

# Kansas Stepping Up for Youth

## Key findings and recommendations from state assessment

November 18, 2024

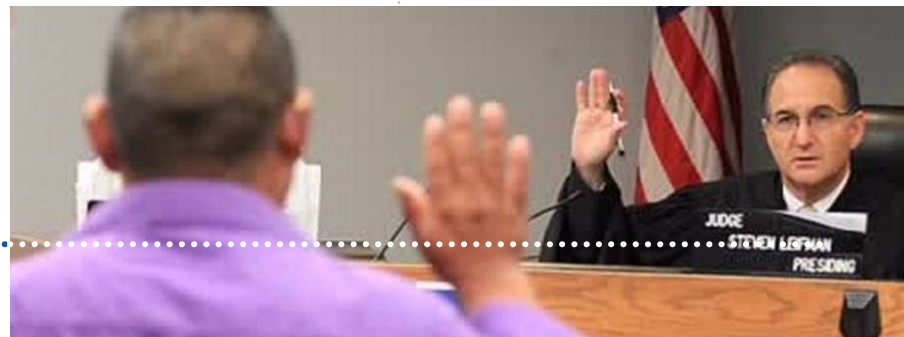


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## About the CSG Justice Center

A national, nonprofit, nonpartisan organization that combines the power of a membership association, representing all three branches of state government, with policy and research expertise to develop strategies to increase public safety and strengthen communities



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# Council of State Governments Justice Center Signature Behavioral Health Initiatives

## Justice and Mental Health Collaboration Program



# STEPPING UP

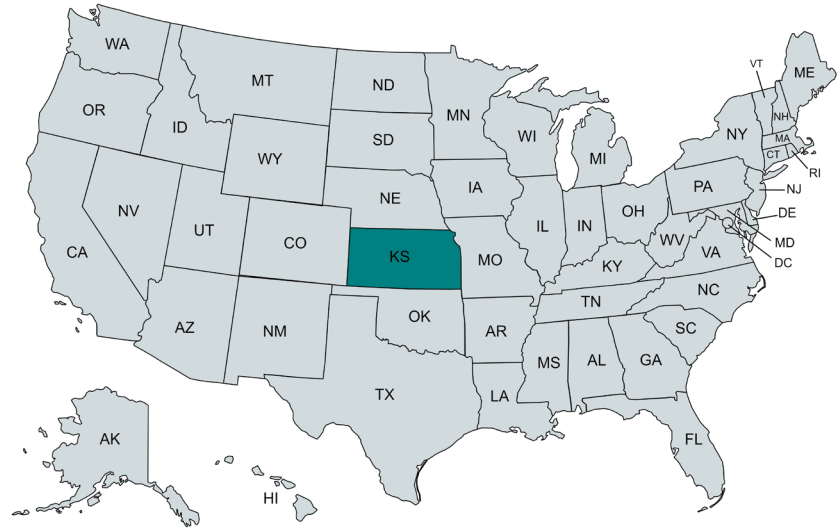
**Judges & Psychiatrists**  
Leadership Initiative



# Kansas is the **FIRST** state in the nation to launch a statewide **Stepping Up** initiative for youth.

This initiative is led by:

- Kansas Department of Corrections (KDOC)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department for Children and Families (DCF)



with mapchart.net

# Stepping Up for Youth in Kansas

## Initiative Overview and Assessment Process



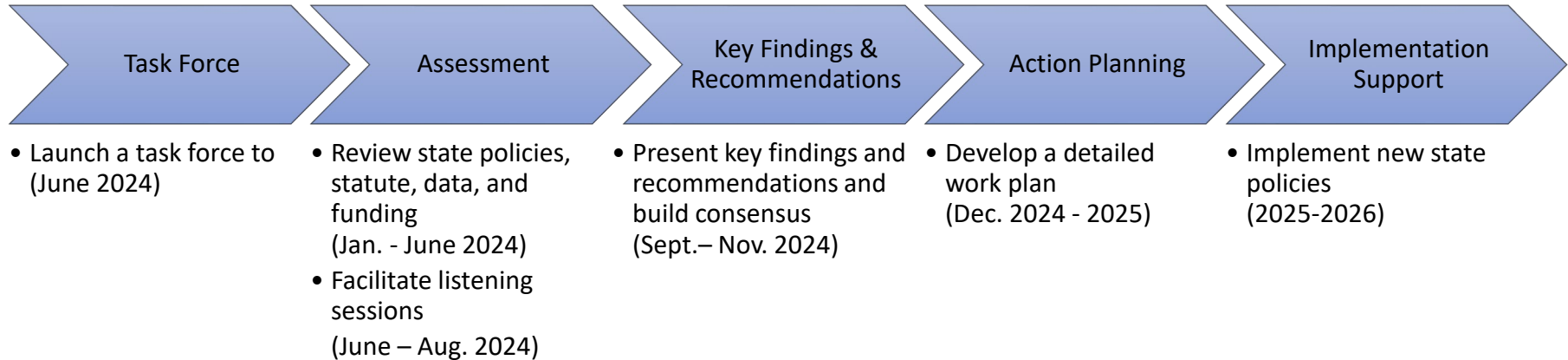
# Stepping Up for Youth in Kansas

## Goal of this initiative:

- Identify, implement, and expand best practices centered on improving community-based services, cross system collaboration, the efficient use of resources, and outcomes for youth with behavioral health needs who experience the juvenile justice system.



