



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

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DEC 14 2007

LEGISLATIVE SERVICES  
AGENCY

December 14, 2007

Michael Marshall  
Secretary of the Iowa Senate  
Iowa State Capitol  
LOCAL

Mark Brandsgard  
Chief Clerk of the Iowa House  
Iowa State Capitol  
LOCAL

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed please find a copy of a report to the General Assembly. The report is titled *Iowa Department of Human Services Report on Iowa's Group Care Usage and Wait List.*

This report was prepared pursuant to the directive contained in House File 909, Section 117, that the Department of Human Services provide detailed information concerning the children who were on a waiting list for group care services during the period covered by the report.

The Department also plans to publish this report on its web site Monday afternoon, December 17, 2007. It may be found at the following Internet location:

<http://www.dhs.state.ia.us/Partners/Reports/ChildFamilyReports/ChildFamilyReports.html>

Sincerely,

A handwritten signature in black ink that reads "Molly Kottmeyer".

Molly Kottmeyer  
Legislative Liaison

Enclosure

cc: Dennis Prouty, Legislative Service Agency  
Peter Matthes, Senate Minority Caucus  
Kris Bell, Senate Majority Caucus  
Brad Trow, House Minority Caucus  
Zeke Furlong, House Majority Caucus



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Molly Kottmeyer  
Legislative Liaison

Enclosure

cc: Michael Marshall, Secretary of the Iowa Senate  
Mark Brandsgard, Chief Clerk of the Iowa House

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**DEC 14 2007**

**LEGISLATIVE SERVICES  
AGENCY**

**Iowa Department of Human Services**

**Report on**

**Iowa's Group Care Usage and Waiting List**

**Submitted to the Iowa Legislature by  
Kevin W. Concannon, Director  
Iowa Department of Human Services  
December 14, 2007**

Iowa Department of Human Services  
Report on  
Iowa's Group Care Usage and Waiting List

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## **D) Executive Summary**

The Iowa Legislature requested this report that contains information on children awaiting group care placement approval. In state fiscal year (SFY) 2002 the Department determined that a group care waiting list would be needed based on the amount of the allocation to the Department for group care and the projected demand for group care placements during that SFY.

The time period studied for this report included the months of August, September, and October 2007 and it included 296 children.

### **Conclusions**

1. Most children do not wait long. Of the 296 children in this study, 262 of them were approved for placement during the study period. Over half of those waited less than 10 days for approval and 244 of them (94%) waited less than 20 days. Only 15 of the 262 children waited longer than one month. Advancement of children on the tracking list is smooth and steady from the date of the court order into group care until the placement is approved.
2. The waiting list is not only affected by budget considerations, but also by the varying practices of its use by the Department, Juvenile Court Services, (JCS), and the legal system (judges and county attorneys).
3. Children waiting the longest for placement into a group care bed often have needs requiring providers specializing in certain types of care, e.g., serving children with multiple disabilities or diagnoses (mental retardation/mental illness/substance abuse) or specialized programs, e.g., for sex offenses. This can cause a delay until what is considered the "right bed" is available.
4. Additional funding for group care would not eliminate waiting.
5. The settings where children waited were usually short-term and temporary settings providing stability, such as detention or shelter.
6. Children generally are referred to group care because of serious behavioral problems or because they have committed delinquent acts, making them a risk to the community. Motivations for placing a child into group care differ between the Department, JCS, and the juvenile courts, yet identified common reasons include, but are not limited to, the following: numerous failed foster care placements and a lack of options; psychiatric medical institution for children (PMIC) placement is needed but the child was denied admission; or, there was a lack of a mental health diagnosis and related care earlier in the child's life.

7. Group care placement consideration should be based on not only a child's history, but also on a uniformly used objective assessment of their needs, including diagnosis of mental health needs.

**Report recommendations**

1. Initiate a uniform and research based needs assessment of all children referred to group care to comprehensively identify services that will most appropriately meet their needs.
2. Increase access to children's mental health services.

## II) Introduction

The Iowa Department of Human Services (DHS or Department) was directed to prepare this report for the Iowa Legislature pursuant to House File 909.<sup>1</sup> House File 909 includes the Department's appropriation bill for state fiscal year (SFY) 2008 and in Sec. 117. GROUP FOSTER CARE WAITING LIST it stated the following:

*"[O]n or before December 15, 2007, the Department of human services shall report to the general assembly providing detailed information concerning the children who were on a waiting list for group care services during the period covered by the report. The information shall include but is not limited to the number and status of children who were on a waiting list, the length of time the children spent on a waiting list, alternative placements while the children were on a waiting list, age and gender of the children, distribution of responsibility between the Department and juvenile court services, and the projected funding, services, and programs required to appropriately address the needs of the children on a waiting list or to otherwise eliminate the need for a waiting list."*

This report give details on the history of the waiting list and about the study of 296 cases that were court ordered to group care during the months of August, September, and October 2007.

## III) Background and Recent History of the Waiting List

For the state fiscal year (SFY) 2002, the Department determined that a group care waiting list would be needed based on the amount of the allocation to the Department for group care and the projected demand for group care placements during that SFY. The DHS designed the waiting list as follows.

First, in August 2001 the Department developed a statewide protocol so that children's placement onto or removal from a list could be done in a consistent manner across all eight of the Department's Service Areas. A waiting list had been used in the past and the Department wanted a process that would ensure fair and equitable treatment for children across the state.

