



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

December 15, 2010

Michael Marshall  
Secretary of the Senate  
State Capitol Building  
LOCAL

Charlie Smithson  
Chief Clerk of the House  
State Capitol Building  
LOCAL

Dear Mr. Marshall and Mr. Smithson:

Enclosed please find the report entitled "Report and Recommendations to identify the appropriate Capacity for Child Welfare Emergency Services for Implementation During the Fiscal Year Beginning July 1, 2011" that was prepared by the Child Welfare Emergency Services Public/private Partners' Workgroup.

This report was prepared pursuant to 2010 Iowa Acts, House file 2526, Section 19, Child and family services, paragraph 7.b.

This report is also available on the Department of Human Services website at <http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html>.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Davis Harbison".

Jennifer Davis Harbison  
Legislative Liaison

Enclosure

cc: Legislative Services Agency  
Governor Culver  
Senator Jack Hatch  
Senator David Johnson  
Representative Lisa Heddens  
Representative David Heaton  
Kris Bell, Senate Majority Staff  
Russ Trimble, Senate Minority Staff  
Zeke Furlong, House Majority Staff  
Brad Trow, House Minority Staff

**Report and Recommendations**

**To**

**Identify the Appropriate Capacity for Child Welfare Emergency Services**

**For Implementation During the Fiscal Year Beginning July 1, 2011**

**Submitted to the Iowa Department of Human Services  
and the Iowa General Assembly  
by the Child Welfare Emergency Services  
Public/ Private Partners' Workgroup  
Co-chairs Cheryl Goodwin and Gary Lippe  
December 15, 2010**

Child Welfare Emergency Services Public/Private Partners' Workgroup  
 Report and Recommendations  
 To Identify the Appropriate Capacity for Child Welfare Emergency Services  
 For Implementation During the Fiscal Year Beginning July 1, 2011  
 December 15, 2010

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## I) Executive Summary

Child Welfare Emergency Services (CWES) are short term, temporary interventions provided through the child welfare system that focus on children's safety, permanence, and well-being. They are not the same as and should not be confused with crisis or emergency psychotherapeutic treatment or related services provided through Iowa's state or community mental health systems.

While not yet available statewide, alternatives to emergency juvenile shelter bed placement available through CWES projects have been implemented since state fiscal year (SFY) 2009. They are used when feasible to avoid out of home placement and keep children and families together. They are playing an increasingly larger role in Iowa's child welfare and juvenile justice system.

Remaining important to this system are emergency juvenile shelter care beds that have been available for many years. While their utilization is declining, the need for shelter beds varies and for some children congregate care is required. Alternatives to shelter placement are not always appropriate and Iowa must assure that shelter beds are available at a level responsive to that varying need.

The CWES Public/Private Partners' Workgroup used the following definition of Capacity for its work to develop the recommendations in this report:

*Child Welfare Emergency Services Capacity is the system's ability to appropriately respond to fluctuating child welfare related crisis and emergency needs of the Target Population, considering broad geographic and timely access to services ranging from the least restrictive to congregate settings.*

The CWES Target Population includes children up to the age of 18 years under the supervision of the Department of Human Services or Juvenile Court Services who need temporary care and who can be lawfully placed in emergency juvenile shelter care pursuant to conditions described in Iowa Code section 232.21. Law enforcement referrals are also included. These are children who these entities would otherwise refer for shelter care placement if appropriate alternative services were not available and children who may require shelter placement.

Recognizing the importance of an array of CWES that is adequate and accessible across Iowa, the CWES Public/Private Partners' Workgroup makes the following recommendations.

## **Recommendations for SFY 2011**

1. The Department of Human Services and the Iowa General Assembly must continue to support and fund CWES to allow development of statewide accessibility.
2. CWES should continue to focus on the Target Population using or reinvesting funding allocated to serve them.
3. CWES must include interventions that meet the Target Population's needs in the least restrictive manner possible, as well as assure that, when necessary, congregate shelter care is available.
4. CWES should assure access to a level of congregate shelter care that is sufficient to meet demand where it is anticipated and flexible enough to respond to the fluctuating need for beds.
5. The Department of Human Services and its partners should further assess the data collected for this report that, in part, identified reasons for shelter bed use during two points in time. These reasons should be evaluated to determine if they properly align with shelter's intended use and if they conform to the principles of the federal Child and Family Services Review. This assessment should be used to inform capacity decisions made in the future.
6. The capacity needs of CWES must be evaluated further in terms of its relationship to other services and systems including, but not limited to, other child welfare and juvenile justice services, and children's mental health services, in order to better define the roles of each and to coordinate services overall.
7. The Department should assure the effective alignment and coordination of the safety provided through CWES services with the mental health or other services a child may be receiving.
8. The Department of Human Services should annually monitor the capacity of CWES to meet critical needs of children served in the child welfare and juvenile justice system.

