

NATIONAL ALLIANCE ON MENTAL ILLNESS OF MINNESOTA



# Juvenile Justice Work Group

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Report to the Minnesota Legislature

March 2014

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## Executive Summary

The 2013 Minnesota Legislature directed the National Alliance on Mental Illness of Minnesota (NAMI Minnesota) to convene a stakeholder work group to examine ways to improve service delivery and outcomes for youth at risk of, or already experiencing, juvenile justice system involvement. This report is the culmination of the work group's discussions.

A leading obstacle to serving justice-involved youth and their families effectively—and preventing unnecessary juvenile justice contact—is that their needs cross multiple systems that do not traditionally work together. In light of this dynamic, the work group included stakeholders from the many different perspectives, including families, schools, probation, and others who are often involved in the lives of youth who are either at risk of or already experiencing juvenile justice involvement.

Work group members agreed that the juvenile justice system should not be, yet too often is, the last resort for youth with complex challenges such as trauma histories, mental illnesses and fetal alcohol spectrum disorders (FASD); nor should it be the first time such issues are identified and addressed. With these common principles as a starting point, the group examined and concurred with many of the recommendations set forth in past reports on Minnesota's juvenile justice system. Most of these past recommendations, however, have not been implemented, even years later. This work group decided to build on those past reports by identifying some of the most critical recommendations and proposing strategies to advance those ideas.

This work group's recommendations include:

- **Provide funding to expand intensive early intervention collaborative programs, such as Ramsey County's All Children Excel (ACE) Program, to at least one more jurisdiction.** These evidence-based programs seek to reduce juvenile justice system contact for children under 10 years of age who commit delinquent acts and have proven effective. The success of the ACE program in particular stems largely from its cross-system collaboration and support for both children and their families.
- **Improve mental health screening processes within the child protection and juvenile justice systems to enhance the ability to evaluate outcomes and increase access to mental health services.** Certain statutory provisions cause Minnesota to miss opportunities to identify and address gaps in our mental health system and identify youth in the child protection and juvenile justice systems who may need mental health services.
- **Create a state Office of Juvenile Justice.** To facilitate the implementation of recommendations from this and past reports, the work group discussed the establishment of a state office responsible for setting standards and offering training related to juvenile justice prevention and interventions. Such an office could provide local jurisdictions the necessary guidance and support to provide effective juvenile justice interventions and prevent unnecessary juvenile justice contact.

## Introduction

The 2013 Minnesota Legislature directed the National Alliance on Mental Illness of Minnesota (NAMI Minnesota) to convene a stakeholder work group to discuss service delivery and outcomes for youth at risk of, or experiencing, juvenile justice system involvement.<sup>1</sup> The author of the legislation establishing the work group, Representative Joe Mullery, stated that his motivation was to address the shortage of interagency collaboration to provide coordinated, evidence-based treatment and services to reduce youths' risk of juvenile justice involvement. The work group met six times from August 2013 to January 2014.

NAMI Minnesota thanks the work group participants for their commitment to improving service delivery for Minnesota's youth. Members represented a wide array of stakeholders that carry out juvenile justice prevention and intervention work. These stakeholders included schools, probation, juvenile detention, judges, prosecutors, defense attorneys, advocacy organizations, parents and staff who deliver juvenile justice prevention services. Law enforcement did not have representation in this group despite its key role in juvenile justice prevention and interventions. However, the work group's recommendations are consistent with the findings of previous groups where law enforcement stakeholders have been well represented. For a list of work group members, see Appendix A: Work Group Members.

## Background

The work group was directed to discuss the following issues and report its findings to the legislature:

- (1) Shared statewide outcome goals for children in the juvenile justice system and their families, such as academic success, successful transitions to adulthood, and lower recidivism rates;
- (2) The continuum of service necessary to ensure quality care that meets the complex needs of children in the juvenile justice system and their families;
- (3) Strategies for early identification of and response to needs related to juvenile justice outcomes, including in the areas of trauma, mental and physical health, chemical dependency, traumatic brain injury, developmental disabilities, education, family needs, housing, employment, and any other areas identified by the work group;
- (4) Changes needed to ensure coordinated delivery of quality services to meet the individual needs of each child in the system, particularly in the areas of information-sharing, service shortages, and cost pressures;

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<sup>1</sup> Laws of Minnesota 2013, chapter 86, article 3, section 14.

