

WORKING GROUP ON YOUTH INTERVENTIONS

Report to the Minnesota Legislature

February 2024

Table of contents

PREFACE	4
OVERVIEW OF WORKING GROUP ON YOUTH INTERVENTIONS	5
ESTABLISHMENT	5
MEMBERSHIP	5
DUTIES	6
RESEARCH PLAN	7
WORKING GROUP MEETINGS	9
REPORT	11
CURRENT APPROACHES TO ADDRESSING THE THERAPEUTIC AND REHABILITATIVE NEEDS OF YOUTH IN MINNESOTA	12
BACKGROUND	12
CURRENT CHILDREN’S RESIDENTIAL FACILITIES IN MINNESOTA	12
PROVIDER SURVEYS	13
GEOGRAPHIC DISTRIBUTION	14
GAPS AND BARRIERS	15
CONCLUSION	16
LICENSING AND CERTIFICATION IN MINNESOTA	17
BACKGROUND	17
FINDINGS	17
CONCLUSION	19
DATA	20
DATA SOURCES	20
DATA REQUESTED, RECEIVED	21
DATA LIMITATIONS	21
DEMOGRAPHICS	23
DATA HIGHLIGHTS	24
PLACEMENT PROXIMITY	25
JUDICIAL DISTRICT PRACTICES	25
OUT-OF-STATE PLACEMENTS	26
CONCLUSION	26
MODELS AND BEST PRACTICES ACROSS NORTH AMERICA	27

BACKGROUND	27
PROGRAM COMPONENTS AND BEST PRACTICES	27
CONCLUSION	29
CONCLUSION AND RECOMMENDATIONS	30
REGIONAL SYSTEM OF CARE	32
GOVERNANCE AND OVERSIGHT	33
FISCAL STRATEGIES	34
DATA	35
PROGRAMMING BEST PRACTICES	36
WORKFORCE DEVELOPMENT	37
APPENDIX 1.1	38
APPENDIX 1.2	46
APPENDIX 2.1	57
APPENDIX 2.2	73

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 child in need of protection or 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), members recognized and discussed the importance of proactive prevention work, such as diversion and restorative justice programs, that strive to keep youth and families from entering the system.

The issues surrounding youth in out-of-home placements are not new. In the late 1990s, 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, the working group found that most of the issues, barriers, and gaps identified 25 years ago still exist today; however, the complexity of issues impacting Minnesota 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; 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.

This is not a problem that will be solved overnight, and further study is likely needed on many of these complex issues. 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. This will enable a deeper look into why the needle hasn't moved in decades, despite multiple studies, working groups, reports, and recommendations on the back end of the system.

Overview of Working Group on Youth Interventions

Establishment

The Minnesota 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 Legislature.

Membership

The working group consisted of the following members:

1. A county attorney appointed by the Minnesota County Attorneys Association
 - Joseph Glasrud, County 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 & Olmsted (D&O) Community Corrections, Olmsted County
 - Kathy Hedin, Deputy County Manager, Ramsey County
 - Molly Bruner, Director, Community Corrections, Scott County
 - Paula Stocke, Deputy Director, Public Health & Human 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, Senior Policy 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 child in need of protection or services (CHIPS) or delinquent. The working group focused on evaluating the racial disparities that exist in these systems.

The working group was 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 the evaluation process. These subgroups were comprised of working group members and subject matter experts.

Data

To address the specific data-centered issues and questions in the enabling legislation, the working group relied on the expertise and resources of Hennepin County's Law, Safety and Justice Head of Analytics, Jackie Braun-Lewis. Braun-Lewis tapped into the existing data-sharing agreements held by the county and submitted data requests to other agencies. The data analysis involved reviewing data from three state agencies and responses to surveys created and disseminated by the working group. Braun-Lewis provided updates at each working group meeting to share results and receive guiding feedback from working group members.

Licensing

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

- How are the licensing requirements different from the Minnesota Department of Corrections (DOC) vs the Minnesota Department of Human Services (DHS)?
- 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)	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	Dakota County Juvenile Services Center Superintendent, member of the Minnesota Juvenile Detention Association (MNJDA)	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

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, Minnesota Department of Human Services, 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 Minnesota’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	Minnesota Office of Justice Programs	State
Nicole Kern*	Morrison County	County
Jasmine Mattison*	Against All Odds Twin Cities	Advocacy
Brittany Wright	Minnesota’s 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 Statutes, Chapter 13D.

Information related to the working group efforts, including meeting videos, written testimonies and other documents presented, 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, Dakota County Juvenile Services Center Superintendent (live testimony)
- Leslie Chaplin, 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, 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, Minnesota Department of Human Services
- Michael Koehler, Behavioral Health Researcher, Minnesota Department of Human Services (live testimony)
- Shae Fleming, Juvenile Detention Alternatives Initiative (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 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 stated in the legislation was February 15, 2024, the working group required additional time to finalize the report. The final report was submitted to the Legislative Coordinating Commission on February 23, 2024.

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

Background

The term out-of-home placement is used to describe when a youth is placed in a residential correctional or treatment facility, or otherwise removed from their home and housed out of home. Residential placements can include secure confinement, residential treatment facilities, non-secure 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 child in need of protection or services (CHIPS) or delinquency cases. There is an additional cohort of youth in residential treatment facilities who are not involved in the court system and are not under the placement authority of a county or tribe. This [Children's Mental Health \(CMH\) Residential Services Path](#), also referred to as "3rd Path," is state funded and was developed by the Minnesota Department of Human Services (DHS) as a result of 2021 state legislation.

This report does not include a close examination of non-residential, community-based services and providers. Those entities are not included in state data and are often under contract with counties or specific county departments (i.e., corrections, human services, and/or behavioral health). That information and data is discoverable, but that level of research was not feasible given the time and resources allotted to this project. ***A study would be useful to better understand this area, as the community-based services are a crucial element of a continuum of care and, in some cases, preventative interventions for youth and families.***

Of all Minnesota CHIPS out-of-home placements between 2019 to 2023, just 4% were court ordered into a correctional or residential treatment facility. For the same time period, 87% of all delinquency out-of-home placements were ordered into a juvenile detention facility or a residential treatment 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. §260B.198, Subd. 1(b) and 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 Department of Corrections (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) - DHS and Department of Health authority

These 92 facilities hold a cumulative 250 licenses for specific service types (see table below). 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.

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.

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 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.

Licensed children’s residential facilities services	# facilities offering the service type
Chemical Dependency Treatment (Includes Chemical Dependency Treatment (Co-occurring Disorders) and Chemical Dependency Treatment (Co-occurring Disorders, Medical services))	8
Correctional Services	27
Detention Services	18
Group Residential Setting	61
Mental Health Treatment	12
Pregnant and Parenting Youth*	1
Qualified Residential Treatment Program*	11
Restrictive Techniques	39
Secure Services	13
Sex Trafficked – Commercially Sexually Exploited or At Risk*	21
Shelter Services	25
Transitional Services	14
Total service type licenses (across 92 physical locations)	250

*Specialized settings requiring specific certification

Provider surveys

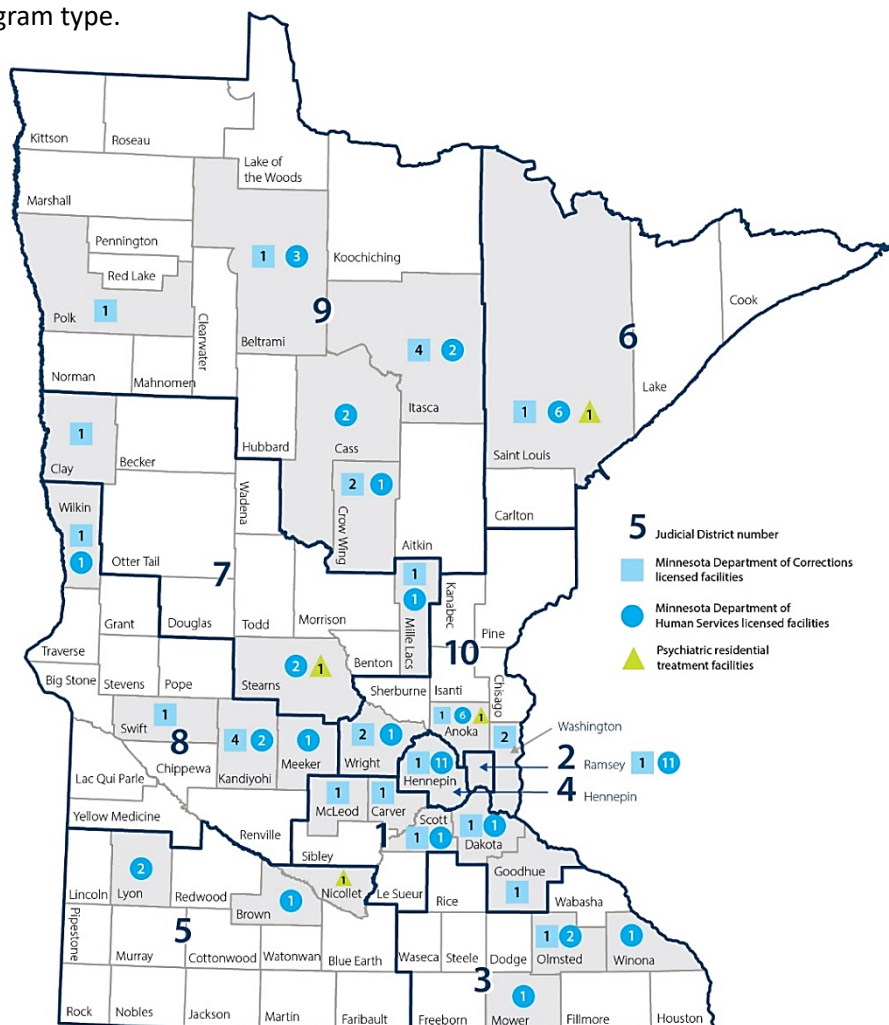
The working group distributed two separate surveys. The first survey was sent to licensed youth treatment providers and elicited 18 voluntary survey responses. These responding service providers collectively hold 29 of the 92 children’s residential facilities licenses (approximately 31%).

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 have contracts with 49 counties. The remaining counties can access secure detention spaces only when available. 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 level 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 balanced 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 facility types by county and judicial district (not including foster care settings). The "Data" section of this report provides a deeper dive into licensing numbers by program type.



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 insights 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 (courts, law enforcement, the Department of Corrections, the Department of Human Services and the Department of Health) 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 and programming for girls

- There are too few children's residential facilities and community-based programming options that specialize in serving girls*. There are about 21 programs serving girls only, with a total licensed capacity of 261 beds. Five of those are DOC-licensed facilities with a combined capacity of 90. By contrast, there are 25 that serve males only, with a combined licensed capacity of 652 beds. There are 52 facilities that serve either, with more than 1,200 licensed beds.
- Girls represent a much smaller portion of the overall residential treatment and supervision populations, therefore it is difficult for each individual county to provide gender-specific programming. The factors leading girls into the system and the therapeutic approaches to rehabilitate them are different from their male counterparts, requiring different interventions. A regional approach could address staffing, resource and programmatic shortages.

****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.***

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 necessary lower staff-to-youth ratios.

Continuum of care

- Minnesota lacks a robust continuum of care – a strategic and coordinated plan of programming 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.

Tribal cultural approaches/considerations

- Programming models are often rooted in so-called best practices and evidence-based approaches that are informed solely by a Western perspective. For the American Indian youth in Minnesota, intervention should center around tribal teachings, community and cultural values. There are limited examples of approaches mixing Western and non-Western practices.

