Working Group on Youth Interventions

Report to the Minnesota Legislature

February 2024

Preface

The Working Group on Youth Interventions was tasked with evaluating the out-of-home placement options in Minnesota for youth adjudicated to be either children in need of protection services (CHIPS) or delinquent, with specific focus on therapeutic and rehabilitative services and on the racial disparities that exist within that landscape. While the focus of the working group was on the "back end" of the system (post disposition), the members recognized and discussed the importance of proactive prevention work, such as diversion and restorative justice programs, that strive to keep youth from entering the system.

The issues surrounding youth in out-of-home placements are not new. In the late 1990's, the Legislature ordered an evaluation, which culminated in the Juvenile Out-Of-Home Placement Program Evaluation Report published in January 1999. In reviewing that report, we found that most of the issues, barriers, and gaps identified 25 years ago still exist today; however, the complexity of issues impacting our youth, especially mental and behavioral health needs, have increased.

Notably, the disparities among black and American Indian youth in out-of-home placements have not changed since that 1999 report and its recommendations for improving the system. At that time, African American youth made up 9% of the state population but 22% of the youth in out-of-home placements and American Indian youth made up 2% of the state population but 12% of the youth in out-of-home placements. The current data are strikingly similar. African American youth still make up 9% of the state population but account for 18% of the youth in out-of-home placements for CHIPS cases and 27% of the youth in out-of-home placements for delinquency cases; American Indian youth make up 1% of the population but account for 12% of the youth in out-of-home placements for CHIPS cases and 8% of the youth in out-of-home placements for delinquency. While disparities have not gotten worse, they have not been significantly reduced.

There are also disparities among our 87 counties in their ability to fund and support the programs and facilities needed to address the complex needs of youth and their families. It is imperative that any recommendations implemented must be adequately funded by the state. Any recommendations being considered must be closely examined through an equity lens to ensure they will address existing disparities without creating new ones.

It is clear that this is not a problem that will be solved overnight and further study is likely needed on many of these complex issues. But this group studied the same issues as our predecessors 25 years ago and is returning a report with recommendations that look almost the same. We stand by our recommendations and encourage the Legislature to expand the scope of this work.

The focus on post-adjudication facilities and services should be complemented with research and resources into the front end of the system to more fully explore why the needle hasn't moved in decades despite multiple studies, working groups, reports and recommendations on this end.

Overview of Working Group on Youth Interventions

Establishment

The Minnesota state legislature established the Working Group on Youth Interventions in 2023 Minnesota Session Law, Chapter 62, Article 2, §119 to develop recommendations on the design of a regional system of care for youth interventions, sustainable financing models, and alternatives to criminal penalties. The working group was also tasked with evaluating coordinated approaches to youth with high behavioral health needs, with the goal of reducing and eliminating touchpoints with the justice system, identifying community-based services to address youth needs and identifying gaps in services.

In addition, the legislation outlined the membership, chairs, duties, administrative support, and the due date for the working group's report to the state legislature.

Membership

The working group consisted of the following members:

1. A county attorney appointed by the Minnesota County Attorneys Association
    - Joseph Glasrud, Attorney, Stevens County
2. A public defender with responsibility for systems in one or more of the counties included in clause (4), appointed by the State Public Defender's Office
    - Sarah Ellsworth, Managing Attorney, 10th Judicial District, Juvenile Division, Minnesota Board of Public Defense (Anoka County)
3. A peace officer, as defined in Minnesota Statutes, section 626.84, subdivision 1, paragraph (c), federally recognized Indian Tribes within the boundaries of Minnesota, from one of the counties included in clause (4), appointed by the Minnesota Sheriffs' Association
    - Dawanna Witt, Sheriff, Hennepin County
4. A county administrator or their designee from each of the following counties:
    - Dylan Warkentin, Director, Community Corrections, Anoka County
    - Heather Goodwin, Director, Health and Human Services, Carver County
    - Suwana Kirkland, Director, Community Corrections, Dakota County
    - Jeffrey Lunde, County Commissioner, Hennepin County
    - Nikki Niles, Director, Dodge-Fillmore-Olmsted (DFO) Community Corrections, Olmsted County
    - Kathy Hedin, Director, Public Health, Ramsey County
    - Molly Bruner, Director, Community Corrections, Scott County
    - Paula Stocke, Deputy Director, Children and Family Services, St. Louis County
    - Melissa Huberty, Human Services Administrator, Stearns County
    - Terry Thomas, Director, Community Corrections, Washington County
5. Two representatives of county social services agencies appointed by the Minnesota Association of County Social Service Administrators
    - Wendy Morton, Supervisor, Child & Family Social Services, Minnesota Prairie County Alliance (Dodge, Steele, and Waseca Counties)
    - Lynne Penke Valdes, Deputy County Administrator, Otter Tail County

6. Two representatives of community supervision appointed by the Minnesota Association of Community Corrections Act Counties
    - Catherine Johnson, Director, Community Corrections and Rehabilitation, Hennepin County
    - Nicole Kern, Director, Community Corrections, Morrison County
7. Two representatives of community supervision appointed by the Minnesota Association of County Probation Officers
    - Jim Schneider, Director, Probation, Cass County
    - Terry Fawcett, Director, Probation, Pine County
8. Two representatives appointed by the commissioner of human services, one with experience in child welfare and one with experience in children's mental health
    - Ashley Solsrud-Beckman, Child Foster Care Well-Being Program Representative, Minnesota Department of Human Services
    - Diane Neal, Deputy Director Mental Health, Minnesota Department of Human Services
9. The commissioner of corrections, or a designee
    - Allen Godfrey, Field Services Director, Minnesota Department of Corrections
10. Two members representing culturally competent advocacy organizations, one of which must be the National Alliance on Mental Illness-Minnesota
    - Elliot Butay, Criminal Justice Coordinator, National Alliance on Mental Illness (NAMI)
    - Millie Hernandez, Branch Director, Minneapolis American Indian Center
11. Two members, to be designated by Hennepin County and Ramsey County, from the community with lived experience of a juvenile family member who was or is currently involved in the justice system, one of whom must be a resident of Hennepin County.
    - Jasmine Mattison, Against All Odds Twin Cities, Ramsey County
    - Shana King, Community Outreach Advocate/Parent Mentor, Indian Child Welfare Act (ICWA) Law Center, Hennepin County

Appointments to the working group were made by September 2023. Allen Godfrey, Field Services Director, Minnesota Department of Corrections and Jeffrey Lunde, County Commissioner, Hennepin County were selected as the working group co-chairs.

Duties

The working group was charged with assessing current systems and resources for addressing the therapeutic and rehabilitative needs of youth, specifically those youth adjudicated as CHIPS or delinquent. The working group focused on evaluating the racial disparities that exist in these systems.

The working group was also required to:

1. Provide the number of youth currently in these systems;
2. Provide the demographics of all youth including age, gender, sexual orientation, and race or ethnicity;
3. Provide the number of youth currently in out-of-home placement due to their behavioral health needs broken down by:
    I. therapeutic and rehabilitative needs of youth; and
    II. proximity of a facility to their home or community;
4. Provide the number of youth currently in an out-of-state residential facility broken down by:

I. therapeutic and rehabilitative needs;
II. type of facility or setting;
III. location of facility; and
IV. county of residence;

5. Provide the number of youth awaiting or in need of placement due to no available resource broken down by:
   I. therapeutic and rehabilitative needs;
   II. type of facility or setting needed; and
   III. wait time and wait setting;
6. Provide the total bed capacity by treatment facility broken down by:
   I. residential treatment centers;
   II. which facilities are state operated;
   III. which facilities are county operated; and
   IV. which facilities are owned or operated by a community provider;
7. For children who can access residential treatment, provide the:
   I. average length of stay;
   II. average daily cost per type of placement, and delineate by payor source;
   III. return or recidivism rate;
   IV. therapeutic and rehabilitative needs;
   V. discharge setting, including whether that is a home, step down program, or runaway; and
   VI. barriers, if any, to discharge;
8. Describe community-based programming, various treatment models, how programs operate, and the types of these services currently being provided in the state, including licensure model, and provide data specific to current total capacity and availability, level of care, outcomes, and costs;
9. Provide research models and best practices across North America, including continuum of care, program specifics, best metrics, continuous improvement, entities involved in funding and oversight, outcomes, and costs; and
10. Describe the role the state of Minnesota should play in ensuring best practice resources are available to all children across the state.