# Stepping Up for Youth has five key phases:



# The Task Force oversees the assessment and represents diverse leaders committed to improving public safety and youth outcomes.

Clay McCarter, Director of Special Projects, KDOC	Jeff Butrick, Director of Community-Based Services, KDOC	Andrew Brown, Deputy Secretary of Programs, KDADS	Drew Adkins, Commissioner, Behavioral Health Services, KDADS	Brenda Soto, Director of Medicaid and Children's Mental Health, DCF	Ashley Brown, Cross Over Youth Policy and Practice Coordinator, DCF
Hon. Delia M. York, Wyandotte County District Court Judge	Rep. Stephen Owens	Rep. Angela Martinez	Rep. Timothy Johnson	Sen. Molly Baumgardner	Don Hymer, Chief ADA, Juvenile Division, Johnson County; Chair of JJOC
Sheriff Bill Carr, Ford County	Trish Backman, School Mental Health Coordinator, KSDE	Dr. Sherrie Vaughn, Executive Director, NAMI Kansas	Mike Fonkert, Deputy Director, Kansas Appleseed	Angela McHardie, Director, Shawnee County Juvenile Detention Center	Dustin Browning, Director of 4 <sup>th</sup> Judicial District Community Corrections
Ann Sagan, Director of Special Projects, Kansas State Board of Indigents' Defense Services	Jennifer Zirkle, Intake Supervisor, NWKS Juvenile Service	Andrea Diaz Buezo, ACMHCK, Special Projects Coordinator	Marquetta Atkins, Executive Director, Progeny	Christopher Esquibel, Chief of District Court Operations, Office of Judicial Administration	Rachel Bell, Policy Analyst, Governor's Office



# Key questions that the task force considered and that guided the statewide assessment

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What behavioral health services are available to youth with and without justice involvement?

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How do diversion, detention, and disposition policies account for behavioral health needs?

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Is there sufficient and effective cross-system collaboration to support youth service availability and delivery?

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Are resources being utilized efficiently to protect public safety and improve youth outcomes?

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Is data being collected and used to improve system decisions and hold public agencies and providers accountable?

# We engaged in a variety of assessment activities with diverse stakeholders



System mapping across four agencies – KDOC, KDADS, DCF, and OJA – to review state polices, statutes, funding, data collection and quality assurance efforts

