

# **FINAL REPORT**

## **JUVENILE JUSTICE SYSTEM INTERIM STUDY COMMITTEE**

**January 1994**

### **AUTHORIZATION AND APPOINTMENT**

The Juvenile Justice System Interim Study Committee was established by the Legislative Council in 1992 and authorized to hold two days of meetings. The Committee was directed to contract with the Annie E. Casey Foundation to conduct a study of service delivery to juveniles and to produce a report by March 1, 1993. Subsequently, the deadline for the contracted report was extended in statute to June 30, 1993, and the Committee was authorized an additional meeting day for the 1993 Interim by the Legislative Council.

### **STUDY COMMITTEE CHARGE**

The Committee was given the following charge by the Legislative Council:

Work in conjunction with the Annie E. Casey Foundation to conduct a comprehensive study concerning the delivery of services to juveniles involved in delinquency and CHINA proceedings. Include an examination of the types of placements available for juveniles in the system, the system's effectiveness in meeting these juveniles' needs and reducing recidivism, and its cost-effectiveness. Analyze Iowa's current juvenile justice laws and make recommendations on any changes needed to combat delinquency and crime. Review steps taken by other states and communities to combat gangs and juvenile crimes and other steps taken to improve their juvenile justice systems. Make recommendations for short-term and long-term changes to Iowa's juvenile justice system to make it more efficient and cost-effective. Final meeting date no later than December 18, 1992, with report due to General Assembly in January 1993.

### **COMMITTEE MEMBERS**

Members during the 1992 Interim:

Senator Ralph Rosenberg, Co-chairperson  
Representative Robert Dvorsky, Co-chairperson  
Senator Florence Buhr  
Senator Linn Fuhrman  
Senator Paul Pate  
Senator Al Sturgeon

Representative Clark McNeal  
Representative Pat Murphy  
Representative Brent Siegrist  
Representative Matt Wissing

Members during the 1993 Interim:

Senator Ralph Rosenberg, Co-chairperson  
Representative Clark McNeal, Co-chairperson  
Senator Florence Buhr  
Senator Linn Fuhrman  
Senator Paul Pate  
Senator Al Sturgeon  
Representative Steven Hansen  
Representative Mona Martin  
Representative Pat Murphy  
Representative Brent Siegrist

COMMITTEE PROCEEDINGS

The Committee held three meetings, on December 14, 1992, October 11, 1993, and October 25, 1993. The Committee received the report of Mr. Paul DeMuro who was contracted to conduct the study and heard testimony from a number of individuals regarding Iowa's juvenile justice system.

MEETING -- DECEMBER 14, 1992

The first meeting of the Committee was held on December 14, 1992. Presentations were made by a number of interested persons.

Mr. Richard Moore, Administrator, Division of Criminal and Juvenile Justice Planning, Department of Human Rights, discussed areas the Committee could focus on in its study, including early intervention, court intake, dispositions, the service system, and case management. Mr. Moore also discussed the various means of evaluating a system. He concluded his remarks by noting that much information already exists from earlier state and federal studies of the juvenile justice system and offered to assist the Committee and the consultant.

Mr. Federico Brid, Administrator, Division of Adult, Children, and Family Services, Department of Human Services, and Ms. Mary Nelson, Bureau Chief, Bureau of Alternative Living Services, Department of Human Services, provided an overview of the work of the

Child Welfare Task Force. The Task Force consists of service providers, court representatives, funders, and other policymakers and was established in statute to make recommendations regarding the service system for juveniles. They also discussed the issue of the statutory restrictions on the number of foster care beds available and its effect on the juvenile justice system.

Mr. Tom Southard, Juvenile Court Officer, Juvenile Court Services, Ames, Iowa, discussed the importance of addressing the underlying problems causing undesirable behavior in children and of involving the family in dealing with the problems and behaviors. Mr. Southard also stressed the importance of follow-up care and the need for adequate staffing levels to ensure that case loads are manageable and that continuity of treatment is maintained.

Mr. Ira Barbell, Annie E. Casey Foundation, provided the Committee with an overview of the Annie E. Casey Foundation's interest in child welfare issues. The Annie E. Casey Foundation is active nationally in the child welfare area beginning with the founder's interest in foster care reform.

Mr. Paul DeMuro, prospective consultant to the Committee, described his background and experience regarding child welfare issues for the Committee. Mr. DeMuro also discussed the type of study he would conduct and how he would conduct it, based on time and budgetary constraints.

The Committee voted to approve Mr. DeMuro as the consultant to the Committee and to undertake the study. The Committee also directed that a contract and work plan for the study be drawn up by staff in the Legislative Service Bureau.

Mr. DeMuro conducted his study between January and May 1993. The study involved several trips to Iowa by Mr. DeMuro and visits to numerous government and private service providers, interviews with juveniles in the institutions visited, and discussions with other interested persons in the juvenile justice system.

#### MEETING -- OCTOBER 11, 1993

The second meeting of the Committee was held on October 11, 1993. A number of interested persons provided testimony to the Committee.

Mr. Randall Wilson, an attorney, discussed a recent Polk County juvenile court decision regarding the unconstitutionality of several provisions of Iowa law regarding caps on foster care placement due to their being violative of constitutionally protected rights to treatment, and substantive and procedural due process. Mr. Wilson also discussed the implications of the court's decision, should it be upheld on appeal before the Iowa Supreme Court.

Mr. Paul DeMuro, consultant to the Committee, discussed the results of the study commissioned by the Committee. A copy of the final report of Mr. DeMuro's study is attached. Mr. DeMuro highlighted the findings and recommendations of his report and answered extensive questions from members of the Committee and other interested persons.

Mr. Ed Ruppert, Mr. Earl Kelly, and Mr. Bob Sheehan, representing psychiatric medical institutions for children (PMICs), described the function of PMICs as an intermediate facility between standard group foster care and psychiatric hospitals and responded to Mr. DeMuro's report regarding PMICs. They urged the Committee not to bring PMICs within the cap on placements as Mr. DeMuro recommended.

Mr. Steve Smith, Chief Juvenile Court Officer, Waterloo, Iowa, indicated that the chief juvenile court officers in Iowa generally support the recommendation in the report. He indicated that the chief juvenile court officers are skeptical of regionalizing the service delivery system for juveniles given Iowa's demographics and are opposed to downsizing or eliminating the facilities at Eldora and Toledo.

Mr. Tom Southard supported the report's recommendations regarding implementation of a reasonable and rational planning process for developing programs for delinquent youth and children in need of assistance (CINA) and developing a comprehensive case management system. Mr. Southard also disagreed with Mr. DeMuro's recommendations regarding the Eldora and Toledo facilities.

Ms. Joan Discher, Mr. Jim Hoel, and Ms. Barb Ehler, representing group foster care providers, discussed the need for a comprehensive plan, increased funding, and improved aftercare services for Iowa's juvenile justice system. They also indicated that group care facilities, if properly funded, staffed, and administered can be very successful in helping juveniles.

Ms. Ellen Picray, Juvenile Court Judge Pat Grady, and Mr. Victor Elias, representing the Child Welfare Task Force, discussed the Task Force's efforts to date. They also discussed the need for additional case workers, improved trust between Department of Human Services' management and field case workers, and the need for a comprehensive juvenile justice plan that does not change from year to year.

Judge Stephen Clarke, Juvenile Court Judge, Waterloo, Iowa, indicated to the Committee his concerns about Iowa's juvenile justice system. He noted a lack of concern by communities about their delinquent and CINA youth and the tendency of educators and parents to seek removal of a problem juvenile from their community with the unrealistic notion that the juvenile will return to the community with the juvenile's problems completely solved.

Mr. Bob Eppler, Superintendent, Iowa Juvenile Home, Toledo, Iowa, described some of the common characteristics of the CINA and delinquent teenage girls and younger CINA children treated at the Juvenile Home. Mr. Eppler disagreed with the recommendation in the

DeMuro report that the Juvenile Home be downsized or its mission reoriented and noted the improvements made at the Juvenile Home regarding monitoring length of stay and medications.

Mr. Steve Huston, Superintendent, Iowa State Training School, Eldora, Iowa, noted some of the significant changes at the School since 1989 and provided some statistics regarding the School, particularly the criminal, substance abuse, and other history of the delinquent boys at the School. He agreed with the emphasis of the DeMuro report on reentry and aftercare services for juveniles and cautioned the Committee against reducing the age for waiver of juveniles into the adult correctional system.

Mr. Jim Harmon, Director of Admissions, Clarinda Academy, Clarinda, Iowa, described the Academy as a community-based residential facility providing care primarily to delinquent juveniles. He described the average juvenile at the facility and explained to the Committee the advantages the Academy has by virtue of its large size and its location.

Mr. Eric Sage, Department of Human Services, noted that the direction of the Department is consistent with much of what is recommended in the DeMuro report. He discussed the Department's budget request for FY 1994-1995 which stresses family preservation services, delinquency programs, more supervised community treatment, school-based supervision by the courts, and a foster care information system.

#### MEETING -- OCTOBER 25, 1993

The Committee held its third and final meeting on October 25, 1993. Many interested persons presented information to the Committee.

Mr. Fred Gay, Intake and Screening Bureau Chief, Polk County Attorney's Office, presented information regarding Polk County restorative justice model programs and the Polk County youthful offender program. Restorative model programs place the victim at the center of the case as opposed to the model commonly used in the United States which does not include the victim as an integral part of the process. Mr. Gay also described some of the advantages and successes of the programs.

Ms. Katherine Miller, Youth Law Center, and Mr. Mike Bandstra, an attorney, presented information to the Committee regarding the effect of the cap on in-state foster care and out-of-state placements. They also discussed the need to develop a middle tier of services between at-home treatment and residential treatment to keep juveniles closer to home and provide for an easier transition back into the community. Ms. Miller also cautioned the Committee against making decisions based on the perception that juveniles are out-of-control.

Judge Jane Mylrea, Juvenile Court Judge, Dubuque, Iowa, addressed the areas of juvenile violence, the cap on group foster care placements, and the DeMuro report. She noted that the purpose of the juvenile court is to provide protection for juveniles, the public, and to provide for behavior modification. Judge Mylrea also stated her concerns regarding the unconstitutionality of the cap and voiced the need for programs which provide services for 18- to 21-year olds to address the issue of waiver of juveniles to adult court.

Mr. Mark Prosser, Chief of Police, Storm Lake, Iowa, noted that the trends toward violence which have existed in big cities are now being seen in rural Iowa. He suggested that in addressing juvenile crime, the family must be involved in educating and reinforcing values and that it may take a generation for the effect of this to appear.

Lt. Robert Greenlee, Community Services and Public Information Section, Waterloo, Iowa Police Department, stated that the number and severity of crimes committed by juveniles in Waterloo have increased as have the numbers of single-parent and nonparent homes and the number of runaways. He also spoke regarding the Police Department's reluctance to get involved with runaways because of staffing constraints and the Department's shelter for holding runaways while a decision is made regarding placement.

Mr. Terry Fox, At-Risk Counselor, Colfax-Mingo High School, described working with potential dropouts and dropouts in a program funded by a state school aid formula allowable growth grant. He explained some of the common factors exhibited by at-risk students. He also stated that incentives are important in instilling positive behavior and that involving parents is important but often there is no parent to involve.

