

# JUVENILE JUSTICE 21



## Practitioner Survey Summary

December 2016

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## **Participant Information**

I am a:

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 <sup>1</sup> (please specify)	30.74%
<b>Total</b>	<b>257</b>

The county where I work is:

Answered: 248  
11 Skipped:

Respondents come from 60 of 87 counties.

My county is part of the following delivery system:

Answered: 252  
Skipped: 7

Answer Choices	Responses
DOC	32.54%
CCA	22.62%
CPO	17.06%
Don't know.	27.78%
<b>Total</b>	<b>252</b>

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

I have been employed in this field of work for:

Answered: 257  
Skipped: 2

Answer Choices	Responses
Less than 2 years	5.84%
2-5 years	15.56%
6-10 years	15.18%
11-15 years	15.18%
16-20 years	17.90%
21-30 years	22.57%
More Than 30 years	7.78%
<b>Total</b>	<b>257</b>

## Training

I have received training in:

	Never.	In the last 5 years.	More than 5 yrs ago	Don't know
Working with juveniles with mental health needs.	8.70%	78.70%	10.87%	1.74%
Working with juveniles with substance abuse needs.	14.85%	69.43%	13.54%	2.18%
Trauma informed care.	16.59%	73.36%	4.37%	5.68%
Implicit bias.	26.99%	46.90%	9.73%	16.37%
Juvenile suicide prevention.	27.19%	46.49%	20.18%	6.14%
The emotional impact of this work on myself.	17.03%	67.69%	10.04%	5.24%

Analysis: Although there is certainly room for improvement, these numbers seem to indicate that delinquency professionals in Minnesota are well trained, although we do not have comparison data for other states. Some of those that responded to this question may not be working directly with youth. The relatively high number with no training in implicit bias is concerning. However, only 1 of 10 respondents who identified themselves as police officers had not received implicit bias training. Those who identified themselves as juvenile placement facility staff had more training, with the exception of self-care training:

Selected Comments:

Much of the training was part of a larger training; little was stand-alone.

Substance abuse comes up all the time and I think more training in this area is essential.

All of this training was part of a MA degree that I received on my own, not part of any formal training provided as part of employment training.

Our Department has steered us away from addressing mental health issues directly and we are directed to refer out for services.

Training Received and Recommended:

Trauma Informed Care (multiple)

ACES (multiple)

Fetal Alcohol Syndrome (multiple)

community based mental health treatment compared to residential

Youth Mental Health First Aid (multiple)

NAMI Training (multiple)

Other Training Desired:

Availability of treatment resources. Types of treatment offered.

Any training related to restorative practices

Collaborative efforts at the local (county) level.

## Screening

### Screening for juvenile mental health and substance abuse needs in my county:

Answer Choices	Responses
Is done for any juvenile charged with any offense.	16.59%
Is never done.	1.46%
Depends on the offense charged.	40.00%
Is based on some other criteria.	15.61%
I don't know.	26.34%
<b>Total</b>	<b>205</b>

Selected Comments
Juveniles need to be screened for mental health, substance abuse AND gambling issues.
Offense based screening is required. We will screen other juveniles but unfortunately these are primarily petty offenses, this becomes voluntary and juvenile/families rarely follow through.
If the offense is drug related then substance abuse issues are looked into, but nothing is done regarding mental health unless there is a request in court from the Assistant County Attorney or the probation officer.
Per request of the program working with the juvenile.

## JJ21 Mental Health and Collaboration

Delinquencies are screened at the time of the predisposition report. JPO's are not screened. I don't think stays of adjudication are screened.

Also done in CVS for kids prior to delinquencies.

So much of this is dependent on the level of offense, the kid's history, and what resources are realistically available. There will be kids who need services who are not screened, because their level of offense or history doesn't warrant use of resources in the opinion of probation or the State.

Not completed on petty offenders

Mental Health screened for all youth, Chemical Health only when presenting with an issue

Only when identified by other collateral parties. Probation officers typically do not have the experience or training to be the identifier. They usually base it on collateral information.

Probation Agents request Rule 25 Chemical Health Assessments on a per case basis.

All individuals who pled guilty to delinquency offense Misd. or higher.

Juveniles placed on supervised probation

Most offenses involving substances are ordered to do a chemical use assessment (CUA), if a PDI is done and substance abuse appears to be even a slight problem, they are typically ordered to complete an CUA. Mental health screens are done on all adjudications of delinquency and full assessments are ordered on an as needed basis depending on offense and information gathered regarding juvenile.

We do not do them on cases that are open 3 months or less.

assessment of need for clients with only petty offenses is based on risk/need

Must be delinquency offense to be looked at by probation.

charge and if in detention for mental health

all those charged and referred to Court and placed on probation supervision

Always done if it appears that mental health/substance abuse issues are indicated.

All juveniles complete a mental health screen. If they flag in an area they are referred for further assessment.

All juveniles receive mental health screening at intake at the Juvenile Detention Center. and later when they meet with the nurse. The court sometimes orders further assessment for mental health issues. The court may also order an assessment for substance abuse issues if it deems it necessary.

Screening are completed, if any party believes it to be relevant for that particular juvenile, AND the Court orders the evaluation.

Not completed on Petty Misdemeanor convictions unless it is their third offense.

I work in a residential treatment center and we screen all residents

I am employed by the state. We conduct screenings upon placement at our facility.

Probation will look into these issues if the parents bring them up, a problem appears in police reports, or depending on the charge.

All delinquency offenses trigger a mental health screening.

## JJ21 Mental Health and Collaboration

We do a POSIT screening when appropriate and the juvenile has to be charged with a delinquency not under a stay of adjudication. CUA's are done with more serious drug/alcohol offenses or 3+ petty misdemeanors or probation violations.

All delinquencies and third JPO

only on adjudicated offenses of misd. or greater

Most Juveniles are screened, however Juveniles on diversion, or first time offenses not relating to substance abuse who typically score low risk on a pre-screen are those not screened.

mental health screening is completed on all juveniles post plea and if parents consent.

POSITs based on delinquency or third or more petty offense.

pursuant to statute and DHS

### The juveniles that are screened in my county are screened for:

Answered: 189 Skipped:  
70

	Mental Health	Substance
Prior to Disposition (adjudication, stay of adjudication, or other court-ordered status)	91.58%	81.05%
Post Disposition (adjudication, stay of adjudication, or other court-ordered status)	92.17%	86.09%
I don't know.	92.19%	95.31%

### Screening tool/s used:

MAYSI, POSIT; I don't know, but again, gambling needs to be incorporated; Interviews, Masi and CD evaluations; MAYII, PESQ and chemical evaluations; MAYSI II, PESQ; MAYSI, PESQ or referred for specialized assessment; Maysi 2 and PESQ; MAYSI, Rule 25; Dr in Psy attends screening with Maysi/Posit, diagostic or psy eval prior record etc.; YLS/screening/prescreen; MASYSI, Rule 25, YLS CMI maysi and sassi; POSIT; collateral information; Maysi II, YLSCMI, Rule 25; They aren't screened unless it's requested; MAYSI-2/ YLSI/referrals for Diagnostic Assessment/ PSYCH Eval.; Grad. Response Grid; Juvenile Probation Screening Team; MAYSI; MAYSI, RULE 25; MAIYSI and POSIT; Rule 20, Rule 25. It depends on the charge that they receive or being charged with. Case by case situations; MAYSI; Maysi-2 Not sure; Rule 25, MAYSII, DA; MAYSI, independant assessor; PESQ and MAYSI; POSIT; SASSI, POSIT MAYSI and YLS; MAYSI2; Maysi , rule 25; YLS/CMI & MAYSI & Rule 25 and other assessments as indicated; YLS and POSIT; Posit; POSIT/YLS-CMI; MAYSI; MAYSI; MAYSI; I don't know. It's done through community & veterans services (MLCCVS).; Mental Health screen, referrals made for Mental Health and CD evaluations. We also complete a risk assessment tool on all juveniles-YLS-CMI.; YLS/CMI, Rule 20, Rule 25, etc.; Not sure; MAYSI; full CD eval; MAYSI, YLS; MAYSI; MAYSI YLS/CMI; MAYSI; Posit/YLS; maysi; They are screened for both mental health needs and substance abuse issues when they arrive at the facility.; MAYSI; MAYSI- II. Some are referred for chemical dependency assessments. LSCMI for delinquency offenses.; POSIT; YLS-2.0; Time screening is conducted varies.; POSIT, Rule 25, Psych Evals, Diagnostic Assessments; MAYSI-2 and PESQ; MAYSI mental heath tool. CD eval as needed. Mental health screening, CUA; MAYS-2, TSSCA, Suplemental; POSIT, Rule 25/CUA; POSIT and CUA MAYSI; MAYSI and/or CUA; MAYSI; MAYSI & PESQ; POSIT; MAYSI, YLSCMI; YLS/CMI, POSIT, MAYSI

