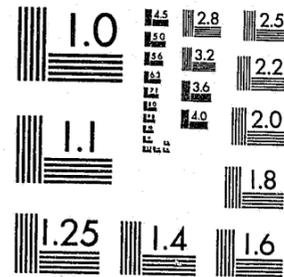


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OUT OF THE HOUSE

OUT OF THE HOUSE

Report On The Substitute Placement of Juveniles

November 1982

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Prepared for the Minnesota Juvenile Justice Advisory
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FOREWORD

Minnesota's Juvenile Justice Advisory Committee (JJAC) was created in 1975 in response to a federal initiative. The committee is responsible for compliance with the federal Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974, as amended. The committee consists of juvenile justice and welfare system practitioners, former juvenile offenders, and citizens. In early 1982, the Minnesota Legislature gave increased scope to this committee, making it responsible for advising the Legislature and the Governor on pertinent issues in juvenile justice.

As partial requirement for federal participation, the JJAC must review the state's progress in the removal of status and non-offenders from secure detention and correctional facilities. In addition, the committee is to review the placement of these juveniles in the least restrictive settings. Because of its responsibility for overseeing the placement of juveniles, the JJAC identified out-of-home placement as an issue for advising the Governor and the Legislature.

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ACQUISITIONS

INTRODUCTION

and chemical dependency systems were beyond the scope of their study, data indicated that gains made in deinstitutionalization were offset by corresponding increases in these other systems.

In light of these findings, the JJAC decided to closely examine the impact of deinstitutionalization policies in the state of Minnesota. Because the boundaries between youth serving systems which place children out of their homes are permeable and children are frequently served by each separate system simultaneously, the focus of the JJAC study was determined to be the entire child caring system as it relates to out-of-home placement. For this research the child caring system was defined as the juvenile justice system, the welfare system, the mental health system and the chemical dependency system. The study focuses on out-of-home placements beyond 30 days, although placements for shorter durations are discussed.

The research questions were: (1) what type of facilities are available for children placed from corrections, welfare, mental health, chemical dependency; (2) how many children were placed in 1981; (3) how much money was spent on out-of-home placement in 1981 for each system; (4) what is the procedure used to place children; (5) is residential care used for treatment or as a means of social control; (6) how do children in the child-caring system view their involvement and the impact on their lives?

In order to collect data on the numbers of children in placement in Minnesota and the amount of money spent on these placements, researchers contacted the Departments of Welfare and Corrections. After numerous attempts to get these aggregate figures it was determined that data as we wanted it were not accessible. Much data are collected by the various departments but the information is collected for specific management and financial purposes; therefore, is not useful for the purpose of system analysis. Data are collected for different time periods and for different purposes so while one report lists numbers of children ages 0-18 receiving money throughout the federal fiscal year, another report lists children ages 10-14 on the state fiscal year. The problems encountered while attempting to collect data for this research were not unique to the JJAC staff. Ira Schwartz, in his research report, "Rethinking Juvenile Justice", found "an 'empty well' of information."

Recent research efforts in the fields of juvenile justice and child welfare have identified out-of-home placement as being of particular interest for further research.¹ In their "Final Report", the Task Force on Juvenile Justice recommended that "the legislature should study the placement of juveniles in residential programs. Particular emphasis should be on the placement of juveniles in chemical dependency and other residential programs which are eligible for third party or categorical aid payments."

The Department of Public Welfare (DPW) in their report "Out-of-home Placement of Children: A Departmental Overview" stated "Children placed outside their own home are the concern of many state and local government agencies, private agencies, and citizen advocate groups. The main issue and concerns identified in this report are organized into three main categories: (1) permanency planning; (2) lack of coordination; and (3) information systems."

The Crime Control Planning Board staff in their report "Through the Labyrinth" found that no structure currently exists at the state level to gather and analyze information related to current funding policies of federal or state governments. They recommended that a systemwide approach for allocating state and local resources be developed to assess whether services to troubled youth are being provided.

In 1982 the Minnesota State Legislature expressed concern about out-of-home placement and directed House Research to prepare a report to be presented to the Legislature in 1983. The report focuses on children in court ordered residential placements.

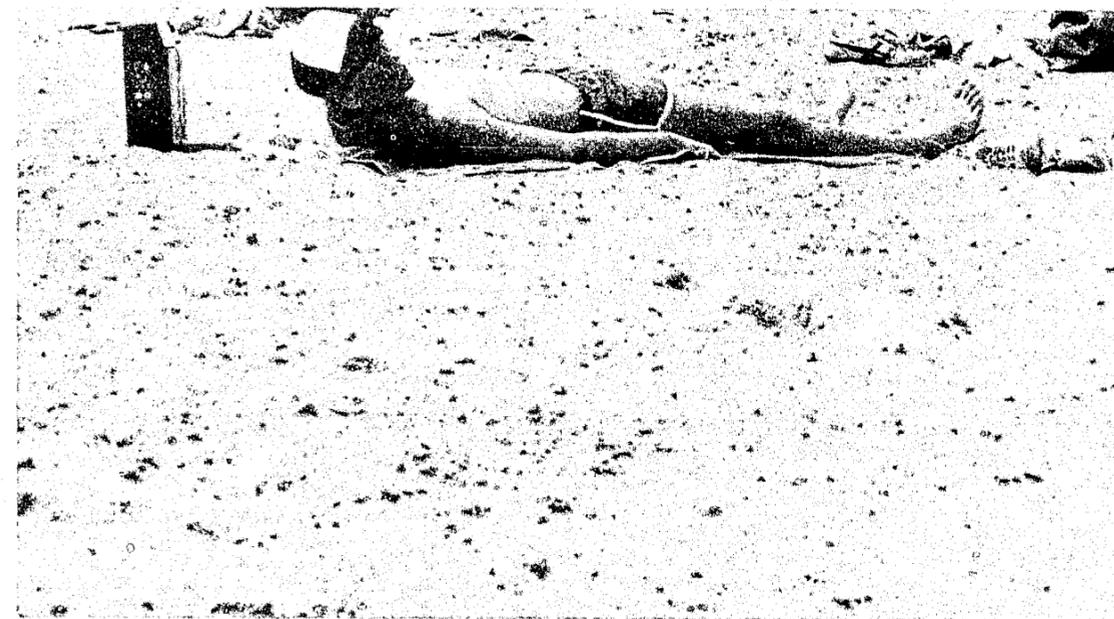
Most recently, findings from the Hubert H. Humphrey Institute sponsored project, "Rethinking Juvenile Justice", state, "Deinstitutionalization policies must be broadened to take into account the inter-relatedness of the juvenile justice, child welfare, mental health, and the newly emerging, chemical dependency and private youth residential systems." The report continues, "it seems that . . . there has emerged, in an unplanned fashion, a new youth-in-trouble system that includes old and new institutions from juvenile justice, child welfare . . . and mental health." The researchers state that while trends in child welfare, mental health

¹Throughout the report, the terms out-of-home placement, out-of-home care, substitute care and foster care will be used interchangeably.

The fact that data were not easily accessible for the research as originally designed brought an unintended new focus to the project. Our attempts to penetrate the system brought to light the fact that due to the complexities of the system, few people have a clear and comprehensive understanding of it. The result is a view of the out-of-home placement system in Minnesota that few people have. Another result is the realization that Minnesota is on the cutting edge of new policies and procedures regarding the placement of children out of their own homes. This report also will describe the interface of the child caring systems.

After strenuous effort some data were collected on the numbers of children in placement and the monies spent for those placements; these figures will be presented. Finally, several important policy concerns have been uncovered and will be discussed in the last chapter. Recommendations for action will also be presented in that chapter.

Because out-of-home placement is a service for children, children in placement were considered the best source of information about this very complex issue. Their comments are presented below.



THE KIDS' POINT OF VIEW

The interviews with children currently in placement out of their own homes were conducted for the purpose of finding out what the children think about out-of-home placement and the reasons for their placements as they understood them. Because researchers were concerned only with the children's perceptions of what was happening in their lives, no efforts were made to check social service or court records for the accuracy of the children's statements.

Individual facilities were contacted for permission to interview the children. In order to assure a representative group of children, staff asked to interview children in the following categories: (1) a child newly arrived; (2) a child near the end of his/her stay in placement; and (3) a child who had just run away and been returned to the placement. To assure confidentiality, interviewers did not ask the names of the children interviewed. The interview was voluntary so the children were not required to participate if they chose not to be interviewed. In most cases, facility staff were not present for the actual interview.

Thirty interviews were conducted in eight facilities. Ten girls were interviewed and twenty boys. The average age was just under 16, with a range in ages from 10 to 18. For some of the children their current placement was the first time they had been placed outside their own home. Other children, however, had lived outside their home 14 times. The average number of placements per client was about five. Two of the interviewees were Black, three were Native American and 25 were White.

The majority of the children interviewed were involved with both the juvenile-justice system and the social services system on a continuing basis. Frequently a child was referred to a psychiatric hospital for evaluation by either their social worker or probation officer.

The following placement history of a 14-year-old girl provides an example of placements. Her first placement was a crisis shelter at age 12. Following her stay at the shelter she went home for three weeks. Social services placed her in a state hospital. She returned home for a short time then social services placed her in a foster home. She ran from the foster home and became involved in the juvenile justice system. When she returned she was placed in the crisis shelter for the second time. Upon leaving the shelter, the juvenile court

placed her in a correctional group home. She was in the group home because she had no place else to go. Her parents were unable to take care of her so after a meeting of her social worker, probation officer and juvenile court judge, she was placed in a correctional home until her father completed his chemical dependency inpatient treatment and could provide a home for her.

