

# Juvenile Justice



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Members of the House Public Safety and Criminal Justice Reform Finance and Policy Committee:

On behalf of NAMI Minnesota, we are writing in support of House Files 922, 947, 416, and 1309. The US Bureau of Justice Statistics reports that over 70% of children in the juvenile justice system have a diagnoseable mental illness. While we have made some great strides in reducing the detention of children, too many of Minnesota's laws and practices still focus on punishment and isolation – further traumatizing an already extremely vulnerable population. The bills before your committee will take important steps to continue transforming how we think about safety and wellness in our communities.

The research is clear that the prevalence of Adverse Childhood Experiences (ACES) for children in the juvenile justice system is disproportionately high. Moreover, children involved in the juvenile justice system consistently show disparate social and educational outcomes compared to their peers. It is long past due that our laws reflect the nearly 20 years of research on ACES and providing trauma-informed responses to children. Practices like invasive searches, segregation, shackling, and indiscriminate detention serve only to reinforce traumatic experiences during some of the most precious and formative years in a young person's life. As PTSD and other mental illnesses are the norm and not the exception, ending these practices is critical not only to promote recovery, but also resiliency and opportunity for families often caught in the cycle of incarceration.

The measures to collect better data and reform sentencing practices in HF 416 are essential to begin reducing the harmful impacts of collateral consequences. Youth in the system often need continual support transitioning to adulthood to prevent further involvement in the justice system. Yet, this transition period can be incredibly difficult with little support built into the system. Furthermore, a criminal record raises overwhelming barriers in securing basic elements for recovery such as housing, employment, and healthcare. This can also coincide with a difficult transition period from the children's mental health system to the adult system. Public safety inherently means caring for victims and preventing criminal activity, but it cannot not exclude the safety and wellness of the youth who have caused harm, especially when children as young as ten years old can carry public records into adulthood.

Finally, it is imperative for the legislature to take action to address racial disparities in the juvenile justice system, beginning now by passing HF 1309. The direct resources provided in HF 1309 to intervene and support children and families are essential to reducing disparities, but much more is needed to address the broad impacts of systemic racism, impacts which cannot always be quantified in data. Generational trauma in BIPOC communities is the result of a history of inequities in healthcare, education, and housing – inequities that persist today and perpetuate deeply disparate responses to BIPOC children. At NAMI Minnesota our mission is to champion justice, dignity, and respect for all people affected by mental illnesses. We are happy to support this legislation and we look forward to continued work with your committee to realize our mission in the juvenile justice system.

Sincerely,

Sue Abderholden, MPH  
Executive Director

Elliot Butay  
Criminal Justice Coordinator