The fundamental principles of the protocol are uniformity and equitable treatment of children who may have to wait for placement approval. Each Department Service Area manages its own list in subtly different ways based on things like the local working relationships with the juvenile court services (JCS) or varying local interpretations by some juvenile courts of the list's purpose. Nevertheless, the protocol guarantees that all lists function in the same straightforward fashion. A

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<sup>1</sup> Work for the report was completed with help from the Department's group care RFP development team and the report will be used to inform that group's work leading up to the publishing of a group care Request For Proposal in 2008.

child's placement and position on a list is determined by the date of their written court order into group care.

Once on a list, approval for placement into group care is first come, first served; the first person on a list is the first person approved for placement when the funding is available. No one is allowed to move ahead of another.<sup>2</sup>

Second, the Department developed a method to monitor the changing statuses of children. The statewide "tracking list" in use since 2001 is a centralized, intranet-based, information collection tool used by all DHS Service Areas to report the condition and the management of their lists at any given point throughout the year. This tracking list provided much of the information for this report.

#### **IV) Tracking List Statuses Defined**

For the purposes of this report, the status of "Approved" means that a child has been approved for placement and local workers are in the process of locating and finalizing an appropriate placement. Approvals into group care are made considering the amount of the group care allocation to a Service Area and the funds that would be encumbered by all placements through the end of the SFY or the end of the projected length of a child's stay, if discharge is anticipated prior to the end of the SFY. A child could not be approved for placement if funds would be insufficient. The Service Area allocations are described further in *Group Care Budget Targets* later in this report.

"Pass" status means a child has been approved for placement but the situation of the child is such that a decision is made that placement into group care is not immediately needed. Pass status can be established for various reasons, such as an alternative placement or service is available that provides appropriate and satisfactory care or that the child may be on the run, making placement at that time impossible. Children in Pass status maintain their place on the list as long as the written court order remains unchanged; they neither drop off the list nor regress. Their situations are subsequently reassessed as needed.

"Waiting" (or "Awaiting Placement Approval") represents the period of time from the date of the written court order until the time placement into group care is approved by a Service Area Manager. This status is the truest representation of actual *waiting* and it is reported under *Results* later in this report.

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<sup>2</sup> There have been occasions when the juvenile court has ordered immediate placement of a child into group care and the Department has complied with the court order.



## **V) The Tracking List and Budget Allocation Management**

The tracking list is a database into which information from each Department Service Area is regularly entered to collect information about group care use.

From its inception, the tracking list has primarily functioned as a tool to assist the Service Areas to manage their budgets related to the cost of group care. Its original intent was not simply to count the number of children waiting.

By tracking all children court ordered into group care, individual Service Areas can easily see budget encumbrances<sup>3</sup> related to group care, check the status of children on the tracking list, and, at a glance, get a picture of group care placements statewide.

## **VI) Factors That Affect Waiting List Management Other Than the Group Care Allocation and Budget Management**

Although the waiting list protocol is applied uniformly across the state, other related, outside forces also have an impact on list management. For example, differences among court orders affect the way in which Service Area Managers must manage local lists. Dual orders are often written indicating a child could or should go into either group care or a psychiatric medical institution for children (PMIC).

Occasionally judges use the waiting list "just in case," ordering a child into group care so the child obtains and may hold a place on the list, even though it may not be the first choice for addressing the child's needs. Court orders to group care "in mitimus withheld" may indicate that a child's placement into group care is not the preferred placement, but that gets a child's name on the list.

These approaches can make it difficult to manage a list and at the same time give a false impression of what a list actually means. They can also influence people's perceptions of what the list is meant to illustrate and they may make the list appear longer than it is.

One additional thing not directly related to list management that may add to a child's wait to be approved for group care is a delay in time between the date of a court hearing until the written court order is completed and provided to the Service Areas. This is not a "list" issue since a list must only be managed when there are children on it. The true effect of this is not measured for this report, yet the Department acknowledges it may be a factor that adds to the length of time a child may wait. Some judicial districts face docket management issues that may cause a delay in the time before a child is approved for group care.

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<sup>3</sup> Funds that are obligated based on the expected costs of a service a child receives.

## VII) Department Service Area Group Care Budget Targets

Each SFY through a budget appropriation, the Iowa legislature establishes an annual statewide expenditure target for children in group care whose placements are paid for by the state. Department and JCS representatives jointly develop a formula<sup>4</sup> to allocate a portion of the statewide expenditure target to each of the Department's eight Service Areas. The expenditure amount determined by applying the formula becomes the group care budget target for that Service Area.<sup>5</sup>

Subsequently, each of the Department's Service Areas' and JCS's representatives establish a plan to contain the expenditures for children court-ordered into group care within the budget target.

Funds for a child approved for group care are considered encumbered for the duration of the child's anticipated or actual length of stay, whichever is applicable. When encumbrances reach the target, children subsequently court ordered into group care are placed into "waiting" status until funds are available so a placement can be approved.

The appropriation for group care is a specific amount, resulting in a "cap" of expenditures. But the number of children who can actually be placed within this funding cap rises and falls to some extent because that projected number results from a calculation based on average per diem costs. Actual costs vary from facility to facility and total expenses are affected by lengths of stay. Therefore, the number of children that can ultimately be placed, or the "target," is adjusted as expenditure projections are reassessed throughout the year.

The best use of a target number of children is as a management tool for the Service Areas. For example, a Service Area with a high rate of placement turnover can possibly serve up to 110 – 115% of its originally projected number of children and still meet its budget target. Occasionally, some of these funds may be moved among Service Areas in order to help ensure equal access to placement.

