

Guide to Child and Teen Checkups/Preventive Health Care for Justice Involved Youth

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Table of Contents

Acknowledgement.....	ii
Introduction	5
Justice Involved Youth (JIY)	5
Who are JIY?	5
Gender.....	6
Race	6
Social Determinants of Health (SDoH)	6
Understanding Adolescent and Young Adult Development	7
How Do We Support Healthy Development in JIY?	8
Preventive Care	9
Barriers.....	9
Insurance	9
Access.....	10
Continuity of Care.....	10
Mental Health, Substance Use and Suicide	11
Sexual Health.....	12
Dental and Vision.....	14
Summary.....	15
Recommendations and Resources.....	16
Child and Teen Checkups (C&TC) Coordinators and Staff	16
Recommendations for improving C&TC rates and quality of care	16
Know Your Resources	17
Health Care Providers	18
Recommendations for improving C&TC rates and quality of care	18
Know Your Resources	18
Juvenile County Correctional Facility and Detention Center Staff.....	20
Recommendations for improving quality of care	20
Know Your Resources	21
Staff Who Work with JIY in the Community.....	23
Recommendations for improving quality of care	23

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE
INVOLVED YOUTH

Know Your Resources23

General Child and Teen Checkups State Resources25

 Department of Human Services.....25

 Minnesota Department of Health.....25

Acknowledgements29

Introduction

This tool is meant to serve as a guide for a spectrum of community and public programs that provide services to high-risk youth and young adults. This tool outlines the challenges that justice involved youth (JIY) face in regards to accessing appropriate preventive health services. It provides an overview of JIY in Minnesota and information about healthy youth development and opportunities to provide positive strength based support. There are service provider specific recommendations and resources to optimize care and address the special health needs and challenges of the JIY population. The focus of this guide is on youth who are potentially eligible for Medicaid and Child and Teen Checkups services.

Child and Teen Checkups (C&TC) is Minnesota's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. [EPSDT\(www.medicaid.gov/medicaid/benefits/epsdt/index.html\)](http://www.medicaid.gov/medicaid/benefits/epsdt/index.html) is a federal program required in every state to provide comprehensive preventive health care and dental services for children under the age of 21 who are eligible for Medicaid. The focus is on periodic, preventive health examinations and screenings delivered according to the [C&TC Schedule of Age-Related Screening Standards \(https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3379-ENG\)](https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3379-ENG). Regular checkups give health care providers an opportunity to monitor children's growth and development, screen for and identify potential concerns, and treat them to prevent bigger problems later on. Regular checkups throughout adolescence help young people prepare to be more independent and proactive in caring for their own health by the time they are young adults (Minnesota Department of Health, 2019).

Justice Involved Youth (JIY)

Who are JIY?

Justice involved youth or JIY refers to any youth who is arrested by a law enforcement officer (Aalsma et al., 2017). Youth can be anywhere in the juvenile justice system including arrest, diversion, probation, parole, detention or corrections.

The majority of Minnesota's JIY are in non-secure community settings versus secure settings such as detention or correctional facilities. Non-secure juvenile justice settings refer to diversion, community-based treatment and therapy, treatment and residential programs, and supervised release (home confinement, electronic monitoring) and intensive supervision (probation, day and evening reporting centers, or skills training programs) (Austin et al., 2005). A 2016 single day capture of Minnesota's juvenile population found that of 9,718 filed court cases with delinquent findings, 92% were on probation, 8% in residential placement, and 2% in detention (Merrick et al., 2018).

Gender

In Minnesota, youth arrests are about 66% male and about 34% female and youth on probation are 73% male and 27% female (Juvenile Justice Advisory Committee , 2021; Juvenile Justice Advisory Committee, 2017). Nationally, 87% of youth in facilities are male and 13% are female (Acoca et al., 2014). Lesbian, gay, bisexual, queer and/or transgender (LGBTQ) youth are overrepresented in the juvenile justice system because of disproportionate criminal justice enforcement rather than disproportionate criminal activity (Sattler, 2017). Among youth who completed the 2019 MN Student Survey (MSS), 58% of females and 18% of males in juvenile correctional facilities identified as non-heterosexual orientation. The percentage of youth identifying as non-heterosexual is higher compared to the MSS 11th grade general population, which reported 25% of females and 14% of males identifying as non-heterosexual (Minnesota Student Survey Interagency Team, 2019).

Race

Significant racial disparities also exist within Minnesota’s juvenile justice system. In the general population, “eleven percent of youth between the ages of 10 and 17 were black, but 34% of juvenile delinquency arrests were of black youth”. “Hispanic/Latinx youth made up 9% of the youth population, they were 12% of youth arrested” (Juvenile Justice Advisory Committee , 2021). There are stark disparities between race and arrests for status offenses (offenses that are only a crime if committed by youth under 18 years of age). Approximately 44% of youth arrested for running away were black and 45% of arrested for violating curfew or loitering were black, despite only making up 10% of the youth population (Juvenile Justice Advisory Committee , 2021). These disparities are an illustration of centuries-old, persistent, institutionalized and legalized racial discrimination, also known as systemic racism.

Compared to white youth . . . (Juvenile Justice Advisory Committee , 2021)

Black Youth	American Indian Youth
<ul style="list-style-type: none"> ▪ 4.67 times more likely to be arrested ▪ 1.25 times more likely to be placed in secure detention ▪ 2.18 times more likely to be referred to adult court ▪ 61% less likely to be sentenced to probation 	<ul style="list-style-type: none"> ▪ 3.09 times more likely to be arrested ▪ 3.26 times more likely to be placed in secure detention ▪ 56% less likely to be sentenced to probation

Social Determinants of Health (SDoH)

Poverty, family dysfunction, substance and child abuse are all social determinants of health that are predictors of juvenile justice involvement (Barnert et al., 2016).

Lower socioeconomic status (SES) is correlated with juvenile justice involvement (Committee on Adolescence, 2011). Youth with lower SES may be part of families that have less residential

stability, live in poorer neighborhoods with high crime, and have lower education possibly resulting in under or unemployment (Committee on Adolescence, 2011).