Research plan

The working group divided its research efforts into three broad areas and created subgroups to assist with information gathering and evaluation process. These subgroups were comprised of working group members and subject matter experts.

Data subgroup

The working group was tasked with describing community-based programming, various treatment models, how programs operate, and the types of services currently being provided in Minnesota, and data specific to current functional and operational capacity, level of care, outcomes and costs.

Jackie Braun-Lewis, Law, Safety and Justice Head of Analytics at Hennepin County, led the data collection and analysis.

Licensing subgroup

The working group was charged with reviewing the licensing and certification models in Minnesota. The subgroup focused on two questions:

- How are the licensing requirements different from the Minnesota Department of Corrections vs the Minnesota Department of Human Services?
- What barriers do the licensing requirements present for potential community providers?

A series of informational interviews with subject matter experts (including a working group member, denoted by *) were conducted, including:

Name	**Organization**	**Org type**
Kirsten Anderson	Executive Director, AspireMN	Advocacy
Leslie Chaplin	Former President & CEO, The Hills Youth & Family Services (Woodland Hills residential juvenile justice program), President and CEO	Provider
Diane Neal*	Deputy Director of Mental Health, Behavioral Health Division Minnesota Department of Human Services	State
Nancy Just	Supervisor, Residential and Intensive Services Team, Behavioral Health Division, Minnesota Department of Human Services	State
Paula Halverson	Mental Health/Substance Use Disorder/Children Residential Facilities Unit Manager, DHS Licensing Division, Office of Inspector General	State
Kristi Strang	Inspection, Enforcement and Licensing, Minnesota Department of Corrections	State
Matt Bauer	Detention Facility Superintendent, member of the Minnesota Juvenile Detention Association (MNJDA), Dakota County	County
Tim Hastings	Senior Contract Analyst, Health and Human Services, Contract Management Services, Hennepin County	County
Cynthia Slowiak	Human Services Area Manager, Behavioral Health, Hennepin County	County

National best practices subgroup

The working group reviewed research models and best practices across North America. The subgroup focused on four questions:

- What can we learn about juvenile justice models across the nation that also have residential treatment centers?
- What models can best address the behavioral health needs of youth involved in the justice system?

- How have juvenile rehabilitation systems partnered with community?
- What can we learn from these efforts that can inform this working group?

Over the course of three meetings, the subgroup did the following:

- Reviewed the current state of the juvenile justice system in Minnesota.
- Reviewed the programmatic treatment methods and philosophies of nine specific jurisdictions: California, Colorado, the District of Columbia, Idaho, Missouri, New Jersey, New York City, North Carolina and Washington State.
- Listened to presentations from:
    - Michael Koehler, Behavioral Health Researcher, and Neerja Singh, Clinical Behavioral Health Director, Department of Human Services, Minnesota, on the results of their Reducing Reliance on Children's Residential Care Settings report.
    - Weston Merrick, Principal Manager in the Budget Division of Minnesota Management and Budget on their Results First work, which focused on a cost-benefit analysis of juvenile justice services in Minnesota.
    - Brittany Wright, Program Manager in the Governor's Children's Cabinet, on the youth justice transformation work they did in partnership with various state agencies and the Annie E. Casey Foundation.

The members of this subgroup included working group members (denoted by *) and volunteers from related agencies:

Name	**Organization**	**Org Type**
Kirsten Anderson	AspireMN	Advocacy
Suzanne Arnston	Scott County	County
Sarah Ellsworth*	Public Defender's Office, Anoka & Washington counties	State
Terry Fawcett*	Pine County	County
Callie Hargett	Office of Justice Programs	State
Nicole Kern*	Morrison County	County
Jasmine Mattison*	Against All Odds Twin Cities	Advocacy
Brittany Wright	State of Minnesota Children's Cabinet	State
Gaonu Yang	Youth Interventions Programs Association (YIPA)	Advocacy

Working group meetings

Eight meetings were convened between September 13, 2023, and February 14, 2024. Meetings were subject to and complied with the Minnesota Open Meeting Law under Minnesota Statues, Chapter 13D. Information related to the working group efforts can be found on the Legislative Coordinating Commission website.

Meeting 1- September 13, 2023

Inaugural meeting of the working group. Member introductions occurred, there was a nonpartisan staff overview of the enabling legislation, data practices and open meeting laws, and an initial data strategy presentation was shared.

Meeting 2- October 4, 2023

This meeting focused on revisiting the key objectives of the working group, gathering additional insights and questions based on the research questions that were presented to members at the previous meeting. After reviewing key timelines, logistics and deadline, members agreed to dedicate the third, fourth, and fifth meetings to testimonials and outlined key individuals/groups they intended to invite to testify.

Meeting 3- October 25, 2023

Members discussed data needs, received an update on the provider survey and heard testimony from the following individuals:

- Christine Deal, a permanency social worker for Otter Tail County Human Services (written testimony)
- Layla Smith, a young person with lived experience in the juvenile justice system (live testimony)
- Matt Bauer, Superintendent of the Dakota County Detention Facility (live testimony)
- Leslie Chaplin, the former administrator of the Woodland Hills Residential Treatment Facility (live testimony)

Meeting 4- November 15, 2023

Members reviewed current data gathering efforts and heard testimony from the following individuals:

- James O'Donnell, Vice President of the Minnesota Juvenile Detention Association, and the Superintendent of the West Central Regional Juvenile Center (written testimony)
- Nick Henderson, the Human Services Director for the Family & Children Services Division in Stearns County (live testimony)
- Connie Ross, Residential Programs Administrative Director for North Homes Children and Family Services (live testimony)
- Roy Neumann, Mental Health Crisis Co-Responder for the Central Minnesota Mental Health Center in Sherburne County (live testimony)
- Malaika Eban, Executive Director for the Legal Rights Center (live testimony)

Meeting 5- December 13, 2023

Members received an update on current data gathering efforts and heard testimony from the following:

- A summary of the written testimony provided by:
    - Tim Haug, Cass County probation officer

    - Mary Moriarty, Hennepin County Attorney
    - Juvenile Justice Advisory Committee (JJAC)
    - Sherry Johnson, Pine County Juvenile Probation Supervisor
- Scott Bakeberg, Chief Executive Officer, Village Ranch (live testimony)
- Brittany Wright, Program Manager, State of Minnesota Children's Cabinet (live testimony)
- Neerja Singh, Clinical Behavioral Health Director, Department of Human Services, Minnesota
- Michael Koehler, Behavioral Health Researcher, Minnesota Department of Human Services (live testimony)
- Shae Fleming, JDAI Coordinator, Leech Lake Band of Ojibwe (live testimony)
- Tara Mason, Youth Administration Director, White Earth Nation (live testimony)

Meeting 6- January 3, 2024

Members reviewed and provided feedback on draft versions of the data and recommendations.

Meeting 7- January 31, 2024

Members reviewed and provided feedback on an updated draft of the report recommendations.

Meeting 8- February 14, 2024

Members reviewed, provided feedback and voted to approve the final report.

Report

The working group was required to submit a written report detailing its activities and recommendations to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over human services, public safety, and judiciary. Although the deadline outlined in the legislation was February 15, 2024, the working group required additional time to finalize and gather the required data. The final report was submitted on February 23, 2024.

