Iowa Department of Human Services

Recommendation and Options To Divert Placement of Boys at the Iowa Juvenile Home in Toledo, Iowa

And

Report on the Work of the Toledo Study Group

Submitted to the Iowa General Assembly by
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Iowa Department of Human Services

June 28, 2007

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Iowa Department of Human Services
Recommendation and Options to Divert Placement of Boys at the Iowa Juvenile Home
June 2007

I) Executive Summary

The Iowa Department of Human Services has prepared this report in response to the Iowa General Assembly's direction to the Department to utilize a study group to make recommendations on the options for diversion of placements of boys at the Iowa Juvenile Home. The Iowa General Assembly stated its intent that beginning July 1, 2009 placements at the Iowa Juvenile Home be limited to females. The Iowa Juvenile Home is a state operated campus in Toledo, Iowa that currently has 20 beds allocated for boys adjudicated as a child in need of assistance (CINA) and 64 beds allocated for girls who are adjudicated CINA or delinquent.

The Department formed the Toledo Study Group to inform the recommendation and options identified in this report. The study group included DHS Service Area Managers and the superintendent of the Iowa Juvenile Home; DHS representatives from the Divisions of Child and Family Services and Mental Health and Disability Services, and the Office of Field Operations; representatives from the Divisions of the Commission on the Status of Women and Criminal and Juvenile Justice Planning of the Iowa Department of Human Rights, the Council on Human Services, and child welfare and mental health service provider agencies; Chief Juvenile Court Officers; and, members of the majority and minority parties of both chambers of the Iowa legislature.

To gain a clear understanding of the profile and characteristics of the boys at the Iowa Juvenile Home to assist with the identification of placement options, staff there provided considerable amounts of information related to current programs and costs, placement histories, age and behavioral data, diagnoses and medications, educational needs, and staffing patterns. In addition, a Request For Information was issued to gather information from the public, information was requested from a national organization of children's services providers and other states, and a public survey was administered via the Internet to gather public comments on the identified options.

Personal contacts by study group members were also made to parents of the boys and previous providers in an attempt to identify what event ultimately occurred that led to placement at the Iowa Juvenile Home. These CINA boys are generally sent to the Iowa Juvenile Home as a placement of last resort; it is common that previous placements have been numerous and there is often one final event that triggers discharge from another private provider and placement in Toledo. These boys represent very difficult and complex cases for the child welfare system and future programs must demonstrate the willingness and capacity to accept these boys into care and appropriately serve them as long as needed in this level of care.

Considering the profiles and anticipated needs of the boys currently adjudicated CINA and placed at the Iowa Juvenile Home, the Department recommends Option No. 1 of five that were identified related to the diversion of their continued placement there.

Department Recommendation:

Option No. 1 -- Utilize a Request For Proposal process to identify a public or private entity that will describe how and where it would serve some or all of the 20 CINA boys who would otherwise have been placed at the Iowa Juvenile Home. This is not viewed necessarily as occurring at a single location.

Other options considered (listed in priority order):

Option No. 2 -- Develop the capacity to serve 20 CINA boys at another state facility.
Option No. 3 -- Contract with a private entity to serve all 20 children in a single location.
Option No. 4 -- Identify a case rate ("wrap around" model) to be used in community placements for the boys in care at the Iowa Juvenile Home.
Option No. 5 -- Close male admissions at the Iowa Juvenile Home and expect the current system to absorb the boys that would have gone there.

II) Introduction and Background

Legislative language in House File 2734, a product of the 2006 Iowa legislative session, directed the Iowa Department of Human Services (Department or DHS) to use a study group to recommend options for the diversion of placements of boys at the Iowa Juvenile Home (IJH), a state operated campus located in Toledo, Iowa. The IJH currently has 20 beds allocated to this boys program and 64 beds allocated for girls who are adjudicated CINA or delinquent.

The language of House File 2734 follows below:

> "It is the intent of the general assembly that effective July 1, 2009, placements at the Iowa juvenile home will be limited to females and that placements of boys at the home will be diverted to other options. The department shall utilize a study group to make recommendations on the options for diversion of placements of boys and the study group shall report on or before July 1, 2007, to the persons designated by this division of this Act to receive reports. Leadership for the study group shall be provided by the department of human services. The study group membership shall also include but is not limited to two departmental service area administrators or their designees, a representative of the division of the commission on the status of women of the department of human rights, a member of the council on human services, a departmental division administrator, two representatives of juvenile court services, a representative of the division of criminal and juvenile justice planning of the department of human rights, and two representatives of child welfare service provider agencies. In addition, the study group membership shall include four members of the general assembly so that the majority and minority parties of both chambers are represented. Legislative members are eligible for reimbursement of actual expenses paid under section 2.10."