Family structure may also influence youths’ involvement in the juvenile justice system. Households with only one parent have an increased risk of living in poverty and therefore have a higher likelihood of justice involvement (Committee on Adolescence, 2011). Family disruptions such as marital separation or divorce may result in youth finding surrogate support by joining a gang, which encourages risky health behaviors and result in contact with the juvenile justice system (Committee on Adolescence, 2011).

Among youth entering the juvenile justice system, up to 93% have experienced at least one adverse childhood experience (ACE) (Barnert et al., 2016). Youth who have been exposed to ACEs like abuse, neglect, and household dysfunction may engage in risky behaviors that result in poorer health and contact in the juvenile justice system (Barnert et al., 2016). Youth with an incarcerated parent are more likely to offend than youth without an incarcerated parent (Barnert et al., 2016).

For youth who are LGBTQ, conflicts with family resulting in verbal or physical abuse at home and/or bullying at school put them at increased risk of juvenile justice involvement (Sattler, 2017). Twenty-six percent of LGBTQ youth become homeless/runaways, which increases their risk of engaging in survival sex or petty theft. In order to protect themselves from bullying, youth may carry a weapon, which increases their risk for an assault, or weapons charge (Sattler, 2017).

Understanding Adolescent and Young Adult Development

Adolescence offers us a unique chance to invest significantly in the health and well-being of young people, which in turn supports the transition from childhood through adolescence and into adulthood. During adolescence and young adulthood (ages 10-24), significant changes and transitions occur. It is the life stage with the second most significant changes in physical growth and brain development occurring (second only to the first year of life). Therefore, it’s essential that youth receive the guidance, support, and encouragement that fosters healthy development (Nietzel Carr, 2017). This is especially true for JIY who may not be in situations conducive to healthy development.

During adolescence and young adulthood, youth work to accomplish 3 main goals (State Adolescent Health Resource Center, 2011):

Being	Belonging	Becoming
Defining who I am? Exploring their physical, psychological, and spiritual selves; including personal values, attitudes, knowledge and behaviors.	Finding my place in the world? Recognizing a young person’s fit with their environment (physical, social, community).	Achieving my personal goals, hopes and aspirations? Mastering social skills, developing lifelong learning habits, and seeing a promising future.

In order to answer the above questions, youth work through the following eight developmental tasks. Completing these tasks aids youth in being successful in adolescence and better prepared to enter adulthood (State Adolescent Health Resource Center, 2011).

8 Developmental Tasks (State Adolescent Health Resource Center, 2011):

Tasks focused on the physically changing body.

1. Adjust to physical sense of self
2. Adjust to sexually maturing body/feelings

Tasks focused on changing sense of self.

3. Develop/apply abstract thinking skills
4. Define personal sense of identity
5. Adopt personal values system

Tasks focused on changing relationships.

6. Renegotiate relationship with parents
7. Develop stable peer relationships

Tasks focused on changing roles and how they fit into the world around them.

8. Meet demands of mature roles/responsibilities

How Do We Support Healthy Development in JIY?

Youth need support to ensure healthy and positive development. Everyone working with youth can play a role in creating and connecting youth to positive experiences, positive relationships, and positive environments. This involves engaging and connecting youth with their communities, schools, peers, and family in a constructive and productive manner. It is also important to recognize, utilize, and enhance each youth's unique strengths (Youth.gov, n.d.).

Adolescents and young adults need positive caring adults in their lives. Youth who feel cared about and have a connection to their community are more likely to choose behaviors that are better for their health, safety, and relationships and make healthier choices about who they are (and want to be) (Saint Paul Ramsey County Public Health, n.d.). Being and doing

Keep the connection simple and intentional (Saint Paul Ramsey County Public Health, n.d.). The best way to connect with youth is through being and doing.

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE INVOLVED YOUTH

Being	Doing
<ul style="list-style-type: none"> ▪ Authentic ▪ Caring ▪ Fully present ▪ Non-judgmental ▪ Respectful ▪ Understanding ▪ Consistent ▪ Genuinely curious and interested ▪ Patient ▪ Proactive ▪ Inclusive ▪ Attentive 	<ul style="list-style-type: none"> ▪ See the unique individual ▪ Provide opportunities for meaningful contribution ▪ Remain open ▪ Flexible and creative ▪ Smile (in a genuine way) ▪ Exhibit joy ▪ Affirm and validate young people’s questions, concerns, hopes, and dreams ▪ Invite their stories ▪ Share stories ▪ Use humor ▪ Have fun

Preventive Care

Refer to the [C&TC Schedule of Age-Related Screening Standards \(https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3379-ENG\)](https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3379-ENG) for the complete list of required and recommended preventive health examinations and screenings.

Few guidelines or recommendations for preventive care exist for JIY in non-secure settings and community settings such as diversion, community-based treatment, residential treatment programs, supervised release and intensive supervision, in spite of the known higher risks and challenges for continuity of care and follow-up in this population. One exception to this is youth under 21 years of age in psychiatric treatment facilities who by law are to have access to EPSDT (C&TC) preventive services (Centers for Medicare and Medicaid Services, 2018). Those without additional external support may be ill-equipped and unable to access preventive care. While some guidelines or recommendations exist for JIY in secure settings, additional support is needed. This is particularly true in situations and community settings where screening is not occurring as recommended and where follow-up care and connecting to community services is lacking.

