



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 30, 2014

Michael Marshall
Secretary of the Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find the Child In Need of Assistance and Delinquency Status Report to the General Assembly.

This report was prepared pursuant to House File 2463.

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

Please let me know if you need additional information.

Sincerely,

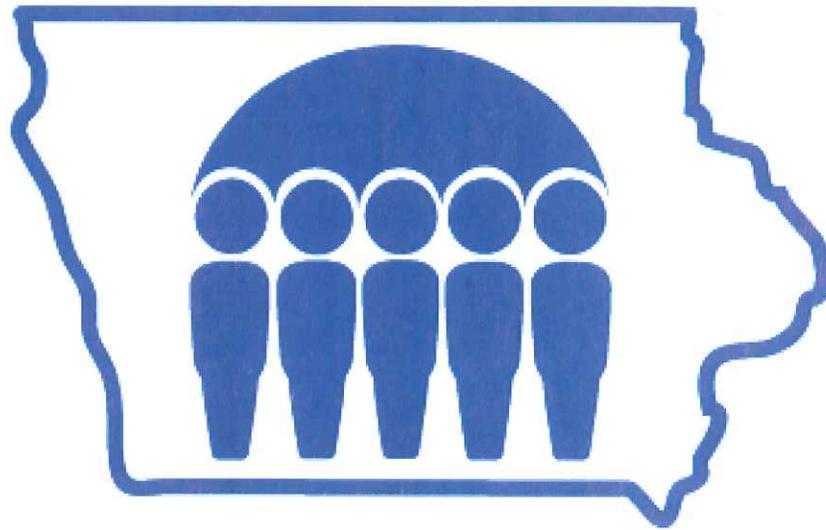
Jennifer Davis Harbison
Policy Advisor

JDH/mm

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Aaron Todd, Senate Democrat Caucus
Josh Bronsink, Senate Republican Caucus
Carrie Malone, House Republican Caucus
Zeke Furlong, House Democrat Caucus

Iowa Department of Human Services



Child in Need of Assistance and Delinquency Status Report House File 2463

December 2014

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Executive Summary:

House File (HF) 2463, signed by Governor Branstad May 30, 2014, included language directing the Department of Human Services to provide a report to the Governor and the Iowa Legislative Services Agency on the “status of juvenile delinquent girls and boys and girls and boys adjudicated as a child in need of assistance [CINA] who are hard-to-place in out-of-home placements.” In response, the Department enlisted the assistance and input of internal and external stakeholders to complete this task.

During four face-to-face meetings, this stakeholder workgroup focused on gathering, aggregating, and analyzing data and information related to delinquent and CINA youth whose individual cases and placement situations matched them with what the workgroup considered “hard-to-place” circumstances. The populations (or “placement settings”) included:

- Youth residing in the Iowa Juvenile Home (IJH) as of 12/1/13;
- Youth residing in Child Welfare Emergency Services (CWES) juvenile shelter for more than 90 days;
- Youth residing in out-of-state group care; and,
- Youth residing in out-of-state psychiatric medical institutions for children (PMIC).

The workgroup concluded that, while cases reviewed represented unique circumstances and characteristics, when reviewed within the context of behavioral indicators, no single population group was believed to be harder to place than the others.

The review also identified that over the life of these cases, numerous efforts by the Iowa Department of Human Services (DHS) and Juvenile Court Services were made to address the needs of these youth by using community-based services to avoid out-of-home settings. Reasonable efforts are being made to keep youth at home and to utilize the least restrictive placements available.

Introduction:

The Department of Human Services (DHS) assembled a workgroup of internal and external stakeholders to prepare a response to legislative language contained within House File (HF) 2463.

Legislative language directed the department to: “Provide a report to the governor and the legislative services agency that includes a description of the status of juvenile delinquent girls and boys and girls and boys adjudicated as a child in need of assistance who are hard-to-place in out-of-home placements during the period beginning December 1, 2013, and ending December 1, 2014; identifies their placement

histories; provides the reason for placement; provides a status report on educational services and treatment of youth at department facilities; the efforts made by and with private providers to ensure the providers can provide adequate services to children adjudicated delinquent or as a child in need of assistance who are hard-to-place; and makes appropriate recommendations for legislation deemed necessary.”