JJ21 Mental Health and Collaboration  
MAYSI; YLS; Rule 25; PESQ, MAYSI 2; POSIT; MAYSI, Rule 25; If substance use is a risk indicated in the YLSI or there is concern, then we refer for a rule 25 assessment.; POSITS; MAYSI-2; MAYSI

Please provide any comments about your county's screening process related to the previous question that you think might be helpful for us to know.

Answered: 38    Skipped:  
221

Responses
We have limited juvenile specific resources to refer for assessment.
Resources for screenings are difficult to obtain
Judges and attorney's will order/recommend assessments for some children based on situation of case/comments made by parents and other in court.
We involve all parties including parents, kids, Band Representatives, a collective "team"
The screening process is not clear to me as a public defender.
MH Screens completed on all youth entering probation system or detention facility
Probation needs to hire more in-house clinical social workers on their staff not just criminal justice staff.
we screen all the youth that come in, pre and post adjudication
Screening decisions should be examined for possible bias
Olmsted Co has an on site licensed MH Evaluator and Rule 25 assessor in the JJ Unit; also access within the county system to MH/Family treatment services is needed.
we do not "screen" for substance abuse other than through a CUA
if a PDR is ordered, the prior to disposition, otherwise screened afterwards
A diagnostic evaluation is required at sentencing for victim crimes.
We currently utilize a self-assessment mental health tool.
The evals/screenings are done by county employees
CD evaluation often ordered per probation's directives... urine sample testing will determine need to execute
Defense attorneys really don't have a say in who is used for evaluations. We are left to deal with the reports and evaluations we are given.
The main screening tool is the POSIT. They may be referred elsewhere depending upon needs.
Correspondence with the family and proper action is taken based on the results.
We then send out follow up letters if flag for concerns
Any one that is in custody or Adjudciated Delinquent or given a Stay of Adjudication is given the MAYSI. If there are chemical abuse issues, we will refer kids for a CUA prior to or after disposition, depending on the cirumstances.
Only on rare occasions we screen for MH/CD pretrial, most is post-adjudication.



## JJ21 Mental Health and Collaboration

The effect of the mental health screen is minimal but it does trigger further assessment in some cases. screening on the front end for substance abuse is not formal but we do inquire

Will also administer for Diversion cases if believed to be warranted

if a predisposition investigation is ordered, screening is done prior to disposition, otherwise it would be ordered at time of disposition

we get significantly less referrals using the MAYSI compared to our past use of the POSIT

**If screening: I am adequately trained in screening.**

Answered: 191  
68 Skipped:

Answer Choices	Responses
Strongly Agree	8.38%
Agree	26.18%
Neither Agree nor Disagree	17.28%
Disagree	9.42%
Strongly Disagree	4.19%
Not applicable.	34.55%
<b>Total</b>	<b>191</b>

**When the juveniles I work with are screened, the results of the screening are used to determine appropriate treatment and sentencing.**

Answered: 195  
64 Skipped:

Answer Choices	Responses
Almost Always or Always	33.33%
Sometimes but not as consistently as they should be.	32.82%
Rarely or Never	6.67%
Not Applicable	10.77%
I don't know.	16.41%
<b>Total</b>	<b>195</b>

**Comment (Optional)**

## JJ21 Mental Health and Collaboration

this is superficial. We spend more on professionals doing the screening than we do on the services. The services provided are usually by students who are supervised by professionals, they move on quickly so I believe we precipitate children that don't trust adults into validating their distrust. Some times they feel like they are objects of study, versus children who need continual care.

It really depends on the case and situation.

Again, sometimes this happens, but sometimes if resources are being rationed or are scarce, even if there is a need there are not services ordered.

The screening committee in Hennepin County is not lead by someone who has clinical expertise. Treatment options are not comprehensive enough. Probation does not look at alternatives to the few options they choose to use.

also depends on parent willingness so could not say almost or always

the screening results are shown in the report and in the recommendations

The diagnostic screening is done after Disposition, so I am unaware of what happens with the results. We also have a screening team that is used whenever it is expected that the juvenile would be placed outside of her home for 30 days or more. A written report is filed with the court and copies given to both sides so we can address it at disposition. The court usually follows the recommendations of that screening team.

Some youth need more mental health type placements but are being placed at Lino campus due to lack of resources.

Punished first (placement) and then told to get treatment as part of their probation, but they have to set up the treatment themselves

They need more mental health care.

Some judges complain about the expense associated with some treatment options.

Our screening team focuses more on the child protection end rather than any adjudication or mental health assessment

In regards to treatment, yes. Not in regards to sentencing.

As of now, I am not trained in the YLS/CMI, the previous five years have been spent working with adults.

referral for voluntary diagnostic related to mental health screening. We do not screen for substance.

Referrals made to Social Services and other programming/resources as needed.

## Paying for mental health screening is a problem in my county.

Answered: 195  
64 Skipped:

### Answer Choices

### Responses

Yes	25.13%
No	31.28%
I don't know.	43.59%
<b>Total</b>	<b>195</b>

**Comment (Optional)**

seems to be...the corrections and child protection divisions don't work together and often try to get the other agency to pay...I feel it is about the budget not the needs or the services.

Sometimes when there is a conflict with an insurance provider. Some provide coverage when the offender is in a secure setting, some do not.

With respect to juveniles in the Restorative Justice Diversion Program, it can be  
Limited resources and transportation

At times and depending on the insurance situation

If a family has insurance, it would typically be covered by that. If not, the county provides the eval.

We refer to social services if diagnostic is recommended- not sure how paid for

Generally, I do not think paying for the screening is the issue. What becomes an issue is where the judge orders a full evaluation to be done. This is expensive- many clients do not have insurance or an ability to pay- and there are limited appointments and/or providers who can do a full evaluation.

Cass County does not charge clients for the cost of screening tools. Financial struggles among families is very common in Cass County.

There is no charge for the form that I use. If they have to do a diagnostic it potentially could be for the client, yes

Not for the MAYSI, however if they have a Diagnostic Assessment or Psychological Assessment there often times is an issue with payment.

Children do not always have insurance and have a difficult time getting to mental health providers consistently. Local resources are rare, and booked out months in advanced. Many times parents cannot transport to available providers who are not local.

Payment is always a battle, but funding is available.

It is not an issue for the initial screen but follow up assessment is difficult at times to access and is never paid for by the county. It is billed by the assessment agency through insurance or sliding fee.

Typically handled through Social Services.

**Paying for substance abuse screening is a problem in my county.**

Answered: 198  
61 Skipped:

Answer Choices	Responses
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## JJ21 Mental Health and Collaboration

Yes	22.22%
No	38.38%
I don't know.	39.39%
<b>Total</b>	<b>198</b>

### Comment (Optional)

If in interview, concerns with chemical use is identified, we refer for a CD assessment. Many times these are covered by Rule 25 funds.

