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**Step 1: The Problem**

Girls with mental health disorders are admitted to the juvenile justice system at disproportionate rates as their responses to trauma and behavior are being criminalized and perpetrated by the juvenile justice system.

This poses an alarming problem for girls and their families across the nation. Not only is this a criminal justice problem, it is also a health problem. More specifically, the state of Illinois has generally acknowledged the issue and has taken steps to move forward. Universities in Illinois have responded by compiling reports and teaming up with human service agencies. This effort has gotten stronger as Senator Donne E. Trotter (D-IL) introduced a bill that created the Opportunities for Youth Diversion Task Force within the Illinois Department of Human Services in 2016. The Task Force made up of government agencies, University centers, and other stakeholders in the health and juvenile justice system, produced a report with recommendations. These recommendations recognize the disparities of youth with mental health issues, particularly youth of color and girls who come in contact with the juvenile justice system. The report outlines 14 areas of improvement. This demonstrates the lengths at which admitted youth with mental health issues should be diverted from the juvenile justice system.

The recommendations are a step forward for Illinois, although there is still work to be done to close the gap of girls entering the juvenile justice system. The odds are too high that they will not receive life changing intervention before the time they are adults and enter the adult criminal system. There is a myriad of contributing factors that lead to the arrest of youth with mental health issues.

**Step 2: The Evidence**

There is an unacceptable number of youth with mental health disorders who are making contact with Illinois law enforcement. The National Alliance on Mental Illness reports that almost two million youth are arrested every year in the United States. Out of these two million of the youth that encounter the juvenile justice system, up to 75 percent meet the criteria for a mental health disorder (NAMI, 2019). Just in the state of Illinois, 30,000 youth are arrested and 11,000 youth are admitted to jails statewide (The Chicago Community Trust Staff, 2018). Mental health issues persist in up to 70 percent of youth who are arrested in Illinois.

Now, these are the reported data for all youth. Looking more closely at the data for girls, the Sexual Abuse to Prison Pipeline report (2016) states, “80 percent of females in the juvenile justice system met the criteria for at least one mental health disorder, compared to 67 percent for boys” (p. 12). So, why is this happening? Girls’ responses to sexual abuse are being routinely criminalized, and girls are expected to uphold social norms. Girls are detained at a higher rate than boys for minor offenses such as prostitution, truancy, and running away. (Status of Young Women and Girls in Illinois, 2009). Girls experience a variety of risk factors that contribute to their arrests. These risk factors include victimization, unstable interpersonal relationships, and disrupted neighborhoods.

Cauffman reports important factors that affect girls’ success. One of them being interpersonal relationships. For example, girls who have experienced or witnessed violence or abuse in the home are more likely to experience domestic violence later in a romantic relationship. Research shows that girls are typically abused before their first offense (Cauffman 2008). This is especially concerning for at-risk girls because of their vulnerability of entering human trafficking.

Another factor is the daily endeavor to make ends meet in low income communities (Sciandra, Sanbonmatsu, and Duncan, et al 2013). Girls resort to and are coerced into selling sex for survival. In a turn of events, these girls are picked up by law enforcement for prostitution, released, and continue the cycle of abuse with the men who are abusing of them. Researchers have coined the phenomenon that funnels girls to the prison system the sexual abuse to prison pipeline, because evidence shows that girls in the juvenile justice system are disproportionately victims of sexual violence (Sexual Abuse to Prison Pipeline p. 7, 2016). This same report warns that 31% of girls in the juvenile justice system have experienced sexual abuse. The data points to gaps in the safety and recovery of girls who have experienced any kind of sexual abuse. As a society, it is essential that we pay attention to the data and realize that girls have unmet needs that are creating barriers to their success.

**Step 3: The Alternatives**

**Base Case**

As of today, the reality is that a Nation-wide initiative to protect girls with mental health traumas and mental health disorders from incarceration or even to divert them from the juvenile justice system does not exist. At a state level, Illinois has acknowledged that girls with mental health concerns are vulnerable. More specifically, they have passed a handful of progressive legislation that has pushed the ball forward such as the Justice for Victims of Sex Trafficking Crimes Act of 2012 that enabled victims of sex trafficking to get rid of the prostitution charge on their criminal record. Illinois was also the first state to outlaw prostitution charges for youth under 18 years of age under the Illinois Safe Children Act of 2011 (Hounmenou 2015). There is no doubt that Illinois is a leader in implementing policies that ensure the protection of youth, especially girls. In addition to the progressive legislation, the creation of a task force highlighted the unique needs that girls have.

