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Written Testimony for the Working Group on Youth Interventions

My name is Sherry Johnson. I have been a Juvenile Probation Officer with Pine County Probation since November of 1993. Prior to that I worked as a youth counselor and caseworker in an adolescent residential program. Over the course of my career, I believe we have become better able to identify risks and needs of youth and make evidence-based decisions. We know that to reduce the risk for re-offense we need to address the areas of risk and needs. We know that out-of-home placement of youth should be the last resort and we should strive to meet their needs in their homes and communities. However, in practice that isn't always attainable. We are experiencing a lack of community-based services to address needs of youth that could prevent out-of-home placement:

- Lack of community-based and school-based mental health services
- Lack of in-home skills and therapy providers for parents/families
- Childrens Mental Health Case Management -voluntary, high caseloads, wait lists
- Lack of other programs such as afterschool or evening reporting centers

We are faced with constant challenges on how to serve youth with complex needs, most of whom were involved with Human Services long before Juvenile Justice. The following are three examples of youth who have been involved in multiple systems that all ended up in correctional placements because they or their families were noncompliant in early stages of systems involvement, there were no openings in other placements, and/or other programs would not accept them due to their behavior/issues.

"Jane" is a 16-year-old whose mother was 14 years old when she became pregnant with Jane. Jane was sexually abused by a caregiver for years. Jane has a lengthy history of self-injurious behavior, suicide attempts resulting in psychiatric hospitalizations, truancy, behavior outbursts at school, drug and alcohol abuse, promiscuity, runaway, and overall lack of compliance with rules and expectations at home. Jane is very intelligent and seems mature beyond her years. Childrens Mental Health Case Management has been opened several times but closed due to lack of follow-through by Jane and/or her mother. Jane became involved in the juvenile justice system after she was arrested and charged with (misdemeanor) domestic assault from an incident where her mother was trying to get Jane up for school and when she tried to take Jane's phone away, Jane clawed and hit her mother while trying to get her phone back. Jane has been in and out of secure and nonsecure detention due to no available beds in a more therapeutic setting. Referrals to residential programs were denied due to her runaway risk and high needs.

"Clara" is a 15-year-old with a history of runaway, sexual assault, drug use, child protection removals from the home due to parental history of drug use and incarceration. Clara had a social worker that tried to get services in place, but Clara kept running away. Clara became involved in the juvenile justice system after resisting an officer trying to prevent her from running away (misdemeanor). She was held in secure detention facility while completing chemical dependency treatment. Once placed on probation, her Human Services case was closed.

"John" is a 17-year-old who is one of several adopted children. He exhibited problematic behaviors from an early age and he and his parents were involved with Human Services for years. He became involved in the juvenile justice system after being charged with a (gross misdemeanor) interfering with privacy offense targeted toward a sibling. John has been in multiple placements and has been out of the home for over two years due to his behaviors and termination from programs, including self-injurious and aggression toward other peers. His initial placements were through Childrens Mental Health but once he was put on probation, his Childrens Mental Health case was closed. He successfully completed a program in a secure correctional setting but could not return home because of safety concerns regarding younger siblings, who themselves have been on a waiting list for months for therapy. A recommendation for 1:1 therapeutic foster care; however, no such foster care placements can be found. He went to a group home program but was terminated after assaulting a peer. John is back in a secure detention placement.

While we are fortunate that we have a contract bed with a correctional facility that would take these youth when no other placement could be found, the three examples are of youth who should not have ended up in a secure correctional setting in order to get services they needed. They are examples of youth who have families that also have needs that directly contribute to their placements. When youth return to their homes and nothing has changed, the chance for the youth to continue positive momentum from a successful program completion is slim.

For those youth who need to be removed from the home, we have a serious lack of options both in bed space and in programs to meet the needs of the youth. Programs that have shut their doors are sorely missed. It is too often the case that we cannot find a program that is an exceptional fit to meet a youth's individualized needs, but rather we end up simply finding a place that has a bed. We also find that youth who do not pose a high public safety risk are held in secure detention more often because nonsecure detention beds are not available.

We see a huge gap and desperate need for more therapeutic foster care homes, nonsecure detention/shelter care, and dual diagnosis programs. We need more programs that will engage families and address the needs of not just the youth. We need more programs that will assist at-risk youth become functioning independent adults.

I don't feel as though I am providing any new information, but repeating what has been said for a long time. I think we can do better with more collaboration between Human Services and Juvenile Justice. We need more services on the front-end, but we also need more to better serve youth and families with complex needs for whom placement is necessary and services that will address family issues to ensure youth return home to a healthier, supportive environment.