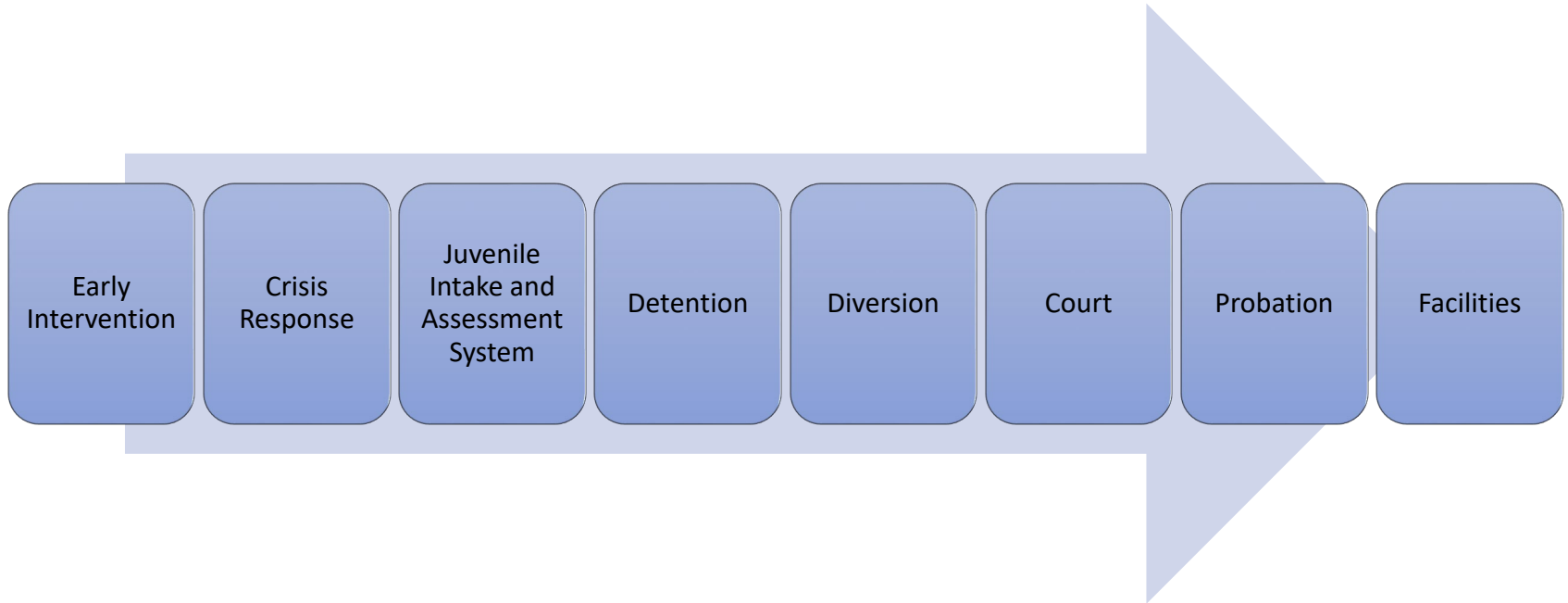


Review of existing data and reports across agencies, including database capabilities, aggregate data, and publicly available reports



Listening sessions with more than 120 stakeholders across the state including judges, behavioral health, schools, law enforcement, advocates, community-based organizations, child welfare, detention, juvenile intake, diversion, community supervision, facilities, others

# We examined key intersections of juvenile justice and behavioral health interventions



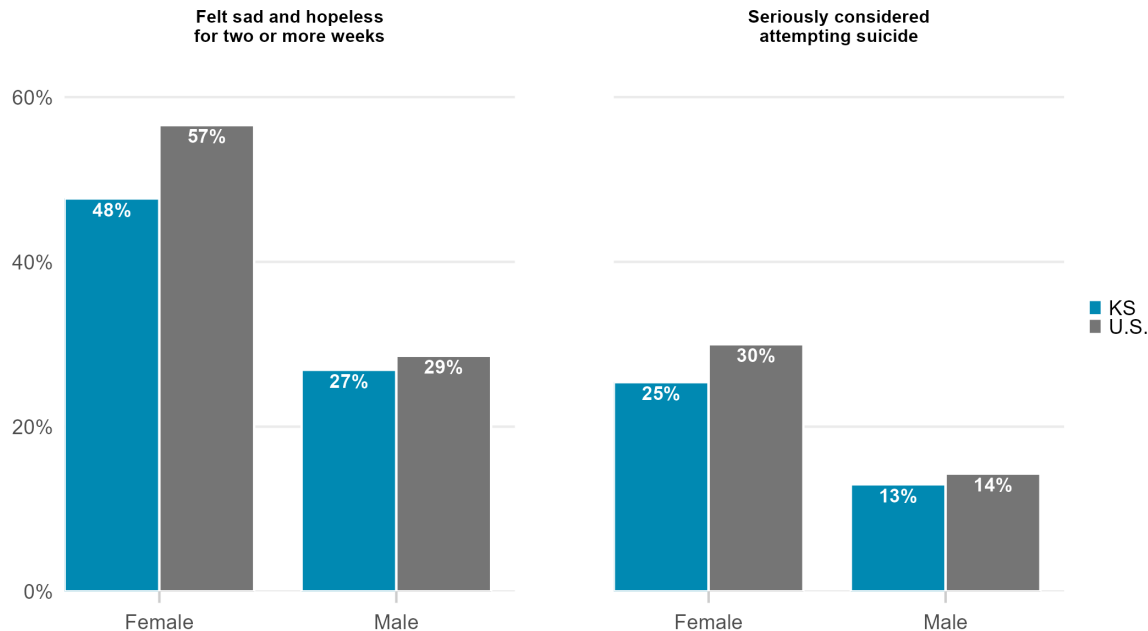
# Key Assessment Findings: #1

**Many youth in Kansas have behavioral health needs and are pushed into the juvenile justice system primarily to receive services, rather than because they are a public safety risk.**



# Behavioral health needs are a significant driver of juvenile justice involvement and have been increasing nationally and in Kansas.