Barriers

Insurance

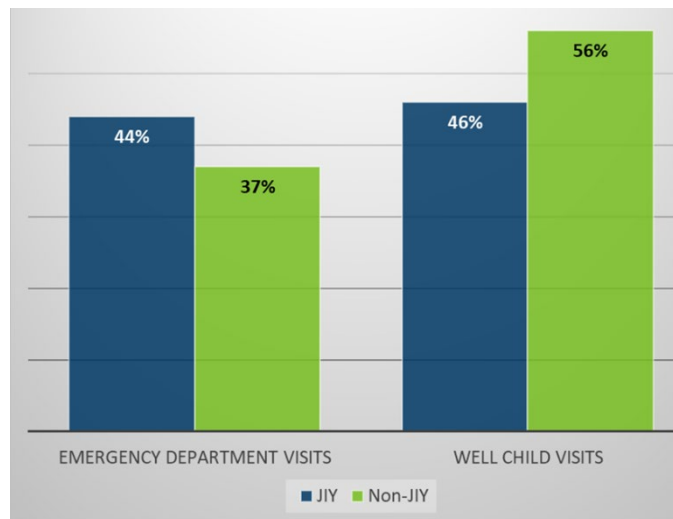
JIY are 1.4 times more likely to be uninsured than non-JIY (Winkelman et al., 2017). JIY have more disrupted Medicaid coverage (Aalsma et al., 2017). They tend to have more gaps in coverage and their gaps in insurance are longer than non-JIY (Aalsma et al., 2017). Due to the Social Security Act of 1935, which prohibits the payment of federal dollars for “inmates of

public institution” therefore states cannot use CHIP or Medicaid to pay for care (Acoca et al., 2014). Minnesota is a time limited Medicaid suspension state; youth in secure facilities have Medicaid coverage either terminated or suspended depending on the length of time they are in detention (National Association of Counties, 2017). Youth whose Medicaid has been terminated may experience a lag in reinstatement of insurance coverage upon their discharge from the facility (Committee on Adolescence, 2011).

Access

In one study, JIY had an overuse of emergency room services (44% of JIY versus 37% non-JIY) and an underuse of preventive care services (46%) compared to non-JIY (56%) (Aalsma et al., 2017). Nationally, up to 2/3 of detained youth lack a medical home (i.e. primary care that is comprehensive and high quality) (Grubb et al., 2018). Unpublished interviews with local agencies who interact with JIY report that many youth need to be educated about the different levels of health care services and when to use which services (Emily Terrell, The Link MN & Susan Herrig, Hennepin County C&TC).

Comparison of JIY/Non-JIY ED and Preventive Care Use



Continuity of Care

JIY face many barriers to continuity of health care. Youth in the juvenile justice system are at higher risk for a variety of health concerns and report unmet physical and mental health needs (Committee on Adolescence, 2011). Completing comprehensive screening in detention facilities can be challenging due to the high volume of youth, their short stays, and difficulties related to obtaining their medical records (Austin et al., 2005) (Committee on Adolescence, 2011).

Youth in juvenile correctional facilities may face challenges in taking their psychiatric routine medications. Parents who are responsible for refilling and transporting the medications to the facility may face multiple barriers such as finances, transport, and access to the medicine; this is a common issue. Efforts to provide follow-up care have similar challenges. Continuing medication without disruption is difficult if youth are not provided with a sufficient medication supply and/or a prescription at discharge (Evans Cuellar, 2005).

Youth who cycle in and out of the juvenile justice system regularly may have fragmented health care. Nationally up to 2/3 are youth are discharged into the community without a medical home (i.e., primary care that is comprehensive and high quality) (Grubb et al., 2018). Many JIY in community settings need assistance applying for Medicaid and connecting to medical services. Often their families are unable to assist them so youth rely on case managers or other adults to assist them (Acoca et al., 2014).

Mental Health, Substance Use and Suicide

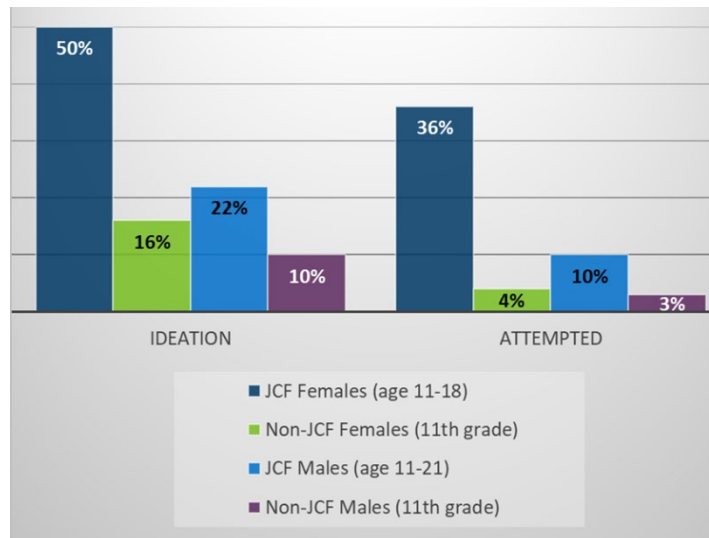
Mental health screening and substance use risk assessment are recommended component of a C&TC preventive health visit starting at 6 months, and a required component starting at 12 years of age. Refer to C&TC the [Mental Health Screening \(6-20 years\) Fact Sheet](http://www.health.state.mn.us) (www.health.state.mn.us) and [Tobacco, Alcohol, and Drug Use Risk Assessment Fact Sheet](http://www.health.state.mn.us) (www.health.state.mn.us)

Seventy percent of JIY in Minnesota have a mental illness and more than 50% have been diagnosed with more than one mental illness (National Alliance on Mental Illness, 2016). Nationally, JIY have higher rates of depression (1.5 times) and anxiety (2-3 times) than non-JIY (Winkelman et al., 2017).

Minnesota youth in juvenile correctional facilities (ages 12-21 years)who completed the 2019 MN Student Survey (MSS) report higher rates of illegal drug use as well as higher rates of daily tobacco, alcohol, and marijuana use than youth in the general 11th grade student population (Minnesota Student Survey Interagency Team, 2019). They also report more negative consequences due to substance use and previous treatment for an alcohol or drug problem (Minnesota Student Survey Interagency Team, 2019). Nationally, 60% of JIY who have at least 1 mental health disorder also have a substance use disorder (Shufelt & Coccozza, 2006).