Conclusion

This review focused on one small piece of the post-adjudication treatment systems in Minnesota. Due to time and staffing resources, the working group could not explore the full range of services and providers that serve the therapeutic and rehabilitative needs of Minnesota youth. This is limited snapshot to the current approaches in Minnesota. As a result, there are likely many more challenges and gaps that haven't been identified that impact this work, contribute to disparities and limit access to services.

Licensing and certification in Minnesota

Background

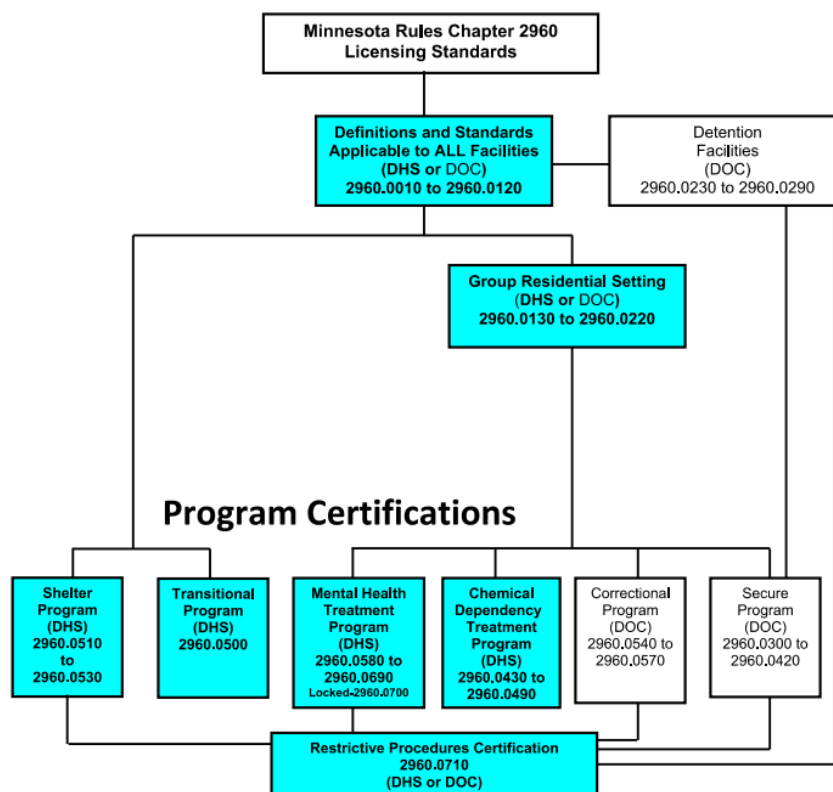
To get a clear understanding of how Minnesota's licensing and fiscal structures impact providers and service delivery, informational interviews were held with subject matter experts from the Department of Corrections (DOC), the Department of Human Services (DHS), Dakota County, Hennepin County, the CEO 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 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 Minn. Rule §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 Minn. Stat. §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.



https://mn.gov/dhs/assets/CRF-program-types-chart_tcm1053-384501.pdf

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 based on barriers to licensing and federal funding restrictions. 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 and/or certified 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. Due to federal requirements, DOC-licensed facilities are unable to seek direct reimbursement from those same funding sources for similarly situated youth in their care. The process for DOC-licensed facilities to seek reimbursement differs from DHS, is highly complex and creates significant challenges. One remedy for federal funding restrictions, like those impacting DOC-licensed facilities, is a Section 1115 Demonstration waiver (governed by the Social Security Act), which allows state agencies to seek an exemption from federal funding rules.

The way DHS-licensed 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 three funding sources. The cost of providing treatment services is covered by MA or insurance reimbursement and other costs are paid by the county. 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 by 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 youth

When there is not an appropriate placement within the state, Minnesota will look to other states for placement options for youth. In order to accept a corrections-involved youth from Minnesota, these out-of-state facilities must be licensed and certified by the DOC, meaning they must meet or exceed Minnesota's facility requirements and standards of care. 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 the required licensing 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.

For a youth to be placed out-of-state for treatment purposes, counties must follow the Interstate Compact for Placement of Children (ICPC) requirements (Minn. Stat. §260.851), which is a uniform law enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands. The law provides uniform guidelines and procedures to ensure placements of youth occur in ways that promote the best interests of the child. In Minnesota, the process requires a county to request placement approval from DHS after a youth has been accepted into an out-of-state treatment facility. The facility must meet the youth's treatment needs and be equipped to provide the necessary services. Nearly all out of state placements are subject to the Interstate Compact.

Conclusion

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

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 protection or 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.

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.

The working group received data from the Department of Corrections (DOC) related to detention data. Detailed information for detentions was provided with location, entry date, exit date, and demographic information. Unfortunately, similarly rich information was not available for placements into treatment. Most youth in detention are not there for placement; many are pre-adjudication and post-adjudication orders for detention rather than post-adjudication out-of-home placements. The data provided did not indicate which were court-ordered out-of-home placements and which were orders for detention. The DOC data that did include treatment placements were a one-day snapshot and did not include demographic information. Given the limitations of these data, the working group chose to use MNCIS data to have a consistent data source across placement types.

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 placements¹ (Appendices 1.1 and 1.2)
- Number of youths on wait lists (Appendix 2.1)
- Facilities' bed capacities (Appendices 2.1 and 2.2)
- 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 youths 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

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

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%
Other or unknown (missing data)		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 placed for behavioral health needs in CHIPS cases are male (63%).
- Most youth in the delinquency sample are male (78%).
- Currently, there is no data related to LGBTQ+ or gender identity for youth. Some data systems used for this analysis do not provide fields to capture or acknowledge this information.

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 fewer 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%

*OHP = out-of-home placement(s)

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.

- 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, youth court ordered to out-of-home placements are more likely to be Black, Indigenous, or people of color (BIPOC). While Black or African American youth make up only 9% of the Minnesota population, they represent 18% of the CHIPS out-of-home placement cohort and 27% of the delinquency cohort. Similarly, American Indian and Alaska Native youth make up 1% of the state's youth population but 12% of the CHIPS out-of-home placement population and 8% of the delinquency placement population.
- White youth constitute nearly 70% of the state population but only 40% of the CHIPS out-of-home placement cohort and about 30% of the delinquency cohort.
- Currently, some data collection systems in Minnesota do not provide fields to capture or acknowledge individuals who identify as multiracial or more than one racial or ethnic identity. They often fall into the "other" or "multiracial" category and are then missed in critical analyses of systemic racial disparities.

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.

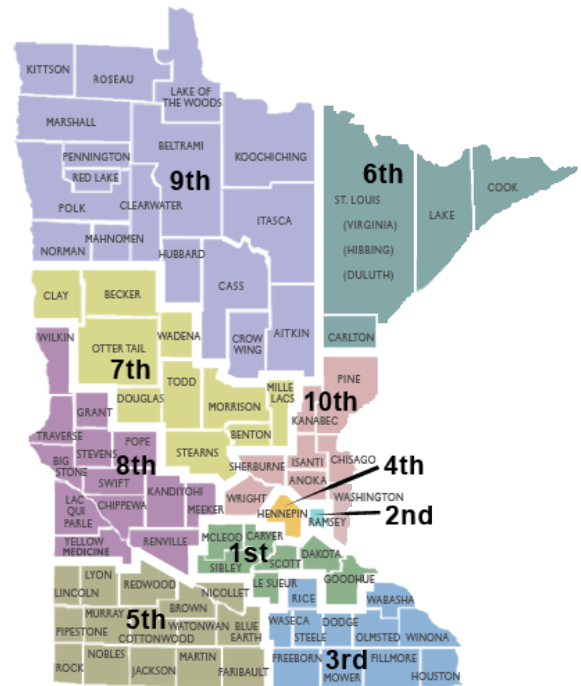
- For 48% of youth with an out-of-home placement, the highest offense level was felony. Gross misdemeanor cases account for 16% of cases and misdemeanor cases account for 35%.

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%.

Out-of-state placements

- Court data indicate there were 13 out-of-state CHIPS placements to a treatment or detention facility. However, nearly half of placements were missing location information, so it is unclear whether the information is accurate.
- Court data indicate there were only six out-of-state delinquency placements over the course of the study period. While it is possible that some of the unknown placement locations are out-of-state placements, the total number is likely low.

Conclusion

Having reliable data is crucial to understanding the youth population in question and whether the systems in place are adequately serving their needs. The information gaps seen in the data collected for this report demonstrate the urgent need for improvements. Challenging issues include a lack of shared definitions across jurisdictions, incomplete placement details, inadequate data-sharing capabilities, and deficient demographic data. The recommendations at the end of this report include a data-specific section addressing these concerns.

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
- Family/caregiver involvement
- 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 City'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 and responsibility for educational programming in the state-operated secure facilities falls to the Department of Human Services; the responsibility for instruction for youth in the state-operated detention facilities 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 City 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 and trauma-informed 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 City, 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

It should not be assumed methodologies from these nine jurisdictions can be replicated exactly, as populations, definitions and outcome measurements vary by state. Therefore, Minnesota should further study the models highlighted in this report to develop a better understanding of what has worked to improve their systems and how these lessons could be applied in Minnesota to produce better outcomes for youth, families, and communities.

Conclusion and Recommendations

The issues impacting youth in Minnesota are complex and, as a result, so are the current approaches and systems to address their needs. The array of service types, facilities and programming options reflects efforts over the years to move away from a “one size fits all” philosophy and to address the distinct needs of individual youth. But the result is a large and fragmented landscape that, despite best intentions, creates unintended barriers and challenges, and has not resulted in any reduction in system disparities.

This working group set out to identify where those barriers and challenges are appearing in Minnesota’s current system of out-of-home, post-adjudication treatment options in order to find solutions.

The major takeaways are that resources vary among the state’s 87 counties; licensing, certification and funding are major barriers for service providers; cultural and linguistic differences need to play a bigger role in programming development; data collection and sharing are inadequate; and interrupted services have a major negative impact on the well-being of the youth we’re ostensibly trying to help.

All of these things need further study and action – but as was stated in the Preface to this report, this is not the first time the Legislature has heard this message. This working group’s call to action is an echo of the [1999 Juvenile Out-of-Home Placement report to the Legislature](#), which identified issues for needed reform. That report stated:

“Overall, we conclude that Minnesota generally has a more pressing need for additional non-residential services for its juveniles than additional residential services. Minnesota does not appear to face significant statewide shortages of beds (with the possible exception of foster care), although the services in existing residential facilities do not always adequately address the needs of juveniles in placement. Unfortunately, Minnesota has little information on the effectiveness of services for juveniles, and we think that the Legislature and state agencies should take steps to improve information on service outcomes.”

Some things have changed in the intervening years, but many have not, including disparities in the system, inadequate data practices and outcome measurements, and the need for more culturally relevant practices. We now also face a population of youth with compounded mental health issues, adding complexity to an already flagging system of services.

The working group strongly encourages the Legislature to review the recommendations on the following pages, along with recommendations made from other groups, including the [Juvenile Justice Advisory Committee \(JJAC\)](#), the [Youth Intervention Program Association \(YIPA\)](#), [Minnesota’s Children’s Cabinet](#), [AspireMN](#), and the Minnesota Department of Human Services report on [Reducing Reliance on Children’s Residential Care Settings](#).

These reports and recommendations should be evaluated in the aggregate for common themes that will inform the necessary next steps. Future policy changes and system improvements must be made with careful consideration of how agencies and programs in this work are interconnected, which is why the above-named reports and organizations are included here. To be successful, subject matter experts in these areas must be at the table and they must have resources to adequately do the work.

Changes are needed in both the short and long term to enact these recommendations.

The working group has identified three key 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.
- Invest in and create a comprehensive data system that is youth-centered rather than case-centered that improves data collection and data sharing among key system partners.