FAMILY PROBLEMS= OUT-OF-HOME PLACEMENT

Family problems was the most common answer when the children were asked what happened in their lives that led to their first placement. The following are examples:

- "Mom was doing stuff to the family. She wouldn't take on any responsibilities - I had to do it for her. My brothers and sisters wouldn't bother to listen to her after a while. My best friend's Mom said I should get out of there."
- "My dad and me got into a fight. He was abusing me so I ran to the detention center."
- "Family problems - we were not getting along."
- "I had problems at home and at school."
- "My Mom wasn't ready to be a Mom yet."
- "Divorce - I couldn't live without my ma. It bugged the heck out of me. I lived two years with my Dad but I missed Mom too much."

By the second placement most of the children had either a social worker or probation officer or both. A few children had also seen a psychologist.

WHOSE IDEA WAS IT?

The children were asked whose idea it was they leave home, what their involvement was in the decision-making process, and whether the placement had helped them or their families. The following examples illustrate their responses:

- "The police. I had no choice. It didn't help me - I kept right on shoplifting."
- "My probation officer's idea. I agreed at first but I got scared and went on the run before the time came to go. When I got here it helped me a lot."
- "My parents . . . they just called the police and pressed incorrigibility charges. I was more rebellious when I came out. I was mad at my parents for doing that to me."
- "My Mom kicked me out and gave up her rights, so I had no choice. My social worker suggested the foster home. I wanted Mom to change so I could go home. The foster home didn't help - I was scared - I thought they were trying to replace my Mom."
- "I suggested I go to that place. My boyfriend was there before, so I knew something about it. My probation officer said OK. That place helped me -

I learned how to tell people what was bothering me."

- "My probation officer and principal at school suggested I go there. I agreed for fear of something worse. It didn't help at all."
- "I don't know who. I was just told I was going. In a way it helped. I ran away after a week."
- "My social worker and psychologist. I didn't really know what was going on. My parents agreed I should go. I wasn't involved at all. It didn't help."
- "The probation officer and judge decided. I had no choice. But it was better than being on the streets. I didn't stay long enough - I ran away."

Despite their responses that family problems were a primary reason for placement, 16 children said "no" when asked if home was a bad place for them now. Three children said they didn't know if home was a bad place for them. One boy was 18 and felt he should be living independent of his parents because his home environment was no longer relevant for him. The responses which follow are examples of responses for those children who said home is not a good setting now.

- "... fighting and arguing about using."
- "... too much stress and anger. I don't look to her as a Mom because she's never there."
- "I don't have a home."
- "Me and Dad don't get along."
- "My Mom's an alcoholic."
- "I'm the cause of the trouble."
- "I can't control myself there. Mom drinks and I punch out walls and break windows."

Of the 16 children who said that home was not bad for them now, very few had additional comments. One child did say that home used to be bad but his parents worked on their problems and home is OK now.

Another child said she should have never left home. She requested family counseling several times but "my probation officer never listens to me - she just tells me what to do. My Mom asked for family counseling too, but it wasn't even considered." Overall she believed her six placements have helped her learn to control her anger and to talk out her problems but she believes she could have learned these skills in counseling with her mother.

When asked if they liked their current placement, 15 children said yes and 11 children said no. The remaining four children were ambivalent and found both good and bad elements to their current situation.

KIDS PLEAD GUILTY

The children were asked if they were currently in placement to work on changing something about themselves or their behavior. The most frequent response was yes. Most commonly the children identified controlling of anger, accepting authority and verbalizing feelings as the problems they needed to work on during their

placement. Many of the children said they "acted stupid" when angry or ran away to avoid facing their problems. Most said they needed to learn how to talk out their problems rather than acting them out in destructive ways. The following responses illustrate those viewpoints:

- "I need to learn what to do when I don't feel good - I used to 'do drugs' or rob someone."
- "... need to learn to handle anger - I get mad and start 'using'."
- "I used to let anger build up, then get in fights."
- "I must learn to face up to my problems and not run. Yes... learn responsibility."
- "Handling anger... I act first and then think. I can hurt others. My goals are to talk about what I'm mad at and to cool down when I'm mad."
- "I've got a snotty attitude toward myself. I hurt myself when I'm mad at someone else."

When asked if they felt the current placement was helping them to change, 23 children said yes and only 7 said no. Examples of their responses are:

- "Helped me deal with confrontation about my mistakes."
- "I learned to work on problems and not run - I ran 50 times in the last two years."
- "I feel better about what I do and who I am."
- "I learned to accept authority better... I learned there are consequences for acting bad."
- "I learned people can help me if I let them."
- "I'm more friendly - I can talk to people. I can talk about my problems - I used to just explode."

Finally, when asked if they plan on continuing in the same behavior after they leave, the majority said no. The following response typifies their viewpoint about placements:

- "It isn't worth it to be in these placements - it wastes your life."



WE DON'T KNOW WHERE OVER 21,000 CHILDREN ARE

Minnesota provides out-of-home care through different public and private agencies through a variety of procedures. In most cases, the Department of Public Welfare (DPW) and county welfare departments have the responsibility for out-of-home placements. However, the Department of Corrections (DOC), local juvenile courts and court services departments also have some responsibility. Of particular interest to the JJAC are the processes which affect children between the ages of 10-17, the "at-risk"¹ population. Data on placement of children is not yet collected for purposes of system analysis. There is no central clearinghouse where such information is available.

DEPARTMENT OF PUBLIC WELFARE

DPW licenses and monitors residential facilities, administers state and federal monies, including making reimbursements to counties for foster care costs, and provides the necessary reports to the federal government. DPW also provides technical assistance to county agencies and is responsible for state and federal mandates.

COUNTY WELFARE AGENCIES

Local departments implement placement procedures. Each county sets policies, determines placement priorities and maintains record systems. As long as there are assurances that state and federal laws are followed, county agencies have flexibility to determine county-specific strategies.

Depending upon the reasons for referral and the identified needs, children may be placed in the following facilities. These facilities may be operated by counties or private agencies.

Because of county policies or a child's special needs, it is not always from the least restrictive to the most restrictive placement.² Variations can also include a referral to juvenile court for misbehavior in any of the

placements or for running away from a facility. The juvenile court could consider such a case under a delinquency or a dependency/neglect petition. The action taken varies by county. Once a case is heard in juvenile court with resulting court orders, which may include out-of-home placement, any further infraction would be considered a violation of a court order and would then be a delinquency matter. In such cases a child may have both a social worker and a probation officer - or just one or the other. Again the procedure used varies by county.

DEPARTMENT OF CORRECTIONS

The Department of Corrections (DOC) is responsible only for those children committed to the Commissioner of Corrections (COC). Only those children who are adjudicated delinquent in juvenile court for acts which would be criminal if committed by adults may be ordered to the COC. These children are placed in state correctional institutions at state expense. However, counties participating in the Community Corrections Act, which account for approximately 80% of the population, pay for state institutional placements. Counties also pay for parole services when the children are returned to the community.

COUNTY COURT SERVICES

Entrance into the corrections system may begin with a stay in a jail or detention center. This is usually a temporary stay used prior to a hearing or as a placement awaiting a more permanent placement or as a punishment for violation of a court order. Judges and law enforcement officers may place children in jails and detention centers. State law prohibits the use of jails for children under age 14 and a child accused of a status offense may only be held in a secure setting for 24 hours or less. Children are seldom in jails or detention centers beyond 30 days. However, some children awaiting hearings for waiver to adult court may be held for long periods of time.

If the juvenile court orders an out-of-home placement for a delinquent child who will remain under county jurisdiction, the county social services department usually becomes involved. Whether they do depend upon the county. In most cases the court requests that the social services department find a placement and assume the cost of care.

¹ The ages at which most children are likely to commit delinquent acts.

² A placement may be either voluntary or court ordered. Most placements are voluntary. If a family is uncooperative, the court may give custody of the child to the county welfare department who then makes all placement decisions.

| Facility | Rule | Characteristics ¹ of Children in This Placement | Services Offered |
|--|--|--|--|
| Foster home (up to 5 children) | DPW 1 | No serious problems Need alternative living arrangements Least restrictive Younger children | Family-like home |
| Foster group home (up to 10 children) | DPW 1 | No serious problems Need alternative living arrangements Least restrictive Older children 11-17 | Group living School in community |
| Group foster home (2-6 children) | DOC 11 MCAR 2.44-2.490 | Adjudicated delinquent Ages 12+ | Family-like setting School in community |
| Group foster home (up to 20 children) | DOC 11 MCAR 2.44-2.490 | Adjudicated delinquent Ages 12+ Need structured environment | Structured program Group living School in community |
| Group home (up to 10 children) | DPW 8 | Older children Ages 11-18 Need structured environment May be restrictive | Counseling, group meetings Supervised living arrangements School in community |
| Residential treatment center (no upper limit on number of children) | DPW 5 | Identified emotional or behavior problems Variety of ages (10+) | Structured living Group, individual, family counseling May have in-house school More psychological services available |
| Residential Programs for chemically dependent (No upper limit on number of children) | DPW 35 ² | Identified chemical dependency problem Ages 14+ | Structured living Intense counseling (group, family, individual) May or may not have school program |
| Residential facility ³ | DOC | Adjudicated delinquent Ages 12+ | Professional staffed Outward type program Counseling, work, in-house school restrictive |
| Hospital psychiatric unit | DOH ⁴ licenses beds No programmatic licensing | Identified severe emotional problem Needs physician referral | Very restrictive (locked units) Counseling, therapy In-house school Diagnostic |
| State correctional facilities ⁵ | | Adjudicated delinquent More serious offenders | In-house school counseling Vocational education |
| State hospitals | DOH (number of beds) DPW 35, 36 | Rule 35 - Identified chemical dependency problem or request for diagnosis Rule 36 - Mentally ill - Willmar is only facility | Therapy, diagnosis, counseling In-house school |
| Halfway ⁶ homes | DPW 35 | Returnees from chemical dependency programs Ages 14+ | Semi-structured program Counseling School in community |
| Halfway ⁶ homes | DOC | Returnees from correctional facilities Older children 15+ | Semi-structured program Counseling School in community |
| Independent living skills homes | DPW | Older children (17+) No longer need treatment Cannot return home | Residential living |

¹The characteristics of the children described are those of children who are the most likely to move between the child welfare and juvenile justice systems. Mentally retarded/epileptic children do not often move between these systems and are not described.