Independent facilitator Brian J. Fox conducted four (4) face-to-face meetings of the workgroup. The workgroup included public and private partners from the Department, Juvenile Court Services of the Iowa Judicial Branch, private child welfare service providers, and Magellan Behavioral Care of Iowa (Appendix A).

To comply with the legislative directive, the workgroup collected aggregate data and information. This included information on juvenile delinquents (youth adjudicated for having committed a delinquent act), and youth adjudicated as a child in need of assistance (CINA), who are hard to place in out-of-home placements.

The youth were grouped by the following populations (or “placement settings”):¹

- Youth formerly residing in the Iowa Juvenile Home (IJH);
- Youth residing in Child Welfare Emergency Services (CWES) juvenile shelter for more than 90 days;
- Youth residing in out-of-state group care; and,
- Youth residing in out-of-state psychiatric medical institutions for children (PMIC).

The time period of December 1, 2013, through September 30, 2014, was used to ensure that data was comprehensive and accurate while allowing timely submission of the report by January 1, 2015. The review included data elements required by the legislation and other data elements the workgroup deemed appropriate to inform the development of the report (Appendix B).

¹ For the purpose of this report, the stakeholder workgroup decided that individual case and placement situations of youth in these groups represented “hard-to-place” youth that were otherwise undefined in the legislation. “Hard-to-place” can be subjectively defined and is likely driven by several factors including, but not limited to, lack of system capacity to comprehensively meet the individual needs of the youth based on presenting behaviors. Proximity to appropriate services and intensity of community based interventions are other possible reasons. The workgroup chose to view “hard-to-place” within the context of behavioral or systemic issues; that resulted in the populations chosen for this report.

Data Description:

The following data was reviewed by the workgroup for youth residing in the IJH, CWES juvenile shelter, out-of-state group care, and out-of-state PMIC:

- Average age at first placement
- Average number of placements
- Average number of trial home visits
- Reason for last placement
- First placement setting
- Current location
- Gender and ethnicity
- Placement responsibility (i.e., Juvenile Court Services for delinquent youth and DHS for CINA youth)

Data Analysis:

The fundamental finding in the data analyzed for each population group and placement setting was that no single population group was necessarily harder to place than the others.

The data showed some commonalities across each population group, yet each group also had unique characteristics and circumstances. Some of these are evident in the following themes.²

1. Children in more restrictive placements experience an increased number of placements. They are less likely to experience a trial home visit due to the challenges in addressing underlying needs vs. the behavior.
 - a. The average number of placements for all youth was between 6.3 placements (shelter) and 11.2 placements (IJH).
 - b. The average number of trial home visits for all youth was between .8 (IJH) and 1.3 (group care).
 - c. The IJH population was the oldest at initial entry (11.6 years of age) yet still had the highest average number of placements (11.2).

² The workgroup recognized that the sample sizes used for the populations studied (chosen to be comparable in size to the IJH population studied) could affect the outcome of the data analysis. Nevertheless, the workgroup is confident that the outcomes are appropriately representative considering the numbers of youth "hard-to-place" are small to begin with, and considering the total number of youth served by the juvenile justice and child welfare systems. The number of youth cases reviewed are the following by population placement setting: the Iowa Juvenile Home, N=20 (21 girls resided there but only 20 of them had a foster care history, thus information for this report represents those 20 for which system information was available); CWES juvenile shelter, N=22; out-of-state group care, N=12; and, out-of-state PMIC, N=21.

2. Children in the sample experienced fewer placement moves when less restrictive settings were utilized for their first placement.
 - a. The CWES juvenile shelter setting sample experienced the lowest average number of placements (6.3).
 - b. The CWES juvenile shelter setting reveals the highest average number of "trial home visits" (1.5).
 - c. 79% of first placements were "family foster care" or "shelter."