To help put the 296 children in this report into the proper perspective, it must be noted that for SFY 2008 the amount of the group care allocation establishes a target of about 1,145 children who can be in group care placement at any one time; this number can rise or fall. Additionally, 2,176 unduplicated children were placed in group care in SFY 2007. Year-To-Date for SFY 2008, through October, 1,326 unduplicated children have been placed in group care.

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<sup>4</sup> The basis for the formula is described in the Iowa Code 232.143.

<sup>5</sup> A service area may exceed the service area's budget target for group care by up to five percent in a fiscal year, provided the overall funding allocated for all child welfare services in the Service Area is not exceeded.

### VIII) Group Care Utilization During 2003 - 2007

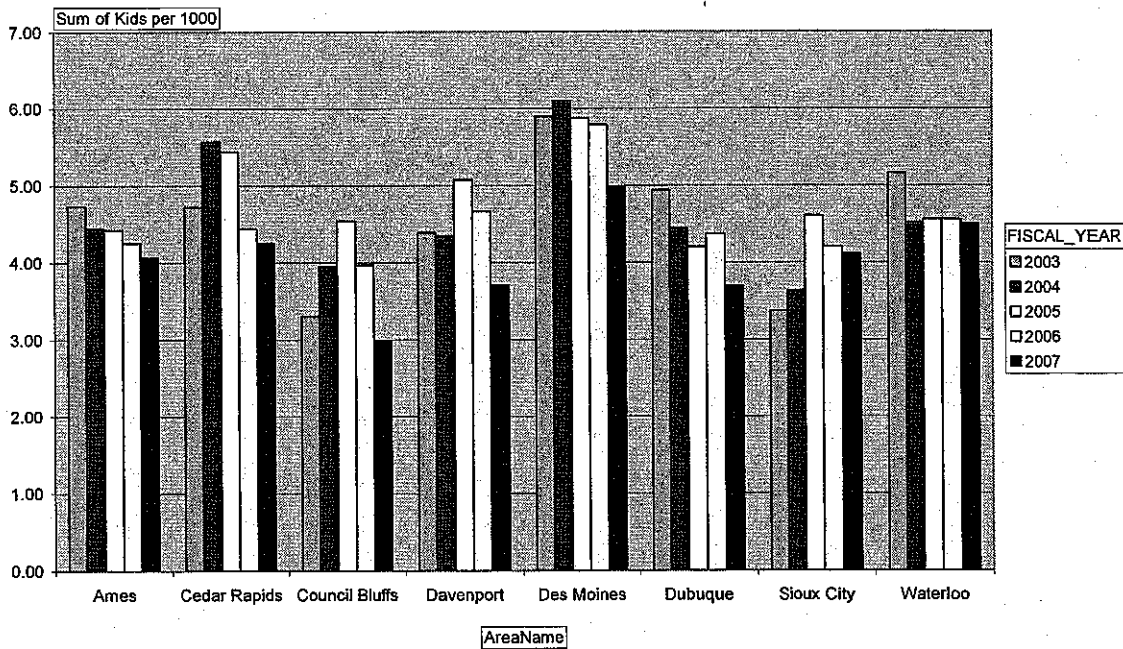
The following graphs show historical group care utilization during the years of 2003 through 2007.<sup>6</sup> It is included to provide a view of how group care utilization has changed over those years. Utilization is shown in terms of the number of children placed per 1,000 children in the Service Area. The following three graphs represent DHS and JCS combined responsibility for placement; DHS responsibility alone; and, JCS responsibility alone, respectively.

Table U-1 shows the sum of children per 1,000 in the Service Area with DHS and JCS combined responsibility.

Table U-1

PLACEMENT\_RESPONSIBILITY{All}

Kids per 1000 By Service Area



<sup>6</sup> Utilization per 1,000 reflects unduplicated counts of children using the Department's FACS system and Woods and Poole estimates.

Table U-2 shows the sum of children per 1,000 in the Service Area with DHS responsibility.