Current approaches to addressing the therapeutic and rehabilitative needs of youth in Minnesota

Background

The term out-of-home placement (or residential placement) is used to describe when a youth is placed in a residential correctional or treatment facility, or otherwise removed from their homes and housed out of home. Residential placements can include secure confinement, residential treatment facilities, nonsecure confinement, group homes, foster care, and shelter care. For the purposes of this report, the working group focused primarily on residential facilities providing services for youth who were court-ordered into out-of-home placement in either CHIPS or delinquency cases.

Of all Minnesota CHIPS cases with an out-of-home placement between 2019 to 2023, just 4% were court ordered into a facility. For the same time period, 87% of youth adjudicated as delinquent were court ordered into an out-of-home placement facility.

Judges ordering placements often consider input from county social service agencies, probation agents, prosecutors, defense attorneys, guardians ad litem and families to best understand the needs of the youth. State law requires that all placement decisions by the court be based on the best interest of the child and "the child's best interests are met by requiring an individualized determination of the needs of the child." (Minn. Stat. §260C.212, Subd. 2) Additionally, a juvenile treatment screening team must review the case "for a child to receive treatment for an emotional disturbance, a developmental disability, or related condition in a residential treatment facility licensed by the commissioner of human services." (Minn. Stat. §260C.157) This applies to youth who are adjudicated CHIPS or delinquent. In all cases, the goal is to provide youth with appropriate rehabilitative and therapeutic services in the least-restrictive setting as close to home as possible.

Current Children's Residential Facilities in Minnesota

Children's residential facilities (previously called residential treatment centers or Rule 5 facilities) are licensed by DHS or DOC depending on the population served and the type of services provided. As of February 2024, there are 92 active children's residential facilities in the state providing temporary care or treatment to youth in group residential settings:

- 56 under DHS licensing authority
- 32 under DOC licensing authority
- 4 psychiatric residential treatment facilities (PRTF)

These facilities hold a cumulative 391 licenses for specific service types. Some facilities hold multiple licenses because they offer multiple programs and services. Services and programming are based on the license type and additional required certification. The licensing and certification structure for children's residential facilities is discussed in the "Licensing and certification in Minnesota" section of this report (pages 15-17).

These facilities have a combined licensed capacity of 2,182 beds – 918 are at DOC-licensed facilities, 1,098 at DHS-licensed facilities, and 166 are at PRTF sites. Those with a PRTF designation serve youth with complex mental health conditions at a higher level of care than children's residential facility mental

health treatment programs. These facilities require additional supervised living facility licensure from the Minnesota Department of Health.

The table below shows the total number of designated service types associated with those 92 licenses.

Licensed children's residential facilities services	Active services
Chemical Dependency Treatment	7
Chemical Dependency Treatment (Co-occurring Disorders)	1
Chemical Dependency Treatment (Co-occurring Disorders, Medical services)	2
Correctional Services	36
Detention Services	27
Group Residential Setting	93
Mental Health Treatment	34
Pregnant and Parenting Youth	2
Qualified Residential Treatment Program	30
Restrictive Techniques	72
Secure Services	17
Sex Trafficked – Commercially Sexually Exploited or At Risk	22
Shelter Services	34
Transitional Services	14
Total	**391**

All facilities can be certified to provide correctional services, detention services and secure services, but DOC-licensed juvenile detention facilities can only be certified for those three service types and none of the others. As noted later in this report, those licenses and certifications dictate what services can be offered to youth and whether funding is available.

Provider surveys

The working group distributed two separate surveys. The first survey was sent to licensed youth treatment providers and elicited 18 voluntary survey responses. These responding service providers collectively hold 29 of the 92 children's residential facilities licenses (approximately 31%).

The facility types run by the respondents include residential, non-residential, secure, and non-secure. The services offered include health services, mental health treatment and group cognitive behavioral interventions. Some respondents noted that their facility provides aftercare, a large range of therapy modalities and culturally relevant programming. Facilities emphasized that youth are assessed at admittance and receive services based on need. The facilities reported that they work with community partners to provide services that they cannot.

Surveys were also sent to the state's 14 juvenile detention facilities. These facilities are included in the 32 DOC-licensed children's residential facilities. Together, these 14 juvenile detention facilities serve 49 counties. Respondents indicated in the surveys that they are licensed for a cumulative 517 beds with an operational capacity of 427 beds. Operating capacity is the capacity at which facilities can safely operate based on staffing levels. Six of the 14 responding detention facilities indicated that the operating capacity at their facility is currently reduced due to staffing issues.

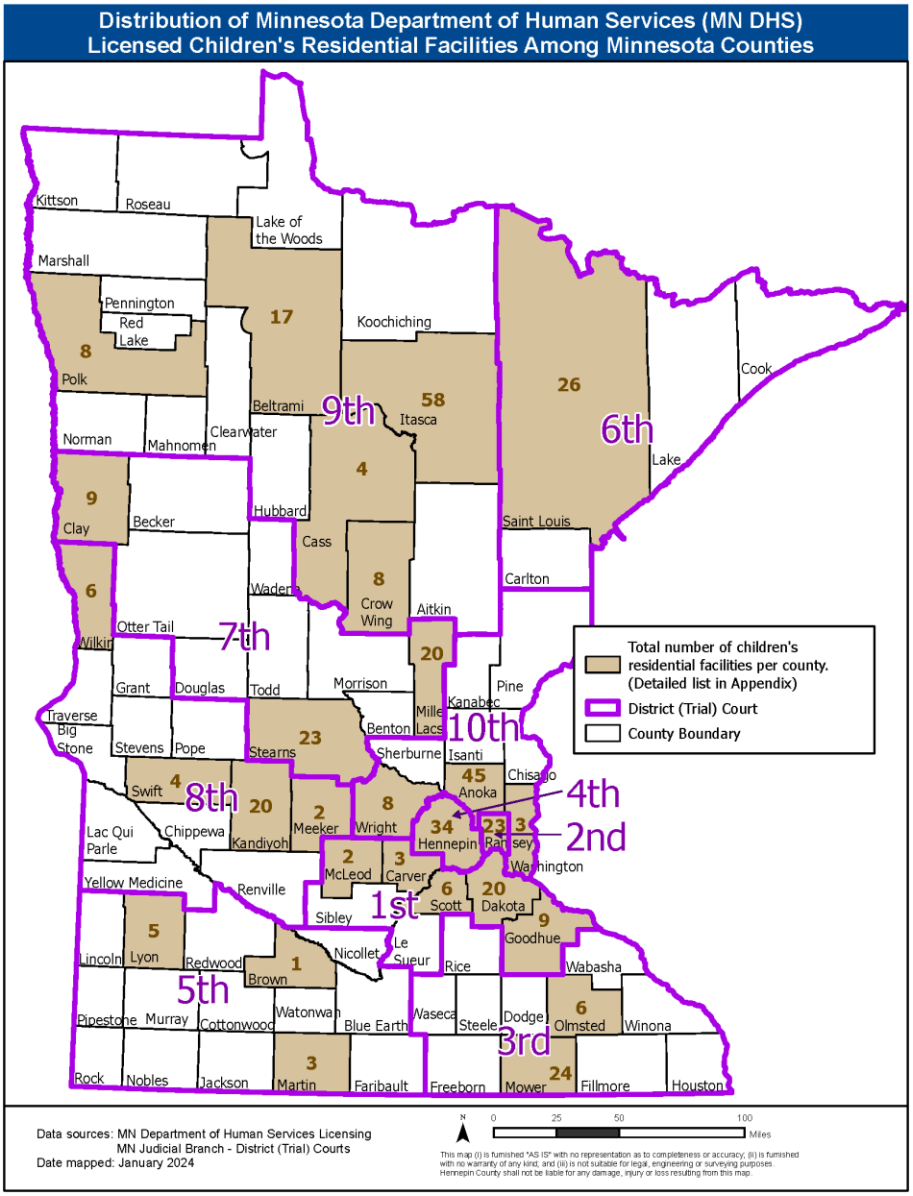
Geographic distribution

The distribution of facilities and programs is not even across the state, though many counties share services via joint powers agreements.

