).

	Juvenile Population*		Detention Admissions*		ALOS		Avg. Daily Population	Rate per 1,000 Detained	Commitments to ADJC*
	White	Non-White	White	Non-White	White	Non-White			
Apache	2,362 (19%)	10,069 (81%)	-	-	-	-	-	-	0
Coconino	9,581 (53%)	8,497 (47%)	77 (34%)	148 (66%)	14.0	14.4	15	12	5
Graham	3,207 (52%)	2,960 (48%)	52 (60%)	34 (40%)	13.1	9.1	5	14	1
Greenlee	623 (39%)	974 (69%)	8 (50%)	8 (50%)	27.8	37.8	2	10	0
La Paz	1,307 (59%)	908 (41%)	3 (30%)	7 (70%)	22.5	17.2	-	5	3
Mohave	18,240 (77%)	5,448 (23%)	136 (76%)	43 (24%)	10.9	6.3	9	8	11
Navajo	7,481 (42%)	10,330 (58%)	80 (53%)	72 (47%)	16.1	9.3	9	9	4
Yavapai	18,863 (80%)	4,716 (20%)	61 (20%)	246 (80%)	16.9	15.9	25	13	8
TOTAL	61,664 (58%)	43,902 (42%)	417 (43%)	558 (67%)	14.7	13.2	65	10	32
JDAI COUNTIES									
Cochise	9,002 (57%)	6,791 (43%)	30 (43%)	40 (57%)	15.7	16.3	6	4	3
Gila	4,036 (63%)	2,370 (37%)	24 (60%)	16 (40%)	25.1	17.8	22	6	8
Maricopa	331,622 (56%)	260,561 (44%)	587 (44%)	1,398 (56%)	19.9	17.8	153	3	135
Pima	67,514 (53%)	59,871 (47%)	98 (20%)	348 (80%)	29.2	21.7	43	4	11
Pinal	35,653 (56%)	28,013 (44%)	88 (35%)	167 (65%)	21.4	16.1	18	4	13
Santa Cruz	1,188 (14%)	7,300 (86%)	3 (3%)	99 (97%)	19.5	18.4	7	12	2
Yuma	10,214 (32%)	21,705 (68%)	198 (69%)	91 (31%)	14.3	17.8	33	9	16
TOTAL	459,229 (54%)	386,611 (46%)	1,028 (32%)	2,159 (68%)	20.4	18.3	282	4	188
STATEWIDE									
Arizona	520,593 (55%)	430,513 (45%)	1,445 (35%)	2,717 (65%)	18.0	17.4	347	4	220

*County population ages 8 to 17, estimates from ADOA-EPS.

*Unique count of youth. Counties on JOLTSaz: Detentions are only counted once in the County which they are physically detained. For JOLTS counties, the detention may be counted in both the sending county and the county doing the courtesy hold.

*Preliminary statistics pending final validation.

**Cochise County
Juvenile Court Integrated System**

Executive Committee:

Judge Karl Elledge, Presiding Juvenile Judge
Patricia Muñoz, Chief of Probation
Sarah Graves, Coordinator

Deborah Nishikida, Program Manager, DCS
Denise Barlow, Chief Deputy
Joseph Conrad, Detention Division Director

Core Group Oversight: JDAI, CYPM

Membership:

Emma Soltero, CCJCS
Abby Dodge, CASA
Nancy Galey, Deputy County Attorney
Sanford Edelman, Deputy Legal Defender
Mary Stierman, DCS
Jacqui Clay, School Superintendent
Karla Rothrock, Southern Arizona Children's Haven, Inc.
Commander Lawrence Boutte, Sierra Vista PD
Chief Albert Echave, Bisbee PD
Lt. Forest Hauser, CCSO
Chief James Thies, Huachuca City PD
George Owens, Cenpatico
Amy Devins, Cenpatico