²This rule also applies to adult programs.

³Includes county correctional facilities, camps, P.O.R.T. programs for juveniles.

⁴Department of Health.

⁵State correctional facility - Red Wing.

⁶State correctional facility - Sauk Centre.

⁷Both adults and juveniles.

STATE MENTAL HOSPITALS

Two Minnesota state mental hospitals treat adolescents on an inpatient basis. The state hospital at Fergus Falls treats adolescents who are chemically dependent. The Willmar State Hospital treats emotionally disturbed adolescents. In 1981, 39 children were admitted to Willmar State Hospital and 181 children were admitted to the Fergus Falls State Hospital.

Children may enter the Fergus Falls chemical dependency program by juvenile court order, social service referral, parent, or, if age 16 or over, the child may request treatment.

Children enter Willmar State Hospital either by juvenile court order or through the mental health commitment process. Approximately 15% of the children admitted to Willmar exhibit psychotic symptoms. The majority are admitted for combinations of acting-out type behaviors such as truancy, running away, beyond control of parents and simple assaultive behavior. Children who are suicidal or the victims of incest are also treated in the adolescent inpatient unit. Generally, a child must exhibit five or six acting-out type behaviors and have two or more placements at residential treatment facilities before admission to Willmar is considered appropriate. Children stay in the unit an average of 13.5 months.

Prior to August, 1982, children could be admitted to state hospitals on a voluntary basis by parents or the children. DPW, which administers state hospitals, has opposed the practice of voluntary admission to state hospitals. It is the view of DPW that all admissions should be through the commitment act procedure. In August of 1982 a new commitment law became effective in Minnesota. The act relates to informal admissions by children. The new law clarifies self admissions by stating that children age 16 or older can admit themselves for treatment. The law does not address admissions for children under age 16. Juvenile court judges believe that the juvenile court act allows them to order children to state hospitals as a disposition. DPW disagrees, but the practice, both prior to the new act and subsequent to it, has been to allow admissions if they are ordered by the juvenile court. There is increased pressure to allow parents to admit their children under age 16 on voluntary placements; this issue has not been resolved.

PRIVATE AGENCIES, LOCAL HOSPITALS, PSYCHIATRIC UNITS

There are approximately 22 local hospital psychiatric units in Minnesota. It is not known how many of these treat adolescents. A phone survey of these hospitals reflected that seven hospitals did provide some inpatient services for adolescents. Although there is very little information about children in psychiatric placement, it is suspected that parents make most of the referrals.

However, there are also referrals from juvenile court and county welfare agencies, primarily for diagnosis. The phone survey indicated that most adolescents are referred to psychiatric units for behaviors which are similar to behaviors in referrals to welfare agencies and, to a lesser degree, to juvenile court. These behaviors are truancy, running away, and behavior beyond the control of parents. It is not known what factors determine which agency is used.

Most psychiatric units are secure and based upon the phone survey most children stay from one to three weeks. In many cases, public funds are not used to pay for inpatient psychiatric services. Insurance providers pay for most costs; therefore, there is very little information about the number of children in such units, the cost of care, or the conditions of placement. In most instances, county agencies do not get involved until after a hospital stay when there is a request for additional treatment.

One hospital became concerned about the appropriate use of inpatient care. After an assessment of a number of cases, the hospital determined that inpatient care was recommended in 29 percent of the cases only because of insurance payment not because it was the most appropriate treatment.

County boards are also taking more of an interest in child welfare services because most of the cost is borne by the counties. County welfare agencies are seeking ways to lower placement costs. It is reasonable to expect facilities to use insurance to pay for needed treatment. It is not known, however, to what extent the availability of insurance determines the treatment option.¹

CHEMICAL DEPENDENCY PROGRAMS

Minnesota has approximately 50 inpatient programs which provide chemical dependency services to adolescents. Because of a 1974 state law, certain insurance policies must provide coverage for some chemical dependency treatment.

It is believed that parents make most of the referrals to inpatient chemical dependency programs. Although there is very little information about the number of children placed in inpatient programs, one estimate placed the number at approximately 4000 children in 1980.

As in the instance of psychiatric care, welfare agencies do not often become aware of cases until after insurance funds run out and there is a request to the county for additional treatment.

Referrals to inpatient programs are also made by welfare agencies and juvenile courts, but the majority of the costs are borne by the insurance companies.

¹Counties also require parents to assist in paying for the treatment of their children. Each county has a payment structure reflecting the parents' ability to pay.

In the past year insurance providers who have become concerned about the cost of both chemical dependency and psychiatric care have developed criteria which limit payments for services. It is not known what effect the availability of insurance has on the treatment options or the characteristics of children who are eligible to receive services. The potential problems that need addressing are: 1) certain classes of kids (poor, minorities) are not served because they do not have insurance; 2) selective treatment may occur because kids with insurance get one kind of service while kids without insurance get lesser quality.

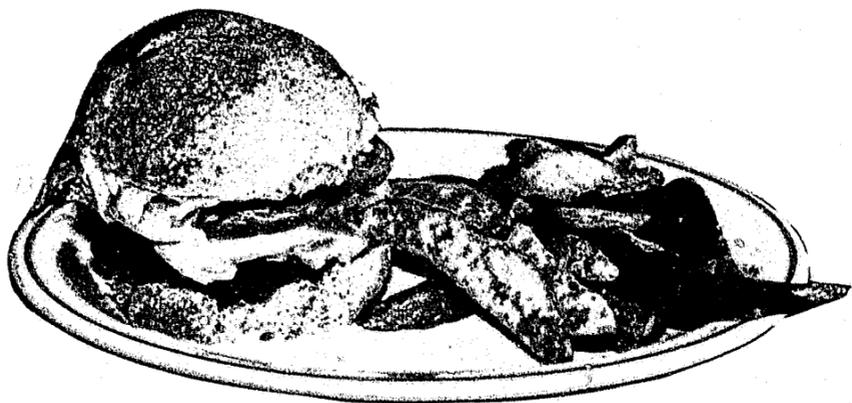
MINNESOTA HAS NO PLACEMENT POLICY

In summary, there are many variations to out-of-home placement procedures. Which process is used is dependent upon several factors:

1. The agency receiving the initial referral;
2. The county in which the child lives;
3. The behavior of the child while in a placement;
4. The age of the child;
5. The reason for the referral;
6. The funding options available to the county;
7. The treatment options available to the county.

There is no consistent placement procedure nor is the information about placements comparable across counties.

As examples of the complexity of the placement process, the multiple levels of decision making, and the difficulty in determining appropriate care, three case studies are reviewed. These are placement histories as described by three children who were interviewed for this study.



PLACEMENT HISTORIES

Case Study 1 - 16-year old boy

This boy was first placed out of his home at age 13. A social worker and a psychologist placed him in a psychiatric hospital for three months.

The boy said his family was having problems. Upon release from the hospital his social worker sent him to a residential treatment center.

He stayed there six months before he was "kicked out". He did not want to go home so his counselor at the center placed him in a group home.

He did not like it there because he felt it was "just a place to stay". He felt he needed treatment so his social worker placed him in the center again.

Following the program he wanted to go home but his parents would not take him back. A probation officer placed him in a group home.

He ran away and "got in trouble", so the juvenile court placed him in a state correctional facility.

Upon his release he returned to the group home the probation officer had placed him previously.

He ran away again and got in trouble again, so the juvenile court judge sent him to another state correctional facility.

He ran from there five times. He was moved to yet another state correctional facility.

He liked that better so he stayed until he completed his disposition. Upon release he entered a halfway house.

He stole a car and is now back at a state correctional facility.

It is his 11th placement.

| System of Placement | Decision Maker |
|---|--|
| Mental health | Voluntary placement (v.p.)* social worker, psychologist |
| *Voluntary placement means parties agree to the placement. There is no court hearing. | |
| Social services | Social worker (v.p.) |
| Social services | Counselor (v.p.) |
| Social services | Social worker (v.p.) |
| Social services | Probation officer |
| Corrections | Juvenile court |
| Social services | Probation officer |
| Corrections | Juvenile Court judge |
| Corrections | Department of Corrections |
| Corrections | Department of Corrections |
| Corrections | Juvenile Court judge |

Case Study 2 – 16-year-old boy

Social services first placed this boy in a residential treatment center when he was eight years old.

Both of his parents were alcoholic so his social worker removed him from the home. He stayed at the center for 14 months. His social worker then placed him in a foster home.

He ran away because he was home alone so much. His social worker placed him in another foster home where he stayed for one and one-half years.

When he was 11 he ran from the home because he was frightened. He was picked up by the police and held in a detention center for one week while awaiting a court placement in a residential treatment center.

He stayed at the treatment center for one and one-half years.

After completion of the program, the juvenile court placed him in another foster home, but he ran away soon after his arrival.

His probation officer then put him in a state mental hospital where he stayed for three months.

He finished the program and went home. He ran from home; then a probation officer next placed him in a psychiatric unit for a three week evaluation.

His probation officer next placed him in a residential treatment center.

He ran away, was picked up by the police and put in a juvenile detention center.

For the next nine weeks he went to school during the day at the detention center and went home at night. He said he was burglarizing houses at night. The juvenile court ordered him to another residential treatment center.