Compared to youth in the general 11th grade student population, Minnesota youth in juvenile correctional facilities (JCF) report high rates of suicide ideation and attempts. Fifty percent of JIY females versus 16% of non-JIY females and 36% of JIY males versus 4% non-JY males reported they thought about suicide. Twenty two percent of JIY females versus 10% non-JIY females and 10% of JIY males versus 3 % non –JIY males) (Minnesota Student Survey Interagency Team, 2019).

Suicide Ideation and Attempts in the Prior Year - 2019 MN Student Survey



JY face many barriers to mental health, substance use, and suicide care. JY are not always provided with community-based treatment referrals and connections to care upon release from JCF (White et al., 2019). At time of diversion, only around 1/3 of MN counties offer youth mental health screening and referrals for chemical dependency screening. Some screening tools like the Problem Oriented Screening instrument (POSIT) do not directly address suicidality. There are also few culturally responsive mental health and substance use providers in the metro area as well as dual diagnosis (Mental Illness and Chemical Dependency) providers (Kristi Cobbs, Community Corrections for Justice Involved Youth).

Sexual Health

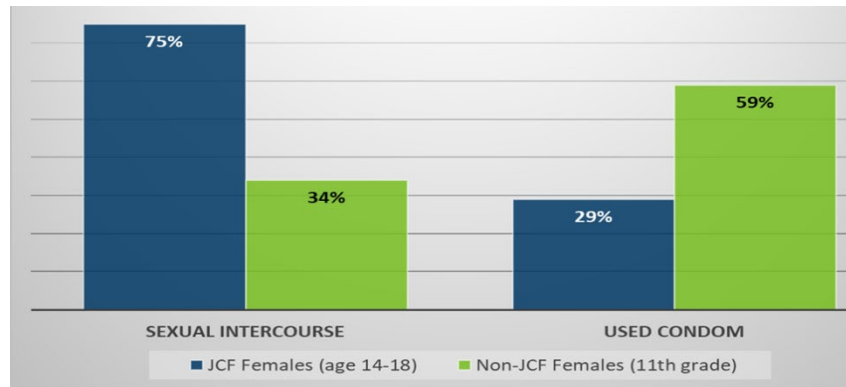
Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth is a required component of a C&TC preventive health visit starting at 11 years of age. Refer to C&TC the [Sexually Transmitted Risk Assessment Fact Sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us),

Nationally, JY STI rates for both sexes are up to 7 times higher than non-JY and they are significantly more likely to report a physician-diagnosed STI within the last year (Winkelman et al., 2017).

History of sexual abuse is correlated to risky sexual behaviors and with more serious offenses compared to youth without a history of sexual abuse (Sattler, 2017). More than one in five females report during intake that they had experienced sexual assault in the previous week (Acoca et al., 2014). Rates of abuse are 3.5 to 10 times higher among females in the juvenile justice system than males (Dembo et al., 2009).

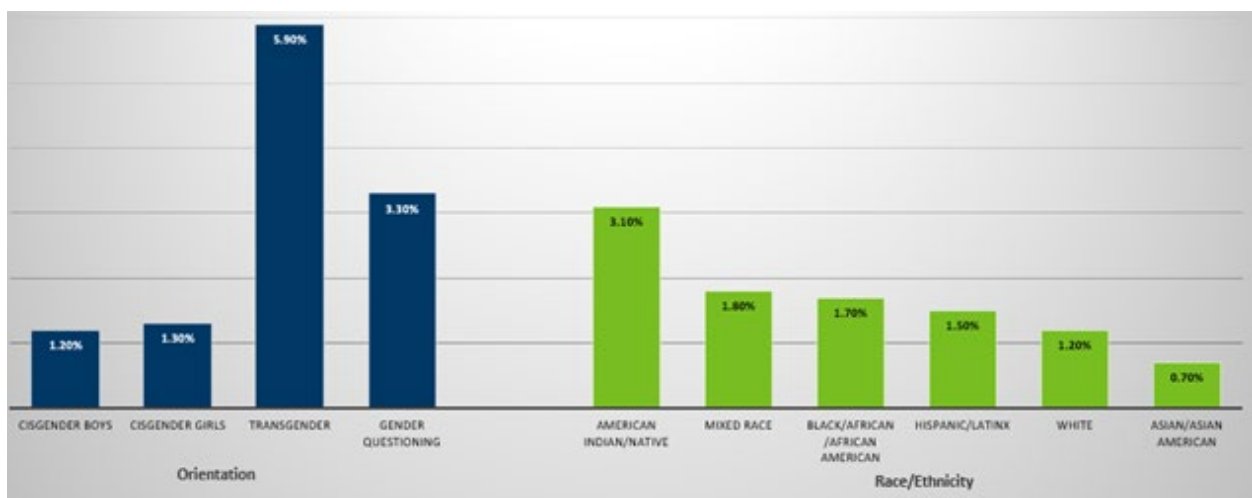
Minnesota females in juvenile correctional facilities (JCF) report high rates of risky sexual behavior. Compared to their non-JY peers JY females: are more likely (75% versus 34 %) to have had sexual intercourse and less likely (29% versus 59%) to have used a condom during their last sexual intercourse (Minnesota Student Survey Interagency Team, 2019).

Risky Sexual Behavior - 2019 MN Student Survey



Trading sex and sexual exploitation impacts JIY. In the 2019 Minnesota Student Survey, the question was posed “Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?”. Twelve percent of youth in a juvenile correctional facility reported trading sex, compared with 1.5% of youth in public school settings reporting trading sex. Of the total youth surveyed in the Minnesota Student Survey: 1.2% of cisgender boys, 1.3% of cisgender girls, 5.9% transgender, and 3.3% of youth unsure about their gender identity, reported trading sex (University of Minnesota Research Team, 2020). American Indian/Native youth had the highest percentage of trading sex at 3.1% compared to 1.8% of mixed race, 1.7% of Black/African/African American, 1.5% Hispanic/Latinx, 1.2% of White, and 0.7% of Asian/Asian American youth.

