

THE IOWA SUPREME COURT

# JUVENILE JUSTICE

TASK  
FORCE



**REPORT &  
RECOMMENDATIONS**

February  
2023

# TABLE OF CONTENTS

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|  |           |
|--|-----------|
| <b>JUVENILE JUSTICE TASK FORCE MEMBERS .....</b>   | <b>3</b>  |
| COMMUNITY BASED SERVICES WORK GROUP.....   | 3         |
| TRANSITION TO REENTRY WORK GROUP.....  | 3         |
| DUAL SYSTEM YOUTH WORK GROUP .....   | 4         |
| CONGREGATE CARE WORK GROUP .....   | 4         |
| STATE TRAINING SCHOOL WORK GROUP .....   | 4         |
| GOVERNANCE, FUNDING, AND DATA WORK GROUP.....  | 5         |
| <b>EXECUTIVE SUMMARY .....</b>   | <b>6</b>  |
| <b>TIMELINE &amp; PROCESS .....</b>  | <b>9</b>  |
| <b>PROPOSED RECOMMENDATIONS.....</b>   | <b>10</b> |
| PREVENTION .....   | 10        |
| TREATMENT .....  | 10        |
| REENTRY .....  | 11        |
| DATA .....   | 12        |
| TECHNOLOGY.....  | 12        |
| TRAINING.....  | 13        |
| RACE & GENDER.....   | 13        |
| GOVERNANCE.....  | 13        |
| <b>APPENDIX I: FINAL REPORTS.....</b>  | <b>15</b> |
| WORK GROUP 1: COMMUNITY BASED SERVICES .....   | 15        |
| WORK GROUP 2: TRANSITION TO REENTRY .....  | 21        |
| WORK GROUP 3: DUAL SYSTEM YOUTH .....  | 29        |
| WORK GROUP 4: CONGREGATE CARE.....   | 34        |
| WORK GROUP 5: STATE TRAINING SCHOOL.....   | 41        |
| WORK GROUP 6: GOVERNANCE, FUNDING, AND DATA.....   | 58        |
| <b>APPENDIX II: JUVENILE COURT SYSTEMS GLOSSARY .....</b>  | <b>70</b> |
| <b>APPENDIX III: MAPS ILLUSTRATING THE GEOGRAPHICAL LOCATION<br/>WHERE SERVICES ARE PROVIDED .....</b> | <b>98</b> |

## JUVENILE JUSTICE TASK FORCE MEMBERS

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*Thank you to the following law school students who assisted the task force:*

**Amber Gould**, Creighton University School of Law  
**Alexis Jones**, University of Iowa College of Law  
**Rhianna Lightle**, University of Iowa College of Law  
**Natalie Wenk**, University of Iowa College of Law

*Thank you to Molly Kottmeyer, Counsel to the Chief Justice, for her management of the task force.*

## EXECUTIVE SUMMARY

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Iowa's Juvenile Justice System is in urgent need of realignment. Each part of the system is dedicated to meeting the needs of the children, youth, and families they serve but their hard work falls short because of the decentralized nature of the system itself. The system's governance, services, funding, and data collection are divided among three state entities: the Iowa Judicial Branch, the Iowa Department of Health and Human Services, and the Iowa Department of Human Rights and often falls short of effectively meeting the needs of the youth and families they serve. Attempts to improve one aspect invariably effects another and are often undertaken in a disjointed manner. Gender and racial disparities are present throughout the system. The need for enhanced communication and ongoing review is real.

Due to these challenges, the Iowa Supreme Court created the Juvenile Justice Task Force in December 2021. The task force consisted of representatives from all branches of government and parts of the juvenile justice system. The court charged the task force to review the continuum of care in Iowa's juvenile justice system and make recommendations to improve its services, governance, and data collection. The Juvenile Justice Task Force was specifically asked to pay special attention to, and include recommendations related to, the racial and gender disparities that exist in the juvenile justice system.

Six work groups comprised of judges, attorneys, juvenile court officers, social workers, youth and others with lived experience, legislators, treatment providers, and law enforcement all worked together over the past year. **The overall message across all six work groups was consistent: action is needed now.** Below is a summary of their observations and recommendations:

- Youth of color are disproportionately overrepresented throughout Iowa's juvenile justice system.
  - Improved data collection and analysis, including measurements of race, ethnicity, and gender, at each stage of the juvenile justice process is needed to assess the full extent of overrepresentation in the juvenile justice system.
- Inequities permeate all aspects of the system.
  - A broad divergence in practices and procedures exist in delinquency proceedings.
- Timely screening and assessment are a critical part of serving youth in the juvenile justice system.
  - The use of the Iowa Delinquency Assessment (IDA) and the Detention Screening Tool (DST) is a good first step but these screenings and assessments should be used with fidelity and regularly revalidated.
  - Youth eligible for placement at the State Training School (STS) should be reviewed by the State Training School Review Committee to help prepare for the youth's admission to the STS or to suggest alternate placements and supports.
- Youth and their families are not able to access the supports they need.
  - Iowa has a severe shortage of community-based services throughout the state, with

significant mental health and substance use service deserts in rural parts of the state.

- There are not enough providers, particularly in mental and behavioral health treatment.
  - A lack of providers results in increased wait time for treatment and creates issues related to access and engagement.
- We are pushing youth deeper into the system than needed.
  - Youth with low-level needs and offenses are unnecessarily involved with the juvenile justice system, reflecting a statewide need for the increased use of diversion.
- Family involvement in a young person's residential treatment improves outcomes for youth while in treatment and after leaving.
  - For families who live far away from treatment providers and do not have reliable transportation, engagement in the youth's life and treatment programming can be very difficult.
- The juvenile justice and child welfare systems must work together to eliminate youth crossing over into another system.
  - Crossover youth, or dual-system youth, are involved in both the child welfare and juvenile justice systems simultaneously.
  - In fieldwork with many local jurisdictions across the country, approximately two-thirds of the juvenile justice populations have some level of contact with the child welfare system.<sup>1</sup>
  - Neglected children are 4.8 times more likely to be arrested as a juvenile and 3.1 times more likely to be arrested for a violent crime compared to those who did not experience child abuse or neglect.<sup>2</sup>
- Iowa needs an assessment system to identify behavioral needs of youth.
  - Delinquent behavior often masks underlying trauma and youth are often placed in detention because it is the fastest path to a behavioral health assessment.
- Iowa needs targeted programming specific to the youth's criminogenic needs.
  - The commingling of youth with different risk-levels and needs can and does lead to additional trauma, making consistent treatment of all youth in a congregate facility more difficult and increasing the risk of reoffending.
  - Iowa has had a reduction in the number of available placements and youth are often placed in "an available bed," rather than in a bed that best meets their treatment needs and reduces their risk to reoffend.
  - Youth in congregate care are often charged for incidents of delinquent behavior that are the same or similar behaviors that resulted in their congregate care placement.
- Iowa lacks comparable levels of care for female and male youth.
  - The STS is a critical part of the continuum of care for male youth in Iowa's juvenile

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<sup>1</sup>Robert F. Kennedy National Resource Center for Juvenile Justice and the Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy.

<sup>2</sup> Sara Beszterczey & David Lisak, *The Cycle of Violence: The life histories of 43 death row inmates*, 8 Psych Men & Masculinity, 118 (2007).

justice system—female youth have no comparable model.

- Since the closing of the Iowa Juvenile Home in 2014, female youth who would have been eligible for placement there have been placed more frequently in detention and for longer periods of time.
  - The absence of a placement of last resort for females places pressure on county attorneys and juvenile court officers (JCOs) to recommend waiver to adult court.
  - Community safety is at risk because there are limited placement options for delinquent females.
- Transfer of course credits between school districts for youth placed out of the home is difficult, which delays academic progress.
    - Youth are discouraged and frustrated when they have worked hard to receive credit at a school but the credit does not transfer when they return home.
  - Reentry supports for youth being discharged from placement should be made more effective, with access to necessary documents, treatment providers, housing, and transfer of school credits.
  - Governance, funding, and data collection for the juvenile justice system should be consolidated into one place.



## TIMELINE & PROCESS

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The task force formed six work groups to identify gaps and key intersections in the juvenile justice system. The six work groups are: (1) Community Based Services, (2) Transition to Reentry, (3) Dual System Youth, (4) Congregate Care, (5) State Training School, and (6) Governance, Data, and Funding. Staff support for the six work groups was provided by three law schools: Joy Suder, Creighton University School of Law; Nickole Miller, Drake University Law School; and Emily Hughes and Daria Fisher Page, University of Iowa College of Law. Technical assistance was provided by Shay Bilchik, Center for Juvenile Justice Reform, Georgetown University and Mindy Schweitzer Smith, Center for Criminal Justice Research, University of Cincinnati.

The task force first met on January 26, 2022, hosted by Drake University Law School. On June 21, 2022, the Governance, Data, and Funding Work Group hosted a meeting with all work group cochairs. The work group cochairs met every other week. On September 23, 2022, the University of Iowa College of Law hosted the final summit to review the work groups' recommendations. In between all of these meetings, the individual work groups met frequently to discuss research and develop recommendations.

The work groups submitted their final reports on November 22, 2022. The Youth Justice Council (YJC) submitted their recommendations on December 5, 2022. Based on the work group final reports and the YJC recommendations, draft task force recommendations were developed. On December 19, 2022, the draft recommendations were emailed to the task force for review and approval. Feedback from the task force members was incorporated into revised recommendations, which were emailed to work group cochairs for approval on January 9, 2023. The draft final report was emailed to the task force on February 6, 2023, for final approval.

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The Executive Branch requested that the following statement be included in the final report:

On behalf of the Executive Branch agencies requested to be part of the Juvenile Justice Task Force, we thank you for the opportunity to contribute to this process. Your focus reflects a clear desire to better the juvenile justice system serving youth in our state. We share that commitment and have transformative work underway in our administration of child protective services and early intervention programs. We enthusiastically support furthering statewide implementation of evidence-based and evidence-informed practices that consistently measure outcomes. We look forward to continued dialog with the Legislature regarding structural designs of this system and the interaction between our offices, policies, and practice. We are thankful the Chief Justice's unwavering support of Iowa's youth.

**Kelly Garcia**

Director

Iowa Department of Health and Human Services

## PROPOSED RECOMMENDATIONS

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### Prevention

1. The child welfare and juvenile justice systems should advance the statewide implementation of the Woodbury County model for dual-system youth.
2. Juvenile Court Services (JCS) should coordinate with the Coalition of Children and Families, Department of Health and Human Services (HHS), Division of Criminal and Juvenile Justice Planning (CJJP), and the Mental Health and Disability (MH/DS) Regions to develop a coordinated, statewide strategy and fiscal investment plan that ensures evidence-based, culturally competent mental health and substance abuse programs are available and accessible to all justice-involved youth in Iowa.
3. JCS should create a coordinated cross-system response with the Iowa Department of Education, HHS, MH/DS Regions, and the Youth Justice Counsel (YJC) to identify and fulfill the needs of the children within the state before those needs and behaviors result in juvenile court involvement.

### Treatment

4. JCS should continuously revalidate the Iowa Delinquency Assessment (IDA) and the Detention Screening Tool (DST), including for race and gender bias, to better assess and serve the needs of youth that come into contact with the juvenile justice system.
5. JCS and treatment providers should develop a definition and framework for family engagement that allows for more adults and role models in the youth's life to provide support both during and after juvenile justice system involvement, e.g., through actions such as phone calls and visits while in out-of-home placements.
6. Judges, juvenile court officers (JCOs), and lawyers should support and encourage family engagement for youth attending the State Training School (STS), as well as earlier family engagement in the youth's juvenile court involvement. This engagement is especially encouraged for family members with meaningful connections and cultural relevance to the youth.
7. Professionals working with youth on their treatment should encourage visits and communication between separated siblings, when possible.
8. Treatment providers and out-of-home placements should ensure that youth have adequate time and the products needed for their personal hygiene, including menstrual, hair, and skincare products.
9. Judges and lawyers should use age-appropriate and easily understood language to explain the legal process to youth and their family members, and lawyers should provide timely updates to youth and their family members about the youth's progress and well-being. Professionals working with youth in the juvenile justice system should use the term "youth" instead of "child," especially during direct interactions with the youth.

10. To the extent possible, staff in detention centers and treatment facilities should strive to provide the youth with privacy during visits with family and allow physical contact that promotes family bonding during these visits, including hugs, handholding, holding their child, and shaking hands.
11. Prior to a youth being court ordered to the STS, JCOs should staff youth who might be referred to the STS with the State Training School Review Committee to either help prepare for the youth's admission to the STS or divert the youth from the STS if the committee has suggestions about alternative placements and supports.
12. JCS and the STS should consider reopening the STS 30-day assessment program as it could be helpful in assessing youth who are eligible for STS placement and providing recommendations about alternatives to placement.
13. HHS should explore necessary changes in federal and state policies to ensure youth in detention and the STS are eligible for publicly-funded health insurance.
14. There needs to be smaller, targeted, and more focused programming, such as the specialized delinquency beds, for low-risk, high-need youth that is focused on separating populations such as delinquent and child welfare youth and problematic sexual behavior (PSB) youth, as well as single-gender placements, when appropriate.
15. There needs to be additional coordinated efforts to formulate specialized treatment strategies for intellectually disabled youth, youth whose behaviors are driven by mental disabilities, females that need a "training school" level of care, and highly aggressive male youth that are disruptive to all youth being treated at the STS.
16. Youth at the STS should have increased opportunities to participate in community service activities for both rehabilitation purposes and the payment of restitution, which supports rehabilitation of the youth and making the victim whole.
17. HHS and JCS should partner with the Youth Justice Council and the Coalition for Family and Children's Services to create guidance on best practices for youth in the juvenile justice system.

## Reentry

18. JCS should implement a statewide transition to reentry program or provider.
19. Treatment providers should implement a statewide checklist to ensure the youth, the youth's family, JCS, and community-based providers receive all of the youth's necessary documents as part of the discharge process, ideally several weeks prior to release.
20. The youth's treatment team should develop and disseminate educational materials for the supportive adults in the youth's life, helping them to understand how to best support their education plan after release.
21. JCS should work with HHS to develop a statewide program that models "Parent Partners," supporting parents in connecting with one another for peer-to-peer support and advocacy.

22. Prior to discharge, every youth should have a plan to ensure safe and stable housing and referrals to community organizations for any appropriate follow-up care with the appointment scheduled within 10 days following discharge.
23. Local school boards should adopt student conduct policies and procedures that allow for individualized school discipline determinations rather than offense-based practices, thereby helping to minimize the steps youth must take to reengage in school and school activities.
24. Caseworkers and supervisors should collaborate with the youth and their families in the course of identifying and selecting community-based providers so that the youth and family understand the treatment needs, are satisfied with the selection, and are able to reasonably access the services.
25. The STS should work to restore vocational programming to prepandemic levels, and investigate ways to expand vocational education to provide youth with the skills needed to succeed in the future.
26. JCS should ensure that each judicial district offers Youth Centered Planning Meetings for discharge planning purposes.
27. Beyond the recommendations contained herein, the STS and JCS should collaborate on an agreed-upon set of discharge planning practices that are consistent with best practices and informed by the recommendations from the Juvenile Reentry System Task Force (JReS) work over the last several years.

## Data

28. HHS should conduct a statewide audit of community-based mental health, substance use, and other services for youth in the juvenile justice system to collect more robust data on the current location, availability, and accessibility of these services.
29. CJJP should develop standardized measures for tracking family engagement for youth in treatment facilities or participating in other juvenile court services.
30. JCS should develop and implement a plan for postdischarge data collection to help assess effectiveness of discharge planning.

## Technology

31. The Judicial Branch should use Zirous, the state-contracted IT provider, to rebuild the JCS portion of the case management system in a manner that would improve JCS's ability to make data-driven decisions.
32. The Judicial Branch should provide JCS with the technological capability to immediately implement the IDA and DST after they are updated for race and gender bias and revalidated.
33. JCS should implement uniform, standard procedures to address (1) when and who conducts the IDA and DST, and (2) how and when overrides to the system are implemented.

34. JCS should set a limited timeline for how long prior complaints remain for trend analysis.

## **Training**

35. JCS, judicial officers, and detention staff should receive preservice and in-service statewide training to ensure fidelity to the directions for completing the IDA and DST.
36. The Department of Education should provide preservice and in-service training of JCS and treatment providers on the educational requirements of youth in the juvenile justice system.
37. JCOs and STS staff should collaborate to provide preservice and in-service cross-training on the assessments that they each use.

## **Race & Gender**

38. CJJP should collaborate with the STS and JCS to collect data comparing the number of youths entering the STS under each admission category and note any trends and racial and ethnic disparities in each admission category. This effort should capture the youth's age at admission, number of prior placements, and number of youth who were also adjudicated as a child in need of assistance (CINA).
39. JCS should research and implement services specific to the cultural, socio-economic, and gender needs of youth of color and their families.
40. JCS should use the updated IDA to assess the need for congregate care, which uses more objective criteria and would therefore remove bias from the recommendation and decision-making process.
41. JCOs should include the IDA results in their predisposition reports submitted to the court so that diversion programs can be utilized more at the front-end of the juvenile justice system following referral to reduce the number of youth eligible for congregate care.
42. The State should establish a "placement of last resort" for juvenile female offenders, as well as a specialized setting for higher-risk females involved in the juvenile justice system based on the service recommendations outlined in the "Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa" report.
43. CJJP should expand the analysis and review of facility discharge and other youth outcome data by race and gender.

## **Governance**

44. The General Assembly should amend chapter 602 to transfer the administrative authority of JCS within the Judicial Branch from the chief judges of each judicial district to state court administration and the Director of Juvenile Court Services under a "Division of Juvenile Justice."

45. The General Assembly should create a separate appropriation within the Judicial Branch budget for JCS that would include funding for graduated sanctions, court ordered services, and group foster care.
46. The General Assembly should increase funding for community-based services, graduated sanctions, court ordered services, and JReS's Navigator program.
47. The Supreme Court should ensure the availability of statewide evidence-based diversion programs, implemented using equitable eligibility and programming criteria. In doing so, the Supreme Court should direct the chief JCOs to make postcharge diversion equitably available to all youth in every judicial district and appoint a diversion task force to assist in this implementation effort.
48. The General Assembly should create a legislative committee to focus on juvenile justice issues that would conduct its work in a cross-sector, agency manner.
49. The General Assembly should amend chapter 232 to create a legal structure for diversion.
50. The Governor and Executive Branch should publicly support the goal of statewide diversion by providing any necessary additional resources to assist a diversion task force and supporting legislation that furthers this goal.
51. The General Assembly should define "dual-system youth" in the Iowa Code as "juveniles who come into contact with both the child welfare and juvenile justice systems."
52. The Supreme Court should establish a task force to address the growing population of youth involved in the child welfare and juvenile justice systems that have mental health issues and intellectual and developmental disabilities.
53. The Department of Education should adopt administrative rules establishing a plan or policy to ensure that youth receive credit for schooling completed in out-of-home placement and establish reentry procedures for reenrollment.
54. HHS should amend the administrative rules to ensure youth can access supervised apartment living and independent living without an adjudication placing the youth in foster care.
55. All stakeholders need to establish methods to regularly communicate with legislative leadership on better aligning the administrative structure of JCS and identifying operational and programmatic effectiveness with the broader goal to better inform the General Assembly on all juvenile justice matters.

### Work Group 1: Community Based Services

**Goal:** Develop a set of recommendations to expand and enhance community-based services at the front-end of Iowa’s juvenile justice system and make recommendations to reduce disproportionality and overrepresentation of youth of color in Iowa’s juvenile justice system.

**Overview of Work Group Activities:** The Community Based Work Group conducted twenty-seven meetings, at which minutes were recorded and uploaded to the Juvenile Justice Task Force (JJTF) Dropbox. The work group divided into three subgroups: Diversion, Mental Health and Substance Use, and a sub-Community Based Services group. During both the subcommittee and work group meetings we heard from experts across the state about issues related to community-based services. In addition to regular work group meetings, group members organized tasks including a 99-county juvenile court officer survey, provider survey, literature review of other state reports on community-based juvenile justice services, and exploration of other programs through human resources.

**Summary of Final Report:** The Community Based Services Work Group submitted a report to the Juvenile Justice Task Force in September 2022 outlining our activities, assessments, key findings, and initial recommendations. Our work group renews all the findings and recommendations included in our September report and have selected the following four issues as priorities to be addressed in our final report: (1) diversion, (2) mental health and substance abuse service deserts, (3) school-based interventions, and (4) the Iowa Delinquency Assessment (IDA) and Detention Screening Tool (DST). The Community Based Services Work Group urges the Iowa Supreme Court to adopt and immediately implement the recommendations outlined in our report. Iowa’s community-based service system is on fire—and we must act with urgency and resolve to address this problem.

**Recommendations of the Diversion Subcommittee (approved by all members of the Community Based Services Work Group):** We recommend that the following actions be taken in 2023 and beyond to further the goal of expanding diversion across Iowa and making diversion available equally to all of Iowa’s youth. By “diversion,” we mean handling delinquent behavior by opting out of formal processing for minor offenses committed by low-risk youth. All branches of government should adopt this goal and take the steps necessary to make it a reality.

We realize that there are gaps within our juvenile law and the policies and procedures of our juvenile court system that pose challenges to achieving this goal quickly and completely, but we refuse to let the perfect be the enemy of the good! There are important steps that the Judicial Branch can and should take quickly—within the next calendar year—to expand diversion opportunities across Iowa. At the same time, other initiatives can be pursued over the next two years to make the structural changes necessary to implement diversion as an important and necessary element of juvenile justice in Iowa.

The Supreme Court should:

1. Publicly adopt the goal of statewide diversion, with specific, evidence-based, equitable eligibility and programming criteria.
2. Direct the chief juvenile court officers to implement diversion equally available to all youth in every judicial district.
3. Appoint a task force to assist the chief juvenile court officers.
4. Support legislation and budget proposals needed to achieve this goal.

The Judicial Branch is responsible for the juvenile justice system in Iowa. The Supreme Court should formally adopt the goal of statewide diversion and make a public commitment to achieve the goal by July 1, 2026.

There are eight chief juvenile court officers, one in each judicial district, who are appointed and directly supervised by the chief judge of each district. Chief juvenile court officers are required by law to “administer juvenile court services ... in accordance with law and with the rules, directives, and procedures of the judicial branch and the judicial district.” Iowa Code § 602.1217. In turn, they administer and supervise juvenile court services within their district. Iowa Code §§ 602.7201–7202.

The Supreme Court should formally adopt the “rules, directives, and procedures” needed to achieve the goal of statewide diversion. The Supreme Court should take the necessary steps to ensure that the chief judges of all judicial districts direct and supervise the chief juvenile court officers to comply with the diversion rules, directives, and procedures. By January 1, 2024, each district should submit a diversion plan for approval by the Supreme Court or its designee.