3. Children in the most restrictive settings can be successful at home. This happens when strong collaborative efforts are used for case planning, and to address the supports required to meet underlying needs.
 - a. Of youth sampled, the Joint Treatment Planning Call is occurring extensively with youth in out-of-state PMIC (100%), IJH (70%), and out-of-state group care (67%).
 - b. The IJH population has the highest representation (50%) of "home/trial home visit" as its current location.
 - c. "Home or trial home visit" (32%) is the second highest current location across all populations.

4. Data related to all groups show clear efforts were made to utilize least restrictive levels of care (relative placement, family foster care, shelter) before moving to more restrictive levels of care (Iowa Juvenile Home, out-of-state group care, or out-of-state PMIC). In addition there is clear evidence that trial home visits were utilized frequently to attempt successful reunification with families for youth placed out-of-home.
 - a. CWES Shelter is the most frequent first placement for youth placed at IJH and who are currently placed in group care and PMIC.
 - b. Average number of trial home visits (1.5) was the highest during the first placement for youth (CWES Shelter).
 - c. The IJH population has the highest representation (50%) of "home/trial home visit" as its current location.

Appendix B contains further data analysis.

Additional Information:

For the purpose of providing a status report on educational services and treatment of youth at Department facilities, this report includes information on the educational approaches and the individual treatment milieu or modalities at the following Department facilities:

- The State Training School for Boys in Eldora, Iowa;
- The Mental Health Institutes in Cherokee and Independence, Iowa; and,
- The State Resource Centers in Glenwood and Woodward, Iowa.

The workgroup documented the efforts made by and with private providers to ensure providers can deliver adequate services to children adjudicated delinquent or CINA who are hard-to-place. The group reviewed the following information:

- Input solicited from group care providers (9 of 15 contractors responded) and CWES providers (5 of 13 contractors responded).
- Discussions at quarterly and annual contractors' meetings around best practices, reasonable efforts, and performance measures relating to permanency objectives.
- Joint training opportunities with DHS staff and private agency staff.
- Collaboration with Magellan Behavioral Health Services.

The workgroup also reviewed how Joint Treatment Planning Calls³ were made on behalf of the youth in the different placement settings (Appendix C).

Recommendations:

The workgroup makes the following (7) seven recommendations:

1. Continue to support the use of the least restrictive level of care necessary to appropriately meet individual needs of each youth served. And, deliver services designed to address underlying needs which can lead to challenging behaviors.
2. Increase the availability of community-based services across the State of Iowa, particularly in rural areas, to minimize geographic barriers to accessing services.
3. Explore potential gaps within the current continuum of Iowa services and identify innovative and evidence-based practices to address the gaps.
4. Continue coordination efforts between Magellan Behavioral Care of Iowa, juvenile justice, and child welfare leaders to ensure children receive effective, individualized services.

³ Joint Treatment Planning Calls are an intervention for children (and adults) who are enrolled in the Iowa Plan, Magellan Behavioral Care, the Department, and JCS populations. Collaboration on individual cases are intended to achieve a coordinated approach that leads to positive outcomes for youth and adults.

5. Ensure that Iowa's continuum of services has the capacity to serve youth that may match the profiles below, or who may otherwise be at-risk to be placed out-of-state:
 - a. Girls adjudicated delinquent who meet eligibility criteria defined in Iowa Code 232.52(2)e for state training school placement or girls who may be kept past age 18 as defined in Iowa Code 232.53(4) or girls who demonstrate a risk to the public that necessitates a secure setting;
 - b. Children diagnosed with an intellectual disability in combination with severe behaviors;
 - c. Children diagnosed with autism combined with severe behaviors; or,
 - d. Children requiring sex offender treatment.

Further exploration is recommended to properly identify youth who may be at-risk and the system's current ability to serve them.

6. Strengthen the collaboration between the Department of Education, Department of Human Services, and Juvenile Court Services to ensure the educational needs of delinquent and CINA youth residing in out-of-home placements are met.
7. Promote the use of Joint Treatment Planning Calls or equivalent process across all juvenile justice and child welfare services.