Total Percent of Students Who Reported Trading Sex during the Last Year- 2019 MN Student Survey



JIY face many barriers to receiving STI testing. STI testing does not occur for all Minnesota youth in detention facilities; many facilities cannot do STI testing on-site. Many youth are quickly

released into the community despite some evidence showing a high STI prevalence among newly arrested youth (Dembo et al., 2009) (Belenko et al., 2008).

Dental and Vision

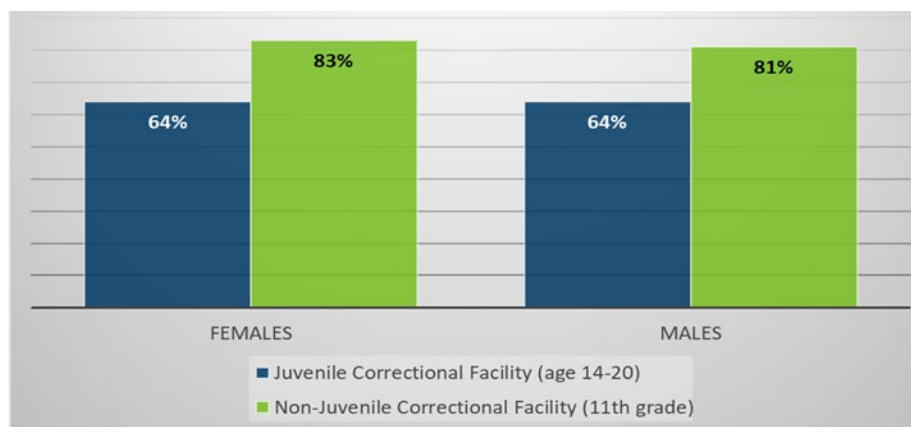
Oral Health including a verbal referral to a dental home is a required component of a C&TC preventive health visit at all ages. Fluoride varnish is recommended for youth 6 years and older who have active dental carries. Refer to the [Oral Health and Fluoride Varnish Fact Sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Vision screening is a required component of a C&TC preventive health visit from ages 4-10 years and once between the following age spans: 11-14 years, 15-17 years and 18-20 years. Refer to the C&TC [Vision Screening Fact Sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Minnesota youth in juvenile correctional facilities (64% of females and males) report less dental visits in the last year compared to 11th graders in the general student population (83% of females and 81% of males) (Minnesota Student Survey Interagency Team, 2019).

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Dental Visits during the Last Year - 2019 MN Student Survey



The 2019 Minnesota Student Survey found that although 64% of youth reported seeing a dentist in the prior year, 35% of males and 45% of females reported having dental pain and 22% and 24% respectively reported dental decay. Eleven percent of males and 21% of females reported not being able to receive treatment for their concerns (Minnesota Student Survey Interagency Team, 2019).

Barriers to youth receiving dental care in secure settings include short stays, long wait times, services requiring transportation and treatment only for those with active concerns. Concerns

identified on exam often only resulted in verbal recommendations to find care (Morosini, Oliveira, Ferreira, Friaz, & Torres-Pereira, 2014) (Bolin & Jones, 2005).

Anecdotally, access to vision care and glasses were mentioned as a concern in many of the interviews conducted. No published studies were found that identified this as a concern nor has access to vision care been part of the Minnesota student survey to date.

Summary

Justice involved youth (JIY) are at much higher risk of an array of health concerns that can contribute to or exacerbate the life challenges they face. Overall, they would benefit from preventive health screenings and early intervention but are less likely to receive preventive health visits and surveillance than their non-justice involved peers. The financial and social situations of JIY is inherently unstable and fluid and Medicaid eligibility can easily change. The intent of the following guidance is to improve preventive care access and provide a snapshot of available resources for JIY who are or may be eligible for Child and Teen Checkups services.

Recommendations and Resources

Child and Teen Checkups (C&TC) Coordinators and Staff

Recommendations for improving C&TC rates and quality of care

- Discuss the importance of C&TC for JIY with local juvenile correctional facilities medical authority.
- Discuss the importance of C&TC for JIY in non-secure community settings, such as with staff at diversion processing centers, intervention programs, reporting centers, probation officers, or other individuals working with JIY (Susan Herrig & Ana Schmidt, Hennepin County C&TC).
- Offer health programming specifically for JIY and work to connect JIY to providers (Susan Herrig & Ana Schmidt, Hennepin County C&TC).
- Foster community partnerships between local agencies and juvenile correctional facilities or intervention programs serving JIY to provide mental health, dental/vision, and STI testing services and to strongly link JIY to local primary care providers (Skowyr et al., 2007).
- Help families and youth apply for insurance or identify any insurance lapses and assist in scheduling and/or transportation to medical appointments (Ana Schmidt, Hennepin County C&TC).
- Form a collaboration between MDH C&TC, STI and adolescent health to explore options and opportunities to work towards universal STI screening (secure facilities and newly arrested youth) (Dembo et al., 2009).
- Know which juvenile correctional facilities, diversion processing, centers or intervention programs offer on-site STI testing in order to facilitate mentorship with places/programs without on-site STI testing.
- Work with MDH STD program to identify juvenile facilities that currently test for STIs to develop replicable protocols that meet CDC guidelines.
- Take on the role of a positive caring adult in the lives of JIY. Keep your interactions simple and intentional and incorporate the being and doing recommendations for positive youth connections.
- Give comprehensive and accurate information to help young people make decisions about their health.
- Provide services that meet JIY people where they are at instead of having a set location (home visiting, community centers etc.).