The Supreme Court should appoint a dedicated “Diversion Task Force” and direct it to: (1) draft diversion rules, directives, and procedures; (2) draft or assist in drafting legislation; (3) identify resources that could be used or expanded for diversion; (4) identify gaps in resources and make recommendations about the need for additional resources; (5) identify and create sample diversion programs that districts, counties, cities, and agencies can easily adopt and adapt; and (6) assist chief juvenile court officers as needed.

The Governor and the Executive Branch should:

1. Publicly support the goal of statewide diversion.
2. Provide additional resources to assist the Diversion Task Force as needed.
3. Support legislation and budget proposals needed to achieve this goal.

The Division of Criminal and Juvenile Justice Planning (CJJP) is playing an important role in collecting and managing data to evaluate the effectiveness of diversion programs and inform program improvement efforts. Thus, CJJP is ideally situated to provide technical assistance to the task force and the chief juvenile court officers in designing, implementing, certifying, and reviewing diversion programs. Our previous reports have documented that diversion is a cost-efficient and effective way of reducing rates of delinquency, preventing youth from being pulled deeper into the



delinquency system, and identifying youth who can benefit from referrals to community resources. Diversion—if available equally across the state to all similarly situated youth—has been shown to reduce the rates of racial and ethnic disproportionality that can affect youth into adulthood and negatively impact community safety.

The Legislative Branch should:

1. Create a legislative committee to focus on juvenile justice issues and partner with cross-governmental entities, including the Diversion Task Force.
2. Enact amendments to chapter 232 to create a legal structure for diversion.

It is clear that the Legislature intended to create diversion opportunities for children. Iowa Code section 232.2(32A) defines a “Juvenile diversion program,” but there is no further mention of diversion in chapter 232, which means that there is no structured, organized means of implementing diversion statewide or ensuring that diversion means the same thing across the state and is equally available to all of Iowa’s children. While it is possible to create diversion programs and opportunities—as many of our communities have already done—the absence of a legislative structure means that diversion opportunities are not equally available to all of Iowa’s youth, particularly youth in smaller and more rural counties and judicial districts.

**Recommendations of the Mental Health & Substance Use Subcommittee (approved by all members of the Community Based Services Work Group):**

Subcommittee Membership:

- Rachel Antonuccio (cochair), State Public Defenders Office.
- Nickole Miller (cochair), Drake University Law School.
- Judge Linnea Nicol, District Associate Judge.
- Addie Rupp, Juvenile Court Services Supervisor.
- Terrance Campbell, Chief Juvenile Court Officer.
- Amanda Ragan, State Senator.
- Emily Blomme, Shelter-Foundation 2.
- Ben Loeb, Juvenile Court Officer.
- Betty Andrews, NAACP.
- Christine Gradert, Unity Point–Robert Young Center.
- Kim Scorza, Crittenton Center.
- Kate Nash, law student volunteer, Drake University Law School.

The Mental Health and Substance Use subcommittee of the Community Based Services Work group met eleven times since its inception in May 2022. The subcommittee was formed to better understand the current state of community-based mental health and substance use services available to juvenile-justice-system-involved youth. Our meetings provided an opportunity for subcommittee members to hear from a diverse range of experts from across the state about local and statewide mental health and substance use treatment systems and services, as well as exploration of challenges and successes when serving system-involved youth. Meetings included robust discussion and helped build a growing consensus over time on the need to improve key

aspects of the system statewide. The subcommittee submitted a report in September 2022 outlining its activities, assessments, key findings, and initial recommendations. The subcommittee renews all the findings and recommendations included in September 2022 report and has selected the following two issues and recommendations as priorities for the final report:

Issue: Service deserts.

The quality, availability, accessibility, and diversity of community-based mental health and substance use services varies significantly across the state, with significant service deserts in rural parts of the state.

Recommendation: Juvenile court services (JCS), in coordination with the Coalition of Children and Families, Iowa Department of Health and Human Services (DHHS), CJJP, and Mental Health and Disability Regions (MH/DS Regions), should develop a coordinated, statewide strategy and fiscal investment plan to ensure evidence-based, culturally competent mental health and substance use programs are available and accessible to all justice-involved youth in the State of Iowa.

Conduct a statewide audit of community-based mental health and substance use services across the State of Iowa to collect more robust data on the current location and availability of services. The following data should be collected: (1) location; (2) types of programming and services available, including whether they are evidence-based; (3) capacity; (4) age restrictions; (5) funding restrictions, (6) waitlist; (7) geographic restrictions; and (8) availability of remote services and programming.

This data should then be analyzed and used to create a strategic plan to address service deserts and increase meaningful access to evidence-based services and programs across the state. The strategic plan should incorporate cross-system, cross-governmental input and align with best practices for service-to-population ratios. Funding should be appropriated to support these efforts.

Explore reimbursement rate increases and other funding models to incentivize and support the expansion and strengthening of community-based mental health and substance use services, particularly in rural parts of the state and areas with the highest levels of unmet needs.

Mandate cross-systems, cross-government county and judicial district service committees (whether newly created or within existing groups such as the MH/DS Regions) to improve communication, coordination, service availability, access, and strategic planning as it relates to the needs of youth involved or at risk for involvement in the juvenile justice system.

These committees should include representatives from the courts, DHHS, JCS, CJJP, community mental health and substance use treatment providers, shelters, schools, area education agencies, tribes (in areas with a larger Native American population), impacted youth and families, prosecutors, and defense attorneys.

Issue: Early identification and intervention.

The juvenile justice system is intervening in children's lives long after a number of warning signs or

needs have gone unmet. The public school system is the most logical place to provide the necessary early interventions and assessments to try to catch concerns and prevent further exacerbating those concerns.

Recommendations: JCS should create a coordinated cross-system response with the Iowa Department of Education, DHHS, MH/DS Regions, and the Youth Justice Counsel to identify and fulfill the needs of children within the state before those needs and behaviors result in juvenile court involvement. Specifically, we believe it would be helpful for this cross-system team to implement the following:

1. Develop a plan to ensure all public schools across the state have access to on-site licensed mental health professionals in accordance with best practices for student-to-mental health therapist ratios.
2. Conducting mandatory statewide social and emotional screening at the schools with appropriate procedures for connecting students with needed resources and supports.
3. Creation of statewide juvenile assessment centers in all judicial districts. These assessment centers should have procedures and supports to enable all youth to meaningfully access their services.
4. Expand restorative justice practices within all schools and grade levels.
5. Develop guidance for school-district-wide policies to address low-level behavioral issues at schools, including alternatives to suspensions and implementation of programs and policies to manage behavioral issues in classrooms without JCS or police involvement.

**Recommendations of the Community Based Services Subcommittee (approved by all members of the Community Based Services Work Group):** The Community Based Services Work Group requests the Supreme Court take immediate action to provide JCS with the technological capability to immediately implement the IDA and DST after they are updated for race and gender bias and revalidated. The IDA and DST that are being used on a daily basis to drive decision-making in almost all cases are not currently updated or validated to consider disproportionate minority and gender impact. The most recently validated IDA sat on the shelf awaiting implementation because technical assistance was not provided to implement the tool. The validation of the IDA has expired.

Accordingly, we recommend:

1. Regularly updating and revalidating both the IDA and DST following best practices for reevaluation and implementation.
2. Providing statewide training for JCS, judicial officers, and detention staff to ensure fidelity to the directions for completing the assessments.
3. Implementing uniform, standard procedures to address (1) when and who conducts the IDA and DST and (2) how and when overrides to the system are implemented.
4. Setting a limited timeline for how long prior complaints remain part of the analysis.

5. Providing access to the technology, resources, and staff needed to update the tools as they change.
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## Work Group 2: Transition to Reentry

**Work Group Goal:** Building on the efforts of the existing Juvenile Reentry Services (JReS) Task Force, develop recommendations that will support the creation of a stronger reentry transition system, one that maximizes recidivism reduction and improved outcomes for youth and family.

**Overview of Group Work Activities:** Our work group included stakeholders from the legal and law enforcement communities, providers, juvenile court services (JCS), and state agencies. The group assembled on a weekly basis to discuss and create recommendations and action plans to support a reentry transition system for youth placed out of the home through involvement with the juvenile justice system.

In early discussions, the work group came to consensus quickly that the current landscape of out-of-home and group care placements and long-term detention settings for youth involved in Iowa's juvenile justice system does not yield positive outcomes at and after the time of reentry. This is reflected in the youth's reported lack of connection to work, school, supportive services, and positive relationships as well as juvenile recidivism rates.

The work group also developed an understanding of the existing reentry efforts and structure that have been established through the Juvenile Reentry Task Force (JRTF). The current structure is built on strong partnerships of multiple stakeholders from multiple branches of government, including service providers, JCS, Department of Education, Iowa Vocational Rehabilitation Services (IVRS), Workforce Development, Department of Health and Human Services, youth, and other state and local partners. The JRTF embodies the commitment to joint planning, shared responsibility, and mutual accountability that is necessary to ensure juvenile reentry efforts are comprehensive and yield the best outcomes for youth.

Current reentry efforts have been implemented, but policies and practices continue to be developed, modified, and implemented to respond to the evolving needs of youth and families. The recent implementation of the Family First Prevention Services Act has restructured the delivery of group care in Iowa and, as a result, the provision of reentry services has also changed.

Iowa is building on the foundation and success of the current reentry structure, working to address reentry *before* youth enter placement, while also adding key components included in this document. The items listed are those the work group deemed as the most important and easily actionable items, but other recommendations can be made available upon request.

In developing the recommendations throughout this document, the work group utilized various quantitative and qualitative data from sources including the Judicial Branch Case Management System (via the Justice Data Warehouse), the 2019 JReS report, a site visit to the Scott County Jail and multiple residential facilities, the 2021 and 2022 Family and Youth Engagement Summit events, talking wall sessions, the National Youth Transition Database, lived experiences from individuals currently and formerly involved in juvenile court, juvenile court personnel, national

partners, etc.

## **Issues & Recommendations:**

### Issue #1: Family engagement.

Meaningful engagement and partnership with family is key to young peoples' learning, development, and successful reentry from out-of-home placement. Since the onset of COVID-19 in March 2020, facilities and providers have developed creative approaches to family engagement that seek to preserve family connections while youth are in out-of-home placement. These approaches include providing funds for travel and access to technology and resources for communication and visits (e.g., iPads and laptops for virtual visits).

A commitment to family engagement needs to be intentional, systemic, and structured. However, a "one size fits all" approach to family engagement is not realistic. Each family has their own unique assets and challenges. Additionally, youth have their own understanding and definition of what family means to them. Family engagement must be built on the foundation of strengths, mutual trust, and transformational relationships, where all parties contribute to the long-term goals, outcomes, and successes of the youth. This type of approach will support the likelihood of positive outcomes, including reduced recidivism, as families can provide cultural and individual context towards interventions which are likely to be most effective in meeting youth needs.

To accomplish better family engagement, the Reentry Work Group puts forth the following specific recommendations. These recommendations do not require a Code or rule change.

1. Develop a definition and framework for family engagement for JCS, facilities, providers, etc.
2. Develop standardized measures for tracking family engagement (facilities and JCS).
3. Develop a program that models "Parent Partners" and seeks to connect parents to each other for peer-to-peer support and advocacy.
4. Develop educational materials and establish parent, guardian, and supportive adult involvement prior, during, and postplacement.
5. Encourage and facilitate the involvement of family members with meaningful connections and cultural relevance.

The following outcomes should be evident when family engagement is strengthened:

1. The relationship between family engagement efforts and improved youth outcomes will be affirmed.
2. Facilities will have direction and clarity about how to cultivate meaningful engagement, building off of momentum that has been established by JCS prior to placement.
3. Parents and families will have ongoing support while youth are in placement and after discharge.
4. Youth will have better outcomes, easier transitions, and successful treatment.
5. Positive family relationships with specific recognition of the unique cultural and socio-economic strengths and needs will be uplifted.

The Reentry Work Group recommends the following actions to implement our recommendations:

1. Develop a web-based application for tracking family engagement efforts and data.
  - a. Ensure there is ownership regarding the data.
2. Develop and identify and provide training on a statewide family engagement model and framework.
  - a. Development of materials, training, and allocate staff time.
  - b. Review and reduce barriers to full implementation.

## Issue #2: Education.

Involvement in extracurricular activities and graduation from school is one of the strongest predictors of success. The work group quickly identified several deficiencies in the way youth placed in facilities were being served, both during the stay at those facilities and when they are reintegrated back home and into their home school. Among the problems the work group sought to find solutions to were:

- The role of the school district of origin in monitoring student progress while in placement is not clearly defined and results in inconsistencies.
- Policies have been adopted at the local level by school boards and district administration which make it difficult—if not impossible—for system-involved youth to participate in prosocial extracurricular activities despite engagement and completion of out-of-home rehabilitative services.
- There are inconsistencies in the awarding of educational credits while youth are in out-of-home placement.
- Each facility tends to incorporate its own services without consistent regard to how other services are being managed or implemented.
- Decisions regarding educational services and how a student transitions back to the community do not always involve collaboration among the student, the family, and school personnel.

The recommendations developed by the work group do not specifically call for a Code or rule change. However, Iowa Code section 273.2(10) encourages every area education agency (AEA) to employ a child welfare liaison; and Iowa Code section 280.29(1)(a) requires schools to work with the AEA child welfare liaison. Based on juvenile court officers (JCOs) and other field staff experiences with this topic, it does not appear that many (if any) AEA has actually employed a child welfare liaison—despite the encouragement. If Code change is deemed necessary this may be a path forward in standardizing the educational reentry opportunities and experience for youth.

The work group proposes the following recommendations:

1. Develop a plan or policy at the school district level or state level that ensures youth receive credit for schooling completed while in out-of-home placement and that standardizes reentry procedures for reenrollment.
  - a. If the plan or policy is developed at the judicial district level, chief JCOs will provide a copy to the Supreme Court for oversight and review.
  - b. Conduct periodic audits to ensure compliance with the protocol.

2. Develop or provide training to educational staff on juvenile system processing to assist with decision-making.
3. Develop or provide training to JCS and facilities on educational requirements.
4. Educate and assist local school boards to adopt student conduct policies and procedures that allow for individualized determinations rather than offense-based practices.

These policies should minimize the “hoops” necessary for a youth to jump through to be reengaged in school and school activities.

The following outcomes should be evident when education is strengthened:

1. Clear reentry protocols and plans will be published and disseminated regarding reenrollment to school.
2. Periodic audits will be completed to ensure compliance with reenrollment protocols and plans.
3. Local school policies will be adopted that allow for individualized determinations based on the needs of the youth.
4. JCS, providers, and schools will have increased awareness regarding educational requirements for youth in out-of-home placement.

Issue #3: Youth wellbeing (encompassing of health, skill-building, resiliency, housing, and employment).

Several areas were identified that impact youths’ overall wellbeing when returning to their home community. The work group’s discussion about the importance of health and wellbeing focused on the need for youth and families to have immediate access to physical and mental healthcare upon return home to continue the momentum of treatment provided in placement. In current practice, youth and families often do not receive records, vital information, referrals, and medication refills in a timely manner that coincides with the return from placement. Follow-up appointment time frames with providers in a youth’s home community may exceed a month following discharge from placement; resulting in a treatment backslide. In addition, youth placed in detention facilities lose access to state-funded insurance upon reentry. Gaps between insurance or payment sources result in the need to reestablish physical and mental healthcare services, which negatively affects treatment progress and may unnecessarily prolong supervision.

Skill building and resiliency were also identified by the work group as major contributors to reduce recidivism and improve outcomes for youth and families. These factors are foundational; they build confidence for success, support community connections, and cultivate opportunities for prosocial engagement. Three areas of concern were identified by the work group:

- Congregate care providers do not have the necessary training and information to consistently align practices and follow the standards established by JCS.
- Length of stay in placement is currently based on meeting an expectation for time at the facility rather than the needs of the youth.
- There is a lack of intentional and meaningful community connection, prosocial engagement for juvenile-justice-involved youth and families.



Housing is an important consideration to youths' successful reentry to their community from out-of-home placement. Youth may be challenged to acquire safe and stable housing because of factors including restrictions placed due to justice system involvement, strained relationships with family members, unestablished rental history, or lack of a living wage job. There is a lack of resources to link young people to housing services and a lack of clear communication regarding available services. Iowa-specific data from the National Youth in Transition Database shows by age 21, 30% of youth aging out of care have experienced homelessness. In current practice, there is not a strategy specific to justice-involved youth to address this growing issue.

In assessing housing needs, emphasis must be placed equally on identifying options that are both safe and stable from the youth's perspective. Failure to secure safe and stable housing may perpetuate further involvement in the justice system as youth are at increased risk of homelessness, association with negative peer influences, and survival behaviors. In current practice, youth involved in the juvenile justice system may have access to the benefits of programs like independent living and supported apartment living as a condition of supervision. These types of housing programs are beneficial as a "step-down" approach to the formalized structure of out-of-home placement. However, the inventory of available independent living and supported apartment living programs is limited across the state and the demand far outweighs the available supply. Further, linking youths' eligibility for participation in these types of programs to a requirement that they remain under the supervision of the juvenile court is problematic and may prolong youth being subjected to the stigma associated with justice-system involvement.

The work group also identified vocational services and employment as a major issue of concern for youth discharging from placement and reentering home communities. Vocational services are especially important for youth returning home as it provides a positive activity in which they are able to build self-esteem, confidence, earn money, and, in many cases, avoid negative peer interactions. Employment has also been found to be beneficial to all youth by teaching responsibility, organization, and time management—all of which play a vital role in transition. Currently youth and students with a disability are eligible to receive vocational rehabilitation services (VRS). These services provide opportunities to learn about career and training options, as well as build work and self-advocacy skills. In the current state, there is a lack of consistent referral and utilization of VRS, leaving many youth unable to find employment in their local communities and navigate training or postsecondary education opportunities.

With recognition to each of these considerations, the work group has developed the following recommendations:

1. Implement a statewide transition to reentry program or provider.
2. Collaborate with youth and families when identifying and selecting community-based providers to ensure the youth and family support and understand the treatment needs, are satisfied with the selection, and are able to access the services.
3. Implement a statewide checklist to ensure the youth's documents are included at discharge and provided to the youth, family, JCS and community-based providers.
4. Refer youth to community organizations for appropriate follow-up care at least 30 days prior

- to discharge with the appointment scheduled within 10 days following discharge.
5. Explore necessary changes in federal, state, and DHHS policies to ensure youth in detention remain eligible for state-funded health insurance.
    - a. Consider adequate rule or administrative changes to ensure youth can access supervised apartment living and independent living without an adjudication.
  6. Create a plan to ensure every youth has safe and stable housing prior to discharge.
  7. Expand housing supports for transition-age youth (supported apartment living, independent living, etc.)
  8. Establish and develop community partnerships to create services and employment for youth in out-of-home-placement.
  9. Increase funding for the Reentry Navigator program and other programs that focus on youth employment.

The following are anticipated outcomes that will result from the implementation of the above recommendations:

1. With the implementation of a statewide transition to reentry program or provider, youth and families will have access to a local point-of-contact to assist in navigating the services and steps needed for successful reentry.
2. Youth and families will have immediate access to physical and mental healthcare to remain on a path of success following discharge.
3. Continuity of care for services provided to all youth will be improved.
4. Youth will have access to safe and stable housing, be provided ongoing support, and avoid further system involvement.
5. There will be an increase in the number of juvenile-justice-involved youth acquiring living wage jobs or enrolling in training programs or postsecondary education.

The following actions are needed to implement the work group's recommendations:

1. Complete a service inventory per district that will include available services, delivery, and approaches of various services and providers.
  - a. Expand, implement, and adapt services as needed.
  - b. Ensure funding is available to complete the inventory and expand services as needed.
2. Review current and outdated reentry and transition checklists, consolidate forms, and identify which items should be included in a statewide checklist and determine the best mechanism to store the information.
  - a. Compare the existing JReS Taskforce, JCS Reentry, and Transition policy documents.
  - b. Develop a system for storing data, reporting, and monitoring compliance.
3. Implement a statewide transition to reentry contract, and avoid a district-by-district approach to ensure continuity and standardization.
4. Work with youth and families to understand housing needs and barriers to housing (finances, restrictions, etc.).
  - a. Provide community supports as needed to ensure safe and stable housing.
5. Expand resources to access availability of housing options including supported apartment living and independent living.

6. Work with employers, IVRS, Iowa Workforce Development (IWD), and others to develop training programs, fund support staff positions, and create jobs identified specifically for juvenile-justice-involved youth.
7. Develop procedures, including training, to ensure eligible youth are referred by JCS and providers to IVRS, IWD, Workforce Innovation Opportunity Act funded programs, and other employment and training programs.

Issue #4: Disproportionate minority contact (DMC).

DMC refers to rates of contact with the juvenile justice system among youth of a specific minority group that are significantly different from rates of contact for white, non-Hispanic youth. In Iowa, the most overrepresented population in the juvenile justice system is Black youth, and, with few exceptions, disproportionality is not evident for other groups. Black youth comprise 7.0% of the population of individuals ages 10–17 in the State of Iowa. The overrepresentation of Black youth begins at early contact points within the juvenile justice system and persists throughout the deep-end of the continuum. In 2019, for example, Black youth comprised 31.3% of juvenile complaints, 34.7% of exits from out-of-home placement, and 37.7% of youth waived to the adult criminal court system. The work group developed specific recommendations to reduce DMC as it pertains to reentry from out-of-home placement. However, to impact DMC most effectively, specific strategies must exist at the early contact points of the juvenile justice system.

To address DMC, the work group developed the following recommendations. None of the recommendations require a Code change:

1. Research and implement programs and services specific to the cultural, socio-economic, and gender-specific needs of youth of color and their families.
2. Review and consider modifications related to the criteria for out-of-home placement.
3. Analyze and review facility discharge and other youth outcome data by race and gender.

By advancing the recommendations, the following outcomes are anticipated:

1. Racial disparities in the juvenile justice system will be mitigated.
2. A deeper examination of the current policies and practices that lead to youth of color being placed out-of-home at disproportionate rates.
3. Better understanding of the differences that may affect help-seeking behavior, perceptions, beliefs, access to services, etc.
4. Ensure that everyone is treated equitably, across the state, as it pertains to placement, length of stay, service availability, etc.
5. Increased recognition and respect that each family is unique; increased focus on strengths, assets, history, etc. of cultural differences; and delivery of appropriate services that builds on strengths.

The following actions are necessary to implement the recommendations:

1. Complete a service inventory.
  - a. Conduct a program clearinghouse review and cross-reference current programs in Iowa.
  - b. Build the capacity of providers through training and technical assistance.