Under the leadership of the Department and since its first meeting in January 2007, the Toledo Study Group has met monthly both in Des Moines, Iowa and at the Toledo campus. The study group comprised the following members:

1. Mary Nelson, Iowa Department of Human Services, Administrator, Division of Child and Family Services
2. Tom Bouska, Iowa Department of Human Services, Council Bluffs Service Area Manager
3. Wendy Rickman, Iowa Department of Human Services, Des Moines Service Area Manager
4. Deborah Hanus, Superintendent, Iowa Juvenile Home
5. Kathy Nesteby, Iowa Department of Human Rights, Commission on the Status of Women
6. Eric Sage, Iowa Department of Human Rights, Criminal and Juvenile Justice Planning
7. Donald Wright, Council on Human Services
8. Pat Hendrickson, Judicial Department, Chief Juvenile Court Officer, 7th Judicial District

9. Tom Southard, Judicial Department, Chief Juvenile Court Officer, 2nd Judicial District
10. Anne Gruenewald, Four Oaks, Child Welfare Service Provider
11. Cindy Cox, Clarinda Academy, Child Welfare Service Provider
12. Carolyn Hejtmanek, Orchard Place, Children's Mental Health Service Provider
13. Mary Mohrhauser, Iowa Department of Human Services, Division of Mental Health and Disability Services
14. Frank Biagioli, Iowa Department of Human Services Office of Field Operations
15. Jim Chesnik, Iowa Department of Human Services Division of Child and Family Services
16. Sally Nadolsky, Iowa Department of Human Services, Division of Medical Services
17. Don Gookin, Iowa Department of Human Services, Division of Medical Services
18. Representative Dawn Pettengill, Democrat appointee January – May 2007, Iowa House of Representatives
19. Representative Mary Mascher, Democrat appointee May 2007, Iowa House of Representatives
20. Senator Rob Hogg, Democrat, Iowa Senate
21. Senator John Putney, Republican, Iowa Senate

Guests at meetings who provided useful information:

1. Eugene Gessow, Administrator of the Division of Medical Services, Iowa Department of Human Services, who provided background on Medicaid funded services and suggested approaches the study group could review.
2. Allen Parks, Administrator of the Division of Mental Health and Disability Services, Iowa Department of Human Services, who provided updated information on the status of the children's mental health system.
3. Steve Johnson of Magellan who described the role Magellan could play by assisting with the formulation of a discharge plan for children who would be Medicaid eligible under the Iowa Plan and assuring that referrals to mental health or substance abuse services would be available to the boys when served in a placement other than at Toledo.

The Department would like to specially thank Iowa Juvenile Home superintendent Deb Hanus who, along with the assistance of Business Manager Karen Connell and other staff there, organized and provided detailed and comprehensive information for the group to study. Without this assistance this report would be incomplete.

III) Public Input

In addition to the meetings held with study group members and guests, the Department also solicited input and information in the following ways.

1. A Request For Information (RFI) was issued in February 2007. It presented interested parties with non-confidential background and profile information on the boys at Toledo and invited information for the study group to consider in the areas of what it would take to serve the boys in the community or in a community-based facility; what the best alternatives were; where should programs be located; should a single centralized program be developed or should these youth be integrated into services across the state closer to

their home community; the advantages and disadvantages of the identified approach; how could the educational and mental health needs be met best; and, what were the critical program components that must be provided.

Ten replies were received including from the city of Eldora, three county attorneys, five private providers, and one associate district court judge. Opinions varied, ranging from keeping any new program similar to that provided at Toledo today -- possibly on another state run campus -- to other forms of comprehensive and coordinated programming using partnerships with the educational and mental health resources available in Iowa communities. Some thought care should be centralized or in a single location (perhaps in a rural area); others thought community integration close to children's homes or identical programs in each quadrant of the state would be best.

While opinions varied, some common themes included the need for and importance of a structured milieu of programming similar to what is provided at the Iowa Juvenile Home today and access to mental health care.

2. Members of the National Organization of State Associations for Children (NOSAC) were contacted to share information on the types of group living services that were offered by providers in their respective states. Associations in 31 states are members of this group and 11 of them replied to this contact.

3. Two national child welfare groups were used to seek information from other states to identify comparable programs outside Iowa. They were the National Resource Center for Family-Centered Practice and Permanency at the Hunter College School of Social Work and the National Association of Public Child Welfare Administrators. Responses were less than hoped for, with only two states responding to the respective surveys that each group distributed to its members.

4. The Department offered an Internet/web-based survey from its web site that invited comment on the five options identified in this report. Background information on the boys at Toledo and the work of this study group was published there and parties the Department felt would have particular interest were directly invited electronically to take the survey (nearly 200 individual entities). Response was low, with only two respondents to the Internet survey (one county attorney and one private child welfare services provider). One email contact was also generated from the web site.

IV) Study Group Work

In addition to visiting the campus in Toledo, Iowa to learn about the residences, school programs, and treatments approaches, the group studied comprehensive information provided by the Iowa Juvenile Home. From the outset it became obvious that these boys represented challenging cases and needs were great.

These boys had varying placement histories, but in nearly every case, each had experienced multiple previous placements. Additionally, diagnoses and prescribed medications were multiple.

In general, this population of boys at Toledo can be described as follows:

These CINA boys represent tough child welfare cases. The current state-run program/facility at Toledo is often viewed as that of "last resort," i.e., many other placements have failed and this program works diligently with these children without turning them away.