Sometimes. Same issue as above. We then use referrals to Community Supports to access

This has not been a major problem of late as Rule 25 can be done for those without insurance

With respect to juveniles in the Restorative Justice Diversion Program, it can be

if juvenile is uninsured or insured by a non-custodial parent

Can be depending on Insurance. Rule 25 funding is available for willing participants.

The tribe pays for substance abuse screening and treatment.

not for the CUA but for a pre screen if that is what you are talking about I don't know how that would get paid or even what would be available.

Judges usually ask for a CD Eval on any drug related offenses especially if it is reoccurring.

Usually they will qualify under rule 25 funding if insurance is not available.

Only an occasional problem as far as I know.

If the family has insurance, it would likely be covered by that. If not, a Rule 25 would be completed to determine financial responsibility.

Juveniles are generally assessed through Rule 25 Assessors at Social Services or privately usually clients access rule 25 funds

Our county seems to be pretty good at pushing treatment as an option for both juveniles and adults.

Cass County does not charge clients for the cost of screening tools. Financial struggles among families is very common in Cass County.

for the juvenile it can be, yes.

This can sometimes be an issue, depending on whether or not the family has insurance.

The Rule 25 Assessor in my county is very easy to work with, and willing to work with the juvenile difficult at times to access and is never paid for by the county. It is billed by the assessment agency through insurance or sliding fee.

Typically handled through Social Services.

**In my county juvenile mental health and/or substance abuse screening data are collected on an aggregate basis.**

Answer Choices	Responses
Yes	21.58%
No	9.47%
I don't know	68.95%
<b>Total</b>	<b>190</b>

**Comments (Optional)**

Mental health screening data (MAYSI screenings) are collected. I don't believe substance abuse screenings are.

If it is, the data is not used.

Mental Health not substance abuse

There are inconsistencies.

DF community Corrections assessments are; I am not sure about the county as a whole.

mental health - yes, substance use - no

Annually

Sometimes, Usually not.

Screening data is collected and tracked to benefit the office's proficiency at administering/using the tools to better address client issues. The data is also compiled through CSTS effectively to satisfy DHS and DOC's reporting requirements.

**In my county juvenile screening data collected on an aggregate basis are used to better inform our policies and practices.**

Answered: 189  
70 Skipped:

Answer Choices	Responses
Yes	14.81%
No	14.29%
I don't know	70.90%
<b>Total</b>	<b>189</b>

**Comments (Optional)**

doesn't appear so as we have a bigger problem and less resources than 10 years ago.

Same as above.

We could do better at using this data

I would like to think so - we have a CMH crossover case manager and specialized mental health

Implemented Trauma Informed Care due to mental health population rising.

not yet

But beginning to impact policies as county continues to move forward with JDAI.

## Data Collection

**My county collects data on the race, ethnicity, gender, and age of the juveniles we work with.**

Answered: 190  
69 Skipped:

Answer Choices	Responses
Yes	48.42%
No	6.32%
I don't know	40.00%
Comments (Optional)	5.26%
<b>Total</b>	<b>190</b>

Comments (Optional)
Don't use it for anything. The Courts are still discriminating against children due to race and economic status.
We do in our program. I'm not aware of what the other programs are doing
I track all of that information in the Restorative Justice Diversion Program
I work with multiple counties. We are not county specific and it is up to the placing counties as to what they do with the screening
Families are provided with an optional form regarding race that they can choose to complete or not. I am unaware of any data being kept regarding age, gender or ethnicity. However some of that data would not be difficult to determine.
I believe most of the time
It won't let me select yes, so yes - we collect the information but we don't track it for an specific reason.
likely not consistently

**My county tracks the number of juvenile probation violations and/or recidivism rate related to mental health needs and substance abuse.**

Answered: 191  
68 Skipped:

Answer Choices	Responses
Yes	10.47%
No	26.18%
I don't know	63.35%
<b>Total</b>	<b>191</b>

Comments (Optional)
I have never seen any reports from any of the residential treatment provides that Hennepin County uses.

We do this for Crossover Youth.

We do look at this with our "crossover youth" but this is a limited number of youth.

We will be doing this with the creation of the new juvenile violation module for CSTS.

Recently started collecting data.

## Treatment

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

Answered: 175 Skipped: 84

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I don't know	Total
Mental Health Outpatient	12.07% 21	47.13% 82	5.75% 10	16.09% 28	6.90% 12	12.07% 21	174
Mental Health Inpatient	8.05% 14	28.16% 49	10.92% 19	22.99% 40	18.39% 32	11.49% 20	174
Substance Abuse Outpatient	11.43% 20	43.43% 76	8.57% 15	16.00% 28	9.14% 16	11.43% 20	175
Substance Abuse Inpatient	10.34% 18	44.83% 78	12.07% 21	12.07% 21	9.77% 17	10.92% 19	174

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

Answered: 175 Skipped: 84

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I don't know	Total
Mental Health Outpatient	3.43% 6	23.43% 41	15.43% 27	31.43% 55	13.71% 24	12.57% 22	175
Mental Health Inpatient	2.87% 5	13.22% 23	14.37% 25	36.78% 64	18.97% 33	13.79% 24	174
Substance Abuse Outpatient	5.20% 9	30.06% 53	13.29% 23	26.59% 46	11.56% 20	13.29% 23	175
Substance Abuse Inpatient	5.75% 10	29.31% 51	14.94% 26	25.29% 44	11.49% 20	13.22% 23	174

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

Answered: 174 Skipped: 85

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%
<b>Total</b>	<b>174</b>

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

Answered: 177 Skipped:  
82

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%
<b>Total</b>	<b>177</b>

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

Answered: 174 Skipped:  
85

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%
<b>Total</b>	<b>174</b>



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

Answered: 59

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
<b>Total</b>	<b>59</b>

**If there are any comments you would like to make about the availability of treatment, related to the previous questions or other issues, please make them here.**

Answered: 49

Skipped: 210

Responses
Most frustrating. This also doesn't address undocumented children who need services and can't obtain insurance.
People have presented from different organizations but it is usually a dog and pony show and they don't tell you the real facts of who can and can't attend the programs depending on situations.
We do not provide adequate resources for treatment for our youth. Money seems to always trump good practice.
The facilities that I would recommend for mental health and substance abuse treatment are between 70 and 200 miles from my area.
In my county, probation does not place only the children who need treatment. Instead, they place any and all juveniles out of the home immediately upon even a remote concern often resulting in the juvenile not receiving assistance or services but just punishment for numerous months.
When I started working in my county, there were probably twice as many placements available for kids. At this point there are so few, that kids either (1) don't get services, or (2) if 1 or 2 services fails the Court and probation throw up their hands and do nothing more, or just recommend placement at Red Wing.

## JJ21 Mental Health and Collaboration

Screening is a very important at the front end of the system. The Corrections system does a decent job in this area, with room for improvement. On the back end of our system, we are seeing more an more referrals to correctional placements for youth with serious and chronic mental health issues. Instruments like the CASI suggest an inpatient mental health setting for some of these youth, yet they will not accept the juveniles, or no placement is available. Many of these youth end up in correctional placements. Is that where we think these youth should be served?

Mental health beds for juveniles or even adults is limited.. There needs to be more places with availability.

There are limited resources for young children

Need more facilities with ability to offer dual diagnosis tx in ONE facility

access depends on where they reside within the county

Few inpatient substance abuse resources for teens available.

There are many youth who have mental health issues which are a primary factor in their involvement in delinquency. There are not adequate services in the community or state to address the needs of these youth, especially those with aggressive or self injurious behavior. They are not appropriate for secure detention or delinquency placement, yet there are no mental health facilities able to meet their needs or handle their behaviors. This is a critical need in our state.

There is a lack of juvenile MI/CD Treatment Beds

There is a lack of mental health related facilities that will accept mental health youth who have aggressive tendencies or anger issues. They become stuck in an inappropriate placement that may not be able to adequately deal with their sever mental health issues.