- c. Consider data collection and analysis around socio-economic needs (Iowa Delinquency Assessment long-form variable(s)).
2. Expand utilization of the decision matrix to other counties.
3. Collect data at various decision points (length of stay, services received, assessments, etc.)
  - a. Develop and implement plans to address disparities that include measurable objectives for policy and practice changes.
  - b. Publicly report findings to an outward facing, user friendly dashboard.
4. Employ practices and use approaches that amplify the voices of youth and families and engage them as authentic partners.

**Summary:** Efforts to improve the juvenile reentry experience have improved through the existing work of the JRTF. However, there is still much work to be done in regards to a statewide comprehensive approach with standardized practices, policies, data collection, and analysis. At the center of the juvenile reentry system improvement efforts is a desire to strengthen authentic partnerships with youth and families in a way that will move Iowa closer to the goal of improved youth outcomes and reduced juvenile recidivism. Our work group’s vision is that Iowa’s juvenile reentry system will have evidence of these standards being consistently implemented:

- Engaging youth and families in a meaningful manner throughout the reentry process.
- Prioritizing education, employment, and housing as essential elements of a reentry plan.
- Providing a stable, supported transition plan that helps create long-term connections.
- Employing practices and approaches that amplify youth’s voice, wishes, and hopes for the future.
- Reviewing data at key decision-points and eliminating disparities for youth of color.

Collaboration is a necessary component to ensure the recommendations in this report are able to be fully realized in a sustainable manner. Mobilization of the JRTF can provide strategy and leadership towards implementation of the recommendations as the membership of this diverse group can be utilized to leverage key activities.

Strengthening and enhancing youth’s reentry experience is ongoing. The recommendations in this report are a catalyst in system improvement, but they are not the end-point. It is important that there continues to be a sense of urgency to ensuring that the programs and services that guide the reentry experience for youth evolve and improve. To that end, ongoing data collection and analysis that illustrates successes, barriers, and opportunities for improvement is also a necessary component to this work. As system leaders, it is important that we remain accountable to the wellbeing of youth and know, with confidence, that youth are better off as a result of their interactions with the many partners and organizations that influence juvenile reentry.

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## Work Group 3: Dual System Youth

**Work Group Goal:** Develop a set of recommendations for the creation of a statewide set of policies and practices that will ensure an assessment driven, cross-system, and integrated case practice model that serves dual-system youth in an effective manner.

**Overview of Work Group Activities:** The dual system work group met biweekly from the initial kick-off in November until late spring, at which time the frequency of our large group meetings was reduced to allow for more frequent meetings with established smaller subgroups within the work group. Work group cochairs also consulted Shay Bilchik, Georgetown University, concerning our tasks and recommendations.

From our larger work group, we established three smaller subgroups, specifically groups focused on the drafting of a statewide crossover model, whether a statutory or rule change was needed, and the education and buy-in of the statewide protocol.

### **Issues & Recommendations:**

Issue #1: *What is the issue the work group addressed?* The first issue the work group addressed was defining our target population for implementation of the dual-system-crossover-youth model.

*Who does the issue impact?* This definition impacts youth that touch both the child welfare and juvenile justice systems in Iowa. It also impacts personnel in both systems: juvenile court officers and Department of Health and Human Services (DHHS) workers.

*What factors support change, including any research or data?* The definition that we have included may be broader than generally referencing and defining dual-system youth. The work group definition is broader than just the youth that have been dually adjudicated, or who are subject to petitions filed both in the juvenile justice and the neglect and dependency realm. The work group definition encompasses youth who have a history of involvement in either system. “Dual-status youth” are youth who come into contact with both the child welfare and juvenile justice systems, though they do not have to be concurrently involved. Also known as “crossover youth” or “multi-system youth,” there are numerous youth involved in both systems. Depending on how broadly dual system involvement is defined, estimates of youth referred to the juvenile justice system who are also involved with the child welfare system are upwards of 50%. In field work with many local jurisdictions across the country, the Robert F. Kennedy National Resource Center for Juvenile Justice and the Center for Juvenile Justice Reform at Georgetown University’s McCourt School of Public Policy, have found that approximately two-thirds of the juvenile justice populations in these jurisdictions have had some level of contact with the child welfare system. These figures align with a study on prevalence in King County, WA. Research also suggests that significant rates of adults involved in the criminal justice system may have experienced past child abuse and neglect. One study, for example, found that 68% of incarcerated adult males in a New York prison reported some form of early childhood victimization before age 12.

*Who are the stakeholders?* Juvenile court judges (this model is driven from the bench), juvenile court officers, DHHS workers and their contract employees, attorneys for children, attorneys for parents, and guardians ad litem.

*What feedback from youth and families did the work group utilize?* A member of our work group attended a meeting of the Youth Justice Council. Additionally, we had a youth as a member of our work group.

*What is the work group's recommendation(s) to address to the issue?* The work group supports this expanded definition and adoption of such by rule or statutory change.

*Does implementation of the recommendation(s) require a Code or rule change?* If the statewide protocol is to be adopted by a rule change or statutory change, then we would recommend a definition section be included to clearly define which youth fall within the definition of crossover, or dual-system, youth.

*What is the desired outcome(s) of the recommendation(s)?* A restructure of our juvenile justice and child welfare systems is critical to eliminate youth crossing over into another system by closing the doors to entrance into another system and creating clear direction out of the system in which they are involved, either neglect and dependency or juvenile justice, and in some cases, both systems, so that the youth who enter have the opportunity to exit and move out and on as successful members of their communities. To do that will require modifying how our juvenile justice and child welfare systems operate both individually and together, so they provide better support for youth and their families in how they engage in and benefit from their system involvement.

*What actions are necessary to implement the recommendation(s)?* Our task force had a wealth of resources in the work of the Woodbury County, Iowa, model as a working example of how critical attention to this specialized group of youth has benefited youth entangled in both systems. Woodbury County benefited greatly from the use of Georgetown University and the resources provided.

1. Implementation of a statewide protocol through use of the Woodbury County model (revised for statewide use by our work group) in conjunction with advice from Georgetown University and the Cincinnati Department of Corrections that clearly defines the target population as defined by the work group.
2. Provide mandatory training statewide to juvenile court judges, juvenile court officers, and DHHS workers.

Issue #2: *What is the issue the work group addressed?* The second issue the Dual System Youth Work Group addressed was the development of a statewide set of policies and practices for the implementation of a crossover-dual-system-youth model across the state. Our focus was narrowed to modifying and tailoring the model that has been used by Woodbury County, developed in conjunction with Georgetown University.

Ideally, technology could connect all juvenile court judges and staff in both juvenile court services

(JCS) and DHHS to relevant local child welfare files for each young person involved in a delinquency matter. The imperfect reality is that Iowa does not currently have data linkage—no way to readily retrieve the often-instructive personal histories found in child welfare data. As such, Iowa’s dual-system youth model will, at least for the foreseeable future, place its reliance on implementation of sharing between personnel of the two systems.

Many districts have historically lacked this culture of collaboration between child-welfare services and juvenile justice, an interagency nexus needed to identify and attend to the unique, complex needs of so-called dual-system youth—a vulnerable, high-risk population. Concerns were highlighted that both systems may see this as extra work, and may have historically been reluctant to accept a case that one system deemed “belonging” to the other system. Judicial leadership has been highlighted as the single most important factor for successful crossover work.

*Who does the issue impact?* At the forefront, the issue impacts the youth of Iowa. Statistical data supports the proposition that dual-system youth are a subset of crossover youth—juveniles who have been both victims of maltreatment and engaged in delinquent acts. The dual-system youth population consists of crossover youth who have entered, at some point, both the child welfare and juvenile justice systems. As a vulnerable and high-risk group, dual-system youth cannot be effectively identified and served without a culture of collaboration between both systems.

Secondly, the issue impacts juvenile court personnel, specifically juvenile court officers and case managers employed by DHHS, as implementation of this model requires modification of existing practices in both systems and a collaborate approach between the two systems to ensure timely exchange of information and an ongoing exchange between the two entities to work toward the best outcome for youth involved in both systems.

*What factors support change, including any research or data?* The data is clear: “crossover youth” is more than the latest buzzword in juvenile justice. Instead, the term reflects a growing understanding of the dynamic between child abuse and neglect and delinquency. This population of young people has contact with both the child welfare and juvenile justice systems.

Addressing child welfare is challenging enough, let alone when joined with deeper problems of delinquency. Abused young people often carry scars of trauma and pain, which can inform delinquent behavior that leads to subsequent contact with the juvenile justice system. However, the complex challenges and needs of crossover youth often prove too much for each system alone to address. Practitioners must find a reasonable solution that ameliorates these issues or crossover youth likely may reenter the child welfare system or go on to commit more serious offenses. Instead, an integrated approach, which builds on each systems’ unique strengths, is the ideal approach. (“Crossover Youth”: The Intersection of Child Welfare & Juvenile Justice by Brian Goldstein).

*Who are the stakeholders?* Dual-system youth, juvenile judges, juvenile court officers, DHHS workers and contract employees.

*What feedback from youth and families did the work group utilize?* Attendance at the Youth Council and feedback from the youth member of the work group.

*What is the work group's recommendation(s) to address to the issue?* We have developed a statewide model using the Woodbury County model that was developed in conjunction with Georgetown University.

*Does implementation of the recommendation(s) require a Code or rule change?* A Code or rule change is likely necessary. In order to make sure this is adopted statewide, adoption in a rule or a statutory change is necessary.

*What is the desired outcome(s) of the recommendation(s)?* The desired outcome is to effectuate a statewide model for crossover youth, similar to the system in place in Woodbury County, developed in conjunction with Georgetown University.

*What actions are necessary to implement the recommendation(s)?*

1. Implement a statewide protocol through use of the Woodbury model (revised for statewide use by our work-group) in conjunction with advice from Georgetown University and Cincinnati Corrections Institute.
2. Provide mandatory training statewide to juvenile court judges, juvenile court officers, and DHHS workers.

Issue #3: *What is the issue the work group addressed?* The work group was tasked with developing a statewide model for dual-system youth, youth involved in some manner in both systems.

However, intrinsically intertwined with dual-system youth is a separate and distinct third category of youth: those with mental health issues and those a part of the intellectually disabled category. Often, this third category is caught in one of these systems, or perhaps in between one of the systems, due to a lack of resources or a system to address their specific needs.

*Who does the issue impact?* Youth affected by mental health and intellectual disabilities and their families.

*Who are the stakeholders?* Children impacted by these issues and caught between the two systems, juvenile court judges, juvenile court officers, DHHS workers, and professionals serving this specific youth group, including mental health and educational professionals.

*What feedback from youth and families did the work group utilize?* Attendance at the Youth Council and feedback from the youth involved as a member of our work group.

*What is the work group's recommendation(s) to address to the issue?* We recognize we were not tasked with addressing this specific area of youth; however, we felt we could not submit this report without



highlighting the need to provide attention to this growing population that, on many occasions, does not fit into either of our assigned categories—neglect and dependent or juvenile justice. Our recommendation on our self-created issue is quite simple: we need another task force or work group to specifically address the very specialized needs of this group of youth and the services needed to keep them out of either system.

*Does implementation of the recommendation(s) require a Code or rule change?* We are not recommending a Code or rule change at this time. We are recommending the formation of a work group or task force to address the needs of this category of youth.

*What is the desired outcome(s) of the recommendation(s)?* The desired outcome is to highlight the need for specialized services for children with mental health and intellectual disabilities to keep them out, if possible and in their best interest, of both the neglect and dependent and juvenile justice systems.

*What actions are necessary to implement the recommendation(s)?* This was not part of our work group assignment but we find addressing the needs of this sub-group critical to the success of the statewide crossover-dual-system-youth issue.

### **Summary of Purpose & Intended Outcomes of Recommendations:**

1. Rule or statutory change to adopt definition and dual-system-crossover model.
2. Implement a statewide protocol for all districts using the definitions and model developed by the work group.
3. Prior to the roll out of the statewide protocol, provide mandatory training for all juvenile court judges, juvenile court officers, and DHHS workers. Recommendations are for in-person training along with optional virtual meetings as the roll-out progresses.
4. Individual site visits to review each district's crossover, or dual-system, youth meetings would be beneficial.
5. Provide strong consideration to forming a separate task force to develop policies and advocate for changes for the youth caught between systems due to mental health and intellectual disabilities.

**Comments:** Ongoing support from Georgetown University and Cincinnati Corrections Institute (Shay Bilchik and Dr. Myrinda Schweitzer Smith) would be beneficial for site visits and the educational piece. Additional information on dual-system youths has been provided in the Dropbox for the task force's review.

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## Work Group 4: Congregate Care

**Work Group Goal:** Develop a set of recommendations that will address the challenges that youth in congregate care with high criminogenic needs, high-risk delinquent females, and special needs or vulnerable populations experience in receiving the needed treatment services in the most appropriate milieu.

**Overview of Work Group Activities:** Our group divided the objectives into three subgroups that were chaired by the cochairs of the work group.

Subgroup one, chaired by Judge Owens, undertook examination of objective one: Identify what the system's current strengths are and what is working well. The subgroup identified a number of strengths in Iowa's congregate care system:

- Iowa's piloting the new specialized delinquency beds, focusing specifically on the cognitive behavioral and restructuring approaches and the postdischarge programming of youth existing at therapeutic level of congregate care.
- Iowa's history of collaboration between the Iowa Department of Health and Human Services (DHHS), juvenile court services (JCS), the Iowa Department of Human Rights, and the Iowa Department of Education, all of which benefit children and families and bodes well for achieving system change.
- Iowa's system investment, though Iowa has reduced the overall number of beds in the system, Iowa has used the savings to pay for increased funding per bed with the goal of improving the quality of treatment services available.
- Iowa's system has placed an emphasis on safely returning youth to the community by incentivizing congregate care providers to address the needs of the youth in their care so they can be safely returned to the home.
- Iowa's system uses statewide "performance based" contracts, paying for results and good performance.
- Iowa relies on evidence-based tools to make recommendations on which youth should be placed in a congregate care setting.

The subgroup also considered objective two: Identify the current challenges and barriers to youth experience in accessing appropriate treatment services. The weaknesses in the current congregate system were identified:

- Mixing populations in congregate care programs, i.e., treating child-in-need-of-assistance (CINA) youth and delinquent youth in the same milieu, problematic-sexual-behavior (PSB) youth with non-PSB youth, and males and females being treated in the same milieu;
- Limited number of beds for female youth including a lack of "last resort" (highly delinquent or aggressive) placements.
- Failing to use the correct or most appropriate assessment tools in determining congregate care eligibility. (Unsure the TOP assessment is most appropriate for delinquent youth or being used consistently across the state.)

Delinquent behavior often masks underlying trauma and youth are often placed in detention, as it is the fastest path to a behavioral health assessment. This commingling of youth with different risk and needs can, and does, lead to additional trauma, and may increase the risk of reoffending. Iowa has had a reduction in the number of available placements and youth are often placed in “a” available bed, rather than a bed that can meet their treatment needs and reduce their risk to reoffend. Subgroup one met weekly over the lunch hour via GoTo Meeting to discuss each of these objectives.

Subgroup two, chaired by Christopher Wyatt met on a weekly or biweekly basis since the subgroups were initiated. Subgroup two considered objective three: Identify the system factors contributing to youth not receiving the appropriate treatment. The group identified several systemic factors impacting youth not receiving appropriate treatment.

**Commingling of Populations:** By mixing populations there often is less attention to youth with criminogenic risks and this makes consistent treatment of all youth in a congregate facility more difficult, if not impossible. Quality and consistency issues are more likely when staff have to be cross-trained for numerous populations (i.e., age, gender, CINA, high and low criminogenic need and behavioral health needs, lower functioning). A more narrowly focused population allows for staff to appropriately group residents into the most efficacious treatment modality. Problems with this approach are that more specialized services may mean youth may need to be placed farther from home. In addition, economics of scale are lost if facilities become smaller and specialized.

**Single Gender Environments for Girls:** The best practice is for girls to be placed and treated in a setting that is exclusive to female youth with the use of female staff, who are specially trained to meet their needs.

**Over Charging Youth:** Youth in congregate care are often charged for incidents of delinquent behavior that are often the same or similar behaviors that resulted in their congregate care placement. Providers should be trained in de-escalation techniques and trauma informed practices, and develop a policy around the use of law enforcement and not rely on the use of law enforcement as a first resort or as a means to control the facility.

**Lack of Providers:** There are not enough interested, willing, well-trained providers, particularly in mental and behavioral health treatment. A lack of providers often results in increased wait time for treatment and creates issues related to engagement.

**Lack of Beds:** Youth are unable to obtain the correct level of treatment because of a lack of available beds. As a result, youth are often placed in the next available bed rather than the bed that best meets their treatment needs.

Objective 4: Identify research-based solutions that can be utilized to improve youths’ access to appropriate treatment. Iowa utilizes the Iowa Delinquency Assessment (IDA) to identify needs and appropriate level of intervention and treatment. In order to address this issue Iowa should

implement the updated IDA uniformly to address any bias in the assessing and identification of youth in need of congregate care. Iowa also utilizes the Treatment Outcome Package (TOP) that is part of the qualified residential treatment program (QRTP) conducted after a child has been placed, but may be able to be tweaked to be a preplacement analysis tool. Positive Achievement Change Tool (RPACT) is an assessment tool used to gauge a youth's progress during treatment and its use should be explored. Additionally, developing and expanding reentry programs like "On the way Home" that is currently being used by Boys Town. (This is a transitional aftercare program utilized to transition youth from care back to the community.)

Objective 7: Identify approaches that will help remove barriers to the appropriate treatment being delivered in a timely manner. One strategy identified is not to wait until a youth has acute treatment needs before considering congregate care placements. (The updated IDA may assist in this.) Current JCS policy and practice is to focus their efforts and work with moderate to high-risk youth. Youth with less criminogenic needs are more appropriate for community-based services. Another strategy is to use assessments on the front-end of the system to place youth in specialized treatment. A lack of assessment leads to commingling of delinquent youth with youth involved as a result of DHHS involvement or as a result of mental health concerns. This creates an unfocused system that fails to consider appropriate levels or modes of treatment. Yet another strategy is to provide judges with training and access to these assessment tools (TOP, IDA, RPACT) to avoid a "cookie cutter" approach so the court can focus on the individualized needs of each youth.

Objective 8: Identifying strategies to reduce disproportionality and overrepresentation of youth of color in congregate care. One strategy identified is the uniform use and adherence to the Detention Screening Tool. We know that placement in detention increases a youth's risk. This will also make it more likely that any implicit bias in detention decision-making will be minimized. Another strategy is to increase the use of diversion programs that would impact youth entering the system and later entering congregate care. Additional strategies include training for JCS and judicial staff on implicit bias, and providing JCS staff and judges with regular data on disproportionate placement. The last strategy explored was the expansion Crisis Stabilization Residential Treatment beds that is currently overseen by DHHS.

## **Issues & Recommendations:**

Issue #1: *What is the issue the work group addressed?* The impact on outcomes of mixing populations, i.e., child welfare and delinquent youth, PSB youth with non-PSB youth, mixing genders in congregate care settings.

*Who does the issue impact?* This issue impacts child welfare youth, delinquent youth, law enforcement agencies that have to respond to chaotic or out of control environments, and congregate care staff.

*What factors support change, including any research or data?* Data on delinquent complaints made against youth in congregate care settings (see Five for Issue One: JCS-Congregate Care in Crisis July, 1, 2021). (Due to inconsistent data entry across the state the only data that could be obtained and verified as accurate is data from District 6. That data is the number of complaints of the 6th

District youth while in placement.)

*Who are the stakeholders?* DHHS, JCS, and congregate care providers.

*What feedback from youth and families did the work group utilize?* The subgroup included a youth member who had been in congregate care during involvement with the system, and a member of the subgroup attended the Youth Justice Council Meeting. (See Four for Issue One: meeting notes dated March 20, 2022.)

*What is the work group's recommendation(s) to address to the issue?* Smaller, targeted and more focused programming for high-risk and high-need child welfare youth, for delinquent youth with high criminogenic need with a focus on not mixing populations, i.e., delinquency and child welfare youth, PSB youth and non-PSB youth, and working toward single-gender placements where appropriate. The expansion of similar settings as the recently created Juvenile Court Services Specialized Delinquency Beds should be explored and developed to meet this need.

*Does implementation of the recommendation(s) require a Code or rule change?* No Code change is needed, but it will necessitate JCS policy change and require DHHS (or JCS if fiscal oversight is shifted) to solicit and develop appropriate RFPs for smaller, more targeted programming.

*What is the desired outcome(s) of the recommendation(s)?* Will result in more specialized treatment programming for those youth akin to the specialized delinquency bed programs currently in existence. Use a similar selection, assignment, and referral process that is currently used by JCS to select an appropriate placement in specialized delinquency bed programs. This will also result in smaller resident-to-staff ratios with the hope that high-risk and high-need youth will receive more targeted cognitive behavioral therapies. It is hoped that this targeted approach would lead to fewer future placements or returns to care and decrease the need for law enforcement to respond to congregate care settings and delinquent complaints while in care.

*What actions are necessary to implement the recommendation(s)?* A focus on the specific needs of the youth entering congregate care matching specific needs and risks with proposed placement rather than simply seeking an available bed, or solely relying on geographic proximity to a youth's home as the driving determining factor.

Issue #2: *What is the issue the work group addressed?* Ways in which the system can work to reduce disproportionality of youth of color in congregate care.

*Who does the issue impact?* The goal would be to reduce over representation of youth of color in congregate care.

*What factors support change, including any research or data?* See attachments for this issue appended to this report.

*Who are the stakeholders?* DHHS, JCS, the Judicial Branch, judges, etc.

*What feedback from youth and families did the work group utilize?* The subgroup included a youth of color with lived experience in congregate care during involvement with the system.

*What is the work group's recommendation(s) to address to the issue?* Implement and utilize the updated IDA to assist in assessing the need for congregate care, thereby using more objective criteria for selection. The hope would be that the more objective criteria used would remove bias from the recommendation and decision-making process. Also, implementation of the requirement of including results of IDA in the predisposition reports prepared by the juvenile court officers (JCOs) and submitted to the court. Enhanced and expanded utilization of diversion programs at the front-end of the juvenile justice system following referral would reduce the available population of youth eligible for congregate care; they would be diverted early on to community-based services to address their needs.

*Does implementation of the recommendation(s) require a Code or rule change?* This would not require a rule or Code change; only policy changes within JCS.

*What is the desired outcome(s) of the recommendation(s)?* Desired outcomes is to reduce over-representation of youth of color in congregate care settings.