The working group's recommendations on the following pages focus on six primary areas:

- 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.
- Continued study of the licensing and certification of facilities and evaluation of accountability, **governance and oversight**.
- **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.
- Improving **data** collection, data sharing, and data analysis, to ensure transparency and better data driven decisions.
- 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**.
- Addressing the **workforce development** needs that are impacting our system providers and community providers, including hiring, retention, training, salary, and wellness.

Regional system of care

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 and linguistically 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 and linguistically 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 and linguistically 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

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 or have unintended consequences.
 - 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, Department of Human Services 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

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 use disorder 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 Department of Corrections 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 Demonstration 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

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

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 responsive, 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

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.
 - d. Remove barriers to utilization of retired state and county employees. Permit reemployment and payment of retirement annuities during a temporary period of employment to support existing workforce and prevent reductions in placement beds as a result of workforce shortages. Remove or reduce the limitation on hours or percentage of time a retiree can work under a postretirement option. Implement phased retirement strategies similar to those used for healthcare workers under the peacetime emergency.
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.

APPENDIX 1.1:

Child In Need of Protection or Services cases with out-of-home placements

Supplemental information on data analysis

The Working Group on Youth Interventions requested data from the Minnesota Department of Human Services (DHS) on youth with out-of-home placements recorded in the Social Service Information System (SSIS). SSIS does not have a specific indication of whether a case is a child in need of protection or services (CHIPS) case; instead, they limited the study population to youth under 18 years old placed involuntarily due to a court order or protective hold, which should approximate CHIPS placements. DHS provided counts of youth with current out-of-home placements in December of 2023 and this data analysis looked specifically at those most likely to meet the criteria of currently in out-of-home placement due to “behavior health needs” based on the following criteria:

Numbers showing youth placed for behavioral health needs require the child to meet both, A and one aspect from B:

- A. Correctional facility (locked), Juvenile correctional facility (non-secure, 13 or more children), Juvenile correctional facility (non-secure, 12 or fewer children), Group home - staff operated, Residential program, Psychiatric facility (PRTF).
- B. Show at least one: a primary removal reason related to child behavioral / mental health / sex trafficking, a location reason related to treatment or detention, or an out-of-home care target population of Mental Health.

# children currently involuntarily placed in out-of-home care		
Placement authority	# all children	# children placed due to behavioral health needs
Court ordered	4,938	234
Protective hold	59	0
Total	4,997	234

Of the youth currently in involuntarily out-of-home placements recorded in SSIS, 234 youth (4.7% of all youth) met the above criteria and were identified as youth most likely to be placed due to behavioral health needs.

# children currently involuntarily placed in out-of-home care by age		
Age of child	# all children	# children placed due to behavioral health needs
0 - 2 yrs	1,137	0
3 - 5 yrs	849	0
6 - 8 yrs	760	5
9 - 11 yrs	650	11
12 - 14 yrs	710	53
15 - 17 yrs	891	165
Total	4,997	234

Youth placed due to behavioral health needs are older than the full complement of youth involuntarily placed. Of those placed due to behavioral health needs, about a quarter are between 12 and 14 years of age and just over 70% are between 15 and 17 years of age at the time the data were collected.

children currently involuntarily placed in out-of-home care by sex*

Most youth (63%) placed for behavioral health needs are male.

Sex	# all children	# children placed due to behavioral health needs
Female	2,489	86
Male	2,508	148
Total	4,997	234

*This is the terminology used by the data source (as opposed to gender).

Compared to all youth in Minnesota, youth currently in involuntary out-of-home placements are more likely to be non-white youth. According to the 2020 U.S. Census, 79% of Minnesota youth between the ages of 10 and 17 are white, while 33% of youth currently in involuntary out-of-home placements are white.⁶ While American Indian/Alaska Native youth comprise 1% of the total population, they represent 22% of youth currently placed out of the home involuntarily.

Looking specifically at the subpopulation of youth placed for behavioral health needs, 41% are white, 24% are two or more races, 18% are Black or African American (compared to 10% of youth in Minnesota), and 12% are American Indian/Alaska Native.

children currently involuntarily placed in out-of-home care by race

Race (alone)	All Children		Children placed due to behavioral health needs		MN youth 10-17 (Census data)
	Number	Percent	Number	Percent	Percent
African American/Black	714	14%	43	18%	9%
American Indian/Alaska Native	1,116	22%	29	12%	1%
Asian/Pacific Islander	80	2%	8	3%	6%
Two or more races	1,353	27%	55	24%	6%
Some Other Race ⁷	-	-	-	-	0%
Unknown/declined ⁸	101	2%	3	1%	-
White	1,633	33%	96	41%	69%
Total	4,997	100%	234	100%	- ⁹

Hispanic/Latino youth make up 10% of youth involuntarily placed out of the home, similar to the total Minnesota youth population. Slightly more are placed for behavioral health needs (14%).

Ethnicity	All children		Children placed due to behavioral health needs		MN youth 10-17 (Census data)
	Number	Percent	Number	Percent	Percent
Hispanic/Latino (any race)	490	10%	33	14%	9%
Not Hispanic	4,507	90%	201	86%	-
Total	4,997	100%	234	100%	-

⁶ Census data from U.S. Census Bureau American Communities Survey 2021.

⁷ Some other race category not included in DHS data.

⁸ Unknown/declined not included in census data.

⁹ Census data includes race and ethnicity as one variable therefore they do not total 100%.

Youth are most often removed from the home due to caretaker alcohol or drug abuse (44%) followed by alleged neglect (19%) and alleged abuse/threatened injury (13%).

Caretaker / child reasons	Removal reason (group)	# of all children	Percent
Caretaker	Abandonment	168	3%
Caretaker	Access to services	75	2%
Caretaker	Alleged neglect	939	19%
Caretaker	Alleged physical abuse / threatened injury	663	13%
Caretaker	Alleged sexual abuse	196	4%
Caretaker	Caretaker detainment / death	156	3%
Caretaker	Caretaker drug / alcohol	2,203	44%
Caretaker	Caretaker impairment / illness	277	6%
Child	Child behavioral health	235	5%
Other	Other reason	85	2%
Total	Total	4,997	100%

For the subpopulation of youth placed for behavioral health needs, 61% have a removal reason related to child behavioral health. Within the category of child behavioral health, the most common reasons were child behavior - delinquency, child behavior problem, and child mental health issues (28%, 16% and 12% of all youth placed for behavioral needs, respectively).

Caretaker / child reasons	Removal reason (group)	# children placed due to behavioral health needs	Percent
Caretaker	Abandonment	8	3%
Caretaker	Access to services	1	0%
Caretaker	Alleged neglect	17	7%
Caretaker	Alleged physical abuse / threatened injury	21	9%
Caretaker	Alleged sexual abuse	10	4%
Caretaker	Caretaker detainment / death	1	0%
Caretaker	Caretaker drug / alcohol	17	7%
Caretaker	Caretaker impairment / illness	5	2%
Child	Child behavioral health	142	61%
	<i>Child behavior problem - delinquency</i>	66	28%
	<i>Child behavior problem</i>	37	16%
	<i>Child mental health issues</i>	29	12%
	<i>Child diagnosed condition</i>	2	1%
	<i>Child drug abuse</i>	3	1%
	<i>Child behavior problem - family conflict</i>	5	2%
Other	Other reason	12	5%
Total	Total	234	100%

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 setting, 38% are in a residential program and 26% are in a staff-operated group home.

Setting (group)	Setting (detail)	All children ¹⁰		Children placed due to behavioral health needs	
		Number	Percent	Number	Percent
Authorized temporary location	Authorized temporary location	19	0%	0	0%
Corrections	Correctional facility (locked)	45	1%	44	19%
Corrections	Juvenile correctional facility (non-secure, 13 or more children)	33	1%	21	9%
Corrections	Juvenile correctional facility (non-secure, 12 or fewer children)	10	0%	7	3%
Facility	Group home - staff operated	172	3%	61	26%
Facility	Residential program	122	2%	88	38%
Facility	Hospital	20	0%	0	0%
Facility	Psychiatric facility (PRTF)	15	0%	13	6%
Facility	Foster home - corporate/shift staff - Legacy	15	0%	0	0%
Facility	Residential SUD program with parent	3	0%	0	0%
Facility	ICF-DD	3	0%	0	0%
Family setting	[All family settings including foster homes, reunification, pre-adoptive home]	4,473 ¹¹	90%	0	0%
Unauthorized absence	Unauthorized absence	34	1%	0	0%
Total		4,997	100%	234	100%

Looking at children whose out-of-home placement episode ended in 2022, there were 4,345 exits. Of those, 426 had at least one behavioral health needs placement. The median number of months spent in continuous out-of-home care was similar between all youth and the subpopulation (15.5 months and 14 months respectively). Most youth with at least one behavioral health needs placement had a discharge reason of reunification with parents/primary caretakers (56%), however, 1-in-5 were discharged because they reached age of majority or emancipated compared to 1-in-20 for all youth. The duration of the out-of-home placement varied greatly between these two cohorts.

¹⁰ Note: Due to timing of data entry, unique count will not sum completely to the total shown.

¹¹ A small number of children may be counted twice if they have multiple concurrent placements.

children in out-of-home care (OHC) episodes which ended in 2022 by discharge reason (outcome)¹²

Discharge reason (group)	Discharge reason	# episodes closing	Average (median) months spent in out-of-home care	# episodes closing w/ at least one behavioral health needs placement	Average (median) months spent in out-of-home care for cases w/ at least one behavioral health needs placement
Adoption / Tribal customary adoption	Adoption / Tribal customary adoption	1,050	27.4	35	45.5
Other non-permanency	Transfer to another agency	35	2.1	11	9.6
Other non-permanency	Runaway from placement/placement no longer planned	17	3.4	9	10.5
Other non-permanency	Reached age of majority or emancipated	207	53.1	87	53.4
Other non-permanency	Death of client	6	* ¹³	1	*
Other permanency	Residing with non-removal parent/guardian	32	7.9	7	8.1
Other permanency	Living with other relatives	212	6.4	13	12.7
Other permanency	Guardianship to an unrelated individual	27	39.4	4	*
Reunification / reestablishment	Reunification with parents/primary caretakers	2,122	8.1	238	6.2
Transfer of permanent legal and physical custody to a relative (TPLPC)	Transfer of permanent legal and physical custody to a relative (TPLPC)	637	21.9	21	26.9
Total	Total	4,345	15.5	426	14

⁷ Note: Includes only continuous placement episodes that began prior to a child turning 18 years old and only those where the final authority showed an involuntary placement (most due to court order).

¹³ Note: "*" signifies small counts (i.e., <7) which could lead to the identification of individuals, and so this information is suppressed.

Nearly 1-in-5 youths with a behavioral health needs placement who entered and exited out-of-home care in 2020 had a new placement record in SSIS within the next 12 months (13% for all youth, 19% for youth with at least one behavioral health needs placement).

# children with out-of-home care re-entry (performance year 2022) by treatment facility indicator ¹⁴			
Group	# re-entered	# eligible cases	% re-entered
All children	187	1,471	12.7%
Children w/ at least one behavioral health needs placement	35	183	19.1%

The working group also requested placement data from the Minnesota Judicial Branch (courts). The court data provided the location of the placement, a key piece of data missing from the DHS data. For placement location analysis, data include all placements in CHIPS cases ordered between January 2019 and June 2023. This included 53,480 juvenile placements to these placement types/facility categories:

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%

Placements to correctional facilities and residential treatment centers (RTC) comprise 3.95% of all CHIPS placements in the dataset. About one-third of the court-ordered facility placements in this subset go to correctional facilities and two-thirds are placed in residential treatment centers. Here is the breakdown of only these two categories:

Facility category	Count of placements	% of placements
Foster care, correctional facility	718	34.03%
Foster care, residential treatment center	1,392	65.97%
Grand total	2,110	100.00%

¹⁴ Note: Re-entry measure has specific requirements for eligibility in the performance measure. This data matches the public performance measure dashboard, with the exception that it is limited to only involuntary cases (which is the same for all other data in this file). The main characteristic is that the initial placement episode ended within 12 months, and potential re-entry into care occurred within the following 12 months. The performance year (2022) is based on those children who entered in 2020, were discharged within 12 months, and showed subsequent re-entry within the following 12 months. See Child Welfare Data Dashboard, here: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/>

CHIPS PLACEMENTS TO FACILITY CATEGORIES BY JUDICIAL DISTRICT

Across the state, most placements are to a residential treatment center except for Judicial District 9, where slightly more placements are to correctional facilities.

