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National Institute of Justice
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4/8/85
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 a 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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INTRODUCTION

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. In their "Final Report," the Task Force on Juvenile Justice recommended that "the legal system 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 homes are the concern of many state and local government agencies, private agencies, and citizen advocate groups. The main issue and concern 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 systematic 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 interrelatedness of the juvenile justice, child welfare, mental health, and the newly emerging, chemical dependency and private youth residential systems."

The report concludes, "it seems that...there has emerged, in an unspoken fashion, a new youth-at-risk system that includes old and new institutions from juvenile justice, child welfare, and mental health."

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 correctional, 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 number 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 is 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 in each system as of a particular date, another report lists children ages 10-14 on the state fiscal year. The problem encountered while attempting to collect data for this research were not unique to the JJAC staff. In Schwartz's, in his research report, "Rethinking Juvenile Justice", found an "empty well of information."

1Throughout the report, the term out-of-home placement, out-of-home care, residential care and foster care will be used interchangeably.
The fact that data were not easily accessible for the researchers 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 money spent for these 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.

Minnesota is on the cutting edge of new policies and new focus to the project. Because out-of-home placement is a service for their own homes. This report also will describe the clear view and understanding of it. The result is a view of the placement system in Minnesota that few people have. 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 representa- tive 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 inter- viewed. 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 19. 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 place- ment 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 returned 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 home because she had no place to go. Her parents were unable to take care of her so after a meet- ing 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 talk 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 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. I didn't like it all."
- "I don't know who I, was just told I was going. In a way it helped. I ren even after a week."
- "My social worker and psychiatrist. 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 ren 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 now. One boy was 21 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 useless."
- "... too much stress and anger. I don't look to her as a Mom because she's never there."
- "I don't have one."
- "My Dad doesn't try one."
- "My Mom's an alcoholic."
- "I'm the cause of the trouble."
- "I can't control myself there, Mom drinks and I punch on the walls."

Of the 16 children who said that home was not a bad setting for them now, very few had additional comments. One child did say that home used to be but her 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 social worker and psychologist. She didn't really know who. I was just told I was going. In a way it helped. I ren away after a week."

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 wasn't worth it to be in those 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-social services departments also have some responsibility. Of particular interest to the JAC are the processes which affect children between the ages of 10-17, the "at-risk" 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 department implement placement procedures. Each county sets policies, determines placement priorities and maintains record systems. As long as there are assurances that state, 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. 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 may 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 information 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 (DOC). Only those who are adjudicated delinquent in juvenile court for acts which would be criminal if committed by adults may be ordered to the DOC. 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. Jails and detention centers are seldom in jails or detention centers awaiting a more permanent placement or as a commitment 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 considers 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 information 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.
Two Minnesota state mental hospitals (most 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 sensitive behavior. Children who are suicidal or the victims of incest are also housed 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 process. In August of 1982 a new commitment law became effective in Minnesota. The act relates to informal admissions by children. The law clarifies and enforces the law already requiring that children age 16 or older can admit themselves for treatment. It is not known, however, as to what extent the availability of insurance determines the treatment option.1

Children are admitted to state hospitals if they are discharged from local psychiatric units, to assist in paying for the costs. Children age 16 or older can admit themselves for treatment. It is not known, however, as to what extent the availability of insurance determines the treatment option.1

CHILDREN WITH CHEMICAL DEPENDENCY

State hospitals.

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 places 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 then 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 order in paying for the treatment of their children. Each county has a payment system reflecting the parent's ability to pay.