**HB 0219**

In order to ameliorate the disparities that girls are currently facing in Illinois, Rep. Mary E. Flowers (D) proposed bill HB 0219, the “Children’s Mental Health Local Integrated Fund (101st General Assembly State of Illinois, 2019). The bill is currently assigned to the Illinois General Assembly’s Mental Health Committee. The social work and health care community has extensively researched the effects of community-based care, and it’s been found that a community-based care approach is evidence-based. This bill would develop mental health collaboratives aimed at children and youth. Similar to an integrated healthcare system, this bill aims to bring professionals from the correctional system, to social services, to education together to ensure holistic care to youth. This bill calls for the creation of collaboratives, to commit to resources that will provide services to youth experiencing mental health issues, and to develop a plan within the collaborative of how agencies will contribute funds to the children’s mental health collaborative. Representatives from various sectors of a youth’s life be represented in the collaborative.

**Proposed Alternative**

I think this bill is a positive step forward in improving the wellbeing of our youth, although I would propose the following specific services and requirements that are specific to the care of girls. The additions to the bill would strengthen girls’ protection and overall wellbeing.

1. Evaluation factor: All communities that apply for funding would be evaluated by the Department of Health and Human Services to ensure that the collaborative is in compliance with the law.
2. Data Reporting: Collaboratives will be required to collect biodata from the youth who they come into contact with like race and ethnicity, including any law enforcement agencies that would like to participate in the collaborative. These data will be reported to the DHHS to implement accountability.
3. Create trauma-informed, gender specific services.
4. After youth is released from custody, there will be a re-entry committee dedicated to service provision, case management, and be connected with health care provider.
5. If an altercation happens in a school setting, the youth will be referred to the collaborative before School Resource Officer proceeds with law enforcement measures.
6. Reconstruct the way funding is obtained: Create system where medicaid funds a portion of the services that the collaborative provides. An accountability system will be created to keep track of how fund are being spent.

References

-NAMI: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Juvenile-Justice>

-Chicago Comm Trust Staff

<https://cct.org/2018/03/task-force-recommends-prison-alternatives-for-youth-with-mental-health-conditions/>

-Help for youth in crisis: <https://www.illinois.gov/hfs/info/Brochures%20and%20Forms/Brochures/Pages/hfs3838.aspx>

-SAAP Report 2016

-Status of Young Women and Girls in Illinois, 2009

<http://www.steansfamilyfoundation.org/pdf/SOG_Full_Report.pdf>

-Cauffman 2008

-Sciandra, Sanbonmatsu, and Duncan, et al 2013

-Hounmenou 2015 <https://socialwork.uic.edu/wp-content/uploads/bsk-pdf-manager/FINAL_-_Human_TraffickinginIllinoisFactSheet-November2015_2_121.pdf>

-propsed bill <http://www.ilga.gov/legislation/101/HB/10100HB0219.htm>

**Step 4: Criteria**

Principle objective to be minimized: Fewer number of girls with mental health issues admitted into juvenile detention centers because they would have access to mental health collaboratives in their neighborhoods. No longer responding with a law enforcement response.

Minimize the number of girls with mental health condition that are formally processed through the Illinois juvenile justice system and refer them to integrated health collaboratives after first contact with law enforcement, subject to the constraints of not exceeding budget of service for person and community safety.

**Equity**

Social service programs for youth, especially youth who come from vulnerable situations, should be created with an ethical point of view. For example, practitioners with experience working with girls in the juvenile justice system, social workers with specific training, and others with a strong understanding of social justice should be active in creating targeted services and programming. This qualification is important to highlight, because creating policy with a true understanding of equity will help promote the wellbeing of those who have been disenfranchised by the system. Equity must be considered when distributing the funds, because not all communities are funded the same. Some communities are in higher need than others, and it is only fair to ensure that low income communities are funded adequately.

**Base Case***.* Like in many states, service providers in Illinois communities have come together to provide wrap around services to their residents. Illinois has set up coalitions and task forces that have made powerful claims about the need for funding and more services. It is difficult to start up collaboratives, because of the time, resources, and compromise that it takes. So, the reality is that Illinois has great ideas but little to no movement. Equity is currently low in terms of funding and distributions of resources.