The 92 licensed juvenile facilities sit in 29 counties. The county with the lowest capacity is Washington at five beds; the county with the highest capacity is Hennepin with 299 beds.

This map shows the distribution of facilities and programs by county and judicial district. The data section of this report provides a deeper dive into licensing numbers by program type.

These data do not include foster care settings licensed by either agency.



Gaps and barriers

A large number of working group members work with juveniles at some point on the continuum of care – the range of services available for youth – including justice, corrections, residential facilities, and therapeutic services; others represent specialized interests, such as mental health advocacy.

These members brought their deep insight to working group discussions and were able to provide specific examples of barriers to service and systemic gaps that currently exist in Minnesota. The working group also heard testimony from experts, juveniles with lived experience, and others with vested interest in the topic.

From the information shared, recurring themes emerged:

Access

- Access to residential facilities and community-based programming is dependent on geography (the location of a youth's home or court jurisdiction). This creates inequities for youth in under-resourced communities and causes strains on crucial community and family relationships.
- Access to certain funding types depends on the facility where a youth is placed, not the service or therapy needed or received. Funding therefore does not follow a youth who may be moved between settings (i.e., from a less-restrictive facility to a detention facility), meaning services and programming are interrupted.

Collaboration

- System partners (corrections and human services) do not consistently collaborate to coordinate care for dually involved youth – individuals subject to both child protection and delinquency actions – who move between DHS and DOC-licensed facilities.
- Inadequate data sharing between system partners makes it difficult to track and evaluate individual and/or system success.

Facilities for girls

- There are too few children's residential facilities specializing in programming for girls*. There are about 20 programs serving girls only, with a total licensed capacity of 251 beds. Five of those are DOC-licensed facilities with a combined capacity of 90. By contrast, there are double the number that serve males only, with a combined licensed capacity of 679 beds. There are 77 facilities that serve either, with more than 1,200 licensed beds.

Complex mental and behavioral health needs

- Current networks of resources and supports, including residential facilities, are ill-equipped to handle the complex mental and behavioral health needs of youth in the system. Some youth exhibit challenging behaviors, including sexual misconduct, criminal behavior, physical/verbal aggression (property destruction), chemical use, and/or running away. Finding an appropriate setting for a youth with many layers of diagnoses and behaviors is particularly difficult, given the nature of the licensing and certification structure that dictates what services are allowed.

Staffing

- Facilities face persistent staffing shortages, impacting their functional capacity and ability to adequately provide services. Many have difficulties recruiting and retaining staff, often resulting in a lack of experience and institutional knowledge among the staff. On top of shortages,

employers expressed frustration with staff burnout, inadequate career pathways for potential staff, and low reimbursement rates that make it financially difficult to provide the lower staff-to-youth ratios.

Continuum of care

- Minnesota lacks a robust continuum of care – a strategic and coordinated plan for services across a comprehensive array of services at multiple levels. Ideally, this continuum would be widely accessible and would integrate step-down and stabilization resources to support youth as they return to community and re-unite with caregivers, families, and social systems.

**The binary girl/boy/either is a designation from the licensing agencies. This is another area representing inequity and barriers to services because it excludes youth who identify as nonbinary, genderfluid and transgender.*

Licensing and certification in Minnesota

Background

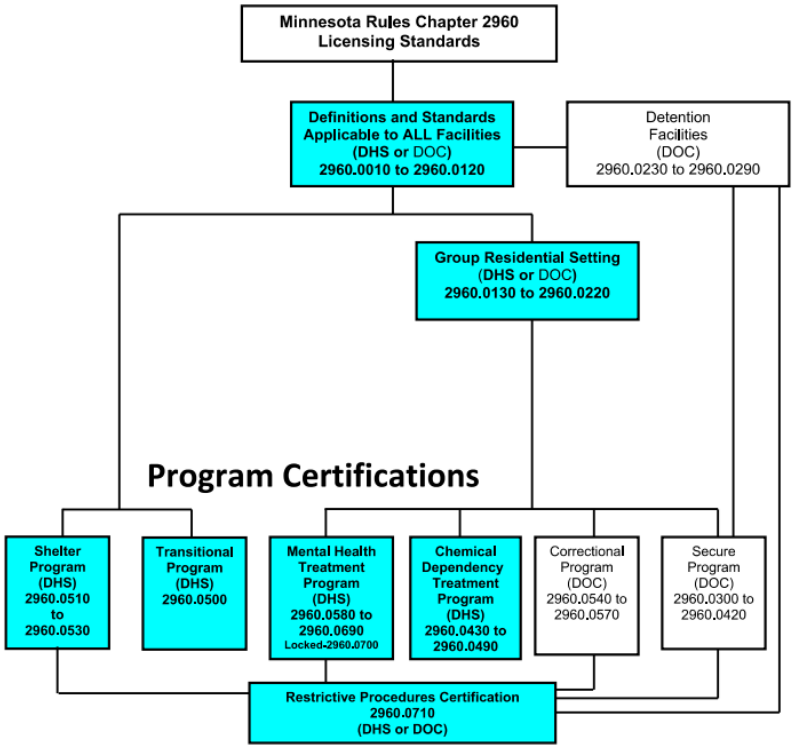
To get a clear understanding of how Minnesota's licensing and fiscal structures impact providers and service delivery, informational interviews were held with subject matter experts from the Department of Corrections (DOC), the Department of Human Services (DHS), Dakota County, Hennepin County, the CEO of a now-shuttered facility, and the executive director of an association of resources and advocacy for children, youth, and families. These individuals were recommended by members of the working group. The following findings are credited to licensing information found on the Minnesota Legislative website, the DHS website, the DOC website and subject matter expert interviews. The list of interviewees can be found on Page 6 in the "Overview of Working Group on Youth Interventions" section.

Findings

Licensing versus certification

Children's residential facilities are licensed under Minnesota Rules Chapter 2960, which governs "Licensure and Certification of Programs for Children." A license is defined by Minnesota Rule Section 2960.0020, Subp. 44 as written authorization issued by the commissioner allowing the license holder to provide residential service at a facility for a specified time and in accordance with the terms of the license and the rules of the commissioners of human services and corrections. Certification is defined by Minnesota Statute §245A.02, Subd. 3a as the commissioner's written authorization for a license holder licensed by the commissioner of human services or the commissioner of corrections to serve children in a residential program and provide specialized services based on fixed certification standards.

Minnesota children's residential facilities may be licensed by DHS or DOC. The licensure determines what type of facility the site may be: group home, shelter, secure or non-secure. In addition to being licensed, facilities need to have a certification, which will determine the type of programs that may be offered. The chart shows the breakdown of which types of facilities and settings for which DHS and DOC provide licensing and for which specific programs DHS and DOC provide certification.



Challenges

The current licensing, certification and rate and reimbursement structures in Minnesota have created several challenges that impact facilities, community providers and the services that may be offered to youth and their families.

Continuum of care impacted

Minnesota's current approach does not adequately support youth with different and sometimes co-occurring needs, which can include mental and behavioral health needs, developmental and intellectual disabilities, and substance use disorders.

Within the current structure, the array of services available to a youth depends on the door through which they enter a system (corrections or human services). This means, for some youth, the continuum of care cannot begin and for others it is interrupted. For youth who enter through the corrections door, their access is limited from the start. For youth who enter through the human services door and become corrections involved, their services can be disrupted. This, in turn, creates inequities and exacerbates racial disparities.

Ideally, a youth's therapeutic services and supports should be available regardless of how they enter the system and remain intact throughout their journey.