Appendix A: Workgroup Membership

Brian J. Fox

Group Facilitator
Independent Contractor

Julie Allison

Chief, Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services
Department of Human Services

Tom Bouska

Western Service Area Manager
Department of Human Services

Julie Carlson

Intensive Case Management Supervisor
Magellan Behavioral Care of Iowa

Jim Chesnik

Group Care Program Manager
Bureau of Child Welfare and Community Services
Department of Human Services

Audrey Dunn

SW IV, Field Office Support Unit, Division of Field Operations
Department of Human Services

Ruth Frush

Chief Juvenile Court Officer
Judicial Department

Cheryl Goodwin

President and CEO
Family Resources, Inc.

Ed Huff

Program Manager
Crittenton Center

Laura Larkin

Executive Officer, Division of Mental Health and Disability Services
Department of Human Services

Appendix B: Data Tables

Note that "reason for placement" in the data reviewed did not always capture the underlying needs of the child and it should not be used as a definitive data component exclusive of a more comprehensive case review.

IOWA JUVENILE HOME (IJH)	
Definition: The youth residing in Iowa Juvenile Home as of December 1, 2013.	
<i>*Due to rounding percentages data may not add up to 100%</i>	

N=20

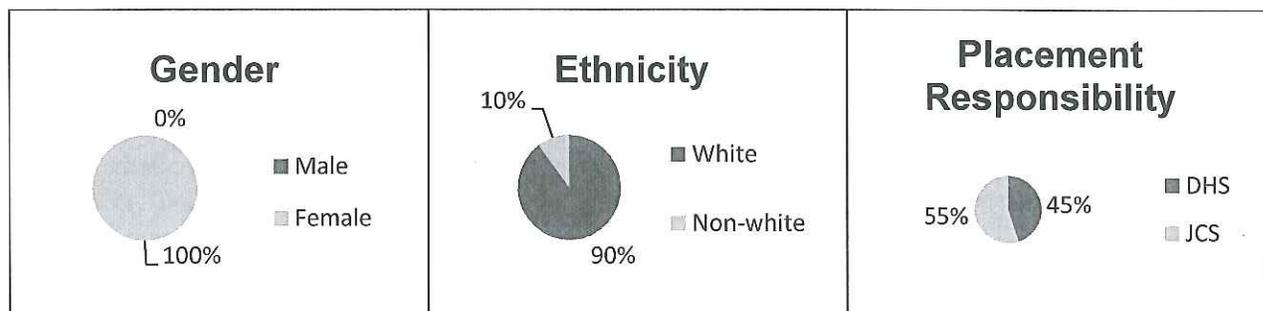
Average age at 1st placement	11.6 years old
Average number of placements	11.2
Average number of trial home visits	0.8

REASON FOR INITIAL REMOVAL FROM HOME	
Delinquency	35%
Child Behavior	30%
Victim of Abuse (physical or sexual)	20%
Incarcerated Parent	5%
Caretaker Unable to Cope	5%
Substance Abuse-By Parent	5%

REASON FOR MOST RECENT IOWA JUVENILE HOME PLACEMENT	
Child Behavior	45%
Delinquency	40%
Caretaker Unable to Cope	5%
Substance Abuse-By Parent	5%
Victim of Abuse (physical or sexual)	5%

FIRST PLACEMENT SETTING	
CWES Shelter	70%
Family Foster Care	20%
Detention	10%

CURRENT LOCATION	
Home/Trial Home Visit	50%
Group Care	35%
PMIC	10%
Detention	5%



CHILD WELFARE EMERGENCY SERVICES (CWES) JUVENILE SHELTER

Definition: A sample of youth placed in shelter for more than 90 consecutive days during the timeframe of December 1, 2013 and September 30, 2014.