Table U-2

PLACEMENT\_RESPONSIBILITY/DHS

Kids per 1000 By Service Area

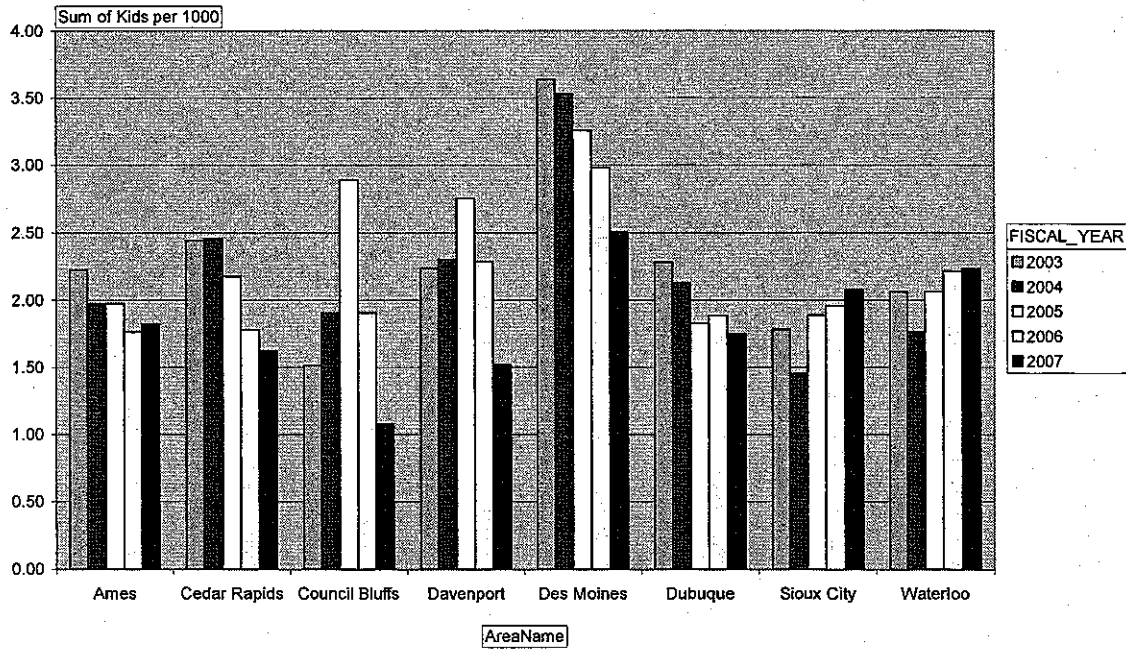
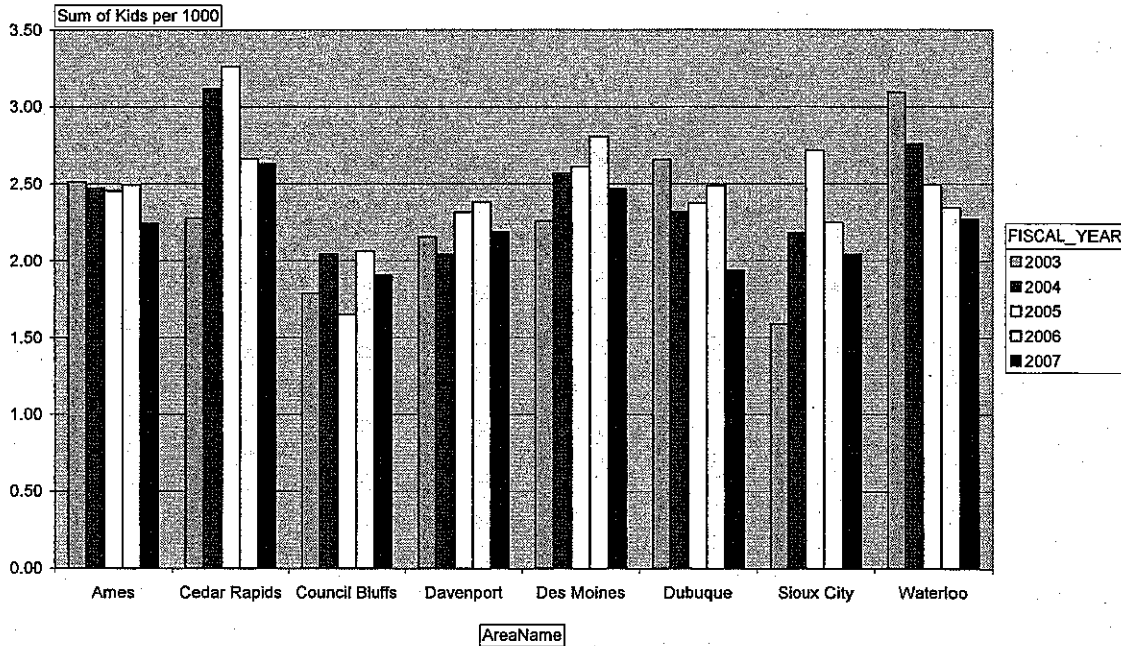


Table U-3 shows the sum of children per 1,000 in the Service Area with JCS responsibility.

Table U-3

PLACEMENT\_RESPONSIBILITY|JCS

Kids per 1000 By Service Area



### IX) Results of Studying the Tracking List

In general, the number of children waiting for placement approval is very fluid. It fluctuates regularly as children may enter and then move out of Waiting status. At any given time this number could be half or twice as much as it was the day before.

For that reason, the months of August, September, and October 2007 were studied to provide a view broader than simply a point in time. The information below provides a wide-ranging view of that 90-day period. This broad view provides the best perspective on the amount of time children waited from the time of the court order until they were approved for placement.

Additional information found in Appendix One reports on the status of each child on November 1, 2007, the day after the close of the study period. The three statuses reported are Approved for Placement (210 children), Pass (52 children), and Waiting (34 children). The reporting of these three statuses gives a slightly different view that reflects that point in time only, on November 1, 2007.

The following tables report on 262 children, the number that during the study period completed the process from court order to Approval or Pass.<sup>7</sup> Reported are the Range of Days Waiting (from the date of the written court order until placement approval); Gender; Age; Race; Case Responsibility (between DHS and JCS); Setting; the Distribution of the children across the eight Department Service Areas; and, the Case Responsibility by Service Area.

Table R-1 shows how many days during the study period each of the 262 children waited from the time of the written court order through the date they were approved for placement. The respective Service Areas are also identified. Of the 262 children studied, 244 waited less than 20 days for placement approval. Only 15 waited longer than one month.