Two-track licensing

Minnesota's two-tracked licensing system limits available funding, limits a youth's access to appropriate services because of the track they are currently on, and may cause interruptions to services if and when a youth is moved to a differently licensed facility.

Eliminating the dual licensing structure and moving to a single-license system would address these issues. Under a single-license system, funding would be available for all programming regardless of facility type, would allow services to focus on a youth's needs, and would allow youth to move along the continuum of care – in either direction – to access the services they need.

Reimbursement and rate structure

As it stands, DHS-licensed facilities are allowed to bill Medical Assistance (MA), Minnesota's Medicaid program, and personal insurance for therapeutic services and supports for youth in their care. DOC-licensed facilities are unable to seek reimbursement from those same funding sources for similarly situated youth in their care.

The way providers are reimbursed for each youth in their program or facility is based on a rate structure negotiated between the provider and the county where their facility is located. Ultimately, rate increases are at the discretion of the county and dependent on whether they are able and willing to increase reimbursement rates during the contract negotiation. The costs incurred by the provider are typically covered by two funding sources. The cost of providing treatment services is covered by Medical Assistance or insurance reimbursement and the cost of room and board is paid by the county on a per-child basis. As a result, counties with a higher property tax base can increase rates more than counties with a lower tax base. This process creates multiple issues for providers, including limiting resources to provide competitive wages for staff, limiting the ability of the provider or facility to offer certain programs or treatments, and making it difficult for license holders to make needed facility upgrades. It also creates disparities in available services between the 87 Minnesota counties.

Licensing and credentialing timeline

As stated above, in order to operate a children's residential facility, a provider must be both licensed and certified with the State of Minnesota. This process can take anywhere from 30 days to 6 months to complete. There is also an additional process that a provider must complete to accept and bill private insurance companies. Providers will not begin to provide the necessary services to youth until they are able to bill and receive reimbursement for those services. The length of time this process takes – sometimes up to a year – is a huge barrier for many providers and the lengthy delay may result in the facility never opening. Streamlining the licensing and credentialing process would help increase the number of community providers by easing their ability to bill for services supporting youth.

Out-of-state programs for corrections-involved youth

When there is not an appropriate placement within the state, Minnesota will look to other states for placement options for corrections-involved youth. In order to accept a youth from Minnesota, these out-of-state facilities must be licensed and certified by the DOC. The licensing and certification process in Minnesota is lengthy and costly – the average cost to become licensed is $12,000 plus administrative staff time – and creates a huge administrative burden on potential out-of-state providers. Many of these out-of-state providers do not want to go through this lengthy and expensive process for the relatively low number of Minnesota youth who would be sent to their facility. In addition, not all providers in Minnesota offering secure programming are required to endure the same licensing process as these out-of-state providers.

Conclusion

The current licensing and certification rules are complicated and outdated. The current financing models also needs to be reviewed. Minnesota should further study these issues to improve these processes in order to produce better outcomes for youth and their families by ensuring the services a youth may need will be accessible to them regardless of which facility in which they reside.

Data

Data Sources

The Working Group on Youth Interventions requested and reviewed data from three primary sources:

- Minnesota Judicial Branch (courts)
- Minnesota Department of Human Services (DHS)
- Surveys sent to correctional facilities and treatment providers

The data request broadly focused on two categories: youth adjudicated delinquent and youth adjudicated as Child in Need of Protective Services (CHIPS). The focus was then further narrowed to youth placed out-of-home due to mental and behavioral health needs.

Delinquency and CHIPS data were obtained from the Minnesota Court Information System (MNCIS), maintained by the Minnesota Judicial Branch. The working group appreciates that data requests submitted to State Court Administration were filled promptly.

One critical piece of data, deemed non-public by the courts, is an individual's race and ethnicity. The working group, utilizing Hennepin County's data sharing agreement with State Court Administration, requested a court order pursuant to Minnesota Court Rule 4.1(e) from the Minnesota Supreme Court. The working group appreciates Chief Justice Natalie E. Hudson's willingness to sign the order to release this data for analysis.

Additional data was obtained from the Minnesota Department of Human Services' Social Service Information System (SSIS) to complement the court data. These data offered supplemental information about the needs of the youth being placed out of home.

Finally, service providers and detention facilities were surveyed for information that could not be gathered from MNCIS and SSIS data. The voluntary responses provide an approximate profile of youth in out-of-home placements.

Data requested, received

This working group requested and received data responsive to the Legislature's specific directives, including:

- Number of youths currently in out-of-home placements (Charts below and Appendices 1.1 and 1.2)
- Demographics (Appendices 1.1 and 1.2)
- Number of placements due to behavioral health needs and what those needs are (Appendices 1.1 and 1.2)
- Proximity of facilities to a youth's home (Appendices 1.1 and 1.2)
- Number of out-of-state placements[1] (Appendices 1.1 and 1.2)
- Number of youths on wait lists (Appendix 2.1)
- Facilities' bed capacities (Appendices 2.1 and 2.2)

[1] While MNCIS data does include out-of-state placements, these may not reflect all out-of-state-placements.

- And for youth in residential treatment, an overview of the time, needs, cost, recidivism and discharge (Each appendix addresses these topics)

Appendix 1.1 = CHIPS out-of-home placement data
Appendix 1.2 = Delinquency out-of-home placement data
Appendix 2.1 = Treatment provider survey results
Appendix 2.2 = Detention facility survey results

Data Limitations

Determining the number of youth currently in out-of-home placements using court data is difficult. The data provided do not allow for an accurate moment-in-time snapshot because start and end dates for placements are frequently missing. Furthermore, the underlying needs and/or reasons for out-of-home placement on CHIPS cases are not recorded. These incomplete data made the working group's analysis challenging.

The courts and DHS collect and track data differently and they do not share data with each other. And because DHS provided only summary data, there was no way to align its data to specific court cases for an apples-to-apples comparison and analysis. Merging the two datasets into one number for all statewide out-of-home placements (CHIPS and delinquency) was not feasible.

Within the SSIS, DHS does not specifically identify CHIPS cases. To approximate CHIPS placements and arrive at a best estimate, the working group filtered the SSIS data to youths under 18 placed involuntarily due to a court order or protective hold.

Data on the needs of the youth are held by individual facilities. This information was not accessible because facilities could not share client information. To obtain a detailed review of all the data points requested in the surveys, a data-sharing agreement would need to be procured with each facility, likely with data releases signed by the guardian for each youth.

Time in treatment is not available in the data collected. SSIS data only gave the total time in out-of-home care and did not provide the time spent specifically in a residential treatment setting. MNCIS data do provide space to record entry and exit dates on CHIPS cases, but this information was not always entered and frequently overlapped with other placements.

CHIPS out-of-home cases from January 2019 to June 2023: **53,480** total juvenile placements*; **2,110** were placements in residential or corrections facilities.

Facility categories / Placement types	**Count of placements**	**% of placements**
Foster care, correctional facility	718	1.34%
Foster care, residential treatment center	1,392	2.60%
Foster care, non-relative	20,111	37.60%
Foster care, relative	12,395	23.18%

Protective supervision w/ parent or legal custodian from whom child removed	5,323	9.95%
Protective supervision w/ parent or legal custodian, child never removed	6,240	11.67%
Protective supervision w/ other parent	1,682	3.15%
Trial home visit w/ parent or legal custodian from whom child removed	5,619	10.51%
Total	53,480	100.00%

Delinquency out-of-home cases from January 2019 to June 2023: **12,001** juvenile placements*; 10,390 were placements in residential or corrections facilities.