- (5) Changes needed to ensure coordination between delinquency and child protection cases, schools, the children's mental health system, and any other relevant entities for children involved in multiple systems;
- (6) Changes to any rules and statutes that create barriers to achieving the shared outcomes agreed upon by the work group;
- (7) An implementation plan to achieve integrated service delivery across systems and across the public, private, and nonprofit sectors;
- (8) An implementation plan to accomplish the shared outcomes agreed upon by the work group; and
- (9) Financing mechanisms that include all possible revenue sources to maximize federal, state, and local funding and promote cost efficiencies and sustainability.

To accomplish its assignment, the group built on the work of organizations that had previously recommended ways to improve Minnesota's juvenile justice system. Of particular interest were the following reports listed:

- *Final Report: Findings and Recommendation*, Minnesota Juvenile Justice and Mental Health Initiative, Minnesota Department of Corrections (DOC), August 2008;
- *Annual Report to Governor Mark Dayton and the Minnesota Legislature*, Minnesota Juvenile Justice Advisory Committee (JJAC), 2012;
- *Annual Report and Recommendations to Governor Tim Pawlenty and the Minnesota State Legislature*, Minnesota Juvenile Justice Advisory Committee (JJAC), 2009 and
- *Minnesota Juvenile Diversion: A Summary of Statewide Practices and Programming*, Department of Public Safety, Office of Justice Programs (OJP), June 2012.

The recommendations in these reports were thoroughly considered and continue to enjoy broad stakeholder consensus. They provided an excellent point of departure for this group.

## Guiding Principles

Four common principles emerged early on in the work group's discussions:

- *Early identification of needs and access to treatment and services.* The juvenile justice system should not be, yet too often is, the last resort for youth with complex challenges such as mental illnesses and fetal alcohol spectrum disorders; nor should it be the first time such issues are identified and addressed.
- *Collaboration.* Youth at risk of or experiencing juvenile justice involvement have complex needs that cross multiple systems. The most effective services for these youth will usually entail interagency collaboration.
- *Individualized, research-based and trauma-informed treatment and services.* Minnesota should draw upon the many established treatments and services that can identify and address the underlying issues contributing to risk of juvenile justice involvement.
- *Cultural and gender competence.* Any change to juvenile justice practices or policies should help reduce the racial and gender disparities in the system.

## Findings

Work group members examined 61 recommendations from the DOC, JJAC and OJP reports. It quickly became clear that the members agreed upon a set of general principles to guide the group's work. Members also shared consistent views regarding which of the 61 recommendations should be prioritized in order to overcome some of the most fundamental barriers to improving outcomes for youth at risk of or experiencing juvenile justice involvement in Minnesota.

Each work group member reviewed the DOC, JJAC and OJP recommendations. They then isolated the top two or three recommendations they thought met the following criteria: (a) most politically and financially feasible; (b) most capable of making a significant impact for a large number of youth; (c) logical to implement sooner than other recommendations that have been made; and (d) not yet implemented, at least not fully.

Work group members pointed to five DOC, JJAC and OJP recommendations as most closely meeting these criteria:

*(1) Increase the availability of evidence-based, community-based interventions statewide.* (This recommendation appeared in the August 2008 DOC report.) Above all other issues, work group members cited a shortage of appropriate programs and placements for youth, particularly youth perceived as high-risk. Local jurisdictions need adequate services and supports to achieve optimal outcomes for youth and families. The shortage of treatment, services and supports to address underlying issues, from mental illnesses to trauma, undermines even the best efforts to conduct validated screenings and assessments and collaborate across agencies to meet the needs of youth and families.

Local jurisdictions have a wealth of resources available to them to help them identify which practices to target for introduction or expansion. A handful of national and state-level organizations have already inventoried which interventions are proven to: (a) impact desired outcomes, such as lower recidivism rates, reduced symptoms of mental illnesses and stronger coping skills; and (b) address youths' individual needs related to culture, gender, age, trauma (including historical trauma for youth of color), mental illnesses, fetal alcohol spectrum disorders (FASD) and more (see sidebar).

