

## Recommendations to the President and Congress

**1<sup>st</sup> Recommendation:** The most frequently made 1<sup>st</sup> Recommendation from States to the President and Congress focused on the need for more funding, a return to/adherence to the JJDP Act, and a stronger focus on brain development research.

- **Funding** (AK, AR, CO, DE, GA, KS, LA, ME, MO, NV, NM, ND, OR, PA, PR, SD, TN, WV)
- **JJDP Act** (AL, GU, IA, NJ, OR, VA, WA)
- **Brain development research** (AZ, MO, UT, WA)

**2<sup>nd</sup> Recommendation:** The most frequently made 2<sup>nd</sup> recommendations from States focused on prioritizing evidence based programs, increasing funding, and mental health assessment and treatment

- **Prioritization of evidence based programs** (AL, AK, AZ, DE, DC, KS, NJ, NM, OK, WI)
- **Funding** (AL, AK, AZ, IA, KS, MD, MT, NE, NC, OK, PA, PR, VT)
- **Mental Health** (AK, MN, NE, NH, WA)

**3<sup>rd</sup> Recommendation:** The most frequently made 3<sup>rd</sup> recommendations to the President and Congress included system improvement/service coordination, increased funding and mental health assessment and treatment.

- **System improvement/service coordination** (IA, KY, MS, OK, SD, TN)
- **Funding** (AL, AK, AR, DE, OH, PA, UT)
- **Mental Health** (AK, MN, NE, NH, WA)

**Summary:** States made a wide variety of recommendations to the President and Congress, touching upon funding, research, mental health, substance abuse, program support and reform, and juvenile justice system improvement to name a few broad categories. Overall, the most common recommendation made by states (across the three recommendation categories) was to increase funding for juvenile justice programs (38 states), followed by prioritization of evidence based programs (10 states), mental health issues (9 states), JJDP Act issues (7 states), system improvement (6 states) and brain development research (4 states).

## Recommendations to OJJDP Administration

**1<sup>st</sup> Recommendation:** The most frequently made 1<sup>st</sup> tier suggestions from the States to OJJDP Administration included increased or continued support for evidence based and best practice programs, more focus/assistance with Disproportionate minority contact (DMC) issues, and increasing funding for states while reducing funds allocated to Earmarks.

- **Evidence based and best practice programs** (AZ, LA, NE, GA, PA)
- **Disproportionate minority contact (DMC)** (MN, MS, NH, OH, OR)

- **Funding** (AL, AZ, DE, IA, MO, MT, WV, WI)

**2<sup>nd</sup> Recommendation:** The most commonly made 2<sup>nd</sup> tier recommendation by States to OJJDP focused on support of evidence based and best practice programs and mental health assessment and treatment.

- **Evidence based and best practice programs** (AL, AK, NH, SC, VT, WA)
- **Mental Health** (DE, ME, MS, OH, VA)

**3<sup>rd</sup> Recommendation:** The most frequently made 3<sup>rd</sup> tier recommendation by States included program/service coordination, increasing the level of funding for programs, and support/enhancement of evidence based and best practice programs and evaluations.

- **Program/service coordination** (IA, KY, MD, MS, MO, VA)
- **Funding** (AL, AK, MT, OH, UT)
- **Best practice and evidence based programs and evaluations** (AZ, DE, NC)

**Summary:** Recommendations provided to OJJDP Administration from the States varied significantly from state to state. However, when combined across the three tiers, the aggregate showed that the most common recommendation to OJJDP Administration was support for evidence based and best practice programs (14 states), followed by funding (13 states), program/service coordination (6 states), DMC (5 states), and mental health (5 states).

### Top Three Problems Listed in State Three-Year Plans

**1<sup>st</sup> Problem:** The biggest problems facing States while implementing their Three-Year Plans included disproportionate minority contact, alternatives to detention, and mental health assessment and treatment.

- **DMC** (AK, MS, MO, NE, NH, NJ, NC, OK, OR, WI)
- **Alternatives to detention** (AZ, DC, KY, ND, TN)
- **Mental Health** (CO, NV, UT, IA)

**2<sup>nd</sup> Problem:** The second biggest problems facing States' Three-Year Plan were reported as DMC, a lack of or difficulty implementing prevention and intervention programs, and system development and improvement.

- **DMC** (AK, DE, DC, GU, KS, NM, ND, PA, SC, TN, UT, WA, WV)
- **Prevention/Intervention programs** (GA, MO, NJ, PR)
- **System development/improvement** (MD, NH, VT)

**3<sup>rd</sup> Problem:** The most frequently reported 3<sup>rd</sup> tier problem anticipated by States for their Three-Year Plan included DMC, alternatives to detention and secure detention, and mental health and substance abuse assessment and treatment.

- **DMC** (AL, CO, IA, ME, MD, VA)
- **Alternatives to detention/secure detention** (GA, MO, NJ, PR)

- **Mental health and substance abuse assessment and treatment** (LA, ND, UT, WV)

**Summary:** When asked to identify the top problems expected for their Three-Year Plan, States overwhelmingly identified disproportionate minority contact (DMC) as their biggest obstacle (identified by 29 states). This problem was followed distantly by alternatives to detention (9 states), mental health issues (8 states), lack of prevention/intervention programs (5 states), and juvenile justice system development and improvement (3 states).

**\*Note\* State totals presented in the summary of each section have been aggregated across the 3 tiers (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> recommendations or problems) for each state, and so are not mutually exclusive (i.e., a single state may be represented more than once for a category).**