



Written/Oral Testimony:
House Human Services Committee
On 16 October 2023

Anoka County Juvenile
Center

Arrowhead Juvenile
Center

Dakota County Juvenile
Services Center

East Central Regional
Juvenile Center

Hennepin County
Juvenile Detention Center

MN Correctional Facility
Red Wing

Northwestern Minnesota
Juvenile Center

Prairie Lakes Youth
Programs

Ramsey County Juvenile
Detention Center

Red River Valley Juvenile
Center

Scott County Juvenile
Alternative Center

West Central Regional
Juvenile Center

Mr. Chair and Committee Members,

My name is James O'Donnell and I am representing the Minnesota Juvenile Detention Association (MNJDA). The MNJDA consists of 12 juvenile facilities across the state.

My testimony will highlight significant gaps in children's mental health in Minnesota. I want to begin my testimony with a story of the increasing reliance on juvenile detention centers when it comes to responding to children's mental health. For anonymity purposes the name and area is changed and/or is generic. However, the story and actions are true events.

Madison (a 14-year-old autistic girl) is detained after she was attempting suicide by getting run over on a busy highway. Detention was not Law Enforcements' first choice by any means. The first choice was Madsion's mother. However, Madison's mother refused to take custody of her; And she wanted her daughter placed somewhere that could keep her safe. Madison has a long history with social services and has had numerous community services and even some OHP treatment placements. Law enforcement then reached out to social services, where, they to, were unable to help; as no places would accept Madison due to her aggressive behaviors and history of non-compliance.

Law Enforcement in conjunction with social services had no choice but to charge Madison with the lowest charge that would get her accepted into juvenile detention.

Madison was eventually placed in the non-secure program at the detention facility. In addition to ASD, Madison had uncontrolled epilepsy. In order to better understand her epileptic needs a neurology appointment was set up. While at the neurology appointment Madison began to behave erratically and physically. Hospital staff had restrained Madison for her safety and the doctor placed a freeze on her as Madison was clearly in need of inpatient psychiatric care.

The facility supervisor then called a local adolescent psychiatric hospital to begin the referral process. The referral process was going as planned until the hospital found out a juvenile detention facility was making the referral. Upon learning that the referral was coming from a juvenile detention center, the hospital intake worker informed the supervisor that they had no beds available. The supervisor indicated that she is on their daily announcement email list, and this morning they sent out an email stating that they had 4 open inpatient adolescent beds. The intake worker suggested that the open beds were for youth 10 and younger. The hospital intake worker apologized and said there was nothing they could do.

The Facility Supervisor then spoke to neuro doctor who placed a hold on Madison. She asked the doctor to push their weight to see if they could get the psych hospital to accept Maddison. After a couple hours passed, staff were informed that the psych hospital would conduct a needs-assessment and they could bring Madison to the psych hospital.

Juvenile detention staff then transported Madison to the psych hospital. A needs assessment was conducted and concluded that Madison is not in need of inpatient care, and the youth should return back to the juvenile detention center. The facility supervisor was notified and directed her staff to get whatever services they could for Madison. The psych hospital offered their day-programming, where Madison would get services on an out-patient basis. The staff took that referral information back with Madison to the juvenile detention center.

After all approvals/referrals were granted, the juvenile facility transported Madison to the day programming. Staff returned to the juvenile facility and soon got a call saying they needed to come pick Madison up. Staff could hear yelling in the background and asked what is going on. Staff said it sounds like she is in a mental health crisis, and she is in the right place. The psych hospital's intake worker called the juvenile center's supervisor. The supervisor said that she believes she is in a mental health crisis and could only accept her back if the facility received a letter from an MD stating juvenile detention was a safe for placement for Madison.

Shortly after this conversation Juvenile supervisor received a call from the psych hospital's intake director. The intake director notified the supervisor that local police were getting inpatient as they were not going to charge her with anything, but would help transport Madison back to the facility. The supervisor questioned why PD was there,

- Here is where I need to point out and highlight the situation.....a psychiatric hospital called law enforcement to deal with a non-compliant autistic 14-year-old girl. Just let that sink in for a moment.

The supervisor said she did not need PD and would come get Madison as soon as she got the letter she asked for signed by an MD.

The hospital did send the letter as requested and the juvenile supervisor and a couple staff went and picked Madison up. The supervisor had a rapport with Madison so she was able to calm her down and get her to comply with being safe in the moment. Madison then spent the next month at the juvenile center receiving care and working on home integration. Madsion was able to return to her mother's care.

Overall, there are many other stories similar to this that take place across the state weekly. The reality of the situation is that youth with significant mental health needs are in correctional placements. This was true last year, it is true this year, and will be true next year. And it is only exponentially getting worse. There is very little to no federal or state money that is used to support juvenile centers. Juvenile centers are mostly funded 100% by county dollars.

In addition, when a youth is placed in Secure Detention, their Medical Assistance is stopped. This means that the county will pick up (or start over - a much more expensive and less effective practice) any medical treatment for the youth.

In addition, there were several pieces of legislation that were passed last legislative session. Many of which were supported by the MNJDA and we were happy to see Minnesota moving in a positive progressive direction. However, there was no funding attached, leaving counties to cover the increased service costs of providing a 1:1 staff ratio for some youth.

- The solutions we offer is this:
 - o Research the Social Security Act around the "inmate exclusion clause." we understand that states have gotten around this with pre-disposition residents (for both adults and juveniles). Basically it is a due process question.....should an entitlements such an MA be taken away when the individual has not been convicted of anything at the moment.
 - o Provide some state funding to juvenile facilities to address the ever-increasing mental health cases in their care. The MNJDA does not believe that juvenile detention should be used in replacement of mental health programs, in fact we believe Minnesota can and should do better. However, the reality of the situation is that youth are with us today and will be until Minnesota can get a continuum of care that effectively deals with Children's Mental Health. Juvenile Centers are truly caring for the youth with the most significant needs and are doing so solely with county funds.
 - o Review 245-D licensing. Work with actual providers to fix the issues, so they will be able to once again, provide community-based placement options for aggressive mental health youth. Because, now these aggressive mental health youth are being served in corrections. We are not an experts in this this licensing, but it is what we are being told, by service providers, as why they are unable to take some of our youth in a step-down program and/or why the youth are with us in the first place.

Sincerely,



James O'Donnell, Vice President MNJDA