Population characteristics include an average age of 15 years and numerous previous child welfare and psychiatric placements (average 12 placements per child running the gamut of family foster care, group care, psychiatric medical institutions for children (PMICs), hospitals, shelters, detention, and the Iowa Juvenile Home).

Behavioral health needs exist and on average each child is prescribed 3.5 anti-psychotic medications before placement at the Iowa Juvenile Home for diagnoses such as, but not limited to, conduct disorder, attention deficit hyperactivity disorder, post traumatic stress disorder, oppositional defiant disorder, depressive and bi-polar disorder, and antisocial personality traits.

Most receive special education services and past actions of these children include sexual acting out, aggression and simple assault, suicidal threats, school behavioral problems, and unmanageable behaviors at home. The actions taken by these boys are serious but non-criminal, and they do not rise to a level that would make these boys eligible for the State Training School in Eldora.

Two distinct sub-groups in this population were identified: 1) boys with mental health and behavioral problems; and, 2) boys with mental health and behavioral problems combined with limited functional abilities and low IQs. Some are diagnosed with mental retardation[1] that accompanies mental health problems. The two sub-groups each exhibit distinctly different characteristics that require the ability to serve heterogeneous populations. Program approaches at the Iowa Juvenile Home do not serve them simply as a single group of 20 boys.

Below is a further breakdown of these boys (as of January 2007). Note that this and other information in this report represent a snapshot of the boys at the Iowa Juvenile Home at a point in time. Although there is turnover in the male residents throughout the year, this information fairly represents the population profile.

The Iowa Juvenile Home has one 20-bed living unit designated for male CINA admissions. The Toledo campus also has an additional 64 beds for females who are adjudicated CINA and delinquent.

<u>Admissions:</u>

FY05:	26
FY06:	19
Year To Date (YTD) FY07:	7

[1] Per Iowa Code Chapter 222, mental retardation means a term to describe children and adults who, as a result of inadequately developed intelligence, are significantly impaired in ability to learn or to adapt to the demands of society. The levels of mental retardation of these boys vary from "mild" (defined IQ level 50-55 up to about 70) to "moderate" (IQ level 35-40 to 50-55).

The boys' census fluctuates and vacancies are soon filled. The average daily census for the SFY 2006 was 19.5.

Average age at admission:

FY05: 15 years 1 month
FY06: 15 years 1 month
FY07 YTD 14.9

The age upon admission of the most recent 25 male CINA youth is noted below:

Age	Of 25 Most Recent Admissions	
Age 11	1	4%
Age 12	0	0%
Age 13	9	36%
Age 14	2	8%
Age 15	5	20%
Age 16	7	28%
Age 17	1	4%

Placement history:

Male Admission History
(Of the most recent 25 admissions)

	Actual Placement Just Prior to Admission
Home	1
Relative's Home	0
Foster Home	0
Group Care Campus based/On-site school	12
Group Care Non-campus based	0
Institution/Hospital	4
Shelter/Detention	7
Supervised Apartment Living	0
Absent w/o Leave	1

Behaviors that resulted in these placements being unsuccessful and requiring admission to the Iowa Juvenile Home included the following:

Primary Problems:
- Sexual acting out
- Non-adjudicated low level criminal activity
- Aggression/simple assault
- Fire setting
- Suicide threats & gestures
- Running away
- Substance abuse
- Significant school behavioral problems
- Unmanageable in home

Most prevalent among behaviors resulting in IJH admission are:
- Aggression/simple assault
- Unmanageable in home
- Significant school behavioral problems
- Running Away
- Suicide threats and gestures

FY06 average number of prior out-of-home placements = 10
YTD FY07 average number of prior out-of-home placements = 12. (The last 9 placements for FY07 have an average of 15 prior out-of-home placements.)

The average length of stay for the CINA male population was 9.86 months for 2005 and 6.21 months for 2006.

Discharge information:

The last two years' CINA male admissions to IJH were discharged to the following:

Male Discharges From IJH (Inclusive)

LEVEL OF CARE	FY2005	FY2006	FY07 TO DATE
Home	9	6	4
Relatives Home	3	2	0
Foster Home	0	1	2
Group Care Campus Based	7	1	3
Group Care Non-Campus Based	1	0	1
Institution / Hospital	4	3	4
Shelter / Detention	8	4	6
Independent Living	1	2	0
Absent w/o Leave	0	2	1
Total Discharges	33	21	21

Additional boys' programming and population information may be found in the Appendix as Attachment One -- Additional CINA boys' programming and population information

V) Recommendation and Options

Discussion

As the study group considered the profile of the boys currently at Toledo and other needs identified during their work, the recommendation and options were premised on, but not limited to, the following facts or assumptions:

1. The current bed allocation for boys at the IJH is currently 20. While the options are built on this number for that reason, the Department acknowledges that a number greater than 20 is served throughout the year at the IJH.
2. CINA boys are generally sent to the IJH as a placement of last resort -- previous placements have been numerous and there is often one final event that triggers discharge from another private provider resulting in placement there.
3. Future options must fit with the longer-range vision and directions that child welfare is heading.
4. The process of diverting the placements of boys at the IJH would need careful consideration.
5. Once the final approach to the diversion is chosen, the need for appropriate changes to the Iowa Code will need to be evaluated.
6. Future approaches to serving these children must follow a defined admission and discharge protocol that is consistent with the approach of the IJH today. That is, repeated behaviors that were the reason for placement at the IJH should not be grounds for discharge. Programs must demonstrate the capacity to diligently serve these boys, maintaining their placement and working toward successful outcomes.
7. These CINA boys represent very difficult and complex cases for the child welfare system.
8. Personal histories indicate numerous placements, treatment for mental health and behavioral issues are usually needed, and anti-psychotic medications are often prescribed (average 3.5 medications per person).
9. This population of boys consists of two distinct sub-groups: 1) boys with mental health and behavioral problems; and, 2) boys with mental health and behavioral problems combined with limited functional abilities and low IQs. Some are diagnosed with mental retardation that accompanies mental health problems. Future programs must be sensitive and responsive to the unique treatment needs of each of these sub-groups.
10. The physical capacity to accommodate the occasional need for time-out rooms and deter running away must be demonstrated by any potential provider.
11. All potential providers must meet applicable licensure, certification, or approval standards and the state may need to address a possible need for variances to applicable rules.
12. Funding levels, taking into consideration programs such as, but not limited to, levels of foster group care today, PMIC, and state/county shared funding, must be clarified. Diverting the placement of CINA boys from the IJH would likely mean that Iowa counties would no longer be responsible for paying part of the per diem for these boys.

13. To the extent possible, Medicaid eligibility of the children served would be desirable so that access to a wide range of behavioral health services, including mental health, substance abuse, and remedial services would be available. Boys at Toledo today likely meet Medicaid eligibility guidelines but they do not receive Medicaid benefits due to the fact they are placed in a facility that serves children adjudicated delinquent. If placements are diverted to someplace other than the State Training School at Eldora, Medicaid eligibility should not be in jeopardy.

Additionally, based on the special needs of the boys at the IJH today, any placement diversion option must be capable of providing for the following, with the understanding they may relate to identified options in different ways:

1. Accessibility of mental health services and assurance of psychiatric service availability, medication management, and appropriate nursing levels.
2. Education services that maintain or establish relationships with Area Education Agencies and consider on-site classrooms and flexible educational alternatives.
3. Vocational and prevocational training and skill development.
4. Appropriate staff qualifications and staffing, including attention to an adequate labor pool.
5. Appropriate research based programming, moderate to highly structured, that targets cognitive deficits (with lower functioning ability) and behavioral problems.
6. Provider history of serving children with characteristics of this population.
7. Appropriate discharge planning.
8. Positive approach to permanency and family connections.
9. Experience and commitment to minimizing the use of restraint and seclusion.

Department Recommendation

The Department recommends Option No. 1 of five that were identified. Option No. 1 is that the Department of Human Services should utilize a Request For Proposal process to identify a public or private entity that will describe how and where it would serve some or all of the 20 CINA boys who would otherwise have been placed at the Iowa Juvenile Home. This is not viewed necessarily as occurring at a single location.

This is the Department's preferred option and it is consistent with current approaches to the provision of child welfare services in Iowa. The study group also rated this approach higher than other options. It has the potential to allow public or private providers to design a program that will properly meet the needs of the CINA boys. It could result in placements closer to children's homes and Medicaid funds would be available for eligible persons and services. It should also be able to serve children quickly by building on programs already in place and could be accomplished within the current time frame of July 2009.

The approach must also be taken cautiously however, to assure that the number of boys identified as matching this profile does not grow artificially by including others who may be deemed to have characteristics similar to those at Toledo now. Other parts of the service system must be strengthened to better accommodate children with a high level of needs.

Possible issues include:

1. The need to develop an admission and discharge protocol to assure that children are accepted and appropriately served as long as needed in this level of care.
2. An appropriate payment rate will be needed.
3. If PMICs are bidders, the current state cap on the number of PMIC beds approved for Medicaid may be a concern.

Following are other options identified by the study group. They are in priority order:

Option No. 2 -- Develop the capacity to serve 20 CINA boys at another state facility.

Pros

1. Liability concerns that private providers may have would not be an issue at a state facility
2. Another state facility would have the ability to accept and keep children until appropriately transitioned out of care there
3. Access to treatment expertise, psychiatric services, etc.
4. Determining rates, calculating budgets, etc. would be facilitated
5. Potential access to Medicaid funding
6. Licensing concerns would not exist or be minimal
7. Likely a more stable work force with less staff turnover
8. Infrastructure already in place
9. A state facility is a known entity that the public trusts
10. The usual role of government is to be a safety net
11. This option is viable if there is no interest by bidders in the primary recommendation

Cons

1. Some study group members expressed philosophic concerns about state or other "institutional" care
2. This setting does not conform to the principle of "least restrictive"
3. The setting is less community-based, not closer to home, etc.
4. May be more expensive than other options
5. Doesn't take advantage of an opportunity for change
6. Simply recreates what exists today

Option No. 3 -- Contract with a private entity to serve all 20 children in a single location.