Several work group members underscored the importance of “promising” practices, or practices that do not yet have a large body of literature to support their effectiveness but that have some evidence to show they may work well. Youth and families of color are not well-represented in the evidence-based literature, yet they are heavily overrepresented in Minnesota’s juvenile justice system. Some practices that are not considered evidence-based may prove quite effective for youth of color who are at risk of or already experiencing juvenile justice involvement.

Work group members also agreed with the conclusion made in prior reports that training and technical assistance will be necessary to expand and support the availability of promising, best and evidence-based practices. While juvenile justice prevention and intervention practices are carried out at the county level in Minnesota, centralized training on promising, best and evidence-based practices would help local agencies focus their limited resources on service delivery.

Finally, work group members acknowledged that other recent changes may help to expand the availability of promising, best and evidence-based practices for youth at risk of or experiencing juvenile justice system involvement. These include:

- *A proposal to extend the time period for a stay of adjudication in juvenile delinquency cases to two 180-day periods.* Juvenile justice system timelines will need to allow for use of promising, best and evidence-based practices. Extending the time period allowed for stays of adjudication of delinquency to two 180-day periods would allow time to begin to truly address mental health, chemical health and other needs through adequate treatment, services, support and supervision.
- *Increased grant funding for school-linked mental health services.* These services ensure that youth can access mental health treatment where they spend most of their days, thus eliminating many barriers to treatment. In 2013 the legislature increased funding for these services by 50% for fiscal year 2013-14 and 100% for 2014-15. The legislature also increased the safe-school levy to help school districts pay for security enhancements and

## Resources for Identifying Best Practices

While this is not a comprehensive list, work group members identified certain resources they use often to identify evidence-based, best and promising practices:

- The Mental Health and Juvenile Justice Collaborative for Change’s list of key websites for promising, best and evidence-based practices. Access the list.
- *Inventory of Evidence-based, Research-based and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice and Mental Health Systems*, from the Washington State Institute for Public Policy (January 2014). Access the inventory.
- *Models for Change*, a John D. and Catherine T. MacArthur Foundation initiative. Access resources for working with justice-involved youth with mental illnesses and working with youth who are in both the child welfare and juvenile justice systems.

improvements to school climate, as well as for co-locating and collaborating with mental health professionals who are not district employees or contractors.

- *Expansion of Medical Assistance (MA) benefits.* MA benefits were expanded in 2013 to cover family psychoeducation and care coordination. Hospital in-reach will also be covered, so that care can be provided when a child leaves the hospital or emergency room to help reduce readmissions and ensure a smooth transition. This expansion may also prevent or reduce juvenile justice involvement for some youth.
- *Increased funding for mobile mental health crisis teams.* These teams can respond on-site to a mental health crisis. They provide an effective alternative to calling 9-1-1, and they can help youth access mental health treatment before they end up facing delinquency charges. Moreover, Department of Human Services (DHS) data suggest that crisis team calls involve a disproportionate number of youth of color. This disproportionate utilization of crisis services by youth of color may help reduce the disproportionate minority contact in Minnesota's juvenile justice system.
- *Attention to mental health workforce shortages may help to prevent children's mental health problems from resulting in delinquency charges.* Existing children's mental health programs will include family support specialists so that parents receive peer guidance and support as they try to help their children navigate the mental health system. Behavioral health aides will be able to obtain a certificate through community colleges. Also, a summit will be held in May 2014 to engage Minnesota's higher education and mental health systems in developing a plan to increase the number of mental health professionals, ensure proper training and create a more culturally diverse work force.
- *Increased resources for training and awareness of children's mental illnesses.* In 2013 the legislature increased funding for Youth Mental Health First Aid, which trains teachers, social-service personnel, law enforcement and others who come into contact with children with mental illnesses. Schools are also encouraged to provide mental health information for students in grades 6 through 12 as part of their health curriculum.
- *Improvements to Minnesota's law requiring teachers to have continuing education on the early warning signs of mental illnesses.* Now teachers who have taken the initial training are allowed to take more in-depth training in subsequent years on a variety of topics including trauma, accommodations, parents' role in addressing children's mental illnesses, FASD, autism and de-escalation techniques.

