

Report outline

- a. Executive summary
- b. Overview of Working Group on Youth Interventions
 - i. Language from legislation
 - ii. Purpose of the working group
 - iii. Membership
- c. Overview of process used by the working group
- d. Meeting summaries (one paragraph overview of each meeting)
- e. Report
 - i. Data summary of existing systems, current state
 - 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, and provide data specific to current total capacity and availability, level of care, outcomes, and costs.
 - ii. Environmental Scan – National, Best Practices 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 about these efforts that can inform this task force?
 - 1. Special focus on governance models.
 - iii. What are the licensing requirements from the State of MN to function as a residential treatment provider for youth with behavioral health needs?
 - 1. How are the licensing requirements different from DOCCR vs DHS?
 - 2. What barriers do our licensing requirements present for potential community providers?
- f. Recommendations
 - i. Data
 - ii. Leadership, governance, and oversight
 - iii. Regional system of care
 - iv. Programming best practices
 - v. Workforce development
 - vi. Fiscal strategies

Regional system of care

The current available collection of residential treatment facilities and interventions sometimes results in youths being placed significant distances from their home and community. Being far away from family/caregiver or supportive networks causes disruptions and has negative impacts. Creating a regional system of care, with more options closer to their families/caregivers and communities, would ease young people's movement between programs and settings, make it easier for them to stay connected with their families/caregivers or supports, and improve the ability of families/caregivers or supports to participate in treatment and transition planning.

These are the recommendations for building a regional system throughout the state:

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 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 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. **Eliminate the prohibition of dual licensure for facilities.**
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 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 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.

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Programming best practices

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

Recommendations:

1. Develop statewide program standards that incorporate trauma-informed care and culturally responsive programming at all levels of care and operational responses.
2. Require out-of-home placement settings, including detention facilities, to have mental health providers available to work with each youth.
 - a. Create regional pools of mental health professionals for smaller facilities who are not able to provide their own.
3. Require 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.
4. Provide [sustainable](#) 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 core support teams 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 and in their aftercare transition back into the community.
6. Allow for and assist with the establishment of youth mentorship programs within out-of-home placement facilities.
7. [Provide funding and support focused on ensuring all residential and community practices are strength-based, individualized, trauma-informed, culturally, and linguistically competent, family-driven, youth-guided, and develop oversight mechanisms to hold programs accountable to high standards in all these areas.](#)
8. [Review licensing requirements, including periodic case updates and progress reports that service providers and facilities provide to the court of jurisdiction and relevant stakeholders \(e.g. Human](#)

Services, Corrections, County Attorney, Public Defender/defense counsel) and examine how well these accountability mechanisms are working

Workforce Development

There is a persistent need for attracting and retaining qualified staff for residential treatment facilities for youth. Challenges include a lack of career pathways, inability to provide competitive wages and benefits, traumatic working conditions, and high staff turnover. Employee training and support programs are needed to ensure new staff readiness, continuing education for all staff, and improved workforce well-being.

These recommendations address the workforce needs impacting our system providers and community providers, including hiring, retention, salary, and wellness:

1. Fund and create career pathways and advancement opportunities for direct-care professionals, with enhanced incentives and benefits.
 - a. Support competitive benefit packages for all direct-care professionals, that include health insurance, vacation, or paid time off, 32-hour work weeks, and childcare options.
 - b. Subsidize benefit packages for small community-based providers, to help them retain staff.
2. Develop statewide mandated trainings and establish a training institute to administer them, with technical and implementation support from the state.
 - a. Trainings should have a developmental and trauma-informed lens, should include the current understanding of youth brain development, gender, mental health, substance use disorder, and cultural and linguistic responsiveness.
 - b. Collaborate with community 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.

Leadership, governance, and oversight

Juveniles enter out-of-home placement, including residential treatment facilities via various pathways, including being court ordered through the criminal justice system or through human/social services. Facilities and service providers are governed by different government agencies and administrative rules. Counties are charged with administering contracts with providers for treatment programs, while the state's Department of Human Services and Department of Corrections provide oversight over licensing and compliance. This creates a complex and bureaucratic (or cumbersome) system that providers find difficult to navigate.

These are the working group's recommendations for licensing and governance of these facilities and systems:

1. Explore creating a centralized state led structure to administer licensing and compliance, including contracts with community residential facilities, and oversight over programs that serve youth. With 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.
2. Review and update Minnesota Administrative Rule Chapter 2960, "Licensure and Certification Programs for Children."
3. Explore statewide adoption of the systems 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. For State agencies to explore programming, licensing, funding, and policy solutions for justice involved youth that have significant mental health needs to effectively move between correctional and DHS license facilities based on the type of services the youth require.
5. Create a support structure for community providers to access assistance with administrative responsibilities associated with RFPs/Grants/Financial and outcome reporting.

Fiscal strategies

There is an acute need for additional dollars across the spectrum of out-of-home placement settings and services to support and retain staff, improve access to programs for youths and families/caregivers, increase reimbursement for providers, and fund needed facility infrastructure improvements.

These are recommendations for fiscal strategies that would enable facilities and providers to provide the appropriate type and level of care that juveniles need:

1. Explore increasing reimbursement rates to providers.
2. Establish licensing and funding authority for short-term mental health services in DOC facilities.
3. Explore and better understand the current financing model in Minnesota and how the intersections of IV-E, Medicaid, County funds, Commercial Health Plans, and State funds supports and/or impedes a comprehensive system for youth and families.
4. Support the State's effort to apply for a Section 1115 Medicaid waiver to enable providers to utilize Medicaid funding for youth in all settings, including residential out-of-home placements.
5. Ensure equitable access and funding parity for youth and families accessing behavioral health, disability/ developmental and substance abuse treatment services.
 - a. Explore the role of Managed Care Organizations 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.
6. Evaluate system changes for effectiveness and recidivism reduction and encourage any financial savings to be reinvested back into the system to support providers and facilities.
7. Explore modifications to the existing funding structure for community-based facilities to address the difficulties posed by the reimbursement-only process, to allow for the possibility of advance funding.

Data

Juvenile justice agencies and rehabilitative health care providers all collect, define, and maintain data in fragmented systems that do not speak to each other. Major improvements and alignments are needed to track individual youth as they move through the continuum of care, to better coordinate services, and to produce comprehensive outcome reports.

These are the recommendations to improve data collection, data sharing and data analysis, to ensure transparency, accountability, and data-driven decisions:

1. Improve data collection and reporting to create consistency in the data collection, create shared definitions for common data elements, and [include objective and subjective measures](#).
2. Explore ways to better facilitate data sharing between the Courts, [Law Enforcement](#), the Department of Corrections, and the Department of Human Services systems.
3. Explore efficiencies and improvements around data systems to better streamline data entry and lessen the burden that creates a structural barrier for staff.
4. Explore the creation of a centralized data system (rather than two separate systems), which is youth-centered rather than case-centered.
5. Require race and ethnicity demographic reporting for youth in both the Department of Corrections and the Department of Human Services systems.
6. [Invest in approaches to data and program evaluation that consider cultural and community driven measures of success](#).