Pros

1. Could be achieved within the timeline of July 2009
2. It builds on competencies of private providers
3. It may be easier to develop treatment models that recognize the unique needs of the two distinct sub-groups
4. There is an economy of scale (particularly professional)
5. Easier to track and measure outcomes when all kids served together

6. Social advantage and benefits for youth and provides an ability to maintain peer relationships
7. Less likelihood the population would grow (as note in the Recommendation)
8. Medicaid accessibility mostly assured in a private facility
9. Single point of accountability
10. Meeting individual special education needs would be easier
11. May offer continuity in child/peer/staff/ relationships

Cons

1. Less likely children will reside closer to home
2. Private providers may not have the capacity under this option due to brick and mortar issues that could limit the number of providers interested or result in no bidders
3. Staff turnover is high among private providers, though higher payments may alleviate this concern
4. Adding capacity for these 20 may reduce capacity to serve others
5. Some may view this option as the state turning away from its public responsibility (particularly in light of how the Code addresses the Iowa Juvenile Home today)
6. Even though this would be in a private facility, it is still an "institutional" model
7. Private providers have identified potential liability or indemnity related issues

Option No. 4 -- Identify a case rate ("wrap around" model) to be used in community placements for the boys in care at the IJH.

Pros

1. Services could be provided closer to home
2. Would provide incentive to move kids through varying case levels toward least restrictive
3. Would eliminate "bureaucratic structure" of congregate care to some degree resulting in more individualized and flexible care
4. Pushes the system and requires a close look at each case individually
5. Promotes more involvement of the extended family
6. It is consistent with current philosophy and approach to child welfare services
7. Could allow for the expertise of providers to help the two sub-groups with the transition into the adult service system

Cons

1. May be complicated to design and is untested in Iowa
2. Possibility of kids receiving services that are status quo and not individualized
3. Could be more expensive than other options
4. Close monitoring and gate keeping would be required, there is no mandatory acceptance to the program, and once a case rate is determined for these 20 boys, the only way to serve additional children is to wait for someone to age out or use another method to determine when a youth is "discharged" from the case rate
5. Accessibility to Medicaid funds would vary

6. Staff turnover is high among private providers, though higher payments may alleviate this concern
7. Private providers have identified potential liability or indemnity related issues
8. There is uncertainty as to how this would work in rural areas

Option No. 5 -- Close male admissions at the Iowa Juvenile Home and expect the current system to absorb the boys that would have gone there.

Pros

1. Would be easy to do and stay within timeframe of July 2009
2. Medicaid funds could be accessed
3. Allows an examination of system issues and encourages programs to evolve in what they offer
4. Geographically could provide care closer to family

Cons

1. Could result in more children placed out-of-state
2. Could increase the group care waiting list
3. No assurance that children would be accepted and appropriately served as long as needed
4. Less state oversight regarding what services children need and receive; unique services meeting special needs could not be assured
5. Could provide a negative impact to other children in the same programs
6. Private providers have identified potential liability or indemnity related issues
7. Closing admissions or other methods used to gradually reduce the number of boys at the IJH does not assure that it happens by July 2009

VI) System Issues

The study group plans to meet again in July 2007 to further discuss systemic issues it identified during the course of its work.

VII) Appendix

Attachment One: Additional CINA boys' programming and population information

The program for boys at Toledo includes the following:

Educational program:

The IJH offers an on-campus school with classes held year round. This includes some vocational training primarily in the areas of career exploration, preparation for work skills, and some training in building, grounds, and maintenance and food preparation or photography.

In order to provide funds for the excess costs of instruction of children requiring special education, above the costs of instruction of pupils in a regular curriculum, a special education weighting plan for determining enrollment in a school district is used by the Department of Education. For example, pupils in a regular curriculum are assigned a weighting of one, children requiring special education who have severe disabilities or who have multiple disabilities are assigned a weighting of four and four-tenths. Varying degrees of "weighting" are dependent on the needs of the child. If these boys attended a public school in Iowa, they would fall into the following weighted categories:

	Spec Ed Level 3	Spec Ed Level 2	Spec Ed Level 1	General Ed
FY07 YTD	8	1	2	2

Also, using the assessment process known as STAR (Standard Testing And Reporting -- a grade equivalency assessment), reading levels for the current male population has been determined to range between the grade levels of 2.5 (second grade, 5th month) to 8.9 (eighth grade, 9th month.). Math testing indicates a range of 3.5 (third grade, 5th month) to 12.9 (post high school).

Recreation activities:

The IJH provides daily recreational activities and some community-based athletics through South Tama County Community Schools. Recreational therapy is also provided weekly and includes drumming classes and guitar lessons provided through special grant programs through the IJH Foundation.

