

# **Where Have All The Children Gone? Barriers to Adolescent Service Delivery In Minnesota**

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## The Connection between the Chemical Health and Juvenile Justice Systems

The Juvenile Justice Coalition of Minnesota (JJC) is a systems change and advocacy based state-wide organization that promotes state level juvenile justice reform in Minnesota. The JJC is an unincorporated association of juvenile justice related professional organizations, state agencies, leaders and stakeholders.

By serving as an innovator and convener, the JJC brings together Minnesota's juvenile justice community to advocate for successful collaborative models and the use of best practices to promote positive outcomes for youth. Representatives from over 35 member organizations provide state-wide leadership and accountability for our work. Our mission is:

“To create a more effective juvenile justice system in Minnesota that promotes the well-being of youth while holding youth accountable for their actions and promoting public safety.”

To accomplish our goals, JJC formed work groups of professionals, key stakeholders and interested individuals, to provide guidance, expertise and assistance for our work. In recognition of the high number of youth involved in the juvenile justice system with chemical health concerns, JJC formed the Substance Abuse Work Group. To understand the connection between the two systems, JJC used an existing map of Minnesota's juvenile justice system and highlighted those areas related to youth chemical use. Key findings and gaps identified through the mapping process are described below. A copy of the map can be found on the JJC website at [www.jjcmn.com](http://www.jjcmn.com)

### Risk and Resiliency Factors for Children (JJJC Map 1)

Key Developmental Risk Factors Connected with Chemical Use and Associated with Disruptive and Delinquent Behavior<sup>1</sup>

#### Emerging During Pregnancy and From Infancy Onward

- Parental substance abuse/antisocial or criminal behavior

#### Emerging From Mid-Childhood Onward

- Early onset of substance use and sexual activity

#### Emerging From Mid-Adolescence Onward

- Drug dealing

1. Grothberg, Edith H., Phd., *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit, from the Early Childhood Development: Practice and Reflection Series*, Bernard Van Leer Foundation

### 2007 Minnesota Student Survey Responses (Youth in Minnesota Correctional Facilities)<sup>2</sup>

#### Drug/Alcohol Use of Youth's Families

- 1) 17% of youth in the mainstream sample reported alcohol use in their families had repeatedly caused family, health, job or legal problems as compared to 41% of youth in correctional facilities
- 2) 11% of mainstream youth reported drug use by a family member caused significant problems as compared to 39% of youth in correctional facilities
- 3) 6% of mainstream youth reported a drug or alcohol problem by a family member vs. 24% of youth in correctional facilities.

### Youth Alcohol, Tobacco and Other Drug Use

- 1) Alcohol was the most tried substance for mainstream youth and marijuana for youth in correctional facilities.
- 2) "Less than 16% of youth in correctional facilities have refrained from ever using cigarettes, alcohol and marijuana."
- 3) Youth in correctional facilities began using at much younger ages than mainstream youth.
  - a. 72% of correctional facility youth tried cigarettes before age 13, vs. 30% of mainstream youth
  - b. 61% of correctional facility youth tried alcohol before age 13, vs. 28% of mainstream youth
  - c. 70% of correctional facility youth tried marijuana before age 13, vs. 18% of mainstream youth
  - d. 19% of correctional facility youth tried other drugs before age 13, vs. 4% of mainstream youth
4. "Peer approval for all substances was higher for youth in correctional facilities than for youth in mainstream schools."
5. "Of those youth who reported using drugs or alcohol, a much higher percentage of correctional facility youth reported using before, during or after school, with after school as the most frequently reported time."
6. "Youth in correctional facilities report more dependency indicators than mainstream youth including increased tolerance, inability to cut back, using despite harming relationships, and problems with the law associated with their use."
- 7." Over four in ten (44%) youth in correctional facilities report having received treatment for drug or alcohol use in the past, versus 6% of their mainstream student match."

2. Swayze, D. and Buskovich, D. (2009) *Youth in Minnesota Correctional Facilities: Responses to the 2007 Minnesota Student Survey* Minnesota Department of Public Safety Office of Justice Programs.  
[http://www.ojp.state.mn.us/cj/publications/Reports/2009\\_Youth\\_in\\_Correctional\\_Facilities.pdf](http://www.ojp.state.mn.us/cj/publications/Reports/2009_Youth_in_Correctional_Facilities.pdf)