**HB 0219.** The proposed children’s trust fund is moving Illinois in the right direction. This will recognize the need for allocated funds toward youth services. Although, the focus of this bill is more on equality than equity. The language of the bill states that all children are in need of services, and the trust fund would provide an opportunity for communities to band together to provide those services. Similarly, this bill expects communities to fund their own collaborative in its entirety after the first year. The state will only fund collaboratives during the first year. This system does not consider some communities lack of funds or needs.

**Proposed Alternative.** There is a need for more gender specific programming for girls, and the proposed alternative provides funds to create that programming. The alternative receives the highest equity score, because it is transparent about the populations that need more attention, and rightfully so. This proposal is responsive to the needs of the community given the evidence that was mentioned above in addition to providing services to all other youth with needs.

**Administrative Robustness and Improvability**

**Base Case.** The base case receives the lowest score for robustness and improvability, because the reality is that despite the advances in research studies and task forces in Illinois, a practical step forward is yet to be made. If changes were to be made today, there would be foreseeable leaps through bureaucracy that would cause programming to become stagnant. Additionally, demands would be too high that staff turnover would be frequent and collaboration would be inconsistent. Simply put, there is minimal capacity to implement collaboratives without the blueprint that a detailed policy would offer.

**HB 0219.** The proposed bill provides a blueprint for such programming. This policy clearly states that resources will be allocated to collaboratives that focus on children’s mental health. This policy receives a moderate score, because each collaborative has the say about what programs are best for the needs of its residents. Teams would be able to customize the services that the collaborative offers, as well as make changes accordingly. Although this policy would offer flexibility, issues can also arise from too much flexibility. For example, it could be the case that programming throughout the states varies drastically, causing children’s outcomes to also vary.

**Proposed Alternative.** Similar to HB 0219, the proposed alternative offers a blueprint for programming. The major difference between this alternative and the proposed bill includes qualifications for all service providers and an evaluation plan. Because of these important details, the alternative receives the highest score for administrative robustness and improvability. Screening service providers and professionals is an essential part of providing the best programming for youth. Team members must have at least a bachelor’s degree in a helping profession and receive trauma informed training. The evaluation piece of the alternative ensures that collaboratives can continue to improve year to year. Collaboratives will have a needs-based evaluation before implementing a collaborative and an outcomes evaluation.

**Policy Sustainability**

**Base Case.** The base case receives the lowest policy sustainability score, because there is no running program to maintain.

**HB 0219.** The proposed bill also receives the lowest policy sustainability score, because the funding plan for a collaborative is not realistic. In addition to it not being realistic, it is also unfair and could cause major disparities in quality of service. The bill plans to distribute funds to collaboratives that apply for funding. These groups would receive start-up funding for their first year but would have to come up with their own resources for the years to come. This implies that collaboratives would be on a hunt for funding through grantors.

**Proposed Alternative.** Realistically, the proposed policy receives a moderate score for policy sustainability, because there are foreseeable roadblocks regarding the funding for the collaboratives. This policy gains its sustainability from the guaranteed funding that it will receive through Medicaid. As part of the outcomes evaluation, counties will be responsible for reporting how Medicaid funding was allocated for each program that they have.

**Step 5: Matrix**

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| **Policy Scenarios:** | **Criteria:** | | |  |
| **Equity (Evaluative)** | **Administrative Robustness & Improvability (Prac)** | **Policy Sustainability (Practical)** | **Total Score** |
| **Base Case:** | **2:** Illinois has passed a variety of legislation aimed to increase the well-being of youth and girls. | **1:** Current policies have not been able to implement collaboratives. | **1:** Currently there is no statewide plan to create collaboratives. | **4** |
| **Proposed Bill HB 0219:** | **2:** Only collaboratives that apply for funding will be eligible. Although, funding will be given to all types of juvenile programs. | **2:** Would encourage collaboratives. Has minimal say in the types of programs that policy would fund. | **1:** Government would fund first year then it is up to collaboratives to pitch in their share to keep programs running/enlist volunteers. | **5** |
| **Proposed Alternative:** | **3:** Will develop specific gender-based programming for girls in juvenile justice system. | **3:** Has a wide range of possible evidence-based programming that would be eligible for funding. | **2:** Moderate, because programs funding will come through Medicaid and other national organizations. Possible that funding may shift with new election cycles. | **8** |