**Due to rounding percentages data may not add up to 100%*

N=22

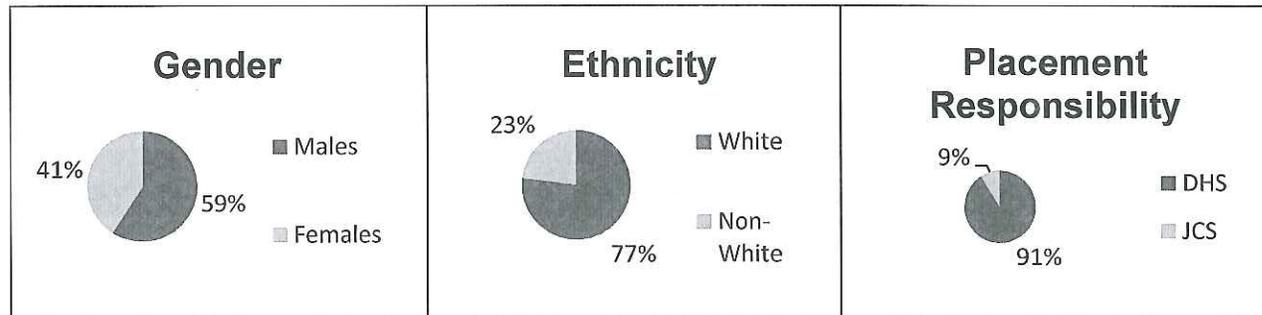
Average age at 1st placement	9.2 years old
Average number of placements	6.3
Average number of trial home visits	1.5

REASON FOR INITIAL REMOVAL FROM HOME	
Victim of Abuse (physical or sexual)	32%
Child Behavior	23%
Substance Abuse-By Parent	14%
Caretaker Unable to Cope	14%
Denial of Critical Care	14%
Incarcerated Parent	5%

REASON FOR LAST SHELTER PLACEMENT	
Child Behavior	36%
Delinquency	18%
Victim of Abuse (physical or sexual)	18%
Caretaker Unable to Cope	14%
Substance Abuse-By Parent	9%
Denial of Critical Care	5%

FIRST PLACEMENT SETTING	
Family Foster Care	36%
CWES Shelter	32%
Relative	14%
Detention	9%
Non-Relative	5%
Group Care	5%

CURRENT LOCATION	
Group Care	32%
Home/Trial Home Visit	18%
Supervised Apartment Living	14%
Family Foster Care	14%
CWES Shelter	9%
PMIC	9%



OUT-OF-STATE GROUP CARE (GROUP CARE)

Definition: The total number of Iowa youth in out-of-state GROUP CARE facilities during the timeframe of December 1, 2013 and September 30, 2014 (excluding 10 youth placed in Omaha, Ne. at Boys Town that is part of Iowa's group care contracting network).

**Due to rounding percentages data may not add up to 100%*

N=12

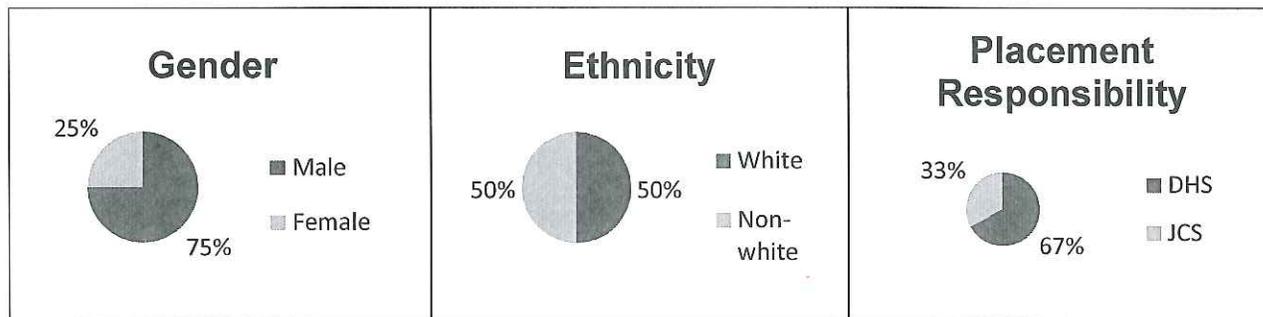
Average age at 1st placement	10 years old
Average number of placements	8.7
Average number of trial home visits	1.3

REASON FOR INITIAL REMOVAL FROM HOME	
Child Behavior	42%
Delinquency	25%
Denial of Critical Care	8%
Victim of Abuse (physical or sexual)	8%
Caretaker Unable to Cope	8%
Child Disability	8%