Vicki Barton, CCJCS
Pat Crowell, Community Volunteer
Bruce Houston, Deputy Public Defender
Deborah Nishikida, DCS
Monica McDonough, DCS
Rose Martinez, Chief Deputy, School Superintendent
Nicole T. Spahl, Blake Behavioral Health Services
Chris Hiser, Sierra Vista PD
Chief Jose Rios, Willcox PD
Chief Kraig Fullen, Douglas PD
Gina Fiscus, SEABHS
Christina Morgan, ACTS
Jeremy Upham, Cenpatico

Work Groups (*please note—additional membership is needed as the meetings reconvene*):

Data

Members: Joseph Conrad, CCJCS; Martha Huntley, CCJCS

Detention Screening Instrument (DSI)

Members: Joseph Conrad, CCJCS; Sanford Edelman, Deputy Public Defender; Curtis Wilkins, CCSO

Reducing Racial and Ethnic Disparities (RED)

Members: Denise Barlow, CCJCS; Cheryl Brown Aguilar, CCJCS; Tina Lundquist, CCJCS; Daniel Lopez, CCJCS; Alex Boneo, Cenpatico; Pat Crowell, Community Volunteer; Karla Rothrock, Southern Arizona Children's Haven, Inc.; Lori Broderick, Buena HS SRO; Marina Manzanares, CCJCS

Case Processing

Members: Chris Hamilton, CCJCS; Nancy Galey, CAO; Debbie Watkins, DIV IV

Detention Alternatives/Graduated Responses

Members: Sepp Sprietsma, CCJCS; April Scriven, CCJCS; Kris Sullivan, CCJCS; Vicki Barton, CCJCS; Duane Barrow; CCJCS; Brandie Teso, CCJCS; Josef Linden, CCJCS

2017 Reducing Racial and Ethnic Disparities (R.E.D) Focus

The Work

In a commitment to support the strategic agenda of Chief Justice Bales by identifying and reducing racial and ethnic disparities (RED) in the Arizona juvenile justice system, the Administrative Office of the Courts, Juvenile Justice Services Division partnered with Governor's Office of Youth, Faith and Families and contracted with the W. Haywood Burns Institute (B.I) to develop and facilitate site specific and judicial RED trainings. In March, juvenile justice and community stakeholders in each of the following jurisdictions: Cochise, Pima, Pinal Maricopa and Yuma, participated in data driven and consensus based trainings during which local data was used to identify disparities, select a target population and develop a work plan, including specific action steps and timelines. On June 22nd B.I staff will facilitate RED training specifically developed for Arizona Juvenile Court Judges at the 2017 judicial conference.

About B.I

The B.I is a grassroots organization based out of Oakland, California that assists local jurisdictions around the nation facilitate a collaborative environment where community and system stakeholders strategically use data to reduce racial and ethnic disparities. For the past 14 years, B.I has worked with over 40 jurisdictions to reduce racial and ethnic disparities and is nationally recognized as a leading subject matter expert.

County Target Populations/Goals

Four of the five jurisdictions (Cochise, Pima, Maricopa and Yuma) are targeting the overrepresentation of youth of color in secure detention as a result of probation violations. The fifth jurisdiction (Pinal) is targeting the increased length of stay in secure detention for African American youth.

Specific goals by jurisdiction:

Cochise- Reduce disparities in admissions to detention for violations of probation for youth of color

Pima- Reduce disparities in violations of probation and unsuccessful diversions for African American youth

Pinal – Reduce disparities in length of stay for African American youth

Maricopa- Reduce disparities in admissions to detention for violations of probations for youth of color

Yuma- Reduce disparities in admissions to detention for violations of probation for youth of color

Judicial Training

Participants will gain a better understanding of: (1) racial and ethnic disparities in the youth justice system; (2) how these disparities are affected by other youth serving systems; and (3) the role of judges and court services play in reducing disparities and facilitating healthy adolescent development.

