

JUVENILE JUSTICE 21



Mental Health and Collaboration
2017

A Roadmap for the Future
of Juvenile Justice in Minnesota

Contents

INTRODUCTION	2
Mental Health.....	2
Collaboration	3
TOOLKIT	3
METHODOLOGY	4
RECOMMENDATIONS	5
Collaboration	5
Identification.....	6
Diversion.....	7
Treatment	7
Data Sharing	9
Racial Disparities	10
Networking and Information Sharing	11

APPENDIX A: **MENTAL HEALTH AND COLLABORATION TOOLKIT - Available [Here](#).**

APPENDIX B: **SURVEY RESULTS – Available [Here](#).**

Founded in 1933, The Minnesota Corrections Association (MCA) is a 501 (c)(3) nonprofit membership organization serving corrections professionals throughout the State of Minnesota with a mission to promote the professional development of individuals working in all aspects of the corrections field and to promote ethical and just correctional practice.

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INTRODUCTION

In 2014, The Minnesota Corrections Association, with a grant funded by the Juvenile Justice and Delinquency Prevention Act through the Minnesota Juvenile Justice Advisory Committee, undertook the *Juvenile Justice 21* project to convene juvenile justice stakeholders throughout Minnesota and identify a unified vision for the future of juvenile justice in Minnesota. The project, through a literature review, 11 forums throughout the state, and a comprehensive survey, brought over 450 juvenile justice professionals together to help create a report and recommendations for changes to Minnesota's juvenile delinquency policies and practices. The report provided: 1) a helpful resource for future research and reform efforts both at the statewide level and for those looking to improve their juvenile justice policies and programs locally; 2) a comprehensive reference, a check list of sorts, of all of the important issues to consider for juvenile justice professionals implementing policies and programs on a day-to-day basis; and 3) where it did suggest specific policy reforms, additional insight for policy-makers and others into systems professional support for those reforms.

Because the project looked at all aspects of Minnesota's juvenile justice system, the ability to go in-depth on any of the many topic areas covered was limited. In order to continue bringing Minnesota juvenile justice system professionals and other stakeholders together to work to improve outcomes for Minnesota youth, MCA is continuing these efforts through more focused research, stakeholder convening, and providing toolkits and recommendations for the focus areas identified in 2014.

With the assistance of an advisory committee, MCA in 2016 chose to focus on two of the issues identified in 2014 as most needing review and possibly reform: responding to juveniles with mental health needs, and collaboration with other service delivery systems, particularly the child welfare system.

Mental Health

During the 2014 JJ21 project, mental health treatment was identified as the juvenile justice system issue most needing attention in Minnesota. Ninety percent of 2014 survey respondents either strongly agreed or agreed that there is a need for more funding for juvenile mental health interventions. Eighty-five percent either strongly agreed or agreed that more resources and training is needed to use trauma-informed assessment and care with juveniles. Eighty-two percent either strongly agreed or agreed that counties should be allowed to use designated funding to pay for diagnostic assessments for juveniles. Seventy-nine percent either strongly agreed or agreed that there is a need for more funding for juvenile chemical dependency interventions. Eighty-three percent either strongly agreed or agreed that mental health screening for children in Minnesota's juvenile justice system needs to be improved. Another issue that came up often during forums was a concern and questions about how data privacy laws impede collaboration and needed information sharing with the child welfare system and schools as well as mental health professionals.

This concern with juvenile mental health needs is not unique to Minnesota. According to the National Center for Mental Health and Juvenile Justice: 1.5 million youth are arrested each year; 60-70% of them meet the criteria for at least one mental disorder; 60% of youth with at least one mental disorder experience a co-occurring substance use disorder; 25% of arrested youth have disorders severe enough to require immediate and significant treatment; at least 75% of youth in the juvenile justice system have experienced traumatic victimization; and suicide risk for youth in juvenile placement is nearly three times the risk for youth in the general population.

Information about the prevalence of mental health and substance use among Minnesota youth who come into contact with the juvenile justice system is incomplete. This is at least in part because Minnesota does not have a statewide juvenile justice system able to track the data. However, there is no reason to assume it is significantly different from national data. Data from one example bear this out - in 2015, DOC's largest juvenile facility had an estimated 70% of the population diagnosed with a mental health disorder and 77% with a substance use disorder.