(2) Develop an integrated system of screenings and assessments and ensure post-screening coordination statewide. (This is based on recommendations that originally appeared in the August 2008 DOC report.) While still protecting youths' legal interests, screening and assessment results should be used to determine youths' appropriateness of youth for diversion and other programs. Several work group members also agreed with previous reports that screenings, and assessments when appropriate, should occur early, such as when a youth is arrested or charged with a crime. In addition, decisions about which types of programs and services to fund should be data-driven. An integrated system of screenings and assessments is critical for accomplishing these goals.



Work group members specified that screenings and assessments should help identify mental illnesses, substance use disorders, fetal alcohol spectrum disorders (FASD), trauma and criminogenic needs.<sup>2</sup> These are common issues that justice-involved youth face, and they have profound implications for which treatments, services and supports will be effective. For example, many of the existing practices that may be effective for more neurologically typical youth fail to benefit youth with FASD and may even increase maladaptive behavior associated with FASD.

*Need for training:* As with implementation of promising, best and evidence-based practices, training and technical assistance are needed to support the successful use of screening and assessment tools. Staff training for appropriate personnel should support the ability to screen and assess youth and ensure that youth receive appropriate services based on their individual needs.

Law enforcement training could also increase the early identification of critical issues facing youth. Training should orient officers to children's mental illnesses, FASD and other disabilities that can involve symptoms that sometimes lead to a law enforcement response; it should also give officers the necessary skills to gather relevant information about a child from parents and other caregivers during a crisis response. Information about mental illnesses and disabilities in a police report can help other players in the juvenile justice system, from attorneys to probation officers, make appropriate decisions at each step of the way.

*(3) Collect comprehensive data for all counties to determine the success of existing juvenile justice prevention and intervention efforts and identify any needs that are not being met.* (This is based on recommendations in the August 2008 DOC report.) Work group members pointed to a lack of systems level data with which to evaluate the various juvenile justice prevention and intervention efforts throughout Minnesota. Without such information it is difficult to understand what gaps exist in the current array of available programs and services, as well as to make appropriate decisions about which programs and services are most needed.

One area of opportunity for preventing unnecessary juvenile justice involvement is to ensure that youth in the child protection system receive appropriate treatments and services. Without these interventions, many youth in child protection are at great risk of being dually involved or even adjudicated in both the child protection and juvenile justice systems. The number of youth who are dually involved or dually adjudicated in both the juvenile justice and child protection systems varies by jurisdiction, but research consistently shows that youth in the child protection system are at much higher risk of juvenile justice involvement than youth who are not.<sup>3</sup>

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<sup>2</sup> "Criminogenic needs" refer to dynamic (i.e., changeable) risk and protective factors, such as antisocial attitudes, antisocial peers, substance abuse and other theoretically items that correlate statistically with delinquency and amenability to change.

<sup>3</sup> Center for Juvenile Justice Reform, Crossover Youth Practice Model, Georgetown University. Available online at <http://cjjr.georgetown.edu/pm/practicemodel.html>, accessed January 10, 2014.

One barrier to measuring the effectiveness success of existing intervention efforts and identifying needs that are not being met is that Minnesota statute prevents the Department of Human Services (DHS) from collecting aggregate mental health screening data for youth in Minnesota's child protection system. Mental health screenings are brief assessments to see if a person might be experiencing mental health symptoms, they are not meant to provide a diagnosis but rather establish the need for an in-depth assessment.

Currently, DHS can only see whether or not a child has received a screening but not how many children screened positive or additional information about whether children are being referred on for a more in-depth diagnostic assessment and/or connected with appropriate mental health services. The process for youth involved in the juvenile justice system to receive a mental health screening presents another barrier to helping connect these youth with the services they need. Minnesota statutes were changed in 2009 to require parents and caregivers to opt-in for their child to receive a mental health screening, which results in fewer screenings being done for children involved with the Juvenile Justice system. However, the statute also allows courts to order mental health screenings for children in the juvenile justice system if it is determined to be in the child's best interest, without a parent's consent. There has been an increase in court ordered screenings since this change took effect.