There is currently, as has been the case for some time, not options (day tx.)/or beds (inpatient) to satisfy juvenile substance abuse or M.H. tx. needs.

Juvenile correctional placement facilities and entities are becoming a catch-all entity for any and all juveniles regardless of their criminogenic/behavioral/psychological needs.

We have no juvenile outpatient programs or inpatient mental health facilities in our county.

The waiting list in my county to get started on juvenile mental health out patient treatment are over 4 months long -- too long for a child. And we place kids in a mental health crisis in the detention center because there are no inpatient beds with adequate security.

We need more providers of inpatient AND outpatient mental health and substance abuse treatment and especially those who are trained to work with at risk/oppositional youth and their families. We also need to effectively train all staff to work with families of our youth.

especially difficult to place clients with both mental health and criminal behaviors

There are not adequate services for our youth.

## JJ21 Mental Health and Collaboration

Children are constantly being "pushed" into the delinquency system by stakeholders (mostly social workers) because there are no appropriate treatment facilities for their mental health issues as their behaviors (aggressive or self-harming) make them impossible to place anywhere. These high trauma children (often with significant mental health and/or cognitive deficits) often end up being housed in secure detention facilities that are ill-equipped to meet their needs. It is a constant battle to try and not have these kids pushed into correctional and detention settings because of the absolute dearth of facilities that can manage this challenging population.

I think we are seeing more and more mental health cases come in and don't have the resources to help them;  
especially for youth who are high need, easy and intense escalation, but low criminality.

Some of my clients repeatedly get kicked out of an H/CD dual diagnosis program is because the program isn't equipped enough for the mental health needs. It seems unfair to the child.

Funding is always an issue for any service.

There is often a wait for treatment, but there are enough services available eventually.

I have worked in special education for 20 years and this was a problem when I started and it has only gotten worse. There are most students with mental health needs and less resources to help them. The help is often left to the school staff who are not trained in mental health or substance abuse support. The quantity and severity of the students' needs is astounding. Scott County has historically not been helpful to school staff when there are mental health needs.

Mental health treatment in our juvenile facility needs to be addressed. There is really no comparison with private facilities.

Our community recently lost juvenile outpatient CD treatment due to lack of numbers.

A transitional home would be greatly beneficial to this area.

limited resources for youth in our community and long wait lists

SE MN lacks outpatient and inpatient options for CD and MI treatment for adolescents.

Our out-of-home placements are hours from kids families which makes it hard to feel like they have family support while getting treatment. Parents also have a hard time with transportation and just the time associated with traveling.

The lack of mental health and MI/CD programs for youth with behavior issues is absolutely shocking and totally unacceptable.

There is clearly a disproportionate number of youth with mental health issues (primary) in correctional settings. Correctional settings in the area do not appear to be adequately addressing mental health issues or substance related issues. There are also very few inpatient mental health

There are no outpatient chemical dependency treatment services for non-native american

In SWMN we have NO OUTPATIENT SERVICES FOR JUVENILES

all services for juvenile in my county are out of county

There needs to be a secured facility that is available to address the significant needs of girls and

So far my biggest issues relate to an apparent lack of training for some of the more frontline/entry level staff at placements. Who do not always seem to buy into programming, and seem apt to

We have no adequate mental health facilities in the State!

I think there has been an issue lately where too many youth who are needing mental health services (with undiagnosed or multiple mental health concerns) are being placed in juvenile detention centers since there is not a facility willing to take them or available that is a good fit. Therefore, these youth are not getting the services or resources they need and are being placed in correctional facilities where staff are trained to deal more with behavioral issues than mental health issues. I feel this is an issues that needs to be addressed as there are many missed opportunities to help these youth, address the mental health and/or substance abuse issues and keep them out of the system.

At our facilities we educate; we do not provide treatment

desperate need for inpatient mental health programming, particularly for aggressive youth

Mental Health and Substance Abuse are address outside of Community Correction and we are prohibited from going beyond recognition, consequencing and referral. The time and gap between recognistion and getting services is too long and diffiuct due primarily to availabilty and funding issues.

There are not enough placement options

## **Diversion**

**In my county, we have a pre-charge process in place to divert juveniles with mental health and substance use problems away from the delinquency system and into appropriate programs.**

Answered: 175  
84 Skipped:

Answer Choices	Responses
Yes	32.57%
No	37.14%
I don't know	30.29%
<b>Total</b>	<b>175</b>

### **Comments (Optional)**

In theory, but if they don't show up for the meeting (with no means of transport) they are then sent to Court and have a record. Again significant bias for those without address or phone.

We have diversion but offense based and mental health screening is not completed.

The majority of our youth who come in contact with the system are reviewed for pre-charge, pre-court diversion.

Crossover Youth, Diversion.

My county is only concerned with getting an adjudication and placing the child in, typically a locked,

Circle Sentencing and Diversion

We use a crossover consult to screen juveniles involved with human services and probation. our defense attorneys request Rule 20 evaluations frequently

We do work between social services and corrections and county attorney office to identify juveniles with mental health and developmental disabilities issues prior to adjudication and develop a plan to most effectively meet their needs. Sometimes this includes diverting away from delinquency.

Yes and no...it seems criminal justice world is expected to take over as soon as they get in trouble criminally, seems to be more so with mental health (specifically any workers previously working with them) then substance abuse, as those two modalities seems to be more collaborative.

room for growth here for sure; ideal to engage the schools in this.

We do have a pre-charge diversion program but do not know that we would be specific to focus on mental health and substance use problems as criteria. We work closely with Health and Human Services too so some of these clients are able to be handled without charges through their system also. I am not sure what the criteria for this question is.

Our Crossover Youth program is facilitated primarily from the County Attorney's Office and has resulted in several of these cases being successfully diverted from entering the correctional system.

Diversion Court. Stay of Adjudication, etc.

Yes, but they don't accept students who may be physically aggressive so that greatly limits this option

While there is a diversion program, it does not use mental health or chemical health as a criteria to divert.

Through Co. Attny's office

We offer diversion programs but not related to MH and CD. What would appropriate programs look like? What is the equate in diverting youth because of MH CD? It is unclear to me what exactly you mean by this process.

We have a restorative justice program that tries to take some of these cases.

Diversion is not primarily based on mental health or substance abuse, but rather lack of prior history. If mental health or substance abuse issues exist at time of diversion, the family is provided with resources to address the issues.

At least I don't think so. I have seen many kids with substance abuse problems and mental health issues and the prosecutor always uses probation violations and new charges as a way to get new placements.

We need such a process.

This is however based more on prior record and level/circumstance of offense than substance abuse or mental health issues.

There is no official diversion process - however, if it is known by the prosecutor that the child is not competent due to MI or CD then the prosecutor may choose not to issue charges, similarly, if the police reports show significant MI or CD issues, the prosecutor may deem those issues to be a mitigating factor and issue lesser charges instead of the most serious charge the probable cause supports.

a Diversion program? Yes- we have one. If a ticket comes in and meets certain criteria, they get diverted, otherwise they get sent to court

I would prefer to do this, but there is not a process in place to do so.

we have diversion to divert petty offender and that is driven by offense level.

We do have Diversion (probation, county attorney's office) but must meet specific criteria.

**In my county, we have a post-charging process in place to provide juveniles with mental health and substance abuse needs with the treatment they need while limiting potential negative impacts of involvement with the juvenile justice system.**

Answered: 174  
85 Skipped:

Answer Choices	Responses
Yes	32.18%
No	32.76%
I don't know	35.06%
<b>Total</b>	<b>174</b>

#### Comments (Optional)

In my county, probation looks to adjudicate immediately upon any probation violation or remote setback, and often ignore or minimize the effect mental health has on the juvenile blaming the juvenile for not taking accountability.

