

Wyoming Legislative Service Office

EXECUTIVE SUMMARY

Court-Ordered Placements at Residential Treatment Centers

Program Evaluation Division

November 2004

Purpose

The Management Audit Committee directed staff to review court-ordered placements of juveniles. Juvenile Courts order some children under the age of 18 into out-of-home placements ranging from foster care to correctional institutions. The Department of Family Services (DFS) has primary administrative responsibility for out-of-home placement of children by Juvenile Courts.

This report focuses on one of the Court's options, residential treatment centers (RTCs) for children. It provides background information about RTC placements, and discusses why some juveniles come to be court-ordered into treatment while others go to detention or jail.

With respect to DFS management of courtordered placement in RTCs, the report considers how DFS controls the rates it pays providers, and how it coordinates payments with two other agencies that fund services. The report also considers how DFS monitors appropriateness of services and measures treatment outcomes.

Background

RTCs offer 24-hour room, board, and supervision as well as educational and mental heath services. RTC placements occur after petitions are filed in Juvenile Courts alleging children are abused or neglected, in need of supervision (CHINS), or delinquent. These are the categories Title 14 of Wyoming Statutes sets out for youth who come under the protections of Juvenile Court. Based upon adjudication or a consent decree, children in any of the three categories can be sent to any RTC. There are eight privately-run RTCs in the state, as well as

three BOCES (Boards of Cooperative Educational Services) residential treatment facilities.

For the 868 children who were in RTCs during FY'03 – '04, the average length of stay was 359 days at an average per-child cost of \$56,692. However, children with exceptionally long stays and high costs inflate these averages.

DFS shares the total cost of RTC placements with the Departments of Health and Education. The three agencies spent a combined \$40.7 million on RTC direct-care services for court-ordered placements in FY '03 – '04, with DFS contributing just more than half. Expenditure patterns among the agencies are changing because Medicaid has become a major contributor of funding for children in some RTCs (including all children placed in out-of-state facilities).

RTC placement rates in Wyoming have increased since 1999, from 472 of 100,000 juveniles (age 10 to 17) to more than 600 in both 2001 and 2003.

Principal Findings

Wyoming children are placed in RTCs through a justice system that lacks clarity and uniformity. Not all juvenile offenders are handled in Juvenile Court, which has special proceedings aimed at protecting the best interest and welfare of minors, and which can order therapeutic interventions such as RTC placement. Instead, most youth enter the court system at the Municipal or Circuit Court levels, having been cited for misdemeanor offenses. These courts are adult courts where, if convicted, juveniles are likely to receive

punishment, not treatment; they also acquire criminal records. Instead of being court-ordered into RTCs, youth cited into Circuit or Municipal might be sentenced to detention in juvenile detention facilities or adult jails.

Since the 1980's, there have been multiple reviews and reports on the state's juvenile justice system. Most have at least one recommendation directed at correcting the system's lack of uniformity. This has not been accomplished, leaving youth in different parts of the state receiving different treatment for similar problems and needs.

Although a uniform juvenile justice system remains elusive, DFS can take steps to improve its management of the existing system, especially with respect to court-ordered placements in RTCs. For example, DFS pays RTC providers individually-negotiated rates for room, board, and treatment. However, it does not have a methodology justifying the price differentials, nor a contracting procedure that specifies the services RTCs are to provide to the children in placement.

Without DFS leadership, providers are developing cost-based proposals for rate increases. DFS plans to develop a rate-setting methodology, as have or will the two other agencies funding these placements. Acting separately, however, the three cannot determine whether they have the same allowable costs, may be duplicating payments, or are inadvertently encouraging providers to act in ways that undermine the other agencies' objectives. Rate setting for RTCs, especially now that Medicaid has become more heavily involved, needs to be done collaboratively.

Experts and many states have acknowledged that putting children in residential facilities is restrictive and expensive, and that such intensive out-of home treatment is not necessary for all troubled youth. Clinical assessments of children can identify needs for behavioral or mental health treatment and guide placement decisions.

However, this type of assessment is not consistently or independently done in Wyoming. Multiple and unusually long placements suggest

that some RTC placements are not appropriate; such placements may not benefit children and in fact, may harm them. DFS should take the lead in developing a process that ensures youth receive independent clinical assessments prior to being placed in RTCs.

DFS caseworkers have important ongoing responsibilities for children both before and after they are placed in RTCs. To guide this case management, DFS has promulgated rules and procedures that correspond to best practices. However, from a case file review, we concluded that caseworkers throughout the state do not consistently follow them. We found that case plans do not specify treatment goals, caseworker contact with RTC-placed vouth is infrequent, and caseworkers defer to provider recommendations for continued placement. Inactive DFS case management allows RTC care to go without the evaluative oversight that rules and procedures envision. DFS should actively manage courtordered placement cases and should develop measures of treatment effectiveness.

Agency Comments

DFS agrees with the report's recommendations and has already developed plans to address them. However, in some cases, DFS believes it will need additional resources and statutory changes to implement changes called for in the report. DFS notes that correcting the lack of uniformity in the juvenile justice system calls for legislative action. The agency also recommends that statutes be amended to clearly place children in DFS custody so that DFS can be held accountable for placement decisions and treatment monitoring.

Copies of the full report are available from the Wyoming Legislative Service Office. If you would like to receive the full report, please fill out the enclosed response card or phone 307-777-7881. The report is also available on the Wyoming Legislature's website at legisweb.state.wy.us