### **Prevention (JJC Map 2)**

#### Funding Sources:

- 1) *Loss of Safe and Drug Free School Funds* – Guaranteed federal funding being replaced by national competitive grants. While small, schools used the funds to pay for key prevention efforts and school support staff.
- 2) *State Safe School Levy* – Minnesota Legislators approved use of a State Safe School Levy to off-set the loss of federal money. No one monitors how schools use the funds except regular school audit. There is no requirement to use best practices or hold conversations with the community on use of the funds. Schools typically use the existing levy funds for SRO's and counselors.
- 3) *Federal Grants* – Substance Abuse and Mental Health Services Administration –highly competitive grants
- 4) *Foundation Grants* – Highly competitive and limited funding available
- 5) *Minnesota Department of Human Services* – FY 2009 - the Alcohol and Drug Abuse Division funded 40 prevention programs, including 12 prevention programs in 5 American Indian communities, and tobacco sales to minors compliance activity (Synar), at a combined amount of \$5.3 million.<sup>3</sup>

3. Alcohol and Drug Abuse Division, Minnesota Department of Human Services, "Drug and Alcohol Abuse in Minnesota: A Biennial Report to the 2009 Minnesota Legislature," January 2009. Accessed October 17, 2009,  
[http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16\\_144046.pdf](http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_144046.pdf)

### School Response

- 1) *Use of CD Screening Tools* - School assistance teams may or may not use a screening tool to specifically identify substance use as an issue.
- 3) *Overall Health* - View substance use as part of overall health, not necessarily a separate issue.
- 4) *Parental Responsibility* - Parents are responsible for following through on youth assessment for chemical use.
- 5) *Co-occurring* - If youth has mental health issues, may consider substance use to be secondary concern or connected with mental health issues and not a separate issue.
- 6) *School Climate* - Youth use may reflect stressful conditions related to school climate.
- 7) *Community Values* - Community acceptance of chemical use varies.

### Limited Services for Adolescents Supported through Consolidated Chemical Dependency Treatment Fund

- 1) 10 Residential CD Treatment programs licensed by MN DHS under Rule 2960 serve adolescents exclusively.
- 2) 23 of the 125 Rule 31 CD programs licensed by MN DHS exclusively serve adolescents or young adults up to age 21.

### Families

- 1) *Service Access* – Limited knowledge of where to go to access services.
- 2) *Recognition of Problem* – Families does not always recognize or acknowledge a problem exists.
- 3) *Parental Response* – Unknown what the typical response is when a parent suspects their child is using.
- 4) *Information Access* – Information is available, especially on-line, but do parents know how to access when needed?
- 5) *Family Acceptance* - Alcohol and drug use accepted in some families and communities.

## **Chemical Health Services (JJC Map 3)**

### Assessment Process

- 1) *Non-Adolescent Specific* - Rule 25 assessment tool is not specific to adolescent chemical use.
- 2) *Serve more Severe Youth* – Youth receive services if score higher on assessment, yet youth respond better to treatment if receive services earlier in their use.
- 3) *Lack of Screening Tool* – No easy to use screening tool used routinely at entry points to identify youth needing an assessment.
- 4) *Accessing Services* – Individuals need to know an assessment is needed and how to start the process.

### Funding

- 1) *Eligibility Requirements* – Counties vary in using a child's income as opposed to parental income to determine eligibility for accessing consolidated funds for treatment
- 2) *Connection with Mental Health* – Two different sources of funding for services, insurance companies more willing to pay for mental health services than chemical health services
- 3) *Department of Human Services* – 14 American Indian Programs for youth
- 4) *Variable Rates* - County Boards contract with MN Department of Human Services licensed community programs for services – payment amounts vary across the state
- 5) *Length of Treatment* – Counties, private insurance and public insurance will limit length of treatment paid for a youth.

6) *Willingness to Pay* – Counties and insurance companies differ on whether chemical use in adolescents warrants services.

#### Treatment Options

- 1) Limited services available for early intervention and less serious use.
- 2) Limited services available for youth with co-occurring disorders that actually address both, especially emotional issues of youth.
- 3) Limited services available in Greater Minnesota

#### **School Response** (JJC Map 4)

- 1) *Variable Responses* – School discipline policies and responses vary by individual school and district. No uniform response.
- 2) *School Climate* – Schools vary in addressing school climate issues that may affect student use.
- 3) *Limited Resources* – School support staff limited due to budget reductions in most schools.
- 4) *Role of Law Enforcement* – Role of law enforcement in schools varies, and SRO's are not in every school.
- 5) *Truancy* – Counties and schools vary in responses to truant youth and addressing their chemical use.