Know Your Resources

- [Suicide/ Community Prevention: In Communities \(www.health.state.mn.us/communities/suicide/index.html\)](http://www.health.state.mn.us/communities/suicide/index.html): works to build capacity within systems and organizations that will support youth and young adults across Minnesota, with a focus on people and communities that are at greater risk.
- [National Suicide Prevention Lifeline \(www.suicidepreventionlifeline.org\)](http://www.suicidepreventionlifeline.org): Connects youth in crisis to support by calling 1-800-273-TALK (8255) or texting TALK (8255) to 741741.
- [Fast-Tracker MN \(www.fasttracker.org\)](http://www.fasttracker.org): an online search tool for statewide mental health and substance use disorder programs and providers.
- [Substance Abuse and Mental Health Services Administration: SAMHSA Find Treatment \(www.findtreatment.samhsa.gov/locator\)](http://www.findtreatment.samhsa.gov/locator) Includes resources for substance use, behavioral health, early mental illness, and opioid treatment.
- Department of Human Services/ Health Care: Find a statewide range of [children's mental health services \(www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care\)](http://www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care).
- [National Alliance on Mental Illness \(www.namimn.org/resources/\)](http://www.namimn.org/resources/): Find crisis numbers (suicide, LGBTQI, Options for Spanish, Korean, Mandarin, Cantonese speakers) and links to health services and youth shelters (crisis and homelessness).
- [MinnesotaHelp \(www.minnesotahelp.info/SpecialTopics/Youth\)](http://www.minnesotahelp.info/SpecialTopics/Youth): statewide online search for a variety of services and programs for various populations.
- [School-Linked Mental Health Grantees \(https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/): provides school-linked mental health services across the state.
- [MN Family Planning and STD Hotline \(www.sexualhealthmn.org\)](http://www.sexualhealthmn.org): provides reliable, medically accurate and confidential information.
- [Planned Parenthood \(www.plannedparenthood.org/learn/teens\)](http://www.plannedparenthood.org/learn/teens): connects youth to sexual health services and information about what to expect at sexual health check-up.
- [MNsure-Navigators \(www.mnsure.org/help/find-assister/find-navigator.jsp\)](http://www.mnsure.org/help/find-assister/find-navigator.jsp): provide free help applying for Medical Assistance or MinnesotaCare, renewals or reporting changes to your account and provide enrollment follow-up.
- [Minnesota Low-Cost Health Care Directory \(www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory\)](http://www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory): list of low-cost or free physical, mental and dental clinics.
- [YIPA \(www.YIPA.org\)](http://www.YIPA.org): Online training and advocacy that provides youth workers with skills and resources to better serve youth.

Health Care Providers

Recommendations for improving C&TC rates and quality of care

- Identify opportunities to provide continuity of care, screening and treatment to JIY.
- Tailor preventive health care services to address the higher rates of ACEs, trauma, and health conditions experienced by JIY.
- During routine health screening, ask adolescents about family relationships and school experiences (Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 2019).
- Encourage positive parenting practices and discuss with parents how best to connect, communicate with, and monitor the activities of their adolescent. Educate youth and parents about adolescent development and health risks (Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 2019).
- Create a local referral network that addresses social determinants of health (social work, food insecurity, housing etc.) to better support JIY that providers see (Sattler, 2017).
- Mental health, dental, vision, and STI testing and treatment providers can develop partnerships with juvenile correctional facilities, processing and reporting centers, and intervention programs to provide JIY with services (Skowrya et al., 2007).
- Take on the role of a positive caring adult in the lives of JIY. Keep your connections simple and intentional and incorporate the being and doing suggestions.
- Give comprehensive and accurate information to help young people make decisions about their health.
- Provide services that meet JIY where there are at, instead of having a set location (home visiting, community centers, etc.) (Kristi Cobbs, Community Corrections for Justice Involved Youth).

Know Your Resources

- Get to know your C&TC coordinator: [County and Tribe Contact List \(www.edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG\)](http://www.edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG): they can connect you to important local health resources and may offer health presentations/programming to help meet the health needs of JIY.
- [Psychiatric Assistance Line \(PAL\) Consultations \(www.psychconsult.com\)](http://www.psychconsult.com): free consultation for prescribing providers by board-certified child and adolescent psychiatrists; telephone support from LICSWs to identify local mental health resources.
- [School-Linked Mental Health Grantees \(www.mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services\)](http://www.mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services): provides school-linked mental health services across the state.

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE INVOLVED YOUTH

- [Fast-Tracker MN \(www.fasttracker.org\)](http://www.fasttracker.org): an online search tool for statewide mental health and substance use disorder programs and providers.
- [Substance Abuse and Mental Health Services Administration: SAMHSA Find Treatment \(www.findtreatment.samhsa.gov/locator\)](http://www.findtreatment.samhsa.gov/locator) Includes resources for substance use, behavioral health, early mental illness, and opioid treatment.
- Department of Human Services/ Health Care: Find a statewide range of [children's mental health services \(www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care\)](http://www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care).
- [MinnesotaHelp \(www.minnesotahelp.info/SpecialTopics/Youth\)](http://www.minnesotahelp.info/SpecialTopics/Youth): statewide online search for a variety of services and programs for various populations.
- [Suicide/ Community Prevention: In Communities \(www.health.state.mn.us/communities/suicide/index.html\)](http://www.health.state.mn.us/communities/suicide/index.html): works to build capacity within systems and organizations that will support youth and young adults across Minnesota, with a focus on people and communities that are at greater risk
- [National Suicide Prevention Lifeline \(www.suicidepreventionlifeline.org\)](http://www.suicidepreventionlifeline.org): Connects youth in crisis to support by calling 1-800-273-TALK (8255) or texting TALK (8255) to 741741.
- [STD/HIV Partner Services Program \(https://www.health.state.mn.us/diseases/stds/partnerservices.html\)](https://www.health.state.mn.us/diseases/stds/partnerservices.html): Free medical, prevention and other services for diagnosed youth, including help with partner(s) notification.
- [MN Oral Health Directory \(www.findadentistmn.org\)](http://www.findadentistmn.org): Locates dental clinics that accept Medicaid or no insurance.
- [Local Lions Clubs \(www.directory.lionsclubs.org\)](http://www.directory.lionsclubs.org): often provide resources for children and youth who need eye exams and glasses.
- [YIPA \(www.YIPA.org\)](http://www.YIPA.org): Online training and advocacy that provides youth workers with skills and resources to better serve youth.