Structured cottage milieu:

The residential unit offers a structured milieu with defined behavioral expectations for routines through the use of Positive Behavioral Support and Circle of Courage programming. Additionally, skill-building groups provide instruction and practice in the areas of problem solving, social skills, and anger management.

Substance abuse:

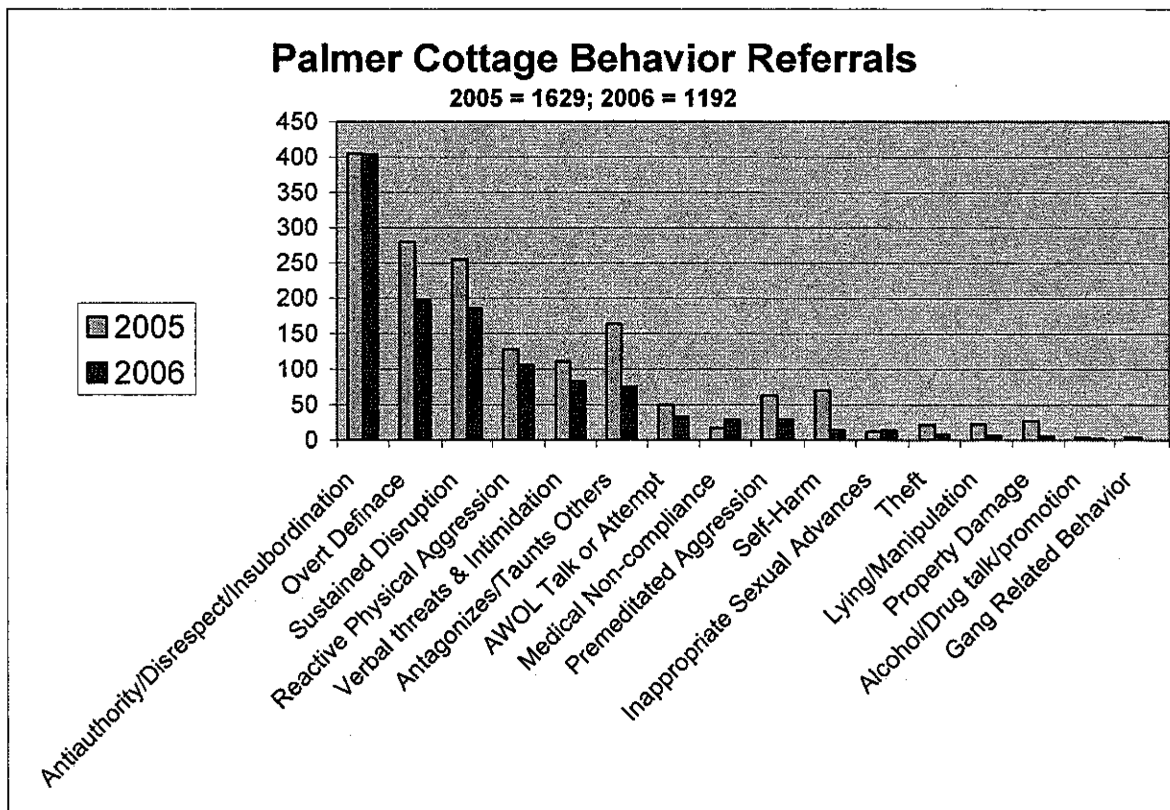
The IJH has just begun providing services in substance abuse to include assessment, education, and outpatient treatment for boys.

Off-campus activities:

Off-campus activities are available to boys as they progress in programming. Activities include special events, local sporting events, movies, and volunteer activities.