Table R-1 Range of Days Waiting Statewide

			Range of Days Waiting				Total
			Days from Order to Approved				
Service Area			Less than 10 Days	11 to 20 Days	21 to 30 Days	31 and Greater Days	
1-Sioux City	Count		0	3	1	7	11
	Row %		.0%	27.3%	9.1%	63.6%	100.0%
2-Waterloo	Count		8	15	1	2	26
	Row %		30.8%	57.7%	3.8%	7.7%	100.0%
3-Dubuque	Count		15	11	0	1	27
	Row %		55.6%	40.7%	.0%	3.7%	100.0%
4-Ames	Count		0	17	1	1	19
	Row %		.0%	89.5%	5.3%	5.3%	100.0%
5-Council Bluffs	Count		17	1	0	0	18
	Row %		94.4%	5.6%	.0%	.0%	100.0%
6-Des Moines	Count		36	39	0	2	77
	Row %		46.8%	50.6%	.0%	2.6%	100.0%
7-Cedar Rapids	Count		41	12	0	2	55
	Row %		74.5%	21.8%	.0%	3.6%	100.0%
8-Davenport	Count		28	1	0	0	29
	Row %		96.6%	3.4%	.0%	.0%	100.0%
State Total	Count		145	99	3	15	262
	Row %		55.3%	37.8%	1.1%	5.7%	100.0%

<sup>7</sup> Thirty-four children that had not yet completed the process from court order to Approval or Pass by the end of the study period are not included in these tables. However, the same information as above is reported for them in Appendix One. These children represented only 12% of the total 296 court ordered to group care during the study period.

Table R-2 Gender

Gender			
	Frequency	Percent	Cumulative Percent
F	77	29.4	29.4
M	185	70.6	100.0
<b>Total</b>	<b>262</b>	<b>100.0</b>	

Table R-3 Age

Age			
	Frequency	Percent	Cumulative Percent
10	2	.8	.8
11	4	1.5	2.3
12	9	3.4	5.7
13	16	6.1	11.8
14	42	16.0	27.9
15	73	27.9	55.7
16	73	27.9	83.6
17	43	16.4	100.0
<b>Total</b>	<b>262</b>	<b>100.0</b>	

Table R-4 Race

Race			
	Frequency	Percent	Cumulative Percent
White	193	73.7	100.0
Non-White	69	26.3	
<b>Total</b>	<b>262</b>	<b>100.0</b>	

Table R-5 Case Responsibility

Case Responsibility			
	Frequency	Percent	Cumulative Percent
DHS	76	29.0	29.0
JCS	186	71.0	100.0
<b>Total</b>	<b>262</b>	<b>100.0</b>	

Table R-6 Setting<sup>8</sup>

Setting			
	Frequency	Percent	Cumulative Percent
Adoption	1	.4	.4
Detention	96	36.6	37.0
Foster Home	7	2.7	39.7
Hospital	1	.4	40.1
IJH	5	1.9	42.0
In Home	46	17.6	59.5
MHI	3	1.1	60.7
On run	1	.4	61.1
PMIC	9	3.4	64.5
Relative	2	.8	65.3
SAL	1	.4	65.6
Shelter	74	28.2	93.9
STS	2	.8	94.7
Tracking	14	5.3	100.0
<b>Total</b>	<b>262</b>	<b>100.0</b>	

<sup>8</sup> "Setting" means the location where children were reported to be during the time they may have been in Approved or in Pass status. IJH means the Iowa Juvenile Home in Toledo; MHI means Mental Health Institute; SAL means Supervised Apartment Living; STS means the State Training School in Eldora; and, Tracking means Juvenile Court Services tracking and monitoring of children.



Table R-7 Distribution of the 262 Children Across DHS Service Areas

Service Area			
	Frequency	Percent	Cumulative Percent
1-Sioux City	11	4.2	4.2
2-Waterloo	26	9.9	14.1
3-Dubuque	27	10.3	24.4
4-Ames	19	7.3	31.7
5-Council Bluffs	18	6.9	38.5
6-Des Moines	77	29.4	67.9
7-Cedar Rapids	55	21.0	88.9
8-Davenport	29	11.1	100.0
<b>Total</b>	<b>262</b>	<b>100.0</b>	

Table R-8 Case responsibility by DHS Service Area

			Case Responsibility		Total
			DHS	JCS	
Service Area	1-Sioux City	Count	3	8	11
		Row %	27.3%	72.7%	100.0%
	2-Waterloo	Count	11	15	26
		Row %	42.3%	57.7%	100.0%
	3-Dubuque	Count	15	12	27
		Row %	55.6%	44.4%	100.0%
	4-Ames	Count	9	10	19
		Row %	47.4%	52.6%	100.0%
	5-Council Bluffs	Count	4	14	18
		Row %	22.2%	77.8%	100.0%
	6-Des Moines	Count	18	59	77
		Row %	23.4%	76.6%	100.0%
	7-Cedar Rapids	Count	13	42	55
		Row %	23.6%	76.4%	100.0%
	8-Davenport	Count	3	26	29
		Row %	10.3%	89.7%	100.0%
<b>State Total</b>		Count	<b>76</b>	<b>186</b>	<b>262</b>
		Row %	<b>29.0%</b>	<b>71.0%</b>	<b>100.0%</b>

## X) Remedial services for children on the tracking list during the study period

The Iowa Foundation for Medical Care reported that 23% of the children tracked during the report period received Medicaid funded remedial services (RSP) beginning on or after the date they were court ordered into group care. The numbers and percentages of those children (organized by their various statuses) are shown in the following, Table, RS-1:

Table RS-1 Remedial services provided while on the tracking list

Status	No. of children in group	No. of children who received RSP	Percentage who received RSP
All children on tracking list	296	69	23%
Approved status	210	56	27%
Pass status	52	7	14%
Waiting status	34	6	18%

## XI) Conclusions

1. Most children do not wait long. Of the 296 children in this study, 262 of them were approved for placement during the study period. Over half of those waited less than 10 days for approval and 244 of them (94%) waited less than 20 days. Only 15 of the 262 children waited longer than one month. Advancement of children on the tracking list is smooth and steady from the date of the court order into group care until the placement is approved.
2. The tracking/waiting list has been a useful tool that has assisted the Department with group care placement and budget management. Its use has also helped shape child welfare practice in recent years, influencing the way in which appropriate alternatives have been used.
3. While overall waiting periods were short, in some cases waiting was due to budget considerations. But in most cases, waiting is believed to be caused by ordinary administrative processing time that would exist with or without budget factors.
4. Each Service Area's practice regarding list management is a little different than others. For example, Service Areas with few children court ordered to group care are able to decide funding approval quickly, perhaps on the same day, with a very quick turnaround. Other Service Areas dealing with larger numbers of children don't have resources to deal with cases that often, and may have to approve groups of children on, perhaps, a weekly basis. These variations can affect what the lists look like at any point in time.