He ran and was again put in the detention center by the police.

System of Placement

Decision Maker

| | |
|-----------------|-----------------------------|
| Social services | Social worker |
| Social services | Social worker |
| Social services | Social worker |
| Corrections | Police/Juvenile Court judge |
| Social services | Juvenile Court judge |
| Social services | Juvenile Court judge |
| Mental health | Probation officer |
| Mental health | Probation officer |
| Social services | Probation officer |
| Corrections | Police |
| Social services | Juvenile Court judge |
| Corrections | Police |

The court ordered another evaluation at a psychiatric hospital.

While there he assaulted a counselor and when interviewed was back at the detention center.

It is his 14th placement.

Case Study 3 – 14-year-old boy

This boy's first placement was in a juvenile detention center at age ten.

He was picked up for truancy and was placed at the center for one week. For the next year he was in and out of the detention center on truancy charges. He thinks he was there eight times. At age 12 his probation officer placed him in a crisis shelter.

His parents did not want him to go because he would "meet criminals" there. He ran away; when he returned the juvenile court placed him at a local correctional facility.

He stayed there six months. Upon his release a social worker placed him in a foster home at his request.

He felt his behavior was hurting his parents. After two weeks in the foster home, he ran away. The juvenile court then placed him in a residential treatment center.

He ran away after one week, was returned and ran away again the next day. The police picked him up and kept him in a county jail for two days until his probation officer picked him up.

The probation officer took him to a residential treatment center on a juvenile court order.

He ran the day after he arrived. When he was picked up again he was sent to another residential treatment center.

When he was interviewed, he had been at the center for one month.

Mental health

Juvenile Court judge

Corrections

Juvenile Court judge

System of Placement

Decision Maker

| | |
|--|-----------------------|
| Corrections | Police/juvenile court |
| MS 260.173 allows secure detention of truants only for 24 hours | |
| Social services | Probation officer |
| Corrections | Juvenile Court judge |
| Social services | Social worker (v.p.) |
| Social services | Juvenile Court judge |
| Corrections | Police |
| (MS does not allow any child under 14 to be in jail for any length of time.) | |
| Social services | Juvenile Court judge |
| Social services | Juvenile Court judge |

OVER \$64 MILLION ARE PAID ANNUALLY FOR OUT-OF-HOME PLACEMENTS

The following data are from state sources which use them to make reimbursements to counties. Unfortunately, it is not possible to separate the placement data by age and reason for referral; therefore, the following charts reflect most complete data about children of all ages in placement in FY 1981 (July 1, 1980 - June 30, 1981) whose care was provided with public funds, and the cost of that care. The information is presented not to be definitive but as a means to illustrate current out-of-home practice in Minnesota.

Chart I describes the number of juveniles who were in substitute care in FY 1981. According to available information, there were 22,240 juveniles in out-of-home placement during that period. This number does not include children for which there were no public funds expended. For example, those children in placement where total costs for care were paid by insurance or parents are not reflected. These figures include placements of children under 18 years of age and reflect placements for mentally retarded/epileptic, physically handicapped, and emotionally handicapped children.

Minnesota juvenile courts ordered 3,390 juveniles into out-of-home placements during FY 1981. Of these, the court ordered 2,100 into either state or local correctional facilities, 900 into foster care, 300 into inpatient chemical dependency programs, and 90 juveniles into inpatient psychiatric families.

County welfare departments placed 18,850 juveniles into foster care. Of these, 1,750 met AFDC-FC eligibility requirements and were recorded separately. Information is not available on how many juveniles were served by purchase of service contracts with institutions.

Chart II explains by living arrangement the welfare funded out-of-home juvenile placements for FY 1981. Of the 17,100 foster care placements, not including AFDC-FC, county welfare departments placed 360 juveniles out of state, 2,600 in institutions and residential treatment center, 10,000 in family foster homes, and 1,600 in group homes. There was placement in other settings for 2,500 juveniles.

Chart III describes out-of-home placement costs for juveniles in state and local programs for FY 1981. The

total cost of out-of-home placement from federal, state, and local funds was \$64,000,000. Approximately one-half of this money comes from county funds, the remainder is divided generally equally between state and federal sources. Welfare payments for those juveniles not eligible for AFDC-FC was \$45,000,000. AFDC-FC payments came to \$6,650,000, while institutional purchase of service contracts cost \$6,500,000. Correctional placements in state and local facilities for juveniles cost \$5,940,000 for FY 1981. Welfare funds pay for those correctional clients who remain in the community in welfare licensed facilities; however, state appropriated funds pay for state correctional placements. Counties who participate in the community corrections act pay for some of the placement costs of juveniles in those counties. Money budgeted for corrections also pays for the care of delinquent children placed in foster homes licensed by the Department of Corrections.

The 1980 census also provides information about children not living with their parents. Table 1 describes the living arrangement of these children. This table also reports data from the 1980 Census in the numbers of children not living with their parents at the time of the census taking. The census data gives us a valuable but incomplete view of out-of-home placement because it does not record the total numbers of children placed during the course of a year.

At the time of the census, 46,570 children of all ages, were not living with their parents. This was 4% of the total number of children under age 18. The number of children living in group quarters was 4,700, or 10% of the total out-of-homes. Note that the children living in group quarters are concentrated among older juveniles, especially the 15-17 year group, and that the number of males in group quarters is about twice the number of females.

CHART I

OUT-OF-HOME JUVENILES (F.Y.) 1981

| | | |
|-------------|--------|---------------------------|
| Court 3,390 | 2,100 | Correctional Institutions |
| | 900 | Foster Care |
| | 17,100 | Foster Care - Welfare |
| | 1,750 | Foster Care - AFDC-FC |
| | 300 | Inpatient C.D. |
| | 90 | Inpatient Psych. |

CHART II

WELFARE FUNDED OUT-OF-HOME JUVENILE PLACEMENTS (F.Y.) 1981

By living arrangement.

| | | |
|---------------------------------------|--------|-----------------------------|
| Welfare Foster Care Placements 17,100 | 10,000 | Family Homes |
| | 2,600 | Institutions and Residences |
| | 1,600 | Group Homes |
| | 360 | Out-of-State |
| | 2,500 | Other |

CHART III

OUT-OF-HOME PLACEMENT COST FOR JUVENILES (F.Y.) 1981

State and local expenses.

| | | |
|--|--------------|-----------------------------------|
| Out-of-Home Placement Costs \$64,000,000 | \$45,000,000 | Welfare |
| | \$ 6,650,000 | AFDC |
| | \$ 6,500,000 | Institutional Purchase of Service |
| | \$ 5,940,000 | Corrections |

TABLE I
CHILDREN NOT LIVING WITH PARENTS, BY AGE (1980)

| | Under 6 | Percent of All in Age Group | 6-14 | | 15-17 | |
|-----------------------------|---------|-----------------------------|---------|---------|---------|---------|
| | Number | | Number | Percent | Number | Percent |
| Males (all) | 186,449 | 100.00% | 293,026 | 100.00% | 113,908 | 100.00% |
| With Other Relatives | 5,544 | 2.97 | 6,379 | 2.18 | 2,993 | 2.6 |
| With Non Relatives | 1,808 | 0.97 | 2,780 | 0.95 | 1,629 | 1.43 |
| Group Quarters ¹ | | | | | | |
| Institutional | 66 | 0.04 | 909 | 0.31 | 1,325 | 1.16 |
| Group Quarters ² | | | | | | |
| Other | 158 | 0.08 | 237 | 0.08 | 225 | 0.197 |
| Females (all) | 177,962 | 100.00% | 279,485 | 100.00% | 107,129 | 100.00% |
| With Other Relatives | 5,297 | 2.98 | 5,994 | 2.14 | 2,919 | 2.72 |
| With Non Relatives | 1,732 | 0.97 | 2,669 | 0.95 | 2,143 | 2.0 |
| Group Quarters ¹ | | | | | | |
| Institutional | 82 | 0.05 | 415 | 0.15 | 667 | 0.62 |
| Group Quarters ² | | | | | | |
| Other | 151 | 0.08 | 226 | 0.08 | 240 | 0.22 |

5.5% of children between ages of 15-17 are not living with their parents - 12,141.

¹Includes group homes, correctional facilities, residential treatment centers, state hospitals.

²Includes halfway homes, schools.

Source: 1980 Census.



MINNESOTA'S PROGRESS

FEDERAL IMPACT

Two federal acts, the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, and the Adoption Assistance and Child Welfare Act of 1980 have an impact on the foster care system in Minnesota. The following section will describe these acts and the trends in the state as a partial result of the implementation of these acts.

Juvenile Justice and Delinquency Prevention Act of 1974, as amended (JJDPA)

Congress passed the JJDPA in 1974 and appropriated funds for its implementation in 1975. The act is intended "to provide a comprehensive, coordinated approach to the problems of juvenile delinquency . . ." Congress made resources available to the states to implement "effective methods in strengthening the family unit so that juveniles may be retained in their own homes; to develop methods to divert juveniles from the traditional juvenile justice system; and to provide alternatives to institutionalization." [Sec. 102(b)]

For states to be eligible they must agree to not institutionalize in secure detention or correctional facilities: (1) those juveniles charged with or who have committed offenses that would not be criminal if committed by an adult, (2) for offenses which do not constitute violations of valid court orders, or (3) such juvenile non-offenders as dependent or neglected children. In addition, a state administering JJDPA funds must provide reports to the federal government and to the governor and legislature about the compliance with the above requirement. The state must review the progress made by the state for juveniles who must be in facilities, that the facilities are the least restrictive to meet the needs of the family and the community, that they are reasonably close to the family, and that they provide necessary services.