Additionally, counties can use designated funds for screenings and diagnostic assessments for families that are uninsured but not for families that are underinsured. Finally, the statute outright bars the Department of Human Services from collecting aggregate screening data to gain a big-picture view of what happens after youth are screened.<sup>4</sup>

As a result, Minnesota is missing an opportunity to identify and address gaps in services for youth in child protection or the juvenile justice system. The state has no aggregate information about whether youth in child protection screen positive for potential mental illnesses. Nor does the state know whether and how often youth who screen positive are referred for mental health diagnostic assessments and, subsequently, treatment and services. Fortunately, Minnesota's juvenile justice system already has a model already for aggregating these data, which could also be followed in the child protection system. The chart in Appendix B: Screening Data Flow from Child Protection and Juvenile Justice System Partners depicts how data are collected and aggregated in both the child protection and juvenile justice systems, as well as what the state of Minnesota knows—and does not know—as a result of these data.

Some work group members stressed the need to ensure there is proactive dialogue and education about the value of mental health screenings and mental health services with communities who have been underserved by the mental health system, especially communities of color.

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<sup>4</sup> Minnesota Statutes 2012, section 245.4874, subdivision 1.

*(4) Increase family support and engagement.* (This is based on recommendations that originally appeared in the August 2008 DOC report.) The 2008 Minnesota Juvenile Justice and Mental Health Initiative work group found that better communication with parents and caregivers is needed so that they can partner with staff in the juvenile justice and other systems. NAMI’s work group agreed.

Parents and caregivers are critical supports for youth. They typically continue to support youth long after the youth’s involvement with education, juvenile justice and other systems. As such, improving support for parents and caregivers is an essential step toward ensuring that the juvenile justice system can be effective in promoting youths’ well-being in a way that holds them accountable for their actions and protects public safety in the long run.

Various models for parent and caregiver support could be used:

*System Navigators:* The 2008 DOC report recommended “developing a System Navigator function within counties or regions to provide parents with information and assistance concerning the screening process, assisting parents in linking their child to services and to track outcomes that ensure youth are being screened and receiving appropriate follow-up services.”<sup>5</sup>

*Family Peer Specialists:* Medical Assistance (MA) in Minnesota will cover family peer specialists (see sidebar for definition). Currently they can only work in certain mental health-related settings, not the courts. However, family peer specialists would present enormous value to the juvenile justice system. They could play a key role in supporting parents and caregivers and engaging them as partners. Moreover, culturally specific family peer specialists could build trust with and participation from families of color whose children are in the juvenile justice system. This would require identifying funding sources to support this work.

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<sup>5</sup> DOC report, 2008, p. ii.

#### Family Peer Specialist Duties:

- Provide nonclinical family peer support counseling, building on the strengths of families and helping them achieve desired outcomes;
- Collaborate with others providing care or support to the family;
- Provide non-adversarial advocacy;
- Promote the individual family culture in the treatment milieu;
- Link parents to other parents in the community;
- Offer support and encouragement;
- Assist parents in developing coping mechanisms and problem-solving skills;
- Promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- Establish and provide peer led parent support groups; and
- Increase the child’s ability to function better within the child’s home, school, and community by educating parents on community resources, assisting with problem solving and educating parents on mental illnesses.

*Baltimore Model:* Courts in Baltimore, Maryland use a “One Family – One Master” model. So-called “masters” in Baltimore are roughly the equivalent of court referees in Minnesota. In each individual case, one master helps the family obtain necessary services and other resources to address the underlying causes of court involvement. One master follows along with the family regardless of whether the case involves delinquency or child protection issues. Families may not always have the same judge, but masters remain the same. In addition to supporting families, this practice has dramatically reduced Baltimore’s backlog of termination of parental rights cases.<sup>6</sup>

(5) Promote school-based interventions that both address the causes of truancy and delinquency and promote reconnection to school or an alternative education plan. (This is based on a recommendation from the 2009 JJAC report.) Work group members agreed that school-based efforts to prevent unnecessary juvenile justice contact are critical and require far more attention than this group was able to afford them.

Several models have been identified as promising and best practices for accomplishing this recommendation. For example, the 2009 JJAC report pointed to “Restorative Education,” a model used in the Duluth Independent School District designed to keep youth in school and address problem behaviors. Some other school-based examples of practices that have been used in some Minnesota schools to help prevent and reduce juvenile justice involvement include Positive Behavior Interventions and Supports (PBIS), the Collaborative Problem Solving (CPS) model and multidisciplinary pre-charge diversion meetings. Many more promising, best and evidence-based practices exist and can be found through the resources listed on page 4 of this report.