Mr. Don Herman, Medical Services Division, Department of Human Services, presented information to the Committee regarding the role of the Clinical Assessment and Consultation Teams (CACT) in fulfilling the federal requirement for utilization review under the Medicaid program under which the state is receiving money.

Ms. Margaret Altmix, National Council on Alcoholism and Other Drug Dependencies, provided information regarding Project Uplift, which has been successful in providing services to the segment of the juvenile population in Polk County which is one step from placement and which is experiencing school failure, gang activity, or other problems. She described the ways in which a juvenile could become associated with the program. She also provided statistics regarding the program's success rate.

Mr. Richard Moore, Director, Division of Criminal and Juvenile Justice Planning, Department of Human Rights, testified regarding the DeMuro report and provided the Committee with the 1993 update to the Iowa Criminal and Juvenile Justice Plan prepared by the Division. He expressed support for redefining services to juveniles based on the population to be served and the need for more aftercare services.

## MATERIALS

The Committee considered a number of materials, including the following, which are on file with and available upon request to the Legislative Service Bureau:

1. Final Report: Iowa's Service Delivery System for CHINA & Delinquent Youth, by Paul DeMuro.
2. Mentally Disordered Juvenile Offenders, NCSL State Legislative Report, Vol. 18, No. 3, March 1993.
3. Juvenile Probation: The Balanced Approach, Maloney, Romig, and Armstrong, Juvenile Justice Textbook Series, National College of Juvenile and Family Law.
4. Juveniles in State Custody: Prospects for Community-Based Care of Troubled Adolescents, Krisberg, Onek, Jones, and Schwartz, NCCD Focus, May 1993.
5. The Balanced Approach and restorative Justice For Juvenile Offenders: An Overview of a New OJJDP Initiative, Bazemore, Office of Juvenile Justice and Delinquency Prevention, U. S. Department of Justice.
6. Juvenile Justice Policy Statement, National Council on Crime & Delinquency, April 1991.
7. Combating Juvenile Crime: What the Public Really Wants, Center for the Study of Youth Policy, April 1992.

## RECOMMENDATIONS

The Committee discussed testimony and information presented for consideration. The Committee approved the following recommendations:

1. The Legislative Service Bureau was directed to distill any proposals for legislative action made in the information provided to the Committee by testimony or written materials to be forwarded without comment by the Committee to the General Assembly. Those proposals are attached to this report.
2. Authorization should be provided in the Code to permit the use of staff-secure settings for the placement of runaways to the extent not inconsistent with federal law.
3. The definition of "child in need of assistance" should be amended to include children who are "chronic runaways" as defined in 1992 Iowa Acts, chapter

1231, section 11, and the fiscal impact of the amendment should be ascertained.

4. Parity should be established between juvenile judges and district associate judges.
5. The exchange of information about juveniles between law enforcement, courts, and schools should be facilitated subject to any federal limitations.
6. Aftercare and reentry services should be expanded and the Department of Human Services should establish criteria for prioritizing limited funds to provide services to juveniles who have the best chances of success in those programs.
7. The Division of Criminal and Juvenile Justice Planning of the Department of Human Rights should become the entity responsible for evaluating juvenile programs for effectiveness.
8. Parental liability for the intentional torts of children should be increased from its current limits.
9. The General Assembly should review restrictions on the possession of weapons by juveniles.
10. The statutory provisions regarding the termination of parental rights and their application should be reviewed by the General Assembly.
11. The General Assembly should consider programs for juveniles which provide early intervention in a structured environment which encompasses the concept of boot camps and which provides elements of aftercare and reentry care.
12. The General Assembly should review the issue of grandparents' rights.
13. The standard for waiving a juvenile to adult court should be changed from what is in the best interests of the child and the community to what is in the best interests of the child or the community.

#### PROPOSALS MADE TO THE COMMITTEE

The following proposals, in no particular order of priority, were made to the Committee and, to the extent not adopted formally by the Committee, are passed on to the General Assembly without comment:

1. The state needs to develop a planning process that is inclusive, allowing key actors, including parents, advocates, and private agencies, to participate in the process of planning and delivering services for troubled youth. This



planning process should result in a time-lined plan that clearly sets out the state's specific goals and objectives regarding services for CINA and delinquent youth.

2. Iowa ought to develop a regionalized, diverse, comprehensive service delivery system. Each service area ought to be held responsible for developing a continuum of services.
3. As new regional services are brought on-line, Eldora would be downsized and Toledo would cease being a state institution for CINA youth.
4. Private agencies with larger campus-type programs should serve youth from a specific geographical area, concentrating on diversifying their programs, developing aftercare, and establishing nonresidential supports.
5. PMIC beds should be considered as a part of the service delivery system -- as part of the total number of beds that are available under the cap. PMICs should develop appropriate, regional programs for emotionally disturbed, CINA (teenage) youth who are presently placed at Toledo and should develop small, noninstitutional, more normalized programs (e.g., intensive family supports and therapeutic foster homes) for youth 12 and under\* who are currently placed in PMIC beds.
6. Iowa needs to develop and implement a comprehensive case management system which assures on an individual basis that youth are appropriately referred to private and public residential care and remain in residential care for the shortest amount of time as necessary, consistent with public safety. While in placement, youth should receive services (time-lined treatment plans) that concretely address their specific needs; appropriate reentry/aftercare supports should be available to them upon their release from residential placement.
7. The state needs to develop the capacity for an improved information system which can help monitor the system and provide some data necessary to the development of performance standards. The state also needs to provide enhanced training to private and public agency staff and develop a more detailed quality assurance/monitoring program.
8. The Department of Human Services needs to investigate the causes for the increase in the rate of placement (and increased costs) of youth in private psychiatric hospitals (particularly younger youth); since these placements are 70 percent funded with Medicaid dollars, strong gate-keeping procedures (e.g., independent reviews and approvals of nonemergency admissions) need to be implemented.
9. Increase the numbers of caseworkers and juvenile court officers to lower caseloads.

10. Eliminate or reduce the restrictions on funding to facilitate the development of more individually designed services.
11. Focus more resources on increasing the number of caseworkers and juvenile court officers working directly with families, particularly child protective workers.
12. Increase the state's share of funds for juvenile services.
13. Encourage local communities to determine their community needs and provide funds to help communities develop their programs; develop a list of state "core" services for use in planning by local groups.
14. Support programs at schools which help keep children out of the juvenile justice system.
15. Encourage businesses to support employees who are parents with family-friendly policies.
16. Adequately fund treatment services for those youth who enter the court system.
17. Create or increase services for youth after they leave residential placement (aftercare or reentry services).
18. CACTs should not have control over placements of juveniles in PMICs and PMIC beds should not be brought within the cap on foster group care beds.
19. Do not remove the 24-hour notice requirement before searches of student-controlled areas are undertaken.
20. Amend those portions of the Iowa Code dealing with implementation of the in-state and out-of-state placement caps to provide juveniles with procedural and substantive due process in the implementing of juvenile court placement orders by the Department of Human Services.
21. Adequately fund and support early intervention and prevention services for juveniles.
22. While assessing long-term needs and funding responsibilities, specific attention should be paid to the following: child abuse prevention and treatment services; chemical dependency treatment services; mental health services; support services for families with mentally retarded or developmentally disabled children; services targeting adolescents diagnosed with conduct disorders; serious and violent offender treatment services; services that are sensitive to cultural differences of minority youth and sensitive to the needs of females; youth waived to adult court and other youthful offender services; sexual offender treatment services; shelter, detention, and alternative predispositional services; aftercare services.

23. Increased/improved training on cultural competency for service providers.
24. Mandated cultural competency training for law enforcement.
25. Improved DHS, school system, court, and service provider policies sensitive to cultural differences and increased numbers of nonwhite service providers at all levels and in all systems.
26. Better programs to discourage gang involvement.
27. Improved planning and use of detention alternatives for juveniles.
28. More involvement at all levels, from policymaking on down, by parents.
29. Services must continue to be affordable.
30. Include competency development for youthful offenders to improve their ability to function once they leave the juvenile justice system similar to the Second Chance Program operated by the Area VII Job Training and the First Judicial District Juvenile Court Services.
31. If a juvenile is waived to adult court, any future proceedings involving the juvenile are also in adult court unless the original charge is dismissed or the juvenile is acquitted.
32. Develop 90-day boot camps for juvenile offenders.
33. Fully fund commitment of 50 percent of operating expenses of juvenile detention centers as provided for in section 232.142, subsection 3.
34. Remove existing prohibition against using restraints on juveniles.
35. Remove restrictions on admitting juveniles to the state training school but put a cap on the number of juveniles that can be placed at the training school from each judicial district.
36. Link punishment of juveniles with the severity of the delinquent act.
37. Strengthen school attendance laws.
38. More social worker support in schools.
39. Standard student curfews should be developed and implemented.
40. Establish a juvenile job corps.
41. Do not allow a student expelled in one school district to enroll at a school in another district until the term of the expulsion is completed.
42. Recognize school parking lots as public thoroughfares with traffic enforcement allowed on them.
43. Allow school officials to search vehicles on school property.

44. Develop services such as day treatment to bridge the gap between family services and residential treatment.
45. Development of programs for 18- to 21-year-olds to reduce the need to waive juveniles to adult court.
46. Allow the juvenile court to make specific placements.
47. Ban assault weapons, prohibit possession of handguns by juveniles, and allow possession of weapons for hunting only with adult supervision. Also subject a juvenile caught possessing a handgun at school to a felony charge.
48. Implement a program similar to Project Uplift, operated by the National Council on Alcoholism and Other Drug Dependencies.

**FINAL REPORT: IOWA'S SERVICE DELIVERY SYSTEM  
FOR CHINA & DELINQUENT YOUTH**

Paul DeMuro  
June 30, 1993

**EXECUTIVE SUMMARY: SERVICE DELIVERY SYSTEM FOR CHINA  
& DELINQUENT YOUTH**

This report presents the findings of a six month study of Iowa's residential services for CHINA and delinquent youth. During the course of the study over forty separate programs throughout Iowa were visited and major decision makers (judges, probation officials, private providers, state and local officials) were interviewed. Previous reports were consulted and analyzed and available statistical information was reviewed.

After reviewing Iowa's recent history with the cap placed on residential programs, the report makes a number of specific recommendations designed to help improve the quality of the service delivery system. The following is a summary of the report's major recommendations:

- \* THE STATE NEEDS TO DEVELOP A PLANNING PROCESS THAT IS INCLUSIVE, ALLOWING KEY ACTORS, INCLUDING PARENTS, ADVOCATES, AND PRIVATE AGENCIES, TO PARTICIPATE IN THE PROCESS OF PLANNING AND DELIVERING SERVICES FOR TROUBLED YOUTH. THIS PLANNING PROCESS SHOULD RESULT IN A TIME-LINED PLAN THAT CLEARLY SETS OUT THE STATE'S SPECIFIC GOALS AND OBJECTIVES REGARDING SERVICES FOR CHINA AND DELINQUENT YOUTH.