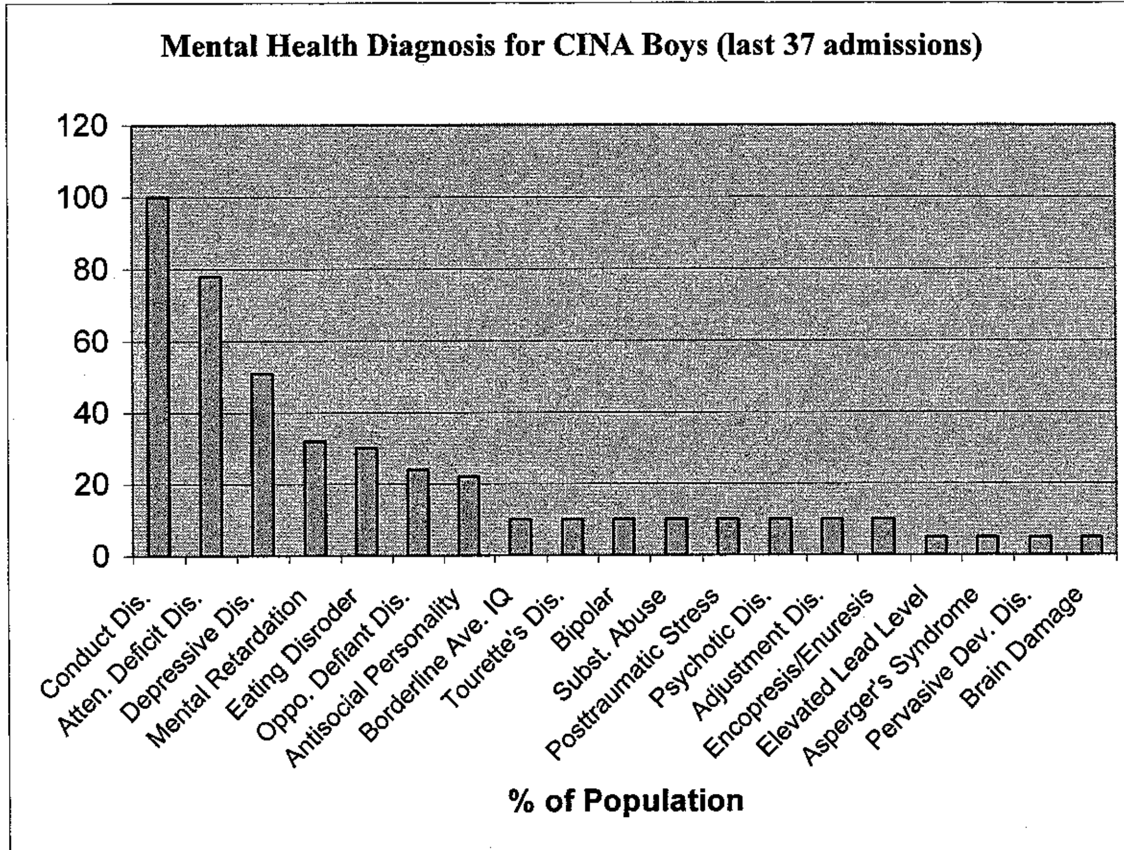
Major behavioral referrals:

The following table notes yearly totals for major behavioral incidents with the CINA male population for the years 2005 and 2006. Behavioral referrals are completed on significant incidents of behavior. Minor responses to behavior such as redirection, reminders, discussions, and minor problem solving are not reflected in this information.

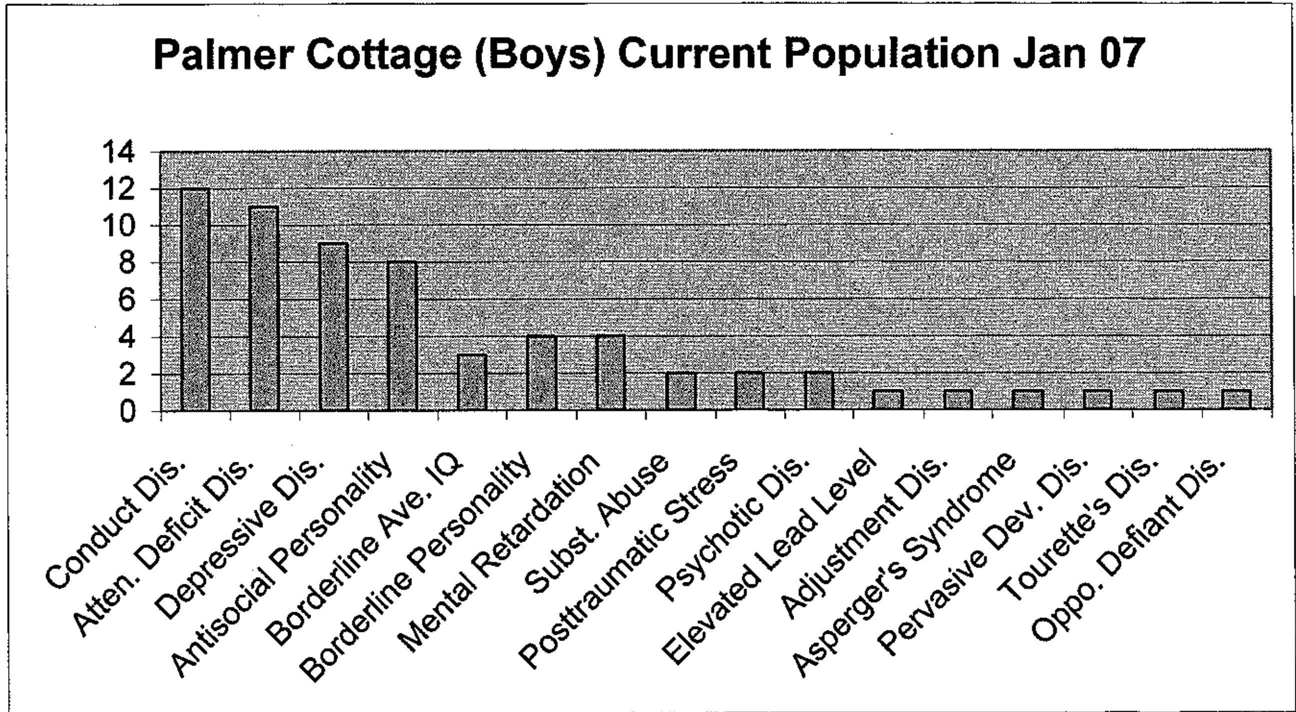


Mental health diagnoses:

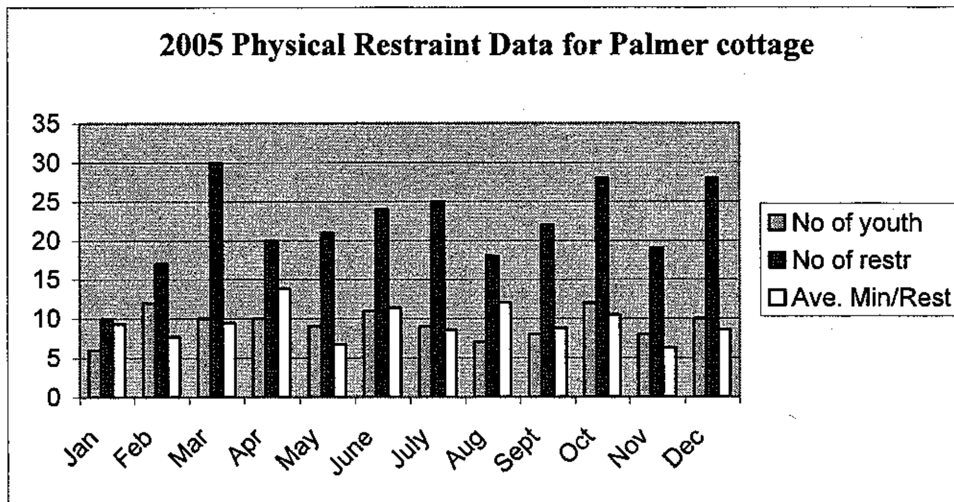
The following table notes mental health diagnoses for the past 37 admissions at Toledo. A breakdown of psychiatric diagnoses for a recent population of 13 boys is also noted below. Each youth carries multiple diagnoses.

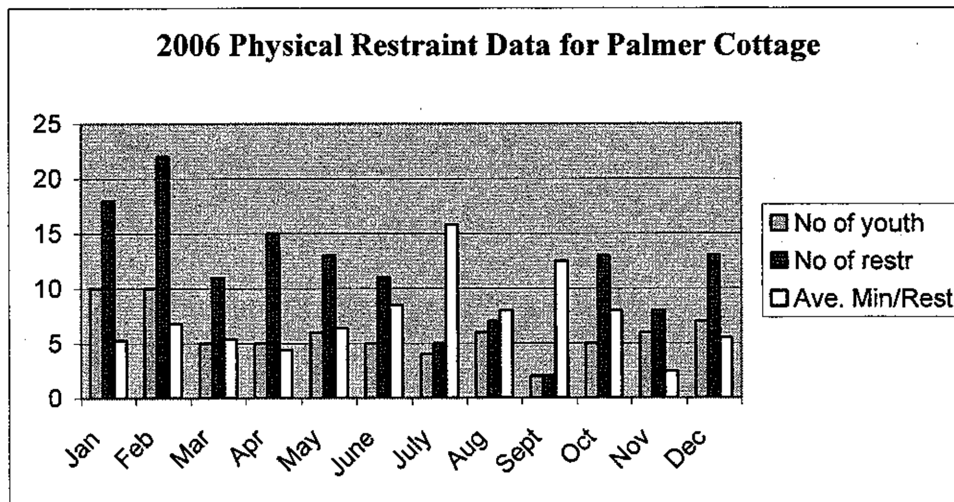


Psychiatric diagnoses for 13 boys



Data on physical restraints for 2005 and 2006 is noted below:





Male seclusion data

*Control Room Placement includes both Cottage and Infirmary Seclusion

		FY 05 *CONTROL ROOM PLACEMENT		FY06 *CONTROL ROOM PLACEMENT		YTD FY07 (8 Months) *CONTROL ROOM PLACEMENT		
# Of Unduplicated Clients		27		28		24		
# Of Incidents		133		295		131		
Average Time in Seclusion		46 Minutes		47 Minutes		47 Minutes		

Quiet Room Placement

*Workable does not include hours of sleep.

		FY 05 QUIET ROOM PLACEMENT		FY06 QUIET ROOM PLACEMENT		YTD FY07 (7 Months) QUIET ROOM PLACEMENT		
# Of Unduplicated Clients		51		35		28		
# Of Incidents		742		998		598		
Average *Workable Time in Seclusion		838.63 Minutes Or 13.9 Hours		827.98 Minutes Or 13.8 Hours		334.9 Minutes or 5.6 Hours		

Anti-psychotic medications for 13 boys

- 12 of the 13 or 93% of boys take prescribed anti-psychotic medications.
- Each youth receives an average of 3.5 different types of medication each day. This requires multiple doses of multiple medications, multiple times each day. Generally, med administration is completed at 6 a.m., 8 a.m., noon, 3:30 p.m., and 8 p.m. daily.
- Types of medications prescribed for youth include:
  Risperdal Trileptal Adderall Lexapro Depakote Trazadone
  Lithium Abilify Clonidine Seroquel Zoloft
- Medication management requires:
  - Psychiatric monitoring
  - Routine labs
  - Medical monitoring