Party Judicial District	Foster care, correctional facility	Foster care, residential treatment center	Total
1st	53 (2.51%)	154 (7.30%)	207 (9.81%)
2nd	20 (0.95%)	73 (3.46%)	93 (4.41%)
3rd	90 (4.27%)	143 (6.78%)	233 (11.04%)
4th	18 (0.85%)	57 (2.70%)	75 (3.55%)
5th	69 (3.27%)	176 (8.34%)	245 (11.61%)
6th	7 (0.33%)	85 (4.03%)	92 (4.36%)
7th	113 (5.36%)	266 (12.61%)	379 (17.96%)
8th	34 (1.61%)	97 (4.60%)	131 (6.21%)
9th	218 (10.33%)	191 (9.05%)	409 (19.38%)
10th	96 (4.55%)	150 (7.11%)	246 (11.66%)
Grand total	718 (34.03%)	1,392 (65.97%)	2,110 (100.00%)

Looking at the location of the placement, it is important to note that for 46% of all placements the location of the placement is unknown. The court record indicates a youth was placed in a facility, but the facility description was blank. The amount of missing data varies by judicial district, with the 6th Judicial District having the most complete data (83% of placements had location data) and the 2nd Judicial District having the most incomplete data (only 22% of placements had location data). All districts except for Districts 1,2, and 8 had most of their placements within the same district. For these three districts, their own district was the second most common placement location.

		Party Judicial District										Grand Total
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	
Facility Judicial District	1st	21 (1.00%)	2 (0.09%)	25 (1.18%)	4 (0.19%)	13 (0.62%)	1 (0.05%)	2 (0.09%)		2 (0.09%)	6 (0.28%)	76 (3.60%)
	2nd	3 (0.14%)	4 (0.19%)		1 (0.05%)	1 (0.05%)		8 (0.38%)			1 (0.05%)	18 (0.85%)
	3rd	6 (0.28%)	2 (0.09%)	28 (1.33%)	4 (0.19%)	9 (0.43%)	1 (0.05%)	8 (0.38%)	3 (0.14%)	2 (0.09%)	4 (0.19%)	67 (3.18%)
	4th	3 (0.14%)	1 (0.05%)	3 (0.14%)	12 (0.57%)	1 (0.05%)	1 (0.05%)	2 (0.09%)	1 (0.05%)	1 (0.05%)	2 (0.09%)	27 (1.28%)
	5th	4 (0.19%)	1 (0.05%)	3 (0.14%)	1 (0.05%)	24 (1.14%)	1 (0.05%)	1 (0.05%)	2 (0.09%)	1 (0.05%)		38 (1.80%)
	6th	4 (0.19%)	1 (0.05%)	6 (0.28%)	1 (0.05%)	5 (0.24%)	35 (1.66%)	8 (0.38%)	4 (0.19%)	11 (0.52%)	8 (0.38%)	83 (3.93%)
	7th	3 (0.14%)	2 (0.09%)	3 (0.14%)	2 (0.09%)	5 (0.24%)		50 (2.37%)	8 (0.38%)	11 (0.52%)	1 (0.05%)	85 (4.03%)
	8th	13 (0.62%)	2 (0.09%)	4 (0.19%)	1 (0.05%)	49 (2.32%)	1 (0.05%)	39 (1.85%)	29 (1.37%)	11 (0.52%)	9 (0.43%)	158 (7.49%)
	9th	19 (0.90%)	4 (0.19%)	21 (1.00%)	1 (0.05%)	6 (0.28%)	35 (1.66%)	97 (4.60%)	18 (0.85%)	208 (9.86%)	21 (1.00%)	430 (20.38%)
	10th	16 (0.76%)	1 (0.05%)	23 (1.09%)	4 (0.19%)	11 (0.52%)	1 (0.05%)	37 (1.75%)	11 (0.52%)	1 (0.05%)	60 (2.84%)	165 (7.82%)
	BLANK	115 (5.45%)	73 (3.46%)	117 (5.55%)	44 (2.09%)	121 (5.73%)	16 (0.76%)	127 (6.02%)	55 (2.61%)	161 (7.63%)	134 (6.35%)	963 (45.64%)
Grand Total		207 (9.81%)	93 (4.41%)	233 (11.04%)	75 (3.55%)	245 (11.61%)	92 (4.36%)	379 (17.96%)	131 (6.21%)	409 (19.38%)	246 (11.66%)	2110 (100.00%)

Taken in totality, there are more placements outside of judicial districts than within. Looking at placements within the same county, only 8% of placements remain in-county.

Same district?	Count of placements	% of placements
True	471	22.32%
False	676	32.04%
Unknown	963	45.64%
Total	2,110	100.00%

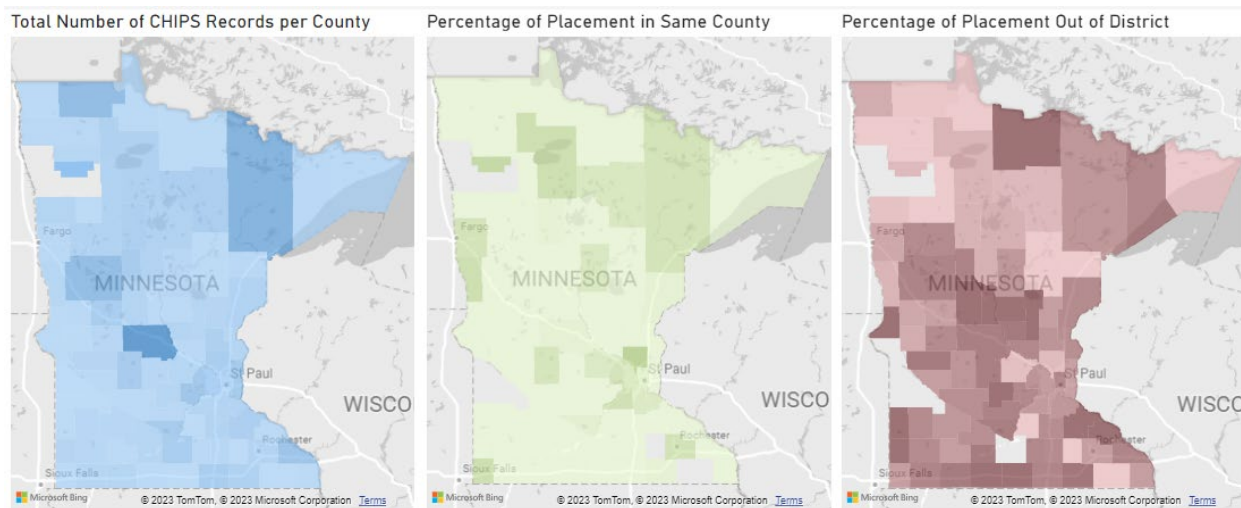
Same county?	Count of placements	% of placements
True	170	8.06%
False	977	46.30%
Unknown	963	45.64%
Total	2,110	100.00%

Mapping out placements where the placement location is known illustrates differences across the state.

The map in blue (left) shows placements originating from each county, with the darker blue counties having more placements ordered. Stearns and St. Louis Counties have more placements with location data than other counties.

The center map in green shows the percentage of placements within the county where they were ordered. Anoka County leads with 78.26% of placements staying within county borders.

The red map (right) shows the percentage of placement locations outside the county ordering the placement. Twelve counties have 100% of their placements with known locations outside their judicial districts; of those, nine had fewer than 10 placements with known locations.



Court data indicate there were 13 out-of-state CHIPS placements to a treatment or detention facility (included in foster care, correction facility and foster care, residential treatment center categories above), however with nearly half of placements missing location information, it is unclear whether the information is accurate.

Appendix 1.2:

Delinquency cases with out-of-home placement

Supplemental information on data analysis

The working group gathered court data on juvenile delinquency cases with an out-of-home placement following adjudication between January 1, 2019, and June 30, 2023. Orders for detention were excluded from this sample. The sample is comprised of 4,133 cases.¹⁵

JUDICIAL DISTRICTS

Minnesota is divided into 10 judicial districts. Examining the data reveals differences in practices between judicial districts. Between January 1, 2019, and June 30, 2023, 39,671 juvenile delinquency cases received an adjudication, stay or continuance.¹⁶ Of these cases, 10% 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. While judicial districts with large treatment and/or correctional facilities had somewhat higher rates of placements (23% in the 6th Judicial District and 19% in the 10th Judicial District), the 1st Judicial District was below the overall rate despite the presence of a large facility. The 2nd Judicial District (Ramsey County) had a rate of 17% while its neighbor, the 4th Judicial District (Hennepin County), had a rate of 7%.

Judicial District	Number of youths – all cases	Percent of total – all cases	Number of youths – OHP*	Percent of total – OHP	Percent of adjudicated youth with OHP
1st	6,428	16%	524	13%	8%
2nd	2,103	5%	347	8%	17%
3rd	3,736	9%	156	4%	4%
4th	6,863	17%	460	11%	7%
5th	3,097	8%	191	5%	6%
6th	1,628	4%	370	9%	23%
7th	5,144	13%	350	8%	7%
8th	1,380	3%	175	4%	13%
9th	3,350	8%	442	11%	13%
10th	5,942	15%	1,118	27%	19%
Total	39,671	100%	4,133	100%	10%

*OHP = out-of-home placement(s)

¹⁵ “Cases” refers to unique juvenile delinquency court cases. Lower severity cases sentenced on the same day, or tagging cases, are not included in this total. Total number of cases and charges disposed includes all cases with the same disposition date for a juvenile. A juvenile may appear in the sample more than once with separate disposition dates.

¹⁶ The same criteria apply to these cases. Only one case per party person ID and disposition date is included. Only misdemeanor, gross misdemeanor, and felony charges at disposition are included. The dispositions included are the same disposition types as appear in the OHP sample.

DEMOGRAPHICS

Most youth in the sample are male (78%), with a small number of cases missing gender data (2%).

Gender	Number of youths	Percent
Female	822	20%
Male	3,242	78%
Missing Gender Data	69	2%
Total	4,133	100%

Most youth in the sample are 15 to 17 years old at the time of delinquency case filing. About 30% of cases are for youth under the age of 15.

Age at filing	Number of youths	Percent
10-12	198	5%
13	379	9%
14	650	16%
15	889	22%
16	993	24%
17	922	22%
18	99	2%
Over 18	2	0%
Total	4,133	100%

The racial and ethnic composition of youth in the juvenile justice system differs significantly from the Minnesota population ages 10 to 17.¹⁷ Compared to all Minnesota youth between the ages of 10 and 17, youth with an adjudication of delinquency are more likely to be Black, Indigenous, and people of color (BIPOC). While Black or African American youth make up only 9% of the Minnesota population, they represent 18% of the delinquency population. Similarly, American Indian, and Alaska Native youth are 1% of the state's youth population but 4% of the delinquency population. White youth represent more than two-thirds of the state population but less than one-third of the delinquency population (30%). Hispanic/Latino youth are 9% of both the Minnesota population and the delinquency cohort. Of note, 33% delinquency case data from the courts are missing race and ethnicity information.