- \* IOWA OUGHT TO DEVELOP A REGIONALIZED, DIVERSE, COMPREHENSIVE SERVICE DELIVERY SYSTEM (WITH EIGHT SERVICE AREAS, GEOGRAPHICALLY ALIGNED WITH THE EIGHT JUDICIAL CIRCUITS). EACH SERVICE AREA OUGHT TO BE HELD RESPONSIBLE FOR DEVELOPING A CONTINUUM OF SERVICES. AS NEW REGIONAL SERVICES WERE BROUGHT ON LINE, ELDORA WOULD BE DOWNSIZED AND TOLEDO WOULD CLOSE OR SUBSTANTIALLY RECONFIGURE ITS PROGRAMS.

- \* PRIVATE AGENCIES WITH LARGER CAMPUS-TYPE PROGRAMS SHOULD SERVE YOUTH FROM A SPECIFIC GEOGRAPHICAL AREA, CONCENTRATING ON DIVERSIFYING THEIR PROGRAMS, CONCENTRATING ON DEVELOPING AFTERCARE AND NONRESIDENTIAL SUPPORTS. THE REPORT INCLUDES SPECIFIC INFORMATION REGARDING A NUMBER OF ALTERNATIVE, MODEL PROGRAMS THAT IOWA MIGHT CONSIDER AND OFFERS A NUMBER OF

SUGGESTIONS REGARDING HOW PRIVATE AGENCIES MIGHT USE THE RESOURCES PRESENTLY INVESTED IN THEIR CAMPUS-TYPE PROGRAMS IN A REGIONAL SERVICE DELIVERY MODEL.

\* PMIC BEDS SHOULD BE CONSIDERED AS A PART OF THE SERVICE DELIVERY SYSTEM -- AS PART OF THE TOTAL NUMBER OF BEDS THAT ARE AVAILABLE UNDER THE CAP. PMIC'S SHOULD DEVELOP APPROPRIATE, REGIONAL PROGRAMS FOR EMOTIONALLY DISTURBED, CHINA (TEENAGE) YOUTH WHO ARE PRESENTLY PLACED AT TOLEDO AND SHOULD DEVELOP SMALL, NONINSTITUTIONAL, MORE NORMALIZED, PROGRAMS (e.g. INTENSIVE FAMILY SUPPORTS AND THERAPEUTIC FOSTER HOMES) FOR YOUTH TWELVE AND UNDER WHO ARE CURRENTLY PLACED IN PMIC BEDS.

\* IOWA NEEDS TO DEVELOP AND IMPLEMENT A COMPREHENSIVE CASE MANAGEMENT SYSTEM WHICH ASSURES ON AN INDIVIDUAL BASIS THAT YOUTH ARE APPROPRIATELY REFERRED TO PRIVATE AND PUBLIC RESIDENTIAL CARE AND REMAIN IN RESIDENTIAL CARE FOR THE SHORTEST AMOUNT OF TIME AS NECESSARY, CONSISTENT WITH PUBLIC SAFETY. WHILE IN PLACEMENT, YOUTH SHOULD RECEIVE SERVICES (TIME-LINED TREATMENT PLANS) THAT CONCRETELY ADDRESS THEIR SPECIFIC NEEDS; APPROPRIATE REENTRY/AFTERCARE SUPPORTS SHOULD BE AVAILABLE TO THEM UPON THEIR RELEASE FROM RESIDENTIAL PLACEMENT.

\* THE STATE NEEDS TO DEVELOP THE CAPACITY FOR AN IMPROVED INFORMATION SYSTEM WHICH CAN HELP MONITOR THE SYSTEM AND PROVIDE SOME DATA NECESSARY TO THE DEVELOPMENT OF PERFORMANCE STANDARDS. THE STATE ALSO NEEDS TO PROVIDE ENHANCED TRAINING TO PRIVATE AND PUBLIC AGENCY STAFF AND DEVELOP A MORE DETAILED QUALITY ASSURANCE/MONITORING PROGRAM.

\* DHS NEEDS TO INVESTIGATE THE CAUSES FOR THE INCREASE IN THE RATE OF PLACEMENT (AND INCREASED COSTS) OF YOUTH IN PRIVATE PSYCHIATRIC HOSPITALS (PARTICULARLY YOUNGER YOUTH); SINCE THESE PLACEMENTS ARE 70% FUNDED WITH MEDICAID DOLLARS, STRONG GATE-KEEPING PROCEDURES (e.g. INDEPENDENT REVIEWS AND APPROVALS OF NONEMERGENCY ADMISSIONS) NEED TO BE IMPLEMENTED.

## IOWA'S SERVICE DELIVERY SYSTEM FOR CHINA AND DELINQUENT YOUTH

### INTRODUCTION

This report has been a difficult report to write; for some, it may be a difficult report to read.

Iowa has a long and outstanding tradition of serving youth. Many private agencies date their roots back to the beginning of the child-saving movement in the late nineteenth and early twentieth century.

There is much that is good in the Iowa system. Most private and public agency staff who work with troubled youth in Iowa are decent, talented professionals who are committed to providing quality services. A number of private providers have or are about to open new and innovative youth serving programs. The Chief Probation Officers from around the state have shown a willingness to develop new programs (e.g., day treatment) and to resist sending youth out-of-state. Almost all knowledgeable professionals recognize the need for enhanced aftercare services.

For some time, the state has been recognized as a national leader in developing a comprehensive system of family-focused interventions. In Iowa there is a strong sense of community, a sense of decency and civility, a sense of caring about youth.

The work summarized in this report can best be characterized as a "process evaluation". Using a combination of Annie E. Casey Foundation resources and state funding, the Juvenile Justice Study Committee of the Iowa State Legislature contracted with Mr. DeMuro to help assess the effectiveness of residential placements for juveniles involved in delinquency or CHINA proceedings.<sup>1</sup>

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<sup>1</sup> The contract was for a total of \$30,000; \$15,000 from the Annie E. Casey Foundation and \$15,000 from the state. It is anticipated that approximately \$29,000 of this



The Legislative Committee did not attempt to superimpose any conditions on the study's point of view. The work of the study was not undertaken with any preconceived notion for or against residential care, for or against a specific clinical approach or a particular agency, for or against any specific governmental strategy. Any mistakes in this report will be honest mistakes, reflecting the author's fallible understanding and judgment regarding Iowa's system.

To the degree possible, the report summarizes the author's most objective thinking about the Iowa system. Although written by someone who does not live in Iowa, this report is offered in the hope that it (and the discussions and concerns that it may help raise) will provide an opportunity for the leaders of youth services in Iowa to continue to improve services for CHINA and delinquent youth.

Before getting to the substance of the report, it is important for the reader to understand the report's scope and limitations.

This report is not a comprehensive, outcome evaluation of Iowa's service delivery system for CHINA and delinquent youth. No in-depth, longitudinal statistical analysis of placement patterns was attempted; no detailed evaluation of recidivism was performed. Although some comments about individual programs occur in this report, this report does not pretend to represent a specific "evaluation" of any one private or public program or provider.\*

At the beginning of the project a comprehensive literature review was conducted; previous relevant reports, studies and other source materials were compiled, read and analyzed. (See Attachment # 1 for a copy of the 3/30/93 "Preliminary Report" which includes a list of source materials reviewed at the start of this project.)

During the course of this study, twenty-three separate private and public youth-serving agencies were visited, including the state institutions. During the on-site reviews, programs were observed, staff and youth interviewed, and, in some instances, individual youth records were read. Since many private agencies run more than one type of program, in excess of forty different programs were visited.

In addition to program visitations, a concerted effort was made to meet with a representative sample of key decision makers from throughout the state involved with CHINA and delinquent

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amount will be spent. A total of 46.5 work days were committed to the project (10.5 days by Mr. Hill who reviewed programs and spoke with youth serving professionals in the Davenport, Waterloo and Cedar Rapids areas and 36 days by Mr. DeMuro who visited programs and met with officials throughout the state). The contract also provided funding for travel and related expenses -- primarily air fares, rental cars and motels. A complete accounting of the resources and expenses of this project is available from Michael Kuehn of the Legislative Service Bureau of the Iowa General Assembly. Although Mr. DeMuro consulted often with Mr. Hill and relied on the information Mr. Hill provided from his on-site work, Mr. DeMuro takes sole responsibility for this report.

youth. Over twenty-six separate meetings were held with a variety of public and private officials, including judges, chief probation officers, prosecutors, public defenders, private attorneys, private agency directors and key private agency staff (and staff of the private providers association), youth advocates, DHS central and regional staff, members of the Child Welfare Task Force, foster care review staff, and parents of youth committed to the system.<sup>2</sup>

Because so many people shared their time and thoughts, it would be impossible to thank them all by name. In particular, Burt Aunan, Ira Barbell, Candice Bennett, Charles Bruner, Pat Conway, Michael Kuehn, Carla Lawson and Richard Moore deserve a word of appreciation for providing a variety of information, answering a seemingly endless number of questions, challenging our thinking and generally being available for questions large and small. A special thanks is due to Eric Sage for traveling long days visiting programs and attempting to educate me regarding the nuances of the Iowa system.

On a more personal note, this work would not have been completed without the concrete help of my friend and fellow federal court monitor, Fred Hill, who did more than his fair share of the on-site work.

Finally, I thank my wife and daughter who endured with good cheer my ongoing travel to Iowa and my routinely delayed flights back home.

## I. THE CONTEXT: "IT'S THE CAP STUPID!"

Most of the on-site work of this study was accomplished when the relationship between the state and private providers was particularly strained. In fiscal 1993, the state operated with a cap of 1405 slots in residential care (as of March 1992 there were 1673 youth in group care.)

The state decided to cap residential placements in order to control the number (and costs) of youth placed in residential treatment both in- and out-of-state. Capping of residential slots was seen by the state as a strategy to help stimulate the development of a more comprehensive service delivery system for CHINA and delinquent youth.

Although few would argue with the need for Iowa to develop a more comprehensive service delivery system and the need to control the cost of the state's recent (and seemingly growing) reliance on residential care, there were a number of problems with the method in which the cap was imposed.

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<sup>2</sup> The initial working list of agencies selected to be visited and "key" actors to be interviewed was developed with the help of Charles Bruner and Dick Moore. An effort was made to assure that to the degree possible the list of programs included a representative sample of the types of programs available throughout Iowa.

The cap was implemented with little, if any, preparation. Courts, DHS field staff and private providers had a great deal of difficulty adjusting to the reduced access to residential care.

To further complicate matters, at about the same time as the state implemented and enforced a cap, the state had licensed an out-of-state private provider to open a 144-bed institutional program primarily for nonviolent delinquent boys (Clarenda Academy) on the grounds of a large mental health hospital in rural southwestern Iowa.

In addition, PMIC beds were not included in the cap. (Psychiatric Medical Institutions for Children, 370 beds available in FY 1993 with 37 more beds designed for adolescent substance abusers to be opened in the immediate future.) Although some PMIC providers and some consulting psychiatrists might disagree, in effect, the cap helped create "favorable market conditions" for many PMICs.