Facility categories / Placement types	**Facility category**	**Count of placements**	**% of placements**
Shelter, Group home, Foster care	Shelter	153	1.27%
	Group home	531	4.42%
	Foster care	145	1.21%
Non-secure	RTC* - non-secure	541	4.51%
	JDC* / RTC - non-secure	915	7.62%
Non-secure & Secure	RTC - both or unknown	1,504	12.53%
	JDC / RTC - secure	1,038	8.65%
Secure	RTC - secure	422	3.52%
	JDC / RTC - secure	5,854	48.78%
Adult facility		116	0.97%
Missing		782	6.52%
Total		12,001	100%

**These are placements, not individuals. Some youth had more than one placement in the time period.*

* RTC – Residential Treatment Center

* JDC – Juvenile Detention Center

Demographics

The enabling legislation called for the working group to collect and analyze data, to "evaluate racial disparities," and to "provide the demographics of all youth including age, gender, sexual orientation, and race or ethnicity."

Below is an overview of the demographics of Minnesota youth in out-of-home placements. The complete data can be found in Appendices 1.1 and 1.2.

Gender:

- Most youth (63%) placed for behavioral health needs in CHIPS cases are male.
- Most youth in the delinquency sample are male (78%).

Age:

- According to the DHS dataset for youth currently in involuntarily out-of-home placements due to behavioral health needs, about 70% are 15 to 17 years old and less than 25% are 12 to 14.
- Similarly, the majority of post adjudication delinquency placements (68%) are for 15- to 17-year-olds. About 30% of youth were under the age of 15 when the delinquency case was filed.

Race:

Race/ethnicity	**Census data (MN state population, age 10-17)**	**CHIPS OHP (due to behavioral health)[2]**	**Delinquency OHP**
Black or African American	9%	18%	27%
American Indian and Alaska Native	1%	12%	8%
Asian or Pacific Islander	6%	3%	2%
White	69%	41%	33%
Hispanic	9%	14%[3]	9%
Multiracial	6%	24%	6%
Other	0%	-[4]	1%
No data provided	-[5]	1%	14%

- The racial and ethnic composition of youth ordered to out-of-home placements in both post adjudication CHIPS and delinquency cases differs significantly from the Minnesota population (looking at youth aged 10 to 17). Compared to all Minnesota young people in that age group,

[2] CHIPS data are based on a moment-in-time sample: 234 youths in out-of-home placements in December 2023.
[3] DHS collects Hispanic/Latinx (displayed here as Hispanic) separately from race. All CHIPS race categories excluding Hispanic total to 100%. The 14% of youths identified as Hispanic are also included in another race category.
[4] DHS does not collect an "Other" race category.
[5] Census data estimates for the whole population and does not have a missing data category.

youth court ordered to OHP are more likely to be BIPOC. While Black or African American youth make up only 9% of the Minnesota population, they represent 18% of the CHIPS OHP cohort and 27% of the delinquency OHP cohort. Similarly, American Indian and Alaska Native youth make up 1% of the state's youth population but 12% of the CHIPS OHP population and 8% of the delinquency OHP population.

- White youth constitute nearly 70% of the state population but only 40% of the CHIPS OHP cohort and about 30% of the delinquency OHP cohort.

Data highlights

CHIPS:

- Youth in CHIPS cases who were placed for behavioral health needs were primarily removed from their home due to the youth's behavioral health. However, 32% were removed for caretaker-related reasons (including neglect and abuse), meaning that for roughly one-third of youth in out-of-home placements, their own behavioral health needs are coupled with an unsuitable home environment.
- The vast majority of youth currently in an involuntary out-of-home placement are placed in a family setting (90%). These include relative and non-relative foster homes, child's reunification home, and pre-adoptive home. Within the subpopulation of youth placed for behavioral health needs, about 30% are in a corrections (detention) setting, 38% are in a residential treatment program and 26% are in a group home.
- Nearly 20% of youth with a behavioral health needs placement who entered and exited out-of-home care in 2020 had a new placement within the next 12 months.
- Looking at youth whose out-of-home placement episode ended in 2022, 426 had at least one behavioral health needs placement. The median number of months spent in continuous out-of-home care was 14 months. Most youth had a discharge reason of reunification with parents/primary caretakers (56%). And 20% of youth were discharged because they reached age of majority or emancipated; these youth had a median number of months spent in continuous out-of-home care of 87 months.

Delinquency:

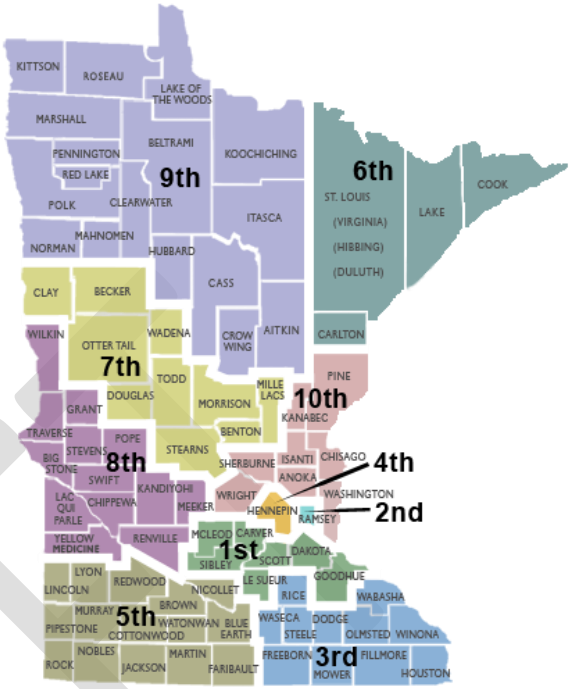
- At least half of delinquency placements were to secure settings, including juvenile detention centers (JDC) or regional treatment centers (RTC). The remaining delinquency placements involved a mix of placement settings.
- Most youth who are court-ordered into out-of-home placement have a prior adjudication of delinquency. Youth were evenly distributed with roughly one quarter having no prior adjudication, one quarter having one to two prior adjudications, one quarter having three to five adjudications, and the final quarter having six or more prior adjudications.
- For 48% of youth with an out-of-home placement, the highest offense level was felony. Gross misdemeanor cases account for 16% of cases and misdemeanor cases account for 35%.

Placement Proximity

The working group used court data to assess placement proximity, looking at the availability of out-of-home placement options within a juvenile's county and/or judicial district and placement trends within those judicial districts.

CHIPS:

- Nearly half of the CHIPS placements (46%) did not have location information available.
- CHIPS placements in the 1st, 2nd, 4th and 7th Judicial Districts had more placements to correctional facilities. Statewide, placements trend to RTCs.
- All except for the 1st, 2nd and 8th Judicial Districts saw most of their CHIPS placements within the same district. Looking at state data as a whole, there are more placements occurring outside of judicial districts than within (471 within vs. 676 outside).
- CHIPS placements within the same county account for less than one fifth of all placements per county (170 within vs. 977 outside of county).



Minnesota has 10 judicial districts
Image credit: Minnesota Judicial Branch
https://www.mncourts.gov/Find-Courts.aspx

Delinquency:

- Comparing originating case locations and judicial district facilities, all but the 2nd, 3rd, 5th and, to some extent, 4th Judicial Districts tend to place youth adjudicated delinquent within their districts. The 2nd and 4th Judicial Districts place more than 25% of their youth in 1st Judicial District facilities, while the 3rd and 5th Judicial Districts place more than 50% of theirs at facilities in the 10th and 8th Judicial Districts, respectively.

Judicial District Practices

Delinquency:

- Statewide, 11% of juvenile cases with an adjudication, stay or continuance had an out-of-home placement ordered after disposition.
- The rate of out-of-home placements ranged from a low of 4% in the 3rd Judicial District to a high of 23% in the 6th Judicial District.
- Districts with large treatment and/or correctional facilities tended to have higher rates of placements (23% in the 6th Judicial District and 19% in the 10th Judicial District), except the 1st Judicial District, which has a large facility but fell below the overall placement rate.
- The rate of out-of-home placements in the 2nd Judicial District (Ramsey County) was 17% and in the 4th Judicial District (Hennepin County) was 8%.