STATE MENTAL HOSPITALS

<table>
<thead>
<tr>
<th>Facility</th>
<th>Rule</th>
<th>Hypothetical Children in This Placement</th>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster home (up to 7 children)</td>
<td>DPW</td>
<td>No serious problem</td>
<td>Family-like home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need alterative living arrangements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Least restrictive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Younger children</td>
<td></td>
</tr>
<tr>
<td>Foster group home (up to 10 children)</td>
<td>DPW</td>
<td>No serious problem</td>
<td>Group-living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need alterative living arrangements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Least restrictive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Older children age 11-17</td>
<td></td>
</tr>
<tr>
<td>Group foster home (24 children)</td>
<td>DOC</td>
<td>Adjudicated delinquent</td>
<td>Family-like setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ages 12+</td>
<td>School in community</td>
</tr>
<tr>
<td>Group foster home (up to 20 children)</td>
<td>DOC</td>
<td>Adjudicated delinquent</td>
<td>Structured program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ages 12+</td>
<td>Group-living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need structured environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>May not have home</td>
<td></td>
</tr>
<tr>
<td>Residential home (no upper limit on number of children)</td>
<td>DPW</td>
<td>Identified emotional or behavior</td>
<td>Structural living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>problem</td>
<td>Intensive counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variety of ages (12+)</td>
<td>Group, individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family-like home</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>More psychological services</td>
</tr>
<tr>
<td>Residential hospital (up to 10 children)</td>
<td>DPW</td>
<td>Identified chemical dependency problem</td>
<td>Structured living</td>
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<tr>
<td></td>
<td></td>
<td>Ages 14+</td>
<td>Intensive counseling</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Group, individual</td>
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<td></td>
<td></td>
<td></td>
<td>Family-like home</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>More psychological services</td>
</tr>
<tr>
<td>Residential facility (up to 20 children)</td>
<td>DOC</td>
<td>Adjudicated delinquent</td>
<td>Boarded-staffed Outward</td>
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<tr>
<td></td>
<td></td>
<td>Ages 12+</td>
<td>Counseling, work, home school instruction</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Group meetings</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Counseling, therapy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>In-school school</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Diagnoses</td>
</tr>
<tr>
<td>State correctional facility (up to 50 children)</td>
<td>DOC</td>
<td>Adjudicated delinquent</td>
<td>In-school hospital counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most serious offenses</td>
<td>Vocational education</td>
</tr>
<tr>
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<td>Rule 35 - Identified chemical dependency problem or request for discharge</td>
<td>Group meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ages 16-20</td>
<td>Counseling, therapy</td>
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<td>In-school</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>Halfway houses (up to 30 children)</td>
<td>DPW</td>
<td>Returns from chemical dependency program</td>
<td>Semi-structured program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ages 14+</td>
<td>Counseling</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>School in community</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>In-school program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In-school living</td>
</tr>
<tr>
<td>Independent living (up to 15 children)</td>
<td>DPW</td>
<td>Other children (15)</td>
<td>No longer need treatment</td>
</tr>
</tbody>
</table>

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 handicapped children do not often move between these systems and are not included.

2This rule also applies to adult programs.

3Mental hospital facilities, acute, acute long-term, and group homes.


5State mented facilities - Juvenile Courts.

6Both adults and juveniles.
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 help 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.
### 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 six months. His social worker then placed him in a foster home. He ran away because he was homesick. 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 then placed him in a mental hospital where he stayed for three months. He ran away from the hospital.

His probation officer took him to 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**

- Social services
- Mental health
- Corrections
- Juvenile Court judge
- Police

**Decision Maker**

- Social worker
- Probation officer
- Juvenile Court judge
- Police

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### 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 center on truancy charges.

**System of Placement**

- Corrections
- MS 260.173
- Social services
- Probation officer

**Decision Maker**

- Police
- Juvenile Court judge
- Juvenile Court judge

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**MS 260.173 allows secure detention of truants only for 24 hours**
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 2,000 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 $54,000,000. 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 $43,000,000. 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, 46,270 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

<table>
<thead>
<tr>
<th>Court</th>
<th>3,390</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>900</td>
</tr>
<tr>
<td>Foster Care - Welfare</td>
<td>1,750</td>
</tr>
<tr>
<td>Foster Care - AFDC-FC</td>
<td>300</td>
</tr>
<tr>
<td>Inpatient C.D.</td>
<td>90</td>
</tr>
</tbody>
</table>

CHART II

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

<table>
<thead>
<tr>
<th>Welfare Foster Care Placements</th>
<th>17,100</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000 Family Homes</td>
<td></td>
</tr>
<tr>
<td>2,600 Institutions and Residences</td>
<td></td>
</tr>
<tr>
<td>1,600 Group Homes</td>
<td></td>
</tr>
<tr>
<td>360 Out-of-State</td>
<td></td>
</tr>
<tr>
<td>2,500 Other</td>
<td></td>
</tr>
</tbody>
</table>

CHART III

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

<table>
<thead>
<tr>
<th>Out-of-Home Placement Costs</th>
<th>$45,000,000 Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 6,650,000 AFDC</td>
<td></td>
</tr>
<tr>
<td>$ 6,670,000 AFDC-FC</td>
<td></td>
</tr>
<tr>
<td>$ 6,500,000 Institutional Purchase of Service</td>
<td></td>
</tr>
<tr>
<td>$ 5,040,000 Corrections</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 1