Since the PMICs are outside the cap, with the reduction in access to regular group care beds, PMICs often have the ability to control their intakes, at times deciding to take younger and less-troubled youth. Indeed, although there are clearly some exceptions, it is a widely held belief (largely confirmed by much of the on-site program visitations) that in many instances, there is little or no difference between adolescents placed in PMIC beds and those placed in "regular" residential care. (In FY 1993, PMICs received \$124/day compared to \$75/day for "regular" group care.)

Many private providers of non-PMIC residential services were forced to close or consolidate programs. When the cap was imposed, some providers were actually building or renovating new buildings, preparing for an expansion of residential services. They were caught completely off-guard by the imposition of the cap.

Residential programs for girls were particularly hard hit. Since the cap reduced the total number of residential slots available, boys with more aggressive acting-out problems often took precedence for placement over girls with emotional and/or run-away behavior. Non-PMIC substance abuse programs for adolescents were also adversely affected by the cap.

In March 1993, the "Preliminary Report" for this study noted that:

"In many ways the system in Iowa for CHINA and delinquent youth is a system at war with itself. There is little or no trust between many private providers and state officials. To a great extent the cap on residential care and the perceived need for economic survival have polarized the situation. Without a sense of a common mission and shared values, the state and private providers content themselves with lobbying for their own positions: the real needs of youth and families are often overlooked -- or only considered in the context of economic savings by state officials (e.g., the cap) or economic survival by private providers (e.g., rates of placement and number of youth in group care)."

Some providers of service responded to this comment as if it were made in an attempt to pour oil on a already dangerously out-of-control fire. Nothing could be further than the truth.

From January 1993 to the end of the Spring legislative session, the state-enforced cap on residential care permeated almost every discussion involving the relationship between the state and private providers.

Sensing an attack on their economic survival, private agencies lobbied vigorously for an increase in the cap; the state just as vigorously defended its position. Public relations campaigns were carried out using "horror" stories of unserved and at-risk youth being left to their own devices because of the cap.

For fiscal year 1994, a compromise of sorts was achieved when the legislature imposed a slightly reduced cap of 1350 beds, not including the 407 PMIC beds. The FY 1994 cap reduces residential slots by 55 beds; this reduction should be somewhat offset by the 37-bed increase in PMIC substance abuse slots scheduled to come on line in the immediate future. There has recently been much discussion about the need for increasing the number of residential substance abuse slots; however, assuming that the appropriate adolescents can access the expanded PMIC substance abuse beds, there may not be as severe a need for more substance abuse beds as some non-PMIC providers think. In any event, the apparent need for additional substance abuse beds should be assessed taking into account the impact of the recent expansion of PMIC substance abuse beds.

Unfortunately, when the cap was first introduced, except for discussions about increasing the number of federal dollars coming into Iowa to support children and youth services and spending fewer state dollars on group care, not much collective work was done preparing the private agencies, the courts, probation and local DHS workers for their reduced access to residential services. Other states have implemented a reduction in residential services by gradually reducing the number of slots available over time, as new resources were added to the system.<sup>3</sup>

In essence, the state has yet to describe in any concrete detail the specific types of program alternatives that should be introduced into Iowa to help serve youth who had been previously sent to residential care. Little, if any, technical assistance has been provided to private agencies to help them reconfigure their services.

Underlying the rhetoric and the debate over the cap was one essential issue -- an issue of trust. Private providers saw the rationale for the cap as being primarily motivated by economic reasoning: a simple strategy for the state to reduce the amount of state dollars going into residential care. In effect, many providers saw the state as being anti-private provider,

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<sup>3</sup> In addition to gradually phasing in the caps as new resources were brought on line, many of the goals of the cap could have been achieved by reducing the average length of stay in residential programs.

anti-residential care. On the other hand, some state officials felt that the private agencies were too committed to doing business as usual, reluctant or unwilling to consider change.

Indeed, many providers and key actors throughout the state remain confused regarding both the form and substance of the planning process for CHINA and delinquent youth services, unclear about the specific alternatives the state would like to see introduced.

Some good, however, has come out of this struggle around caps. The state has reduced the number of youth placed out-of-state (as of July 1, 1992 there were 282 youth placed out-of-state in residential care; by May 31, 1993, 188 youth were placed out-of-state.) Furthermore, as a result of the cap, a much better working relationship has developed locally between probation staff and regional DHS staff who have been forced to work more closely together in order to implement the cap on a regional basis.

Around the state, DHS staff, and probation staff meet regularly in thirty-eight local "cluster teams" to discuss potential group care candidates. In many of these cluster meetings, private providers, mental health specialists and school personnel are included in the discussions. Generally, when consensus cannot be reached regarding a particular case's appropriateness for residential care by the cluster group, the DHS regional director and the Chief Probation Officer from the judicial circuit will make a joint decision.

The truth is that after a great deal of struggling, the system has adjusted to the imposition of the cap. Issues of trust aside, the important question is what are the next steps.

Admittedly the cap is an artificial device -- a means to achieve the perceived positive end of reconfiguring the service delivery system for CHINA and delinquent youth; a means aimed at helping to create a more diverse service system. It is time, however, to get about that specific task -- diversifying and improving the delivery system for CHINA and delinquent youth.

To a great extent the balance of this report will deal as specifically as possible with two central issues: What planning process should the state develop in order to plan and evaluate services for CHINA and delinquent youth; and what kind of services should Iowa move to develop.

## II. "WE NEED A PLAN"; "WE NEED A PLAN"; "WE NEED A PLAN...." [Statement of a private agency director]

**MAJOR RECOMMENDATION # 1: THE STATE NEEDS TO DEVELOP A REASONABLE PLANNING PROCESS THAT IS MORE INCLUSIVE (ALLOWS KEY ACTORS, INCLUDING PARENTS, ADVOCATES, AND PRIVATE AGENCIES TO PARTICIPATE). THE PLANNING PROCESS NEEDS TO RESULT IN A TIME-LINED PLAN THAT CLEARLY SETS OUT THE STATE'S SPECIFIC GOALS AND OBJECTIVES REGARDING SERVICES FOR CHINA AND DELINQUENT YOUTH.**

One theme consistently ran through many of the interviews that were conducted in the course of this study -- many knowledgeable youth-serving professionals believe that Iowa, specifically DHS, needs to do a much better job articulating the short- and long-term goals of its strategy regarding CHINA and delinquent youth. In addition, many believe that the decision-making process needs to be better defined and made more inclusive. Public and private agency workers, court personnel, and parents all expressed the desire to be included in the process. Although there was a fair degree of agreement regarding the essential values that ought to drive the system, there was a high level of frustration regarding the process by which decisions get made.

Most court staff, private providers, advocates and local DHS staff feel that the state (THE HOOVER BUILDING) plans and implements programs in a fairly autocratic, centralized fashion. Often major actors in the system do not seem to know -- or do not understand -- the rationale about key decisions that have been made or are about to be made. For example, although the state is planning to implement a new residential "gate-keeping" function in the Fall, (the Clinical Assessment and Consultation teams, "CAC" teams), Chief Probation Officers, local DHS officials, private providers and others had little or no idea about how the CAC teams would operate or what the CAC team's relationship would be with the cluster teams that have developed around the state.

Because of a lack of clarity regarding the planning process as well as confusion regarding the substance of major decisions, many private agencies voiced reluctance to plan new programs, fearing that they might initially commit to a new direction or program and later have to reverse their decision.

#### A. FIRST A MATTER OF SHARED VALUES

The first step in developing a decent plan is the need to identify the "shaping values" that should drive the planning process.

Without sounding Pollyannish, one of the most positive themes common to most, if not all, of the interviews conducted in connection with this study, is that there is a good deal of agreement, even consensus, regarding the essential values that ought to guide the planning of services for CHINA and delinquent youth. When interviewed, most state and local officials, judges and probation leaders, private agency directors and staff, advocates, and parents endorsed the following shaping values:

1. To the extent possible, youth should be served locally; treatment interventions need to focus on families and respect the cultural background and diversity of our youth. Programs should assist youth to live independently with their families or independently in their own neighborhood/community.

2. An individual treatment plan should be developed for each committed youth based on an analysis of the specific needs of the youth and his family; treatment planning should not be primarily determined or limited by the quantity and quality of our available services: "We need to do what kids need, not put them in programs/slots that we have available."

3. Consistent with the individual needs of youth and public safety, the fewest number of youth as possible should be placed in out-of-home/out-of-community/out-of-region residential placement; when residential placement is appropriate, it should be for the shortest amount of time as possible with careful attention paid to developing aftercare/re-entry supports.

4. In order to help work with families and stimulate strong reentry planning, residential placements should be as close to the youth's community as possible; thus, an effort should be made to have as complete a continuum of services as possible --including residential and nonresidential services -- available on as local a basis as possible (e.g., on a regional basis).

5. When a youth is in residential care, the youth, his family, his case manager (probation officer or DHS local staff) and the judge should be able to determine what objective progress is being made and what progress needs to be achieved in order for a youth to be returned home.<sup>4</sup>

To summarize these shared values: Services ought to be developed based on the needs of our youth, not on the economic needs of agencies or institutions; services ought to be available as close as possible to the youth's own community; services need to be designed so that they respect and involve the youth's family and cultural background. Residential placement should be for the shortest amount of time as necessary, consistent with the individual needs of the youth and public safety, include strong reentry, aftercare services, and finally, all services should be judged on a performance basis.

#### **B. SUGGESTIONS RE HOW VALUES GET TRANSLATED INTO ACTION**

**MAJOR RECOMMENDATION # 2: STRONG CONSIDERATION OUGHT TO BE GIVEN TO DEVELOPING A REGIONALIZED, DIVERSE, COMPREHENSIVE SERVICE DELIVERY SYSTEM.**

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<sup>4</sup> To be honest, there was less consensus regarding what "elements" should be seen as comprising performance. Some private agencies thought that they should be the sole judge as to what constituted a youth's treatment needs; that they should have the deciding "vote" as to when a youth is "finished" with treatment.

The state, private providers, and court personnel need to realize that they are mutually interdependent, put aside past differences, and begin to treat each other with mutual respect and openness. There is plenty of good work to keep everyone busy.

State officials need to open up the planning process; court personnel, private agencies, local DHS staff, foster care review staff, parents, and youth all have something to offer. The state's role should be to define and affirm the central values, define the central direction, and help ensure that there is accountability in the system.

Presently there are five DHS regions and eight judicial circuits. (One Chief Probation Officer commented that from a public agency perspective, 13 officials need to be included in the planning process -- the five DHS regional directors and the eight chiefs.)

Ideally, a comprehensive service delivery system ought to be available in each judicial circuit. The eight Chief Probation Officers and the appropriate regional DHS directors and staff should be charged with developing a specific plan for CHINA and delinquency services that "actualize" the values described above for each judicial district. Although there would be the need to reconfigure and "regionalize" some private providers' services, providers would be a major participant in the planning process.

If Iowans are serious about their commitment to the essential values described above, it is hard to defend the perpetuation of a system in which youth get placed hundreds of miles from their home communities, with inadequate attention paid to developing residential performance standards (e.g., what type of youth gets placed where, for how long, and with what objective results?) and with little attention and resources dedicated to developing specific reentry/aftercare services.