5. Practice differences across the Department Service Areas by Juvenile Court Services and the legal system (judges and county attorneys) affect this too. The ways in which some juvenile court judges view the list and its intended use is one factor that affects the way in which the list appears at any given time.
6. Local Department staff believes that children waiting the longest for placement into a group care bed often have needs requiring providers specializing in certain types of care, e.g., serving children with multiple disabilities or diagnoses (mental retardation/mental illness/substance abuse) or specialized programs, e.g., for sex offenses. This can cause a delay until what is considered the "right bed" is available
7. Most children tracked during the period of this report advanced on the tracking list smoothly and steadily and children generally move from court order to approval to placement quickly.
8. It is unlikely additional funding for group care would eliminate waiting. It would only increase the number of children referred to group care, leading to growth in the size of the tracking list. In SFY 2005, an additional \$4,421,121 was appropriated to the Department in order to pay for 152 more group care beds. While there was an immediate effect on the number of children waiting at that time, it was short lived and the list grew again shortly thereafter.
9. The Department had hoped the results of this study would provide insight into what services and programs would be required to appropriately address the needs of the children on the lists. The knowledge gained was inconclusive in this respect.
10. While the locations of the children in Pass status were identified (usually short-term and temporary, such as detention or shelter), that information provided little or no indication of what services or programs would be needed to provide appropriate care. That, combined with survey responses from local Department and JCS staff that 70% of the children Passed no longer needed group care, pointed to the need for a uniform assessment process that could be used to identify the needs of all children currently referred to group care.
11. Historically, children have been referred to group care because of serious behavioral problems for which community treatment is unsuccessful or because they have committed delinquent acts, making them a risk to the community. For their own reasons, the Department and Juvenile Court Services have come to rely on group care for many children. While the motives for placing a child into group care may differ between DHS, JCS, and the juvenile courts, the following reasons for group care placement surfaced during focus groups held with several DHS and JCS and a few juvenile court judges in 2007.

- a) Many other failed foster care placements
  - b) There are no other options
  - c) Lack of foster families or little support to them
  - d) Treatment is available in group care and some of the diagnoses children have make them unlikely candidates for family foster care
  - e) Psychiatric Medical Institution for Children (PMIC) placement is needed but the child has been denied
  - f) Lack of mental health diagnosis and related care needed earlier in the child's life
13. Focus group participants also believed that group care placement criteria should be based on not only a child's history, but also on objective assessment, including diagnosis of mental health needs, that could result in matching children with appropriate care. At the present time, there is no standard, research based assessment process in place that is uniformly used to assess the treatment or structured programming needs of youth who are referred to group care. Such a process has the potential to link children and families with services to treat the underlying causes that may have caused referral to group care in the first place.
14. Group care today provides program structure in addition to child welfare services in the form of age-appropriate activities to maintain a child's connection to their family and community and to promote reunification or other permanent placement. These child welfare services also facilitate a child's transition to adulthood. But group care is a setting and not in itself a treatment service.
15. Treatment services, especially those provided through the Medicaid program, are available to children and youth regardless of their setting.

## **XII) Recommendations to Appropriately Address the Needs of Children on a Waiting List**

- 1. Initiate a uniform and research based needs assessment of all children referred to group care to comprehensively identify services that will most appropriately meet their needs.**

The work conducted for this report identified locations where children were while waiting, but it could not identify what services or programs they needed. A comprehensive and uniformly used individual assessment process is absent today.

The fact that many children were placed in Pass status because it was believed they did not need group care placement at the time that judgment was made, and that subsequently a large percentage of those children were believed to no longer need group care, suggests that other appropriate services could be offered if it were known what specific services or programs were needed.

Surveys conducted on behalf of this study indicate that many children come into group care due to their mental health or other specialized needs. This opinion was also shared during the group care related focus groups held in 2007.

Implementing a uniform assessment process for all children court ordered to group care would inform the Department about specific needs a child had, whether those needs were related to mental health or other conditions. This information would be expected to have an impact on the number of children that are placed on or remain on the tracking/waiting list. With that information, projected services, programs, and funding recommendations would be possible.

## **2. Increase access to children's mental health services.**

For many years Iowa has experienced the lack of a comprehensive mental health system for children. This has had a significant impact on the use of group care. Children's mental health services exist in Iowa, but overall they are neither sufficient nor coordinated with other aspects of the service network, such as child welfare, juvenile justice, health, or education services.

Iowa is taking steps to improve mental health services to Iowa children a couple of different ways. One has been the creation of the children's mental health bureau in the Division of Mental Health and Disability Services. This administrative addition brings a new perspective to children's mental health policy and practice and a needed focus on this part of Iowa's service system.

The Department has also proposed \$3,000,000 in its SFY 2009 budget to implement school based mental health assessment that will enhance mental health services to children.

While these are only initial steps toward improving the children's mental health system, they are expected to benefit children currently referred to group care due to mental health-related reasons. Meeting these needs with appropriate treatment may have the effect of reducing the number of children referred to group care.