**ARIZONA SUPREME COURT
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JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2019
SERVICE SPECIFICATION
CLINICAL POLYGRAPH EXAMINATION OF JUVENILE SEX OFFENDERS
Service Code 177**

SERVICE DEFINITION:

Clinical Polygraph Examination means the employment of any instrumentation used for the purpose of detecting deception or verifying the truth of statements of any person under supervision and/or treatment for the commission of sex offenses. Clinical polygraph examination is specifically intended to assist in the treatment and supervision of sex offenders. Sex offender meaning is defined in A.R.S. §13-1401 et seq.

STANDARDS/LICENSURE REQUIREMENTS:

1. Polygraph examiners must hold a full membership in good standing with the American Polygraph Association or another polygraph practitioner association/licensure approved by the AOC.
2. Complete no less than two- hundred (200) actual polygraph examinations using a standardized polygraph technique.
3. At a minimum, a Baccalaureate Degree from an accredited college or university.
4. Complete a minimum of forty (40) hours of specialized sex offender polygraph examination training recognized and approved by the American Polygraph Association. This training shall focus on sex offender assessment, evaluation, and monitoring in the following manner:
 - a. Twenty-four (24) hours of training consisting of:
 - i. Pre-test interview procedures and formats;
 - ii. Valid and reliable examination formats;
 - iii. Post-test interview procedures and formats;
 - iv. Reporting format (i.e., to whom, disclosure content, forms);
 - v. Recognized and standardized polygraph procedures;
 - vi. Administering examinations consistent with CSOT guidelines;
 - vii. Professional standards and conduct;
 - viii. Expert witness qualifications and courtroom testimony.
 - b. Sixteen (16) hours of specialized training associated with:
 - i. Behavior and motivation of sex offenders;
 - ii. Trauma factors associated with victims/survivors of sexual assault.

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CONTINUING EDUCATION:

All polygraph examiners shall, at a minimum, successfully complete forty (40) hours of continuing education every two (2) years. This continuing education shall consist of:

1. Sixteen (16) hours of polygraph procedures and other professional topics applicable to polygraph and the sex offender.
2. Eight (8) hours of training on the behavior and motivation of sex offenders.
3. Eight (8) hours of training on trauma factors and sexual assault issues associated with victims/survivors.
4. Eight (8) hours of training on adolescent development, brain development, and other adolescent related topics.

GUIDELINES:

1. Recording
 - a. All clinical polygraph examinations will be appropriately recorded for diagnostic and documentation purposes.
 - b. Recording channels/component required for these polygraph examinations will be:
 - i. Respiration patterns made by two separate pneumograph components. One respiration component will record the thoracic (upper chest) respiration and the other component will record the abdominal (lower stomach) respiration pattern.
 - ii. One of the chart tracings will record the Skin Conductance Response (SCR), which reflects relative changes and the conductivity/resistance of very small amounts of current by the epidermal tissue. The SCR is commonly referred to as the Galvanic Skin Response (GSR).
 - iii. A cardiograph tracing will be utilized to record changes in the pulse rate, pulse amplitude, and changes in the relative blood pressure.

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- c. To effectively evaluate the polygraph tracings collected during any polygraph examination, it is understood by all professional examiners that easily readable trace recordings must be obtained. Tracings that are either too large, too small, or that have extraneous responses to outside stimuli are difficult, if not impossible to evaluate. In order to allow the examiner to render a valid and reliable opinion based on the information contained within the polygraph charts, it is recommended that all pneumograph and cardiograph tracings recorded during the polygraph examination be of sufficient amplitude to be easily read and evaluated by the initial examiner, by a reviewing examiner, and for any quality control review purpose.

- d. All pneumograph and cardiograph tracings should be not less than one half inch in amplitude in the pneumograph and/or cardiograph tracings, without sufficient documented explanation of physiological cause, will be considered insufficient for analysis purposes. Every effort should be made by the examiner to increase baseline amplitude recordings that are less than recommended minimums. Charts that are evaluated and determined to be inadequate, may require additional testing of the examinee (test subject).