Proportion of high school students who reported mental health challenges, 2021

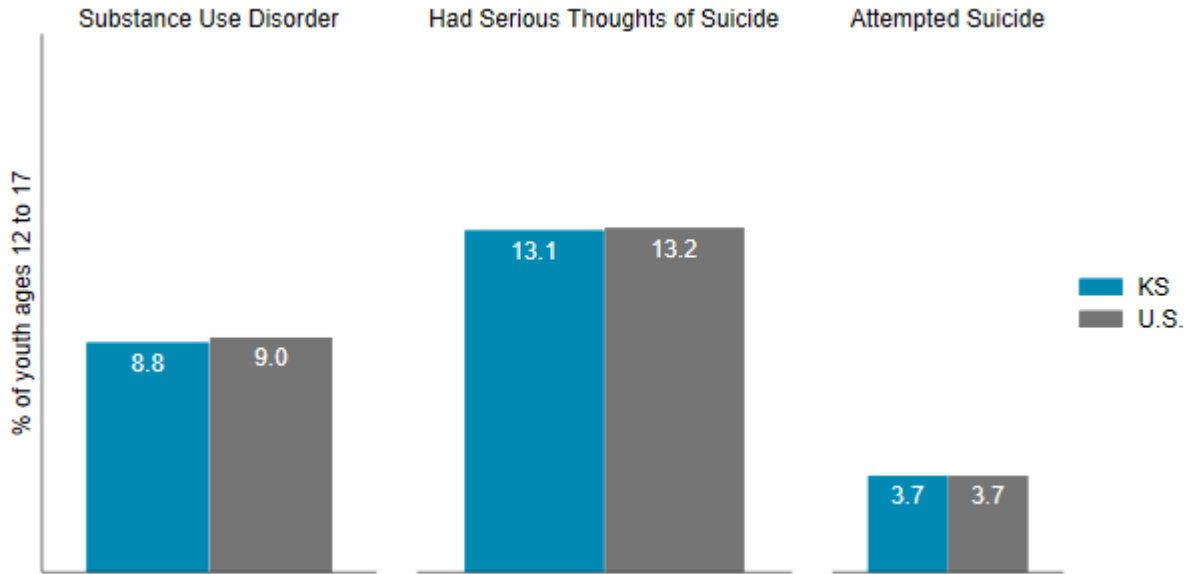


**10—12 percent of youth ages 9 to 17 in Kansas have a serious emotional disturbance (SED).**

CDC Youth Risk Behavior Surveillance System, 2021, <https://yrbs-explorer.services.cdc.gov>

# Many youth in Kansas have behavioral health needs that place them at risk of needing crisis intervention.

## Youth Behavioral Health Needs



**10—12 percent of youth ages 9 to 17 in Kansas have a serious emotional disturbance (SED).**

Sources: Substance Abuse and Mental Health Services Administration. (2024). Behavioral Health Barometer, Region 7, Volume 7: Indicators as Measured in the 2021-2022 National Surveys on Drug; State-By-State Estimates Of Adults With Serious Mental Illness (SMI) And Children With Serious Emotional Disturbance (SED), 2022

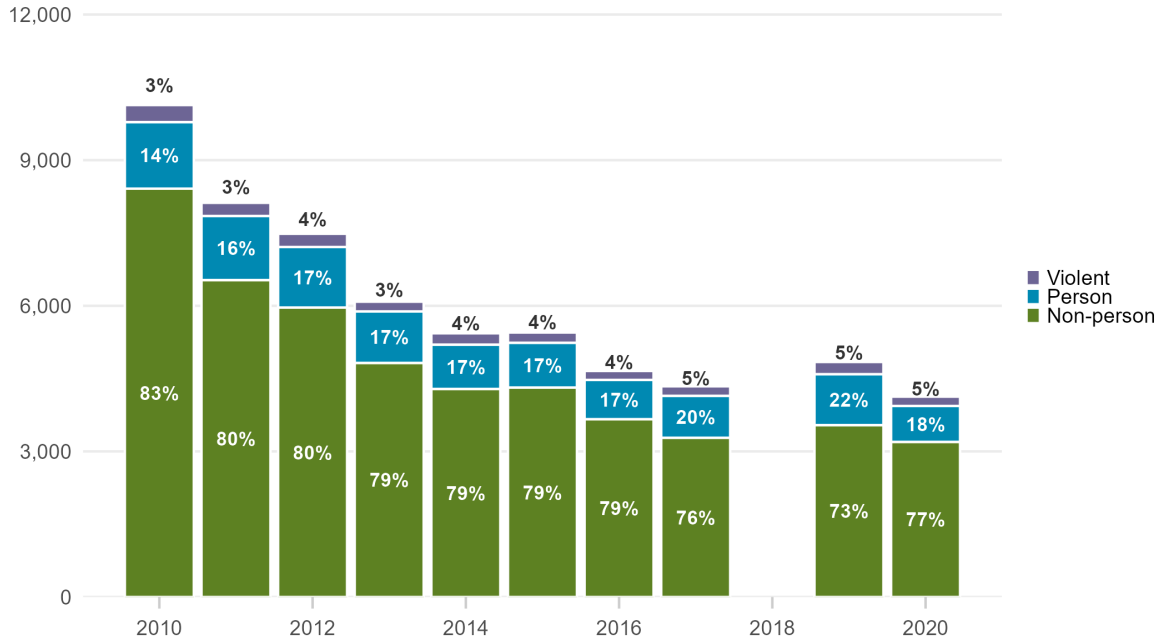
# Two-thirds of youth in Kansas with a major depressive episode did not receive mental health services.