*What actions are necessary to implement the recommendation(s)?* There should be ongoing efforts to provide information and data to those in the system who have the greatest ability to impact disproportionality. (e.g., judges, JCOs, county attorneys). This will result in an increased awareness of the issue and their ability to impact change. Continued training is needed on the issues of implicit bias and antiracism and how it can impact bringing youth into the system and result in congregate care placements. Continued training is needed for staff and judges, including available data that may reflect any over-representation of youth of color.

The sub-group recommends examining the results of the Dispositional Matrix being piloted in Polk and Johnson Counties. A pdf of Florida's Dispositional Matrix Validation and current practice can be found at: <https://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-jjsip/disposition-recommendation-matrix>. There was similar data collected in regarding court dispositions compared to the program designed to reduce over-representation in the State of Florida that could be considered in making any needed changes required for implementation.

**Issue #3:** *What is the issue the work group addressed?* Identify the resources and supports needed to establish appropriate treatment options for high-risk delinquent females.

*Who does the issue impact?* Primarily impact is on older adolescent females who are moderate or high-risk and have extensive and long-term involvement with the juvenile justice system as well as their families. Black females are disproportionately represented in this group. It also impacts youth who

are lower-risk but commingled with the high-risk females as the peer contagion effect raises the risk-level of those youth who are lower-risk.

*What factors support change, including any research or data?* In the years since the closure of the State Training School (STS) for Girls in Toledo, there has been a substantial increase in the lengths of stay in detention, which correlates with the loss of that level of care for females (10.6 days in 2012; 25.8 days in 2021). Girls allowed to languish in detention are not being properly and appropriately served by the existing system and institutional changes are required. It should also be noted that there has been a steady increase in the numbers of girls that are waived to adult court since the closing of the STS for Girls. Pushing these girls into the adult system rather than appropriately addressing their needs in the juvenile system is inconsistent with the mandates of Iowa law and the goals of the juvenile court. A specialized setting for delinquent females that keeps lower- and higher-risk girls separate is supported by research (“Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders. Lowenkamp, C. Latessa, E. 2004”). There is also an extensive (approximately 40) list of cited works and research in the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report that support not only a specialized setting for higher-risk females, but also system-level changes to mitigate the need for such a setting. The full list of works cited and research can be found in the report at: <https://humanrights.iowa.gov/criminal-juvenile-justice-planning/females-and-juvenile-justice>.

*Who are the stakeholders?* Moderate- and high-risk females and their families, support systems, juvenile justice system officials, QRTP providers, detention facilities, and DHHS.

*What feedback from youth and families did the work group utilize?* There were youth with lived experience who served on the original Iowa Girls Justice Initiative group that created the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report. Members of the congregate care work group also had access to the results of the talking wall, which elicits feedback from youth with lived experience in congregate care settings about the juvenile justice system and ways to improve it, including feedback specifically from females.

*What is the work group’s recommendation(s) to address to the issue?* Recommendations of the work group are: (1) create a specialized setting for higher-risk females involved in the juvenile justice system using the 30-plus service recommendations already outlined in the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report and the 2022 supplement as a guide, and (2) make system changes that will lessen the need for a specialized setting using the 20-plus system recommendations already outlined in the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report and the 2022 supplement as a guide.

*Does implementation of the recommendation(s) require a Code or rule change?* Potential Code or rule changes that may be needed, depending on which aspects of the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report are implemented,

include:

1. Potential revision of Iowa Code section 232.52(2)(e), regarding eligibility for a placement of last resort for girls or creation of a new Code section separate and distinct from the STS eligibility Code section.
2. Require court-appointed attorneys to provide a report detailing time spent with the client and whether he or she visited the client in placement (if applicable) to the judge at the adjudication and disposition hearings.
3. Addressing educational shortcomings of the existing structure to include the establishment of universal standards for the number and type of credits required for graduation and require the acceptance of credits and partial credits by children in placement by all schools within the State of Iowa.

*What is the desired outcome(s) of the recommendation(s)?* A female-responsive setting for females that is designed to meet their specific needs while maintaining public safety and diminishing the need for multiple QRTP placements or extended stays in detention facilities. This specialized setting will also decrease the peer contagion effect that currently exists due to the commingling of higher and lower risk populations. System changes are intended to decrease the need for the above specialized setting.

*What actions are necessary to implement the recommendation(s)?* This will be dependent upon which of the extensive list of recommendations from the “Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa” report are implemented. As a result, the necessary actions may vary widely. However, at a minimum, the immediate identification of an in-state specialized setting for the placement of high-risk delinquent females is required.

**Summary of Purpose & Intended Outcomes of Recommendations:** The goal of the work group was to develop recommendations to address challenges youth with high criminogenic needs face in congregate care, particularly high-risk females, which are clearly an underserved population. The intended outcome of the work group’s recommendations are three-fold:

1. Examine the efficacy of commingling populations to develop more specialized treatment programming akin to the specialized delinquency bed programs and thus reducing staff-to-resident ratios and providing more targeted behavioral therapies to the youth in care.
  2. Reduce over-representation of youth of color in congregate care settings.
  3. A female-responsive setting for females designed to meet the specific needs of female youth while maintaining public safety and diminishing the need for multiple QRTP placements or extended stays in detention facilities. This specialized setting will also decrease the peer contagion effect that currently exists due to the commingling of higher and lower risk populations.
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## Work Group 5: State Training School

The following people contributed as advisors and administrators: Payton Clerc, Dr. Derek Hess, Maria Kordick, Nickole Miller, Scott Musel, Faith Sandberg-Rodriquez, Matthew Sheeley, and Cory Turner.

**Work Group Goal:** Develop a set of recommendations to provide placement and postplacement treatment and services that are based on the youth's assessed needs and are evidence-based.

### **Overview of Work Group Activities:**

Work group meetings and activities: The work group's first meeting was at the State Training School (STS) on February 16, 2022. Work group members toured the facility, met with the superintendent and staff members, and heard from youth on the student council. Director Garcia and the STS team did a fantastic job of helping us kickoff the work group meetings work by organizing this event.

After that initial meeting, the work group met twice a month with meetings organized around the stages of a young person's involvement with the STS, from admission to discharge.

A significant number of documents were reviewed by the work group. They are included in the work group Dropbox file. Some of the important documents included:

1. The complaint and Judge Rose's order in *C.P.X. v. Garcia* (formerly *C.P.X v. Foxhoven*).
2. Dr. Kelly Dedel's monitor reports related to Judge Rose's Order.
3. STS quality assurance policy.
4. Metrics for measuring compliance with remedial plan, as well as quality assurance policy (see BTS Appendix 1-QAI Metrics-Final 2021).
5. STS case review worksheet.
6. STS student handbook.
7. STS menu of programs and interventions.
8. Documents related to the creation of the Intensive Therapeutic Program (ITP).
9. Iowa Code section 232.52 and case law interpreting STS admission criteria.
10. State Training School Multidisciplinary Review Committee summary dated October 6, 2021.

The work group also reviewed some prior reports and recommendations related to the STS, including reports related to the need for a similar level of care for girls. They are also available in the Dropbox file. *See* Serious, Violent and Chronic Juvenile Female Offenders Report 2017; and Special Report-Female Profile, System Response Data and Recommendations 2021, Deep End Girls Detention Data 2017–2021, Detention Trend Charts 2010–2020, and 2022 Supplement to Serious, Violent, and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa (June 2022).

The work group did some of its own data collection. Juvenile court officers (JCOs) surveyed youth (and parents) discharged from the STS between January 1, 2015, and December 1, 2021. The

response rate was too low to rely heavily on the results, but it did confirm some common themes about strengths and areas for improvement at the STS which will be discussed more below.

The work group had the chance to hear from a variety of sources regarding each stage of a young person's progress through the STS, from admission to discharge. Presenters included STS and Department of Health and Human Services (DHHS) leadership, the STS school administrator, staff from the Iowa Department of Human Rights, and the student council at the STS.

The work group benefited from law student assistance from Drake University Law School and the University of Iowa College of Law. Cassandra Ehly did research on residential programming for female youth, Maria Kordick and Payton Clerc prepared a memo on needed data collection and an annotated bibliography of the materials the work group reviewed, and Kate Nash researched state laws regarding educational credit transfer from juvenile justice facilities.

The work group coordinated with other task force work groups. Our work group heard from Chief JCO John Hawkins about the findings and recommendations by the Transition to Reentry Work Group. The cochairs of our work group had regular meetings with the cochairs of other work groups to address areas of overlapping concern.

The last meeting of the work group was, like the first one, at the STS. The work group was able to get student council input on the proposed recommendations and prepare for this final report.

#### Themes from meetings and background for recommendations:

*The State Training School in a state of change.* When the Supreme Court's Juvenile Justice Task Force had its first meeting in January of 2022, the STS was in an important period of change. A lawsuit filed in 2017 led to a March 2020 order by federal district court Judge Rose ordering injunctive relief after a finding that the STS was violating the substantive due process rights of students at the STS by not providing adequate mental health care and using inappropriate isolation and restraint as behavior management strategies. The court approved a remedial plan in July of 2020, and an independent monitor was appointed to assess progress. Reports by the monitor, Dr. Kelly Dedel, in February and November of 2021 indicated good progress towards compliance with the remedial plan.

In spite of the progress made under the remedial plan, the STS still faced many challenges during monitoring. Early reports from Dr. Dedel indicated that staff and students described "a chaotic facility environment that is the source of fear, trauma, and constant program disruptions." Interim Monitor Report at 18 (June 2021). There were initially more assaults on staff and other youth during early implementation. There were staffing challenges influenced both by changes in practice at the STS and the global pandemic. From January 2020, to March 2021, 52 staff quit, 6 retired, and 20 were fired. *See* Interim Monitor Report at 21. A new superintendent hired in August of 2020 resigned in August of 2021. The number of youth at the facility went from 117 to 30 and back up

to 50. The time period between the start of the remedial plan and the beginning of the Juvenile Justice Task Force was, to say the least, tumultuous.

One positive development during the difficult period between Judge Rose's order and the adoption of the remedial plan was the creation of the State Training School Review Committee, which began meeting in April of 2020. The committee, made up of STS leadership and representatives from juvenile court services (JCS), began carefully staffing youth for potential admission to the STS, as well as planning for youth after admission. It led to improved practices in sharing information prior to the youth's arrival at the STS—and even resulted in some youth being diverted to more appropriate placements. It is a good example of JCS and the STS working together during a really challenging period at the STS.

*Improvements at the State Training School.* By late 2021, the STS was starting to see the benefit of the changes required by the remedial plan. A new quality assurance plan was in place to help the STS measure progress. The monitor's second report in November of 2021 indicated that students were being assessed for mental health needs upon admission and referred quickly for services. Psychiatric assessment and services were being provided in a timely way. There was also good news about a decrease in assaults on staff, although assaultive behavior involving students remained stubbornly high compared to prior years. The number of referrals to juvenile court for delinquent acts on campus reduced significantly over the course of the work group's work. This is especially impressive because the census of the STS increased to 60 by the time of our last work group meeting. One reason for the improved safety and stability on campus has been the use of the ITP—a new initiative that provides additional support and structure for youth who are struggling with aggression or major emotional distress. That program started in March of 2022. Dr. Dedel completed another progress report postimplementation of ITP, but it was filed under seal so it has not been made available to the work group yet. All indications, however, are that there is good progress being made.

There were other signs that positive changes were happening at the STS. Recidivism data collected by the Division of Criminal and Juvenile Justice Planning (CJJP) indicated a 20% drop in recidivism from 2020. New leadership was appointed at the same time this task force started in January of 2022. A long-time employee of the STS, Jason Soddors, was hired as the new superintendent. Major facility improvements have commenced, which will make it possible for youth to have single rooms in each unit. A new social work unit was created, and staffing issues were starting to improve as well. The STS started working hard on developing new ways to engage families while a youth is in custody, as well as to improve discharge planning.

*Opportunities for continued improvement.* While there is no doubt among work group members that the STS is on the right path to serving youth better, everyone also recognizes there are still important challenges to overcome. Work group members would like more information about trends in admissions to the STS to better understand what the drivers are for placement. And JCOs and judges can do a better job of utilizing the STS Review Committee when placement at the STS is under consideration. There can also be better collaboration between JCS and the STS around use

of risk (and clinical) assessment of youth. There is already a good conversation happening about reestablishing the 30-day evaluation program at the STS.

Although there is a much better set of programming and services available for youth at the STS, work group members agree that the STS needs to be vigilant about continuing to provide services in a timely way, as well as restore vocational education opportunities to prepandemic levels and increase community service opportunities for youth.

Everyone also agrees that JCS and the STS can do a better job of engaging families during a youth's stay at the STS. As a program that serves youth from all over the state, and often after numerous prior placements and lengthy court proceedings, the STS faces larger challenges than other placements around the state with engagement. JCS, courts, and the STS can do a better job of removing obstacles to engagement and making sure there are meaningful opportunities for youth to remain connected to their families during placement.

Work by the Juvenile Reentry Task Force, as well as new efforts by STS staff, have also led to improvements in discharge planning, but there is very important work that still needs to happen in this area too. Better collaboration between JCS, the STS, and courts about discharge planning practices, ensuring that all youth have multiple opportunities for youth-centered planning meetings to address discharge, as well as important data collection postdischarge to assess whether practices are working well are all critical next steps.

Finally, there is consensus on our work group that girls who qualify for STS placement need a program that can meet their needs. Since the closure of the Iowa Juvenile Home in 2014, efforts to meet the needs of this group of young people have been largely unsuccessful, even after a report from the Iowa Task Force for Young Women in 2017 made good recommendations about the need for a "placement of last resort." Other kinds of residential treatment in Iowa have not met these girls' needs and there are less options for residential treatment for girls than there were when Iowa Juvenile Home closed. Lengthy and frequent detention stays, which are both expensive and offer little in the way rehabilitation services, are too common. And attempts to use of out-of-state placements have not been good solutions either. DHHS is preparing a request for information (RFI) to gather more information about how to serve the small group of girls who are adjudicated delinquent and need a higher level of care than traditional group care. This is a step in the right direction, but there is more work to do.

## **Issues & Recommendations:**

Issue #1: *What is the issue the work group addressed?* Admissions to the STS.

*Who does the issue impact?* Youth, families, communities, STS, judges, county attorneys, JCOs, and juvenile defenders.

*What factors support change, including any research or data?* The work group considered whether there should be any changes to admission criteria for the STS, and decided against recommending any.

When the STS was created, it was intended to be a placement of last resort. *See In the re J.N.*, 619 N.W.2d 403 (Iowa 2000); *In re G.J.A.*, 547 N.W.2d 3 (Iowa 1996). There was unanimous agreement among work group members that, as the most restrictive placement in our state, the STS should remain a placement of last resort.

There is, however, some important data collection needed with regard to admissions. There is currently no data collected about what percentage of youth are committed to the STS based on the nature of their delinquent act (Iowa Code section 232.52(2)(e)) versus the “three out of four” criteria found in Iowa Code section 232.52(2)(e)(1–4). Collecting this data would help identify the main drivers for STS placement and any trends in that regard in the last five or so years. It could potentially lead to recommended changes. For example, under Iowa Code section 232.52(2)(e)(4), a youth may be eligible for placement if the youth has been placed outside the home pursuant to a delinquency adjudication. Since 2015, with changes to Iowa Code section 232.46, some youth have been placed outside the home pursuant to consent decrees. Should the Code be updated to reflect that some youth are now placed in residential treatment pursuant to consent decrees? It might be a commonsense change, but without the right data to inform the decision, the work group declined to recommend a change.

The work group also believes that data collection should include information about any racial or ethnic disparities in admissions. It is well known that racial disproportionality is a problem at all stages in the juvenile justice system. *See Racial and Ethnic Disparity in Juvenile Justice Processing*, OJJDP (March 2022), available at <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/racial-and-ethnic-disparity#2>; *Racial Disparities-An Analysis of Three Decision Points in Iowa’s Juvenile Justice System*, Iowa Department of Human Rights-Division of Criminal and Juvenile Justice Planning (November 2020), available at <https://humanrights.iowa.gov/cjpp/disproportionate-minority-contact/reports>. In spite of decreasing rates of residential placement over the last 20 years, rates of racial disparities have not decreased. Collecting data about the reasons youth are admitted, and gathering information about any racial disparities, may help identify drivers of disproportionality.

The work group considered gathering data as part of the work group efforts, but our CJJP representative indicated that collecting the data would be a heavy lift and likely could not be completed within the time leading up to our final report.

*Who are the stakeholders?* Youth, families, communities, the STS, judges, county attorneys, JCOs, and juvenile defenders.

*What feedback from youth and families did the work group utilize?* Although the work group interviewed youth and families about their experiences at the STS, admission criteria was not an area of emphasis in those interviews. The recommendations in this area were, however, discussed with the student council at the STS.

*What is the work group's recommendation(s) to address to the issue?* The work group recommends:

1. Study admission trends under the current admission criteria. The CJJP, in collaboration with the STS and JCS, should collect data comparing the number of youth who enter the STS under each admission category, noting any trends, and identifying any racial and ethnic disparities in each admission category. This research effort should capture age of the youth at admission, number of prior placements, and how many of the young people were also adjudicated a child in need of assistance (CINA).
2. JCOs should staff youth who might be referred to the STS with the State Training School Review Committee prior to placement. Staffing with the State Training School Review Committee helps in two important ways: (1) it serves as good preparation for the youth's admission by ensuring that STS has the important assessments and records needed prior to admission, and (2) it can lead to diversion of the youth from the STS if the committee has suggestions about alternative placements and supports. Nothing, of course, prevents a judge from ordering placement even if the committee suggests a different approach.

*Does implementation of the recommendation(s) require a Code or rule change?* No.

*What is the desired outcome(s) of the recommendation(s)?* Collection of this data will help identify the main reasons youth are admitted to the STS, as well as better identify potential drivers of racial and ethnic disparities.

Staffings with the State Training School Review Committee will lead to better preparation for a young person's admission to the STS, and even the possibility that the youth could be diverted from placement if there are better options identified.

*What actions are necessary to implement the recommendation(s)?*

1. Data collection and reporting by CJJP.
2. Training for JCOs and judges regarding utilization of the State Training School Review Committee.

Issue #2: *What is the issue the work group addressed?* Assessment of youth at the STS.

*Who does the issue impact?* Youth, families, STS staff, and JCS.

*What factors support change, including any research or data?* Timely screening and assessment is a critical part of serving youth in the juvenile justice system. See *Literature Review of Risk Needs Assessments for Youths*, OJJDP (January 2015) at 1. It may be even more important for youth who are placed in programs like the STS. Such youth have often committed more serious delinquent acts or have histories of chronic delinquency, which place them at a high risk for involvement in the adult criminal justice system, as well as homelessness, poor educational and employment outcomes, and other health problems. See *Literature Review of Juvenile Residential Programs*, OJJDP (March 2019) at 7. The prevalence of substance abuse and mental health disorders among such youths is also high, increasing the importance of screening and assessment.

Fortunately, there is a robust set of screening tools and assessments being used at the STS when a youth is admitted. This includes not only the Massachusetts Youth Screening Instrument, 2d edition (MAYSI II), but also a psychosocial interview, mental status examination, and possible incorporation of psychometric testing. Training will ensure JCOs have a good understanding of what is being done and how to incorporate results for long-term planning for the youth.

In addition, the Iowa Delinquency Assessment (IDA)—the main tool used by JCS for risk assessment—has not been modified as recommended by Dr. Zachary Hamilton in 2018. One factor holding back the updating of the assessment is the need to make changes to the JCS case management system to prepare for those changes. Modification of the assessment is important because there is strong evidence that the IDA can be made more accurate and minimize racial bias by making some changes to the assessment. *See* Zachary Hamilton, IDA Findings and Updates (April 22, 2018).

Finally, until about 2018, there was a 30-day assessment program at the STS. That program provided important clinical assessment and recommendations about how to serve youth who were eligible for potential placement at the STS. It was generally well-regarded by judges and JCOs. Revisiting it makes sense now the STS is increasing its census again, and there is now a more robust clinical program. It also makes sense in light of the shortage of psychologists in Iowa who specialize in child and adolescent evaluations.

*Who are the stakeholders?* Youth, families, STS staff, judges, JCOs, and juvenile defenders.

*What feedback from youth and families did the work group utilize?* The STS student council and JCS survey of youth and parents.

*What is the work group's recommendation(s) to address to the issue?* The work group has three recommendations:

1. The IDA should be modified as recommended by Dr. Hamilton. Although the STS does not use the IDA, it is one driver of recommendations for youth placement in residential care, including the STS. It is also a source the STS can rely on, at least to some degree, when a youth is admitted. There is strong evidence it could improve accuracy and reduce bias if it is updated as recommended by Dr. Hamilton.
2. There should be cross-training for JCOs and STS staff about the assessments used by JCS and STS. There have been important changes to the youth screening and assessment process at the STS, but most JCOs are unaware of the tools being used and how to use them in planning for the youth while at the STS and after discharge. Improving the STS's understanding of assessments used prior to placement by JCOs could also improve.
3. JCS and the STS should consider the reopening of the STS 30-day assessment program. A conversation about this topic has already started—and it should continue. The robust clinical program at the STS could provide a helpful tool for assessing youth who are eligible for placement at the STS and provide recommendations about alternatives to placement—

especially in light of the relatively small number of psychologists performing clinical evaluations of children and adolescents in Iowa.

*Does implementation of the recommendation(s) require a Code or rule change?* No.

*What is the desired outcome(s) of the recommendation(s)?* Improved risk assessment prior to placement, better understanding of assessment tools and results while a youth is at the STS, and increased options for assessment of youth who might need a higher level of care in our juvenile justice system.

*What actions are necessary to implement the recommendation(s)?* Updating the IDA will take a significant investment of resources but there is little doubt among juvenile court professionals that the time has come to commit those resources. Cross-training for JCOs and STS staff should not be difficult. It could become part of other statewide training initiatives for JCS and there is now a strong clinical team at the STS who could participate in those trainings as well. And discussions about reopening the STS 30-day assessment program have already started as a result of early work group meetings.

Issue #3: *What is the issue the work group addressed?* Providing high quality programming to youth at the STS.

*Who does the issue impact?* Youth, families, STS leadership and staff, DHHS, judges, JCOs, and juvenile defenders.

*What factors support change, including any research or data?* Changes in programming at the STS have been driven by preremedial plan initiatives, the remedial plan, as well as efforts to improve programming which go beyond the areas covered by the remedial plan.

With regard to the remedial plan, all indications are that the STS is making good progress toward compliance. Youth are being timely screened and assessed, have individualized care plans in place, and are receiving needed evidence-based services. In addition, behavior management techniques have been transformed by the remedial plan moving away from techniques like inappropriate use of restraint and seclusion and toward more positive approaches. And, after an increase in assaultive behavior on campus in early stages of the remedial plan, the STS created the ITP to help manage the behavior of youth who “experience distress or behaviors that interfere with their success in a general population cottage.” *See* Notice of Policy Change (March 16, 2022). Judge Rose approved use of the program pursuant to the remedial plan.