Only when referred for a pre-plea investigation and the need is identified in the interview process.

juveniles without significant history are frequently offered stays

We have a diversion program, but after that not much. See above.

again I would say as above.... placements would be screened with a team of people including HHS, Probation, medical and a chemical treatment provider. Not all youth go through that process, but we work closely with our local providers to meet these needs.

Our Crossover Youth Program is also supposed to facilitate this also, but we have been much less successful at minimizing the negative impacts of the juvenile justice system once dually involved youth enter it.

but my case management style tries to accomplish that

While juveniles can access services while on probation, much is left to the family to determine what is needed.

Unless the child receives a stay of adjudication I haven't heard of any post-charging positives.
Screening tools and mental health/substance abuse services are utilized if applicable and appropriate in lieu of correctional/justice system involvement.
Once again, there is no "official" process in place, however, the prosecutors take note of mitigating factors and alternative dispositions where merited.
We do not really have a formal process, however, our Agents try to be very cognizant of any mental health and or substance abuse issues a juvenile may have and try to work with them without getting further court involvement and/or consequences.
It is my sincere desire to do so, but there is no process in place.
Juvenile Healing to Wellness Court
Referral to Case Management and/or rule 25

## **Collaboration**

**I am aware of many of the juvenile mental health and substance abuse programs in my geographic area.**

Answered: 172  
87 Skipped:

Answer Choices	Responses
Strongly Agree	15.12%
Agree	48.84%
Neither Agree nor Disagree	15.70%
Disagree	15.70%
Strongly Disagree	4.65%
<b>Total</b>	<b>172</b>

**I am aware of the general admission criteria and financial/insurance payment options for many of the juvenile mental health and substance abuse programs in my geographic area.**

Answered: 171  
88 Skipped:

Answer Choices	Responses
Strongly Agree	6.43%
Agree	34.50%
Neither Agree nor Disagree	23.39%

Disagree	29.24%
Strongly Disagree	6.43%
<b>Total</b>	<b>171</b>

**In my county, social services, mental health, and delinquency staff meet and collaborate on a regular basis.**

Answered: 171 Skipped:  
88

Answer Choices	Responses
Strongly Agree	11.11%
Agree	36.84%
Neither Agree nor Disagree	14.04%
Disagree	12.28%
Strongly Disagree	8.19%
I don't know.	17.54%
<b>Total</b>	<b>171</b>

Comments (Optional)
If they don't, they should
Yes, but the outcome of the collaboration seems to stop when payment for services or providing a case worker to assist the family becomes an issue.
Not often enough. There are times when I have worked with a juvenile in the criminal justice system for months before
Typically only when problems arise.....
we have pre-placement and crossover screenings offered at least twice weekly and on emergent basis
Placement team monthly
This is dependent on the staff and is not to the level we wish to see in our county. We would like to improve this and are working to do so.
Meet on a as needed basis.
Not as much as use to.

Meet but not always collaborate well
I have been a school resource officer for more than 6 years. I have never had such an opportunity
It is hard to keep up with what insurance companies cover. CD assessors do a good job in knowing this information. Our county has a Client Assistance Program for MH payment if underinsured.
All parties are involved in the decision except for the defense attorney. Our county even gets parents involved who have a better idea where there child is going than attorneys the day of the hearing.
Due to continuous dysfunction in area social services and mental health services, there is a lack of



## JJ21 Mental Health and Collaboration

as needed

I feel like this could be better, but I have heard about it being worse.

Mental Health much more often than delinquency.

We meet on pretrial cases to help determined adjudication or stay of adj.

Just began meeting monthly with Children's Mental Health and Child Protection in May 2016.

We meet one time per month. It could be more productive.

### In my county, we have an active children's mental health collaborative.

Answered: 166 Skipped:  
93

Answer Choices	Responses
Yes	43.98%
No	18.67%
I don't know	37.35%
<b>Total</b>	<b>166</b>

Comments (Optional)
Workers keep changing...leave without forwarding number or name of new worker.
We have a Family Services Collaborative which does focus on primarily on mental health and
We did, it has not been active for a bit with changes in social services
Y-ACT has been extremely beneficial to keeping severe mental health youth in the community and and from advancing in the juvenile delinquency system.
We talk about mental health concerns in Child Protection meetings.
not active
There is a Child Protection collaborative in place, but not for children's mental health.
The professionals are active and engaged, but programming is rarely available.
I am aware of our CMH Collaborative but only because I sat on the committee. Any other agent is likely unaware.

### In my county, when a juvenile with mental health and substance abuse needs gets discharged from supervision and still needs social services support, they get the support they need.

Answered: 168 Skipped:  
91

Answer Choices	Responses
Strongly Agree	4.17%
Agree	22.62%
Neither Agree nor Disagree	38.10%
Disagree	24.40%

Strongly Disagree	10.71%
<b>Total</b>	<b>168</b>

**Comments (Optional)**

These services are voluntary and juvenile/family does not follow through with services.

Only if they already have a worker prior to admission and if the program they were in makes a referral for a Children's Mental Health worker. Substance abuse would not qualify them for a worker, only a mental health diagnosis.

Most support is supplied through the local RJ program.

An example: Just yesterday I had a client with significant mental health challenges, who had done very well in placement and had returned home. He was successfully discharged from probation. Probation indicated that all services for him would end by the end of the year, including mentorship, which he had really been relying on. I have made some suggestions to him for other sources of mentorship, but I am concerned that his progress will be derailed by lack of continuity. But the only this is addressed through our crossover consult process

They get the support they need if they are willing to accept it voluntarily. In my opinion, it is way too easy for them [or their parents] to opt out when things get 'difficult'.

...although I am not certain of this.

If they have an open case with social services already, otherwise they do not get the services upon discharge

meaning Probation supervision? Since it is a voluntary service this often does not happen, especially as they transition into adult mental health. no cooperation and they are off the list. If they want it then services are generally available.

Anoka County has a Children's mental health unit that will continue to work with families and individuals who are seeking services. Substance abuse needs are often left to the family to determine what services to use.

It is available... not sure if partake

Many times the "right" service needs aren't available.

I know it is available, I don't know what the criteria is.

limited resources, etc

Typically in our county once a child is on probation, social services closes their case with the child. only if the juvenile/family requests it.

it depends on if the juvenile and family want support as it is voluntary

**In my county, agencies working with the same juvenile are able to share the information about that juvenile needed to help get them the best care.**

Answered: 167 Skipped:  
92

Answer Choices	Responses
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## JJ21 Mental Health and Collaboration

Strongly Agree	10.78%
Agree	45.51%
Neither Agree nor Disagree	25.15%
Disagree	13.17%
Strongly Disagree	5.39%
<b>Total</b>	<b>167</b>

### Please provide any information you have about why this information sharing is or is not difficult, or other comments.

Don't know

If releases of information are signed.

We have way too many releases to be signed that, in my opinion, are not necessary when we are with the same county and trying to collaborate on the best needs for the child. The families we work with are not always willing to sign a release or available to sign a release, which creates an unnecessary road block.

with a signed release

Some agencies do not share information or forget to include necessary parties in the conversations. Hennepin county has a silo system. If you are a "probation kid", probation is financially responsible. If you are a mental health kid, human services (HSPHD) handles the payment. Both systems generally want the other system to take financial responsibility.

Current HIPPA/Data Privacy Laws!!!!

Our county works quite well together in planning for joint cases. It is a strength for our small county. With lack of local resources it is a necessary to have this communication and sharing of advice and working together. If I have a case that is not receiving their services, they will share their expertise with us also and vice versa. We absolutely need each other.

with a release of information.

Typically, if asked and multiple agencies are working with the same client, the Court will order releases and a sharing of the information between service providers.

There share with other agencies. They don't really share that information with the defense attorney except to explain the rationale for a choice they have already made.

Sharing of information does not appear to be a significant part of the problem.