Juvenile County Correctional Facility and Detention Center Staff

Recommendations for improving quality of care

- Increase coordination of health records across counties (consider KOBLE-MN Health Information Exchange) (Committee on Adolescence, 2011).
- Facilitate connections after discharge:
 - Assist youth to re-enroll for Medicaid well in advance of release (Acoca et al., 2014)
 - Improve treatment referrals and linking youth to care (Minnesota Juvenile Justice Advisory Committee, 2017) (White et al., 2019)
 - Immediately connect youth to primary and medical homes (i.e. primary care that is comprehensive and high quality) (Acoca et al., 2014)
 - Provide a warm referral (identify the individuals' expressed needs in a provider, share information about the provider so the individual becomes more comfortable and familiar with the referral) instead of a verbal recommendation or resource list
 - Facilitate reentry care for parents, social workers and probation officers
 - Connect youth to school linked mental health services in each county (funded by Department of Human Services grant) (Caroline Palmer, Minnesota Department of Health).
 - Make sure youth's psychiatric medication supply and prescription have been extended for release (Evans Cuellar, 2005)
- All youth should receive mental health screening (emergency and general) at the earliest point of contact. Mental health screening should continue at key transition points throughout the system: intake center, probation, court office, and reentry (Skowrya et al., 2007).
- Develop or strengthen policies and protocols to improve treatment referrals and connecting to care for youth reentering the community (White et al., 2019).
- Consider using telemedicine where shortages of mental health providers, provider attrition and/or transportation logistics or expense are an issue (Kaliebe et al., 2011).
- Develop community partnerships between local agencies and juvenile correctional facilities serving JIY to provide mental health, dental, vision, and STI testing and treatment services (Skowrya et al., 2007).
- Screen women ≤ 35 and men < 30 years old for chlamydia and gonorrhea at intake per CDC guidelines. Universal screening for syphilis should also be done based on the prevalence in the local area and facility (Centers for Disease Control and Prevention, 2015 Sexually Transmitted Disease Treatment Guidelines – Special Populations, 2015)
- Facilities offering on-site STI testing should consider mentoring facilities who are not currently offering on-site STI testing and working with MDH C&TC and STD program to develop a replicable protocol to meet CDC guidelines.
- Provide STI testing for newly arrested youth (Dembo et al., 2009).
- Help families and youth apply for insurance or identify any insurance lapses and assist in scheduling and/or transportation to medical appointments.

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE INVOLVED YOUTH

- Take on the role of a positive caring adult in the lives of JIY. Keep your connections simple and intentional and incorporate the being and doing suggestions.
- Give comprehensive and accurate information to help young people make decisions about their health.
- Provide or connect young people to positive youth development activities like mentoring and/or volunteering. Give caregivers resources on positive parenting and youth development.
- Connect with your local C&TC coordinator to improve transition to community health care services upon discharge (Ana Schmidt, Hennepin County C&TC).

Know Your Resources

- Get to know your C&TC coordinator: [County and Tribe Contact List \(www://edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG\)](http://www://edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG): they can connect you to important local health resources and may offer health presentations/programming to help meet the health needs of JIY.
- [MNsure-Navigators \(www.mnsure.org/help/find-assister/find-navigator.jsp\)](http://www.mnsure.org/help/find-assister/find-navigator.jsp): provide free help applying for Medical Assistance or MinnesotaCare, renewals or reporting changes to your account and provide enrollment follow-up.
- [Minnesota Low-Cost Health Care Directory \(www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory\)](http://www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory): list of low-cost or free physical, mental and dental clinics.
- [Suicide/ Community Prevention: In Communities \(www.health.state.mn.us/communities/suicide/index.html\)](http://www.health.state.mn.us/communities/suicide/index.html): works to build capacity within systems and organizations that will support youth and young adults across Minnesota, with a focus on people and communities that are at greater risk.
- [Fast-Tracker MN \(www.fasttrackermn.org\)](http://www.fasttrackermn.org): an online search tool for statewide mental health and substance use disorder programs and providers. www.fast-trackerMN.org
- Department of Human Services/ Health Care: Find a statewide range of [children's mental health services \(www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care\)](http://www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care)
- [National Alliance on Mental Illness \(NAMI\) \(www.namimn.org/resources/\)](http://www.namimn.org/resources/): Find crisis numbers (suicide, LGBTQI, Options for Spanish, Korean, Mandarin, Cantonese speakers) and links to health services and youth shelters (crisis and homelessness).
- [MinnesotaHelp \(www.minnesotahelp.info/SpecialTopics/Youth\)](http://www.minnesotahelp.info/SpecialTopics/Youth): statewide online search for a variety of services and programs for various populations.
- [School-Linked Mental Health Grantees \(https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/): provides school-linked mental health services across the state.
- [Positively Hennepin \(www.hennepin.us/your-government/projects-initiatives/positively-hennepin\)](http://www.hennepin.us/your-government/projects-initiatives/positively-hennepin) Potential partner to increase HIV screening among JIY.
- [Minnesota Chlamydia Partnership \(www.health.state.mn.us/mcp\)](http://www.health.state.mn.us/mcp): helps connect JIY with testing and treatment

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE
INVOLVED YOUTH

- [STD Testing \(www.health.state.mn.us/diseases/stds/basics/stdtesting.html\)](http://www.health.state.mn.us/diseases/stds/basics/stdtesting.html): List of MN organizations that provide free/low cost STD testing.
- [Minnesota Family Planning and STD Hotline \(www.sexualhealthmn.org\)](http://www.sexualhealthmn.org): provide reliable, medically accurate and confidential information.
- [STD/HIV Partner Services Program \(www.health.state.mn.us/diseases/stds/partnerservices.html\)](http://www.health.state.mn.us/diseases/stds/partnerservices.html): Free medical, prevention and other services for diagnosed youth, including help with partner notification.
- [Planned Parenthood \(www.plannedparenthood.org/learn/teens\)](http://www.plannedparenthood.org/learn/teens): Connects youth to sexual health services and information about what to expect at sexual health check-up.
- [MN Oral Health Directory \(www.findadentistmn.org\)](http://www.findadentistmn.org): Locate dental clinics that accept Medicaid or no insurance.
- [Local Lions Clubs \(www.directory.lionsclubs.org\)](http://www.directory.lionsclubs.org): often provide resources for children and youth who need eye exams and glasses.
- [YIPA \(www.yipa.org\)](http://www.yipa.org): Online training and advocacy that provides youth workers with skills and resources to better serve youth.