CHILDREN NOT LIVING WITH PARENTS, BY AGE (1980)

<table>
<thead>
<tr>
<th>Under 6</th>
<th>Percent of All in Age Group</th>
<th>6-14</th>
<th>Percent</th>
<th>15-17</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males (all)</td>
<td>186,449</td>
<td>100.00%</td>
<td>293,026</td>
<td>100.00%</td>
<td>113,908</td>
</tr>
<tr>
<td>With Other Relatives</td>
<td>5,346</td>
<td>2.97%</td>
<td>6,379</td>
<td>2.18%</td>
<td>2,943</td>
</tr>
<tr>
<td>With Non Relatives</td>
<td>1,808</td>
<td>0.97%</td>
<td>2,780</td>
<td>0.95%</td>
<td>1,629</td>
</tr>
<tr>
<td>Group Quarters</td>
<td>66</td>
<td>0.04%</td>
<td>909</td>
<td>0.31%</td>
<td>1,325</td>
</tr>
<tr>
<td>Group Quarters</td>
<td>158</td>
<td>0.08%</td>
<td>237</td>
<td>0.08%</td>
<td>235</td>
</tr>
<tr>
<td>Females (all)</td>
<td>177.962</td>
<td>100.00%</td>
<td>279,485</td>
<td>100.00%</td>
<td>107,299</td>
</tr>
<tr>
<td>With Other Relatives</td>
<td>5,297</td>
<td>2.98%</td>
<td>5,994</td>
<td>2.14%</td>
<td>2,919</td>
</tr>
<tr>
<td>With Non Relatives</td>
<td>1,732</td>
<td>0.97%</td>
<td>2,669</td>
<td>0.95%</td>
<td>2,143</td>
</tr>
<tr>
<td>Group Quarters</td>
<td>82</td>
<td>0.05%</td>
<td>415</td>
<td>0.15%</td>
<td>667</td>
</tr>
<tr>
<td>Group Quarters</td>
<td>151</td>
<td>0.08%</td>
<td>226</td>
<td>0.08%</td>
<td>240</td>
</tr>
</tbody>
</table>

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

Includes group homes, correctional facilities, residential treatment centers, state hospitals.
Includes 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 facility, 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 agenices 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 programs. The law attaches requirements and financial incentives to getting 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 law 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,2 developed an information/tracking system,3 and continued providing placement services for children and families.4 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.
Local social service departments have responded to the incipient crises. Other counties have formed preplacement screening committees, some of which are the exception of emergencies, prior to their necessary, but once the child was placed, the facility effective ways. There have not been extensive funds.

In 1981, Minnesota was awarded $2,500,000 for foster care maintenance (IV-E) and $5,000,000 for general child welfare services (IV-A). The $5,000,000 was disbursed to counties as rebates. Approximately one-half of the IV-B funds were used for administrative services and to develop 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 reports of child abuse and neglect, foster care placements, and the need for foster care. There have also been 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 money to pay for these placements. Local, county participation 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 these programs pay for any placement. Shifts in this direction will need to be watched. Another source of funds is insurance. As earlier indicated, among the most delinquent, the most of the psychoanalytic or chemical dependency placements are covered. In many cases, particularly the troubled adolescents, 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 effectiveness, 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 in the child welfare field. The 10-17 age group will continue to diminish for the next ten years. This has several implications for 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 local systems. The facility must abide by the licensing requirements for physical as well as programmatic standards. If any of these systems places a child in an existing case load. Because this is often not done in a consistent manner, the facility must be able to communicate. The children, in particular, felt there should be an opportunity to change workers. Otherwise solutions could include in-service training for workers about communicating and following through on program goals with client.

TRENDS

Local social service departments have responded to the concern that a program was being underfunded or that the facility staff was unaware of the policies of the social service agencies. The facility staff because 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 programs for in-home family treatment or for caring for at-risk children. It should be continued that these programs are not necessarily less expensive, but counties are seeking to use these programs to have more effective outcomes. These programs have been shown to be more effective than in-home services.

Social workers are also more active participants in family systems. In the past it was common for the social worker to determine that a placement was needed or that the child had 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 programs for in-home family treatment or for caring for at-risk children. It should be continued that these programs are not necessarily less expensive, but counties are seeking to use these programs to have more effective outcomes. These programs have been shown to be more effective than in-home services.