Looking at the out-of-home placement population compared to the full delinquency population, we can see the disparities appear to widen. The proportion of Black or African American youth increases from 18% to 27% and for American Indian or Alaska Native youth it increases from 4% to 8%. But a significant portion of cases with out-of-home placements are also missing race and ethnicity data (14%). Comparing that data to the delinquency data, which is missing race and ethnicity data on more than one-third of cases, it is difficult to say with certainty that these changes are accurate or significant. It is possible that the missing race data is evenly distributed across demographic categories, making the differences between the out-of-home placement population and the full delinquency population meaningful. If, however, there is a pattern to those missing race and ethnicity data, this could confound the results. This is an important area for further research.

¹⁷ Census data from U.S. Census Bureau American Communities Survey 2021.

While we can't effectively compare all youth with an adjudication of delinquency to youth with an out-of-home placement, we can say that non-white youth are overrepresented both in all youth with adjudications of delinquency and youth with out-of-home placements.

CENSUS BUREAU DATA			ALL ADJUDICATIONS OF DELINQUENCY			SAMPLE DATA	
Race/ethnicity	# of youths 10-17	Percent	Race/ethnicity	# of youths	Percent	# of youths	Percent
Black or African American alone, non-Hispanic	54,645	9%	Black or African American	7,091	18%	1,116	27%
American Indian and Alaska Native alone, non-Hispanic	6,126	1%	American Indian or Alaska Native	1,471	4%	339	8%
Asian alone, non-Hispanic	35,049	6%	Asian or Pacific Islander	482	1%	77	2%
Two or more races alone, non-Hispanic	34,145	6%	Multiracial	1,637	4%	253	6%
Some other race alone, non-Hispanic	2,506	0%	Other	423	1%	54	1%
White alone, non-Hispanic	414,473	69%	White	11,862	30%	1,358	33%
Hispanic	53,698	9%	Hispanic or Latino	3,649	9%	375	9%
			Unknown/Refused	13,056	33%	561	14%
Total	600,642	100%	Total	39,671	100%	4,133	100%

DISPOSITION

Most youth in the sample were adjudicated delinquent prior to their out-of-home placement (58%)¹⁸; 37% of the youth were ordered to out-of-home placement while their case was continued (including continued for dismissal, continued without adjudication, continued without findings)¹⁹; and 5% of youth were ordered to out-of-home placement on cases where adjudication was stayed (stayed, statutory stay of adjudication).

Disposition type	Number of youths	Percent
Adjudicated Delinquent	2,411	58%
Continued	1,523	37%
Stayed	199	5%
Total	4,133	100%

¹⁸ Three cases had a disposition of convicted. Due to the small number, they are included in adjudications. They were not extended jurisdiction juvenile (EJJ) cases.

¹⁹ Fifteen cases had a disposition of dismissed, conditions met or expired. These are included in continued dispositions.

EXTENDED JURISDICTION JUVENILE

There were 308 cases in the sample data that were designated extended jurisdiction juvenile (EJJ) (7%). These are cases where the youth are given both a juvenile and adult disposition. If the youth is successful following the terms of their juvenile disposition, the adult sentence is not imposed. If the youth is unsuccessful, the case can be moved to adult court and the youth's adult disposition and sentence can be imposed.

CURRENT OFFENSE

The current offense is based on the most serious level at the time of disposition, not the most serious level charged. When a youth had multiple charges or multiple cases, the most serious offense level was selected. Among the same offense level, the most serious type of offense was selected. For most youth with an out-of-home placement, the highest offense level was felony (48%). Gross misdemeanor cases account for 16% of cases and misdemeanor cases account for 35%. Of note, 1% of cases were cases where the highest charge was a petty misdemeanor.

The most common offense type was person offense at 34% (including robbery, assault, burglary 1st and 2nd degree) followed by property offenses (theft, receiving stolen property, property damage, other burglaries) at 26%. Other offenses were 16% of the sample (including fleeing police, giving false information to police, obstruction of justice, disorderly conduct, DWI, and all alcohol offenses).

Offense level	Number of youths	Percent
Felony	1,986	48%
Gross Misdemeanor	674	16%
Misdemeanor	1,449	35%
Petty Misdemeanor	24	1%
Total	4,133	100%

Offense type	Number of youths	Percent
Homicide	17	0%
Sex Crimes	249	6%
Person	1,385	34%
Weapons	214	5%
Domestic	347	8%
Drug	206	5%
Property	1,060	26%
Other	655	16%
Total	4,133	100%

PRIOR ADJUDICATIONS OF DELINQUENCY

Most youth who have an out-of-home placement ordered had 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.

Prior offenses	Number of youths	Percent
No prior adjudications	954	23%
1 to 2	1,040	25%
3 to 5	989	24%
More than 5	1,150	28%
Total	4,133	100%

Looking at the types of prior offenses, one quarter had at least one prior person felony.²⁰

Similarly, one quarter had at least one prior non-person felony level offense. Just over a quarter had at least one prior person gross misdemeanor or misdemeanor

offense. Over half of youth had at least one prior non-person gross misdemeanor or misdemeanor, the most common prior offense type.

Prior offenses	Number of youths	Percent
Prior Person Felony	1,014	25%
Prior Non-Person Felony	1,071	26%
Prior Person Gross Misdemeanor or Misdemeanor	1,179	29%
Prior Non-Person Gross Misdemeanor or Misdemeanor	2,132	52%

RECIDIVISM

Recidivism includes new adjudications of delinquency, convictions, and stays of adjudication for a new offense with an offense date within three years of the disposition date on their OHP case.²¹ Just over half of youth in the sample had no new offenses (53%), another 30% had one to two new offenses, and 17% of youth had more than two new offenses.

Recidivism	Number of youths	Percent
No Recidivism	2185	53%
1 to 2	1,225	30%
3 to 5	539	13%
More than 5	184	4%
Total	4,133	100%

The most common offense type for recidivism is non-person gross misdemeanors and misdemeanors, with 31% of youth having a new offense in this category.

Recidivism	Number of youths	Percent
Person Felony	573	14%
Non-person Felony	723	17%
Person Gross Misdemeanor or Misdemeanor	472	11%
Non-person Gross Misdemeanor or Misdemeanor	1,294	31%

YOUTH WITH OUT-OF-HOME PLACEMENTS FOR MISDEMEANOR OFFENSES

For over one-third of youth, the highest adjudicated offense was a misdemeanor. Out-of-home placements are reserved for cases where the youth cannot be safely treated and/or supervised in the home; these are typically the most serious offenses like felonies or violent offenses. Looking more closely at the 35% of cases with only a misdemeanor level offense by criminal history and offense type, 94 youth had no criminal history and a non-violent current offense (drug, property, or other offense type).

²⁰ Person offenses are based on the same categories used for the current offense. Homicide, sex crimes, person, and sex crimes are included as person offenses. All other offenses are considered non-person offenses.

²¹ Not all youth had a full three-year recidivism window as three years had not elapsed between the youth's disposition date and the date recidivism was analyzed.

Prior offenses	Person	Weapons²²	Domestic	Drug	Property	Other	Total
No prior adjudications	145	10	119	1	35	58	368
1 to 2	174	8	94	0	63	108	447
3 to 5	88	9	35	3	61	153	349
More than 5	60	0	28	1	76	120	285
Total	467	27	276	5	235	439	1,449

Practices vary by judicial district with the 10th Judicial District ordering one-third of all out-of-home placements on misdemeanors.

Judicial District	Number of youths	Percent
1st	215	15%
2nd	74	5%
3rd	54	4%
4th	32	2%
5th	80	6%
6th	158	11%
7th	127	9%
8th	54	4%
9th	183	13%
10th	472	33%
Total	1,449	100%

Most youth placed out of the home for a misdemeanor did not have a new conviction or adjudication of delinquency.²³ The recidivism rates for the misdemeanor cohort are very similar to the full sample of youth with out-of-home placements.

Recidivism	Number of youths	Percent
No Recidivism	794	55%
1 to 2	442	31%
3 to 5	166	11%
More than 5	47	3%
Total	1,449	100%

²² Misdemeanor weapon offenses include possession of replica firearm or BB gun, knife, brass knuckles.

²³ Recidivism is defined as any new offense with a conviction, adjudication of delinquency, or stay of adjudication on a misdemeanor level offense or higher within three years of their disposition date. Not all youth have a full three-year recidivism window as three years have not yet elapsed from their disposition date.

PLACEMENT DATA

Many of the youth had more than one placement. To account for multiple placements, the below looks at each youth's placement over the entire sample period (January 2019 to June 2023) which additionally allows for journey mapping the youth's placements. The original 4,133 cases were comprised of 3,023 individuals with 5,653 placements.²⁴ Most placements were to secure juvenile detention centers and residential treatment centers.²⁵

Facility category	Detailed facility category	# of placements	Percent
Shelter, Group Home, Foster Care	Shelter	64	1%
	Group Home	295	5%
	Foster Care	56	1%
Non-secure	RTC* - non-secure	328	6%
	JDC**/RTC – non-secure	414	7%
Non-secure & Secure	RTC - both or unknown	718	13%
	JDC/RTC - both	349	6%
Secure	RTC - secure	201	4%
	JDC/RTC - secure	2,803	50%
Adult Facility		56	1%
Unknown (Null, Other, and Blank)		369	7%
Total		5,653	100%

*Residential treatment center (RTC) / **Juvenile detention center (JDC)

Female youth were slightly more likely than male youth to receive a placement to a non-secure facility (16% versus 12%). Conversely, male youth were more likely to be placed in a secure facility (54% for male youth; 49% for female youth).

	% Female	% Male
Shelter, Group Home, Foster Care	9%	7%
Non-secure	16%	12%
Non-secure & Secure	17%	19%
Secure	49%	54%
Adult Facility	1%	1%
Other and unknown	7%	7%

²⁴ Some orders list multiple facilities on a single date. Other orders appear to be review hearings occurring every 30 to 90 days with the placement remaining the same. To control for duplicate placement records, the following logic was used: include all first placements to unique facilities for each individual and include subsequent placements only if at least 95 days have elapsed since the last placement to the facility.

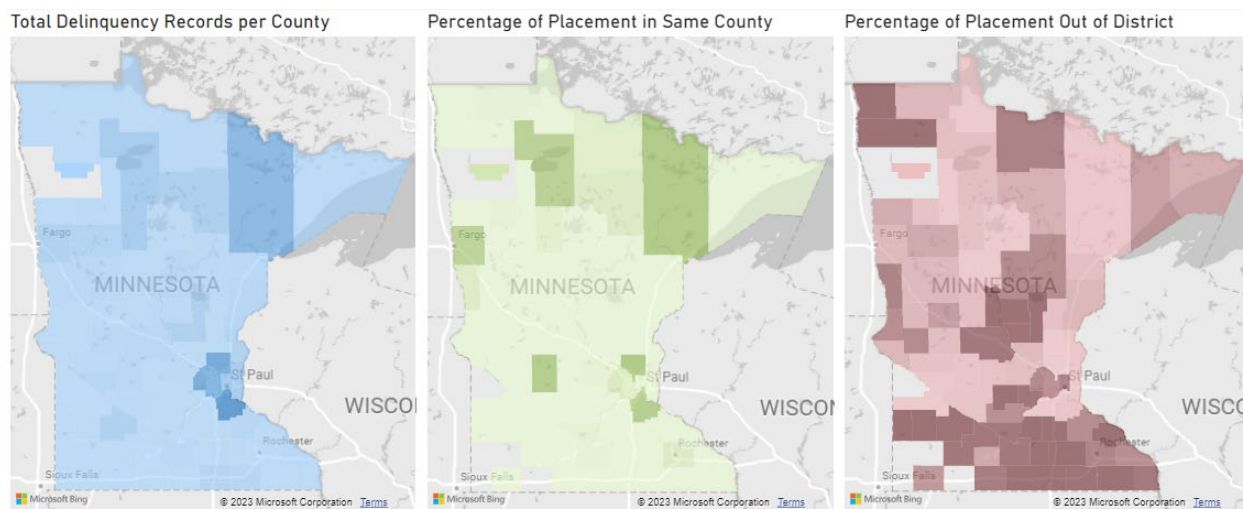
²⁵ Some facilities are listed as both secure and non-secure. These are placements facilities with both settings where the order was not clear which setting the youth would be placed in.