## II) Introduction

### Background

This report and the recommendations were prepared by the Child Welfare Emergency Services (CWES) Public/ Private Partners' Workgroup in response to language in House File 2526<sup>1</sup> that said, in part:

*“ . . . [an] appropriate existing body, shall develop recommendations to identify the appropriate capacity for child welfare emergency services for implementation during the fiscal year beginning July 1, 2011. . . . ”*

This Workgroup represents a public/private partnership established in 2009 to address issues related to CWES using a collaborative approach. Members include persons from state government and the private child welfare provider sector. A membership roster may be found in Attachment One.

In preparation for this report, the Workgroup considered information available from state government data sources and census and program utilization information from Iowa emergency juvenile shelter care providers (22 contractors, with one discontinuing services April 30, 2010) and from 11 of those 22 shelters that provided additional Child Welfare Emergency Services. The Workgroup also conducted two Point In Time surveys of these shelters to gather additional information related to referral sources, reasons children were placed in shelter, demographics, and psychotropic medication use by the children in shelter. Before finalizing the report, the Workgroup also invited input and discussion from the shelter providers and other interested parties.

### Definition of Capacity and Target Population

The definition of “Capacity” used by the Workgroup to guide this work is as follows:

*“Child Welfare Emergency Services Capacity is the system’s ability to appropriately respond to fluctuating child welfare related crisis and emergency needs of the Target Population, considering broad geographic and timely access to services ranging from the least restrictive to congregate settings”*

The CWES Target Population includes children up to the age of 18 years under the supervision of the Department of Human Services or Juvenile Court Services who need temporary care and who can be lawfully placed in emergency juvenile shelter care pursuant to conditions described in Iowa Code section 232.21. Law enforcement referrals are also included. These are children who these entities would otherwise refer for shelter care placement if appropriate alternative services were not available and children who may require shelter placement.

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<sup>1</sup> The full text may be found in 2010 Iowa Acts House File 2526, Enrolled, Sec. 19 CHILD AND FAMILY SERVICES, paragraph 7.b.

### **III) Description of CWES Services**

CWES were first implemented in SFY 2009 with the authority given by the Iowa Legislature to reinvest funding already allocated only for shelter beds to develop other, less restrictive alternatives that could be used for the target population, when appropriate, in lieu of shelter placement. Shelter bed use continues in situations these alternatives will not suffice -- including for children court ordered directly to shelter care -- and in most of the state where CWES are not available. They are becoming an important part of the broader array of critical child welfare services to keep children safe while working to achieve permanency, and they take their place alongside other important child welfare services, such as foster care and adoption; Safety Planning; and, Family Safety, Risk, and Permanency services.

Addressing a child's safety, permanence, and well-being is the focus of the 11 of today's 21 contracted juvenile shelters that offer CWES alternatives in addition to shelter beds. This is brought to a point in a variety of ways by the projects. While the primary goal is to divert a child from shelter placement or to keep shelter stays as short as possible, individual local approaches have been developing over the last two years that intend to keep children safe and together with their families while meeting their immediate and short term child welfare needs.

The CWES projects provide services including: quick access for and response to the Department of Human Services, Juvenile Court Services, and law enforcement sources referring the target population; toll-free "crisis" telephone lines; mobile staff to meet with children and families in a variety of locations -- including their home -- to mediate conflicts; short term involvement at the juvenile shelter (< 24 hours) while children's immediate needs are met and other appropriate services are arranged or family conflicts are resolved (used often in response to law enforcement referrals); in-home shelter and follow up services, in some cases between 30 – 45 days while children remain at home; collaboration with other community resources where children and families are referred to meet identified needs requiring specialized treatment or longer term involvement; and, functional family therapy. Emergency juvenile shelter care bed placement exceeding 24 hours is used when required.

#### **Child Welfare Emergency Services vs. Mental Health Services**

An important distinction must be made between Child Welfare Emergency Services and the currently emerging mental health crisis and emergency response activities. While they may share some terminology, they mean different things.