(6) Identify an overall locus of state accountability for Minnesota’s juvenile justice system. (This is based on a recommendation in the August 2008 DOC report.) No single agency provides a home for Minnesota’s juvenile justice system. Rather, juvenile justice practices and policies are locally determined in all 87 of Minnesota’s counties. In addition, aspects of the system are housed across many agencies, from law enforcement to the courts to corrections.

Work group members did not think that local responsibility for juvenile justice practices should be centralized, nor that such a recommendation would be realistic. However, many members felt that a state-level office focused on the juvenile justice prevention and interventions could help local jurisdictions improve the quality of their juvenile justice prevention and intervention strategies and monitor progress.

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<sup>6</sup> Find more information about the model from the National Council of Juvenile and Family Court Judges online at <http://www.ncjfcj.org/baltimore-model-court>.

## Recommendations

For each recommendation identified from the JJAC, DOC and OJP reports, work group members examined the obstacles to implementation and how those obstacles might be overcome. Then the work group developed its own recommendations to help overcome the reasons why, despite broad consensus, these previous recommendations have not yet been implemented.

### ***Fund Expansion of Intensive Early Intervention Collaborative Programs***

Intensive early intervention collaborative programs, such as the All Children Excel (ACE) program based in Ramsey County, seek to reduce juvenile justice system contact for children under 10 years of age who commit delinquent acts. Through these programs, the many entities that work with children, from education and parents to police and social service agencies, collaborate to build resilience and reduce risk factors for juvenile justice involvement. The programs not only work with children but also with families and the communities that support the children in the program.

Children in the program undergo a risk assessment. Those who show a high risk of future chronic, serious and violent delinquency are placed with a multidisciplinary team of professionals including a senior protection worker, a public health representative, the county attorney and others as appropriate. The team works with the child and his or her family to create an action plan to build on the child's strength, as well as to meet needs such as improved academic skills and impulse control skills. Data from the ACE program has demonstrated positive outcomes for children in terms of less delinquent behavior, less police contact, improved school performance and improved functioning at home, school or in the community.

This legislative session, Representative Mullery introduced HF 2224, a bill that would appropriate funding to expand these types of programs.

### ***Eliminate Statutory Barriers to Aggregating Mental Health Screening Data in the Child Protection System***

The legislature should address the barriers to aggregating screening and referral data for youth in child protection. This can be accomplished while protecting individual data per the Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Data Practices Act. Having an aggregate picture of screening results and referrals is critical for identifying mental health and trauma trends. By extension, this aggregate picture could help identify treatment and service gaps in Minnesota, as well as which services would truly help achieve reduced juvenile justice involvement, less substance use, improved coping skills and other desired outcomes.

The following changes should be made to the child protection screening statutes:

- *Revert back to an opt-out system for mental health screenings for children in the juvenile justice system.* This would increase the number of screenings done, and when

appropriate, referrals for diagnostic assessments and mental health treatment. In addition, although it seems counterintuitive, this change would give families increased choice as to whether their child is screened. The current opt-in provision has had the unintended effect of leading judges to order screenings in cases where a family has not given permission to have their child screened. Under the previous system that we propose returning to, a parent or caregiver could opt out simply by submitting a signed form to the court; there would be no need for the person to appear in court in order to opt out of a mental health screening.

- *Allow counties to use designated funding to pay for diagnostic assessments.* When a child's screening results indicate the need for further assessment, families that are underinsured often cannot pay for the cost of a diagnostic assessment. The funding counties use to pay for screenings should be made available to pay for diagnostic assessments in such cases.
- *Allow the Department of Human Services to collect aggregate screening and referral data.* Without this information, Minnesota is missing an opportunity to identify and address gaps that lead youth in child protection to be more likely to enter the juvenile justice system. As mentioned in the Findings section above, these data can be aggregated while still preserving youths' data privacy. The state should also track how this money is being used by counties.

This legislative session (2014) Representative Joe Mullery and Senator Barb Goodwin have introduced a bill that includes these provisions (HF 2095/SF 2131).

### ***Create a State Office of Juvenile Justice***

An underlying theme of the work group's discussions was that a single group meeting for less than a year cannot possibly determine and recommend policy changes to address all the barriers to improving outcomes for youth at risk of or already experiencing juvenile justice system involvement. The system problems are complex, there are many systems involved, and more data analysis is needed to tell policymakers what types of changes truly need to occur.