#### **Law Enforcement Contact** (JJC Map 5)

- 1) *Early Identification* – Youth and parents may choose to pay fine for citation.
- 2) *Use and Criminal Behavior* – “Alcohol/drug abuse and addiction is a factor in 80 to 90 percent of Minnesota’s criminal cases and a pervasive problem in juvenile delinquency, child protection, and family and mental health cases as well.”<sup>4</sup>
- 3) *Red Line* – Involvement in System
- 4) *Adult Offenders* - 90 percent of Minnesota adult offenders are diagnosed with substance abuse or dependency.<sup>5</sup>

4, 5. Alcohol and Drug Abuse Division, Minnesota Department of Human Services, “Drug and Alcohol Abuse in Minnesota: A Biennial Report to the 2009 Minnesota Legislature,” January 2009. Accessed October 17, 2009, [http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16\\_144046.pdf](http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_144046.pdf)

#### **Law Enforcement Intake** (JJC Map 6)

- 1) *Diversion* – Use of law enforcement diversion varies across the state.
- 2) *Screening* – Law enforcement not trained or experts on determining chemical use.
- 3) *Resources* – Availability of community-based diversion resources limited.
- 4) *Acceptance* – Some families willing to pay a fine instead of allowing youth to go through diversion

#### **County Attorney** (JJC Map 7)

- 1) *Diversion* – Required by Minnesota statute to provide diversion.
- 2) *Variable Response* – No common criteria for determining eligibility for diversion.
- 3) *Limited Court Response* – Limited court response to youth chemical use.

### **Public Defender** (JJC Map 8)

- 1) *Eligibility* – Youth not eligible for a public defender for petty offenses.
- 2) *Placement* – Youth eligible for a public defender if court recommending youth be sent to out-of-home placement, including residential treatment for CD use.

### **Arraignment/Trial/Disposition** (JJC Map 9)

- 1) *CD Assessment* – Varies when court orders CD assessment.
- 2) *Disposition* – Varies whether chemical use is considered a condition of probation.
- 3) *Screening* – Mental Health screening required by statute, but chemical use screening is not required.
- 4) *Screening Instruments* – MAYSI II or POSIT required tools. POSIT can capture chemical health use, but varies whether corrections and the courts use the information or follow through on the results.
- 5) *Chemical Health Placement* – Youth needs to score at the right level on Rule 25 Assessment or other evaluation to access placement services

### **Court Ordered Probation** (JJC Map 11)

- 1) *Resources* – Community-based services availability varies.
- 2) *Juvenile Drug Courts* – 4 in state, struggling with funding, staff intensive.
- 3) *Effectiveness of Services* – Youth may be in and out of treatment and placements.
- 4) *CD Focus* – Unless youth offense related to chemical use, court order may not include anything on youth use.
- 5) *Parental Response* – Youth success connected to parental support, recognition of issue and keeping drugs and alcohol out of house.
- 6) *Funding* – Financial resources available to serve youth limited and based on health care coverage and county dollars available for placement.
- 7) *Identification of Use* – Youth use identified through YLSI, interviews with key individuals, POSIT, etc. No systematic process to identify use.

### **Probation Reoffend** (JJC Map 12)

- 1) *Response* – Varies and challenging for corrections staff and courts to work with youth who continue to use.
- 2) *Probation* – Condition of probation, use could be a violation, positive UA's, what is best response of system?
- 3) *Chemical Use* – If not always a condition of probation, response options available to probation officers limited to working with a youth and their family on a voluntary basis.
- 4) *Success* – Dependent on youth and/or family willingness to stop using and access to appropriate services.

### **Out-of-Home Placement** (JJC Map 13)

- 1) *Services* – Limited services available for residential treatment and co-occurring disorders.
- 3) *Effectiveness* – Success rate of programs varies and difficult to maintain when youth returns home to same environment.
- 4) *Funding* – Corrections needs to access consolidated funds or county placement dollars to cover costs if no private insurance available.

### **Aftercare Reentry (JJC Map 14)**

- 1) *Recovery Management* – Challenge to keep a youth from using once home again.
- 2) *Roles and Responsibilities* – Facility or probation is responsible for aftercare. Who provides aftercare and for how long varies across the state.
- 3) *Services* – Limited services available for out-patient treatment.
- 4) *Funding* – No funding available for aftercare or recovery management for youth returning from placement/in-patient treatment.
- 5) *Coordination* – Challenge to coordinate multiple services and needs of a youth during aftercare.
- 6) *Environment* – Many youth return to same negative environment that contributed to their use.
- 7) *Relapse* – How many times do you send a youth to treatment if they return to use again?

### **Opportunities for Systems Collaboration**

- 1) *Recovery Management* – Corrections and chemical health system receive cross-training and collaborate to implement coordinated community-based services for youth during aftercare.
- 2) *Service Delivery* – Corrections contracts with community-based providers to work with youth for early intervention services.
- 3) *Screening* – Identify and utilize an adolescent specific screening tool at all entry points.
- 4) *Identification* – Use youth involvement in juvenile justice system to early identify youth with chemical health concerns, similar to approach for youth with mental health issues.
- 5) *Policy Recommendations* – Corrections and chemical health community jointly present policy recommendations at the legislature.

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