“Mental Health America Youth Data,” Mental Health America, accessed August 28, 2024, <https://mhanational.org/issues/2024/mental-health-america-youth-data>. MHA reported data from SAMHSA’s Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.



# In 2020, 77 percent of youth arrests in Kansas were for non-person offenses

Youth arrests per 100k residents by category, Kansas

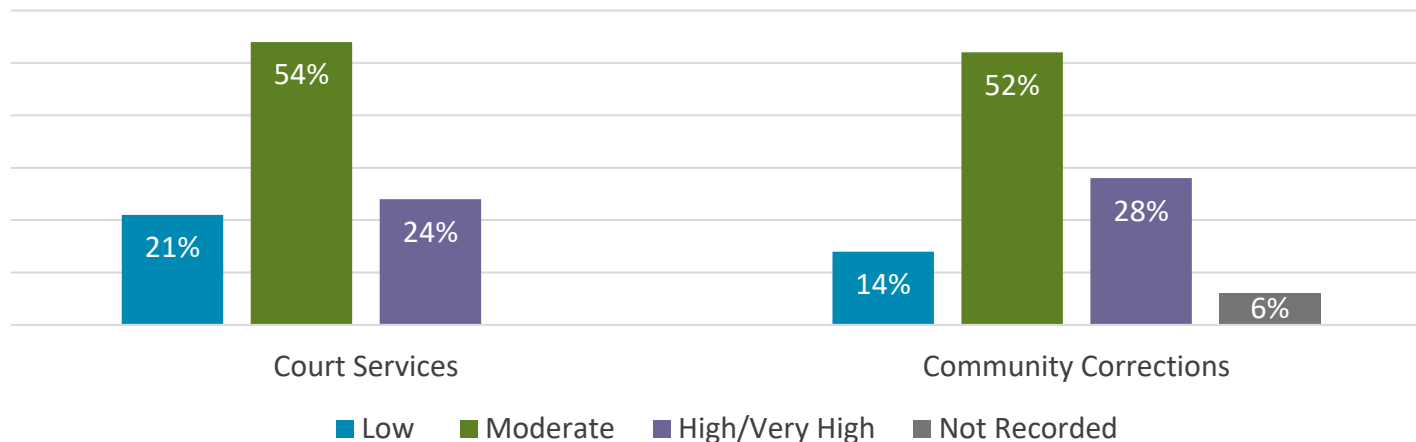


FBI Uniform Crime Reporting Program Summary Reporting System; Arrests by Age, Sex, and Race data set. Aggregated to the state-level from Jacob Kaplan's Concatenated Files; <https://doi.org/10.3886/E102263V15>



# In FY 2021 more than two-thirds of youth starting probation had a low or moderate risk to reoffend.

Risk Level of Youth on Probation, FY 2021



Source: Kansas Juvenile Justice Oversight Committee 2021 Annual Report, p. 15

# Key Assessment Findings: #2

**Kansas lacks a coordinated, statewide, cross-systems network of community-based services to meet youth's needs, protect public safety, and ensure resources are used efficiently.**



# Kansas has a strong foundation that can be enhanced to strengthen youth's behavioral health outcomes and public safety

Cross System Efforts in Statute	Cross Over Youth Policy and Practice Coordinators	Mental Health Intervention Team	Family Helpline
988	Mobile Crisis	Family Resource Centers	Status Offenses as CINC Cases
Risk Screening for CINC youth	Juvenile Intake and Assessment System	Crisis Intervention Centers & Crisis Respite Centers	Screening and Interventions in Detention



# Stakeholders cited critical gaps in community-based services for youth with behavioral health needs



There is not a coordinated statewide service inventory across agencies, funding is not maximized, and some service slots go unused



Services that are available are often not scaled statewide, have long wait lists/response times, are unknown to other systems, and can exclude youth for a variety of reasons



