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# CHAPTER 6

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## Conclusion

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***The state has unclear expectations for juvenile treatment.***

RTCs are meant to serve youth with severe family, emotional, behavioral, or mental health problems who cannot function in a less restrictive setting. However, the means by which certain children come to be placed at RTCs while others do not are difficult to understand. In general, the purposes of residential treatment are unstated, the results of treatment are not measured, and the data simply do not exist to answer such basic questions as “How do we know the right children are going to RTCs?” and “Are they getting effective treatment?”

***The placement process is not structured to deliver accountability.***

Given the state’s unclear expectations for juvenile treatment services, DFS has difficulty performing an important set of responsibilities – although its problems are far from the only ones. The process the Legislature has set up (or perhaps more accurately, has allowed to evolve) is not structured to deliver accountability. Decision making is largely local and highly fragmented, funding is handled at the state level by three agencies that do not coordinate their actions, the statutes that guide COPs are convoluted, and the legal system is so complex as to itself be something of an impediment to proper placements.

***Other systemic problems aside, DFS can do much to improve its own performance.***

Nevertheless, setting aside the larger system’s idiosyncrasies, DFS can improve its part of the overall performance. It can, for example, ensure that before children are sent to RTCs for treatment, their problems have been clinically assessed. It can work with private providers to develop out-of-home placement guidelines so that courts and MDTs can match the severity of each youth’s problems with a setting likely to provide an appropriate amount and intensity of services and restrictiveness.

Further, DFS can establish performance-based contracts with providers and require outcome data from them. It can set standards for the minimum number of hours of scheduled treatment services to be provided in a week, for the types of services to be provided, and for what constitutes successful

completion of treatment. It can ensure that caseworkers prepare case plans tailored to each juvenile's individual needs, and it can require providers to develop treatment plans that contain measurable goals and time frames. DFS needs to stop accepting generic plans and boilerplate language in these critically important documents, and it must hold caseworkers accountable for such fundamentals as keeping complete documentation and staying in touch with juveniles who are in placement.

At the state level, current DFS staff may not have the special skills and experience needed to initiate some of these systems. The agency should assess its present capacity and if it finds some expertise is lacking, request approval for the additional staff or contract funding that may be needed.

Once systems are in place to generate provider performance information and placement outcome data, DFS will be in a position to show which RTC providers do better with certain types of problem youth, what the strengths and weaknesses of each facility are, and whether more expensive RTC programs have greater success than less expensive alternatives. These new types of information can assist MDTs and the courts in making more informed placement recommendations and decisions.

***The larger question of how to create a uniform and effective youth services system still needs to be addressed.***

This report focuses primarily on problems that we believe DFS has the responsibility and authority to correct. The question of whether and how the state should establish a uniform, efficient, and effective youth services system was beyond the scope of this study and would require a major system overhaul. Nevertheless, we urge the Legislature to consider revisiting the issue.

In our 1995 evaluation of *The Youth Treatment Center*, we noted that the state's expectations for COPs had not been defined, and that a comprehensive plan for serving these children did not exist. The Legislature closed the Youth Treatment Center, but this has not resulted in an effective, accountable system that ensures the right children go into RTCs and that they function better after treatment. The recommendations in our current report continue to speak to the state's obligation to ensure quality treatment for the troubled youth in its charge.