Child Welfare Emergency Services are short term, temporary interventions provided through the child welfare system that focus on children's safety, permanence, and well-being. Mental health crisis and emergency activities center on psychotherapeutic treatment or related services that are provided through Iowa's state or community mental health systems. Mental health crisis or emergency interventions are intended to provide community based access to mental health services and supports in lieu of institutional care. With the exception of

shelter bed placements, children and families may be involved with CWES for a matter of hours or days, while mental health related treatment may be available as long as needed in order to stabilize psychiatric crises.

### **CWES in SFY 2010**

In SFY 2010, Iowa's 11 CWES projects served 1,594 children, some for very short periods of time until conflicts were resolved and others who were involved longer. Reasons for referral included, but were not limited to, family conflicts, domestic disputes, child runaways, disrupted placements, or youth taken into custody by law enforcement.

CWES projects were available in the communities of Ames, Cedar Rapids, Council Bluffs, Davenport, Des Moines, Independence, Iowa City, Mason City, Newton, Waverly, and Ottumwa. Some of these projects reached out to adjoining communities and counties, but generally they were limited to the immediate community due to limited staff available for these outreach activities and transportation difficulties. Payment for these alternatives came from reinvesting some of the funds allocated for shelter beds, while the largest part of that allocation was used to pay for bed use and bed availability.

In SFY 2010, \$5,992,164 were spent on shelter beds (\$4,979,708 state funds and \$1,012,456 IVE federal financial participation). About \$924,146 were reinvested in CWES alternatives.

Demographic information of the children served through CWES in SFY 2010 can be found in Attachment Two.

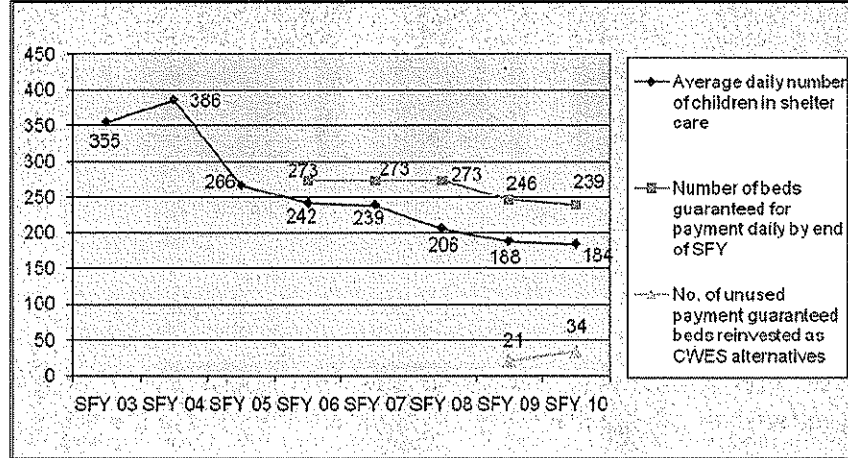
### **Shelter Bed Use in SFY 2010**

In SFY 2010, average daily utilization of shelter beds at the 22 contracted juvenile shelters was 184 children, slightly lower than in SFY 2009. The average daily utilization of shelter beds going back to SFY 2003 can be seen in Table One below that also shows the number of beds for which Iowa contracted during most of those years. One can see that the use of shelter beds has steadily trended downward since SFY 2006 while the number of contracted beds held relatively steady during that same time period. The number of contracted beds has been reduced only in the last couple of years.

Even though bed use continues to decline, access to an appropriate number of them is crucial to the child welfare and juvenile justice system. Congregate care is required for some children and the need for shelter beds fluctuates; alternatives to shelter placement are not always appropriate. While the data suggests that a more reasonable balance between beds and other alternatives is needed, Iowa must assure that shelter beds are available at a level responsive to that fluctuating need. All these options contribute to a comprehensive continuum of child welfare services.



**Table One**



Note that: a) The source of information for SFYs 2003 – 05 was Iowa’s Foster Care Accounting System (FACS) representing payments that were made on behalf of these numbers of children; and, b) The source of information for SFYs 2006 – 2010 was the daily census reports from individual contracted shelters representing the numbers of children for which the state was billed.

**Point In Time Surveys**

In order to gain a sense of the reasons children were placed in emergency juvenile shelter beds, the Workgroup conducted two Point In Time surveys of contracted shelter providers. These were scheduled about one month apart, first on September 10, 2010 and subsequently on October 13, 2010. All shelters participated and some of the highlights of the survey results are reported in Table Two below.