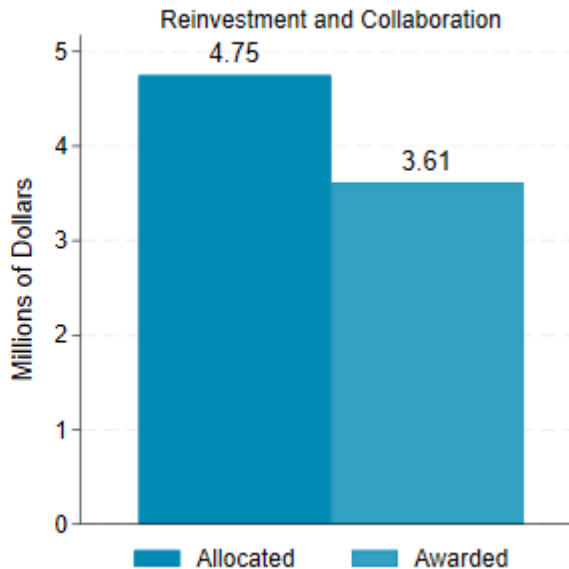
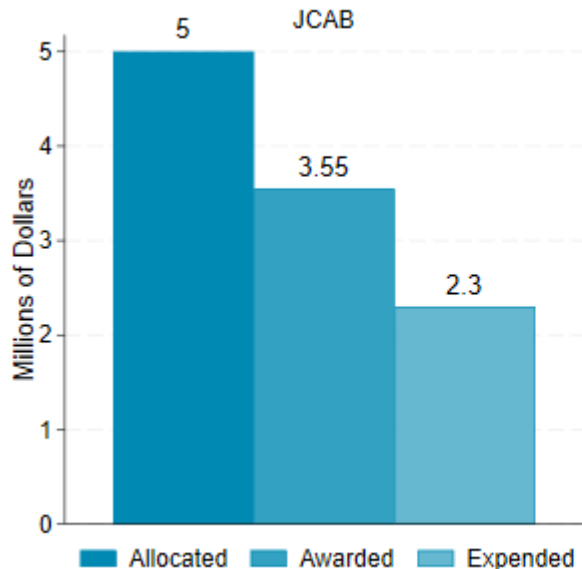
Key gaps include respite, intellectual and developmental disabilities, alternative response, conflict mediation, restorative justice, peer supports, substance use, and interventions for status offenses like truancy and running away

## Stakeholders cited critical gaps in community-based services for youth with behavioral health needs (cont.)

- There is no centralized point of statewide coordination for planning, delivering, funding, or improving community-based services for adolescents across systems.
- CMHCs lack dedicated youth service approaches; 77% of youth served by CMHCs had a serious emotional disturbance (SED) and stakeholders reported gaps in services for youth without SED<sup>2</sup>
- Rural and frontier counties face significant gaps in providers and services, and hiring and retaining sufficient for providers is a challenge across all communities.
- Community-based organizations can't access funding due to restrictions on prevention definitions and unclear deadlines

# Funding is allocated for behavioral health services but is not being spent and risks being returned to the state general fund

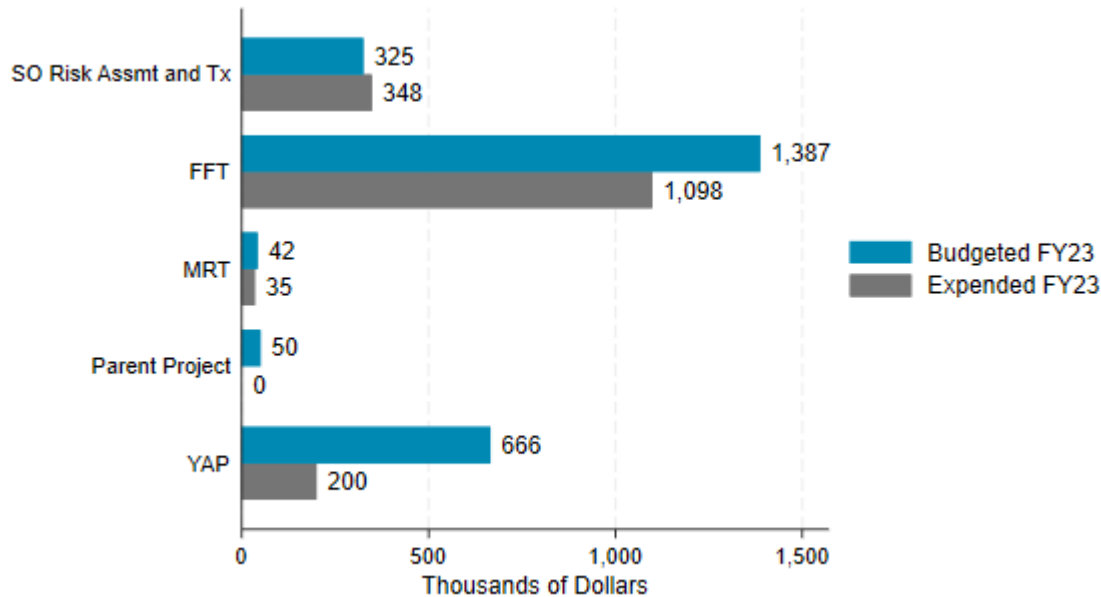
Grant Funding Reported in JJOC Annual Report, FY 2023



In addition to JCAB and Reinvestment grants, JJOC allocated \$750,000 for Mental Health Services, none of the funds were expended

# Statewide contracts exist but are not maximized

EBPA Budgeted and Expended, FY 2023



Medicaid is not being leveraged for evidence-based programs for youth, community responders, violence interventions, or peer supports and slots for programs went unused

