

**Kansas Juvenile Justice Workgroup
Providers Roundtable Executive Summary
August 26, 2015**

On August 26, 2015, the Kansas Juvenile Justice Workgroup held a roundtable discussion with providers. The meeting was facilitated by Workgroup members Randy Bowman, Director of Community Based Services for KDOC, and Mark Gleeson of the Office of Judicial Administration. Attendees were:

- Sylvia Crawford - Executive Director, The Villages
- Emily Hauser - The Villages
- Jody Patterson - Director of Rehabilitation Services, COMCARE of Sedgwick County
- Lori Alvarado - Executive Director, DCCCA
- Stuart Little - Owner, Little Government Relations
- Mike Garret - Executive Director, Horizons Mental Health Center
- Kyle Kessler - Executive Director, Association of CMHCs
- Douglas McNett - Executive Director, The Center for Counseling and Consultation
- Lindsey Stephenson- Director of Integrated Services, KVC
- Rachel Marsh - Executive Director, Community Services and Legal Engagement, Saint Francis Community Services
- Steve Cristenberry - Clinical Staff, Family Service and Guidance Center
- Gina Meier-Hummel - Executive Director, The Shelter

➤ ***Strengths of the Juvenile Justice System:***

- **JDAI has reduced detention populations, resulting in reinvestment in other needed services:** The few Kansas counties that have participating in Juvenile Detention Alternative Initiative (JDAI) have been successful at reducing the number of youth in detention, by utilizing risk and needs assessments and determining who really needs to be in detention due to a public safety risk. As a result, other prevention and diversion services have been funded, and these counties have recognized that this prevents youth from ending up further in the system.
- **When the YLS is used, it is helpful:** Participants reported that the use of risk and needs assessment is helpful in determining how best to serve youth, and to reduce inappropriate mixing of different populations or overtreatment. Courts and placements like to have assessment and evaluation information as part of their decision making. However, participants noted that the use of the YLS is still not widespread and should be expanded.
- **Some areas have experienced stronger partnerships between mental health and local juvenile corrections:** Participants reported that over a number of years, relationships and communication have improved between some mental health providers, intake, detention, and community corrections. There has been a shift in philosophy in some places from punitive to rehabilitative. Participants described examples of these types of collaboration that exist in some parts of the state, often due to good leadership, including one in which a community program works with mental health, child welfare, and corrections.

➤ **Areas in Need of Improvement:**

- **Prevention programs have lost funding:** A participant reported that prevention programs throughout the state have faced cuts in funding – in one area there used to be 10 programs, now there are two. Prosecutors sometimes feel that they have to open CINC cases in order to get services because of these cuts to prevention. Medicaid cannot fund prevention services, and therefore youth may end up in the juvenile justice system in order to get services funded.
- **Pre-file diversion is inconsistent:** Decisions on diversion rest with the individual prosecutor, and therefore the type of offenses or youth that get diverted may vary. In some places, there is no diversion available at all. One participant mentioned using a teen court for diversion.
- **Youth end up in detention due to delays in or lack of services:** Even if there is a safe place lined up for the youth, if services are delayed the youth may end up in detention. The system may recognize that the youth doesn't need detention, but other options are not readily available.
- **Youth with complex needs cannot be adequately served in detention:** Participants indicated it would be helpful to be able to develop plans to work with kids in the community and present this plan to the judge so that the youth could more effectively have their needs addressed in the community rather than in detention.
- **More community evidence-based services are needed:** Multisystemic Therapy (MST) and Functional Family Therapy (FFT) were mentioned as evidence-based programs that are used in the parts of the state, which participants indicated is positive start. However, they are not available in most places, and even when available, FFT may be provided in offices instead of in homes as intended, due to challenges with traveling and transportation, as well as staff burnout. Evidence-based programs ART and T4C are only available in some communities, as there are not enough providers willing to do that work for the juvenile justice population.
- **Wait times for services can be long:** Participants explained that wait times may be long for services. There are not enough psychiatrists to serve even urban areas, and it can take two months for medication appointments. Case management was reported to take a couple weeks. Open access and walk-in models are not very common, and walk-in models don't seem to have much success with youth as it is often difficult for parents to wait for unknown times in order to get an appointment.
- **Substance abuse programs are lacking:** Licensing and credentialing is an issue, as are regulatory challenges. Youth can be in the system a while and not have substance abuse issues meaningfully addressed or even identified. Some areas may not get enough volume to justify such services, but this may be due to under-identification or inadequate referral processes.
- **Screening and assessment needs strengthening:** Participants noted that screening and assessment, while improved, need to be strengthened but that funding needs to be attached to such an effort. The YLS is still underutilized. Providers may not get the entire assessment that was conducted, just the final risk score. Providers indicated that seeing the whole assessment would be beneficial, as specific areas could then be targeted.

➤ **How Pieces of the System Interact:**

- **The system is disconnected and fragmented, resulting in gaps in services and youth being passed around, and a need for better continuity of care:** Participants reported

that the different parts of the system don't always communicate regarding funding and handoffs of youth. This has required creativity at the local level in lieu of a systemic fix. A youth may no longer qualify for a PTRF but still need supports and services, and notification is not provided before transition out of a PTRF (often into foster care). Many services are not available in YRCIs and are instead accessed in the community, which requires collaboration. CMHCs no longer conduct the PTRF screening process. CINC youth placements have increased, and participants were unsure if the different systems are connecting to look at services and crossover. Participants reported that schools, juvenile justice, mental health, courts, and child welfare seem to exist in silos in many parts of the states.

- **A focus on reentry and reintegration is needed:** It is important to bring schools into the conversations and planning for reentry and reintegration, as these youth may need supports during their transition in order to be successful in school.
- **A court order does not ensure services:** Because services are based on medical necessity, a court order doesn't change wait time or priority access to services. If the youth doesn't have a medical card and payment is not possible, then a court order won't change that.

➤ **Other:**

- **Youth who are transgender are particularly vulnerable in YRCIs:** Participants noted that transgender youth have been identified as the wrong gender when they arrive at a placement, and there is no notice to the placement ahead of time that they are receiving a transgender youth. This presents planning and safety challenges, which are currently being addressed with new procedures but still required better notification.

➤ **Notable quotes:**

- **On the arbitrary nature of which part of the system serves a particular youth:**
 - "Whoever found the kid first is likely who's going to have the kid, even if they have identified other issues, it can take a really long time to unstick a kid."
- **On the need for prevention and services in the community:**
 - "Numbers we are seeing today aren't accident- there has been a shift in resources from prevention, which was more cost-effective."
 - "Prevention works, so fund it."
 - "System involvement is more costly than prevention, and it's hard for a youth to get out once they are in."
 - "If looking for solutions, seems to be a pool of money that can be shifted from out of home placements to more effective community resources"
- **On youth in placements:**
 - "Really really bad idea to put low risk kids with high risk kids."
 - "Discharged from PTRF and go to JDC, back to PTRF, back to JDC - like a pin ball."
 - "May be that we are seeing multiple placements for youth just because their issues and needs haven't been addressed."
- **On why some youth are in the system:**
 - "They've annoyed an adult who had power over them."
- **On the lack of alternatives to detention:**

- “Detention is the best of the worst options, as there is a lack of appropriate less restrictive placements or alternatives.”