**Table Two**

	September 10, 2010	October 13, 2010
Target Population in placement	177	194
Male	59%	56%
Female	41%	44%
Referred by DHS	62%	61%
Referred by JCS	32%	35%
Refereed by Law Enforcement	6%	4%
Reason child is in placement		
Awaiting court disposition	4%	5%
Awaiting placement to PMIC, group care, or foster family	36%	36%
Child abuse/neglect	7%	4%

**Table Two, continued**

	September 10, 2010	October 13, 2010
Parent/child conflict or unable to manage behaviors	21%	20%
Other reason related to mental health (not specified)	3%	1%
Where did child reside immediately before this placement?		
Home	46%	44%
Foster family	20%	15%
Juvenile detention	11%	11%
Taking psychotropic medications to help manage behaviors	38%	38%

**IV) Key Points of Consideration**

**Purpose of CWES in the Child Welfare System**

CWES broaden the Department of Human Services’ array of services and conform to the Department’s continuing effort to deliver services in ways that are as least restrictive as possible. Additionally, they are consistent with the principles of the Child and Family Services Review (CFSR), focusing on the areas of child Safety (children are protected from abuse and neglect and safely remain in their homes when possible and appropriate); Permanency (facilitating stability in living situations and preserving continuity in family relationships); and, Well-Being (giving families an increased capacity to meet their child’s needs and children receive appropriate services to meet educational and physical and mental health needs).

The very nature of CWES allows them to nicely complement these three general CFSR goals and the specific Iowa goals for the future that will center on Family Engagement, Permanency Planning, and Service Provision. These will be undertaken together with the Department’s private provider partners.

The importance of being able to continue to focus on the group of children these services have targeted from the start cannot be underestimated. CWES got their start using the funds originally allocated to serve these same children, albeit at that time only through the use of shelter beds. The Iowa Legislature authorized the Department and its contractors to take some of those funds and reinvest them to develop lesser restrictive alternatives while keeping the focus on what are considered “system” children. Expanding CWES statewide to the same target population will need continued funding but not require new dollars.

## **The Point In Time Surveys' Results**

A few of the results proved interesting. These were:

1. About 20% of the target population in care were reported to be there due to "Parent/child conflict or inability to manage behaviors" (about 37 children of the average 186 in shelter on those two days);
2. Thirty-six percent were reported to be in shelter due to "Awaiting placement to PMIC (psychiatric medical institution for children), foster group care, or foster family care" (about 67 children of the average 186 in shelter on those two days); and,
3. Thirty-eight percent of the target population in shelter was reported as "Taking psychotropic medications to help manage behaviors" (about 70 children of the average 186 in shelter on those two days).

The Workgroup acknowledges that the Point In Time surveys provide only a brief snapshot and a deeper look could prove informative. However, some of the results hint at what future efforts could encompass.

Replies to the second Point in Time survey showed that among the shelters providing CWES alternatives, "Parent/child conflict or inability to manage behaviors" was cited as the reason for placement for 16% of the children, slightly less than the overall average. This raises the question: Is there a connection between the availability of CWES alternatives and does access to these alternatives have an effect on placements being made for this reason?

Information is limited at this point, but it seems likely that some of the children being placed for this reason could benefit from CWES alternatives to help eliminate that placement. Further, nearly one half of the children in shelter went there from home. Broader accessibility to CWES alternatives may reduce the number of those out of home placements.

Just over a third of the children in shelter were reported as "Awaiting placement to . . ." another foster care setting or PMIC. That is a large percentage but those placements are an appropriate use of shelter, keeping those children safe while they await access to their intended residential or treatment setting. The large percentage does, however, suggest a need to look at the capacities of other segments of the broader continuum of services in order to assess their and shelter's roles and relationships with one another, to gain some insight as to why that percentage is so high.

Finally, the large number of children reported as taking psychotropic medications to manage behaviors is noteworthy. It clearly indicates a need for the child welfare system and the mental health system to work closely together to guarantee that children served by one or both systems receive all necessary services available through each in order to meet their needs for safety and permanence as well as to address their mental health needs.

## **V) Conclusion**

These recommendations come at a time of significant changes in Iowa. These include, but are not limited to: a new Governor's administration and many new members in the next General Assembly; recent substantial reorganization of the Department of Human Services and impending new leadership; imminent planned procurement of Iowa's child welfare services; anticipated changes to Medicaid funded remedial services that aid children in the child welfare system; and, emerging "capacity" of other systems, notably that for children's mental health.