REASON FOR LAST GROUP CARE PLACEMENT	
Child Behavior	33%
Delinquency	25%
Denial of Critical Care	17%
Victim of Abuse (physical or sexual)	8%
Child Disability	8%
Caretaker Unable to Cope	8%

FIRST PLACEMENT SETTING	
CWES Shelter	33%
Group Care	25%
PMIC	25%
Detention	17%

CURRENT LOCATION	
Group Care	67%
Home/Trial Home Visit	17%
CWES Shelter	8%
Hospital	8%



OUT-OF-STATE PSYCHIATRIC MEDICAL INSTITUTION FOR CHILDREN (PMIC)

Definition: A sample of Iowa youth in out-of-state PMIC facilities during the timeframe of December 1, 2013 and September 30, 2014.

**Due to rounding percentages data may not add up to 100%*

N=21

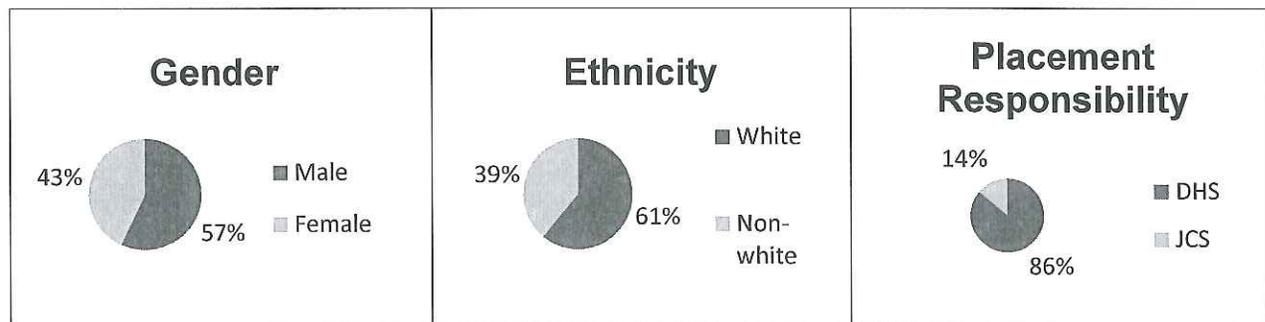
Average age at 1st placement	9.3 years old
Average number of placements	7.8
Average number of Trial Home Visits	0.95

REASON FOR INITIAL REMOVAL FROM HOME	
Child Behavior	71%
Delinquency	10%
Victim of Abuse (physical or sexual)	10%
Caretaker Unable to Cope	5%
Substance Abuse-By Parent	5%

REASON FOR LAST PMIC PLACEMENT	
Child Behavior	81%
Delinquency	10%
Caretaker Unable to Cope	5%
Child Disability	5%

FIRST PLACEMENT SETTING	
CWES Shelter	38%
Detention	19%
PMIC	19%
Family Foster Care	14%
Hospital	5%
Group Care	5%

CURRENT LOCATION	
PMIC	52%
Home/Trial Home Visit	19%
Group Care	19%
Hospital	5%
Family Foster Care	5%



Appendix C: Joint Treatment Planning Call Usage

Population	Percent of sampled youth whom received at least one JTPC
Iowa Juvenile Home	70%
CWES Juvenile Shelter	23%
Out-of-state GROUP CARE	67%
Out-of-state PMIC	100%

Appendix D: Educational Services in Department Facilities

Facility	Type	On-campus school	Residents attend the community school district	Notes on school arrangements for residents (information provided by the facility)
The State Training School for Boys	Juvenile facility	X		A comprehensive educational program is available for students, the majority of whom have significant learning and/or behavior problems and need special education services. The school is approved by the Department of Education. Educational programs include: General and special education programs, Title 1, High School Equivalency Test preparation, and competency based vocational programs.
Cherokee Mental Health Institute	Inpatient psychiatric facility	X		Operates an on-campus comprehensive educational program for child and adolescent patients and adults age 18-21. The school is approved by the Department of Education and provides general and special education and High School Equivalency Test preparation.
Independence Mental Health Institute	Inpatient psychiatric facility and PMIC	X		Operates an on-campus comprehensive educational program for child and adolescent patients, and adults age 18 to 21. The school is approved by the Department of Education and provides general and special education, Title 1, and High School Equivalency Test preparation.
Glenwood Resource Center (GRC)	Intermediate care facility for persons with an intellectual disability (ICF-ID)		X	All educational services are provided by the local school district.