Collaboration

The need for better coordination between the child protection and juvenile justice systems was one of the most discussed and agreed-upon issues both during 2014 forums and in the 2014 survey. Eighty-eight percent of survey respondents either strongly agreed or agreed that there needs to be better collaboration and coordination between the child welfare and juvenile justice systems. While some respondents noted that the child welfare and juvenile justice system in their county (Olmstead County and Yellow Medicine County were two examples cited) are collaborating effectively, there was a general consensus among respondents that collaboration and coordination is especially important for cases that overlap and that dual-status youth should not be served in silos but through the joint efforts of all agencies. Forum participants discussed challenges with coordination including separate funding streams, data sharing difficulties, and the "politics" of the two systems.

After review of the relevant literature, the definition of collaboration was broadened for purposes of the project to include collaboration with other systems besides the child welfare system, particularly the mental health system.

TOOLKIT

Part of the project involved developing a "toolkit", a resource for information about relevant statutes, reports, resources, and best practices. The toolkit can be found at Appendix A.

METHODOLOGY

The MCA Project Manager reviewed relevant reports and resources from national and local sources. A key resource used for developing the survey and toolkit and forum format was the Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System. This comprehensive report was created by the National Center for Mental Health and Juvenile Justice and provides a framework for responding to mental health needs in the juvenile justice system. The “cornerstones” it lays out are collaboration, identification, diversion, and treatment.

Using these resources, information from the 2014 project, and input from the advisory group, the MCA Project Manager developed and conducted a survey that was completed by a variety of juvenile justice professionals in September 2016. The survey contained forty-five questions related to responding to juveniles with mental health needs and collaboration. The survey was conducted online via a web based survey tool.

257 Respondents completed the survey. Some respondent demographics are described below.

Answer Choices	Responses
Juvenile Probation Officer	28.40%
Juvenile Placement Facility Staff	9.73%
Prosecuting Attorney	3.11%
Defense Attorney	12.06%
Judge	0.78%
Social Worker	10.12%
Psychologist	0.39%
Police Officer	4.67%
Other ¹ (please specify)	30.74%
Total	257

Respondents come from 60 of 87 counties. Survey results can be found in APPENDIX B.

¹ The majority in this category gave specific answers that can be categorized as juvenile corrections professionals.

MCA held a forum in St. Paul on January 20 2017 to provide approximately 150 participants with information on these issues and to solicit more information from them and expert panelists.

Using information from all of the above-mentioned sources, the MCA Project Manager developed the following recommendations. Additional, and some overlapping, recommendations for juvenile justice in Minnesota can be found in the Toolkit, Appendix A, under “Minnesota Reports”.

RECOMMENDATIONS

Collaboration

- **Provide information, resources, and training for more counties to develop “dual status youth”, or “crossover” programs. Develop and share data on the effectiveness of these programs. Explore state policy changes to increase the use of this model.**

Several years ago staff from some Minnesota counties received training on the “Georgetown Model” of serving “crossover” youth, a nationally recognized way of providing better outcomes for youth involved in both the child welfare and juvenile justice systems. A number of counties have since developed crossover programs with positive outcomes, but only a small percentage of Minnesota’s 87 counties. There have been no significant efforts to continue or spread this training or these programs, until recently when the Juvenile Justice Advisory Committee (JJAC) began exploring the status of these programs and collecting information about them. JJAC should continue to work to help other counties develop their own programs and replicate the success of the counties where it has been implemented. Part of this effort should involve developing methods for clearly documenting the impact of the programs in order to provide the evidence needed to encourage their development in other counties. As this work develops, there should be consideration for statewide policies that would increase this work, from funding for training to policies like those implemented in some other states that change the juvenile delinquency process to encourage more systems collaboration. (See the Collaboration section of Appendix A: Mental Health and Collaboration Toolkit.)