Looking at placement by facility, differences emerge in the secure placement category. Among American Indian or Alaska Native youth, 34% of placements are to secure facilities, compared to 63% of placements for Black or African American youth.

	% American Indian or Alaska Native	% Asian or Pacific Islander	% Black or African American	% Hispanic or Latino	% White	% Multiracial	% Other
Shelter, group homes, foster care	7%	4%	6%	9%	9%	8%	7%
Non-secure	10%	16%	8%	20%	16%	16%	23%
Non-secure & secure	42%	13%	15%	15%	19%	21%	12%
Secure	34%	56%	63%	50%	49%	48%	48%
Adult facility	1%	0%	1%	1%	2%	0%	0%
Other and unknown	6%	11%	8%	5%	6%	6%	10%
Number of youths	487	101	1464	539	1893	361	83

PLACEMENT PROXIMITY

The maps below illustrate delinquency placements by originating county. The left map in blue shows how many placements originate from each county, with the darkest counties having the greatest number of placements (Dakota, Anoka, and Hennepin Counties). The middle map in green shows the percentage of placements that occurred within the county. St. Louis, Freeborn, Morris, Steele, Rice, Mille Lacs, and Benton Counties for example had all or nearly all placement within their county. The map on the right in red shows placements out of the judicial district, meaning the youth was placed further from home. Most of southern Minnesota had placements ordered outside of the judicial district of the case. The table on the following page shows the underlying data used for the maps.



County	Number of placements	Number of placements with location	Placements within county	Placements out of county, in judicial district	Placements out of judicial district
Aitkin	51	51	0.0%	31.4%	68.6%
Anoka	1,333	1,330	100.0%	0.0%	0.0%
Becker	193	193	0.0%	63.2%	36.8%
Beltrami	413	407	83.0%	4.4%	12.5%
Benton	312	286	0.0%	2.8%	97.2%
Big Stone	15	14	0.0%	78.6%	21.4%
Blue Earth	72	71	4.2%	2.8%	93.0%
Brown	29	29	0.0%	6.9%	93.1%
Carlton	59	59	1.7%	86.4%	11.9%
Carver	18	18	0.0%	5.6%	94.4%
Cass	16	16	0.0%	100.0%	0.0%
Chippewa	147	138	0.0%	98.6%	1.4%
Chisago	209	209	0.0%	96.2%	3.8%
Clay	260	260	78.1%	2.7%	19.2%
Clearwater	10	10	0.0%	100.0%	0.0%
Cook	7	7	0.0%	71.4%	28.6%
Cottonwood	15	15	0.0%	6.7%	93.3%
Crow Wing	188	106	0.9%	29.2%	69.8%
Dakota	1,732	1,729	90.5%	4.6%	4.9%
Dodge	17	15	0.0%	0.0%	100.0%
Douglas	8	8	0.0%	50.0%	50.0%
Faribault	7	7	0.0%	0.0%	100.0%
Fillmore	1	1	0.0%	0.0%	100.0%
Freeborn	180	166	0.0%	0.0%	100.0%
Goodhue	154	117	3.4%	28.2%	68.4%
Grant	15	15	0.0%	80.0%	20.0%
Hennepin	1,484	1,230	27.4%	0.0%	72.6%
Houston	26	23	0.0%	8.7%	91.3%
Hubbard	411	411	12.9%	78.1%	9.0%
Isanti	16	16	0.0%	100.0%	0.0%
Itasca	514	292	22.6%	49.3%	28.1%
Kanabec	21	20	0.0%	90.0%	10.0%
Kandiyohi	98	98	92.9%	2.0%	5.1%
Kittson	1	1	0.0%	0.0%	100.0%
Koochiching	34	34	14.7%	2.9%	82.4%
Lake	13	13	0.0%	53.8%	46.2%
Lake of the Woods	2	2	0.0%	100.0%	0.0%
Le Sueur	4	4	0.0%	0.0%	100.0%
Lincoln	4	4	0.0%	0.0%	100.0%
Lyon	18	18	0.0%	0.0%	100.0%

Mahnomen	45	38	7.9%	84.2%	7.9%
Marshall	1	1	0.0%	0.0%	100.0%
Martin	28	23	0.0%	0.0%	87.0%
McLeod	14	14	0.0%	0.0%	100.0%
Meeker	13	13	0.0%	92.3%	7.7%
Mille Lacs	288	288	1.4%	0.0%	98.6%
Morrison	55	55	0.0%	0.0%	100.0%
Mower	145	130	0.0%	0.8%	99.2%
Nicollet	13	13	7.7%	0.0%	92.3%
Nobles	14	14	0.0%	7.1%	57.1%
Norman	7	6	0.0%	66.7%	33.3%
Olmsted	29	28	21.4%	0.0%	78.6%
Otter Tail	75	75	0.0%	81.3%	18.7%
Pine	130	112	0.0%	78.6%	21.4%
Polk	3	3	100.0%	0.0%	0.0%
Pope	100	100	0.0%	87.0%	13.0%
Ramsey	791	616	12.8%	0.0%	85.4%
Red Lake	1	1	0.0%	100.0%	0.0%
Redwood	274	270	0.0%	1.5%	97.8%
Renville	43	43	0.0%	93.0%	7.0%
Rice	28	28	0.0%	0.0%	100.0%
Roseau	26	25	4.0%	76.0%	20.0%
Scott	1	1	0.0%	100.0%	0.0%
Sherburne	17	17	0.0%	82.4%	17.6%
Sibley	15	14	0.0%	35.7%	64.3%
St. Louis	927	913	98.2%	0.1%	1.6%
Stearns	92	91	1.1%	5.5%	93.4%
Steele	40	39	0.0%	0.0%	100.0%
Stevens	8	7	0.0%	28.6%	71.4%
Swift	34	34	0.0%	91.2%	8.8%
Todd	25	25	0.0%	88.0%	12.0%
Traverse	9	9	0.0%	33.3%	66.7%
Wabasha	23	20	0.0%	0.0%	100.0%
Wadena	11	8	0.0%	100.0%	0.0%
Waseca	7	7	0.0%	0.0%	100.0%
Washington	388	367	1.9%	97.0%	1.1%
Watsonwan	11	8	0.0%	0.0%	37.5%
Wilkin	39	39	20.5%	0.0%	79.5%
Winona	70	61	0.0%	32.8%	67.2%
Wright	40	40	5.0%	82.5%	12.5%
Yellow Medicine	14	12	0.0%	100.0%	0.0%

Court data indicate that there were only six out-of-state delinquency placements over the course of the entire study period (included in other and unknown category above). While it is possible that some of the unknown placement locations are out-of-state placements, the total number is likely low.

JOURNEY MAPPING

To further explore how youth move through the system, a journey mapping analysis was completed. This put each youth's placement in chronological order to detect any patterns in the order in which different types of placements are ordered. Subject matter experts hypothesized that as youth had more placements, the placements would become more secure. They also hypothesized that this shift would happen at the youth level rather than the case level, meaning that it could be the first placement for a case but the fourth for the youth. Those determining the type of placement would consider it the fourth placement and be more inclined to a more secure placement. At the end of the journey mapping analysis, no pattern was detected. This may reflect that there is no pattern, or it may mean that the data quality does not allow for a pattern to become clear. This analysis should be replicated if more complete placement data becomes available including disaggregating secure and non-secure placements.

Appendix 2.1:

Treatment provider survey results

Supplemental information on data analysis

The Working Group on Youth Interventions distributed a survey to youth treatment providers in Minnesota to understand the needs of youth in their care, how youth enter and leave their care, and challenges faced by the facilities.

The survey received 18 responses from facilities providing services to youth on either juvenile delinquency or child in need of protection or services (CHIPS) cases or both. The full survey is included in this appendix. The survey requested license numbers because some facilities have multiple licenses based on multiple programs. There are 29 license numbers held by the 18 respondents, representing about 30% of all facilities licensed by the Department of Human Services (DHS) as Children's Residential Facilities. The responding facilities are located across 25 Minnesota counties and three North Dakota counties. A list of facilities and programs that responded to this survey is included in this appendix.

SERVICES OVERVIEW

The majority of responding facilities serve both CHIPS and delinquent youth. All programs accept youth from other counties. Collectively, the surveyed facilities represent 565 bed spaces.

More than 83% of responding facilities offer residential services. Three facilities offer only non-residential services. Almost all residential facilities offer non-secure placement and roughly half offer secure placement.

Population served	Programs
CHIPS only	1
Delinquency only	2
Both	15

Type of services	Programs
Residential	8
Non-residential	3
Both	7

Accept youth from other counties	100%
----------------------------------	------

Capacity	565
----------	-----

Residential security	Programs
Secure	1
Non-secure	8
Both	6

THERAPEUTIC INTERVENTIONS

The facilities provide a wide range of services, with residential facilities offering a greater variety. Most facilities offer education programming. Slightly more than half of facilities offer health services, mental health treatment, and group cognitive behavioral interventions.

In the comment section on therapeutic interventions, facilities also noted that they have 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.

Treatment interventions	Residential	Non-residential
SUD treatment	7	1
Mental health treatment (individual/family)	11	4
Group cognitive behavioral interventions	12	3
Wraparound	2	0
Correctional secure residential treatment	6	1
Correctional non-secure	8	1
Sex offender programming	4	0
Family parenting skills	6	1
Educational programming	14	4
Mentoring	6	1
Health services	10	2
Employment	4	0
Group home	7	1
Shelter/housing	5	0
Non-secure detention/shelter care	8	2
Foster care	2	0
Other	1	1

PLACEMENT AUTHORITY

A little more than half of placements with residential providers are correctional placements. For non-residential providers, correctional placements make up the largest percentage, followed by child welfare and parent placements.

Avg % placement authority	Residential	Non-residential
Parent placement	13%	24%
Child welfare placement	24%	26%
Correctional placement	52%	41%
Voluntary holds	6%	6%
72hr holds	5%	3%

CONDITION OF REFERRED YOUTH

Both residential and non-residential facilities reported that the youth referred to them have a history of trauma or trauma-related conditions most or all the time. Both facility types reported that referred youth have a history of sexual abuse or are victims of sex trafficking about half the time. The proportion of youth presenting with suicidal ideation/self-injury behavior varies by facility. About half of residential facilities reporting youth present with these concerns most of the time or more. A quarter of residential facilities report youth presenting with suicidal ideation/self-injury behavior half the time and another quarter report youth with this presentation only sometimes. The distribution is similar for youth in non-residential programming. In both residential and non-residential programming, about half the time, referred youth present with substance use and youth sometimes present with developmental disabilities.