2. Instrument Calibration

- a. Polygraph instruments utilized for the recording of changes in the physiological responses as produced by the human body during polygraph examination, at a minimum, will be calibrated once per month according to the manufacturer's guidelines as provided in the instruction and operation manuals. Calibration of polygraph instruments will be performed to ensure that every examinee is afforded a polygraph examination utilizing an instrument that is demonstrated to be functioning according to the manufacturer's required specification at the time that polygraph examination was conducted. In addition, calibration charts are required to document instrument operation, for quality control review, for purposes of research and data gathering, for purposes of courtroom defense and documentation, and for purpose of peer review.

- b. Calibration Charts
 - i. A hard copy (print out) calibration chart will be generated by analog polygraph instruments.

 - ii. All calibration charts should be filed and available along with all other pertinent papers for a period of not less than three (3) years.

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- iii. Calibration charts will be filled out with the below listed data:
 - A. Instrument make, model, and serial number;
 - B. Date, location, and time of instrument calibration;
 - C. Identity of examiner performing the instrument calibration procedure;
 - D. Identification of each component, i.e., mechanical or electronic pneumographies, GSR/SCR, mechanical or electronic cardiograph, etc.;
 - E. Applied sensitivity units;
 - F. Sensitivity checks;
 - G. Applied mm of air pressure;
 - H. Kymograph checks;
 - I. Pneumograph leak checks; and
 - J. Cardiograph leak checks, to include start and end times.

- c. Standardized Chart Markings, recognized and utilized within the polygraph profession will be employed to annotate all calibration and examination charts.

- d. Calibration Requirements: Polygraph instruments utilized will be calibrated on a regular basis as follows:
 - i. All analog polygraph instruments in use will be calibrated at least once a week if the instrument remains stationary.
 - ii. Each analog polygraph instruments will be calibrated prior to its use if the instrument was moved subsequent to its last calibration procedure.
 - iii. Digital polygraph instrument will be calibrated according to factory specifications and the manufacturer's recommendations.

- 3. Examination Frequency
 - a. To safeguard against habituation and familiarization between the examiner and the subject, it is recommended that the polygraph examiner not conduct more than two (2) separate clinical polygraph sessions per year on the same offender unless significant reason exists for more frequent testing. A re-examination over previously examined issues where no opinion was formed would not be considered a separate session.

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- b. In order to allow sufficient time for the pre-test, actual test, and post-test phases of the examination, it is recommended that the examiner schedule not less than ninety (90) minutes for each examination session. In many cases, it should be anticipated that the examination session will take considerably longer.

4. Testing Techniques & Procedures

- a. Clinical polygraph examination techniques will be limited to those techniques that are recognized and published, within the industry, as standardized and validated examination procedures. To be a recommended examination format, the examination procedure must include appropriately designed relevant questions, appropriately designed control questions for diagnostic purposes, and appropriately designed irrelevant questions as applicable to that defined and standardized procedure. A standardized examination technique or procedure is defined as:
 - i. A technique or procedure which has achieved a published, scientific database sufficient to support and demonstrate validity and reliability from the application and use of that specific polygraph technique; and,
 - ii. A technique or procedure that is evaluated according to the published methods for that specific procedure, and that provides for numerical scoring and quantification of the chart data, where applicable; and,
 - iii. A technique or procedure that has not been modified without the support of published validity and reliability studies for that particular modification.
- b. Stimulation/Acquaintance Test
 - i. The Stimulation/Acquaintance Test will be employed during each polygraph examination session as the first chart. The Stimulation/Acquaintance Test is used to demonstrate that the psychological set of the examinee and the examinee's reaction capabilities are established for diagnostic purposes. This test is a recognized test procedure utilized in conjunction with professional examination formats and should be made a part of the clinical polygraph examination of any sex offender.
 - ii. Blind or known stimulation procedures, as published, may be used for the Acquaintance Test.