May share information with signed releases and/or during case consultation team meetings.

Sharing of data occurs if the parent permits the sharing by signing necessary releases, or when a court order is obtained.

with ROI if parents agree

Don't know

social services forgets that we can talk freely, but we can.

## **Placement Monitoring**

**Out of home placements for juveniles I work with are licensed and adequately monitored by a state agency.**

Answered: 168  
91 Skipped:

Answer Choices	Responses
Strongly Agree	14.88%
Agree	47.62%
Neither Agree nor Disagree	11.90%
Disagree	4.76%
Strongly Disagree	1.79%
I don't know.	19.05%
<b>Total</b>	<b>168</b>

Comments (Optional)
Not involved in direct care
Case in point - Mesabi Academy. Mesabi was licensed, but terribly monitored.
My placement yes, others I have no idea.
Varies widely
Our treatment centers are monitored adequately
Many of the placements used do not appear to be adequately monitored. There does not appear to be performance based standards at many facilities and they do not appear to be using evidence based practices or proven services/tools. Case management is often an issues to address risks and needs such as mental health and substance abuse. Facilities also do not provide data collection regarding success, recidivism rates, other statistical information, etc.

**If a family has concerns about the safety and well-being of their children in out of home delinquency placements, it is easy for them to find someone to report those concerns.**

Answered: 168  
91 Skipped:

Answer Choices	Responses
Strongly Agree	8.33%
Agree	42.26%
Neither Agree nor Disagree	15.48%
Disagree	10.12%
Strongly Disagree	3.57%

I don't know.	20.24%
<b>Total</b>	<b>168</b>

**Comments (Optional)**

I would hope they report those concerns to agent.

Probation will typically ignore the call. We have told parents to call licensing. We have no idea how those cases get handled.

My placement yes, others I have no idea.

Often families do not know where to go or how to report concerns. The PO is often the one taking the brunt of any frustrations the family may have.

Varies widely

I always provide my card and don't get phone calls. I'm not sure if they are calling other people involved in the process.

Some placements inform the families of this upon admission. Others, families would need to be proactive and contact someone who could help them (agent, social worker, etc.).

**When concerns are reported, adequate follow-up will occur.**

Answered: 168  
91 Skipped:

Answer Choices	Responses
Strongly Agree	7.14%
Agree	44.05%
Neither Agree nor Disagree	13.69%
Disagree	8.33%
Strongly Disagree	2.38%
I don't know.	24.40%
<b>Total</b>	<b>168</b>

**Comments (Optional)**

Probation will often contact the placement location and if told otherwise, or the report cannot be confirmed, probation will determine the initial report was fabricated or falsified and see it as a further sign of bad behavior.

Case in point - Mesabi Academy.

This is dependent I believe on who has authority for receiving and following up on the concern (DHS, county, etc.).

in the cases I am aware of, the State has investigated and I have received a report, but I am not sure what exactly the

Only a couple times happened in my years of service.

My placement yes, others I have no idea.

Varies widely

This is usually addressed via a probation violation when the kid really did nothing wrong to get kicked out of a placement they didn't feel safe at.

In my facility

## **Promising Practices and Policies**

**Please describe a good practice or policy your county follows, if you know of one, to address the proper care of juveniles with mental health and/or substance abuse needs who come into contact with the juvenile delinquency system.**

Answered: 60 Skipped:  
199

Responses
there are none
Historically had sufficient workers and placements. Totally lacking in mental health and DD services.
I believe it is dependent upon the relationship of the professionals rather than a policy.
Our Restorative Justice Program works very hard to get youth involved in the program services they need to be successful. All youth are reviewed for CD/MH concerns are referred our limited resources.
Crossover Youth program - addresses alternative programming or strategies to limit these youth's exposure to the criminal justice system.
The Crossover Youth program/initiative addresses the issue of juveniles with mental health issues who enter the juvenile justice system.
ECRJC
Regular meetings with multiple agencies related to each youth needing services.
We don't have a "good" practice in place at this time.
common sense, each child-individual basis
There are none in my county. Mower operates as if it is a race to send juveniles, regardless of mental health concerns, out of the home claiming they are kids who are choosing not to control their actions and that consequences are the only fix. Mower also ONLY uses 1 person to complete psych eval on juveniles and he typically recommends placement. The courts treat his word as absolute truth.
The designation of kids as "cross-over youth", which can (but doesn't always) trigger opening of Children's Mental Health case management, when it works, is a godsend. But it only works about half the time, the other time the client gets passed around to different social workers like a hot potato. But when it works it is fantastic for kids.
pre placement screening teams
Referrals for screening and treatment
Crossover Youth screening prior to charging or shortly after a custodial arrest

## JJ21 Mental Health and Collaboration

Much collaboration with social services, creation of programs within community to address needs  
NA

Crossover Screening when both agencies, HHS and Probation discuss prior involvement in an effort to avoid duplication of services.

Collaboration and multi disciplinary meetings that include tribal input.

Placement team to collaborate on kids at risk of placement. Completing pre-disposition reports on individuals with dual diagnosis needs.

screening at time of detention to determine if there is a history of CP, CMH, DD or other services.

Collaboration with Mental Health Case Management

Get screened for both so they can figure out if it is both or just one or the other

Mental/ Chemical Health Screening upon detention

Best efforts are made to connect the child with the appropriate treatment program.

start with assessing for need and go from there, typically is collaborative in providing services

In-placement staffing review process in juvenile correctional facilities

Co-Case management for youth with mental health or CD issues.

Doing mental health screening on 100% of the juveniles who come into the system.

We usually order a diagnostic assessment.

access to MH/Substance abuse assessment services within the office of the JJ system

collaboration between social services and probation

A POSITS is administered to a juvenile. A YLS/CMI and PDI interview are also administered.

This is done by the probation officer if he/she comes into contact with a juvenile for the first time (aside from diversion).

The resources I am aware of are all related to Juvenile Felony commits

the pre-placement screening team consists of people across disciplines

crossover youth/dually involved youth program

MAYSI is scored by the mental health professional and a follow-up letter is sent to the parent and the Agent follows-up as well.

Our court will order evaluations. Usually that recommendation comes from social services, probation or the prosecutor and is made to be part of the plea agreement.

We have the mental health screen. We have a social worker who is officed in the same area and attends our juvenile probation staff meetings.

Completing a YLS/CMI for all youth put on probation. Updating on a regular basis to determine risk/needs. CD Eval and backup plans if reoffense.

Early screening/detection

The counties Diversion Program and corrections implementation of it. Also a very active CMH Unit. This, however, requires the family to be proactive.

Regular discussion meetings

## JJ21 Mental Health and Collaboration

Collaborative county meetings with mental health professionals, schools, law enforcement, probation, County Attorney, Social Services, etc.

30 day follow up after the Mental health screening.

Diversion Program

We have preplacement meetings along with evaluation programs to make sure services are in place to help alleviate out of home placements.

Least restrictive whenever possible,

I do not know

We work with Human Services and the County Attorney to minimize the collateral consequences resulting from a delinquency charge.

We have a Juvenile Team that meets every 2 weeks.

Our county's Juvenile Community Corrections workers are professional and hard working. They are simply left without adequate options for treatment.

Utilizing screening tools such as the MAYSI-2 and PESQ; Using the YLS and proper case management; Using

Screen cross over youth with children's mental health staff

There is some multi-disciplinary staffing between corrections and social services

Don't have one

Our county has juvenile specialty court to address high risk/high need youth. They are in a phase program and see the Judge monthly for review. There is a team of professionals that acts as an advisory group to review the juvenile's progress and offer recommendations.

screening and referral

Collaboration with Social Services, not only monthly, but as needed and during Family Preservation Meetings regarding juveniles facing any type of out of home placement.