The work group discussed establishing an entity—a state Office of Juvenile Justice (OJJ)—to examine and address these issues in-depth and over time and monitor progress. Like other states, Minnesota is already home to a Juvenile Justice Advisory Committee (JJAC). A new juvenile justice-related entity should not replicate, and certainly not compete with, JJAC's work. With that in mind, some possible responsibilities for the OJJ could include:

- Collect and analyze data to allow for data-driven decisions regarding which treatments, services and other interventions are needed in Minnesota to improve outcomes for youth at risk of or already experiencing juvenile justice system involvement;
- Encourage appropriate use of validated screenings and assessments to identify underlying strengths to build upon and risk factors for juvenile justice involvement;

- Provide guidance and technical assistance to help local jurisdictions implement and improve their juvenile justice prevention and intervention strategies;
- Ensure the availability of training to support the use of promising, best and evidence-based practices at the local level; and
- Clearly define the roles of the various state agencies and their departments that have some responsibility for youth in the juvenile justice system.

Some issues are as of yet unresolved to make this recommendation politically viable. In particular, the OJJ would have to be incorporated into an existing agency to make the proposal financially feasible. The right agency has not yet been identified. Work group members pointed to a few possible homes for an OJJ, such as the Department of Public Safety's Office of Justice Programs, the Department of Corrections, or the Department of Human Services.

## Appendix A: Work Group Members

Representatives from a wide array of organizations were invited to participate in the work group. NAMI Minnesota thanks the individuals listed below for their participation. Recommendations in this report reflect the views of individual work group members and not necessarily the organizations that employ them.

- Donavan Bailey, Fourth Judicial District Public Defender's Office and Council of Black Minnesotans
- Emily Baxter, Council on Crime and Justice
- Brian Chance, Osseo Junior High School
- Hon. Margaret A. Daly, Fourth Judicial District
- Sarah Davis, Legal Rights Center
- Peggy Flaig-Hellier, Carver County Attorney's Office
- Carmeann Foster, Dakota County Juvenile Detention Alternatives Initiative
- Lisa Frenette, Minnesota Association of County Probation Officers
- David Fullerton, Minnesota Department of Employment and Economic Development
- Rebecca Gagnon, Minneapolis Public Schools Board of Education
- Richard Gardell, 180 Degrees and Minnesota's Juvenile Justice Advisory Committee
- Lili Garfinkel, PACER
- Kathy Halvorson, Minnesota Correctional Facility - Red Wing
- Linda Hansen, Dakota County Community Corrections
- Peter Jessen-Howard, Ramsey County Community Corrections
- Eric Johnson, Carver County Court Services
- Jeffrey M. Johnson, Fifth Judicial District Public Defender's Office
- Daron Korte, Minnesota Department of Education
- Jay Lindgren, Amicus/Volunteers of America
- Kathleen Lonergan, Minnesota Department of Corrections
- Brenda Mahoney, Stearns County Human Services
- Richard Mammen, Minneapolis Public Schools Board of Education
- Shelley McBride, Dodge-Fillmore-Olmsted Community Corrections
- Jerald Moore, Hennepin County Juvenile Detention Alternatives Initiative
- Representative. Joe Mullery, Minnesota House of Representatives
- Alan O'Malley-Laursen, Olmsted County Crossover Youth Model Project
- Irene Opsahl, Mid-Minnesota Legal Aid
- Jim Scovil, Dakota County Community Corrections
- Dana Swayze, Minnesota Department of Public Safety Office of Justice Programs
- Jennifer Thomas, Parent and NAMI Minnesota Member
- Rebecca Wallin, Parent and NAMI Minnesota Member