There are also important changes happening that go beyond the specific dictates of the remedial plan. A new social work program has been created. After a period of instability and change related to changes in practice at the STS and the global pandemic, the STS is beginning to reemphasize opportunities for vocational training and community service for youth. These areas have been strengths of the STS in the past, but have been hard to sustain in light of the challenges the STS has faced over the last several years. Research tells us that both of these opportunities for youth can



lead to better outcomes postdischarge. See *Making the Right Turn*, Research Brief of the National Collaborative on Workforce and Disability (May 2018).

Finally, important efforts are being made to engage families better in the youth's programming, which will be discussed further in Issue #5. Educational programming is an important area of strength for the STS. The school runs year-round, allowing students to earn credits faster than typical high schools. There is also a program to help youth obtain a Hi-Set diploma. And, the school is now implementing the same behavior management scheme used by the cottages, which seems to be helping with behavior in school. There has also been a significant improvement in school participation by students over the last year. There are, however, real challenges in the school program too. Staffing was very difficult during the pandemic, but is improving. One area that has not improved as quickly is recruiting and retaining special education certified staff. And STS officials, JCOs, and families all report that transfer of credits from the STS to local school districts is much harder than it should be. Youth are very discouraged when they have worked hard to receive credit at the STS school, but do not get credit for it when they return home. This problem is not limited to Iowa. See *Credit Overdue*, a publication of the Juvenile Law Center, Education Law Center, Drexel University & the Southern Poverty Law Center, available at <https://jlc.org/resources/credit-overdue>.

*Who are the stakeholders?* Youth, families, the STS, DHHS, judges, county attorneys, JCS, and juvenile defenders.

*What feedback from youth and families did the work group utilize?* Youth and parent survey; STS student council.

*What is the work group's recommendation(s) to address to the issue?* The work group has seven recommendations regarding programming at the STS:

1. Continue the important work being done under the remedial plan to improve programming and safety at the STS. Although there have been challenges with implementation of the new clinical program and changes in behavior management, the work group believes that the remedial plan is making a positive difference. Youth indicate that there is still work to do improving staff consistency in utilizing the new behavior management system, as well as addressing the aggressive behavior of peers. Too often, they report, a small number of youth with challenging, aggressive behavior make things harder for the majority of youth who are working hard at the STS.
2. The STS should continue efforts to offer effective, evidence-based services in a timely way to youth. There is a better menu of services available at the STS, and a better job is being done to make sure youth get the services needed during time at the STS. That does not mean there are not struggles to provide important services in a timely way. There are some times when there is a waitlist for a service like substance abuse treatment, or a delay in service because a youth has to wait for the next session to start.
3. The STS should continue data collection about its programming for quality assurance purposes and share that information with stakeholders like the State Training School Review

Committee, JCS, and the State Training School Community Advisory Board. The new quality assurance policy helps track compliance with not just the remedial plan, but also best practices generally. *See* Quality Assurance Policy 1A–09. The expectation is for it to continue beyond implementation of the remedial plan.

4. JCS should continue its efforts to get input from parents and youth about programming at the STS postdischarge and share it with the STS and other stakeholders. The first effort in this regard was completed pursuant to our work group’s obligation to seek input from parents and families. Interviews were attempted with all youth (and parents) who were discharged between January 1, 2015, and December 1, 2021. The response rate was too low to rely heavily on from a research point of view, but it was a good start and JCS plans to continue the interviews.
5. Youth should have increased opportunities to participate in community service activities for both rehabilitation purposes and payment of restitution. Young people at the STS often have restitution orders in their cases, but have little opportunity for community service that JCOs could convert into restitution payments. Addressing this gap will both help victims be made whole, as well as support rehabilitation of the youth.
6. The STS should work to restore vocational programming to prepandemic levels, as well as investigate ways to expand vocational education. The youth and parent surveys noted that vocational opportunities at the STS were an important part of the youth’s time there helping them learn real skills and prepare for the future.
7. The STS should continue to provide high quality school services to youth and local school districts should always accept any credits earned by youth when they return to the community. Youth deserve credit for the work they have done at the STS, and families need help to make sure this happens.

*Does implementation of the recommendation(s) require a Code or rule change?* The only recommendation that may require a Code or rule change is the recommendation regarding credit transfer.

*What is the desired outcome(s) of the recommendation(s)?* Continued improvement in access to effective services in a timely way, a safe environment at the STS for students and staff, and ultimately better outcomes for youth who discharge from the program. There are several benchmarks that will tell us how the STS is doing: reduced assaultive behavior on campus, less referrals to JCS for delinquent behavior (or referrals to the adult criminal system) occurring at the STS, high rates of service utilization, more opportunities for community service and vocational services, metrics of educational progress, and decreases in recidivism.

*What actions are necessary to implement the recommendation(s)?* Most of these recommendations are, at least to some degree, already being implemented. But there will also need to be improved coordination between JCS and the STS around data collection and sharing, especially related to measuring the effectiveness of programming postdischarge. If Code change is pursued regarding credit transfer, it should happen in the context of all juvenile justice placements in Iowa, not just the STS. A small work group including JCS, Department of Education, and the STS may be necessary to carry the credit transfer work forward. Lastly, the work group members also agreed that there may need to

be a conversation about what should happen when services at the STS are not successfully addressing a youth's needs and a higher level of care seems necessary. For this (likely) small group of youth, there should be options other than simply sending them to detention or to district court.

Issue #4: *What is the issue the work group addressed?* Discharge planning and reentry.

*Who does the issue impact?* Youth, families, communities, schools, JCS, judges, county attorneys, and juvenile defenders.

*What factors support change, including any research or data?* Research teaches us that discharge planning is a critically important part of residential programming for youth in the juvenile justice system. Community-based supervision and aftercare services have been demonstrated to reduce recidivism and increase the likelihood of youth attending school and starting work. *See* Edward P. Mulvey, *Highlights from Pathways to Desistance Study: A Longitudinal Study of Serious Adolescent Offenders*, U.S. Department of Justice and Delinquency Prevention (March 2011).

The importance of discharge planning and reentry services has received significant attention in Iowa over the last six years or so. In 2016, the CJJP embarked on an effort to improve outcomes for youth leaving juvenile justice placements in Iowa. *See* Iowa Juvenile Reentry Systems (JReS) Final Report, December 2019. Important findings of that effort included that youth leaving residential placements had high levels of recidivism. For example, youth leaving the STS in FY2015 reoffended at a rate of 61%. CJJP hypothesized that a primary contributor to increased recidivism was the absence of a comprehensive, statewide reentry program, and brought together a wide-variety of stakeholders to develop such a program.

CJJP identified a number of challenges to effective discharge planning and reentry: standardization and implementation of youth directed team meetings (YTDMs), engagement of families, collaboration with community partners in other agencies, lack of gender responsive programming, and overrepresentation of youth of color in residential placement and higher rates of recidivism for those youth. In order to address those challenges, JReS recommended a statewide approach to discharge planning and numerous steps to improve planning.

Although excellent work was done as a part of that initiative, it became clear quickly to our work group that a combination of factors has led to uneven implementation of JReS recommendations at the STS. Examples include: changes in leadership at STS and JCS, inconsistent use of YTDMs for discharge planning by individual judicial districts, missed opportunities to use discharge planning guidance created by the JReS initiative, and the STS's separate efforts to improve discharge planning as a part of its own continuous quality improvement (unrelated to the remedial plan). A key recommendation from our work group is for JCS and the STS to work together to ensure discharge planning is informed by the best practices and the ongoing JReS efforts.

*Who are the stakeholders?* Youth, families, STS staff, community-based service providers, schools, judges, JCS, county attorneys, and juvenile defenders.

*What feedback from youth and families did the work group utilize?* STS student council and youth and parent surveys.

*What is the work group's recommendation(s) to address to the issue?* The work group has six recommendations:

1. Planning for discharge needs to be based on skill development and readiness, not an arbitrary amount of time. The STS is moving away from setting a discharge date based largely on a certain number of weeks. The work group supports these efforts and encourages JCOs and judges to shift thinking too.
2. The STS and JCS should collaborate on an agreed upon set of discharge planning practices that are consistent with best practice and informed by the recommendations from JReS work over the last several years. There has been good work done separately by JReS participants and STS staff, but it needs to be consolidated into a single plan that is consistent with efforts by JCS to create a system-wide approach to reentry planning. And, it has to account for the especially complex planning for some youth at the STS who may not always have a home to return to or may be transitioning to adulthood at discharge.
3. JCS should ensure that each judicial district offers youth centered planning meetings for discharge planning purposes. Youth at the STS made it clear that one or two meetings are not enough to do the necessary planning. In addition, local school district staff should be part of these meetings; too often they are not, and it would help with educational planning and credit transfer.
4. The work group supports DHHS pursuing a waiver allowing youth to remain eligible for Medicaid while living at the STS. One unique obstacle STS youth face is that they are not eligible for Medicaid, like their peers in group care, while placed at the STS. That can create challenges when youth transition home and need to apply again for Medicaid. This can delay setting up mental health therapy, or even interrupt obtaining needed prescriptions. Removing that barrier can only help youth and families.
5. JCS should develop and implement a plan for data collection postdischarge to help assess effectiveness of discharge planning. There is currently very little data collection happening that would help assess whether discharge planning has been effective. JCS is already in the midst of identifying potential data points for collection. This is an essential part of measuring effectiveness of reentry services and could help with developing better programming.
6. The work group generally supports the recommendations made by the Transition to Reentry Work Group for all youth leaving congregate care. The Transition to Reentry Work Group has recommended important steps toward a statewide approach to reentry planning.

*Does implementation of the recommendation(s) require a Code or rule change?* No.

*What is the desired outcome(s) of the recommendation(s)?* Reduced recidivism, increased access to timely, needed services upon discharge, and improved educational outcomes.

*What actions are necessary to implement the recommendation(s)?* Coordination between JCS, STS, and JReS

regarding discharge planning practices, clear delineation in roles in the planning process, and increased opportunities for planning during a youth's stay at the STS. There will also need to be important data collection by both the STS and JCS to support these efforts. Some of those metrics have already been identified, but more work is needed in this area and it will likely be influenced by broader efforts to modernize the JCS case management system to make data collection and analysis easier.

Issue #5: What is the issue the work group addressed? Family engagement.

*Who does the issue impact?* STS youth and their families, as well as the STS, DHHS, JCS, judges, county attorneys, and juvenile defenders.

*What factors support change, including any research or data?* Research supports that family involvement in a young person's residential treatment improves outcomes for youth while in treatment and after they leave. See *Literature Review: Family Engagement in Juvenile Justice*, OJJDP (February 2018); Ryan Shanahan & Margaret diZerega, *Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies* (2016). But the STS faces unique challenges engaging families because youth come to the STS from all over the state. For families who live far away and do not have reliable transportation, engagement in the youth's life and treatment programming can be very difficult. Sometimes the history of court involvement and behavioral struggles really hurts the youth's relationship with family, making engagement even harder.

In addition, sometimes family engagement strategies have inappropriately focused solely on how to change family behavior, such as getting families to participate in court hearings or care plan meetings, rather than on changing how professionals treat families in our system. Any authentic engagement requires not only helping remove practical barriers (like transportation), but also changing the way professionals engage with families (treating them with dignity and respect and as important partners in the youth's progress). See *id.*

The STS is on a path toward better family engagement. A new social work unit has been created, which has the potential to better engage families in treatment and discharge planning. Use of virtual technology has made it easier for relatives to "see" youth during their stay at the STS. Initiatives that bring family to campus, like a recent Mother's Day program, are an important part of increasing family contact. But the STS cannot change family engagement on its own—STS staff need help from JCOs, judges, and lawyers to improve engagement. Our work group identified several examples of how this can happen: a JCO bringing a parent with them when the JCO visits a youth at the STS, a judge ordering transportation assistance (via court ordered service funds) for a parent to participate in a visit at the STS, or a lawyer for the youth helping encourage and facilitate the parent's involvement in a virtual or phone staffing about the youth's progress.

One important obstacle to family engagement was the cost of phone calls for youth at the STS. Over the last three years, families spent a total of over \$20,000 each year on phone calls. The work group is glad to report that the STS is ending that practice.

*Who are the stakeholders?* Youth, families, JCOs, STS, judges, county attorneys, and juvenile defenders.

*What feedback from youth and families did the work group utilize?* Student council input, youth and family surveys.

*What is the work group's recommendation(s) to address to the issue?* The work group recommends the following:

1. The work group supports the STS decision to end the high costs for phone calls for youth and their families. Work group members agree that family contact is too important to leave this financial obstacle in place.
2. The work group recommends that STS staff continue their work to increase family contact while a youth is in the STS custody, as well as increase family involvement in treatment planning and school meetings. Important work is being done in this area—and it needs to continue.
3. The work group recommends judges, JCOs, and lawyers support and encourage family engagement while a youth is at the STS, as well as earlier in the youth's involvement with the juvenile court. There are important steps juvenile court professionals can take to better support family engagement while a youth is at the STS. And the first two Family and Youth Engagement Summits have helped focus JCS on improving practice in this area generally.

*Does implementation of the recommendation(s) require a Code or rule change?* No

*What is the desired outcome(s) of the recommendation(s)?* Increased contact between youth and families while the youth is at the STS, and increased engagement in the youth's treatment, education, and discharge planning. In order to set appropriate benchmarks in this, data collection is needed regarding rates of contact between youth and families (on campus and off), and family participation in treatment planning, school meetings, and discharge planning.

*What actions are necessary to implement the recommendation(s)?* If this is going to work, it will require STS staff to assess the current efforts being made to encourage parent involvement, and make adjustments as necessary. It will likely also require some data collection, which should be a part of the STS quality assurance efforts.

It will also require juvenile court professionals doing things differently. Judges should ask at every hearing whether there are obstacles to family engagement for youth at the STS and facilitate problem-solving. Judges should also consider using court ordered service funds to help with transportation when necessary. JCOs should help with getting parents or guardians on campus when they can, whether by taking them or helping with financial support for travel. JCOs can also facilitate virtual participation in some meetings. Lawyers can leverage their relationships with their client's family to encourage engagement. And all of this work needs to be put in the broader context of improving how our juvenile justice system engages youth and families generally. It is

very difficult for the STS to engage families when there has not been good engagement at earlier stages of the youth's involvement in juvenile court.

Issue #6: *What is the issue the work group addressed?* The lack of a placement of a similar level of care for girls in Iowa.

*Who does the issue impact?* The issue primarily impacts girls who meet criteria for STS placement, but have no placement alternative in Iowa. But the absence of a placement of last resort for girls also impacts the entire juvenile justice system in several ways, putting pressure on county attorneys and JCOs to recommend waiver to adult court for girls who could otherwise be served well in juvenile court, as well as increasing the strain on the small number of available group care beds for girls in the state. The issue also effects community safety by limiting the options available when girls commit more serious delinquent acts.

*What factors support change, including any research or data?* There is no shortage of data supporting the need for a placement of last resort for girls in Iowa. Since the closing of Iowa Juvenile Home in 2014, girls who would have been eligible for placement there have found themselves placed more frequently in detention—and for much longer periods of time. *See* Deep End Girls Detention Data 2017–2021; Detention Trend Charges 2010–2020. In 2021, nearly a third of the girls who would have otherwise qualified for STS placement spent more than six months in detention. *Id.* Detention centers are designed to be temporary placements—and offer very few services to address the needs of these girls. Detention centers also have the highest cost of any of the placement options for girls.

The Iowa Task Force for Young Women examined this issue, reviewed research, and made a set of recommendations about the kind of program needed in 2017. In the five years since their well-informed recommendations, there has not been progress toward providing a comparable level of care for girls. In fact, the situation has become worse because of lower supply of residential treatment beds for girls.

Our work group reviewed the recommendations by the Iowa Task Force for Young Women and are in unanimous agreement with nearly all of the recommendations they made:

1. The urgent need for a placement of last resort for girls.
2. The size of the placement (small, approximately 12–15 beds).
3. The importance of it being a “no reject, no eject” program.
4. The need for it to be gender specific.
5. The importance of not locating it at the Boys STS.
6. The need for trauma informed, evidence-based programming uniquely geared toward girls.
7. The need for the placement to focus on high-risk, high-need girls in order to avoid mixing lower-risk youth with high-risk peers.

There were only two areas of disagreement within our work group about elements of a comparable program for girls: whether it should be “hardware secure” (locked) or “staff-secure” (no

mechanical, structural security, but allows for staff to restrain youth from leaving); and whether it needs to be run by the state (like the Boys STS) or a private agency.

There are principled bases for disagreements on those two issues. There are a growing number of states that use small programs with a high degree of supervision in relatively remote locations to provide meaningful security without locked doors. And locked facilities limit options for funding needed services. On the other hand, there are obvious ways hardware secure programs can better promote community safety and address the problems associated with girls running away from placement. And while many states have moved toward public–private partnerships to serve high-risk, high-need girls, there has to be a provider landscape that will support creating this level of care. Without that, the only option may be a state-run program to fill the gap.

Ultimately, however, the disagreements over these details should not derail important progress in developing this level of care. For the first time since the closing of the Iowa Juvenile Home, DHHS has initiated concrete planning to develop residential programming for girls who need a higher level of care than traditional group care can provide. DHHS issued a RFI on November 21, 2022, to learn more about how to meet the needs of high-risk, high-need girls who are adjudicated delinquent, including those who might otherwise meet STS criteria. The RFI incorporates many of the same principles found in the Iowa Task Force for Young Women recommendations: gender specific placement, avoiding mixing of low- and high-risk youth, a trauma informed approach, and an ability to address and manage highly aggressive behavior. The RFI is not just about meeting the needs of girls who are adjudicated delinquent; it also seeks information about how to support other special populations of girls—including those adjudicated a CINA or with intellectual disabilities. In addition, this work will be supplemented by ongoing work related to creating a specialized delinquency program for girls that is comparable to the boys’ programs developed this year.

*Who are the stakeholders?* JCS, DHHS, judges, county attorneys, juvenile defenders, girls, families, and the community.

*What feedback from youth and families did the work group utilize?* No formal surveys were completed regarding this issue, but nearly every member of the work group has spoken with girls and their families who face lengthy detention stays, out-of-state placement, or risk of waiver to adult court because of the lack of a comparable level of care for girls.

*What is the work group’s recommendation(s) to address to the issue?* Development of a placement of last resort for girls building on the consensus indicated above and the information obtained from the upcoming RFI process.

*Does implementation of the recommendation(s) require a Code or rule change?* No.

*What is the desired outcome(s) of the recommendation(s)?* A small, gender-specific and trauma-informed placement for girls who would otherwise be eligible for STS placement.



*What actions are necessary to implement the recommendation(s)?* After the RFI process is complete, there will need to be important planning surrounding any RFP or service need implementation, including a determination regarding the appropriate agency to develop and oversee the program. At that point, the work group recommends appointment of a multidisciplinary team to assist with next steps, cochaired by leadership from JCS and DHHS, with equal representation from each, as well as the inclusion of other important stakeholders such as judges, juvenile defenders, county attorneys, service providers, CJJP, and girls with lived experience in our juvenile justice system.

**Summary of Purpose & Intended Outcomes of Recommendations:** The purpose of these recommendations is simple: to ensure that there are high quality, safe placement and postplacement services in place for youth who need the most restrictive level of care in Iowa.

The Boys STS has been through a tumultuous period over the last few years, but work group members are convinced it is on the right track. There are more, and better, services available there—particularly with regard to mental health services. After a chaotic period following the initiation of the remedial plan, it is becoming a safer and better program. Youth are making good progress in the school program. There is a menu of evidence-based services available. Efforts are being made to better engage families. Discharge planning has moved from reactive (starting once a discharge date is selected) to proactive (starting at the first care plan meeting). There are still plenty of ways the STS can improve, but the evidence the work group reviewed supports that it is headed in the right direction. The work group hopes the recommendations made will aid in the process of continuing improvement.

In addition, for the first time since the Iowa Juvenile Home closed in 2014, there are small steps toward a comparable level of care for girls. Developing placement options for the small number of girls who might otherwise be eligible for the STS is a legislative priority for DHHS. There is broad agreement among stakeholders about nearly all of the important components of such a program. And there is willingness to work through the areas of disagreement to create a program. While that work continues, the work group is cognizant that there are a small number of girls who are languishing in detention centers, failing in less restrictive settings, or facing waiver to adult court because they need a higher level of structure and support than is currently available in our juvenile justice system. Those girls need immediate help—and it will require creative approaches to meet their needs while this gap in our continuum of care is filled.

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## Work Group 6: Governance, Funding, and Data

**Work Group Goal:** Develop a set of recommendations that will support the creation of a centralized governance and funding structure for Iowa’s juvenile justice system that aligns budgetary planning with fiscal appropriation, including dispositional control over the continuum of services and levels of supervision provided.

**Overview of Work Group Activities:** This group met 15 times at noon for one hour. Four meetings were cancelled due to illness or the lack of a quorum. We participated in the combined task force meeting at the Judicial Branch in June 2022 and at the Fall Report Meeting at the University of Iowa College of Law on September 21, 2022.

### **Issue & Recommendations:**

Issue #1: *What is the issue the work group addressed?* Prior to 1985, juvenile probation in Iowa was a county court administered and county funded effort. Usually, panels of county judges would hire a chief probation officer and deputy probation officers (DPOs) and affix salaries by court order. DPOs would receive county benefits, but the counties had no administrative or supervisory control. In 1985, the State of Iowa implemented the unified court system, as we know it today.

Juvenile court services (JCS) was placed under the Iowa Judicial Branch pursuant chapter 602, which gave hiring authority to the district court judges of each judicial district and supervisory authority to the chief judges.

Obviously, the system has significantly evolved since 1985, but the administrative structure changed little until 2019, when state court administration (SCA) hired a director of JCS to bring the various districts’ policies and procedures into better alignment.

An overwhelming percent of JCS employees both past and present would agree that the Iowa Judicial Branch is and always has been a “Five Star” employer. The current organizational structure has been very functional. However, if the state were to continue to operate using the current judicial district framework, measuring overall system performance is nearly impossible, if all districts are not uniformly applying standards.