# Key Assessment Findings: #3

**Youth end up in costly detention or correctional facilities due to the lack of community-based services, and there is a lack of consistency in the services they receive in such facilities statewide.**

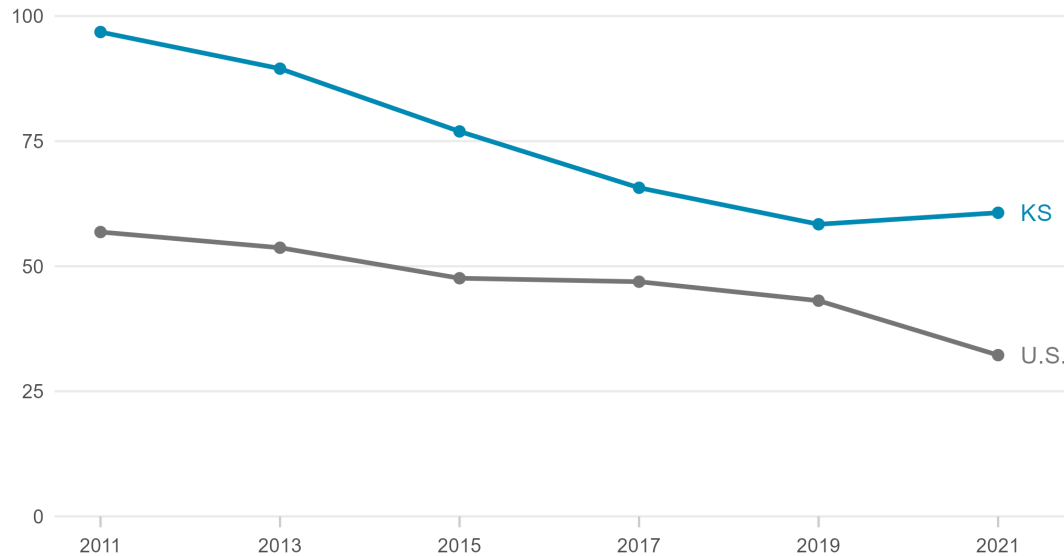


# Kansas lacks a statewide approach to detention oversight, including formal behavioral health alternatives

- Kansas lacks a statewide behavioral health detention diversion strategy, continuity of care approach, and oversight supports
- There are no formal alternative to detention statewide policies or behavioral health off-ramps
- Current detention licensing requirements do not include a review of restraints, use of isolation, services, medication management, or other behavioral health indicators
- There is significant variation in detention facilities across the state

# In Kansas in 2021, the youth pre-adjudication detention rate was 61 per 100k.

Youth detained pre-adjudication per 100k residents

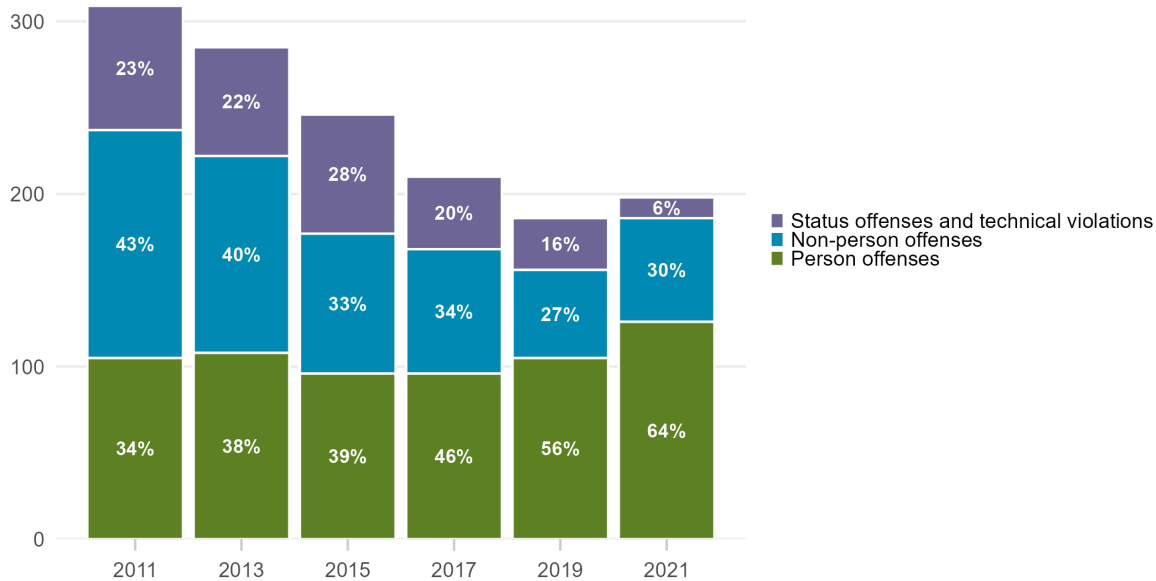


Census of Juveniles in Residential Placement, 2011-2021, <https://www.ojjdp.gov/ojstatbb/ezacjrp/>

The Kansas pre-adjudication detention rate was 88 percent higher than national pre-adjudication detention rate in 2021.