In addition, the act requires that, with limited exceptions, no juvenile shall be detained or confined in any jail or lockup for adults. The act also requires that a state advisory committee oversee its implementation. In Minnesota that is the Juvenile Justice Advisory Committee. Since 1975, Minnesota has received over six million dollars under the JJDPA. The majority of this money has been distributed to local governments for the development of alternatives to jails and detention centers, for development of programs to prevent the

unnecessary entrance into the juvenile justice system, and for programs to assist local agencies in working with appropriate juvenile offenders. Minnesota has met all federal requirements since receiving funds in 1975. The Department of Energy, Planning and Development is responsible for administering the JJDPA.

In 1980, Congress passed the Adoption Assistance and Child Welfare Act. It was designed to encourage states to move from reliance on foster care to helping children remain with their families, return to their families, or if that is not possible, be placed in adoptive homes. The law asserts that states must know what is happening to children in care and that children no longer be allowed to drift in foster care.

The law establishes a new Title of the Social Security Act, Title IV-E, which replaces the federal AFDC-FC program. The Title IV-E program is now a social service program and not just an income transfer program. The law also amends Title IV-B of the Social Security Act, which specifically funds child welfare purposes. The law attaches requirements and financial incentives to gaining federal funds that formally were passed through to the states. For a state to receive its full share of IV-E and IV-B funds, it must:

- have conducted an inventory of all children in foster care for more than six months;
- have implemented a statewide information system that tracks children in substitute care;
- have a case plan for each child in foster care;
- have an administrative review and a court review of each child at predetermined intervals;
- have a program of prevention and reunification services for children.

Minnesota already had state laws requiring case plans and case reviews for children in foster care. However, the federal law adds several additional requirements to the Minnesota law. The federal Act also requires that the state have, in law or rule, specific goals as to the number of or percent of children in placement for an excess of 24 months.

To date, DPW has developed a state plan which was certified by the federal government as adequate in July, 1982. To become certified, the state submitted an inventory of children in substitute care,¹ developed an information/tracking system,² and continued providing preplacement services for children and families.³ The state also assured (through county certifications) that case plans were available for every child in placement and that each county had established an administrative review process or provisions for a court review of the placement and for a dispositional hearing within 18 months. DPW is now completing county reviews. The federal government will monitor Minnesota's compliance with the requirements of the act. Substantial

¹ See Appendix A.

² See Appendix B.

³ See Appendix C.

lack of compliance could result in the repayment of funds.

In 1981, Minnesota was awarded \$5,000,000 for foster care maintenance (IV-E) and \$2,500,000 for general child welfare services (IV-B). The \$5,000,000 was disbursed to counties as reimbursements. Approximately one-half of the IV-B funds were used for administrative services and to develop the child welfare information system. The other half of the monies were distributed to counties to assist in the development of in-home services.

In the past year, county boards have become more aware of foster care and child welfare issues. In addition to the requirements of the Adoption Assistance and Child Welfare Act, there have also been increased costs of foster care placements, from 23 million dollars in 1977 to over 58 million dollars at the end of FY 1981. County boards have encouraged their social services departments to seek less expensive alternatives.

TRENDS

Local social service departments have responded to the county board requests in different ways. For example, some county boards must review all placements, with the exception of emergencies, prior to their implementation. Other counties have formed preplacement screening committees, some of which are multi-discipline. In addition to forming preplacement screening committees, counties have also formalized policies on placement; some of which set time limits on placements.

Social workers are also more active participants in foster placements. In the past it was common for the social worker to determine that a placement was necessary, but once the child was placed, the facility staff became the primary decision maker about treatment plans and length of stay. This is no longer the case.

Counties are also seeking alternatives to residential care by developing other services, such as using substitute care funds for in-home family treatment or for county crisis teams.

It should be cautioned that these programs are not necessarily less expensive, but counties are seeking to use the money they do have in more creative and effective ways. There have not been extensive evaluations of these alternatives since many of them are new, but what information has been gathered seems to indicate that they are successful in reducing placements or their duration.

Counties are also seeking other funding sources to pay for residential care. The most common source is corrections. The JJDP was instrumental in the passage of laws in Minnesota which restrict the use of secure detention and corrections facilities to juvenile offenders who have committed offenses which would be offenses if they were adults. Therefore, no traunts, runaways or

incorrigible (status offender) youths are to be placed in these facilities. As a result the number of children in these facilities has dropped from a high of 667 in 1975 to 11 in 1981. This is a major shift. It is not known exactly what happened to these children. Although some counties opened shelter facilities as alternatives to the more secure settings, the urban counties generally used existing resources.

It is presumed that counties used foster care placements as an alternative. At this time the use of foster care facilities increased by 18%. The number of children in foster care placements (for whom information is recorded) went from 15,700 in 1970 to 16,200 in 1981. Also, simultaneous with the restricted use of detention and correctional facilities, agencies were forming chemical dependency programs. Some children may have been placed in these programs or placed in adolescent psychiatric units. The report, "Rethinking Juvenile Justice" states that nationally there also was an increase in the use of these programs.

As indicated earlier, it is usually child welfare or foster care funds which pay for placements, even for delinquent children. There is now more of an effort to use county court services or community corrections monies to pay for these placements. Counties participating in the community corrections act, probation officers are more likely to be on placement screening committees. These counties may also use a portion of their community corrections funds for placement. **There is a concern that perhaps children will be adjudicated delinquent more often than dependent, not because of more severe behavior or necessity for increased sanctions, but because corrections could then pay for any placement.** Shifts in this direction will need to be watched. Another source of funds is insurance. As earlier indicated, insurance providers pay for most of the psychiatric or chemical dependency placements. In some cases, particularly the troublesome adolescent, the welfare departments have been involved in the decisions for these placements. There is concern that perhaps more placements to these programs are recommended than is necessary because county dollars do not need to be used. It is, of course, good management to use funds other than tax dollars, but if treatment alternatives are selected not because of their appropriateness, but because they do not use county dollars, then there is cause for concern.

Another trend affecting out-of-home placements is the reduced number of children in the 10-17 age range. The October 1 substitute care survey prepared by DPW noted that 46% of all the placements on that day were between the ages of 14-17. According to population trends, this age group will continue to diminish for the next ten years. This has several implications for residential care: one, fewer residential resources will be needed; two, there will be an opportunity to develop better placement criteria.

There is an indication of a trend in increased placements in chemical dependency field. Minnesota has many chemical dependency residential programs. They are highly utilized. It is not known if this is because there are many chemical dependency problems or because the bed spaces are there. As the at-risk population becomes smaller, there may be a tendency to over treat. There should be continued monitoring of this phenomenon.

Current residential programs, particularly those located in rural areas, may have problems in staying solvent. Other programs in the urban areas may need to change their services to better respond to the demands of the counties. The next few years will be an opportunity for service providers and welfare departments to better prepare for the needs of this population.

Counties are also developing better systems for tracking and monitoring the children out of the home but under their care. To meet a requirement of the Adoption Assistance and Child Welfare Act, DPW recently completed the Community Services Information System (CSIS). This information system is designed to provide both the state and counties with information on clients which is useful, accessible and compatible. Some counties have their own information systems and will not be using CSIS. Although counties must keep the same data as required by CSIS, they may use their own method of storage. DPW will continue to access the information through special requests to the counties; however, the data should be more accessible than in the past. It is intended that the data gathered are compatible across counties with the same definition of terms. To assure accuracy and compatibility, DPW will monitor the input. Social service supervisors meet monthly to discuss CSIS to better learn the system and to discuss any problems.

The CSIS system is the beginning of a statewide data base. Hopefully, the system will be appropriately utilized by the state and the county. At the very least, CSIS should provide basic information for which the definitions are standardized across counties and available to the state. Juvenile courts also provide standardized information to the state system through the Supreme Court. This data available both for county and statewide use are compatible with counties who have their own systems. The two systems should provide useful information about children in placement for use in policy analysis and program development.

OBSERVATIONS

Below is information which the researchers gathered from interviews with facility staff, county and state professionals, and the children.

Corrections, mental health, and child welfare systems all have some legal responsibility for children, particularly those children in residential care. The lines of authority, however, are blurred. It is not often clear

when one system starts or another takes over. Because children frequently move between these systems, they can get caught with conflicting goals, which may hinder any treatment.

Communication among the various actors in the placement system is poor. Youths interviewed told of being moved from one placement to another with very little notification. Parents were usually not notified prior to the moves. Most parents were aware, however, when a child was initially placed but were rarely involved in subsequent changes.

In the interviews with the children, several children mentioned conflicts with the probation officer or social worker. Workers are generally assigned to children by geographic area or because of the number of clients on an existing case load. While this method is successful in most instances, there are examples of persons not being able to communicate. The children, in particular, felt there should be an opportunity to change workers. Other solutions could include in-service training for workers about communicating and following through on program goals with clients.

Staff in residential facilities spoke of the confusion in determining to which of the many authorities they must respond. The residential county of the child pays for the care. The referring social worker or probation officer is generally from the same county as the child. As stated earlier, the social worker and the probation officer are now more involved in treatment plans and may have specific requests and durations of time for the child. These expectations would vary from county to county. Facilities often serve children from several counties. The facility also must be responsible to the host county. This is the county which determines the per diem costs. DPW is generally the licensing agency; however, DOC also licenses facilities primarily for correction's youth. The facility must abide by the licensing requirements for physical as well as programmatic standards. If any of these authorities place conflicting demands on the facility, it can cause confusion and disruption.

Evaluations of programs have been difficult because of the multiple levels of treatment philosophy and agency expectations. There is very little information about the effectiveness of programs for differing client populations.