Because of this organizational structure, JCS has little authority in governing fiscal matters related to its operations or services. Consequently, JCS’s position in the Judicial Branch structure results in its needs being relegated to the lower-end of the overall organization. This dynamic plays out in education and training and IT mostly, but it is experienced in most every nuance of its daily operations. For example, the role of JCS in Iowa’s Title IV–E plan changed rather dramatically with the passage of the Families First Prevention Services Act (FFPSA), which allowed JCS to develop a juvenile justice plan to claim federal financial reimbursement for the handling and administration of Title IV–E cases and the claiming for a percentage of services deemed eligible by well-supported research. In order to properly support the submission of a claim, JCS was required to have a fiscally solid process to track each case. Although JCS developed an effective plan to

capture the necessary documentation, the forms needed to support this effort could not be developed in a timely manner. JCS was continually told the reason for this delay was there were much larger projects that needed to be completed prior to fulfilling JCS's request. As a consequence, JCS was forced to develop a web-based application outside of case management to achieve the necessary documentation. This resulted in significant duplication of case related data entry.

Another example of JCS needs being given low priority was the lack of support JCS was given to train and document all of its employees in administering the FFPSA state plan. This included training and documentation related to ten different components of FFPSA. JCS encountered numerous roadblocks with the Department of Education to implement these trainings and even though JCS staff provided the department with completed, ready to deliver courses, JCS was frequently told there were other priority projects that came before JCS's requests. Because of this, there were numerous implementation delays, which resulted in extremely narrow timeframes for JCS staff to complete and certify this necessary training.

On the service side, all allocations are awarded to the Department of Health and Human Services (DHHS) for juvenile justice youth, which again consigns JCS to a very low priority in overall functioning.

This lack of control has significantly limited JCS for decades. The complexity of the juvenile justice system has magnified JCS operational and service needs, as detailed in the SMART Grant findings in 2017. This national analysis and report led to the creation of the Director of Juvenile Court Services position in 2019. Several operational and service needs have been identified by the Director in the short time that this office has been in place.

It is also important to note that during the last legislative session, graduated sanctions funding and court ordered services funding was transferred from the Health and Human Services appropriations process to the Judicial Branch starting July 1, 2023.

For reference, the current organizational structure of JCS can be found in the Iowa Code (see below):

Iowa Code sections.

JCS Administrative Structure 02.1217 Chief Juvenile Court Officer.

1. The chief judge of each judicial district, after consultation with the judges of the judicial district, shall appoint a chief juvenile court officer and may remove the officer for cause.
2. The chief juvenile court officer is subject to the immediate supervision and direction of the chief judge of the judicial district.
3. The chief juvenile court officer, in addition to performing the duties of a juvenile court officer, shall supervise juvenile court officers and administer juvenile court services within the judicial district in accordance with law and with the rules, directives, and procedures of the Judicial Branch and the judicial district.

4. The chief juvenile court officer shall assist the state court administrator and the district court administrator in implementing rules, directives, and procedures of the Judicial Branch and the judicial district.
5. A chief juvenile court officer shall have other duties as prescribed by the supreme court or by the chief judge of the judicial district.

83 Acts, Ch 186, § 1216, 10201; 98 Acts, Ch 1047, § 43; 2006 Acts, Ch 1118, § 1  
 Referred to in § 232.2 02.1218 Removal for cause.

Inefficiency, insubordination, incompetence, failure to perform assigned duties, inadequacy in performance of assigned duties, narcotics addiction, dishonesty, unrehabilitated alcoholism, negligence, conduct which adversely affects the performance of the individual or of the Judicial Branch, conduct unbecoming a public employee, misconduct, or any other just and good cause constitutes cause for removal.

83 Acts, Ch 186, § 1217, 10201; 98 Acts, Ch 1047, § 4

02.7201 Administration and supervision.

1. Probation and other juvenile court services within a judicial district shall be administered and supervised by the chief juvenile court officer.
2. The juvenile court officers and other personnel employed in juvenile court service offices are subject to the supervision of the chief juvenile court officer.
3. The chief juvenile court officer may employ, shall supervise, and may remove for cause with due process secretarial, clerical, and other staff within juvenile court service offices as authorized by the chief judge.

83 Acts, Ch 186, § 8201, 1020

02.7202 Juvenile Court Officers

1. Subject to the approval of the chief judge of the judicial district, the chief juvenile court officer shall appoint juvenile court officers to serve the juvenile court. Juvenile court officers may be required to serve in two or more counties within the judicial district.
2. Juvenile court officers shall be selected, appointed, and removed in accordance with rules, standards, and qualifications prescribed by the supreme court.
3. Juvenile court officers have the duties prescribed in chapter 232, subject to the direction of the judges of the juvenile court. A judge of the juvenile court shall not attempt to direct or influence a juvenile court officer in the performance of the officer's duties.
4. A juvenile court officer has the powers of a peace officer while engaged in the discharge of duties.

83 Acts, Ch 186, § 8202, 10201

Referred to in § 232.2, 801.

90 Acts, Ch 1247, § 19; 98 Acts

*Who does the issue impact?* Local communities (public safety), youth and families, counties, the legal

system, education, DHHS, Medicaid Managed Care Organizations (MCOs), mental health systems, ID systems, and all citizens of Iowa.

*What factors support change, including any research or data?* Iowa's Criminal and Juvenile Justice Planning completed the SMART Grant assessment in conjunction with several national consultants in November 2017. This assessment serves as the basis for many parts of the work group's recommendations. This study and recommendations were the culmination of two years' worth of research detailing Iowa's juvenile justice system.

Below is an overview of the recommendations of the SMART Grant Committee:

Establish consistent statewide policies and practices for use of screening & assessment tools:

1. Hire an administrator of JCS in court administration.
2. Develop more formal, statewide opportunities for precharge diversion (i.e., civil citations).
3. Establish statewide screening, diversion, and assessment policies through court rules.
4. Establish eligibility for diversion, informal supervision, and detention through court rules.
5. Finalize Detention Screening Tool (DST) to ensure correct scoring and statewide usage.
6. Improve data collection (i.e., start and end dates, technical violations, service codes).
7. Adopt behavioral health screening tool.
8. Offer ongoing trainings for use of decision-making tools (DST, Iowa Delinquency Assessment, Matrix).

Ensure effective use of limited resources to improve service delivery and outcomes for youth:

1. Provide SCA with direct authority and responsibility for graduated sanctions funding and require it be used for moderate-to-high-risk youth and evidenced-based programs and practices.
2. SCA and DHHS develop a joint written strategic plan for improving procurement, delivery, and oversight of community and residential services (including expansion of mental health services).
3. Establish centralized service procurement, performance-based contracting, quality assurance, and oversight processes and standards across court districts.
4. Explore redirection of existing resources to develop a quality assurance unit to partner with CJJP and DHHS on expanding and strengthening the SPEP and service data collection and analysis.
5. Establish a distinct procurement process, standards, contracts, performance measures, training requirements, and oversight process for residential services for youth in the juvenile justice system.

Reduce racial, ethnic, and gender disparities:

1. Work with OJJDP and national organizations with demonstrated reductions in racial and ethnic disparities to engage in an intensive process to address disparities in one or two pilot districts.
2. Continue and strengthen quantitative and qualitative data collection, and utilize data to

- conduct root cause analyses to identify practices and factors leading to disparities.
3. Support and require training on implicit and explicit bias for attorneys, judges, and service providers.
  4. Support and require training on gender responsiveness and trauma-informed care for JCOs and service providers; conduct gap analysis on programming for female youth; and allocate funding accordingly.

*Who are the stakeholders?* Youth and families; DHHS; city, county, state, and federal government; the Iowa Legislature; the Iowa Judicial Branch; MCOs; mental health regions; provider agencies; and the legal system.

*What feedback from youth and families did the work group utilize?* Both the SMART Grant and the legislative study group for HF766 had youth and family's representation.

*What is the work group's recommendation(s) to address to the issue?* The actual contemplation and dialog regarding the composition of the administrative structure of JCS started with four possible governance models. It is this group's recommendation that a "Division of Juvenile Justice Services" be established within the Iowa Judicial Branch that would have administrative and fiscal authority for operations and services budgets, including delinquency service funding for community-based services and group care funding. Youth that are eligible for Medicaid services both in the community and in group care would continue to be able to access those services through the MCOs.

Governance & Funding recommendations: As the Governance, Funding, and Data Work Group addressed its objective there was considerable discussion regarding governance structures for JCS. The fall report on this work group's work detailed the four models considered (listed below).

#### Model 1

Legislatively transfer JCS to an Executive Branch Agency and include all levels of operations and services, including the administration of the State Training School for Boys at Eldora. This model would require an extensive infusion of new funding to build the infrastructure to administer the added services and the institution. All juvenile justice operations and services in the state would be under this agency except juvenile detention centers that are a county responsibility. This option would be the costliest option as JCS would need an extensive upgrade to its administrative structure, IT needs, and office space.

### Model 2

Continue to have JCS under the Judicial Branch. Legislatively change chapter 602 to align JCS under SCA rather than the chief judges of each judicial district. Create a separate appropriation from the legislature for operations and services. The operations budget would include all current SCA staff for JCS; all the juvenile court officers (JCOs) and support staff; and JCS fiscal staff, training staff, and continuous quality improvement and analytics staff. JCS would continue to share services with HR, legal, and IT. The services budget would include the Delinquency Services Program, court ordered services, and group foster care funds (currently under DHHS for JCS placements). This approach would need new legislative funding for both operations and services to adequately administer these funds and to build the capacity that is lacking in the group care service area currently. New funding would be needed to add additional staff to the current JCS administrative structure to administrate these additional funds.

### Model 3

Continue to have JCS under the Judicial Branch with the current administrative structure under chapter 602 but have the group care funds transferred from DHHS to the Judicial Branch to cover the expense for youth in that level of care. This model would require new legislative funding for the same reasons noted under the Model 2 above.

### Model 4 (current operational structure)

Maintain the current administrative structure and continue to have group and foster care, shelter care, and PALs and Supervised Apartment Living (SALs) program under DHHS. Graduated sanctions and court ordered services were legislatively transferred to JCS starting on July 1, 2023, pursuant to HF2507.

As described during the Fall Report Meeting at the University of Iowa College of Law on September 21, 2022, the model the work group recommended was Model 2. Our recommendation continues to support Model 2 as proposed. Any substantial governance modification would necessitate legislative development and passage.

*Does implementation of the recommendation(s) require a Code or rule change?* Numerous administrative rules and Code changes would have to occur over the next couple of years, and the Judicial Branch would have to adopt new rules governing a change in legislative allocations from DHHS to the Judicial Branch.

*Recommendation #1:* Legislatively restructure Iowa Code section 602 and transfer the administrative

authority of JCS within the Judicial Branch from the chief judges of each judicial district to SCA and the Director of Juvenile Court Services under a “Division of Juvenile Justice.” All JCS personnel would be within that division under the direction of the director of JCS.

Within that legislation develop an “Operations Budget” for all JCS personnel and “Services Budget- Graduated Sanctions and Court Ordered Services” for appropriations necessitated by the passage of HF2507 last legislative session.

Graduated sanctions and court ordered services funding transferred from Iowa Health and Human Services Budget to the Iowa Judicial Branch on July 1, 2022, should have the same carry forward authority as Decat funding (three years).

Carry forward authority for child welfare and juvenile justice services has long been recognized by the Iowa Legislature as an effective fiscal tool, as noted by the recent change in the last legislative session allowing Decat boards carry forward authority from two years to three years. This practice provides contracting authorities more flexibility to balance fiscal needs from a high-need year to a low-need year over time. It also recognizes the fluctuating needs of the population served and allows the funds to truly target the legislatively intended needs, while discouraging year-end spending.

Over the past five years the number of youths being placed in congregate care has been reduced, as the system continues to focus on community-based service interventions. As Iowa emphasizes the use of well supported services, the cost to deliver these more targeted services substantially increases. Well supported research-based services, while intended to achieve better outcomes, are more expensive. Graduated sanctions and court ordered services funding has not been increased for several years and is no longer sufficient given the costs associated with securing evidence-based services. Therefore, funding for these community-based programs must be proportionately increased.

*Recommendation #2:* The Division of Juvenile Court Services should continue to participate in and maximize federal funding through Title IV–E reimbursement for administrative claiming and services to the greatest extent feasible.

*Recommendation #3:* Establish methods to regularly communicate with legislative leadership to better align the administrative structure of JCS and identify operational and programmatic effectiveness, with the purpose to better inform the legislature on all matters relative to juvenile justice, including but not limited to:

1. Public and school safety
2. JCS administrative structure.
3. Community-based services funding.
4. Placement funding needs for delinquent youth.
5. Mental health funding for delinquent youth.



6. Case management and data funding.
7. System effectiveness and outcomes.

*Recommendation #4:* As recommended by the legislative committee established by HF766, DHHS and JCS should continue to explore and expand efforts, such as the specialized delinquency beds to better define specific treatment populations, provide separation in treatment facilities for each distinct group, and provide JCS flexible placement authority.

Additional coordinated efforts should be made to formulate specialized treatment strategies for intellectually disabled youth, youth whose behaviors are driven by mental disabilities, females that need a “training school” level of care, and highly aggressive male youth that are disruptive to all youth being treated at the State Training School in Eldora.

*What is the desired outcome(s) of the recommendation(s)?* The desired outcome would be to establish a Division of Juvenile Justice Services within the Iowa Judicial Branch that would have administrative and fiscal authority for operations and services budgets, including delinquency service funding for community-based services and group care funding. Youth that are eligible for Medicaid services both in the community and in group care would continue to be able to access those services through the MCOs. This approach would better define and identify the juvenile justice system in Iowa and align its mission to appropriately address the needs of youth and families.

*What actions are necessary to implement the recommendation(s)?* Legislative action and Judicial Branch rules.

Issue #2: *What is the issue the work group addressed?* The current case management system presents significant problems for JCS and for the youth and families served.

Although the current case management system is an excellent platform for gathering data, especially for our courts, it has severe limitations in the broader world in which JCS must operate going forward. The requirements for data are an expanding and frequently changing environment in which there are often requests to use information by government funders, law enforcement, other government partners, the community, and the courts. The current system simply cannot deliver. As we move forward with our task force objectives and work to build a system governed by fair and sound policy, supported by reliable data, and aligned with other systems, we cannot rely on our current data system to meet our needs.

In order to make data-driven decisions to improve youth outcomes and administer, justify, and perfect federal Title-4E Administrative and Services claiming, JCS needs an information technology system that provides timely and accurate business, financial, and service outcome data. Without some form of “legacy modernization” that can update and optimize business systems, the current case management system is unable to provide JCS with the data sufficient for its needs. Therefore, to gain operational efficiencies, address technology constraints, meet customer experience expectations, and support adoption and integration with other systems based on newer

technology platforms, it is necessary to transform the current outdated system into a more modern and agile infrastructure.

**Gartner Group versus Zirous Approach:** JCS began to meet with the Gartner Group and its various IT and case management experts. Gartner formulated an evaluation strategy and presented JCS with a proposal that initially would cost about \$500,000 for a 12-week study. JCS requested a further breakdown of the scope of work hoping to realize a reduced financial investment. Gartner counter proposed a split transaction where JCS could decide on a case management focus or a data focus each costing around \$250,000 each.

After considerable contemplation, JCS met with SCA and the Judicial Branch Information Technology Department (JBIT) to evaluate these strategies. JBIT proposed an alternative approach during that meeting that included a complete rebuild of the JCS portion of the case management system. JBIT further proposed to have a state-contracted IT provider, Zirous, devote a complete development team to plan, develop, build, and deploy this rebuild.

On August 4, 2022, Zirous and their development team presented their approach to JBIT and JCS. This proposal would set JCS as a module within JBIT that would have its own servers. It would meet the foreseen needs of JCS and take several phases to setup. Zirous did stress that this work is never complete but they were confident they could achieve whatever objectives JCS would need.

Zirous has a noteworthy and rich history with JBIT, and in 2021 was awarded another contract by the State of Iowa to continue the efforts they have made with several state agencies. This is a significant factor, as they could begin this assignment of restructuring the JCS case management system without the further delay of a Request for Information (RFI) or an RFP.

Should JCS continue with the Gartner strategy after the proposed 12-week study, JCS would have to issue an RFP to secure a vendor to rebuild or purchase an “off-the-shelf” case management product. With Zirous, JCS could eliminate the \$250,000 expenditure and move toward immediate development with a proven provider.

On August 12, 2022, the work group reconvened to discuss and vote on these two strategies. After considerable discussion the work group decided the Zirous approach would be the best plan to address the stated case management and data needs of JCS.

*Recommendation:* It is recommended that a complete rebuild of the JCS portion of the case management system be completed using the state-contracted IT provider, Zirous. This would improve JCS’s ability to make data driven decisions, which ultimately would improve youth outcomes and allow JCS to administer, justify, and perfect federal Title IV–E Administrative and Services claiming. It would also produce a system that provides timely and accurate business, financial, and service outcome data and ensure JCS is governed by fair and sound policy, supported by reliable data, and aligned with other systems.

It is further recommended that adequate levels of funding be appropriated or identified to ensure the completion of this system rebuild.

*Who does the issue impact?* The entire juvenile justice and child welfare system, community-based providers, schools, the legal system, researchers, funders, youths, families, law enforcement, and the courts.

*What factors support change, including any research or data?* SMART Grant recommendations.

*Who are the stakeholders?* The entire juvenile justice and child welfare system, community-based providers, schools, the legal system, researchers, funders, youths, families, law enforcement, and the courts.

*What feedback from youth and families did the work group utilize?* None.

*What is the work group's recommendation(s) to address to the issue?* Build a new case management system.

*Does implementation of the recommendation(s) require a Code or rule change?* Not currently.

*What is the desired outcome(s) of the recommendation(s)?* Data driven decision-making that results in better outcomes for youth and families and more effective and efficient spending.

*What actions are necessary to implement the recommendation(s)?* SCA approval.

Issue #3: *What is the issue the work group addressed?* Funding the juvenile justice system.

*Who does the issue impact?* All Iowans.

*What factors support change, including any research or data?* SMART Grant and work group recommendations.

*Who are the stakeholders?* All systems participants.

*What feedback from youth and families did the work group utilize?* None.

*What is the work group's recommendation(s) to address to the issue?* The work group is proposing to create a "Division of Juvenile Justice Services" within the Iowa Judicial Branch.

Currently JCS costs about \$30 million in state funds imbedded in the Iowa Judicial Branch Budget.

This proposal would split the Judicial Branch budget into two budgets. The first budget would be

the Iowa Judicial Branch and the second budget would be a “Division of Juvenile Justice Services.”

Under this plan, the Division of Juvenile Court Services would have an “operations budget” and a “services budget.” The operations budget would be the current \$30 million from the current Judicial Branch budget, the Services budget would be graduated sanctions and court ordered services (\$15.6 million) and the current portion of the group foster care budget for juvenile justice youth. It should be noted there is a current need for approximately 250 juvenile justice system youth, and new funding will be needed to achieve this goal.

Furthermore, this work group is recommending that the juvenile justice system continue to pursue federal participation funding at all levels of the system including Medicaid and Title IV–E funding for administrative claiming and foster care. DHHS should continue to provide services to juvenile justice system youth for family foster care, shelter care, PALs, and SALs programming.

This committee recognizes these are substantial and enduring change recommendations and acknowledge it will require several years to complete. Furthermore, since graduated sanctions and court ordered services funds are being transferred from DHHS to SCA on July 1, 2023, we believe one of the established legislative committees should continually consider matters related to juvenile justice in the state including public safety, governance, funding, data, efficiencies, and outcomes much the same as they do for all child welfare matters.

*Does implementation of the recommendation(s) require a Code or rule change? Yes.*

*What is the desired outcome(s) of the recommendation(s)?* With administrative control over group care funding the juvenile justice system would be able to focus on the criminogenic needs of youth thereby producing better outcomes with fewer overall placements. It should be noted a necessary component of this recommendation is the development of a children’s mental health system in Iowa to more fully align system services that are conducive to treating the mental health needs of children and youth in mental health facilities, rather than in detention and shelter care placements.

*What actions are necessary to implement the recommendation(s)?* Judicial Branch adoption of the recommendation, legislative proposals, and a system partnership working in the interest of all youth.

### **Summary of Purpose & Intended Outcomes of Recommendations:**

Governance: The desired outcome would be to establish a Division of Juvenile Justice Services within the Iowa Judicial Branch that would have administrative and fiscal authority for operations and services budgets, including delinquency service funding for community-based services and group care funding. Youth that are eligible for Medicaid services both in the community and in group care would continue to be able to access those services through the MCOs. This approach

would better define and identify the juvenile justice system in Iowa and align its mission to appropriately address the needs of youth and families.

Data: It is recommended a complete rebuild of the JCS portion of the case management system be completed using the state-contracted IT provider, Zirus. This would improve JCS's ability to make data-driven decisions, which ultimately would improve youth outcomes and allow JCS to administer, justify, and perfect federal Title-4E Administrative and Services claiming. It would also produce a system that provides timely and accurate business, financial, and service outcome data and ensure JCS is governed by fair and sound policy, supported by reliable data, and aligned with other systems.

Funding: The work group is proposing to create a Division of Juvenile Justice Services within the Iowa Judicial Branch. Currently JCS costs about \$30 million in state funds imbedded in the Iowa Judicial Branch Budget.

With administrative control over group care funding the juvenile justice system would be able to focus on the criminogenic needs of youth thereby producing better outcomes with fewer overall placements. It should be noted a necessary component of this recommendation is the development of a children's mental health system in Iowa to more fully align system services that are conducive to treating the mental health needs of children and youth in mental health facilities, rather than in detention and shelter care placements.