The Workgroup initially believed all that would make the task of this report challenging. However, with all that is anticipated and all that has happened with CWES in the last couple of years, this could be the perfect opportunity to move this part of the child welfare and juvenile justice system forward.

Expanding access to CWES with its range of services will benefit Iowa. It will allow providers of these services to overcome some of the obstacles initially encountered, such as the inability to provide broader outreach because the limitations of project size caused them to remain very locally focused. And it will provide opportunities to coordinate child welfare and juvenile justice services across systems, ultimately bringing better continuity of care to Iowa's children and families.

Considering this, the Child Welfare Emergency Services Public/Private Partners' Workgroup is pleased to make the following recommendations for SFY 2011.

## **VI) Recommendations**

1. The Department of Human Services and the Iowa General Assembly must continue to support and fund CWES to allow development of statewide accessibility.
2. CWES should continue to focus on the Target Population using or reinvesting funding allocated to serve them.
3. CWES must include interventions that meet the Target Population's needs in the least restrictive manner possible, as well as assure that, when necessary, congregate shelter care is available.
4. CWES should assure access to a level of congregate shelter care that is sufficient to meet demand where it is anticipated and flexible enough to respond to the fluctuating need for beds.
5. The Department of Human Services and its partners should further assess the data collected for this report that, in part, identified reasons for shelter bed use during two points in time. These reasons should be evaluated to determine if they properly align with shelter's intended use and if they conform to the principles of the federal Child and

Family Services Review. This assessment should be used to inform capacity decisions made in the future.

6. The capacity needs of CWES must be evaluated further in terms of its relationship to other services and systems including, but not limited to, other child welfare and juvenile justice services, and children's mental health services, in order to better define the roles of each and to coordinate services overall.
7. The Department should assure the effective alignment and coordination of the safety provided through CWES services with the mental health or other services a child may be receiving.
8. The Department of Human Services should annually monitor the capacity of CWES to meet critical needs of children served in the child welfare and juvenile justice system.

## **Attachment One -- CWES Public/Private Partners Workgroup Membership**

1. Co-chair Cheryl Goodwin, President and CEO, Family Resources, Inc. (Kinsman Shelter), Davenport
2. Co-chair Gary Lippe, Eastern Service Area Manager, Department of Human Services
3. Belinda Meis, Director of Beloit Residential Services, Lutheran Services in Iowa (Woodhaven Shelter), Waverly
4. Barb Gay, Executive Director, Foundation 2, Inc. (Foundation 2 Shelter), Cedar Rapids
5. Jean McAleer, Executive Director, Francis Lauer Youth Services, Mason City
6. Mike Barker, Vice President of Professional Services, Christian Home Association-Children's Square USA (Children's Emergency Shelter), Council Bluffs
7. Jim Chesnik, Group Care Program Manager, Bureau of Child Welfare and Community Services, Division of Adult, Children & Family Services, Department of Human Services, Des Moines
8. Marc Baty, Cedar Rapids Service Area Manager, Department of Human Services
9. Laura Larkin, Children's Mental Health Specialist, Division of Mental Health and Disability Services, Department of Human Services, Des Moines
10. Tom Southard, Chief Juvenile Court Officer, Judicial District 2
11. Julie Jetter, Community Systems Consultant, Division of Mental Health and Disability Services, Department of Human Services, Des Moines

**Attachment Two -- A demographic profile of the children served by the CWES projects in SFY 2010**

CWES Demographics SFY 2010						
AGE	0-5	6-11	12-15	16-17	Total	%
Agency	74	69	243	147	533	33%
JCS	0	5	67	63	135	8%
LE	31	86	487	322	926	58%
Total	105	160	797	532	1594	100%
Percentage	7%	10%	50%	33%	100%	

SEX	Male	Female	Total
Agency	271	262	533
JCS	92	43	135
LE	461	465	926
Total	824	770	1594
Percentage	52%	48%	100%

RACE/ETHNICITY						
	White	African/Am	Latino	Other	Unknown	Total
Agency	336	60	55	37	45	533
JCS	75	36	10	7	7	135
LE	654	141	58	41	32	926
Total	1065	237	123	86	83	1594
Percentage	67%	15%	8%	5%	5%	100%