We don't have one at the present time. I wish we had MSFT

## **Promising Programs**

**Please describe a program in your area, if you know of one, that provides the proper care of juveniles with mental health and/or substance abuse needs who come into contact with the juvenile delinquency system.**

Answered: 47 Skipped:  
212

### **Responses**

juvenile CD after care, juvenile outpatient mental health

I like Gerard and Northwoods. Occasionally Woodland Hills short term program, but no longer

Woodland Hills - Duluth, MN

Amber Wing, Human Development Center



## JJ21 Mental Health and Collaboration

We have 3 substance abuse programs in the area for juveniles. Mental health issues are addressed through referral to individual mental health providers/therapists.

### ECRJC

Local RJ program is main hub and from there resources/services are sought.

Cross-over youth screening team. However, it is only for kids 16 and younger and with a limited none in our immediate area

None.

varied

Crossover Youth

Woodland Hills - Duluth

North Homes Children and Family Services

Omegon 1 hour away

Fairview Maplewood

phoenix Recovery programs

Arrowhead Juvenile Detention Center- Duluth

Upper Mississippi Mental Health Center, A Better Connection (both), Lake County Associates, Group Works (MH only)

Y-ACT program should be available statewide.

APEX - Rochester's new sober high school

One of our treatment centers provides both services

There are no residential treatment placements in Rice County. Omada Behavioral Health: intensive outpatient program for adolescents. Fernbrook Family Services: outpatient mental health. Rice County Social Services: outpatient mental health.

Therapeutic Services Agency serves mental health needs in a variety of ways

crossover youth/dually involved youth program

Highland Meadows Counseling, Jeff Clark

We have many such providers in our area. Youth Night Campus, Prairie Care and Fountain Centers are a few examples.

ECRJC 70/90 program for CD.

None that I know of

The Anoka County Juvenile Center has 2 programs that address substance abuse, a stabilization program and a long term treatment program. These programs are run by a privately contracted company.

JAF, Reflections Day Treatment

Nystrom & Associates

Recovery Plus- Adolescent- Saint Cloud, MN

I am the Director of VOA programs that do this

Reentry Services. They try to keep kids from going into out of home placements. They also try to work with kids after the placement to avoid further placements.

Mille Lacs Academy

The 180 degree shelter programs (Hayward/ Von Wald)

## JJ21 Mental Health and Collaboration

School District Policies, that is all I know about.

Central Minnesota Mental Health Center-Monticello adolescent CD program.

Screen and refer out to Mental Health and Chemical Dependency Professionals for further

Identifying the issues associated with mental health and substance abuse appears to be satisfactory but addressing it and providing treatment that has effective results remains the primary issue in the area.

Prairie Lakes Youth Program

Juvenile Healing to Wellness Court which is a program through the White Earth Indian Reservation

Woodland Hills

Out of our area, I have had great assistance from North Homes, Inc. out of Grand Rapids, MN

Canvas Health

Winona County at least used to have some wrap around services that looked great on paper (not sure if they still do)

and I've heard Dakota County has some good programming. Dakota used to have MSFT at least.

## **Policy Suggestions**

**Do you have any suggestions for policy changes, especially ones directly related to the juvenile delinquency system, that would help Minnesota to better support juveniles with mental health and/or substance abuse needs?**

Answered: 59  
200 Skipped:

### **Responses**

more than I can write. But I do believe the most invested individuals in the care and treatment of juveniles are the Public Defenders and they are never invited to the table.

review petty offender statute, many of these petty offenders need mental health and CD services but there is no way to hold accountable on petty cases.

A good diversion program so that we do not criminalize youth with mental health or substance abuse needs.

Decriminalization of non violent offenses. Youth should be responded to from a trauma informed perspective to effectively change behavior. Detention and Criminalization should only be for those violent unsafe few.

We place many juveniles in corrections facilities to complete CD treatment when they fail in the community. We need to look at whether this is a good practice considering most of these offenders are marijuana users whose offenses were not related to drug use.

Facilities are needed

More collaboration between local agencies and service providers.

## JJ21 Mental Health and Collaboration

Larger counties need to pay more attention to the individual.

Yes, the courts (including all involved) need to look more closely at the juveniles needs and address those. By addressing mental health or chemical needs the criminal behavior will also be addressed (and likely reduced). These juveniles do not need adjudications on felonies at age 14 when they really just need some help with their mental health but yet have never received any assistance.

More resources for treatment and placement, and more resources for community-based treatment.

There is a need for mental health placements to collaborate with correctional placements. If a youth should be in a mental health placement, but their behaviors are threatening or unsafe for others, Correction placmenets should be used for stabilizing behaviors and then returning to the mental health placement. Would like to have a collaborative relationship with mental health placements where we work together.

Screening on all juveniles for mental health and substance abuse issues

More dollars targeted for Crossover Youth

Financial support for community based programming is a great need. The MN model of substance abuse treatment doesn't work, especialy for adolescents and needs policy level change.

Line staff with clinical traning need to assist in conducting site visits. The Public Defenders Office is staffed with licensed social workers who have developed site visit criteria for all programs utilized by our state. Probation needs to have their own staff who can adequately and competently conduct these sight visit. This takes a lot of training and education. It is not just an exercise in checking off boxes for licensing purposes.

Delevop an adequate universal screening process, educate prosecutors to collateral consequences, make treatment funding to juvniles more accessible.

Better mental health court for juvies

Anything to hold parents more accountable.

Strong need for more out-patient CD rescources and comprehensive MH/CD services.

There needs to be improved coordination between child welfare, mental health and delinquency. Too often policy supports working in "silos." Any policy changes to drive coordination between systems would better serve youth. There needs to be better support in general of the mental health system in MN related to youth with aggressive or self

Get help to the juveniles while they are in public schools.

Look to minimize juveniles with mental health from the delinquency process. Often juveniles with mental health end up in the system they should not be in.

We need a government task force to be put together.

Change current laws to allow inter-agency communication for all juveniles and families involved in criminal justice system and social services

## JJ21 Mental Health and Collaboration

There needs to be a balance between therapy and accountability. A balance between addressing the mental health needs along with holding the youth accountable for their behavior and decision making processes.

More unified charging decisions btwn. P.D.'s and prosecutors on behalf of services needs of youth at varioius levels of charging in juv. court.

Aftercare/family involvement--they go back to the same difficult environment and don't have the positive support from family

Identify and implement placement of juveniles with psych-behavioral and mental health / psychotropic medication issues in mental health facilities, rather than ordering such youth into the

Seal juvenile records as a general practice, and make the county attorney jump through hoops if they shouldn't be sealed. So much delinquency is related to mental health or substance abuse

More funding for juveniles. We as agents are working with less staff and more demands.

Establish a mechanism to incent/advise/support counties in efforts to develop a crossover approach in their jurisdiction.

Human Services involvement and more collaboration.

Need more community based mental health services for juveniles and inpatient mental health facilities that can handle aggressive or suicidal youth.

creating programs that don't easily kick kids out and have a good understanding of what's normal and not, huge collaborative relationships are essential

Family therapy in home.

Better screening of MH. These are the most challenging clients, who will struggle to change ingrained behavior. Being competent (Rule 20) and having significant deficits needs to be better addressed so as not to entrench individuals in the system or have them become institutionalized.

More money for better services

Money for residential trtmen

**WE NEED MORE FACILITIES TO WORK WITH THE SERIOUS BEHAVIORAL YOUTH**

Be able to hold parents more accountable to follow through (getting the kids to meetings, keeping insurance coverage active, following the D/C plan and recommendations. Following through with recommendations.

It would be helpful if a Stay of Adjudication could be indefinite rather than limited to one year as it is now. That would allow a defendant to complete a treatment program and keep an offense off their record.

post-dispositon rewards would be a great incentive to follow through with treatment, but I'm concerned the prosecutor would abuse that option by eliminating a stay of adjudication as an offer.