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c. Number of Relevant Questions

All standardized and recognized published examination formats and procedures define the number of relevant questions (pertaining to the issues under investigation) that may be utilized. Those applications should not be modified or altered. No recognized or validated examination procedure allows for more than five (5) relevant questions to be asked during any given polygraph examination. Therefore, not more than five relevant questions pre-examination may be asked, regardless of the examination procedure selected.

d. Single-Issue Examinations

Only single-issue examinations have demonstrated scientific validity and reliability. Single issue examinations, therefore, should be adhered to in order to ensure the clinical polygraph examination produce maximum validity and reliability. Based on all available scientific research, mixing issues during an examination significantly reduces the validity and reliability of opinions based on that data. Issues of psychological set, anti-climactic dampening, and other principles forming the foundation of the polygraph science must be adhered to; thus, the requirement for single issue examinations only. For example, any examination mixing a sexual history topic questioning about the instant offense (disclosure) or violations of probation/parole (monitoring) would be considered mixing issues, and would not be considered a valid or appropriate examination.

e. Relevant Question Construction

In order to design an effective polygraph examination and to adhere to standardized and recognized procedures, the questions to be utilized should be constructed to be:

- i. Simple and direct.
- ii. As short as possible.
- iii. Should not include legal terminology (sexual assault, homicide, incest). This terminology allows for examinee rationalization and utilization of other defense mechanisms.
- iv. The meaning of each question must be clear and not allow for multiple interpretations.
- v. Should not be accusatory in nature.
- vi. Should never presuppose knowledge on the part of the examiner.

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- vii. Should contain reference to only one element of the issue under investigation.
- viii. Should use language easily understood by the examinee.
- ix. Must be easily answerable yes or no.
- x. Should avoid the use of any emotionally laden terminology, such as rape, molest, murder, etc.

POLYGRAPH EXAMINATIONS & FORMATS:

1. Disclosure Issue Examinations

- a. Must be adjudicated delinquent.
- b. Must be 12 years or older.
- c. Must be evaluated through the use of a psychosexual examination that meets the Administrative Office of the Courts (AOC) contract standards prior to the polygraph examination.
 - i. The psychosexual evaluation must certify that the youth is able to clearly distinguish right from wrong.
 - ii. Determine any mental problems or deficiencies of the youth
- d. Specific issue examination for the instant offense, resulting in conviction
 - i. The specific issue examination is utilized to determine if the examinee appears deceptive or non-deceptive in his/her denial of guilt to the offense(s) for which he/she has been convicted. The use of this disclosure examination as the issue under investigation for the polygraph examiner should be made by the examiner in conjunction with the treatment provider and/or the supervision specialist.
 - ii. Specific issue allegations under indictment or pending court action are not clinical polygraph examinations and should not be examined as a disclosure test. Disclosure test procedures are designed for the purpose of assisting therapists and/or supervision officials in evaluation denial in order to enhance the effectiveness of treatment and supervision programs only.

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- iii. Disclosure examinations, used for verification of sexual histories, explore sexual histories, therapeutic issues, and sexual deviance prior to the time of conviction. In conjunction with appropriate examination procedures and professional obligations, admissions are often obtained during the pre-test phase, as well as the post-test phase of the examination. Oftentimes, offenders deny illegal sexual behavior and ideation, except for what has been identified by the judicial process. Disclosure examinations and admissions are relied upon by therapists, court officers, attorneys, supervision officials, and others on the team in their development of appropriate supervision and treatment programs. The issue under examination should pertain to sexual history deviance by the examinee. For example, those issues identified by therapists on sexual history questionnaires are appropriate subject matter for this examination format.