How often do youth referred to your facility present with the following?		History of trauma / Trauma related conditions	History of sexual abuse / Sex trafficking victim	Suicidal ideation / Self injury behavior	Substance use	Development disabilities	Other
Residential	Never (1)	0	0	0	0	3	4
	Sometimes (2)	0	1	3	2	7	3
	About half the time (3)	0	9	3	7	3	1
	Most of the time (4)	9	3	6	4	0	1
	Always (5)	4	0	1	0	0	0
Non-residential	Never (1)	0	0	0	0	1	2
	Sometimes (2)	0	3	3	3	5	4
	About half the time (3)	0	4	2	4	3	2
	Most of the time (4)	8	1	3	2	0	1
	Always (5)	1	1	1	0	0	0
How often do youth referred to your facility present with the following?		History of trauma / Trauma related conditions	History of sexual abuse / Sex trafficking victim	Suicidal ideation / Self injury behavior	Substance use	Development disabilities	Other
Residential		Most of the time (4.31)	About half the time (3.15)	About half the time (3.38)	About half the time (3.15)	Sometimes (2.00)	Sometimes (1.89)
Non-residential		Most of the time (4.11)	About half the time (3.00)	About half the time (3.22)	About half the time (2.89)	Sometimes (2.22)	Sometimes (2.22)

Respondents noted some referral trends:

- Increase in females
- Decrease in average age
- Increase in mental illness incidence and severity
- Increase in extensive treatment history
- Increase in aggressive behavior

BEHAVIORAL BARRIERS TO ENTRY/PROGRAM ACCEPTANCE

Facilities are most likely to cite physically or sexually aggressive/assaultive behavior as a barrier to program acceptance, but there is a wide range of responses from both program types. Similarly, facilities indicate different outcomes for program acceptance for youth presenting with suicidal ideation/self-injury behavior. Property destruction was the least likely barrier to entry of the listed behavioral factors. Two facilities indicated they would accept all youth from member counties but may screen youth for acceptance from non-member counties.

How often have these BEHAVIORAL factors been a barrier to entry/program acceptance?		Physically aggressive / assaultive behavior	Sexually aggressive / assaultive behavior	Property destruction	Suicidal ideation / Self injury behavior	Other
Residential	Never (1)	0	0	2	1	3
	Sometimes (2)	7	7	9	8	4
	About half the time (3)	2	2	1	1	1
	Most of the time (4)	4	3	1	3	0
	Always (5)	0	1	0	0	0
Non-residential	Never (1)	3	3	4	4	3
	Sometimes (2)	4	3	4	3	4
	About half the time (3)	0	2	1	0	1
	Most of the time (4)	2	1	0	2	0
	Always (5)	0	0	0	0	0
How often have these BEHAVIORAL factors been a barrier to entry/program acceptance?		Physically aggressive / assaultive behavior	Sexually aggressive / assaultive behavior	Property destruction	Suicidal ideation / Self injury behavior	Other
Residential		About half the time (2.77)	About half the time (2.85)	Sometimes (2.08)	Sometimes (2.46)	Sometimes (1.75)
Non-residential		Sometimes (2.11)	Sometimes (2.11)	Sometimes (1.67)	Sometimes (2.00)	Sometimes (1.75)

PROGRAMMATIC BARRIERS TO ENTRY/PROGRAM ACCEPTANCE

Respondents indicated that a lack of funding or compensation are rarely barriers to entry to their program. Both residential and non-residential programs experienced insufficient staffing as a barrier, with four residential programs and two non-residential programs reporting a lack of staff to operate at full capacity is always a barrier. Some residential programs also said they do not have staff with sufficient training and/or skill levels.

Some respondents noted differences based on whether referred youth are from a member county. One respondent wrote:

“The questions in this section appear to be about resources (Staffing, training, compensation). Yes there is a lack of funding and especially lack of (or non-existent) Federal/State funding for correctional facilities. Rather fiscal responsibility falls directly on the counties at the same time demand for correctional placements have been increasing across the state. Thus, the biggest barrier for program acceptance is whether the county has supported a juvenile facility or not. For counties that support (i.e. fund) juvenile facilities have very little trouble getting appropriate youth placed in correctional residential programs.”

RESIDENTIAL PROGRAMS AND WAITING LISTS

	Currently in program	Waiting list	# of beds	Occupancy	In + waiting
RESIDENTIAL program	379	114	565	67%	493

What is the typical wait time for a youth to be accepted into your RESIDENTIAL program?

How often have these PROGRAMMATIC factors been a barrier to entry/program acceptance?		Insufficient staffing to operate at full licensed capacity	Insufficient staff training / skill levels	Lack of funding / compensation	Other
Residential	Never (1)	1	3	6	6
	Sometimes (2)	4	4	4	2
	About half the time (3)	2	2	0	1
	Most of the time (4)	2	3	1	0
	Always (5)	4	1	2	0
Non-residential	Never (1)	4	6	5	6
	Sometimes (2)	3	2	2	1
	About half the time (3)	0	0	0	1
	Most of the time (4)	0	1	1	0
	Always (5)	2	0	1	0
How often have these PROGRAMMATIC factors been a barrier to entry/program acceptance?		Insufficient staffing to operate at full licensed capacity	Insufficient staff training / skill levels	Lack of funding / compensation	Other
Residential		About half the time (3.31)	About half the time (2.62)	Sometimes (2.15)	Never (1.44)
Non-residential		Sometimes (2.22)	Sometimes (1.56)	Sometimes (2.00)	Never (1.38)

Wait times for placement ranged from none to six months to one year. Six facilities had wait times of two weeks or less. Four facilities had wait times of one to two months. Two facilities had wait times of more than two months. Some facilities noted that there is no wait or less wait for member counties than non-member counties. Wait times can be variable and hard to estimate, based on changes in referrals/discharges and staffing levels.

Wait time	Number of residential facilities
Two weeks or less	6
One to two months	4
More than two months	2

CONDITION OF YOUTH ON WAITING LISTS

Youth on waiting lists for residential placement are similar to youth currently in residential programming.

How often do the youth on your waiting list present with the following?		History of trauma / Trauma related conditions	History of sexual abuse / Sex trafficking victim	Suicidal ideation / Self injury behavior	Substance use	Development disabilities	Other
Residential	Never (1)	1	1	1	1	4	4
	Sometimes (2)	1	2	1	4	6	3
	About half the time (3)	0	6	4	3	2	0
	Most of the time (4)	7	3	6	3	0	0
	Always (5)	3	0	0	1	0	0
How often do the youth on your waiting list present with the following?		History of trauma / Trauma related conditions	History of sexual abuse / Sex trafficking victim	Suicidal ideation / Self injury behavior	Substance use	Development disabilities	Other
Residential		Most of the time (3.83)	About half the time (2.92)	About half the time (3.25)	About half the time (2.92)	Sometimes (1.83)	Never (1.43)

FUNDING SOURCES

Of the 13 residential programs that responded to questions about funding sources, all received funding from a county. Just over a third of programs also received federal and state funds.

Funding source	Federal	State	County	City
Residential	5 (38%)	5 (38%)	13 (100%)	0 (0%)

Payor Sources	Residential	Non-residential
Medical Assistance (MA)	6%	10%
Prepaid Medical Assistance Project (PMAP)	1%	13%
Commercial insurance	3%	6%
County subsidy	65%	39%
Grants	1%	19%
Disability waiver	0%	0%
Fee for service	24%	13%
Charge back to parents	1%	1%

A majority of both residential and non-residential programs have their fees paid through county subsidy.

After county subsidies, residential programs are usually paid through fee-for-service, while non-residential programs are paid through grants, fee-for-service, and the state's Prepaid Medical Assistance Program (PMAP).

PER DIEM COST

The cost of residential programming varies widely, from \$139 for member counties at one facility to over \$1,000 billed through insurance at another. Most residential programs report a per diem rate between \$300 and \$400, with many offering a lower cost for member counties.

Non-residential programs have a similarly wide range of costs. Some programs are grant funded while others bill insurance. For the programs that reported per diem costs most were between \$250 and \$400.

DISCHARGE PRIOR TO PROGRAM COMPLETION

Youth in residential programming are rarely discharged prior to completion for lack of staffing or funding. For facility limitations and new delinquency charges, there is a split, with some facilities able to accommodate higher risk youth and other unable to continue to safely house them. Respondents commented that they will also discharge a youth if the facility is not a good match or the youth refused to engage in programming.

Reason(s) for discharge prior to program completion	Staffing limitations	Facility limitations	Funding limitations	Youth charged w/ delinquency offense
Never (1)	10	5	8	4
Sometimes (2)	2	3	5	7
About half the time (3)	1	1	0	1
Most of the time (4)	0	3	0	1
Always (5)	0	1	0	0

Average	Never (1.31)	Sometimes (2.38)	Never (1.38)	Sometimes (1.92)
---------	--------------	------------------	--------------	------------------

DISCHARGE POST-PROGRAM COMPLETION

When asked about specific barriers to post-program discharge, respondents indicated that most of the below options are not very common. The most common barriers are lack of appropriate placement option and no adequate step-down programming available.

Barriers to discharge post-program completion	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)	Average
Placement agency not involved in case planning	2	10	0	0	0	Sometimes (1.83)
Family was not involved in case planning	1	8	1	2	0	Sometimes (2.33)
Lack of appropriate placement option	0	4	5	2	1	About half the time (3.00)
Youth ran away/elapsed	1	10	1	0	0	Sometimes (2.00)
No adequate step-down programming available	1	6	3	0	2	About half the time (2.67)
Youth was unwilling to participate in programming	1	8	0	2	1	Sometimes (2.50)
Family was unwilling to participate in programming	2	6	1	2	1	Sometimes (2.50)
Family not allowed to participate in programming	7	5	0	0	0	Never (1.42)
Transportation	8	4	0	0	0	Never (1.33)
Other	6	2	0	0	0	Never (1.25)

Most of the time, youth are discharged to home after program completion. Sometimes, they're discharged into a step-down program or shelter.

Where are youth typically discharged to post-completion?	Home	Shelter	Step-down program	Other
Never (1)	0	4	1	6
Sometimes (2)	4	9	8	3
About half the time (3)	1	0	4	0
Most of the time (4)	8	0	0	0
Always (5)	0	0	0	0

Average	About half the time (3.31)	Sometimes (1.69)	Sometimes (2.23)	Never (1.33)
---------	----------------------------	------------------	------------------	--------------

WGYI Providers Survey Respondents

License #	Program Name	County	Region	Status
1010657	Itaskin Treatment Center	Itasca	3	Active
1047010	North Homes Cottage	Itasca	3	Active
1056721	Anoka County Juvenile Center Campus	Anoka	11	Active
802196	Scott County Mental Health Govt Center #300	Scott	11	Active
1036981	West Central Regional Juvenile Center	Clay	4	Active
1103240	Hunters Place LLC	Lyon	8	Active
1036843	Arrowhead Juvenile Center	St. Louis	3	Active
801775	Northwood Children's Services-Main Campus	St. Louis	3	Active
801777	Northwood Children's Services-West Campus	St. Louis	3	Active
1091513	Northwood Childrens Services Inc	St. Louis	3	Active
806078	Northwood Children and Family Center	St. Louis	3	Active
805938	Little Learners' Enrichment Center	St. Louis	3	Active
1073283	Northwood Childrens Services	St. Louis	3	Active
1073285	Northwood Childrens Services	St. Louis	3	Active
1073281	Northwood Childrens Services	St. Louis	3	Active
1073286	Northwood Childrens Services	St. Louis	3	Active
1073282	Northwood Childrens Services	St. Louis	3	Active
1036937	Northwestern MN Juvenile Center	Beltrami	2	Active
800099	On-Belay House	Hennepin	11	Conditional
1036977	Village Ranch Residential Facility	Wright	7	Active
1083564	Village Ranch Girls Program	Wright	7	Active
1077394	Village Ranch Rochester	Olmsted	10	Active
1061311	Village Ranch Hutchinson House	McLeod	6	Active
1036946	Scott County Juvenile Alternative Facility	Scott	11	Active
1036941	Prairie Lakes Youth Programs - Youth Services	Kandiyohi	6	Active
1095378	Kadiri House LLC	Hennepin	11	Active
1036940	PORT Group Homes Boys	Crow Wing	5	Active
1057221	PORT Group Homes Girls	Crow Wing	5	Active
1036943	Red River Valley Juvenile Center	Polk	1	Active

Responded, but not on this list: Safe Harbor/Someplace Safe serves nine counties and does not need licenses (Big Stone, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wadena, Wilkin). Therapeutic Services Agency is a Children's Therapeutic Services and Supports facility in Pine City, Minn.

