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References, Glossary & Resources



Juvenile Justice Guide Book for Legislators

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Glossary

Aftercare: Supervision and services provided to a juvenile following his or her release from a correctional facility. Generally includes evaluation of treatment, educational, vocational needs and a plan to help the young person with successful readjustment to the community.

Anxiety disorders: A chronic condition characterized by an excessive and persistent sense of apprehension with physical symptoms such as sweating, palpitations and feelings of stress. Anxiety disorders have biological and environmental causes.

Behavioral disorders: A disorder characterized by displayed behaviors over a long period of time that significantly deviate from socially acceptable norms for a person's age and situation.

The Children's Health Insurance Program (CHIP):

A program that provides health insurance to some young people whose family incomes are too high to qualify for Medicaid but who are unable to afford or cannot access the private insurance market. CHIP provides health care coverage for low-income children whose family incomes are too high to qualify for Medicaid. States receive an enhanced federal match for services provided through CHIP as an incentive to offer coverage.

Competency to stand trial: This term refers a person's mental ability to understand the nature of the court proceedings against him or her. Competency, traditionally, has focused on mental illness and retardation, but increased attention is being given to juvenile incompetence based upon emotional and mental immaturity.

Cost-Benefit Analysis: A systemic tool for evaluating public policy turns all outcomes into monetary values, it allows evaluators to compare programs that have different goals—for example, program A aims to reduce crime, while program B aims to curb substance abuse—in order to find the option that offers the greatest net societal benefit.

Cost-Effectiveness Analysis: An evaluation that compares the relative costs and outcomes of two or more courses of action, but differs from cost-benefit analysis in that it does not turn all results into monetary values. Due to this limitation, cost-effectiveness analyses generally are used only to compare programs that have similar goals.

Depression: A mental state of altered mood characterized by feelings of sadness, despair and discouragement.

Disproportionate Minority Contact: The disproportionate number of minority youth who come into contact with the juvenile justice system.

Entitlement program: Programs that cannot deny benefits to any person who is eligible based on minimum federal requirements; therefore, states cannot limit the number of people who enroll.

Federal Medical Assistance Percentage: The Federal Medical Assistance Percentages (FMAPs) are used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services and state medical and medical insurance expenditures. The Social Security Act requires the secretary of Health and Human Services to calculate and publish FMAPs annually.

Federal poverty guidelines: The poverty guidelines are a measure of poverty issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds used for administrative purposes.

The poverty guidelines are sometimes also referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Indigent defendant: Someone who has been arrested or charged with a crime punishable by imprisonment and who lacks sufficient resources to hire a lawyer without suffering undue hardship.

Medicaid: An entitlement program that operates through a state-federal partnership created by Congress in 1965, it provides health care coverage to specific groups of low-income people.

Mood disorder: A group of mental disorders involving a disturbance of mood, along with either a full or partial excessively happy or extremely sad syndrome not caused by any other physical or mental disorder. Mood refers to a prolonged emotion.

Post-traumatic stress disorder: An anxiety disorder that can develop after exposure to a terrifying event or ordeal during which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents or military combat.

Presumptive eligibility: Patients who are likely eligible for Medicaid or CHIP can apply through a simplified process so that, pending the outcome of their application, they have immediate access to care. This option is most commonly used for pregnant women.

Procedural due process: Procedural due process refers to the aspects of federal due process clause that relates to the procedure of arresting and trying those who have been accused of crimes. It also applies to any other government action that deprives an individual of life, liberty or property.

Program assessments: The systematic and ongoing method of gathering, analyzing and using information from measured outcomes to improve statistical reliability.

Protective factors: Buffers to minimize or moderate the effect of risk factors and their ability to bring about delinquent behavior. Protective factors are circumstances that cancel out or mitigate the influence of risk factors.

Psychotic disorders: Mental disorders in which the personality is seriously disorganized and a person’s contact with reality is impaired. During a psychotic episode, a person is confused about reality and often experiences delusions and/or hallucinations.

Recidivism: The arrest, conviction or incarceration of an individual who currently is on probation or parole or has previously been on probation or parole or has been incarcerated.

According to the Bureau of Justice Statistics, recidivism is measured by criminal acts that resulted in the re-arrest, reconviction or return to prison with or without a new sentence during a three-year period following a prisoner’s release.

Risk factors: Factors—whether they are individual, family, peer or school and community—that increase a juvenile’s risk for delinquent behavior.

Schizophrenia: A chronic, severe and disabling brain disorder that has affected people throughout history. People with the disorder may hear voices that other people cannot hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. People with schizophrenia may not make sense when they talk. Sometimes people with schizophrenia seem perfectly fine until they attempt to vocalize their thoughts.