2. Monitoring and Maintenance Examinations

- a. Must be adjudicated delinquent.
- b. Must be 12 years or older.
- c. The treatment provider must recommend, in writing, specific areas to be covered by the polygraph examiner, but should not include specific questions.
- d. Monitoring and maintenance polygraph examinations have different purpose and intent from disclosure examinations dealing with an instant offense or a sexual history.
 - i. Monitoring and maintenance polygraph examinations have been found to be extremely important in the supervision process. This examination is specifically targeted to deal with issues of violation of probation and/or the commission of additional sexual offenses, yet unidentified, while on probation or parole. (Abrams, **Polygraph Testing of the Pedophile**, 1993). Results of these examinations are meant to assist treatment providers and supervision specialist in development of individual treatment and supervision strategies.

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- ii. These examinations are often the most difficult to administer and the probability for error will be the greatest in these types of examinations due to:
 - A. The probability of examinee habituation, due to testing frequency; and,
 - B. Specific targets (issues) are often unknown or unidentified; specific allegations have not been made and questioning may be more general than in specific target tests.
- iii. Monitoring and maintenance polygraph examinations will require the greatest commitment of time on the part of the examiner and the examinee, and will require special care and special preparation by the examiner to minimize the possibility of error.
- iv. Monitoring and maintenance polygraph examinations are particularly useful in reducing the probability of recidivism, but caution should be observed in scheduling these examinations too frequently.
- v. In addition, polygraph examiners should obtain in writing at the beginning of each examination session, the examinee's written authorization regarding the release of information, regarding any and all admissions, statements and opinions resulting from the examination session.

REPORTING REQUIREMENTS:

- 1. Polygraph examiners shall report the result of examination either verbally (phone call) or in writing (email or letter); to the probation department and referral source, as applicable, within 24 hours of the examination.
- 2. Polygraph examiners shall submit a written report within ten (10) business days to the probation department of the examination that will be factual and descriptive of the information and results of each examination. Written reports are intended for treatment and supervision purposes only. Each report shall include information regarding:
 - a. The date of the examination;
 - b. Beginning and ending time;

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- c. Name of person requesting examination;
 - d. Name of examinee;
 - e. Birth date of examinee;
 - f. Type of court supervision;
 - g. Reason for examination;
 - h. Date of last clinical polygraph examination;
 - i. Examination questions and answers;
 - j. Any additional information deemed pertinent by the examiner;
 - k. Reasons for inability to complete the examination;
 - l. Post-test phases of the examination; and
 - m. Test results.
3. Prepare and provide all required reports in accordance with AOC Standard Terms and Conditions.

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I have read and fully understand the requirements to provide sex offender polygraph services and agree to all requirements and restrictions and propose the following rate:

Proposed Service Rate:

Clinical Polygraph Examination of Juvenile Sex Offender (service code 177) \$ _____ / exam

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Service Rate:

Clinical Polygraph Examination of Juvenile Sex Offender (service code 177) \$ _____ / exam

Other agreement _____

Contractor Signature / Date

AOC Signature / Date



Dear Members of ATSA:

Since 2010, a committee appointed by the ATSA Board of Directors has been working to develop guidelines for the treatment of adolescents who have engaged in sexually abusive behavior. This committee, co-chaired by Dr. Jacque Page and Mr. Tom Leversee, has reviewed the extensive advances in research on adolescent development and our understanding of effective treatment of sexually abusive behavior in adolescents. Using available knowledge, the Adolescent Guidelines Committee developed the ATSA Practice Guidelines for Adolescents Who Have Engaged in Sexually Abusive Behavior. These guidelines were reviewed and approved by The ATSA Executive Board of Directors pending comments from the membership. The guidelines were made available to the membership for a 60 day review and comments period beginning on August 25, 2016. After being presented with an overview of the membership feedback at the November 1 Board meeting, the Guidelines were again approved by the Board pending integration of agreed upon aspects of the Membership feedback.