Woodward Resource Center (WRC)	Intermediate care facility for persons with an intellectual disability (ICF-ID)		X	All educational services are provided by the local school district.
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Appendix E: Treatment Services in Department Facilities

Facility	Type	Treatment services provided
The State Training School for Boys	Juvenile facility	The State Training School at Eldora (STS) provides treatment and education services within a highly structured setting to assist youth age 12 – 18 that are adjudicated seriously delinquent. The STS operates a comprehensive 24/7 residential treatment program providing educational, psychological, psychiatric and behavioral programs. Specialized treatment services include cognitive life skills, substance use disorder treatment, sexual abuse programs, anger management, and gang diversion. Educational services include high school, high school equivalency and vocational programs.
Cherokee Mental Health Institute	Inpatient psychiatric facility	<p>Cherokee MHI provides inpatient acute hospital psychiatric treatment to adults, adolescents and children who are in need of acute psychiatric services.</p> <p>The multi-disciplinary treatment team provides a continuity of relationships with doctors, nurses, social workers, activities therapists, psychologists, and resident treatment workers. The therapeutic effort is comprehensive and can include the use of medication, psychotherapy, group counseling, education, and activities therapies. Each individual has a strength-based individualized treatment plan. The major aspects of the plan include addressing the individual's psychological, physical, education/vocational and social/cultural needs. Individuals are encouraged to take part, together with staff members, in formulating their treatment plan.</p>
Independence Mental Health Institute	Inpatient psychiatric facility and PMIC	<p>Independence MHI (IMHI) provides inpatient acute hospital psychiatric treatment to adults, adolescents and children who are in need of acute psychiatric services. IMHI also provides psychiatric medical institution for children (PMIC) services for children and youth.</p> <p>The multi-disciplinary treatment team provides a continuity of relationships with doctors, nurses, social workers, activities therapists, psychologists, and resident treatment workers. The therapeutic effort is comprehensive and can include the use of medication, psychotherapy, group counseling, education, and activities therapies. Each individual has a strength-based individualized treatment plan. The major aspects of the plan include addressing the individual's psychological, physical, education/vocational, and social/cultural needs. Individuals are encouraged to take part, together with staff members, in formulating their treatment plan.</p>

Facility	Type	Treatment services provided
Glenwood Resource Center (GRC)	Intermediate care facility for persons with an intellectual disability (ICF-ID)	<p>Glenwood Resource Center (GRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities. GRC serves to prepare and support them to live safe and successful lives in the home and community of their choice. An individual is admitted after no community-based provider has been found that can meet the individual's service needs. Most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment. A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties.</p> <p>At the end of SFY14, 248 individuals resided at GRC. Of these, 247 (99.6 percent) were voluntary and one was involuntarily committed by courts.</p> <ul style="list-style-type: none"> • Five were children 17 or younger. • 207 were adults 18 to 64. • 36 were adults 65 or older.
Woodward Resource Center (WRC)	Intermediate care facility for persons with an intellectual disability (ICF-ID)	<p>Woodward Resource Center (WRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities. WRC serves to prepare and support them to live safe and successful lives in the home and community of their choice. An individual is admitted after no community-based provider has been found that can meet the individual's service needs. Most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment. A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties, including sexual offending.</p> <p>At the end of SFY14, 157 individuals resided at WRC. Of these, 135 (86 percent) were voluntary and 19 (12 percent) were involuntarily committed by courts.</p> <ul style="list-style-type: none"> • Four were children 17 or younger. • 140 were adults 18 to 64. • 13 were adults 65 or older.