- **Provide resources and training for juvenile justice system staff on the mental health services available in Minnesota and in their local area.**

One of the first steps in collaboration with the mental health system is ensuring that juvenile justice professionals are aware of the mental health resources available. 20% of those who responded to the survey question disagreed or strongly disagreed that they were aware of many of the juvenile mental health and substance abuse programs in their geographic area. 27% disagreed or strongly disagreed that they are aware of the

general admission criteria and financial/insurance payment options for many of the juvenile mental health and substance abuse programs in their geographic area. One survey respondent stated they would like more training on availability of treatment resources and types of treatment offered. Training like this, along with providing resources for juvenile justice professionals to know about mental health programs in their area, may be an effective and simple way to encourage more collaboration. An additional component of the training could include information about local mental health collaboratives, a key vehicle for collaboration in Minnesota. When survey respondents were asked if their county had an active one, of the 166 who answered the question, 44% said yes, 19% said no, and 37% said they did not know.

Identification

➤ **Increase funding for and access to assessment.**

A more focused assessment would be required to fully understand the use of mental health and substance use *screening* in Minnesota's juvenile justice system, but information gathered here seems to indicate it is generally used frequently and appropriately. On the other hand, there were many comments that indicate access to the more thorough and complete assessments needed once someone is screened may be problematic in many cases and locations.

➤ **Ensure 100% of screeners trained.**

It goes without saying that someone administering screening should be trained. However, 14% of survey respondents who said they do screening also felt that they were inadequately trained. Another 17% neither agreed nor disagreed that they were adequately trained. This seems like an unnecessary situation given that the Minnesota Department of Human Services provides free online screening training, which can be found in the screening section of Appendix A. Additionally, information on the Minnesota statutes on mental health screening would be a good part of this training – many respondents understood that their screening process was mostly a function of statutes, but many seemed unaware of them.

➤ **Assess and clarify action taken based on screening results.**

National literature on screening cautions that screening should not be done just for the sake of screening, as sometimes happens, but should impact services and outcomes. When asked if they agree with the statement, "When the juveniles they work with are screened, the results of the screening are used to determine appropriate treatment and sentencing." 33% said sometimes but not as consistently as they should be, and 7% said rarely or never. Juvenile justice system professionals and their managers should

ensure that screening has a purpose, results in specific actions when warranted, and that the purpose and procedures are clearly communicated to all involved.

Diversion

- **Determine role of mental health in diversion eligibility and revisit offenses eligible for diversion.**

Programs and policies that divert youth away from the delinquency system, provide alternatives to detention, and support youth after detention or involvement have strong support amongst juvenile justice professionals. There is general agreement that there needs to be more uniformity in diversion eligibility throughout the state with a focus on restorative justice, more resources for programming, and more culturally-competent diversion programs.

Survey responses indicated a lack of clarity about what, if any, role mental health plays in diversion programs around the State. This indicates there may be room to improve outcomes for youth with mental health needs through mental health specific diversion programs. One change that might be able to help with this is revising Minnesota's juvenile diversion statute, Minn.Stat. 388.24. The statute requires juvenile diversion programs, but excludes juveniles charged with "an offense against the person". We know that youth with mental health needs may act out violently, so it makes little sense to exclude all of these types of offenses from diversion.

Treatment

- **Fund and make available community children's mental health and chemical dependency services, and services in juvenile placement facilities.**

Survey responses clearly indicated a need for more services, particularly for those with limited access to insurance:

Juveniles I work with have access to appropriate treatment when needed if they have adequate insurance or means.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I don't know
Mental Health Outpatient	12.07% 21	47.13% 82	5.75% 10	16.09% 28	6.90% 12	12.07% 21
Mental Health Inpatient	8.05% 14	28.16% 49	10.92% 19	22.99% 40	18.39% 32	11.49% 20

Mental Health and Collaboration

Substance Abuse Outpatient	11.43% 20	43.43% 76	8.57% 15	16.00% 28	9.14% 16	11.43% 20
Substance Abuse	10.34% 18	44.83% 78	12.07% 21	12.07% 21	9.77% 17	10.92% 19

Juveniles I work with have access to appropriate treatment when needed regardless of adequate insurance or means.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I don't know
Mental Health Outpatient	3.43% 6	23.43% 41	15.43% 27	31.43% 55	13.71% 24	12.57% 22
Mental Health Inpatient	2.87% 5	13.22%	14.37% 25	36.78% 64	18.97% 33	13.79% 24
Substance Abuse Outpatient	5.20% 9	30.06%	13.29% 23	26.59% 46	11.56% 20	13.29% 23
Substance Abuse Inpatient	5.75% 10	29.31%	14.94% 26	25.29% 44	11.49% 20	13.22% 23

Adequate mental health placements are available for juveniles I work with who may pose a danger to themselves or others.