## JJ21 Mental Health and Collaboration

The use of evidence base practices and tools to address these issues; Having programs track results (success rates, recidivism rates, statistical information); Address social issues associated with these issues; Emphasis on safety of children in unsafe or neglectful environments (holding parents accountable in ensuring they have their children's needs met); Identifying and utilizing services and practices that are proven to work; Providing adequate services including services that have that ability to address all issues including behavior, mental health, substance abuse, etc; Also not over-diagnosing or over-treating individuals (Addressing the negative effects of stigma and identity/accountability associated with issues).

I think parents are a big part of the juvenile receiving proper help. Parents at times will block the child's ability to receive services.

More funding for children's mental health, especially inpatient programs for children with behavior problems.

Mandatory case management by Children's Mental Health when probation expires

Currently, there are no services in place for juveniles who are found incompetent but are at risk for self-harm or danger to public safety. There needs to be court jurisdiction over these juveniles so that someone can adequately monitor and provide services to them. There is also a need for some type of secured facility for runaway juveniles who continue to place themselves at risk and are being sexually exploited. While I understand that secured facility is not the best option, placing a child at a non-secure shelter or group does not serve the needs of children who continually run from shelters and are being sexually exploited. As for substance abuse cases, first time offenders should get the same benefits as adults. For adults with a first time drug offense, they can get diversion through 152.18. There are currently no equivalent of that provision for juveniles and there are no funding for such programs in the juvenile system.

No child should be denied care because they lack insurance. In addition, we need treatment modalities that are gender, race and ethnicity specific - not one size fits all.

Yes, we need more mental health placements for juveniles with severe mental health issues and we also need therapeutic transitional housing

see previous comments about youth with mental health diagnose(s) being placed in correctional facilities and not getting the help they need

Quit putting juveniles in CD in-patient facilities unless they are committed to abstaining from chemical use. Use low level corrections for chemical violations.

allow collaborative communication between probation and social services=change data sharing laws; offer inpatient mental health facilities to meet the needs of high risk/high need youth

mandate internal funding and staffing to address high risk cases quickly and in-house

Crossover Youth model trainings, required collaboration with Social Services, extending the duration of Stays of Adjudications

We can't find people to fill family skills and behavioral aide positions because the pay is too low. We have very few therapists in our area willing to roll up their sleeves and work with CD or MI adolescents.

## **Self Care**

**My agency has implemented organizational strategies for addressing secondary traumatic stress/compassion fatigue.**

Answered: 159 Skipped:  
100

Answer Choices	Responses
Yes	24.53%
No	38.99%
Attempted but I don't think very successfully.	13.21%
I don't know.	23.27%
<b>Total</b>	<b>159</b>

Comments (Optional)
What is provided is insufficient!
No formal policy; however, staff is encouraged to attend training and offers support.
Offered training to staff
We are starting now
still a work in progress.
We could do better! Olmsted County has implemented strategies we would like to replicate.
We work with social services to utilize resources to assist staff with dealing with this.
We need enough staff to do good work. We are dedicated probation officers so we are working longer hours without pay, checking our emails 24/7 to get the job done.
awareness training
De-briefing is offered when incident's occur. The longer term compassion fatigue is something workers underutilize, but it is available through human resources. A better job could be done to encourage workers to exercise during work breaks or immediately before or after work. Locker rooms and an area to exercise or cheap/free memberships would be a good start.

We will occasionally get together and debrief on stressful situations which seems to help staff maintain a positive attitude.

My placement yes, others I have no idea.

More than the first three answers, I'd say they've attempted to offer some services and I haven't much investigated them yet

in the process of developing a policy

We had had guest speakers address the issue at district wide training.

More still needs to be done in this area

Ongoing training on those issues is available.

I haven't heard of anything like this in our office.

This is something that we have talked about - we need to check in with our coworkers and be supportive as a team to be our best. Not sure what the "strategy" in that is ....

## **Adult Certification**

The following comments were made about the adult certification process by an experienced juvenile defense attorney who participated in the forum. The comments were made via email after the forum.

- 1) Allow someone facing an adult certification to post bail. Essentially, the argument is that when a youth is faced with sanctions in adult court, that youth should also be granted the rights available in adult court. This would provide a small level of equivalency to the process followed for an 18-year-old co-defendant, and would also quash the argument I often face from my clients of “I give up. Let me waive the adult certification. I need to be released while this process drags out...” I do realize there is language in the juvenile detention rules that allows bail to be requested, but I have never been successful at convincing a judge to grant a bail motion for a juvenile.
- 2) Allow someone who is certified as an adult to be placed at MCF-Red Wing for treatment if he successfully argues for a downward dispositional departure after certification. Currently there are NO treatment options available in Minnesota to someone under 18 who is on adult probation.
- 3) Clarify what can and cannot be used in certification factors 3 and 4 for delinquency history and responsiveness to programming. We are accumulating case law that basically says “anything goes”. A schoolyard fight that was never charged can be listed under delinquency history and the fact that problems continued after the resulting suspension can be used to show the child is not responsive to treatment. I just had a child who had two separate episodes of being placed in a hospital for suicidal ideation when he was 13; the fact that his parents failed to make the recommended psychiatric appointments was cited as proof that the child does not follow through after treatment. (This child had NO delinquency history, but was still adult certified, based partially on factors 3 and 4!) I would like to see verbiage in the statute stating only incidents charged in court can be considered.
- 4) Adjust the EJJ rules
  - a. Take out the language that says an adult sentence must be stated and then given a stay of execution. A stay of imposition would be appropriate in some cases, and would provide parity with an adult co-defendant who is placed on probation with a stay of imposition, as the felony offense can eventually be reduced to a gross misdemeanor.
  - b. For crimes with a mandatory period of conditional release after prison, give the judge the ability to impose that same period of conditional release after EJJ probation is completed. This probably seems counter to what a defense attorney would normally propose. But I’ve had a number of crim sex cases that were adult certified because the judge felt the period of conditional release that would be imposed after prison in the adult case was critical to protect community safety... If it were possible to order the same period of conditional release after EJJ, the EJJ alternative would be more palatable.

## Networking

There are adequate networking, information sharing, and continuing educational opportunities for juvenile justice professionals in Minnesota.

Answered: 162  
97 Skipped:

Answer Choices	Responses
Strongly Agree	2.47%
Agree	33.95%
Neither Agree or Disagree	23.46%
Disagree	21.60%
Strongly Disagree	5.56%
I don't know.	12.96%
<b>Total</b>	<b>162</b>

Comments
Hennepin County Juvenile Advisory Committee is a good one.
I would like to see more networking in rural jurisdictions to share resources/services.
There is rarely any training with regards to juveniles, all seems to be geared towards adult offenders.
Seem more limited in rural areas
I believe there are opportunities however they could be better coordinated and could involve practitioners more
This would depend on which area of the state you work in, how committed the county is to providing training dollars and how able the county is to provide adequate coverage when staff is requesting training opportunities.
I don't believe so, however if there are some, I would like to be involved with them.
There are not a lot of training opportunities in our area.
Funding for training is another issue.

need more ceu's offered
It appears that most counties work independently and do not adopt the same practices. Counties do not often share information and learn from each others successes and failures. Each county has different issues but there appears to be little collaboration in regard to effective ways to administer services and what the best practices are.
It would be nice to have more in the northern area so that we can have more staff attend.
There should be more web-based trainings that are free as many professionals that work in facilities are often unable to attend or travel to attend trainings.



**Other**

Use this space for any comments you would like to make about the survey.

Answered: 8   Skipped:  
251

Responses
Living in rural area, lack of services provides barriers to mental health and CD.
Importance lies in the idea that probation and social workers are not Dr.'s we need to rely on those professionals in placements and those recommendations that are the best collaberative...whats best for each individual child. Larger counties rather than throwing more policy and employees need to individualize each child and use their common sense.
There were a lot of questions where I had to agree or disagree, where I wanted to answer sometimes, or in some circumstaces...
Thank you for making this survey.