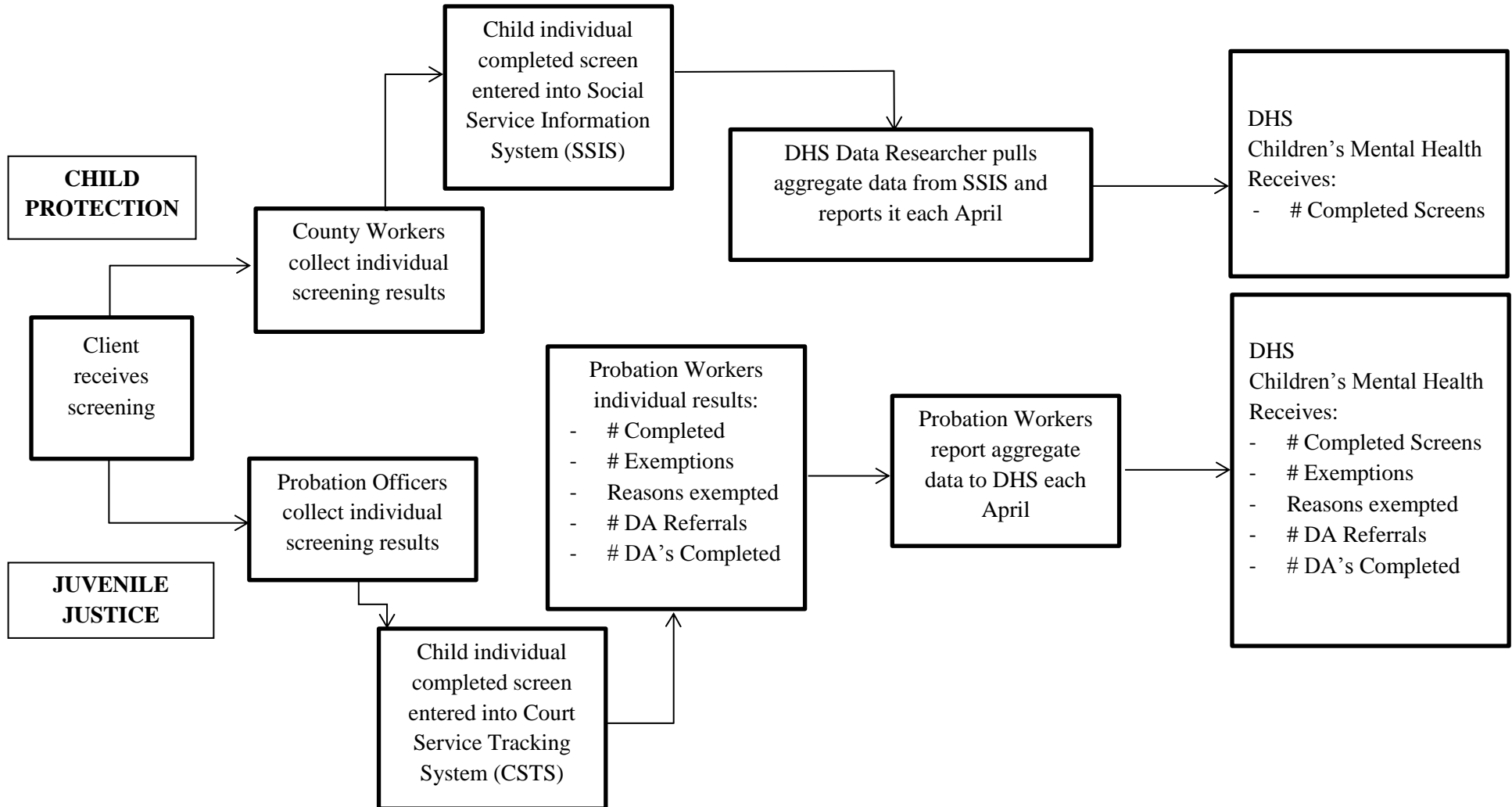
- Robyn Widley, Minnesota Department of Education
- Jocelyn Worden, Chisago County Probation and Minnesota Association of County Probation Officers
- Bill Wyss, Minnesota Department of Human Services

NAMI Minnesota staff involved in the work group and/or the preparation of this report included Sue Abderholden, Anna McLafferty, Dara Larson and Matt Burdick.

## Appendix B: Screening Data Flow from Child Protection and Juvenile Justice System Partners

### Child Welfare Screening Tools:

- The Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
- The Pediatric Symptom Checklist (PSC-35)
- Strengths and Difficulties Questionnaire (SDQ)



### Juvenile Justice Screening Tools:

- The Massachusetts Youth Screening Instrument, Second Version (MAYSI-2)
- The Problem Oriented Screening Instrument for Teenagers (POSIT)

**Note:** Screening is governed by Minnesota Data Practices Act the federal Health Insurance Portability and Accountability Act (HIPAA).