The cluster groups which have functioned in each region already have a fairly comprehensive understanding of the needs of youth from their area. Their experience might be used as a foundation for planning a concrete continuum of local services.

Each judicial circuit ought to be charged with developing a specific continuum of care within the circuit which is designed to reduce the rate and costs of residential services for youth from that circuit. As a particular judicial circuit reduced the costs of its residential placements, the state would allow a reasonable proportion of those savings to be "reinvested" in new services designed to serve youth from that area.

The appropriate DHS regional director and Chief Probation Officer might jointly chair the regional planning process ensuring that the major private agencies that wished to do business within that region were represented as well as youth advocates, parents, and other concerned individuals.<sup>5</sup>

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<sup>5</sup> This notion of developing a comprehensive regional plan was discussed at some length with the Chief Probation Officer from the 3rd Circuit. Although Sioux City (Woodbury



The ultimate goal would be to have as comprehensive a service delivery system as possible within each circuit, thus reducing the need for residential placements in Iowa's two public institutions and the need for out-of-state and out-of-circuit residential placements in private agencies.

#### C. SUGGESTIONS REGARDING ALTERNATIVE PROGRAMS

To develop a comprehensive system of nonresidential and residential alternatives for CHINA and delinquent youth, the state needs to more aggressively identify promising models that have been developed in Iowa and in other jurisdictions. Although some private agencies and circuits have begun to develop new approaches and services, in general, the state needs to more aggressively identify decent alternatives and assist local private and public agencies in their resource development activities. Particular attention needs to be paid to developing aftercare supports and the state needs to encourage the development of nonresidential programs. (See Attachment # 2 for a discussion of some promising program models that Iowa might consider.)

#### D. FACILITATING RESOURCE DEVELOPMENT

The state needs to help private agencies change. Identifying promising models, providing technical assistance, and assuring that the state's contracting process itself supports the creation of alternative programs are critical roles.

Presently the development of alternative programs (e.g., day treatment and independent living) is often impeded by a cumbersome contracting process that is overly wedded to billing for services rendered on a hourly rate system. Although the state will no doubt pursue the

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County) has the highest foster care rate in the state (13.02 youth in foster care/1000 of child and youth population as of 12/92), the region has recently developed a number of strong nonresidential programs under contract with Florence Crittenden; it also has its own free standing, small contracted security program, for serious delinquents, Grey Hill Academy, which presently takes offenders from throughout the state, a comprehensive drug and alcohol program, a number of PMIC beds, and some recently introduced, school-based delinquency prevention programs. The circuit has reduced its use of out-of-state providers and is committed to developing as strong as possible local continuum of care. The chief seemed willing to cooperate with the state to work to reduce the number of youth in residential care and foster care -- including youth presently placed at Eldora, Toledo, and Clarinda, provided that the state agrees to allow the region to reinvest a portion of the dollars saved by reducing residential placements into stronger, local alternatives and provided that the region would have first call on services provided in the region (like Grey Hill).

acquisition of increased federal funding, these funds need to be used as flexibly as possible and not used in a way that will perpetuate an over reliance on a medical model or force agencies to wrestle with a cumbersome hourly reimbursement process.<sup>6</sup>

### III. SPECIFIC RECOMMENDATIONS RE PUBLIC AND PRIVATE YOUTH SERVING AGENCIES

MAJOR RECOMMENDATION # 3: IF IOWA IS TRULY COMMITTED TO DEVELOPING A REGIONALIZED SERVICE DELIVERY MODEL, WITHIN TWO OR THREE YEARS AS NEW REGIONAL RESOURCES ARE DEVELOPED, ELDORA WOULD BE DOWNSIZED AND TOLEDO WOULD CEASE BEING A STATE INSTITUTION FOR CHINA YOUTH.

#### A. THE PUBLIC INSTITUTIONS

##### ELDORA

As a result of my first visit to Eldora, the superintendent of Eldora and some key staff went to Missouri to review secure care programs in that state. After returning from Missouri, the leadership staff at Eldora made a number of significant changes regarding the operation of its discipline and special program units.

The criteria which allows placement in the discipline unit was appropriately redefined, and hence, inappropriate admissions to the disciplinary unit were reduced, due process protections were increased, and services (education and large muscle exercise) for the youth on discipline status were improved.

These steps help assure that the facility complies with widely recognized standards (e.g., the ACA and ABA standards) regarding locked, discipline units and help reduce the facility's potential legal liability.<sup>7</sup> In addition to these steps, the superintendent circulated a directive

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<sup>6</sup> The Center for the Study of Social Policy has developed four basic criteria which were designed to help guide individual state's policies and activities regarding capturing and using federal entitlement funds to refinance state and local expenditures. The first of these criteria is extremely important for Iowa: "First and foremost, refinancing strategies must be in support of and subordinate to the programmatic goals for children." [Emphasis added.]

<sup>7</sup> The practice of using the discipline unit at Eldora to securely detain youth involved in juvenile court or waiver hearings raises a number of problems. The discipline unit at Eldora is not an appropriate setting for detaining youth facing a court hearing.

prohibiting the use of the (formerly very occasionally used) restraint bed. The superintendent is to be commended for his prompt response to these issues; however, the state should assure that ongoing monitoring occurs of the entire facility, in particular, the discipline unit.

Although no formal pre- and posttesting was done, Eldora appears to have a decent and responsive educational program. Youth who were interviewed reported that the educational staff (including the placement and vocational staff) were committed and concerned. The superintendent believes that his most pressing need is for specific aftercare supports for youth -- particularly independent living, vocational training, and job opportunities. There is no doubt (as Russ Van Vleet pointed out some five years ago) that case management and aftercare services throughout the system need to be improved.<sup>8</sup>

Assuming that a diverse, regionalized service delivery system is developed, Eldora should be significantly downsized (75-85 beds?) to serve the secure care needs of youth from central and northern central Iowa.

Small freestanding regional secure programs (like Grey Hill Academy) should be developed to serve serious offenders on a regional basis.

In the immediate future, DHS and the Chief Probation Officers should develop and agree to a risk classification system that assures that only serious and violent offenders are liable to secure custody. Services for delinquent youth (including secure care) should be planned and implemented on a regional basis; and providers should be encouraged to develop local nonresidential and residential programs which can be used as both aftercare and diversion programs for delinquent youth.

## TOLEDO

Besides providing jobs for the local community and fitting into the political realities of life in Iowa, one is hard-pressed to find a justification for the continuation of Toledo as a state institution for CHINA youth. Length of stay at the institution is intolerable, quiet rooms abound, many youth are on psychotropic medication. Strong case management does not exist; to a large degree, individual treatment is equated with a youth's success in staying out of trouble and being compliant with the behavior management program and rules of the facility.

On the day the program was visited, one-third of the population was on some type of restrictive status. (To DHS's credit, when these concerns were shared with them in the Spring of 1993, the agency began to address many of the problems at Toledo.)

Of course, a number of CHINA youth, particularly girls, present oppositional behavior and frequently run. Most often, these girls (as well as many CHINA boys) are victims of

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<sup>8</sup> This report generally concurs with the recommendations of Russ Van Vleet's report (December 1988).

emotional, physical, and/or sexual abuse. The private agencies, especially the PMICs, should be encouraged to develop regional treatment services for CHINA girls and boys with severe emotional problems. The few truly violent delinquent girls should be handled in a specialized private agency program or in a small state-run unit.

If Toledo is not closed, it needs to change the nature of its mission -- responding to the needs of youth from the surrounding communities. Perhaps the facility could become a site for a multipurpose center that housed a few autonomous regional programs (e.g., a small secure program for serious/violent boys from the Cedar Rapids area, thus decreasing the need to place Cedar Rapids youth in Eldora; a free-standing, short-term regional substance abuse program; a short-term assessment and observation program (or sanction) program for youth who have chronically failed other regional programs, etc.).

#### B. THE LARGER, CAMPUS-TYPE PRIVATE INSTITUTIONS

**MAJOR RECOMMENDATION # 4: PRIVATE AGENCIES WITH LARGER CAMPUS-TYPE PROGRAMS SHOULD RECONFIGURE THEIR SERVICES, DIVERSIFYING THEIR PROGRAMS AND SERVING YOUTH FROM A SPECIFIC GEOGRAPHICAL AREA.**

Many private agencies with "campus" -type programs in Iowa have already begun to develop a broad range of alternative, frequently community-based services programs. Some are beginning to sponsor day treatment programs, independent living programs, and smaller group homes in the community. This diversification should be encouraged.

Private agencies with large and remote campuses should develop programs that work with youth from a defined geographical area. It is difficult, if not impossible, to work with families, to develop intensive aftercare supports, and to be available when youth transition to the community when youth are placed in facilities hundreds of miles from their home communities.<sup>9</sup>

Some private agencies, however, are faced with a very real problem: if they diversify their services and develop more community-based programming for youth from a defined geographical area, how will they use their resources (particularly the physical buildings and in some instances staff) that they currently have?

With a little imagination and support, private agencies could adapt to a regional model of service delivery. Private agencies with available buildings on campuses should consider

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<sup>9</sup> The author recommended to Clarinda officials that they not proceed with their plans to acquire another campus-type program but explore the possibility of developing small (8-10 beds) group homes in the larger metropolitan areas that could be used both to divert youth from institutional placements and provide transitional services for youth released from Eldora.

developing programs for youth who are currently sent to Toledo and/or Eldora from their judicial circuit. Special regional programs for girls that deal individually with their often long-standing problems of physical and sexual abuse, residential programs with strong reentry supports and supervision for delinquent boys, and programs for dual-diagnosed, special needs youth who would have been formerly sent out-of-state are examples of programs that private agencies should consider developing on a regional basis. Such an effort would enable the state to get out of the business of providing residential services for CHINA youth, assist in an effort to downsize Eldora, and further reduce out-of-state residential placements.

In addition, a private agency's buildings and staff might be used on a regional basis (in cooperation with local universities) as sites for regional training centers for children and youth staff, as respite care for therapeutic and regular foster parents, as "retreat" centers for families going through family counseling, and, in the case of more remote and rural campuses, as short-term outward bound and environmental educational programs.

### C. PMICS

**MAJOR RECOMMENDATION # 5: PMIC BEDS NEED TO BE CONSIDERED AS A PART OF THE SERVICE DELIVERY SYSTEM -- AS PART OF THE TOTAL NUMBER OF BEDS THAT ARE AVAILABLE UNDER THE CAP. PMICS SHOULD DEVELOP APPROPRIATE PROGRAMS FOR EMOTIONALLY DISTURBED CHINA (TEENAGE) YOUTH WHO ARE PRESENTLY PLACED AT TOLEDO; PMICS SHOULD DEVELOP SMALL, NONINSTITUTIONAL (MORE NORMALIZED) PROGRAMS (e.g., INTENSIVE FAMILY SUPPORTS AND THERAPEUTIC FOSTER HOMES) FOR YOUTH TWELVE AND UNDER WHO ARE CURRENTLY PLACED IN PMIC RESIDENTIAL BEDS. PMIC PLACEMENTS WHICH ARE SUPPORTED WITH FEDERAL AND STATE DOLLARS NEED TO HAVE TIME-LINED, INDIVIDUAL TREATMENT PLANS DEVELOPED WHICH ARE CAREFULLY CASE-MANAGED BY THE APPROPRIATE PUBLIC (COURT OR DHS) WORKER. INDIVIDUAL LENGTH OF STAY IN PMIC PROGRAMS NEEDS TO BE CAREFULLY MONITORED.**

According to Charles Bruner, PMIC beds were initially developed as a mechanism for Iowa to increase the amount of federal funding supporting Iowa's residential system. Most PMIC beds were originally "converted" to PMIC funding. As of February 1993, of the 370 PMIC beds available, 288 beds were "converted" beds (originally had been non-PMIC beds), 60 were new PMIC beds, and 22 were substance abuse beds.