Staff in residential facilities spoke of the concern that it was more difficult to communicate with other agencies and the public. The referring social worker or probation officer is often involved in the children's lives. 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 operate according to the standards of their own counties. The facility also must be responsible to the state and the country. This is the country whose money pays for the children. The facility must abide by the licensing requirements for physical as well as programmatic standards. If any of these systems places a child in an existing case load. Because this is often not done in a consistent manner, the facility must be able to communicate. The children, in particular, felt there should be an opportunity to change workers. Otherwise solutions could include in-service training for workers about communicating and following through on program goals with client.

The CSS system is the beginning of a statewide data base. Hopefully, the system will be appropriately utilized across 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 local systems. The facility must abide by the licensing requirements for physical as well as programmatic standards. If any of these systems places a child in an existing case load. Because this is often not done in a consistent manner, the facility must be able to communicate. The children, in particular, felt there should be an opportunity to change workers. Otherwise solutions could include in-service training for workers about communicating and following through on program goals with client.

Evaluation of all of the programs in childhood has been difficult because of the multiple levels of treatment philosophy and agencies that are involved. There is a need for ongoing research, but the effectiveness of programs for differing client populations.

CARE OF THE CHILDEn WITH MULTIPLE PROBLEMS: A CASE STUDY

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 officers or social worker contacted them frequently and made personal visits; others stated that they rarely saw them. Facility staff and 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

There is an indication of a trend in increased placements in the chemical dependency field. Minnesota has many chemical dependency residential programs. They are expensive, and it is not known exactly how many children are in these facilities. A portion of the money to these programs has dried up with a drop of 467 in 1975 to 11 in 1981. The drop is not known exactly what happened to these children. Although some counties opened shelter facilities as an alternative 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 $200. The number of children in foster care placements (for whose information is recorded) went from 17,500 to 19,700 to 16,200 in 1981. Also, simultaneous with this increase, juvenile courts 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, "Reinventing Juvenile Justice" states that there was also 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 money to pay for these placements. Local, county participation 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 these programs pay for any placement. Shifts in this direction will need to be watched. Another source of funds is insurance. As earlier indicated, among the most delinquent, the most of the psychoanalytic or chemical dependency placements are covered. In many cases, particularly the troubled adolescents, 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 effectiveness, 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 in the child welfare field. The 10-17 age group will continue to diminish for the next ten years. This has several implications for 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 local systems. The facility must abide by the licensing requirements for physical as well as programmatic standards. If any of these systems places a child in an existing case load. Because this is often not done in a consistent manner, the facility must be able to communicate. The children, in particular, felt there should be an opportunity to change workers. Otherwise solutions could include in-service training for workers about communicating and following through on program goals with client.

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 officers or social worker contacted them frequently and made personal visits; others stated that they rarely saw them. Facility staff and 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.
hearing, these workers were not aware of the child's view or 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 linkages between children who have been in placement. This is especially true for those children in chemical dependency programs. Many treatment programs provide a structured, eating, 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, among others, in some cases, halfway houses. But for many children, the transition is difficult. Urban areas have more formal support and skilled workers across the state appear to be sensitive to the needs of these children. But in many areas, there is very little back up for the youth returning from chemical dependency, residential treatment or correctional programs. Other persons felt that the most effective linkage systems are 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 placements. This is especially true for those in urban areas, which provides support services for the urban environment.

Citizens for Justice: Report of the Advisory Committee makes these four recommendations.

RECOMMENDATION 1

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. Juvenile justice systems often do not have a designated individual who can be the same rate as the identified problem. There are few resources for dealing with victims of sexual abuse, particularly male victims. Agencies that are able to learn the skills in existing female victims, but several facility staff members talked of the lack of resources 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 more such facilities. Attempts to develop laws to declare these youths emancipated and, therefore, independent of the need to learn how to assist male victims. Several facility staff members talked of the lack of resources for dealing with victims of sexual abuse, particularly male victims. Agencies that are able to learn the skills in existing female victims, but several facility staff members talked of the lack of resources to assist male victims.

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 placements. This is especially true for those in urban areas, which provides support services for the urban environment.
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 action directed to correct situations.

7.4 Appointment and supervision of ombudsmen.

A. Where a commission on juvenile advocacy is established pursuant to these standards, it should exercise the authority to appoint ombudsmen to service their activities, receive their reports, and act on their recommendations.