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## APPENDIX II: JUVENILE COURT SYSTEMS GLOSSARY

| Word                             | Definition   | Citation   |
|----------------------------------|--|--|
| <b>A</b>                         |  |  |
| Action Changes Things (ACT) Plan | A youth-led, individualized transition and reentry plan that identifies a youth’s current progress and defines the youth’s SMART goals in the eight transition domains: (1) education, (2) employment, (3) health, (4) housing, (5) supportive relationships, (6) self-sufficiency, (7) civic engagement and responsibility, and (8) interpersonal skills and behaviors. The plan also identifies the actions and supports needed to achieve the youth’s goals and a time frame for goal completion. | VRIEZE, K.L., YOUTH CENTERED PLANNING MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022).   |
| Adjudication                     | A court hearing in which the court determines whether the allegations of delinquency charges are true. The judge will decide whether the case must be dismissed or remain involved with the court, and, if the child was not already removed, whether the child will be removed from the home.   | IOWA CODE § 232.127 (2022).  |
| Adjudication Hearing             | The trial court proceeding in which it is determined whether the allegations of the petition are supported by legally admissible evidence.   | IOWA CODE § 232.2 (2022).  |
| Admission Clinical Review Form   | The clinical assessment completed by an LPHA to determine the QRTP level of care needed for a child.   | IOWA DEP’T OF HUM. SERVICES, ACFS 22–081, REQUEST FOR PROPOSAL, CHILD WELFARE EMERGENCY SERVICES (2020), <a href="https://bidopportunities.iowa.gov/Home/GetBidOpportunityDocument/5c0da82a-1bcb-401b-bb1c-2d6c1fa10a87">https://bidopportunities.iowa.gov/Home/GetBidOpportunityDocument/5c0da82a-1bcb-401b-bb1c-2d6c1fa10a87</a> . |
| Aftercare                        | Re-integrative services that prepare out-of-home placed juveniles for reentry into the community by establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision.  | David M. Altschuler & Rachel Brash, <i>Reintegrating High-Risk Juvenile Offenders into Communities: Experiences and Prospects</i> , CORRECTIONS MANAGEMENT QUARTERLY 72–88 (2001).   |
| All About Me                     | A PowerPoint presentation prepared by youth with guidance from the YCPM  | VRIEZE, K.L., YOUTH CENTERED PLANNING  |

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|  | facilitator. This presentation provides youth with an opportunity to share with the permanency team different aspects of themselves, as well as what their goals and dreams are for the future.   | MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022).   |
| Adoption                                       | The legal and social process through which a child becomes a member of a family into which the child was not born. Adoption provides the child the same rights, privileges, and duties as a birth child.  | IOWA ADMIN. CODE r. 441—200.1 (2015).  |
| Allegations                                    | Also called offenses. These are individual charges that can be found in a police report. There can be several allegations in one complaint or delinquency referral.   | IOWA ADMIN. CODE r. 441—175.21 (2016).   |
| Appeal   | The right of both the defendant and the state to have specific actions of the court considered by an appellate court.   | IOWA CODE § 814.1 (2022).  |
| <b>B</b>                                       |   |  |
| Behavior Chain                                 | An EPICS strategy that helps offenders learn by examining the thought, feeling, and action link, so the offender can identify their antisocial thinking in risky situations and change their behavioral response.   | Jennifer Pealer, Project Dir., Univ. of Cincinnati Corr. Inst., Effective Practices for Community Supervision (EPICS): The Application of Science to Supervision Practices, Presentation at the Pennsylvania Juvenile Court Judges Annual Conference (2017).               |
| Behavioral Health Intervention Services (BHIS) | The services provided to Children who are Medicaid eligible and under twenty-one (21) years of age and their families to remediate mental health symptoms and behaviors. This includes the provision of services to address criminogenic factors that are necessary for effective functioning with family, peers, and community in an age-appropriate manner. | <i>Behavioral Health Intervention Services</i> , CHILDREN & FAMILIES OF IOWA (2022), <a href="https://cfiowa.org/programs/mental-health/behavioral-health-intervention-services/">https://cfiowa.org/programs/mental-health/behavioral-health-intervention-services/</a> . |
| <b>C</b>                                       |   |  |
| Case Manager                                   | The staff person providing all categories of case management services regardless of the entity providing the service or the program in which the member is enrolled.  | IOWA ADMIN. CODE r. 441—90.1(249A) (2020).   |

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| Case Permanency Plan                | A plan that identifies the goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the child and parent, which is developed by Juvenile Court Services, designed to achieve placement for intervention and public safety in the least restrictive and most family-like setting available.   | IOWA ADMIN. CODE r. 441—202.1(234) (2021).  |
| Child Prevention Case Plan (CP2)    | Dynamic written plans based on the Iowa Delinquency Assessment (IDA) that is developed by a JCO with input from youth and their family and outlines the activities to be completed by the youth during a period of supervision. The plan analyzes the youth’s identified criminogenic risk factors and needs, establishes goals to address these factors, assigns priorities to the goals, and specifies action steps to reach the goals in a given time frame.  | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – COMPREHENSIVE CHILD PREVENTION CASE PLAN 2.8 (2022); IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: FFPSA – CHILD PREVENTION CASE PLAN 1.3 (2021). |
| Casey Life Skills Assessment (CLSA) | A suite of comprehensive online assessments, learning plans, and learning resources that can be utilized at no charge to help engage young people in Foster Care whereby they can gain the life skills they need to exit care. The tools are strengths-based and were built and refined with user input and research. The assessments consist of statements about life skills domains deemed critical by Youth and caregivers for successful adult living (Career Planning, Communication, Daily Living, Home Life, Housing and Money Management, Self-Care, Social Relationships, Work Life, and Work and Study Skills). The CLSA is intended for Youth age 8–18. There are also additional assessment supplements designed to help young people who have specific needs and challenges. The specific topics are pregnancy and parenting infants and young children; lack of housing; youth values; education; gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ); and American Indian. | IOWA DEP’T OF HEALTH AND HUM. SERVICES, CASEY LIFE SKILL ASSESSMENT PROCESS EXPLAINED (2017).   |
| Central Intake Officer              | The Central Intake Officer uses risk assessment tools, conducts intake interviews, gathers case information, and makes   | IOWA CODE § 232.28 (2022).  |

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|   | <p>recommendations about the appropriate level of supervision. The CIO also supervises youth on Informal Adjustment agreements, motivates youth to learn better decision-making skills, works with families, and coordinates and monitors services based on client’s risk and needs.</p>  |  |
| Central Registry                        | <p>The Child Abuse Information Registry contains reports found to be true of abuse, neglect, or child endangerment. The information is sealed after 10 years and erased 8 years later.</p>  | IOWA CODE § 235A.14 (2022).  |
| Child Abuse                             | <p>Any non-accidental physical injury to the child.</p>   | IOWA CODE § 232.68 (2022).   |
| Child Protective Worker                 | <p>Child Protection Worker or Assessment Worker: this worker does an assessment of the family and the incident when a child abuse report is filed.</p>  | IOWA CODE § 232.68 (2022).   |
| Child in Need of Assistance (CINA)      | <p>The process for determining, through the courts, whether a child has been the victim of abuse or is in need of the court’s help, and, if so, how the state should protect the child.</p>   | IOWA CODE § 232.2 (2022).  |
| Child Welfare Emergency Services (CWES) | <p>An array of short term and temporary placements that are provided to the Target Population by the Child welfare system and focus on Children’s safety, permanence, and well-being. The Agency, Juvenile Court Services, and Law Enforcement refer eligible Children.</p>   | IOWA DEP’T OF HEALTH AND HUM. SERVICES, EMPLOYEES’ MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).    |
| Community Meeting                       | <p>A Youth Centered Planning Meeting (YCPM), which occurs within 30 days of a youth’s discharge from an out-of-home placement to evaluate the efficacy of services and supports and ensure youth have the resources required to be successful. During the meeting, the youth and the permanency team review the youth’s progress and goals and modify, when necessary, the youth’s ACT plan. This includes discontinuing or adding any needed services or supports.</p> | VRIEZE, K.L., YOUTH CENTERED PLANNING MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022). |

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| Community Residential Facility     | A licensed FGCS facility that provides care for Children who are considered unable to live in a Family situation due to social, emotional, behavioral, or physical disabilities or community safety issues but are capable of interacting in a community environment with a minimum amount of supervision. The facility provides 24-hour care including board and room. Community resources are used for education, recreation, medical, social, and rehabilitation services. The facility is responsible for planning and providing for the Child’s daily activities, discipline, guidance, peer relationships, and recreational programs. | IOWA ADMIN. CODE r. 441—112.2(237) (2019). |
| Complaint                          | Also called a police report or delinquency referral. There can be one or more allegations in a complaint.   | IOWA CODE § 232.81 (2022).                 |
| Comprehensive Residential Facility | A licensed FGCS facility that provides care for Children who are unable to live in a Family situation due to social or emotional needs and who require varying degrees of supervision as indicated in the individual Service Plan. Care includes room and board. Community resources may be used for medical, recreational, and educational needs. Comprehensive residential facilities have higher staff to client ratios than Community Residential Facilities and may use control rooms, locked cottages, mechanical restraints, and chemical restraints when these controls meet licensing requirements.                                | IOWA ADMIN. CODE r. 441—112.2(237) (2019). |
| Concurrent Planning                | To work toward the return of the child to the parents while, at the same time, developing another permanent plan for the child.   | IOWA CODE § 232.102 (2022).                |
| Consent Decree                     | Requires that a petition be filed, and a court appearance occur, which places the juvenile on a period of supervision for 6 months which may be extended by order of the court. Under the terms of the consent decree, the juvenile is eligible for all community-based treatment programs. A juvenile who successfully completes a   | IOWA CODE § 232.46 (2022).                 |

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|   | consent decree will have no record of an adjudication of delinquency.  |   |
| Cost Benefit Analysis                   | A strategy used by JCOs to help youth weigh both short-term and long-term costs and benefits of antisocial target behavior and an alternative prosocial behavior. Cost Benefit Analysis also helps build motivation towards changing problem behaviors.  | Jennifer Pealer, Project Dir., Univ. of Cincinnati Corr. Inst., Effective Practices for Community Supervision (EPICS): The Application of Science to Supervision Practices, Presentation at the Pennsylvania Juvenile Court Judges Annual Conference (2017).  |
| Continuous Quality Improvement (CQI)    | The complete process of identifying, describing, and analyzing strengths and problems, followed by testing, implementing, learning from, and revising solutions.   | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: FFPSA – CONTINUOUS QUALITY IMPROVEMENT 1.7 (2021).  |
| Court Appointed Special Advocate (CASA) | A specially trained, non-lawyer volunteer appointed by the court to represent the best interest of the child and to report directly to the court.  | IOWA ADMIN. CODE r. 489—4.1(1) (2021).  |
| Court Order                             | Legal document that reports what happened at a hearing and summarizes the judge’s findings.  | See IOWA CODE § 232.21 (2022).  |
| Criminogenic Risk Factors/Needs         | Evidence-based characteristics or traits of a youth that are statistically proven to increase a youth’s likelihood to recidivate.  | Christopher T. Lowenkamp & Edward J. Latessa, <i>Increasing the Effectiveness of Correctional Programming Through the Risk Principle: Identifying Offenders for Residential Placement</i> , 4 CRIMINOLOGY & PUB. POL’Y 263 (2005).  |
| Critical Incident                       | A behavior-related or other situation involving a Child during the provision of service that results in one of the following: <ul style="list-style-type: none"> <li>• Death</li> <li>• Police calls or other law enforcement involvement or contact</li> <li>• Mandatory report of abuse,</li> <li>• Emergency treatment by medical personnel in or at a hospital, other</li> </ul> | <i>Providers Critical Incident Reporting</i> , IOWA DEP’T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding">https://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding</a> . |

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|                         | medical clinic, urgent care provider, or a physician’s office  |   |
| Crossover Youth         | Any youth who has experienced maltreatment and engaged in delinquency (regardless of whether he or she has come to the attention of the child welfare or delinquency systems).   | SAMUEL ABBOT & ELIZABETH BARNETT, <i>THE CROSSOVER YOUTH PRACTICE MODEL 3</i> (Georgetown Univ. Ctr. for Juv. Just. Reform, 2016).  |
| Cultural Competence     | The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths/religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities and protects and preserves the dignity of each. | <i>Definitions of Cultural Competence</i> , GEORGETOWN UNIV. (last visited July 29, 2022), <a href="https://nccc.georgetown.edu/cultural/culturalcompetence.html">https://nccc.georgetown.edu/cultural/culturalcompetence.html</a> .                                  |
| Custody                 | The person(s) or agency ordered by the court to be responsible for the child within its jurisdiction.  | IOWA CODE § 598.1 (2022).   |
| <b>D</b>                |  |   |
| Decategorization (DCAT) | The Child Welfare/Juvenile Justice Planning process for “decategorized” state child welfare funds. DCAT allows communities to blend funding by pooling the funds originally in line items and giving them the ability to roll the funds into the next fiscal year.   | IOWA CODE § 232.188 (2022).   |
| Denial of Critical Care | When a child is denied adequate food, shelter, clothing, or other care necessary to the child’s health and welfare.  | <i>Providers Critical Incident Reporting</i> , IOWA DEP’T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/child-abuse/what-is-child-abuse/denial-of-critical-care">https://dhs.iowa.gov/child-abuse/what-is-child-abuse/denial-of-critical-care</a> |
| Defendant (juvenile)    | A person under the age of eighteen (18) years of age (child) who is charged with committing a delinquent act.  | IOWA CODE § 232.8 (2022).   |
| Deferred Adjudication   | This is also known as a consent decree.  | IOWA CODE § 232.46 (2022).  |
| Delinquency             | The commission of an illegal act by a juvenile. A child is “delinquent” through a finding of the juvenile court.   | IOWA CODE § 232.2(12) (2022).   |

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| Detention                                     | A license and secure facility run by the county or consortium of counties for the safe and secure holding for delinquent children or pre-delinquent children through court order.   | IOWA CODE § 232.2 (2022).  |
| Detention Hearing                             | A hearing to determine whether a juvenile should be detained or released.   | IOWA CODE § 232.2 (2022).  |
| Detention Screening Tool (DST)                | A concise detention screening instrument that provides structure to ensure that all youth are treated objectively and equitably when making juvenile detention decisions. The tool identifies a youth’s risk to re-offend by using three main scoring constructs including: (a) current referral offense, (b) offense history, and (c) supervision status.  | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – DETENTION SCREENING TOOL 2.1 (2020). |
| Department of Health and Human Services (HHS) | A state agency responsible for helping Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services it provides.   | IOWA ADMIN. CODE r. 441—1 (2021).  |
| Disposition                                   | A court hearing to determine what should be done as a result of the allegations of delinquency and the child coming under the court’s jurisdiction. The court may postpone a decision, allow the parents to keep custody, transfer custody to another adult, or place the child somewhere other than the family home, including family foster care, residential treatment, psychiatric mental institute for children (PMIC), state institution or specialized treatment facility. Disposal of a case includes assignment of custody, placement on probation and ordering of living arrangements and services. | IOWA CODE § 232.2 (2022).  |
| Discovery                                     | The process by which the prosecutor and defense attorney learn of the evidence the other party will present at trial.   | IOWA CODE § 232.2 (2022).  |
| Drug Court                                    | An evidence-based community program facilitated by volunteer community panels for juvenile and adult substance abusing offenders. Drug Court provides innovative and specialized treatment and services.  | IOWA DEP’T OF CORR., COMMUNITY DRUG COURTS IN IOWA’S SECOND JUDICIAL DISTRICT (2004).              |

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| Drug Court Officer   | A JCO who provides intensive supervision and case management for youth involved in the Drug Court program.   | IOWA DEP'T OF CORR., DRUG COURT EVALUATION PLAN (2002).  |
| Drug Court Panel   | A cross-section of non-system involved community members who facilitate the court process and help bring creativity and diversity to support treatment, recovery, and accountability.  | IOWA DEP'T OF CORR., COMMUNITY DRUG COURTS IN IOWA'S SECOND JUDICIAL DISTRICT (2004).  |
| Dually Adjudicated Youth   | A subgroup of dually involved youth encompassing only those youth who are concurrently adjudicated by both the child welfare and the juvenile justice systems.   | Denise C. Herz et al., <i>Dual System Youth and their Pathways: A Comparison of Incidence, Characteristics and System Experiences using Linked Administrative Data</i> , 48 J. OF YOUTH AND ADOLESCENCE 2432 (2019). |
| Dually Involved Youth  | A subgroup of crossover youth who are simultaneously receiving services, at any level from both the child welfare and juvenile justice systems.  | Denise C. Herz et al., <i>Dual System Youth and their Pathways: A Comparison of Incidence, Characteristics and System Experiences using Linked Administrative Data</i> , 48 J. OF YOUTH AND ADOLESCENCE 2432 (2019). |
| Dynamic Risk Factors   | Circumstances or conditions in a youth's life that can potentially be changed.   | EDWARD J. LATESSA ET AL., WHAT WORKS (AND DOESN'T) IN REDUCING RECIDIVISM (Routledge, 2d ed. 2020).  |
| <b>E</b><br>Effective Practices in Community Supervision (EPICS) | A model for probation and juvenile court officers on how to apply the principles of effective intervention (and core correctional practices specifically, including relationship skills) to community supervision practices. | EDWARD J. LATESSA ET AL., EVALUATION OF THE EFFECTIVE PRACTICES IN COMMUNITY SUPERVISION MODEL (EPICS) IN OHIO (Univ. Of Cincinnati School of Criminal Justice Ctr. For Crim. Just. Rsrh, 2013).                     |
| EPICS Coder  | An individual who has been trained in the EPICS model and trained to use the EPICS Coding Key. The individual must complete an EPICS Coder Training and pass a   | Jennifer Pealer, Project Dir., Univ. of Cincinnati Corr. Inst., Effective Practices for Community Supervision  |

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|                      | certification test to check for coding reliability.   | (EPICS): The Application of Science to Supervision Practices, Presentation at the Pennsylvania Juvenile Court Judges Annual Conference (2017).   |
| EPICS Coding         | A process whereby an EPICS Coder listens to an EPICS audio or watches an EPICS session. The EPICS Coder will use the EPICS Coding Key and complete the EPICS Ratings Form, ensuring that all items are coded with feedback on strengths, areas for improvement, and recommendations for improvement.  | EDWARD J. LATESSA ET AL., EVALUATION OF THE EFFECTIVE PRACTICES IN COMMUNITY SUPERVISION MODEL (EPICS) IN OHIO (Univ. Of Cincinnati School of Criminal Justice Ctr. For Crim. Just. Rsrh, 2013).   |
| EPICS Internal Coach | An individual who has completed the EPICS End-User Training, participated in at least 5 EPICS coaching sessions with an EPICS Trainer, and participated in at least five EPICS internal coaching sessions. Once the above are completed, the individual will be considered an EPICS Internal Coach and will be able to coach others in the EPICS model.   | Jennifer Pealer, Project Dir., Univ. of Cincinnati Corr. Inst., Effective Practices for Community Supervision (EPICS): The Application of Science to Supervision Practices, Presentation at the Pennsylvania Juvenile Court Judges Annual Conference (2017). |
| EPICS Trainer        | An individual who has completed the following: <ul style="list-style-type: none"> <li>• participated in the EPICS End-User Training;</li> <li>• participated in at least five coaching sessions;</li> <li>• submitted at least five EPICS audios;</li> <li>• reached proficiency in the model as measured by 85% satisfactory;</li> <li>• participated in the EPICS “Train the Trainer” training program (5 days) facilitated by a UCCI EPICS Trainer;</li> <li>• conducted an End-User Training observed by a UCCI EPICS Trainer; and</li> <li>• completed EPICS reliability coding and coaching as determined by UCCI.</li> </ul> <p>The EPICS Trainer will be certified by UCCI and once certified may conduct EPICS</p> | Jennifer Pealer, Project Dir., Univ. of Cincinnati Corr. Inst., Effective Practices for Community Supervision (EPICS): The Application of Science to Supervision Practices, Presentation at the Pennsylvania Juvenile Court Judges Annual Conference (2017). |

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|  | trainings for the agency adhering to the EPICS guidelines.   |   |
| <b>F</b>                                     |  |   |
| Family or Kin                                | The social unit consisting of the Child and relations of the Child, including, but not limited to, biological or adoptive parent, stepparent, brother, sister, stepbrother, stepsister, and grandparent.   | IOWA ADMIN. CODE r. 441—130.1(234) (2021).  |
| Family and Child Services (FACS)             | The data system or its equivalent replacement for HHS.   | IOWA DEP’T OF HEALTH AND HUM. SERVICES, CHILD WELFARE INFORMATION SYSTEM (2019).  |
| Family First Prevention Services Act (FFPSA) | A law enacted in 2018 that reformed the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system.   | <i>Family First Prevention Services Act</i> , CHILD WELFARE INFORMATION GATEWAY (last visited July 26, 2022), <a href="https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first/">https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first/</a> . |
| Family-Like Setting                          | A Foster Family Home, a relative Placement, a pre-adoptive home, a Fictive Kin Placement, or a trial home visit.   | IOWA CODE § 232.102 (2022).   |
| Fictive Kin                                  | An individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a Family relationship.   | IOWA ADMIN. CODE r. 441—172.1(234) (2021).  |
| Findings                                     | “Findings of fact” are what the court has determined are the facts of the case based on the evidence presented. “Conclusions of law” are the court’s findings on whether the factual findings meet the legal requirements of the case.   | IOWA CODE § 17A.15 (2022).  |
| Foster Care                                  | Substitute care furnished on a 24-hour-a-day basis to an eligible Child in a licensed or approved facility by a person or agency other than the Child’s parent or guardian. Foster Care does not include care provided in a Family home through an informal arrangement for a period of 20 days or less. It includes the provision of parental | IOWA DEP’T OF HEALTH AND HUM. SERVICES, EMPLOYEES’ MANUAL 18–D(3): QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (2020).   |

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|  | nurturing and shall include, but is not limited to, the provision of food, lodging, training, education, supervision, and health care.  |  |
| Foster Group Care Service (FGCS) or Qualified Residential Treatment Program (QRTP) | One service of the Child welfare array of services that offers a safe and protective structured living environment for eligible Foster Care Children who are considered unable to live in a Family situation to social, emotional, behavioral, or physical disabilities or community safety issues but are able to interact in a community environment with varying degrees of supervision. Children are adjudicated either for having committed a Delinquent act or they have been placed on a consent decree or as CINA and court-ordered to this State-licensed Out-of-Home care provided in licensed facilities 24 hours a day and seven days per week offering room, board, and age appropriate and transitional child welfare services and Juvenile Justice Services. | <i>Foster Group Care Services</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/foster-group-care-services">https://dhs.iowa.gov/foster-group-care-services</a> . |
| Functional Family Therapy (FFT)  | A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.   | FUNCTIONAL FAMILY THERAPY, <a href="https://www.fftllc.com/">https://www.fftllc.com/</a> (last visited July 26, 2022).   |
| <b>G</b>   |   |  |
| Guardian   | Person appointed by the court who has the legal right to make important decisions in a child's life including consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment, adoption, and to make other decisions involving protection, education, and care and control of the child.   | IOWA CODE § 232D.102 (2022).   |
| Guardian ad Litem (GAL)  | The Guardian ad Litem is usually a lawyer. The Guardian ad Litem and lawyer for the child can be the same person or two separate attorneys. Their duties are outlined in the law. The court appoints a Guardian ad Litem for a child in any case involving child abuse.   | IOWA CODE § 598.12 (2022).   |
| <b>H</b>   |   |  |
| Hearing  | Formal court process to determine facts, dispose of the case, and order a case plan.  | IOWA CODE § 232.127 (2022).  |