The day-to-day supervision of children in placement is primarily handled by the facility staff. The involvement of the social worker and the probation officer is very dependent on the individual worker. Some of the children interviewed stated that their probation officer or social worker contacted them frequently and made personal visits; others stated that they rarely saw them. Facility staff said some of the workers monitored the care of the children through facility staff, rarely talking to or directly seeing the child. With the exception of six month staff meetings or the administrative review

hearings, these workers were not aware of the child's view of their progress. As a result, the child is very dependent upon the facility staff for most all of their needs.

Several persons noted that there is no consistently good linkage system for children who have been in placement. This is especially true for those children in chemical dependency programs. Many treatment programs provide a structured, caring, supportive environment. Most of the children do well in these settings. However, there may be little of this same support once back into the community. Social workers and probation officers assist in the transition; there are also, in some cases, halfway houses. But for many children, the transition is difficult. Urban areas have more formal support and schools across the state appear to be sensitive to the needs of these children. But in many areas, there is very little backup for the youth returning from chemical dependency, residential treatment or correctional programs. Other persons felt that the most effective linkage system is informal, where family and friends assist the child in making the transition. Therefore, they feel family and friends should be actively involved both during and after any residential placement.

Facility staff discussed the lack of resources for some of the problems of the children in their programs. New interview techniques and new awareness of child abuse and sexual abuse has increased the numbers of these problems being reported or being raised in counseling sessions. DPW has received a large increase in the numbers of reported incidences of neglect and abuse since 1977. Resources to meet the needs of these children has not increased at the same rate as the identified problem. There are few resources for dealing with victims of sexual abuse, particularly male victims. Agencies are beginning to learn the skills in assisting female victims, but several facility staff members talked of the need to learn how to assist male victims.

There is another group of children for whom the welfare system is responsible but who do not need additional treatment services. These children are the 16-18 year olds who cannot or will not return home. They do not need the structure of a group home and they do not want foster homes. Some social service departments have developed independent living homes for these children, but felt there was a need for many more such facilities. Attempts to develop laws to declare these youths emancipated and, therefore, independent from both public or family, failed in the legislature this past session.

Both DPW and DOC offer current inservice training sessions for workers in their agencies. Other service providers do not always have access to these training sessions. For example, if DPW is providing skill training in a county for social workers working with families in crisis, other agency personnel, such as mental health, private program workers or probation officers should be notified and encouraged to attend these sessions.

Counties are the major providers of human services in Minnesota. They also have the authority to develop budgets, determine priorities and implement programs. All of these decisions are made within limitations of their ability to raise county tax dollars. There are levy limits placed upon counties by the state legislature. In addition, state government places requirements or mandates on the counties to provide certain services. The county has local priorities as well. There are seldom enough funds to meet these demands. This raises conflicts between the supervising state agency and the implementing county agency. The county has the authority to implement state requirements and there are few sanctions the state can place on the county for not meeting the mandates. However, in practice, most requests are met.

The federal government also places requirements on states receiving federal money. State agencies receiving these funds in Minnesota generally must pass the requirements to the counties. Because counties may or may not choose to implement the requirements, the state agency can be in a bind. For example, the Adoption Assistance and Child Welfare Act requires individual case plans, six month administrative reviews, and an information tracking system for every child in placement — about 21,000 children in Minnesota. The Act appropriated about \$5,000,000 to Minnesota in 1981. The cost of placement in Minnesota is about \$64,000,000. It may cost more to develop the procedures than the state receives; even though the procedures are sound and appropriate. The federal government puts the burden of compliance on the state. The sanction for non-compliance could be the removal of funds. The state also receives from this act \$2,500,000 which provides support services for the state. These funds, too, could be lost for non-compliance. The counties have generally been cooperative in implementing state and federal mandates, but now with higher costs and reduced funding for other county priorities, county officials are questioning their ability to meet all the demands. The committee is concerned that child welfare services may get short changed if there is not a concerted effort by the state to see these services as a priority.

LEGISLATIVE AND GUBERNATORIAL RECOMMENDATIONS

Based on their findings, the Minnesota Juvenile Justice Advisory Committee makes these four recommendations.

RECOMMENDATION I

The Governor should consider a position of impartial mediator for juveniles in out-of-home placement. This would be the most important step to assure a responsive out-of-home placement system. The mediator would be available to parents, children, social workers, probation officers and facility staff to assist in resolving problems relating to the placement. Such a position could be financed by public or private sources or could be provided by volunteers. The implementation of an impartial mediator should be fully explored.

Problem

The out-of-home placement system is very complex. Juveniles enter into placements from many referral points and facilities receive juveniles from many referral sources. The lines of authority and responsibility are not always clear and the cracks in the system of accountability are sometimes deep. Although there are statutes, rules and county and state review committees, sometimes an individual's problem gets lost. Vested interests and strong emotions are also a part of the out-of-home placement system. There is a need for an impartial mediator whose function would be to assure fairness, assess responsibility, and sort out the facts in an individual's problems.

Documentation

- *Standards for the Administration of Juvenile Justice: Report of the National Advisory Committee for Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.*

Youth advocacy is a method of positive intervention by individual advocates — on behalf of large numbers of youth to assure that problems confronting youth are effectively solved or managed through existing youth serving entities in the public, private and for community sectors of society. A major objective of youth advocacy activities is to penetrate the blockages and obstacles

between youth and service delivery systems which occur within complex social organizations.

In addition to remedying current biases in the juvenile services system, an office of youth advocacy could remedy the lack of accountability now evident in the scattered agencies.

- *Juvenile Justice Standards Relating to Monitoring.* Institute of Judicial Administration and American Bar Association, 1980.

Part VII: Ombudsman-Based Monitoring

7.1 Definition. These standards define ombudsman as a government official who hears and investigates complaints by private citizens against government agencies — specifically juvenile justice agencies and community agencies servicing juvenile court clientele.

7.2 Criteria for placement of ombudsmen.

- A. The appointment of ombudsmen in the juvenile justice system should be promoted and encouraged, whenever appropriate under these standards, by all agencies and monitoring mechanisms.
- B. The determination of the need for an ombudsman in an agency should be based on, but not necessarily be limited to, the following criteria:
 1. the degree of visibility of the decision makers, decisions, and activities of the agency to other mechanisms;
 2. the frequency and adequacy of the monitoring of the decision makers, decisions, and activities of the agency by other mechanisms;
 3. the availability, promptness, and adequacy of review for any person aggrieved by a decision or activity of the agency;
 4. the degree of harm that might occur to an aggrieved person resulting from a decision or activity not subject to prompt and immediate investigation and review;
 5. the existence and adequacy of remedies available to a person aggrieved by a decision or activity of the agency; and
 6. the responsiveness of the agency in the past in correcting and eliminating discovered abuses of discretion or improper actions.
- C. An ombudsman may be appointed on a permanent or temporary basis depending on the nature of the function to be monitored and in accordance with the criteria in subsection B. The activities of an ombudsman should be governed in accordance with the applicable provisions of these standards.

7.3 Powers of ombudsmen.

Whenever an ombudsman is appointed, whether on a temporary or permanent basis, he or she should:

- A. be independent of the agency he or she investigates;
- B. have full powers of investigation;
- C. be authorized to recommend action and publicize recommendations but should not be authorized to take direction action to correct situations.

7.4 Appointment and supervision of ombudsmen.

- A. Whenever a commission on juvenile advocacy is established pursuant to these standards, it should exercise the authority to appoint ombudsmen, supervise their activities, receive their reports, and act on their recommendations.
- B. In any jurisdiction where there is an ombudsman's office already established either by legislation or by executive order. Such office should exercise the authority specified in subsection A.
- C. In all other jurisdictions where neither A. nor B. applies, an ombudsman's office should be established to exercise the specified authority.

RECOMMENDATION 2

The state legislature should designate a permanent committee to serve as a forum for issues relating to the provision of services to children. The purpose of the committee would be to oversee the provision of services to children. To accomplish this task, the committee would:

- a. Set long-range goals;
- b. Review and recommend policies;
- c. Coordinate activities;
- d. Inform the legislature and the governor about policies for providing services to children;
- e. Educate the public;
- f. Assess and monitor the impact of legislative changes on services to children;
- g. Review human services information systems for their capability to provide data for systemwide planning about children; and
- h. Address other matters as directed by the governor or the legislature.

Problem

For the purposes of policy analysis on out-of-home placement, it is necessary to understand the parameters of the issue. At present there is no central source of information about children placed out of their homes. The information which is available on children is collected by agencies to meet their own specific needs — i.e., funding sources or case load management. These data are internal in purpose and, therefore, are not designed to be comparable across systems. Because

systems vary greatly in their internal structure, definitions of professional responsibility to clients, professional boundaries and definitions of client needs, coordination between systems becomes extremely difficult except on a limited local level. Statewide policy analysis, comprehensive planning and oversight are virtually impossible.

In an effort to promote comprehensive analysis of the out-of-home issue, there is a need for the legislature or a committee of the legislature to serve as a statewide information clearinghouse. The committee would review the juvenile service systems within the state and assess the agencies' responses to legislative priorities.

Documentation

- *Out-of-home placement of children, a departmental overview*, Department of Public Welfare, State of Minnesota, 1979.

There is a variety of information collected on children placed out of their homes, most of which is related to source of funding and/or income maintenance eligibility. Data specific to social service questions are often not incorporated into these systems and must be collected from a variety of sources, rather than from a central system. Concern is not with case specific data, but with data useful for policy decision-making.

- *Through the Labyrinth: Juvenile Services Delivery System*, Crime Control Planning Board, 1981.

Juvenile Services Delivery System Project staff found from a sample of counties that local data systems have limited usefulness for statewide policy development. Most data systems are manual, do not have cross-system information on youth receiving services, and collect and aggregate data differently from county to county.