Youth in PMIC placements typically are in PMIC beds for an extended period, are subject to quiet rooms and time outs, are often on psychotropic medications. Although no firm statewide numbers were available, many youth placed in PMIC beds are discharged to other residential placements after PMIC placement.

Many Chief Probation Officers and other youth-serving professionals acknowledge that there often is no perceptible difference among many adolescents placed in PMIC beds and those in other private agencies. Indeed, as has been noted above, the cap has helped produce a condition whereby PMICs can more readily "shop" for more amenable teenage placements.

In the immediate future, 37 more PMIC beds, for adolescents with substance abuse problems, are scheduled to open. The development of these additional substance abuse beds does not seem to have been factored into the state's discussion regarding the need for more substance abuse treatment resources.

What is alarming is the number of younger children placed in PMIC residential beds. According to information made available by DHS (see Attachment # 3), in calendar 1992, of the 531 youth (number of youth discharged during 1992 from PMIC beds and those in PMIC beds as of 12/31/92), almost 50 percent were twelve years old or younger (250 youth out of 531). Of these 250 younger youth, 71 were six to nine years of age. Youth this young should not be placed in aggregate care, residential programs.

#### IV. OTHER SYSTEMIC ISSUES

##### A. CASE MANAGEMENT

MAJOR RECOMMENDATION # 6: IOWA NEEDS TO DEVELOP AND IMPLEMENT A COMPREHENSIVE CASE MANAGEMENT SYSTEM WHICH ASSURES ON AN INDIVIDUAL BASIS THAT YOUTH ARE APPROPRIATELY REFERRED TO PRIVATE AND PUBLIC RESIDENTIAL CARE AND REMAIN IN RESIDENTIAL CARE FOR THE SHORTEST AMOUNT OF TIME NECESSARY, CONSISTENT WITH PUBLIC SAFETY. WHILE IN PLACEMENT, YOUTH SHOULD RECEIVE SERVICES THAT CONCRETELY ADDRESS THEIR SPECIFIC NEEDS; APPROPRIATE REENTRY/AFTERCARE SUPPORTS SHOULD BE AVAILABLE TO THEM UPON THEIR RELEASE FROM RESIDENTIAL PLACEMENT.

When the general public talks about court-related youth, one often hears talk (not infrequently by staff and politicians alike) of the need to "hold each youth accountable" for his or her behavior. No doubt this is a positive goal which, programmatically, the system ought to continuously pursue.

To achieve this goal, however, we need to have in place a system which assures the public that the state and providers of services are held accountable -- accountable for making the most

appropriate placement decisions and for monitoring the effectiveness of placements. Simply stated, no system can be successful in holding individual youth accountable, unless it first has a way to hold itself accountable for the delivery of quality services.

A clearly defined system of case management is the most efficient way to ensure, case by case and systemwide, accountability. A case manager; a single staff member (some jurisdictions prefer to use case management teams) should be designated as the responsible party to discharge the following functions for CHINA and delinquent youth:<sup>10</sup>

- \* Initial (and continuing) Assessment of a youth's needs and risk. In a rational system, a youth's treatment program/plan should derive -- or flow from -- a careful assessment of the youth's individual strengths, needs, and risk. The problem with Iowa is that more often than not placement is driven by the availability of resources (and/or the willingness of the private agency to "admit" a youth).
- \* Based on this assessment, the case manager would develop a specific, time-lined Treatment Plan that matches the needs of each youth with specific interventions. Youth are different; they present different patterns of risk and needs. With a series of strong nonresidential supports, many youth could be diverted from residential care.
- \* It is the case manager who arranges for -- Brokers -- a nonresidential or residential placement. Like a parent who might shop for a specialized school for a handicapped child, the case manager would check out the appropriateness of a specific service. (Can it address the needs of the youth? How? For how long?). The case manager arranges for an initial visitation/consultation, executes the referral, and during a youth's stay in a program is available to work out any problems. All nonresidential and residential placements should be expected to conform to a time-lined treatment planning process. The youth, his family, the case manager, and the court should have clear expectations regarding what placement is expected to achieve and when placement is expected to end.
- \* Whether a youth is in a state-run program or being served by a private agency, the case manager would Monitor the effectiveness of the individual treatment. For example, if it were determined that an individual juvenile offender needed to spend 6-9 months in Eldora, it would be the responsibility of the case manager/probation officer to ensure that the youth is not just "parked" in the facility doing time, but that the program is delivering services that match his needs (which should be detailed in the youth's treatment plan -- e.g., achieve a GED, begin to make peace with his father, attend D&A groups, etc.).

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<sup>10</sup> Some of the case management ideas discussed here were initially developed by the author in a document prepared for the Superior Court in Washington, D.C. See "Report of the Jerry M. Panel", March 11, 1987, and in recent consultations done for the state of Missouri and Hawaii. Also the author is indebted to Jay Lindgren for his work on case management. See, "Continuous Case Management with Violent Offenders" in Violent Juvenile Offenders: An Anthology National Council on Crime and Delinquency, 1984.

While a youth is in treatment, the case manager with input from direct care workers would be responsible for modifying treatment plans, and for youth in residential programs, for arranging for aftercare services. The same monitoring of services should take place for youth placed in private programs. The current widespread practice of discharging a youth from one residential placement into another should be seriously reduced. In effect all residential programs would have average lengths of stay that should be monitored on an individual and collective basis.

- \* Since the case manager is the single point of accountability during a committed youth's entire time in placement, the case manager should be available for Crisis Intervention. Although the case manager needs to be careful not to interfere with the relationship between a youth and his or her direct care provider, the case manager needs to be available to help to settle differences, resolve problems and Advocate for the youth when needed (e.g. help youth get reinstated in school, work out differences with family, employers, or direct service staff, etc.).

- \* The case manager should encourage the involvement of the youth's Family in every phase of the youth's treatment.

- \* When appropriate, the case manager might provide Direct Supervision of youth living in the community. This direct supervision might occur before (in order to divert) or after a residential placement as part of a reentry process.

- \* The case manager needs to help a youth prepare for Termination from services. The goal of our services is the independence of our youth and families. It is not unusual, particularly as the termination date approaches, for youth, their families and "occasionally" direct care staff to suffer a high degree of separation anxiety.

- \* And finally, the case manager must Maintain Relevant Information/documentation. In this capacity, the case manager needs to make sure that all appropriate information is shared with the regional and central DHS offices, the Courts and private agencies who might be involved with a youth's treatment.

Just as individual treatment plans need to be modified over time, a system's configuration of available services needs to be "rethought" and reassessed to meet the evolving needs of the youth we serve. There should be no better gauge of these evolving needs than the collective experiences of dedicated case managers.

To be effective, case managers need to have small case loads, approximately one worker per 20-25 youths. Workers should be assigned to a specific geographical area; in that way a case manager can become familiar with the personalities, resources, and unique needs of a specific area/neighborhood.<sup>11</sup>

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<sup>11</sup> An effective continuous case management model which provided and tracked services for committed youth from specific geographical locations could help provide the natural link and experiences for the future development of a comprehensive, statewide, local,



Iowa needs to clearly define this case management responsibility; in addition, DHS and the judicial circuits should offer ongoing training to their staff who function as case managers. In order to clarify the overlapping relationship regarding case management in some counties, it is the strong recommendation of this report that DHS local workers maintain the case management function for CHINA youth and probation staff fulfill this function for youth adjudicated delinquent. Polk county probation staff should cease functioning as case managers for CHINA youth and concentrate their efforts on delinquents.

## B. NEED FOR MANAGEMENT SUPPORTS

MAJOR RECOMMENDATION # 7: A SERIES OF MANAGEMENT SUPPORTS NEED TO BE DEVELOPED TO INSURE THE CONTINUING DEVELOPMENT OF A QUALITY SYSTEM: e.g. AN EFFECTIVE MANAGEMENT INFORMATION SYSTEM, A QUALITY ASSURANCE PROGRAM, ENHANCED TRAINING AND MONITORING ALL NEED TO BE DEVELOPED AND IMPLEMENTED.

### 1. NEED FOR MORE TIMELY AND ACCURATE INFORMATION: AN ACCURATE AND TIMELY MANAGEMENT INFORMATION SYSTEM.

One simple thing that DHS should be encouraged to do is to stop calling residential services "foster care"; placement in Clarendia is not foster care. The agency should develop, with the cooperation and involvement of the private providers, a simple typology of residential services which describes the intensity, size, and duration (and costs) of various residential placements. PMICs need to be included in this process.

In addition, the agency needs to track and analyze regularly, important client-based information (e.g. accurate monthly lists of youth in placement, indicating location and duration of placement and identifying the responsible case manager). Without accurate information regarding the number, length of stay and costs of various types of residential programs, it will be difficult to monitor the system.<sup>12</sup>

The agency should be able to track the various placement patterns of youth referred to public and private providers and begin to answer some preliminary performance questions: (e.g. What is the length of stay in "X" program/provider? Where do youth released from "X"

neighborhood based, delinquency prevention program for at-risk youth.

<sup>12</sup> According to staff of the foster care review board, presently statistics regarding length of out of home placements are not accurately maintained or assessed. For example, if a youth's placement changes from traditional foster care to shelter care, detention or to some other type of residential placement, it is not counted as a "continuous" out of home placement.

Careful monitoring of aggregate length of stay in residential programs needs to be accomplished.

provider go at discharge? How many are reunited with families? How many go into independent living? How many are referred to other residential placement? For programs that specialize in delinquent youth, what percentage of youth discharged from the program are rearrested, recommitted or admitted to the adult system?)

Other program variables should be captured and analyzed (e.g. How often, and for how long per incident, are quiet rooms used? How many youth have been "dismissed" from a specific program? What is the average grade improvement in the educational program? How many youth have graduated? etc.)

## 2. NEED FOR AN ENRICHED QUALITY ASSURANCE/MONITORING/AND TRAINING EFFORT.

There are a variety of specific program issues and practices that occur in private and public residential programs that need to be carefully monitored. In addition to increased monitoring, training and quality assurance efforts need to be enhanced. The state does not appear to spend many resources in a specific strategy aimed at raising the quality of individual programs.

The following is a brief list of issues that need attention:

### Training needs:

a. The development of an improved, time-lined, individual treatment planing process in the public and private agencies represents a major training need. Too often a youth's specific treatment plan in residential placement is limited to his or her completion of a specific program's behavioral "phases". (Typically most residential programs have from 3-5 phases.)