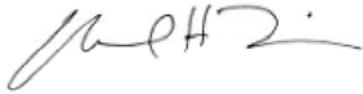
The current treatment guidelines were built from the ground up, given that many of the assumptions that drove earlier treatment recommendations have proven to be false. It is clear from research on adolescent development, and the more current studies of adolescents who have engaged in sexually abusive behavior, that such youth have little in common with adult sexual offenders and the vast majority of those identified for abusive sexual behavior in adolescence will not continue to engage in such behavior into adulthood. The current Guidelines, therefore, attempt to reverse the historical trend of applying adult models to adolescent treatment and, thus, there are substantial differences between the Guidelines presented here and past recommendations for the treatment of adolescents. Of particular importance is the emphasis on the social ecology in which adolescents reside and on the importance of therapeutic relationships. Additionally, these guidelines consider the heterogeneity that has consistently been found in samples of adolescents who have engaged in sexually abusive behavior and, thus, emphasize comprehensive assessment and individualized treatment plans.

In developing the guidelines, there was quite a bit of controversy and disagreement around the use of psychophysiological measures, particularly polygraph and penile plethysmography. The Adolescent Guidelines committee was initially split between advocating for limited use of these instruments and recommending that they not be used with adolescent populations. The language presented to the membership during the review period last fall was a compromise that was presented to the Board at its November 1, 2016 meeting. While there was very little comment about the Psychophysiological Measures section from the membership, this issue was raised again during the Guidelines Committee discussion of changes. At that point, the committee was again split between a “limited use” option reflective of the wording sent to the membership and a “no use” option. The Committee could not reach agreement and so both options were presented to the Board and the Board voted overwhelmingly in support of the “no use” option as stated below:

Polygraph and plethysmography are physiological measurements designed for use with adults. Their use was extended to adolescents (and younger children) without establishing their scientific validity and without full consideration of their potential for harm. In particular, no research has subjected either measurement to controlled evaluation with relevant comparison groups including adolescents who have not offended sexually or otherwise. There are, therefore, no “norms” against which to compare measurement results, which severely limits their interpretability. More generally, neither measurement has been shown to improve treatment outcomes, reduce recidivism, or enhance community safety. Neither measurement is regularly used outside of the United States. Indeed, some countries have banned the use of one or both measurements with minors. Ethical concerns raised for both measurements include the potential for coercion and for engendering fear, shame and other negative responses in adolescent clients. Further ethical concerns relate to the prospect of basing impactful decisions (including those relevant to such things as legal restrictions and/or family reunification) on the results of measurements that are largely unsupported, empirically. Separately, plethysmography involves the ethically concerning practice of exposing adolescents to developmentally inappropriate sexual material. Without a clearly identified benefit and with a potential for harm, ATSA recommends against using polygraph or plethysmography with adolescents under age 18. We recommend the use of valid assessment procedures as outlined in sections 7.1 – 8.3.

We know that some of these guidelines may be controversial and require some of you to carefully consider your treatment models and activities. ATSA develops practice guidelines in order to aid providers in clinical decision-making and these are not “standards of care.” Standards of care are determined on the basis of all available information for an individual client and are subject to change as scientific knowledge and technology advance and practice patterns evolve.^[1] We are really excited about moving forward with the Adolescent Guidelines, which have been in the works for 5 years. We expect that they will aid in advancing our field in productive directions, leading to additional innovation and continuing your great work in prevention of sexual abuse. I want to thank the Guidelines Committee: Kevin Creeden, MA, LMHC, Elizabeth Letourneau, Ph.D., Sue Righthand, Ph.D., and Daniel Rothman, Ph.D., for all

their work in providing ATSA and the treatment field with empirically-based, professionally considered recommendations for the treatment of adolescents who have engaged in sexually abusive behavior.



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[1] American Psychiatric Association (2006). *Practice guidelines for the treatment of psychiatric disorders*. Arlington, VA: Author.

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