Because services for troubled youth represent a variety of purposes and values, and because services are provided by so many agencies, these services have not been coordinated in an integrated system. Lack of coordination can lead to duplication and overlap of services; it can also lead to serious gaps in the delivery of services. Moreover, poor coordination hampers comprehensive needs assessment and planning. It is difficult for policy makers to determine what services are needed, the scope of existing services, and the changes required to provide services in an efficient, cost-effective manner. Nor is there a mechanism for gauging how a change in one component of services delivery system will affect components of the system.

- *"Assessment of Foster Care Placement Planning."* Department of Public Welfare — State of Minnesota, 1980.

Consideration should be given to the development of an ongoing monitoring system to review foster care planning.

RECOMMENDATION 3

The Minnesota Juvenile Justice Advisory Committee supports the juvenile court; however, they recommend that the legislature designate a commission to revise the juvenile code and to recodify all statutes as they relate to children.

Problem

At present there is no comprehensive, consistent state policy on youth, particularly youth for whom there has been some form of intervention. Analyses of the existing code have found it lacking in many of the precautions advised in the Institute of Judicial Administration/American Bar Association recommendations for juvenile court standards. In addition, statutes governing youth are not consolidated in one section.

Documentation

- *Through the Labyrinth: Juvenile Services Delivery System*, Crime Control Planning Board, 1981.

An initial investigation discovered a multitude of laws which define the legal structure of Minnesota's juvenile services system. The investigation revealed no document that either outlines the full spectrum of these laws, or presents a systemwide perspective of potential problems with the system's existing legal structure.

- *Review and Analysis of the Minnesota Juvenile Court Act and Related Laws and Rules*, Harry F. Swanger, 1982.

Given the serious inadequacies in the Juvenile Court Act, the vagueness of the statutory language, the failure to measure up to current standards and juvenile treatment philosophy, and the pressing need for increased due process protections, a carefully drafted, updated version of the Act is of critical necessity if true reform in the juvenile justice and child welfare systems of Minnesota are to occur.

RECOMMENDATION 4

The legislature should request a study of the impact of insurance on public policy as it relates to out-of-home placements of children.

Problem

Public dollars have been the primary source of funds for out-of-home placements. The reduction of these funds as a source for payment has precipitated the use of other sources: namely, insurance funds. Insurance monies can be used only for selective resources — chemical dependency and psychiatric inpatient services. The committee is concerned that referrals to these programs may be based not solely on need but on the availability of insurance, thus reducing the need for public dollars. There is little known about the impact of insurance funds on public policy.

Documentation

- *Children and the Law* "Using the Mental Health System to Confine Status Offenders." Jan C. Costello, Youth Law Center, Winter, 1982.

There is a growing body of evidence that juvenile court judges and court intake and probation staff use referrals or commitment to secure mental health institutions as a means of confining status offenders.

Although this (psychiatric) evaluation in most cases may take place in a non-secure environment (for example, in the juvenile's home or at a community mental health center), juvenile court judges usually have the authority to order the child evaluated as an inpatient at a secure institution.

A child charged with a status offense may also be placed in a secure mental health institution by parents at the suggestion of an intake worker or probation officer. Such an arrangement may be the consideration required by the court staff in return for not filing a petition against the child, or for dismissing the case.

Defense attorneys and advocates for juveniles have indicated that judges and prosecutors now refer for inpatient evaluation status offenders whom they would previously have placed in secure detention.

- *Rethinking Juvenile Justice*, Barry Krisberg and Ira Schwartz, 1982.

While it appears that Minnesota's youth caring systems are plagued with some of the same record keeping and information system problems commonly found elsewhere, the data show a tremendous growth in the numbers of youth placed in residential treatment settings, particularly on a "voluntary" basis. Specifically:

- a. In 1976, there were 1,123 juveniles admitted to inpatient psychiatric settings in private hospitals in the Minneapolis/St. Paul metro area. They accounted for 46,718 patient days. By 1980 the number of admissions had grown to 1,775 and they accounted for 74,201 patient days.
- b. In 1980, there were an estimated 3,000 to 4,000 juveniles admitted to inpatient chemical dependency treatment programs. Although it is unknown how many juveniles were admitted to such programs in the early 1970's, it is generally assumed that the numbers were substantially less because there were few chemical dependency residential treatment facilities at that time.
- c. Between Fiscal Years 1973 and 1981, the Minnesota DPW reported a substantial increase in the number of juveniles placed in group homes and residential treatment centers for the emotionally disturbed.

In Minnesota, the growth in the number of out-of-home placements, the reasons and methods of referral, and the ultimate impact of these placements on youth raise significant policy questions. One can hypothesize

that a "hidden" or private juvenile correctional system has rapidly evolved for disruptive or "acting-out" youth who are no longer processed by the public juvenile justice control agencies. Moreover, this second system may be vastly expanding the net of youth experiencing some kind of institutional control. The dimensions and nature of this second system of juvenile control should be a major component of future research agendas at both state and federal levels.

- *Adolescent Day Hospital as a Reimbursement Alternative to Inpatient Psychiatric Care.* Mercy Medical Center. 1982.

The most critical conclusion from this study is that the issue merits a major research effort addressing over-utilization of inpatient treatment and under-service to a population in need.

Average length of stay costs in the Adolescent Day Hospital Program are \$4,098 less than those for average length of stay in an acute, inpatient psychiatric facility.

... the original intent of this information was an inducement for third party payors to broaden their funding alternatives and include the Adolescent Day Hospital Program. It is our belief then in this time of spiraling health care costs, an important and cost effective mode of mental health care is being ignored — namely, day hospital treatment programs. Letter 8/12/82 Kathie Henke



APPENDIX A CHILDREN IN SUBSTITUTE CARE INVENTORY OCTOBER 1, 1981

As partial requirement for PL96-272 DPW conducted a one-day inventory of children in substitute care.¹ The results are as follows:

1. There were 6,266 Minnesota children in substitute care. Their average age was 14 years. The number of families represented was 5,242.
2. The largest group of children are between the ages of 14-17 (2,901 or 46%).
3. Of the children in substitute care, 54% were male, 46% female. Minorities are over-represented with almost 10% Indian, although only about 1.3% of all children in Minnesota are Indian. Almost 7% are Black, although less than 2% of all children in Minnesota are Black. This over representation of minority children is more prevalent in urban counties.
4. The average length of stay in substitute care is 16 months.² Forty percent of the child caseload has been in substitute care for less than one year. This generally reflects the very young who are adopted promptly and the adolescents with emotional problems who return home after a short stay. In a DPW report — *Special Report — Foster Care Costs* by Monitoring and Reporting Section, April, 1981, it was noted that an estimated 16,000 children receive substitute care during a 12-month period.
5. For 38% of the children, the casework goal was to return home; for 25%, it was to remain in long-term foster care.³
6. Public agencies had custody of 48% of these children in Minnesota, parents had custody of 33%, and 9% were state wards available for adoption.
7. In general most reviews or hearings are held as required. In the rural counties 75% were current; however, in the urban counties, information was not available from Hennepin or St. Louis Counties. Of those urban counties reporting, they use the administrative review (45%) while in the rural counties judicial review is the largest category (40%).

In comparing the 1981 inventory with a similar inventory conducted in 1979, there were 14% fewer children reported in substitute care in 1981.

Using the 1980 census as a base, statewide, 5.3 children per thousand were in substitute care on October 1, 1981. With some exceptions, most rural counties have a very low rate of children in substitute care when compared with the urban group.



¹ Substitute care is defined as foster family homes, adoptive placements, subsidized adoptions, emergency shelters, group homes, residential treatment facilities, supportive or semi-independent living, and runaways from substitute care. The report does not distinguish these placements.

² Length of stay is measured as the length of time from the most recent placement into substitute care from parent(s) — not necessarily the first placement from home.

³ Children over 14 have the option of refusing adoption.

APPENDIX B COMMUNITY SERVICES INFORMATION SYSTEM

To meet a requirement of the Adoption Assistance and Child Welfare Act, DPW has developed the Community Services Information System (CSIS). Data collected for the system is designed to provide both the state and counties with information about clients and the services provided to them. Data is expected to be useful, accessible and compatible across counties.

All counties must record the data required by the system, but county systems may be used to store the information. To date, 72 counties are using the state system. Hennepin, Ramsey, and St. Louis counties use their own systems; the other counties are either adapting to the state system or will use a manual system.

DPW is currently programming the reports required by the state. DPW cannot access the information directly from the central office, but will request reports from the county systems.

With regard to children in placement the system will monitor whether counties are meeting state and federal requirements. In addition to monitoring, there will be reports to assist DPW in planning for appropriate client service delivery and for providing technical assistance.

County social service supervisors meet monthly to discuss any problems with CSIS and to continue to learn how best to use the system.

APPENDIX C COUNTY PRACTICES

TODD COUNTY

In Todd County recommendations for out-of-home placements can come from a social worker or a probation officer. If, in a delinquency case, the probation officer feels that placement is appropriate, a recommendation is made to the juvenile court judge who makes the decision as a disposition order. However, in dependency or neglect cases the court would award custody of a child to the social services department who would have the authority to make a placement decision. In these cases the county board ratifies the decision prior to the placement taking effect.

In most cases, there is a voluntary agreement between the social worker, the family and the child. These cases are reviewed and approved by a social service supervisor before being ratified by the county board prior to the placement.

The one exception to the board ratification is in emergency placements, and then the board must be notified as soon as possible.

Todd County, because of its small size, does not have the resources for many placements within the county. Although the number of placements is few the cost is high. The county tries to limit placements only for cases of physical or emotional damage. There are few in-home services available.

County social service supervisors meet monthly to discuss any problems with CSIS and to continue to learn how best to use the system.

