

# Youth Competency- Rule 20

## HENNEPIN COUNTY MINNESOTA

### Appropriate community supports for the care of youth

Children who are found incompetent on delinquency matters often remain in custody because of a lack of supports and resources available to their families. Many children who are found incompetent and out of custody are not receiving the care they need to stabilize. The Minnesota Rules of Juvenile Delinquency Procedure sets out the procedure for how cases should be handled for children found incompetent. The Court has the power to dismiss in some situations, suspend prosecution in other situations, refer a child for civil commitment or direct that a child protection action be initiated in limited circumstances.

Children should not languish in detention or struggle in the community because there is no safe and appropriate option. This leads to significant safety concerns for the children involved, their families, and the broader community. Our system must lay the groundwork for better outcomes for children and families and create smart, long-term investments for taxpayers.

#### **Developmental immaturity and incompetence**

Unlike most adults, children are often found incompetent because of their developmental immaturity. These children cannot be restored to competency with treatment and instead attain competency by maturing. Any model for children that focuses on restoration to competency rather than supportive services for the developing brain will be unsuccessful and lead to unnecessary and prolonged detention.

#### **Racial disparities and unmet behavioral health needs**

Black, Indigenous, and Persons of Color (BIPOC) families are over-represented in all aspects of the criminal, juvenile delinquency, and child protection systems. The historical and ongoing trauma of bringing families into the system because of unmet needs must be mitigated.

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Culturally specific and readily available resources for children could divert families out of the system and reduce disparities.

In 2021, of the 120 children found incompetent, 27% were in custody. A five-year analysis (2018-2022) of youth found incompetent examined patterns for 101 youth. The average age was 15. Black boys represented 75% of the youth. Native American youth increased from 3% in 2018 to 15% in 2020. Child protection or child welfare involvement showed up in 15% of the cases and more than a third of the youth were receiving children's mental health services.

Additionally, data of youth found incompetent between January 2021 to September 2021 showed clear patterns:

- Youth usually had more than one mental health diagnosis. The top diagnosis included ADHD; Mood Disorders, Disruptive Behavioral Health Disorder, and Trauma-Based Disorders.
- 97% had an Individualized Education Plan (IEP) primarily for Emotional Behavioral Disorders (EBD) before age 12.
- 67% were living at home when competency findings were determined and 24% were in custody.
- Following competency finding, most youth returned home while others were placed in residential treatment centers, group homes, foster care setting or shelter.
- There were limited community-based options for the small number of youth with complex mental health conditions needing treatment in a safe and secure setting.

### **Recommendations for system improvements to better meet needs**

Strong partnerships between state, counties and providers are needed to address the changing needs of youth in our diverse communities. As mental health authorities, Minnesota counties must provide resources to achieve effective solutions for all residents. They must invest in:

- Safe environments for children found incompetent with complex behavioral health needs.
- Family and community-based behavioral health supports from competency filing to determination.
- Expedited service delivery.

Further recommendations:

- Eliminate unnecessary detention by triaging children to a safe, therapeutic environment.
- Engage and support families. Parents and caregivers are integral to the success of any interventions, supports and plans. Children should be served near their family, and community supports should be available to facilitate family participation in decisions made about the child.
- Integrate adolescent brain science and development framework into decisions that involve children. Positive Youth Development approaches are shown to deliver positive, impactful outcomes. Care models designed for adults are inapplicable, ineffective, and can generate negative outcomes.
- Ensure that solutions address safety for youth, their families, and the broader community.
- Do no harm in any reforms including system responses that compromise care for youth and their families.