# In Kansas in 2021, 36 percent of youth detained pre-adjudication were held for status, non-person offenses, or technical violations.

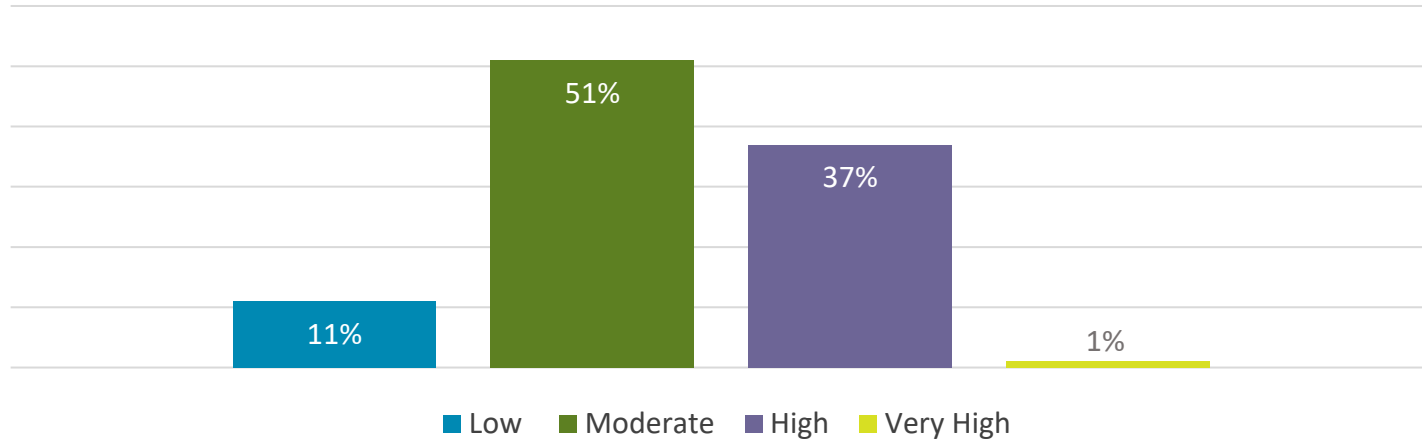
Number of youth detained pre-adjudication by offense type, Kansas



Census of Juveniles in Residential Placement, 2011-2021, <https://www.ojdp.gov/ojstatbb/ezacrjp/>

# In FY 2021 less than half of the youth placed in a Juvenile Correctional Facility (JCF) were at high risk to reoffend.

Risk Level of Youth Placed in a JCF, FY 2021



Source: Kansas Juvenile Justice Oversight Committee 2021 Annual Report, p. 17

# Youth in KJCC have significant behavioral health needs

77% have a mental health diagnosis

43% have a significant mental health diagnosis and require individualized treatment plans

41% take psychotropic medications



# There is a lack of state policies and funding to ensure youth maintain continuity of care while in detention

There is a lack of policy and funding outlining how CMHCs can serve clients while in detention

Recent legislation requires KDOC to ensure youth receive behavioral health supports in detention, but practices vary by facility

New Medicaid options are being explored to promote continuity of care for youth in detention, but it is not a requirement

Not all youth leaving KJCC receive aftercare services, including youth with behavioral health needs.

# Stepping Up for Youth in Kansas

## Agency-Approved Recommendations for Taskforce Approval



# Develop an early intervention system for youth

Reduce inappropriate involvement in the juvenile justice and child welfare systems and promote the more efficient and coordinated use of state funding

- Strengthen cross-systems coordination
- Scale and strengthen existing/new community-based interventions statewide
- Address gaps in public agency and provider capacity and the workforce



# Develop statewide detention standards

Strengthen the appropriate use of detention and improve the use of research-based assessments, services, behavior management strategies, and reentry practices.

- Establish statewide oversight
- Develop detention best practice standards
- Require all JDCs to participate in performance-based standards
- Leverage and maximize the use of Medicaid and existing state funding to support detention alternatives
- Strengthen reentry planning and services for youth



# Additional discrete recommendations

- Adopt the Mental Health Intervention Team program into statute (KDADS)\*
- Standardize the Immediate Intervention Plan across the state (OJA, KDOC)
- Develop behavioral health specialized caseloads and contracts for youth under community supervision of community corrections and court services (OJA, KDOC)
- Require care coordination team meetings for any youth at risk of being committed to KJJCC to determine if another option is more appropriate (OJA, KDOC)



# Questions & Discussion

# Next Steps



Presenting to legislative committees in January



Developing an action plan for short term recommendations and planning processes



# Thank you!

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The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

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