### XIII) Appendixes

#### Appendix One – Additional Information Related to the Study Period of August, September, and October 2007

The following information is separated by the three statuses of Approved, Pass, and Waiting. It represents the specific point in time of November 1, 2007, the day after the conclusion of the three-month study period of this report. It presents a slightly different view of the data presented elsewhere in this report.

#### 1. All Children in Approved for Placement status on November 1, 2007 (N=210)

Range of Days Waiting

Service Area		Days from Order to Approved				Total
		Less than 10 Days	11 to 20 Days	21 to 30 Days	31 and Greater Days	
1-Sioux City	Count	0	3	0	2	5
	Row %	.0%	60.0%	.0%	40.0%	100.0%
2-Waterloo	Count	4	11	0	2	17
	Row %	23.5%	64.7%	.0%	11.8%	100.0%
3-Dubuque	Count	15	11	0	0	26
	Row %	57.7%	42.3%	.0%	.0%	100.0%
4-Ames	Count	0	14	1	1	16
	Row %	.0%	87.5%	6.3%	6.3%	100.0%
5-Council Bluffs	Count	17	1	0	0	18
	Row %	94.4%	5.6%	.0%	.0%	100.0%
6-Des Moines	Count	27	29	0	1	57
	Row %	47.4%	50.9%	.0%	1.8%	100.0%
7-Cedar Rapids	Count	31	10	0	1	42
	Row %	73.8%	23.8%	.0%	2.4%	100.0%
8-Davenport	Count	28	1	0	0	29
	Row %	96.6%	3.4%	.0%	.0%	100.0%
State Total	Count	122	80	1	7	210
	Row %	58.1%	38.1%	.5%	3.3%	100.0%

Gender

	Frequency	Percent	Cumulative Percent
F	59	28.1	28.1
M	151	71.9	100.0
<b>Total</b>	<b>210</b>	<b>100.0</b>	

**Age**

	Frequency	Percent	Cumulative Percent
10	2	1.0	1.0
11	3	1.4	2.4
12	6	2.9	5.2
13	11	5.2	10.5
14	34	16.2	26.7
15	54	25.7	52.4
16	60	28.6	81.0
17	40	19.0	100.0
<b>Total</b>	<b>210</b>	<b>100.0</b>	

**Race**

	Frequency	Percent	Cumulative Percent
White	156	74.3	100.0
Non-White	54	25.7	
<b>Total</b>	<b>210</b>	<b>100.0</b>	

**Case Responsibility**

	Frequency	Percent	Cumulative Percent
DHS	63	30.0	30.0
JCS	147	70.0	100.0
<b>Total</b>	<b>210</b>	<b>100.0</b>	

**Setting**

	Frequency	Percent	Cumulative Percent
Adoption	1	.5	.5
Detention	70	33.3	33.8
Foster Home	6	2.9	36.7
Hospital	1	.5	37.1
IJH	4	1.9	39.0
In Home	38	18.1	57.1
MHI	2	1.0	58.1
On run	1	.5	58.6
PMIC	8	3.8	62.4
Relative	2	1.0	63.3
Shelter	63	30.0	93.3
STS	1	.5	93.8
Tracking	13	6.2	100.0
<b>Total</b>	<b>210</b>	<b>100.0</b>	

**Service Area**

	Frequency	Percent	Cumulative Percent
1-Sioux City	5	2.4	2.4
2-Waterloo	17	8.1	10.5
3-Dubuque	26	12.4	22.9
4-Ames	16	7.6	30.5
5-Council Bluffs	18	8.6	39.0
6-Des Moines	57	27.1	66.2
7-Cedar Rapids	42	20.0	86.2
8-Davenport	29	13.8	100.0
<b>Total</b>	<b>210</b>	<b>100.0</b>	



**Case Responsibility by Service Area**

			Case Responsibility		Total
			DHS	JCS	
Service Area	1-Sioux City	Count	1	4	5
		Row %	20.0%	80.0%	100.0%
	2-Waterloo	Count	7	10	17
		Row %	41.2%	58.8%	100.0%
	3-Dubuque	Count	14	12	26
		Row %	53.8%	46.2%	100.0%
	4-Ames	Count	8	8	16
		Row %	50.0%	50.0%	100.0%
	5-Council Bluffs	Count	4	14	18
		Row %	22.2%	77.8%	100.0%
	6-Des Moines	Count	13	44	57
		Row %	22.8%	77.2%	100.0%
	7-Cedar Rapids	Count	13	29	42
		Row %	31.0%	69.0%	100.0%
	8-Davenport	Count	3	26	29
		Row %	10.3%	89.7%	100.0%
<b>State Total</b>		Count	<b>63</b>	<b>147</b>	<b>210</b>
		Row %	<b>30.0%</b>	<b>70.0%</b>	<b>100.0%</b>

**2. All Children in Pass status on November 1, 2007 (N=52)**

**Range of Days Waiting**

			Days from Order to Approved				Total
			Less than 10 Days	11 to 20 Days	21 to 30 Days	31 and Greater Days	
Service Area	1-Sioux City	Count	0	0	1	5	6
		Row %	.0%	.0%	16.7%	83.3%	100.0%
	2-Waterloo	Count	4	4	1	0	9
		Row %	44.4%	44.4%	11.1%	.0%	100.0%
	3-Dubuque	Count	0	0	0	1	1
		Row %	.0%	.0%	.0%	100.0%	100.0%
	4-Ames	Count	0	3	0	0	3
		Row %	.0%	100.0%	.0%	.0%	100.0%
	6-Des Moines	Count	9	10	0	1	20
		Row %	45.0%	50.0%	.0%	5.0%	100.0%
	7-Cedar Rapids	Count	10	2	0	1	13
		Row %	76.9%	15.4%	.0%	7.7%	100.0%
<b>State Total</b>		Count	<b>23</b>	<b>19</b>	<b>2</b>	<b>8</b>	<b>52</b>
		Row %	<b>44.2%</b>	<b>36.5%</b>	<b>3.8%</b>	<b>15.4%</b>	<b>100.0%</b>