Status offenses: Actions that are a crime only when committed by juveniles. The most common status offenses are truancy, curfew violations, running away and alcohol violations.

Substantial hardship: In determining whether substantial hardship would result, the court shall consider not only the person’s income, but also the availability of any assets subject to execution, including, but not limited to, cash, stocks, bonds and any other property that may be applied to the satisfaction of judgments, and the seriousness of the charge or nature of the case.

Substantive due process: The substantive limitations placed on the content or subject matter of state and federal laws by the due process clauses of the 5th and 14th Amendments to the U.S. Constitution.

Truancy: An absence from school that is not excused by the school or a parent; some states provide a statutory age range within which students may be classified as truant.

Waiver of counsel: This refers to when a person forfeits his or her right to an attorney.

Resources

John D. & Catherine T. MacArthur Foundation

140 S. Dearborn Street
Chicago, IL 60603-5285
Phone (312) 726-8000
www.macfound.org

The MacArthur Foundation is one of the nation's largest independent foundations. Through the support it provides, the Foundation fosters the development of knowledge, nurtures individual creativity, strengthens institutions, helps improve public policy, and provides information to the public, primarily through support for public interest media.

Models for Change

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

Models for Change Project Partners

Center for Children's Law and Policy

1701 K Street, N.W., Suite 1100
Washington, DC 20006
Phone (202) 637-0377
www.cclp.org

Coalition for Juvenile Justice

1710 Rhode Island Avenue N.W., 10th Floor
Washington, DC 20036
Phone (202) 467-0864
www.juvjustice.org

Council of Juvenile Correctional Administrators

170 Forbes Road, Suite 106
Braintree, MA 02184
Phone (781) 843-2663
www.cjca.net

Georgetown University's Center for Juvenile Justice Reform

3300 Whitehaven Street, N.W., Suite 5000
P.O. Box 571444
Washington, DC 20057-1485
Phone (202) 687-1527
cjjr.georgetown.edu

Justice Policy Institute

1012 14th Street, N.W., Suite 400
Washington, DC 20005
Phone (202) 558-7974
www.justicepolicy.org

Juvenile Law Center

The Philadelphia Building, 4th floor
1315 Walnut Street
Philadelphia, PA 19107
Phone (215) 625-0551
www.jlc.org

Mental Health Association in Pennsylvania

1414 North Cameron Street, 1st Floor
Harrisburg, PA 17103
Phone (717) 346-0549
www.mhapa.org

Models for Change Research Initiative

Temple University, Dept. of Psychology
1701 North 13th Street
Philadelphia, PA 19122
Phone (610) 805-0542
www.modelsforchange.net/about/research.html

National Academy for State Health Policy

1233 20th Street, NW, Suite 303
Washington, DC 20036
Phone (202) 903-0101
www.nashp.org

National Center for Juvenile Justice

3700 South Water Street, Suite 200
Pittsburgh, PA 15203
Phone (412) 227-6950
www.ncjj.org

National Center for Mental Health and Juvenile Justice

Policy Research Inc.
345 Delaware Avenue
Delmar, NY 12054
Phone (518) 439-7415
www.ncmhjj.com

National Juvenile Defender Center

1350 Connecticut Avenue N.W., Suite 304
Washington, DC 20036
Phone (202) 452-0010
www.njdc.info

National Youth Screening & Assessment Project

University of Massachusetts Law and Psychiatry Program 55
Lake Avenue North
Worcester, MA 01655
Phone (508) 856-8732
www.umassmed.edu/NYSAP

Vera Institute of Justice

233 Broadway, 12th Floor
New York, NY 10279
Phone (212) 334-1300
www.vera.org

W. Haywood Burns Institute

180 Howard St. Suite 320
San Francisco, CA 94105
Phone (415) 321-4100
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Other Partners

Office of Juvenile Justice and Delinquency Prevention

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Washington, DC 20531
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Pew Center on the States

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NCSL project meetings, publications and technical assistance highlighting Models for Change work have benefitted many state legislatures and also have contributed information to other Models for Change partners and the field on legislative priorities and actions in the states. NCSL has disseminated information to its members produced by the Foundations' Research Networks, the four Models for Change states, the 12 Action Networks and the Models' National Resource Bank. Services designed for the needs and environments of state legislatures include:

- Meetings and events for legislators to educate and bring together members from around the country to share their experiences with youth and juvenile justice reforms. Meetings often feature national experts and highlight successful state responses that focus on cost-effective, public safety benefits and better results for kids.
- Publications and information services for state lawmakers and legislative staff to contribute information on recent research, legislation, reform options and program models.
- Technical assistance on expressed legislative interests in considering and crafting juvenile justice reforms and to educate members on the Models for Change initiative.

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