Models and best practices across North America

Background

A landscape scan was conducted to gather information related to best practices across North America, including continuum of care, the use of residential treatment facilities, programmatic and treatment methods, reform and continuous improvement efforts, entities involved in funding and oversight, and outcomes. The working group gathered information for this section from online public documents from jurisdictions of interest. The source documents include Juvenile Justice Realignment Block Grant reports, Juvenile Justice Delinquency Prevention Plans, annual reports, state taskforce or committee reports, legislative recommendations, and other information provided directly on each state's website.

Nine jurisdictions had systems or programs in place that best matched the prioritized interests of the working group, including secure residential treatment centers, services addressing mental health and behavioral health needs, other wraparound service needs, continuity of services following release, actions to reduce recidivism, equity in services and approaches, and governance models. Additionally, it was important to analyze jurisdictions that reported outcome measures that showed a positive impact on their systems and youth and families.

The nine jurisdictions analyzed were California, Colorado, the District of Columbia, Idaho, Missouri, New Jersey, New York City, North Carolina, and Washington State. Similarities appeared and it became clear that these systems produced positive outcomes by implementing programs that contained some or all of the following components:

- Regional approach
- Continuum of care
- Education
- Facility design
- Staff development
- Transition and aftercare planning

Program components and best practices

Regional approach

States that have recognized the unique differences and the needs of their communities and residents have built trusted partnerships across the state and provided services regionally that more holistically meet the needs of the youth and utilize local community partners. California, Colorado, Idaho, Missouri, and New York City have implemented regional approaches to their service delivery, customizing the oversight and administration to their specific state and local needs. One of the key components used in these states are creating regional offices or regional service areas and creating one agency to provide oversight, training, and accountability. Colorado has created a Division of Youth Services, comprised of four regional offices that encompass 64 counties and work in partnership with 22 judicial districts. Missouri's Division of Youth Services replaced its previous model of large training schools with small, regionalized, residential and non-residential programs and services and the state is now divided into five geographic regions. Idaho has regionalized state services for youth and California has placed the responsibility on their counties, many of whom are entering into regional agreements. New York's

Division of Youth and Family Justice is responsible for services and programs across the youth justice continuum.

Continuum of care

A continuum of care includes a complete range of programs and services and a system of service providers working together to provide a smooth transition of services for children and families. Having a holistic continuum of care that provides youth and family with full access to individualized services, starting from the first contact with the system to their reentry back into home and community, produces better outcomes. Colorado, Idaho, District of Columbia, and North Carolina are examples of states utilizing a holistic continuum of care approach. A key element found in each of these states is the conducting of an initial assessment that is used to identify the specific needs of the youth, to help coordinate treatment goals and to develop an individualized treatment plan.

Education

Having a strong educational component that emphasizes educational attainment and highlights youth successes also leads to better outcomes. Colorado and Missouri are examples of states that offer comprehensive educational programming with a focus on leading youth to achieve a diploma by returning to school or obtaining a G.E.D. or accessing career/technical education and training. In Colorado, the expense for educational programming falls to the Department of Human Services and responsibility for instruction falls to the local school district where a facility is located. Missouri's Division of Youth Services employs roughly 120 certified teachers, many of whom are certified as special education teachers, at each of its sites.

Facility design

Historically, residential treatment facilities and correctional facilities have been designed with an institutional and punitive intent and feel. Best practices show that supportive home-like facilities better support youth development. Building "step down" or phased housing into facility designs has been shown to have a positive impact on youth and better prepare them for successful reintegration into community. California, Missouri, New Jersey, and New York are creating facilities that follow these trends and include elements like natural sunlight, common spaces, relaxation and meditation spaces, and step-down settings, along with other therapeutic facility design elements and standards.

Family/caregiver involvement

Integrating family and caregivers into the treatment of youth creates a strength and stability that has been shown to positively benefit their emotional and mental development, as well as their overall well-being. It also helps to nurture a youth's connections to their community, building a strong foundation for their reintegration back home. Colorado, the District of Columbia, Idaho, Missouri, North Carolina, and Washington State all have programs that are specifically designed to prioritize and incentivize family and caregiver engagement. Key components utilized by these states are ensuring the family and caregivers have a voice in decision-making and provide input into the development of placement and service plans as well as overall treatment goals. These states also offer services and support for the family and caregivers as well as the youth.

Staff development

Improving staff recruitment and retention, training, professional development, and wellness is critical. It not only leads to more skilled and healthy staff, but it improves the quality of the services provided to

youth and family. Colorado and New Jersey have transformed their staff by centralizing training, professional development, and well-being under one agency. They have incorporated values that promote staff wellness, encourage support systems, reduce caseloads, focus on trauma-informed practices, and improve organizational culture in knowledge of adolescent development.

Transition and aftercare planning

States that begin aftercare and transition planning as soon as the youth enters the facility and engage the family and caregiver in the development of these plans, produce better outcomes. Colorado, Idaho, Missouri, New York, and Washington State begin transition and aftercare planning at the initial intake of youth into their placement and evolve their plan throughout the placement. These plans are individualized and consider an array of needs and goals, including therapy, education, living arrangements, aftercare services, ongoing legal concerns, and referrals to ongoing supports. Incorporating family and community input is a critical element of planning and success.

Outcomes

The availability of outcome reporting measures varied among jurisdictions. There are not universal outcome reporting structures, practices, or definitions of what success looks like and how those are tracked. This made it difficult to pull and report out a comprehensive picture of the success of programs across the country. Many jurisdictions track recidivism data as a metric of success, but that data was not available from all nine jurisdictions analyzed for this report. As Minnesota moves forward with improvements to its juvenile justice and youth interventions work, determining how to define and measure success should be an integral part of any plan.

Conclusion

Minnesota should further study the jurisdictions highlighted in this report to develop a better understanding of what is working to improve systems and produce better outcomes for youth, families, and communities.

Recommendations

The working group identified 6 key areas in which recommendations will be made:

Regional system of care

Recommendations for building a regional system of care throughout the state, that will keep youth closer to home and maximize connection, contact, and support for both youth and family.

1. Establish regional out-of-home placement facilities with sufficient capacity throughout the state that will be closer to youths' home communities.
    a. Support the creation of smaller facilities within these regions, including triage centers, crisis stabilization, secure and non-secure residential treatment, and psychiatric residential treatment for youth.
    b. Develop and implement an adaptive and culturally responsive continuum of care that allows youth to move in any direction within the continuum, to best address the mental health, behavioral health, cognitive development, community supports and other needs of youth and their families.
    c. Examine and remove any barriers that prevent counties and tribal nations from entering into regional partnerships that would expand options for youth within their communities, including barriers that impact providers.
    d. Provide statewide options including secure facilities to ensure equitable access to the entire continuum of care for all 87 counties, regardless of how the youth entered the system.
    e. In the long term, move to a single licensure system for youth residential facilities. In the short term encourage dual licensure of facilities by remove barriers in both funding and process.
2. Expand access to crisis stabilization services designed to prevent or ameliorate a mental health crisis and/or reduce acute symptoms of mental illness.
3. Develop solutions to increase the number, viability, and access of culturally and linguistically responsive community providers, to retain current providers, and to improve youth and family access to community providers closer to their home and community.
4. Provide ongoing sustainable resources (housing, childcare, counseling/support groups, etc.) to families and caregivers to promote healing and stability, enable families and caregivers to positively participate in the reintegration of a youth back into their home, and provide them tools to support the youth's continued progress after leaving facilities or treatment programs.
    a. Provide ongoing culturally responsive resources (housing, childcare, counseling/ support groups etc.) to families while the youth is in out of home placement and for the services to continue once they return to their communities.
5. Expand community-based culturally responsive aftercare services to support the continuum of treatment needs for youth and families, including the development of step-down stabilization beds for non-secure youth to create the ability to step-down from in-patient hospital beds and detention facilities.