Staff Who Work with JIY in the Community

Recommendations for improving quality of care

- Determine if the youth has health insurance and primary, mental health, and dental providers (Emily Terrell, The Link MN).
- Assist families and youth in applying for health insurance (or identifying any insurance gaps). Support them in finding a primary, mental health, and dental provider (that accepts their insurance) (Blaine Turnbull, The Link MN).
- Complete provider to provider referrals. This is significantly more effective than providing resource lists or verbal recommendations.
- Develop community partnerships between local agencies and intervention programs serving JIY to provide mental health, dental, and STI testing services (Skowrya et al., 2007).
- All youth should receive mental health screening (emergency and general) at the earliest point of contact. Mental health screening should continue throughout the system at key transition points (intake center, probation, court office, and reentry) (Skowrya et al., 2007).
- Programs offering on-site STI testing, should consider mentoring programs who are not currently offering on-site STI testing.
- Identify resources for local, accessible, adolescent friendly, and confidential STI testing.
- Take on the role of a positive caring adult in the lives of JIY. Keep your connections simple and intentional and incorporate the being and doing suggestions.
- Provide comprehensive and accurate information to help young people make decisions about their health.
- Provide or connect young people to positive youth development activities such as mentoring, volunteering, and give caregivers resources on positive parenting and youth development.
- Connect with your local C&TC coordinators around resources they may have, and support they can offer to eligible youth and their families.

Know Your Resources

- Get to know your C&TC coordinator (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG>): they can connect you to important local health resources and may offer health presentations/programming to help meet the health needs of JIY.
- MNSure-Navigators (www.mnsure.org/help/find-assister/find-navigator.jsp): provide free help applying for Medical Assistance or MinnesotaCare, renewals or reporting changes to your account and provide enrollment follow-up.

GUIDE TO CHILD AND TEEN CHECKUPS/PREVENTIVE HEALTH CARE FOR JUSTICE INVOLVED YOUTH

- [Minnesota Low-Cost Health Care Directory \(www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory\)](http://www.mnbridgetobenefits.org/MN_Low_Cost_Health_Care_Directory): list of low-cost or free physical, mental and dental clinics.
- [Suicide/ Community Prevention: In Communities \(www.health.state.mn.us/communities/suicide/index.html\)](http://www.health.state.mn.us/communities/suicide/index.html): works to build capacity within systems and organizations that will support youth and young adults across Minnesota, with a focus on people and communities that are at greater risk.
- [Fast-Tracker MN \(www.fasttrackermn.org\)](http://www.fasttrackermn.org): an online search tool for statewide mental health and substance use disorder programs and providers.
- Department of Human Services/ Health Care: Find a statewide range of [children’s mental health services \(www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care\)](http://www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care)
- [MinnesotaHelp \(www.minnesotahelp.info/SpecialTopics/Youth\)](http://www.minnesotahelp.info/SpecialTopics/Youth): statewide online search for a variety of services and programs for various populations.
- [School-Linked Mental Health Grantees \(https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/school-linked-mh-services/): MDH C&TC and STD program can assist in identifying agencies to support on-site STI testing and treatment.
- [Positively Hennepin \(www.hennepin.us/your-government/projects-initiatives/positively-hennepin\)](http://www.hennepin.us/your-government/projects-initiatives/positively-hennepin): Potential partner to increase HIV screening among JIY.
- [Minnesota Chlamydia Partnership \(www.health.state.mn.us/mcp\)](http://www.health.state.mn.us/mcp): helps connect JIY with testing and treatment.
- [STD Testing \(www.health.state.mn.us/diseases/stds/basics/stdtesting.html\)](http://www.health.state.mn.us/diseases/stds/basics/stdtesting.html) List of MN organizations that provide free/low cost STD testing.
- [Minnesota Family Planning and STD Hotline \(www.sexualhealthmn.org\)](http://www.sexualhealthmn.org): provide reliable, medically accurate and confidential information.
- [Planned Parenthood \(www.plannedparenthood.org/learn/teens\)](http://www.plannedparenthood.org/learn/teens): Connects youth to sexual health services and information about what to expect at sexual health check-up.
- [STD/HIV Partner Services Program \(https://www.health.state.mn.us/diseases/stds/partnerservices.html\)](https://www.health.state.mn.us/diseases/stds/partnerservices.html): Free medical, prevention and other services for diagnosed youth, including help with partner(s) notification.
- [MN Oral Health Directory \(www.findadentistmn.org\)](http://www.findadentistmn.org): Locate dental clinics that accept Medicaid or no insurance.
- [Local Lions Clubs \(www.directory.lionsclubs.org\)](http://www.directory.lionsclubs.org): often provide resources for children and youth who need eye exams and glasses.
- Online [Intervention Training and Advocacy \(www.YIPA.org\)](http://www.YIPA.org): provides youth workers with skills and resources to better serve youth.

General Child and Teen Checkups State Resources

Department of Human Services

- General policy questions: Dhs.childteencheckups@state.mn.us
- Medical and Dental Provider questions including billing, reimbursement and provider eligibility: [Minnesota Health Care Programs \(MHCP\) Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- Local County Child and Teen Checkups (C&TC) Coordinators: [C&TC County Coordinator List \(www.edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG\)](http://www.edocs.dhs.state.mn.us/lfserver/Public/DHS-7927-ENG)

Minnesota Department of Health

- Questions and training on health components of a C&TC screening: visit [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us) or email health.childteencheckups@state.mn.us

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