**Key**

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|  | **Equity (Eval)**  (when it comes to distributing govt funds) | **Administrative Robustness & Improvability (Prac)**  (when it comes to programming or processes) | **Political Sustainability (Prac)**  (when it comes to program longevity) |
| **1- Low** | Policy demonstrates minimal attention to the specific needs of collaboratives when it comes to distribution of funding for integrated health programs. Policy takes on a one-size fits all approach to solutions. | Policy demonstrates minimal interest to adapt programming and processes in order to improve youth services. | Policy demonstrates high vulnerability for an end in programming because of its lack of bipartisanship. The odds of maintaining collaboratives alive long term are low. |
| **2- Medium** | Policy shows moderate attention to tailored collaborate needs. | Policy allows room for flexibility in programming and administrative process that strive for improvement. | Policy has moderate bipartisan support and has a risk of being discontinued when new elected officials are in office. |
| **3- High** | Policy demonstrates a high ability to distribute resources among collectives according to their needs. Policy takes into consideration youth demographics when distributing funds. | Policy is well organized and feasible. It has minimal red tape, while still maintaining a realistic framework. | Policy has strong bipartisan support, and the odds of its longevity are high because of the support that it has from nonprofits, elected officials, and businesses.  Policy also shows a sustainable stream of funding. |

**Step 6: Trade offs**

**Base Case Compared to HB 0219**

If implemented, HB 0219 would create much needed collaboratives within communities. Services offered within the collaborative would be at the discretion of each group. Currently, there are collaboratives within Illinois, although they are not regulated by the state nor are there any guidelines for how these collaboratives should operate. This policy would definitely do something for the children of Illinois, although there is no clear target about what that something would be.

It could be possible that providing mental health services for youth could keep them away from risky situations and increase their overall wellbeing. Although, this policy does not state that its intended goal is to keep youth out of the juvenile justice system. Overall, this policy would provide an additional resource for families to work with influential people working in the lives of their children.

**Base Case Compared to Proposed Alternative**

There is often the idea that just doing something is better than doing nothing. This policy takes that idea and turns it around by saying, “We are doing something, and this something is based on best practices and research-informed practice.” Bringing the proposed alternative to life would impact youth directly, therefore generating a larger societal benefit. First off and more noticeably, the rate of youth with mental health illnesses in custody would drop dramatically. Youth would receive the mental health help they need within the collaborative with the assistance of their probation officer, social worker, and other mental health specialists all while the youth’s home life remains stable.

Costs of keeping youth in detention would also drop given that youth will be able to remain in their homes instead of occupying cells in juvenile detention centers. Research shows that being labeled a “criminal” has negative effects on a youth’s behavior and their self-esteem. Pursuing this alternative method of prevention and rehabilitation would help with youth’s internalization of those stigmas.

A collaborative effort means that agencies will have data sharing available to each other. This will be useful, because it will assist with keeping the lines of communication open between service providers. Currently, agencies struggle to share data with one another. Data sharing is a plus when used with caution and confidentiality.

**7: Stop, focus, narrow, deepen, decide**

Completing this analysis pushed me to become more informed about Illinois policies and efforts to improve the mental health of children and adults. I had to teach myself along the way, and I also called and emailed Rep. Flowers in order to learn more about bill HB 0219. I did not receive a response from them, so that definitely showed me that real policy analysts have little time to go through this entire process. As I completed more and more researched, I started to become more frustrated with the lack of initiative. Actually, I’m not sure if that is the right word, maybe slowness (?) within the system. I wasn’t surprised by this, but seeing the data shocked me. Learning about the disparities that girls face with lack of mental health services and involvement in the juvenile justice system caused me to want to come up with a practical alternative.

One of my greatest challenges was coming up with a realistic plan to roll out the policy alternative, especially when it came to the funding. I researched how Medicaid works and what responsibilities states have when it comes to reporting how Medicaid money is used for programs. I also talked with friends in the HRSA program who were able to explain how Medicaid works in general. Throughout the process, I referred to my evaluation in social work class that I took last semester. I wondered how a real evaluation would look like if collaboratives with gender specific programming were to happen. I realized that part of recommending a policy means that one is well informed about all the areas of life that would be affected by the policy. In this case, I feel like I knew the data, but I had trouble wrapping my head around the role of the juvenile justice system in this policy. Since this is a collaborative, all institutions represented in the group would want to have a say in a decision. What if the criminal justice system does not see eye to eye with the schools? Questions like these really caused me to pause and think about what I was recommending.