Governance and oversight

Recommendations for continued study of the licensing and certification of facilities and how they are governed and held accountable.

1. Establish a legislative task force to review and update Minnesota Administrative Rule Chapter 2960, "Licensure and Certification Programs for Children" and Minnesota Administrative Rule Chapter 2955, "Juvenile Sex Offender Treatment."
2. Create a centralized state led structure to take a holistic review of the system, including obtaining ongoing feedback for modifications around licensing, certification, and compliance, with the goal of improving integration and service alignment.
    a. This licensing and compliance oversight should consider the unique services, populations and challenges faced by community-based providers.
    b. Ensure that this new centralized structure does not increase barriers.
    c. Make changes for eliminating disparities and increasing youth success.
3. Explore statewide adoption of the continuum of care which improves how systems work together to address the needs of young people who are at risk of becoming or already are dually involved in the child welfare and juvenile justice systems.
4. Develop programming, licensing, funding, and policy solutions for justice-involved youth who have significant mental health needs to effectively move between correctional, DHS licensed facilities, and family settings, based on the type of services the youth require.
5. Create an equitable support structure for community providers to access assistance with administrative responsibilities associated with RFPs/Grants/Financial and outcome reporting.
    a. Review and minimize administrative and compliance burden of RFP, Grant, Financial and Outcomes.

Fiscal strategies

Recommendations for fiscal strategies to support and retain existing staff and providers, increase access to programs for youth and family, improve reimbursement for providers, as well as support infrastructure changes needed in many facilities.

1. Establish a legislative task force to assess the current financing models in Minnesota and evaluate the intersections of Title IV-E of the Social Security Act, Medicaid, county funds, Commercial Health Plans, state funds, and grants, support and/or create barriers for a comprehensive system for youth and families.
2. Ensure equitable access and funding parity for youth and families accessing behavioral health, mental health, disability, developmental and substance abuse treatment services.
    a. Explore the role of Managed Care Organizations and commercial plans in assuring equitable access and funding for youth and families.
    b. Explore the role of Medicaid fee for service in assuring equitable access and funding for youth and families.
    c. Explore the options available for uninsured youth and families.
3. Significantly increase reimbursement rates to providers. This working group supports the recommendations found in the Minnesota Department of Human Services Legislative Report - Minnesota Health Care Programs Fee-for-Service Outpatient Services Rate Study, dated January 22, 2024 (Report).
4. Establish funding authority for short-term mental health services in DOC licensed facilities.
5. Explore modifications to the existing funding structure for community-based programming to address the difficulties posed by the reimbursement-only process, to allow for the possibility of advance funding.
6. Support the State's effort to apply for a Section 1115 Medicaid waiver to enable providers to utilize Medicaid funding for youth in all settings, including residential out-of-home placements.
7. Evaluate system changes for effectiveness and recidivism/ re-entry reduction and require any financial savings to be reinvested back into the system to support providers, facilities, and the community.

Data

Recommendations for improving data collection, data sharing, and data analysis, to ensure transparency and better data driven decisions.

1. Create a centralized data method which is youth-centered rather than case-centered.
2. Remove barriers to better facilitate data sharing between the Courts, Law Enforcement, the Department of Corrections, and the Department of Human Services systems (Information Sharing and Juvenile Justice in Minnesota Report)
3. Improve data collection and reporting to reduce data entry barriers and to create consistency in the data.
    a. Identify what specific data elements should be required and collected for improving youth success and eliminating disparities.
    b. Create shared definitions for common data elements and include objective and subjective measures.
4. Identify race and ethnicity demographic data elements for youth and require reporting and sharing of this data from courts, the Department of Corrections, and the Department of Human Services systems.
5. Develop efficiencies and reduce complexities around current data systems to modernize these systems and better streamline data entry to lessen the burden for staff.
6. Refine approaches to data and program evaluation to consider cultural and community input and driven measures of success.

Programming best practices

Recommendations for improving the programming offered in out-of-home placement facilities and across the entire continuum of care for system involved youth to better comply with best practices.

1. Develop statewide program standards and provide funding and support focused on ensuring all residential and community practices are strength-based, individualized, trauma-informed, culturally, and linguistically competent, family-driven, youth-guided, and develop oversight mechanisms to hold programs accountable to high standards in all these areas.
2. Require and fund at the state level and explore barriers and possibly leverage insurance and medical assistance funding sources for out-of-home placement settings, including detention facilities, to have mental health providers available to work with each youth in the facility and available once the youth is returned to the community.
    a. Create regional pools of mental health professionals for smaller facilities who are not able to provide their own.
3. Require and fund at the state level, the start of aftercare transition planning as soon as the youth enters the system to ensure that treatment goals, service needs, and barriers to success have been addressed prior to the youth returning to home and community, and to empower families to fully participate in the transition planning, and to support the continuum of care.
4. Provide state issued grant funding for facilities to create supportive, home-like environments that feature more open spaces, natural sunlight, common living, relaxation rooms, and step-down living.
5. Explore creating and funding core support teams (such as wrap around services/family group conferencing) or a dedicated point-of-contact staff position (leveraging existing positions, such as probation officers) within facilities that work with youth, family, and caregivers throughout the entirety of the youth's placement to facilitate the development of and their engagement in the treatment goals for the youth, including aftercare transition and continuance of support once the youth is returned to the community.
6. Establish sustainable funding for youth mentorship programs within out-of-home placement facilities and once the youth is returned to the community.
7. Review licensing requirements, including periodic case updates and progress reports that service providers and facilities provide to the court of jurisdiction and relevant stakeholders. Examine how well these accountability mechanisms are working and whether they are creating barriers to sustainability.

Workforce Development

Recommendations for addressing the workforce needs that are impacting our system providers and community providers, including hiring, retention, training, salary, and wellness.

1. Fund and create career pathways and advancement opportunities for direct-care professionals, and youth peer supports with enhanced incentives and benefits.
    a. Partner with educators to develop and promote career pathways, for both corrections and mental health professionals, including state funded internship programs.
    b. Support competitive salary and benefit packages for all direct-care professionals, that include health insurance, vacation, or paid time off, 32-hour work weeks, and childcare options.
    c. Subsidize benefit packages for small community-based providers, to help them retain staff.
2. Develop statewide mandated trainings and establish a training institute to administer them, with technical and implementation support from the state.
    a. Trainings must have a developmental and trauma-informed lens and must include the current understanding of youth brain development, gender, mental health, substance use disorder, and cultural and linguistic responsiveness.
    b. Collaborate with community partners, education partners, system partners, and persons with lived experience to develop training.
3. Fund wellness and support programs for providers to help employees mitigate stress, and other impacts experienced throughout their job duties.

Conclusion

The issues impacting youth in Minnesota are complex. Solutions to appropriately support youth and families who become involved in the legal system are therefore layered. It is clear from the research done by this working group that a "one-size-fits-all" approach will not work. No two youths are the same, there are varying resources available among our 87 counties, and cultural and linguistic differences must be accounted for. Services must be established that can follow a youth through their journey from start to finish, regardless of entry point to the system, how long that journey takes, or how many steps forward or backward the youth makes along the way.

The current structure, funding and services available in Minnesota need further study. The working group has identified two key areas that must be reviewed and improved in order to have any impact on the other issues identified in the report.

The working group recommends the following next steps:

- Establish a legislative task force to further study licensing and certification of facilities and programming.
- Establish a legislative task force to assess the current financing models in Minnesota.

To be successful, subject matter experts in these two areas must be at the table and they must have the resources to adequately do the work. These areas have their own distinct rules and processes, but they are interconnected. Future study findings should be integrated to eliminate existing system barriers and to ensure a cohesive continuum of care for youth and their families. Addressing current barriers that exist in the licensing and certification and financing models will then allow for improvements in the other recommendation areas identified by the working group.