Survey on Providers for the Working Group on Youth Interventions (CCRHF1830)

This survey is being done in response to research question 1:

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.

Provide data specific to current total capacity, availability, level of care, outcomes, and costs.

Q01) To better identify the respondents of this survey, please provide the following information:

- License number(s) _____
- Program name _____
- Location (city, county) _____
- Name of respondent _____
- Role/title _____
- Criteria for placement (if any)

Q02) Would you or someone from your organization be willing to be contacted to provide additional feedback on your experience?

Please provide contact information if 'Yes'

- ☐ Yes (*please provide contact information*)
- ☐ No

- Contact name _____
- Role/title _____
- Phone number _____
- Email address _____

Q03) Does this program serve/accept youth (under 18yo)?

- ☐ Yes
- ☐ No (*survey is ended since this research focuses on programs serving youth under 18yo*)

Q04) Does this program provide services for youth who have been adjudicated as child in need of protective services (CHIPS) or delinquent?

- ☐ Yes, for CHIPS only
- ☐ Yes, for delinquent youth only
- ☐ Yes, for both CHIPS and delinquent youth
- ☐ No (*survey is ended since this research focuses on these two subsets of youth*)

Q05) Does this program accept youth from other counties?

- ☐ Yes
- ☐ No

Q06) What type(s) of services does this program provide?

- Residential *(continue filling in questions 7 to 22)*
- Non-residential *(skip to questions 23 to 28)*
- Both, residential and non-residential *(please fill in all questions 7 to 28)*

For programs providing RESIDENTIAL SERVICES

Q07) What is the security of this facility? (check all that apply)

- ☐ Secure
- ☐ Non-secure

Q08) What is your licensed capacity? _____

Q09) What type of therapeutic interventions does this facility provide? (check all that apply)

- | | |
|--|---|
| ☐ SUD treatment | ☐ Mentoring |
| ☐ Mental health treatment | ☐ Health services |
| ☐ Group cognitive behavioral interventions | ☐ Employment |
| ☐ Wraparound | ☐ Group home |
| ☐ Correctional secure residential treatment | ☐ Shelter/housing |
| ☐ Correctional non-secure | ☐ Non-secure detention/ shelter care |
| ☐ Sex offender programming | ☐ Foster care |
| ☐ Family parenting skills | ☐ Other |
| ☐ Educational programming | |

Additional comments or details

Q10) What percentage of youth sent to your facility come from the following placement agencies?

- _____ % Parent placement
- _____ % Child welfare placement
- _____ % Correctional placement
- _____ % Voluntary holds
- _____ % 72hr holds

Q11) How often do youth referred to your facility present with the following?

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

Additional comments or details

Q12) How often have these factors been a barrier to entry/program acceptance?

Behavioral factors	Never	Rarely	Half the time	Often	Always	I don't know
Physical aggressive/assaultive behavior						
Sexually aggressive/assaultive behavior						
Property destruction						
Suicidal ideation/self injury behavior						
Other						

Additional comments or details

Programmatic factors	Never	Rarely	Half the time	Often	Always	I don't know
Insufficient staffing to operate at full licensed capacity						
Insufficient staff training/skill levels						
Lack of funding/compensation						
Other						

Additional comments or details

Q13) Currently, what is the number of youths in your program? _____

Q14) Currently, what is the number of youths on your waiting list? _____

Q15) What is the typical wait time for a youth to be accepted into your facility? _____

Q16) How often do the youth in your waiting list present with the following?

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

Additional comments or details

Q17) How is your facility funded? (check all that apply)

- ☐ Federal
- ☐ State
- ☐ County
- ☐ City

Q18) What is your program's per diem cost? (please list all cost options if there are several)

Q19) What percentage of the following payor sources do your typical per diem fees come from?

_____ % MA	_____ % Grants
_____ % PMAP	_____ % Disability waiver
_____ % Commercial insurance	_____ % Fee for service
_____ % County subsidy	_____ % Charge back to parents

Q20) How often are the following reason(s) for discharge prior to program completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Staffing limitations						
Facility limitations						
Funding limitations						
Youth charged with delinquency offense						

Additional comments or details

Q21) How often are the following a barrier to discharge post-completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Placement agency was not involved in case planning						
Family was not involved in case planning						
Lack of appropriate placement option						
Youth ran away/elapsed						
No adequate step-down programming available						
Youth was unwilling to participate in programming						
Family was unwilling to participate in programming						
Family not allowed to participate in programming						
Transportation						
Other						

Additional comments or details

Q22) Where are youth typically discharged to post-completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Home						
Shelter						
Step-down program						
Other						

Additional comments or details

For programs providing NON-RESIDENTIAL SERVICES

Q23) What type of therapeutic interventions does this program provide? (check all that apply)

☐ *Apply the same selections as residential program above on Q09 (skip to next question)*

- ☐ SUD treatment
- ☐ Mental health treatment
- ☐ Group cognitive behavioral interventions
- ☐ Wraparound
- ☐ Correctional secure residential treatment
- ☐ Correctional non-secure
- ☐ Sex offender programming
- ☐ Family parenting skills
- ☐ Educational programming
- ☐ Mentoring
- ☐ Health services
- ☐ Employment
- ☐ Group home
- ☐ Shelter/housing
- ☐ Non-secure detention/ shelter care
- ☐ Foster care
- ☐ Other

Additional comments or details

Q24) What percentage of youth sent to your program come from the following placement agencies?

☐ Apply the same percentages as residential program above on Q10 (skip to next question)

_____ % Parent placement
_____ % Child welfare placement
_____ % Correctional placement
_____ % Voluntary holds
_____ % 72hr holds

Q25) How often do youth sent to your program present with the following?

☐ Apply the same answer as residential program above on Q11 (skip to next question)

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

Additional comments or details

Q26) How often have these factors been a barrier to entry/program acceptance?

☐ Apply the same answer as residential program above on Q12 (skip to next question)

Behavioral factors	Never	Rarely	Half the time	Often	Always	I don't know
Physical aggressive/assaultive behavior						
Sexually aggressive/assaultive behavior						
Property destruction						
Suicidal ideation/self injury behavior						
Other						

Additional comments or details

Programmatic factors	Never	Rarely	Half the time	Often	Always	I don't know
Insufficient staffing to operate at full licensed capacity						
Insufficient staff training/skill levels						
Lack of funding/compensation						
Other						

Additional comments or details

Q27) What is your program's per diem cost? (please list all cost options if there are several)

Q28) What percentage of the following payor sources do your typical per diem fees come from?

☐ *Apply the same percentages as residential program above on Q19 (skip to next question)*

- _____ % MA
- _____ % PMAP
- _____ % Commercial insurance
- _____ % County subsidy
- _____ % Grants
- _____ % Disability waiver
- _____ % Fee for service
- _____ % Charge back to parents

End of survey! Thank you for taking the time to completing this!

Appendix 2.2:

Detention Facility Survey Results

Supplemental information on data analysis

In September, the working group distributed a survey to all 14 juvenile detention facilities in Minnesota. All 14 responded.

Minnesota's Juvenile detention facilities

- Anoka County Juvenile Center
- Anoka County Juvenile Center Non-Secure Program
- Arrowhead Juvenile Center
- Carver County Temporary Holdover Facility
- Dakota County Juvenile Services Center
- East Regional Juvenile Center
- Hennepin County Juvenile Detention Center
- Northwestern Minnesota Juvenile Center
- Prairie Lakes Youth Program
- Ramsey County Juvenile Detention Center
- Red River Valley Detention Center
- Scott County Juvenile Alternative Facility
- Washington County Temporary Holdover Facility
- West Regional Juvenile Center

Survey results

The responding facilities indicated that they are licensed for a cumulative 517 beds with an operational capacity of 427 beds. The operating capacity is the capacity at which they can safely operate. Six of the 14 respondents indicated that the capacity at their facility is currently reduced due to staffing issues.

Most facilities are county affiliated; all but two accept youth from other counties. Six of the facilities have existing contracts with other counties to provide space. Of Minnesota's 87 counties, 38 do not have a juvenile facility or a contract with a juvenile facility. All but two of the facilities accept admissions without a county contract.

Between all 14 facilities, roughly 130 requests for placement were not approved in the 30-day survey period. Denied requests ranged from none (four facilities) to 20 or more (three facilities).²⁶ Seven of the 14 facilities reported that they denied requests for placement because the facility was at capacity. Six reported they denied requests because the facility was not suitable. Mental health and history of assault were the most common reasons cited when the facility was not suitable.

²⁶ The 130 estimated denied placements are not distinct individuals. A request may have been made for one youth at several facilities.

REASON REQUEST WAS NOT APPROVED	NUMBER OF FACILITIES
Facility was at capacity	7
Youth was outside preauthorized counties	3
Facility not suitable	6

On average, detention facilities report youth at their facilities have mental health needs most of the time or almost always. Similarly, youth have needs around their attitudes/thinking/beliefs most of the time or almost always.

YOUTH NEED	NUMBER OF FACILITIES				
	Almost Never	Sometimes	About half the time	Most of the time	Almost Always
Mental Health	0	0	2	5	6
Attitudes-Thinking Beliefs	0	0	2	4	5
Family (Caregiver) Relationships	0	1	3	3	4
Anti-social behavior	0	0	5	3	3
Substance Use	0	1	9	3	0
School	0	0	1	4	4
Associates/Peers	0	0	2	1	4
Personality Problems	0	1	1	4	1

A blank copy of the survey sent to detention facilities is included on the following pages.

Detention Survey

Thank you for completing this Detention Smartsheet questionnaire, the purpose is to collect information for the Youth Interventions Taskforce to help inform where the gaps are in services for youth needing detention placement and the therapeutic needs for those youth.

Please select which facility you are representing?

- Anoka County Juvenile Center
- Anoka County Juvenile Center Non-Secure Program
- Arrowhead Juvenile Center
- Carver County Temporary Holdover Facility
- Dakota County Juvenile Services Center
- East Regional Juvenile Center
- Hennepin County Juvenile Detention Center
- Northwestern Minnesota Juvenile Center
- Prairie Lakes Youth Program
- Ramsey County Juvenile Detention Center
- Red River Valley Detention Center
- Scott County Juvenile Alternative Facility
- Washington County Temporary Holdover Facility
- West Regional Juvenile Center

What is your facility licensed for capacity?

What is your current operating capacity?

Do you have contracts with other counties for securing a detention bed?

If yes, which counties?

Does your facility allow admissions without a contract securing a bed for counties needing detention outside of the counties fiscally responsible for the facility?

If yes, how many beds on average daily do you allow other counties to place children in your facility?

Within the last month, how many requests for admission were not approved?

If more than zero, what was the reason for not approving the admission: [For selected options, how often on a scale from 1 to 5 with 1 as “almost never” and 5 as “almost always”]

- Facility was at capacity.

- Not able to take youth outside of certain preauthorized counties.
- Facility was not suitable.

If facility not suitable, please provide why the facility was not suitable (select all that apply): [For selected options, how often on a scale from 1 to 5 with 1 as “almost never” and 5 as “almost always”]

- Mental health
- History of assaults
- History of prior admissions and youth was disruptive to programming.
- Offenses excluded for admissions.
- Do not offer services based on gender.
- Age of the youth needing admission
- Detention placement was not needed based on a Juvenile Detention Risk Assessment instrument.
- Other _____

On average what therapeutic needs do the youth have when placed? Please check all that apply:

[For selected options, how often on a scale from 1 to 5 with 1 as “almost never” and 5 as “almost always”]

- Mental Health
- Substance Use
- School
- Family (caregiver) relationships
- Personality Problems
- Anti-social behavior
- Associates/peers
- Attitudes-Thinking beliefs
- Other _____