RAMSEY COUNTY COMMUNITY HUMAN SERVICES

The Ramsey County placement review committee meets weekly. Each social worker and supervisor recommending a placement in a group home or residential treatment center presents the case to the committee for a decision. Each case is allotted approximately one-half hour. Placements in foster homes or in chemical dependency facilities or facilities for the mentally retarded are not reviewed by the committees.

The placement review committee is composed of three permanent members — one administrator and two

managers. In addition, there are representatives from the five school districts located in Ramsey County who sit in when appropriate. If a child is recommended for placement in a different school district and if the child requires special education, the home school district must agree to the placement.

The county has developed a placement policy which limits the amount of time a child may remain in placement. Children placed into the care of a foster home may remain up to one year. For those children placed in group homes or residential treatment facilities, the time limit is four months and six months, respectively. Extensions in the same placement may be made administratively; however, if there is a recommended change of placement, the review committee makes the decision.

In Ramsey County, if the family is being served by the social services department, then all members of the family have the same social worker. If one of the children comes under juvenile court jurisdiction as a delinquent or petty offender, the same social worker serves as a probation officer.

Children who are under juvenile court jurisdiction but are not served by social services have probation officers. Out-of-home placement recommendations made by probation officers are also reviewed but in a different process. A social services representative attends all of these meetings.

If the placement is for a dependency or neglect and the human services department has custody then the decision of the committee is final. If the placement recommendation is for a delinquency court disposition, then the court makes the final decision.

The placement review committee does not determine cost but does discuss the appropriateness of a particular facility. The focus of the committee's decision is the least restrictive placement preferably within the county. The cost of the placement is a concern but not the primary criteria used by the committee.

COMMUNITY CORRECTIONS

Ramsey county community corrections has decentralized the juvenile probation department into five locations — North End, Payne, McKnight, New Brighton, and West Seventh. Pre-placement meetings are held weekly at each location to determine any placement needs of juvenile probation clients. No placements can be recommended to juvenile court without the approval of this committee.

The committees are composed of the probation officers and supervisor from each location, the Ramsey County mental health outreach psychologist for the area, and a special education representative from the local public school district. In addition, a representative from Ramsey County human services comes to all meetings. The community corrections juvenile resource coordinator attends the meetings, assumes respon-

sibility for distribution of the reports, and maintains the records for all placement decisions.

The community corrections budget has an allocated amount for out-of-home placements. The committee has the responsibility for not only recommending the most appropriate placement but for also staying within a fixed budget.

Parents and probationers are welcome to attend the meetings, but in most cases do not attend. Prior to the meeting, youth and their families have been notified that an initial placement will be recommended or that there may be a request for a change of placement.

ANOKA COUNTY COMMUNITY CORRECTIONS

All out-of-home placement recommendations from the community corrections department go through an internal review process. Each probation unit discusses placement possibilities within the unit prior to any recommendation to the court, which makes all final decisions.

It is the county policy to use the least restrictive alternative first and then a short-term placement, if needed. The presenting probation officer reviews all previous placements, justification for placements, and has suggested alternative placements prior to the placement review meeting.

The community corrections placement review committee has existed in Anoka County since 1977. Since then out-of-home placements have been kept to a minimum.

WASHINGTON COUNTY

The Washington County social services placement team meets weekly. Each social worker or probation officer who is recommending any, except emergency, out-of-home placement presents the case to the team for a decision. Each case is allotted one-half hour.

The placement team is composed of several placement members: a social worker supervisor who serves as a chairperson, the director of a family treatment center within the mental health center, a representative from the chemical dependency unit, the licensing unit, and the assistant director of Washington County community corrections. Each week there are line staff from social services who are asked to sit in and participate in the team's decisions.

The placement team has been functioning within the social services department since September, 1980. The expansion to a multi-discipline approach has operated since January, 1982.

The total out-of-home placement funds are part of the social service budget. Community corrections are

given a guideline as to what percentage of these funds are for their placements. One of the goals of the team is to keep the cost to the county of out-of-home placement to a minimum, as well as the primary goal of keeping families together as much as possible.

Prior to the placement team meeting the presenter has reviewed the case with a supervisor and has determined not only that a placement may be appropriate but the facility to be used and the cost of such a placement. The placement team determines the appropriateness of a particular facility, the cost and the suggested length of stay, if a placement decision is made.

The county, in an experimental program, has determined that funds allocated for out-of-home placement may be used to pay for services at the family treatment center (FTC) within the mental health center. This program provides intensive services to families as an alternative to a residential placement. All indications, so far, are that the program is a success. In addition to county funds, the FTC is eligible to receive third party payments for those families with appropriate insurance policies, thus reducing even more the necessity to use tax dollars.

The multi-discipline approach to a placement decision appears to result in fewer and more appropriate placements. Current reports indicate that there have been fewer placements at a lower cost to the county. Later follow-up reports will indicate whether the team's decisions have also resulted in keeping families together and resolving problems which require county intervention and tax dollars.

OLMSTED COUNTY

The Olmsted County placement screening committee meets weekly to discuss all out-of-county placements. In-county residential placements are handled by facility intake committees composed of persons similar to those serving on the out-of-county committee. Foster home requests are screened by the foster care worker. The preplacement screening committee has six permanent members. The chairperson is the foster care worker from social services. Other members are: director of social services, principal of a junior high school in Rochester, supervisor from corrections, director of the P.O.R.T. program, and a lieutenant from the juvenile division of the Rochester police department. The chemical dependency coordinator from social services sits in when appropriate.

There has been preplacement screening for all residential treatment facility placements since October, 1981; however, the above committee has functioned since July, 1982, and includes all facilities.

Prior to the meeting the caseworker has discussed the possibility of a placement with the chair of the committee. If, after discussion of the case, an out-of-county placement is considered possibly appropriate, the case is put on the agenda.

Parents and children do not attend the meeting, but the caseworker has discussed the placement with them and, in some cases, there has been a preplacement visit to the facility.

The caseworker brings the social history of the child to the meeting including a record of any prior placements and any recommendations from the agency currently providing services.

The committee makes recommendations by consensus deciding not only if a child should be placed, but where. The primary considerations are whether local resources have been exhausted and the appropriateness of placement. However, because the county has a fixed amount of money for out-of-home placements, cost of placement is also a concern. Most placements are voluntary, so, with the exception of (court ordered) delinquency placements, the committee's recommendations do not have a court hearing.

It is anticipated that the committee will also review all current out-of-county placements every six months.

ST. LOUIS COUNTY

St. Louis County social services department has four levels of case review and assessment. The first three levels of review occur between the case worker and the supervisor and among the case workers within a unit. The fourth level of review is used for discussing more difficult cases, when an out-of-home placement recommendation is to be made or for a six month administrative review. The fourth level, administrative review committee, is composed of two social service supervisors, the dependency court coordinator and the placement coordinator. The meeting is chaired by the unit supervisor. In addition, there is a rotating position which is filled by a case worker.

The committee meets weekly. Case workers and supervisors present cases to the committee for their comment and insight in particularly difficult cases. In some cases a placement is recommended. The committee serves in a consultant capacity to best assist the caseworker. Final recommendations in the case rests with the caseworker and supervisor. If a placement is recommended, then the juvenile court makes the final decision.

In delinquency cases, if a probation officer recommends placement, the case must be reviewed by the committee. This review may be made prior to the recommendation to the court or after.

In the three to four years since the review committee has assessed cases, the number of out-of-home placements has dropped considerably. In addition to a systematic committee review, the county also has a sophisticated information system which provides workers and supervisors with a capability to have up-to-date information about clients and facilities.

Children and their families may attend the meeting, but this occurs rarely.

HENNEPIN COUNTY COMMUNITY SERVICE

In Hennepin County a screening committee reviews all recommended placements to residential treatment centers (RTC). The committee, which meets weekly, is composed of a RTC placement coordinator, a psychologist, and a child welfare supervisor, a child welfare and child protection program supervisor and a supervisor from court services. Court services workers may sit in on the meeting as appropriate. The purpose of the committee is to assure that the recommendation is appropriate and that all the criteria, such as psychological referrals, have been met. A social worker may present his or her case in person if desired.

For voluntary placements, or where the court has awarded custody to community services, the screening committee recommendation is final. For court-ordered placements, the court may order a child to one of three residential treatment centers without screening. If the court recommends placement in any other residential treatment center, the process is the same as for a client of community services.

Child welfare social workers must receive approval of their unit supervisor and program supervisor to make a placement in a foster home or a group home. The placement coordinator assists in locating appropriate facilities.

Child protection workers may make placements directly to foster homes or group with a supervisor's approval, but do not need to obtain approval from the program supervisor. However, any recommendation by a child protection worker to a RTC must be referred to the screening committee.

Hennepin County is planning separate screening committees for all out-of-home placements, including chemical dependency facilities. In addition, Hennepin County is preparing a placement policy which will encompass placement decisions by court services and social services.

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**APPENDIX E
COUNTY
INTERVIEWS**

| | |
|-----------------------------|------------------|
| Anoka County | Mary Jo Heieren |
| Blue Earth County | Judy Ehmke |
| Hennepin County | Carol Ogren |
| Olmsted County | Brian Purrington |
| Ramsey County | Marge Olmsted |
| St. Louis County | Brian Borich |
| Todd County | Daryl Meyer |
| Washington County | Judy Stafsholt |

**APPENDIX F
MINNESOTA
JUVENILE
JUSTICE
ADVISORY
COMMITTEE**

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CHAIR
WILFRED ANTELL
GLORIA BLAND
JEROME DEMPSEY
RICHARD GARDELL
CHERYL INDEHAR
DAVID KROGSENG
CONNIE LEVI
JAY LINDGREN
GENE MERRIAM
JANE NAKKEN
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END