Youth with special needs that are unaddressed frequently find it difficult to make progress; it is not unusual for these youth to spend time in a residential program "trying to earn their level". While a residential program needs some type of behavioral management system, behavioral management can not become synonymous with individual treatment.

A youth's treatment should be directly connected to an analysis of individual needs and should focus on those skills which he or she needs in order to achieve family reunification and/or independent living.

b. Improved training regarding child care practices for private and public direct care staff and supervisors (eg. crisis counseling, performance contracts, improved group work, etc.).

c. Treatment interventions for abused youth, particularly girls, who have histories of sexual abuse.

#### Monitoring issues:

d. The use of the discipline unit at Eldora and quiet rooms (and other behavioral sanctions) in public and private programs. There is little or no oversight regarding the private and public sectors' use of physical behavioral controls. There is little, if any, systemic monitoring of these behavioral controls. This issue needs to be addressed.

e. Use of psychotropic medications in private and public facilities. Need for third party reviews and independent oversight.

#### Legal Issues:<sup>13</sup>

f. Should some youth be considered for emancipation at seventeen? At sixteen?

g. What constitutes placement for a major sexual offense? When a youth is placed in a residential program (not for a sexual offense) and during treatment, without access to counsel, voluntarily admits to committing a sexual offense, does he become automatically a sexual perpetrator subject to a different treatment regime and extended length of stay?

h. What access should a youth and family have to independent counsel during placement?

#### C. PARENTS: THEIR INVOLVEMENT IN THE PROCESS

Although most treatment programs attempt to involve parents, public and private providers need to work to insure that they respect the rights of parents of youth in the system. In a meeting with a few parents of youth, parents voiced their concerns regarding the need for the system to understand and be responsive to their needs, particularly their need for clear information so that they might better understand the service delivery system and their desire to be treated with respect during the treatment process. Although only a few parents attended this meeting, I believe that their concerns were fairly representative of a number of parents of youth who are placed.

One parent voiced particular dissatisfaction. He put it this way: if he was unavailable because of work or other responsibilities to his child's counselor, he was treated as if he was an

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<sup>13</sup> A few legal issues/questions were raised in the course of the on-site work; they are presented here in order to focus the system's attention on them.

uncaring parent. At other times, if he asked a number of questions, he was treated (and told) that he was overinvolved -- enmeshed -- in his child's treatment. In effect, he felt that he was in a no-win situation.

## V. OTHER SERVICE DELIVERY ISSUES

This report does not pretend to address all the pressing problems confronting Iowa's system for CHINA and delinquent youth. In addition to the issues/questions raised in the body of this report, there are a number of other issues which need further attention.

### A. DETENTION CENTERS AND SHELTER PROGRAMS

In the course of the on-site work, only one visit was made to a county shelter and county detention center.

Obviously the reduced access to residential placements was causing the well-run Polk county shelter to have more youth spend longer periods of time waiting for placement. One would expect as Iowa moves to regionalize services, diversifies and expands the number of services available and improves its case management process, that youth should spend less time in shelter. In the short term, however, regional DHS officials should monitor individual youth's length of stay in shelter programs, establishing some "red-flag mechanism" designed to identify youth who have longer lengths of stay (45-60 days?) in shelter.

Similarly, secure detention programs need some specific attention. (Pennsylvania detention operators are revising their operational standards; Iowa should review these standards in order to help local detention centers upgrade the quality of their services.) Given the state's ongoing relationship with the Casey Foundation, DHS should keep itself informed regarding the Casey Detention Initiative, especially as that initiative makes resource material and information available regarding admission criteria for secure detention and successful, nonsecure program alternatives to detention.

Detention and shelter care programs and staff need access to training supports; as in the case with all residential programs that hold court related youth, they should be monitored on a regular basis.<sup>14</sup>

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<sup>14</sup> As has been noted, the state should not use the discipline unit at Eldora to detain youth. In addition, the detention center in Des Moines is clearly in need of substantial renovations or replacement.

## B. YOUTH WAIVED TO THE ADULT COURT

The state should closely monitor the number (and type of youth) waived to adult court. Since amenability to treatment in the juvenile justice system is one criteria which the juvenile courts use in deciding to transfer a juvenile to adult court, the state should consider developing a specialized juvenile justice program for the most serious juvenile cases.<sup>15</sup>

## C. THE USE OF PRIVATE PSYCHIATRIC HOSPITALS

**MAJOR RECOMMENDATION # 8: DHS NEEDS TO INVESTIGATE THE CAUSES FOR THE APPARENT INCREASED PLACEMENT OF YOUTH, PARTICULARLY YOUNGER YOUTH, IN PRIVATE PSYCHIATRIC HOSPITALS. AS OTHER STATES HAVE DONE, STRONG GATE-KEEPING PROCEDURES (INDEPENDENT REVIEWS AND APPROVALS OF NONEMERGENCY ADMISSIONS) NEED TO BE IMPLEMENTED.**

Iowa needs to closely monitor and control the number and costs of hospital placements. While the number of public inpatient admissions for adolescents has remained relatively constant during the last few years, there has been a dramatic increase in the rate of placements (and costs) of youth in private, psychiatric hospitals. (See Attachment # 4.)

As Attachment # 4 documents, from 1985-90, there was a total increase in placements of youth under 17 from 2,117 cases in 1985 to 3,240 cases in 1990 -- a 53% increase. Most troubling is the rate of increase in private psychiatric placement of younger youth, ages 6-12. From 1985-1990, placement of youth from 6-12 years of age increased 178% from 258 cases to 718 cases. (It would be important to ascertain whether or not the placement of younger youth in PMIC beds has helped to reduce the placement of children in psychiatric hospitals. An unsuccessful attempt was made to gather more recent statistics regarding the rate of psychiatric hospital placements for children and youth.)

Total costs for these hospital placements during the five year period increased 157.9% from \$9,283,181 in 1985 to \$23,937,898 in 1990. In 1990, Medicaid funds paid 70% (\$16,582,729) of these costs.

This is an important issue which the state needs to address as it develops its "refinancing" strategy. It is recommended that Iowa consider the system of independent review before placement that Lucas County, Ohio has implemented in order to reduce the rate and costs of psychiatric hospital placements.

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<sup>15</sup> The Florida Environmental Institute run by the Associated Marine Institutes is a decent example of an intensive juvenile justice program run by the private sector which has been successful in diverting hard core juvenile offenders from the adult system.

### SOME FINAL OBSERVATIONS

Certainly employment opportunities are important to the communities of Clarendon and Toledo; but the economic development of these towns ought not to be tied to the residential placement rates of our often poor and disenfranchised youth.

Medicaid costs, psychiatric hospitalization, PMIC beds, psychotropic meds, new treatment programs: Iowa needs to be careful not to overly "medicalize" the problem of its troubled children and families. Surely we will need to continue to seek the best available clinical consultation, and surely some of our youth and families will need access to psychiatric hospital placements and intensive residential services.

But just as surely, we need to work together to improve the quality and the availability of opportunities (particularly for decent schools, job training and jobs, and decent role models) available to our children and families in their own communities.

We need to work to develop a comprehensive system of supports available at the local level that are not now necessarily part of the traditional system of provider agencies.

Simultaneously, we need to improve our efforts aimed at helping youth avoid placement in our systems and insure that legitimate reentry supports are available for those youth who do enter the system.

It is no doubt a tall order -- the task is fairly formidable.

One hopes that this report might be useful to Iowans as they continue to struggle with that task.

ATTACHMENT # 1

PRELIMINARY REPORT: IOWA'S SERVICE DELIVERY SYSTEM  
FOR CHINA & DELINQUENT YOUTH

Paul DeMuro  
March 30, 1993

## INTRODUCTION

This preliminary report includes a brief description of the activities and work that have taken place to date under the terms and conditions of the contract between Paul DeMuro and the Juvenile Justice Study Committee of the Iowa State Legislature. In addition, the report outlines a number of observations regarding significant problem areas/issues that have been identified. It is important to note that these observations are preliminary; more on site work needs to be done.

## WORK TO DATE

The contract was signed on January 11, 1993. Since that date the following tasks have been accomplished:

- \* A literature review was conducted; a number of previous reports, studies, and other source materials (including audio tapes of a radio talk show) were collected and reviewed. See Attachment # 1.

- \* A representative list of private and public youth serving agencies was developed; the list includes twenty separate agencies and locations; an attempt was made to ensure that the list was representative of the variety of public and private residential programs available for CHINA and delinquent youth.

- \* A list of "key" actors was developed; this list includes public officials, judges, probation officers, public defenders, prosecutors, youth advocates, planners, etc.<sup>1</sup>

- \* Program reviews were conducted at Toledo and Eldora; state officials were provided feedback regarding these program reviews.

- \* Six private agency programs have been visited and reviewed.

- \* Fourteen separate public youth serving officials have been interviewed.

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<sup>1</sup> The list of representative providers and "key" actors was developed with the help of Dick Moore and Charles Bruner. A copy of the "working" memo which includes both lists was shared with Mike Kuehn on 1/28/93.



## PRELIMINARY OBSERVATIONS

The following is a list of preliminary observations/findings:

1. In many ways the system in Iowa for CHINA and delinquent youth is a system at war with itself. There is little or no trust between many private providers and state officials. To a great extent the cap on residential care and the perceived need for economic survival have polarized the situation. Without a sense of a common mission and shared values, the state and private providers content themselves with lobbying for their own positions: the real needs of youth and families are often overlooked -- or only considered in the context of economic savings by state officials (e.g. the cap) or economic survival by private providers (e.g. rates of placement and number of youth in group care).

2. The state office needs to do a much better job articulating the essential rationale for the cap -- the need to re-invest a portion of dollars previously committed to residential care into a variety of family and community focused supports for youth who are at risk of placement and for youth who have been (or would have been) placed.

3. Although there are a number of talented and committed staff and agencies involved with providing services for CHINA and delinquent youth, the system has a number of problems:

a. An over-reliance on residential services and a lack of diversity of interventions. Facility based and non-facility based day treatment, advocacy/mentoring, vocational ed, job training and job placement, supervised independent living etc. are all sorely lacking.

b. A lack of a coherent case management practice/system that ensures that youth spend the shortest amount of time in residential care as possible and that aftercare supports are available for individual youth. Simply stated youth, all youth will eventually leave residential care. Lengths of stays in residential care need to be carefully monitored; the responsibility for developing aftercare/re-entry supports needs to be clearly identified. The state needs to help private providers diversify their services so that a variety of non-residential and small, community based residential services are available.

c. There is little or no sense of "community" ownership for troubled youth. Youth are placed throughout the state, often being placed in large residential programs a great distance from

their communities and families. Perhaps it is overstated, but the state suffers from a basic schizophrenia in its service delivery system for troubled youth. On the one hand, there is in Iowa a tremendous commitment to home-based services and a respect for the dignity and rights of the family and local community. On the other hand, for many youth who need or are perceived to need a period of residential care, the family and community seem to be cut out of the equation. Much more needs to be done developing partnerships with strong community groups (e.g. minority churches and other inner-city organizations). It may be true that some youth will not be able to return to their families. But the truth of the matter is that almost all of our youth will return to their communities and neighborhoods.

d. There is a special need for specialized programs for girls and more home-like programs for younger youth. Most girls who get involved in the system have histories of physical and/or sexual abuse. In the main they need smaller more individualized services with especially trained staffs who are sensitive to the needs of working with girls who have experienced abuse. Intensive in-home services and specialized foster care programs should be available for younger youth (12 and under). In general youth from 5-12 years of age should not be placed in larger residential programs.

e. Many of the private and public residential care programs need to re-think and re-structure their behavioral management programs. There is an over-reliance on "quiet rooms" (and in Eldora, locked isolation cells) to control behavior. In addition, Toledo and some private providers seem to over-rely on psychotropic medications to help manage problematic behavior.<sup>2</sup>

f. There is a need for a more comprehensive quality assurance, monitoring and training unit. Some agencies are committed to change and a continual pursuit of excellence; others need assistance in order to be "encouraged" to upgrade and improve their services.