Answer Choices	Responses
Strongly Agree	0.56%
Agree	11.30%
Neither Agree nor Disagree	10.17%
Disagree	32.77%
Strongly Disagree	37.85%
I don't know.	7.34%
Total	177

Juveniles I work with who go to delinquency out of home placements receive adequate mental health and substance abuse treatment in those facilities.

Answer Choices	Responses
Strongly Agree	4.02%
Agree	28.16%
Neither Agree nor Disagree	20.11%
Disagree	27.01%
Strongly Disagree	9.20%
I don't know.	11.49%
Total	174

If juvenile placement staff: Juveniles in the delinquency out of home placement facility where I work receive adequate mental health and substance abuse treatment.

Answer Choices	Responses
Strongly Agree	3.39% 2
Agree	35.59% 21
Neither Agree nor Disagree	23.72% 14
Disagree	18.64% 11
Strongly Disagree	18.64% 11
Total	59

Data Sharing

- **Create task force/working group on juvenile information sharing policies and procedures.**

The ability to share information about juveniles with other agencies can be very helpful in providing proper services and treatment, and there is a clear desire to be able to do so expressed by those seeking to help them. A great deal of confusion seems to exist about what data about a juvenile can be shared, by whom and with whom, when, and how. Many statements have been made throughout the JJ21 project about the problem of not being able to share information due to legal restrictions, while other statements were made that information sharing is not a problem in a particular county or between certain agencies. A survey of relevant statutes indicates there is not a general prohibition on information sharing

on juveniles between government entities. Rather, there seems to be a lack of understanding of how the information can be shared, and inadequate systems in place to do so. There are many national resources on this issue, and other jurisdictions have approached it by creating a guide to juvenile data sharing. See Appendix A, “Data Sharing and Collection”. The issue is complex enough that the best way to address it may be by forming a task force or working group to review the relevant laws and what jurisdictions in Minnesota and other states are doing to address it, and creating a guide to juvenile information sharing for counties to use in creating better information sharing regarding juveniles.

Racial Disparities

➤ **Provide more implicit bias training.**

27% of those who responded have never received implicit bias training, and it was the area of training with the highest percentage not receiving it, besides suicide prevention training. With the known rates of racial disparities in the juvenile justice system, this number should be lower.

➤ **Develop culturally competent programming.**

Responses from the survey, copied below, clearly indicate a need for more culturally competent mental health and substance use programming.

In my area there are enough culturally specific mental health and substance abuse programs for youth.

Answer Choices	Responses
Strongly Agree	2.30%
Agree	7.47%
Neither Agree nor Disagree	17.24%
Disagree	38.51%
Strongly Disagree	25.29%
I don't know.	9.20%
Total	174

Networking and Information Sharing

Only 36% of those who responded agreed that there are adequate networking, information sharing, and continuing educational opportunities for juvenile justice professionals in Minnesota. With Minnesota's adult and juvenile justice system divided into several "delivery systems", and no centralized office of juvenile justice, it is not surprising that there is a desire for more of these opportunities. 97% of those who responded said they would like to see more events like the Mental Health and Collaboration Forum offered on other juvenile justice topics. At least two things could be done to address this issue.

➤ **Develop and manage a Minnesota juvenile justice professional list-serve.**

Over 500 people throughout Minnesota have expressed their interest in juvenile justice policies and practices by participating in JJ21 forums. Currently there is no organization in Minnesota with staff focusing on juvenile justice issues that maintains a list like this. The list could be used to keep people updated about training and networking opportunities, policy and practice developments and ideas, and promising new practices.

If staff time can be devoted to managing and communicating through this list, JJAC might be the best entity for doing so, given the Committee's make-up, consistent staffing, and statewide reach and mandate.

➤ **Create Minnesota juvenile justice information website.**

Along with the list serve, a web-based source of information for juvenile justice professionals would also help fill the gap of no centralized juvenile justice system. This would be a place where people could go to find resources, relevant laws and reports, model program information, and possibly contact information for people to network and collaborate with. The "toolkit" developed for this project could provide some of the content and organization for such a website.