B. In any jurisdiction where there is an ombudsman, the legislature should already establish titles by legislation or by executive order. Such office should exercise the authority specified in subsection A. C.

C. In all other jurisdictions where an ombudsman office already exists, either by legislation or by executive order, the office should exercise the authority specified in subsection A.

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. Develop service information systems for their capability to provide data for statewide planning for such services to children; and
h. Address other matters as directed by the governor or the legislature.

Powers

For the purposes of policy analysis on the 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 are internal in purpose and, therefore, are not designed to be compatible 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. Thus, 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


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. Data specific to social service questions is often not incorporated into these systems and must be collected from a variety of sources, rather than from a central concern. 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 complete 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 the services delivery system will affect components of the system.

• Assessment of Foster Care PL; `ment Planning,” Department of Public Welfare — State of Minnesota, 1980.

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

7.5 Documentation.

The Minnesota Juvenile Justice Advisory Committee supports the idea of a statewide juvenile court, however, they recommended that the legislature designate a commission to revise the juvenile code and to modify 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 essentials advanced by the late Institute of Judicial Administration/American Bar Association recommendations for juvenile court standards. In addition, statutes governing youth are not comprehensive 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 investigator revealed no document that either outlines the full spectrum of these laws, or presents a systems-wide 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. Bacon, 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 protection systems, 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 3

The Minnesota Juvenile Justice Advisory Committee supports the idea of a statewide juvenile court, however, they recommend that the legislature designate a commission to revise the juvenile code and to modify 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 essentials advanced by the late Institute of Judicial Administration/American Bar Association recommendations for juvenile court standards. In addition, statutes governing youth are not comprehensive in one section.

Documentation

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

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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.

Policy

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 solely on need for 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 Confront Status Offenders,” Jan C. Costello, Youth Law Center, 1980.

There is a growing body of evidence that juvenile court judges and court intake and probation staff use referrals or commit children to 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 to remain as an inmate 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 discharging the child.

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 Klineberg and Ira Solomon, 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 60% of the total inpatient days. By 1980 the number of admissions had grown to 1,775 and they accounted for 74,201 patient days.

b. In 1990, there were approximately 5,000 to 6,000 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 Year 1970 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 why, the costs, 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. 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 Indians. 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. For 38% of the children, the casework goal was to return home; for 25%, it was to remain in long-term foster care.
5. Public agencies had custody of 48% of these children in Minnesota, parents had custody of 33%, and 9% were state wards available for adoption.
6. 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 Saint Louis Counties. Of those rural counties reporting, they use the administrative review (40%) 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 148 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, institutional adoptions, emergency detains, group homes, residential treatment facilities, supportive or non-institutional living, and runaways from substitute care.
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 refusal 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. Ramsey, Hennepin, 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 fee 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 committee.

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, the child who is 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 fact, but does discuss the appropriateness of a particular facility. The focus of the committee is to find the least restrictive placement comfortably 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, summer repres-
The community corrections budget has an allocated amount of $X for out-of-home placements. The committee has the responsibility for not only recommending the most appropriate placement but 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 Anoka County 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主管 of the 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 of the 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. The placement team determines 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.

OLMSTED COUNTY

The Olmsted County placement screening committee meets weekly to discuss all out-of-county residential placements. In-country residential placements are handled by facility intake committees and are not discussed, to those serving on the out-of-county committees. Foster care requests are screened by the foster care worker. The placement screening committee has six permanent members. The chairperson is the foster care worker from social services. Other members include a supervisor of social services, principal of a junior high school in Rochester, supervisor from corrections, director of the P.O.,
APPENDIX D

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Chapter 257.071, Children in Foster Home: Placement; Review.
Chapter 260, Juveniles.

APPENDIX E
COUNTY INTERVIEWS

Anoka County: Mary Jo Heieren
Blue Earth County: Judy Ehmke
Hennepin County: Carol Ogren
Mower County: Brian Purrington
Ramsay County: Brian Borich
St. Louis County: Mary Stafsholt
Todd County: Daryl Meyer
Washington County: Judy Stahlhofen
APPENDIX F
MINNESOTA
JUVENILE
JUSTICE
ADVISORY
COMMITTEE

STEVEN LEPINSKI
CHAIR
WILFRED ANTELL
GLORIA BLAND
JEROME DEMPSEY
RICHARD GARDELL
CHERYL INDHAR
DAVID KROGSENG
CONNIE LEVI
JAY LINDGREN
GENE MERRIAM
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