#### NEXT STEPS

During April and May, the interviews of "key" actors and program visits to private agencies selected to be reviewed will be completed.

The final report, including a set of recommendations, will be submitted on or before June 30, 1993.

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<sup>2</sup> A separate memo re the program review at Toledo has been made available to staff of the Committee.

ATTACHMENT # 2

"PROMISING MODELS: A BRIEF DISCUSSION OF  
SOME MODEL PROGRAMS THAT IOWA MIGHT CONSIDER"

## Promising Models: A Brief Discussion of Some Model Programs<sup>1</sup>

### 1. Non-residential programs.

a. Non-facility based, intensive community supervision. The grandfather of this often, privately contracted model sprang from Massachusetts and its experience with deinstitutionalization. The most widely known model is, perhaps, the Key Outreach and Tracking program. In this model, staff are assigned a small case load -- from 5 to 7 youth -- and provide face to face supervision and services. Staff do not work out of their offices, preferring to see and supervise youths in their homes or in their normal, community environments. Depending on the intensity of the program and, ideally, the needs of the youth, individual youth can be seen anywhere from 10 to 30 hours a week. Some programs feature daily face-to-face contacts. Some jurisdictions may incorporate restitution (either community/work restitution or financial restitution to the victim) into their intensive supervision program.

Maryland and Fort Worth, Texas have reduced their reliance on institutional beds using versions of intensive community supervision either by accelerating a youth's release from an institution and/or by using the intensive community supervision model to program for youth who, formerly, would have been institutionalized.

Many Pennsylvania counties, Delaware and New Jersey use the Harrisburg based Youth Advocate Program (YAP) to offer intensive community based supervision/services to CHINA and delinquent type youth who have been or who are in danger of being placed in a residential program. The YAP model is unique because it essentially features a sliding fee scale arrangement whereby the public sector (a child welfare agency, probation or parole) can order 15, 30 or even 40 hours of face to face supervision/week. In Philadelphia and in Wilmington, Delaware an adaptation of the YAP model has been used as a pre-trial, secure detention alternative.

Throughout the country, a number of probation and parole departments have established intensive supervision caseloads which incorporate many of the features of this intensive community supervision model. In Iowa, the third circuit has

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<sup>1</sup> This is obviously not a comprehensive list; these are examples of decent programs. The list is organized from least restrictive to most restrictive. The reader should note that some of these types of programs have already been introduced into Iowa. The point is to accelerate the development of these types of programs on a local/regional basis.

developed a flexible, contracted intensive, non-residential services model which depending on the intensity of supervision and the needs of the particular youth is used as an alternative to detention, an alternative to residential care or as a mechanism to reduce length of stay in a residential program.

These programs combine aspects of in-home services, with individual supervision and include a strong emphasis on helping to "guide" (or mentor) youth to appropriate pro-social local opportunities (jobs, education, leisure time activities, friends, etc.). The more successful non-residential programs blend supervision of youth in the community with "opportunity enhancing" experiences.

b. Day Treatment. These programs include alternative schools, vocational training, substance abuse counseling, partial hospitalization, etc. where groups of court acquainted/committed youth attend specific, often daily, community-based programming at a specific location. The Middle Earth School in Pa. and the non-residential Associated Marine Institute programs in Florida are examples of this type of program. These intensive day treatment programs feature alternative education, substance abuse counselling, intensive work with families and structured leisure time activities.

Iowa's present practice of using the secure institution at Eldora for day treatment for some youth does little to help connect a youth with his community. In reality this program and its parallel program at Quakerdale are "partial institutionalization" rather than strong day treatment programs. On the other hand, the alternative school run by Orchid Place in Des Moines (PACE) is a good example of a community-based day treatment program that works effectively to help sustain youth in the community.

The Allegheny County (Pittsburgh) juvenile court has recently opened neighborhood based community centers where local, frequently minority staff, provide educational and counselling services, and recreational activities to court related youth after school, evenings and week-ends. According to the Allegheny probation department, these centers have helped reduce the county's reliance on residential programs.

Iowa needs to identify more local/neighborhood community based support groups (e.g. The Good Samaritan Urban Ministries in Des Moines, local Black churches, and other grass roots organizations) who are neighborhood-based and can provide a series of neighborhood supports and role models for troubled youth. Groups like these need to be encouraged, and given the financial support to provide services to troubled youth.

c. The relationship between residential and non-residential programs -- phased residential programs with a "paired" non-

residential, re-entry component. Responding to the need to strengthen the connection between residential and aftercare treatment and/or to help manage increasing populations, a number of private providers and states have recently developed phased or paired programs. These programs generally begin with a time limited (30, 60 or 90 day) residential stay; staff attached to the residential program prepare for the youth's re-entry during the residential phase and handle both the supervision and the delivery of community services upon release from the residential component. Some of these programs have the flexibility to use a stay or a repeat stay in the residential component to sanction inappropriate behavior.

As a result of federal court ordered population caps on their institutions, Oklahoma has developed a specialized "paired" program (New Start) for youth who prior to the caps would have been institutionalized. The Oklahoma program is designed for property offenders who have not been adjudicated for violent crime. Missouri has developed similar "paired" residential-non-residential programs.

In addition, many jurisdictions have developed a variety of short term, "outward bound" alternatives that are frequently linked to intensive non-residential services after the outward bound experience is over.

d. Perhaps the largest single program need for older adolescents is the availability of supervised independent living programs where older youth can learn independent living skills and earn the opportunity to live in supervised independent living arrangements. Group Homes of Mid-America as well as other Iowa agencies are beginning to develop strong independent living programs. Successful independent living programs need to insure that youth are appropriately linked to strong non-residential supports (e.g. school, vocational training, a job, etc.)

2. The Unified Delinquency Intervention Model (See Murray and Cox, Beyond Probation.) Although things have changed with this project since it was originally designed and implemented as an alternative system to residential institutions in Chicago in the early 1970's, the UDIS program was successful in diverting a number of youth from institutional placements. UDIS featured strong case management, one case manager per 20 youth, on going resource development, and a purchase of service capability which allowed case managers to provide a wide range of specific services -- Residential programs included short term outward bound, a short term work camp, group, foster and shelter care; non-residential programs included alternative schools, job training, subsidized jobs, individualized counseling, and intensive community supervision provided by reputable community organizations. After an initial assessment, each youth entered

into a performance contract which specified his treatment needs, the youth's and staff's responsibilities, and the approximate length of stay in the program. Youth were Court ordered into the program as a condition of their probation, frequently on a suspended commitment basis.

3. Intensive residential care. A variety of states have developed, small intensive residential programs that deal effectively with CHINA and delinquent youth who in Iowa often get placed in Eldora or Toledo. In Pennsylvania, a minority-led organization (ARC) runs a series of intensive small residential programs for offenders who in many jurisdictions would be committed to public facilities.

Missouri, Massachusetts and Utah are states that have worked hard to develop, a comprehensive regionalized system of alternative programs, including free standing, small, time-lined, (private and state-run) intensive care units for serious offenders. The development of these programs has enabled these states to reduce the need for public secure institutional beds. If it served serious delinquent youth from primarily the third circuit, Grey Hill Academy (a decent small, free standing security program), could help to reduce, or eliminate, the third circuit's need for beds at Eldora.

\* \* \* \*

David M. Altschuler offers this perceptive observation regarding the goal of decent re-entry programs. Although his comment was initially made regarding non-residential supports, it can be applied to most successful residential and non-residential alternative programs whose goal is the successful re-integration of a youth with his family and community. While going about the task of developing new residential and non-residential programs, Iowa should keep Altschuler's words in mind:

"... reintegration is the process by which (lawful) community contact -- in its many forms and different degrees -- is promoted, initiated, supported, and monitored. Accomplished through a diverse assortment of methods and styles, reintegrative programs (1) prepare youths for progressively increased responsibility and freedom in the community; (2) facilitate client-community interaction and involvement; (3) work both with the [youth] and targeted support systems (families, peers, schools, employers, etc.)...; (4) develop new resources and supports where needed; (5) monitor and test youths and the community on their ability to deal with each other productively". (See, "Community Reintegration in Juvenile Offender Programming", pp 366-367, in VJO Anthology.)

## ATTACHMENT #3

## PMIC - AGE DISTRIBUTION

FACILITY & BEDS	< 6	6-9	10-12	13-15	16-18	ADMIT TOTAL
Boys & Girls Home (Sioux City) (31)			3	30	15	48
Children's Square (Council Bluffs) (42)		1	2	25	14	42
Four Oaks (Cedar Rapids) (44)		25	45	3		73
Gerard of Iowa (Mason City) (37)		15	26	7		48
Lutheran S.S. (Ames) (30)		7	18	14		39
Orchard Place (Des Moines) (78)		22	50	80	21	173
Tanager Place (Cedar Rapids) (60)		1	35	65	7	108

These numbers include children in the PMIC facilities as of 12/31/92 as well as those discharged during calendar year 1992.

SOURCE: Division of Adult, Children and Family Services,  
DHS, 6/11/93



PSYCHIATRIC HOSPITALIZATIONS OF CHILDREN \*

ATTACHMENT #4

State of Iowa

1985 and 1990

	Number of Children			Total Charges			Average Charge Per Child		
	1985	1990	% Change	1985	1990	% Change	1985	1990	% Change
Age 0 - 5	82	95	15.9%	\$412,447	\$803,779	94.9%	\$5,030	\$8,461	68.2%
Age 6 - 12	258	718	178.3%	\$1,752,762	\$6,681,208	281.2%	\$6,794	\$9,305	37.0%
Age 13 - 17	1,777	2,427	36.6%	\$7,117,972	\$16,452,911	131.1%	\$4,006	\$6,779	69.2%
Total	2,117	3,240	53.0%	\$9,283,181	\$23,937,898	157.9%	\$4,385	\$7,388	68.5%

\* These data include acute private inpatient hospitalizations both for mental diseases and disorders and for substance abuse treatment. The average length of stay for 1985 was 21.0 days and for 1990 was 20.6 days. Mental diseases and disorders represented 2,670 of the 3,214 cases in 1990, or 83% of the cases (and 86.6% of the charges). Medicaid was the major payor, representing \$16,582,729 of the \$23,745,185 in charges in 1990 (70%).

Source: Health Management Information Center, Iowa Health Data Commission.