**Gender**

	Frequency	Percent	Cumulative Percent
F	18	34.6	34.6
M	34	65.4	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	

**Age**

	Frequency	Percent	Cumulative Percent
11	1	1.9	1.9
12	3	5.8	7.7
13	5	9.6	17.3
14	8	15.4	32.7
15	19	36.5	69.2
16	13	25.0	94.2
17	3	5.8	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	

**Race**

	Frequency	Percent	Cumulative Percent
White	37	71.2	100.0
Non-White	15	28.8	
<b>Total</b>	<b>52</b>	<b>100.0</b>	

**Case Responsibility**

	Frequency	Percent	Cumulative Percent
DHS	13	25.0	25.0
JCS	39	75.0	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	

### Setting

	Frequency	Percent	Cumulative Percent
Detention	26	50.0	50.0
Foster Home	1	1.9	51.9
IJH	1	1.9	53.8
In Home	8	15.4	69.2
MHI	1	1.9	71.2
PMIC	1	1.9	73.1
SAL	1	1.9	75.0
Shelter	11	21.2	96.2
STS	1	1.9	98.1
Tracking	1	1.9	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	

### Service Area

	Frequency	Percent	Cumulative Percent
1-Sioux City	6	11.5	11.5
2-Waterloo	9	17.3	28.8
3-Dubuque	1	1.9	30.8
4-Ames	3	5.8	36.5
6-Des Moines	20	38.5	75.0
7-Cedar Rapids	13	25.0	100.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	

### Case Responsibility by Service Area

			Case Responsibility		Total
			DHS	JCS	
Service Area	1-Sioux City	Count	2	4	<b>6</b>
		Row %	33.3%	66.7%	<b>100.0%</b>
	2-Waterloo	Count	4	5	<b>9</b>
		Row %	44.4%	55.6%	<b>100.0%</b>
	3-Dubuque	Count	1	0	<b>1</b>
		Row %	100.0%	.0%	<b>100.0%</b>
	4-Ames	Count	1	2	<b>3</b>
		Row %	33.3%	66.7%	<b>100.0%</b>
	6-Des Moines	Count	5	15	<b>20</b>
		Row %	25.0%	75.0%	<b>100.0%</b>
	7-Cedar Rapids	Count	0	13	<b>13</b>
		Row %	.0%	100.0%	<b>100.0%</b>
<b>Total</b>		Count	<b>13</b>	<b>39</b>	<b>52</b>
		Row %	<b>25.0%</b>	<b>75.0%</b>	<b>100.0%</b>

3. All Children in Waiting status on November 1, 2007 (N=34)

Range of Days Waiting

			Days from Order to Approved			Total
			11 to 20 Days	21 to 30 Days	31 and Greater Days	
Service Area	1-Sioux City	Count	2	2	9	13
		Row %	15.4%	15.4%	69.2%	100.0%
	4-Ames	Count	3	5	13	21
		Row %	14.3%	23.8%	61.9%	100.0%
<b>State Total</b>		Count	5	7	22	34
		Row %	14.7%	20.6%	64.7%	100.0%

Gender

	Frequency	Percent	Cumulative Percent
F	8	23.5	23.5
M	26	76.5	100.0
<b>Total</b>	<b>34</b>	<b>100.0</b>	

Age

	Frequency	Percent	Cumulative Percent
10	1	2.9	2.9
11	1	2.9	5.9
13	1	2.9	8.8
14	5	14.7	23.5
15	12	35.3	58.8
16	9	26.5	85.3
17	5	14.7	100.0
<b>Total</b>	<b>34</b>	<b>100.0</b>	

Race

	Frequency	Percent	Cumulative Percent
White	28	82.4	100.0
Non-White	6	17.6	
<b>Total</b>	<b>34</b>	<b>100.0</b>	

**Case Responsibility**

	Frequency	Percent	Cumulative Percent
DHS	16	47.1	47.1
JCS	18	52.9	100.0
<b>Total</b>	<b>34</b>	<b>100.0</b>	

**Setting**

	Frequency	Percent	Cumulative Percent
Detention	9	26.5	26.5
Foster Home	1	2.9	29.4
In Home	8	23.5	52.9
MHI	1	2.9	55.9
PMIC	2	5.9	61.8
Shelter	13	38.2	100.0
<b>Total</b>	<b>34</b>	<b>100.0</b>	

**Service Area**

	Frequency	Percent	Cumulative Percent
1-Sioux City	13	38.2	38.2
4-Ames	21	61.8	100.0
<b>Total</b>	<b>34</b>	<b>100.0</b>	

**Case Responsibility by Service Area**

			Case Responsibility		Total
			DHS	JCS	
Service Area	1-Sioux City	Count	8	5	13
		Row %	61.5%	38.5%	100.0%
	4-Ames	Count	8	13	21
		Row %	38.1%	61.9%	100.0%
<b>State Total</b>		Count	<b>16</b>	<b>18</b>	<b>34</b>
		Row %	<b>47.1%</b>	<b>52.9%</b>	<b>100.0%</b>