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| High School Equivalency Diploma (HSED) #1   | A program offered through community colleges that allows students, age 17 or older (students age 16 require a court order) who left high school before graduating an opportunity to earn a High School Equivalency Diploma by passing a test in each of the five core areas: math, reading, writing, social studies, and science.      | <i>High School Equivalency Diploma (HSED) Program</i> , IOWA DEP'T OF EDUC. (2022), <a href="https://educateiowa.gov/adult-career-comm-college/adult-education-and-literacy/high-school-equivalency-diploma-hsed-program">https://educateiowa.gov/adult-career-comm-college/adult-education-and-literacy/high-school-equivalency-diploma-hsed-program</a> . |
| High School Equivalency Diploma (HSED) #2   | An education program offered through community colleges that allow students, age 17 or older (students age 16 require a court order) to earn a high school diploma based on 36.0 credits. The official diploma is issued by the State of Iowa.   | <i>High School Equivalency Diploma (HSED) Program</i> , IOWA DEP'T OF EDUC. (2022), <a href="https://educateiowa.gov/adult-career-comm-college/adult-education-and-literacy/high-school-equivalency-diploma-hsed-program">https://educateiowa.gov/adult-career-comm-college/adult-education-and-literacy/high-school-equivalency-diploma-hsed-program</a> . |
| Home Schooling                              | There are five allowable options for home school in Iowa: (1) independent private instruction, (2) competent private instruction with opt-in reporting, (3) competent private instruction with a teacher you select, (4) competent private instruction, and (5) competent private instruction with the Home School Assistance Program. | <i>Iowa Homeschool Laws &amp; Requirements</i> , TIME4LEARNING (2022), <a href="https://www.time4learning.com/homeschooling/iowa/laws-requirements.html">https://www.time4learning.com/homeschooling/iowa/laws-requirements.html</a> .  |
| <b>I</b><br>Indian Child Welfare Act (ICWA) | A law that was established to protect the legal rights of children with American Indian or Native American heritage. This law does not apply in delinquency cases.   | IOWA CODE § 232B (2022).  |
| Instrumental Violence                       | Instrumental aggression is a form of aggression where the primary aim is not to inflict pain on the victim but to reach some other goal where aggression is merely incidental.   | Charlotte Nickerson, <i>Instrumental Aggression: Definition &amp; Examples</i> , SIMPLYPSYCHOLOGY (Mar. 16, 2022), <a href="https://www.simplypsychology.org/instrumental-aggression.html">https://www.simplypsychology.org/instrumental-aggression.html</a> .  |
| Integrated Health Home (IHH)                | A team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and Children with a serious emotional disturbance (SED). IHH are administered by the Medicaid Managed  | <i>Integrated Health Home (for Providers)</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/ime/providers/integrated-health-home">https://dhs.iowa.gov/ime/providers/integrated-health-home</a> .  |

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|  | Care Organizations (MCOs) and provided by community-based Integrated Health Homes.   |  |
| Interagency Placement Review Committee         | A committee that uses a multi-faceted approach that includes reviewing all referrals to the Specialized Delinquency Beds program to confirm they meet entry criteria, ensuring appropriate programming is available, exploring treatment alternatives, initiating a seamless transition for youth, staffing problematic cases, identifying youths that cross systems, and generating solutions for cases that do not qualify for placement in the Specialized Delinquency Bed program. | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – OUT OF HOME PLACEMENT 2.9 (2022).                                    |
| Iowa Delinquency Assessment (IDA)              | A risk assessment tool that allows the JCO to determine the level of risk that a juvenile presents to re-offend, as well as identifying potential risk and protective factors that can be used to help juveniles improve behavior.   | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – IOWA DELINQUENCY ASSESSMENT 2.0 (2020).                              |
| Iowa Vocational Rehabilitation Services (IVRS) | A state agency that assists youth with disabilities to prepare for, obtain, retain, and advance in employment.   | IOWA VOCATIONAL REHABILITATION SERVICES, <a href="https://ivrs.iowa.gov/">https://ivrs.iowa.gov/</a> (last visited July 26, 2022). |
| <b>J</b>                                       |  |  |
| JEPA (JCS EPICS Meeting: Attempted)            | An event code in case management used to record a missed, partial, or unsuccessful EPICS session.  | IOWA DEP'T OF JUD. INFO. TECH., USER INSTRUCTIONS: JEPA EPICS EVENT SCREEN (2021).   |
| JEPC (JCS EPICS Meeting: Completed)            | An event code used in case management to record an EPICS session with a youth.   | IOWA DEP'T OF JUD. INFO. TECH., USER INSTRUCTIONS: JEPC EPICS EVENT SCREEN (2021).   |
| Judicial Review                                | Federal requirements stipulate a judge must review and approve all QRTP placements within sixty (60) days of the youth's placement in a QRTP. In Iowa, when an order for QRTP placement is issued, a motion will be made by the JCS/county attorney asking the judge to administratively review the ACRF within 60 days. After the review, the judge will issue order approving or denying placement in the QRTP.  | MARY TABOR ET AL., FFPSA TASK FORCE REPORT: RECOMMENDATIONS FOR IMPLEMENTATION (2020).   |

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| Juvenile Court Services (JCS)                                      | An administrative unit that is part of the judicial branch of Iowa government and established each judicial district pursuant to Iowa Code Ch. 602. JCS provides intake supervises and provides services to those Youth who are adjudicated Delinquent or those Youth who have committed a Delinquent act but who have not been adjudicated Delinquent by the Juvenile Court. | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).  |
| Juvenile Court Officer (JCO)                                       | The Juvenile Court Officer handles matters pertaining to delinquent youth, pursuant to Iowa Code chapter 232, including intake diversion, supervision, and prevention activities.   | IOWA CODE § 602.7202 (2022).   |
| Juvenile Sex Offender Recidivism Risk Assessment Tool (JSORRAT-II) | An actuarial sexual recidivism risk assessment tool designed for male juveniles between ages 12 and 17.99 who have been adjudicated guilty of sexual offense. It is not designed for juveniles younger than age 12 or whose only sexual offending adjudication(s) occurred when the juvenile was less than 12 years old.  | Phil Rich, <i>Chapter 4: Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses</i> , SMART (2015), <a href="https://smart.ojp.gov/somapi/c/hapter-4-assessment-risk-sexual-reoffense-juveniles-who-commit-sexual-offenses">https://smart.ojp.gov/somapi/c/hapter-4-assessment-risk-sexual-reoffense-juveniles-who-commit-sexual-offenses</a> . |
| <b>K</b>   |   |  |
| Kinship Caregiver  | A person to whom a child is related by blood, marriage, or adoption, or a person who has a significant, committed, positive relationship with the child, who is caring for a child in foster care, pursuant to Iowa Code chapter 232.   | IOWA ADMIN. CODE r. 441—156.7(234) (2021).   |
| <b>L</b>   |   |  |
| Licensed Practitioner of the Healing Arts (LPHA)                   | A practitioner such as a physician (M.D. or D.O.), a physician assistant (PA), an advanced registered nurse practitioner (ARNP), a psychologist, a social worker (LMSW or LISW), a marital and family therapist (LMFT), or a mental health counselor (LMHC) who is licensed by the applicable state authority for that profession.  | IOWA ADMIN. CODE r. 441—78.12(249A) (2021).  |
| <b>M</b>   |   |  |
| Managed Care Organization (MCO)                                    | An organization selected by the State of Iowa to provide members with comprehensive health care services,   | <i>What is the LA Health Link Program?</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES  |

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|  | including physical, behavioral, and long-term care services and support.  | (2022),<br><a href="https://dhs.iowa.gov/iahealthlink/faqs/what_is_IHL">https://dhs.iowa.gov/iahealthlink/faqs/what_is_IHL</a> .  |
| Modification                             | A hearing to decide if the court should change a court order for a good reason.   | IOWA CODE § 598.21C (2022).   |
| Motivational Interviewing (MI)           | An evidence-based approach to behavior change. MI is designed to help people find the motivation to make a positive behavior change. The client-centered approach is a guiding style of communication, which can empower people to change by drawing out their own meaning, importance, and capacity for change.  | <i>Understanding Motivational Interviewing</i> , MOTIVATIONAL INTERVIEWING NETWORK OF TRAINERS (2021),<br><a href="https://motivationalinterviewing.org/understanding-motivational-interviewing">https://motivationalinterviewing.org/understanding-motivational-interviewing</a> . |
| Multidisciplinary Review Committee (MRC) | A committee that uses a multi-faceted approach to review State Training School referrals to confirm they meet Iowa Code requirements, ensure appropriate programming is available, explore treatment alternatives, initiate a smooth transition for youth, staff problematic STS cases, identify youths that cross systems, and generate solutions for cases that do not qualify for placements at STS. | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – OUT OF HOME PLACEMENT 2.9 (2022).   |
| Multidisciplinary Team Approach          | An approach that draws appropriately from multiple disciplines to redefine problems outside of normal boundaries and reach solutions based on a new understanding of complex situations.  | U.S. DEPT OF JUST., FORMING A MULTIDISCIPLINARY TEAM TO INVESTIGATE CHILD ABUSE (2000).   |
| Multi-Systemic Therapy (MST)             | An intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. The primary goals of MST are to decrease youth criminal behavior and out-of-home placements.  | Melanie Duncan, <i>Multisystemic Therapy (MST)</i> , THE CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE (Apr. 2021),<br><a href="https://www.cebc4cw.org/program/multisystemic-therapy/detailed">https://www.cebc4cw.org/program/multisystemic-therapy/detailed</a> .          |
| <b>N</b>                                 |   |   |
| Neglect                                  | HHS definition of neglect includes negligent or maltreatment (dangerous act) or omission that constitutes clear and present danger to the child’s health, welfare, and safety, such as:   | IOWA CODE § 726.3 (2022).   |

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- Failure to provide adequate supervision in relation to the child’s level of development.
- An act of abandonment with the intent to forego parental responsibilities despite an ability to do so.
- An act of exploitation, such as requiring the child to be involved in criminal activity, imposing unreasonable work standards, etc.
- An act of reckless endangerment, such as parent driving under the influence of alcohol or drugs with children present.
- Other dangerous acts, such as hitting, kicking, throwing, choking a child, or shaking an infant.

Neurodevelopmental and Comorbid Conditions (NACC)

A combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns affecting the functioning and treatment needs of a Child. NACC signifies the Child has been assessed by a Licensed Practitioner of the Healing Arts to have significant needs, which necessitate residential treatment.

*Residential Care*, ELLIPSIS (2022), <https://ellipsisiowa.org/residential-programs/residential-care/>.

**O**

Out-of-Home

JCS had Placement and care responsibility of a Child in a location other than the Child’s natural home.

IOWA DEP’T OF HEALTH AND HUM. SERVICES, EMPLOYEES’ MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).

Out-of-Home Placement

Encompasses the placements and services provided to youth when they must be removed from their homes because of child safety concerns because of serious parent-child conflict, or to treat serious physical or behavioral health conditions, which cannot be addressed within the family. Out-of-home placements include detention, shelter, family foster care, QRTP, PMIC, State Training School, hospitalization, and relative care placements.

IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – OUT OF HOME PLACEMENT 2.9 (2022).

**P**

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| Permanency                    | A child has a safe, stable, custodial environment in which to grow up, a life-long relationship with a nurturing caregiver, and is able to explore and retain significant connections to Family members to the greatest extent possible.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).   |
| Permanency Hearing            | A hearing where the court shall consider the child's need for a secure and permanent placement in light of any case permanency plan or evidence submitted to the court and the reasonable efforts made concerning the child.  | IOWA CODE § 234.104 (2022).   |
| Petition                      | Formal written application to the court requesting a hearing to decide whether a child is delinquent.   | IOWA CODE § 234.35 (2022).  |
| Physical Abuse                | Department of Health and Human Services defines physical abuse as any non-accidental physical injury, such as bruises, burns, fractures, bites, or internal injuries. Mental abuse includes, by accident or omission, the damaging of the intellectual, psychological, or emotional functioning of a child. Physical abuse includes mental abuse as well as physical abuse. | <i>Physical Abuse</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022),<br><a href="https://dhs.iowa.gov/child-abuse/what-is-child-abuse/physical-abuse">https://dhs.iowa.gov/child-abuse/what-is-child-abuse/physical-abuse</a> . |
| Placement                     | The physical setting in which a Child in care resides. For purposes of CWES, a Placement occurs when a Child remains in a shelter bed for more than 47 hours.   | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).   |
| Placement Meeting             | A Youth Centered Planning Meeting that occurs within the first 30 days of an out-of-home placement. During this meeting, the youth, with the assistance of YCPM facilitator, will begin the transition planning process by sharing dreams and goals with the permanency team and using input from the team to develop an ACT plan.  | VRIEZE, K.L., YOUTH CENTERED PLANNING MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022).  |
| Plea Agreement (Plea Bargain) | Negotiation of an agreement between the prosecuting and defending counsel that reduces the number or severity of the delinquent acts charged in return for an admission of culpability.   | IOWA CODE § 232.43 (2022).  |

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| Prep Meeting   | This meeting initiates the transition planning process and is the first step in a YCPM. The YCPM facilitator meets with youth prior to the first YCPM to prepare them for the meeting. During this meeting, which typically takes 1.5 to 2.6 hours, the YCPM facilitator explains the YCPM process, reviews the Youth’s Rights, assesses the youth in eight transition domains, and assists the youth in preparing an All About Me presentation, developing an ACT plan, and identifying members of the Permanency Team. | VRIEZE, K.L., YOUTH CENTERED PLANNING MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022).  |
| Protective Factors                                   | Conditions or attributes of individuals, families, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families.  | <i>Episode 9: Prevention: Protective Factors—Part 1</i> , CHILD WELFARE INFORMATION GATEWAY (last visited July 27, 2022), <a href="https://www.childwelfare.gov/more-tools-resources/podcast/episode-9/">https://www.childwelfare.gov/more-tools-resources/podcast/episode-9/</a> . |
| Psychiatric Medical Institutions for Children (PMIC) | A residential treatment for adolescents with substance or chemical dependency, and behavioral and psychiatric conditions.  | IOWA DEP’T OF HEALTH AND HUM. SERVICES, PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN: PROVIDER MANUAL (2020).  |
| Preadjudication                                      | Events that occur before the Adjudication Hearing.   | IOWA CODE § 232.127 (2022).   |
| Preadjudication Interviews                           | Informal interviews conducted by the prosecutor or defense attorney before the trial at which victims and witnesses are questioned about their knowledge of the crime(s). Victims have the right to refuse to submit to a pre-adjudication interview conducted by the defendant, the defendant’s attorney, or an investigator for the defendant.   |   |
| Predisposition Report                                | A report prepared by the JCO providing background, offense cycle, risk level, family information, and other essential information, along with a recommendation to be considered by the court.  | IOWA CODE § 232.48 (2022).  |

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| Probable Cause                                       | A determination made by the Judge as to the likelihood that the juvenile committed the crime.  | IOWA CODE § 808.3 (2022).   |
| Probation  | In juvenile court, a disposition which allows the juvenile to remain at liberty under the supervision of a probation officer. Detention time can be imposed as part of probation.  | IOWA CODE § 232.2 (2022).   |
| Psychiatric Medical Institutions for Children (PMIC) | A residential treatment for adolescents with substance or chemical dependency and behavioral and psychiatric conditions.   | IOWA DEP'T OF HEALTH AND HUM. SERVICES, PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN: PROVIDER MANUAL (2014).  |
| Public Consulting Group (PCG)                        | Selected by the Department of Health and Human Services (HHS) to assist in identification of all children in Juvenile Court custody who may have disabilities and may be eligible for Supplemental Security Income (SSI) benefits.   | <i>State Signs Contract with Public Consulting Group (PCG) for Assessment and Realignment of Human Services and Public Health</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (Mar. 29, 2021), <a href="https://hhsalignment.iowa.gov/article/state-signs-contract-public-consulting-group-pcg-assessment-and-realignment-human-services">https://hhsalignment.iowa.gov/article/state-signs-contract-public-consulting-group-pcg-assessment-and-realignment-human-services</a> . |
| <b>Q</b>   |  |   |
| Qualified Professionals                              | Individuals with the necessary training or experience that enables them to determine, either directly from the youth or indirectly from family, relatives, or other sources, whether the juvenile was abused. Qualified professionals include HHS workers, social workers, health care workers, drug or alcohol counselors, or school counselors.  | IOWA ADMIN. CODE r. 441—25.11(331) (2022).  |
| Qualified Residential Treatment Program (QRTP)       | A program within a Foster Group Care Services State-licensed and Accredited Out-of-Home care facility that provides continuous, 24-hour care and supportive services to Children in a residential, nonfamily home setting that: <ul style="list-style-type: none"> <li>• Has a trauma-informed treatment model that is designed to address the clinical and other needs of Children with serious emotional or behavioral disorders or disturbances.</li> </ul> | <i>Family First FAQs: Qualified Residential Treatment Program (QRTP)</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022) <a href="https://dhs.iowa.gov/Child-Welfare/FamilyFirst/FAQ/QRTP">https://dhs.iowa.gov/Child-Welfare/FamilyFirst/FAQ/QRTP</a> .  |

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- Is able to implement the specific treatment recommended in an assessment completed by a qualified individual.
  - Has registered or licensed nursing staff and other licensed clinical staff who are: (a) on site according to the treatment model and during prime programming hours and (b) available 24 hours a day, 7 days a week.
  - Appropriately facilitates outreach to family members, integrates the family members into the treatment of the children, documents how this is accomplished, and documents and maintains contact information for any known biological family and kin caregivers, including documenting how sibling connections are maintained.
  - Is able to provide discharge planning that provides family-based aftercare support for at least six months following discharge.

**R**

Random Moment Sampling (RMS)

Federally approved time recording method that involves a calculated number of random observations to be made quarterly on a randomly selected date and at an independently selected time. The method determines allowable administrative costs by establishing the time and effort allocated to federal programs in which JCS can claim reimbursement.

IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: FFPSA—RANDOM MOMENT SAMPLING 1.8 (2021).

Reasonable and Prudent Parent Standard

The standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a Child, while at the same time encourage the emotional and developmental growth of the Child, that a caregiver shall use when determining whether to allow a Child in Foster Care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities. For the purposes of this definition and this FRP, “caregiver” means a designated official at a Foster Group Care or Emergency Juvenile

IOWA ADMIN. CODE r. 441—113.2(237) (2021).

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|                   | Shelter in which a Child in Foster Care has been placed.   |   |
| Recidivism        | Any misdemeanor or felony level offense referred to the juvenile justice system, the adult corrections system, or both, within a twelve (12) month period after date or discharge from service.  | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: FFPSA – CONTINUOUS QUALITY IMPROVEMENT 1.7 (2021).  |
| Reentry           | A process that culminates in a youth’s return to the community from an out-of-home placement in a way that promotes the greatest likelihood of sustainable success.  | IOWA JUV. CT. SERVICES, POLICY OPERATIONAL: CASE MANAGEMENT – TRANSITION, REENTRY, AND AFTERCARE 2.7 (2022).  |
| Reentry Continuum | <p>The 3 phases of juvenile reentry (placement, transitional, and community-based) are divided into 5 stages:</p> <ul style="list-style-type: none"> <li>• Stage 1: the point of admission to an out-of-home placement</li> <li>• Stage 2A: the latter portion of placement when discharge planning should be finalized</li> <li>• Stage 2B: the initial period of community reentry/aftercare</li> <li>• Stage 3A: the duration of community aftercare/supervised release following an initial period of adjustment</li> <li>• Stage 3B: life without any formal or official justice system jurisdiction</li> </ul> | David Altschuler & Shay Bilchik, <i>Critical Elements of Juvenile Reentry in Research and Practice</i> , THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER (June 11, 2015), <a href="https://csgjusticecenter.org/2015/06/11/critical-elements-of-juvenile-reentry-in-research-and-practice/">https://csgjusticecenter.org/2015/06/11/critical-elements-of-juvenile-reentry-in-research-and-practice/</a> . |
| Removal           | When the court determines a child is at risk of harm if left in the home and orders that the child be placed in another home or institution.   | IOWA DEP’T OF HEALTH AND HUM. SERVICES, EMPLOYEES’ MANUAL 18–DC2): CASE MANAGEMENT (2020).  |
| Restitution       | The amount of money that the child agrees to pay or that a judge orders the juvenile defendant to pay the victim as a condition of probation for the victim’s out-of-pocket losses directly related to the delinquent act.   | IOWA CODE § 910.2 (2022).   |
| Reverse Waiver    | A child accused of an offense excluded from juvenile jurisdiction may nevertheless be transferred to juvenile court “upon motion and for good cause.”  | IOWA CODE § 232.8 (2022).   |

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| Review Hearing                           | The court must review the cases of all children in placement every five months.   | IOWA CODE § 232.102 (2022).  |
| Risk, Need, Responsivity Principle (RNR) | The essential guiding principles for effective correctional intervention. The Risk Principle states that the level of supervision and services provided to a defendant or probationer should match that individual's risk of re-offending. The Need Principle states that you should focus services and interventions on the identified criminogenic needs of each person on supervision. The Responsivity Principle states that once risk and needs are identified, you should match individuals to services and interventions based on individual's unique characteristics (i.e., responsivity factors) such as gender, age, ethnicity, learning style, motivation to change, cognitive abilities, mental health, culture, and strengths. | EDWARD J. LATESSA ET AL., <i>WHAT WORKS (AND DOESN'T) IN REDUCING RECIDIVISM</i> (Routledge, 2d ed. 2020).   |
| <b>S</b>                                 |   |  |
| School of Origin                         | The public school in which the child was last enrolled or which the child last attended permanently.  | IOWA ADMIN. CODE r. 281—33.2(256) (2017).  |
| Serious Emotional Disturbance (SED)      | A diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-V that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.   | <i>What is Serious Emotional Disturbance (SED)?</i> , THE COLLABORATIVE FOR CHILDREN AND FAMILIES, INC. (June 13, 2017), <a href="https://ccfhh.org/what-is-serious-emotional-disturbance-sed/">https://ccfhh.org/what-is-serious-emotional-disturbance-sed/</a> . |
| Service Area                             | One of the groups selected from Iowa's 99 counties with boundaries defined by the Agency to provide for improved localized administration of programs.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).  |
| Service Area Manager (SAM)               | The Agency official responsible for managing the Agency's programs, operations, and Child welfare budget within one of the Agency Service Areas.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(2): CHILD WELFARE EMERGENCY SERVICES (2020).  |

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| Service Provider               | Agencies, individuals, and organizations who provide services or support to children involved with JCS.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–DC2): CASE MANAGEMENT (2020).  |
| Sex Offending Behavior         | A sexually coercive behavior used to force another person to engage in sexual contact against their will. Such force may be physical, psychological, or both.  | IOWA CODE § 709.1 (2022).   |
| Sex Offender Registry          | An online public listing of all convicted sex offenders in a state.  | IOWA CODE § 692A.103 (2022).  |
| Sexually Problematic Behaviors | A set of behaviors that are developmentally inappropriate, potentially harmful to self or others, and are illegal.   | <i>Overview and Definitions</i> , NATIONAL CENTER ON THE SEXUAL BEHAVIOR OF YOUTH (last visited July 27, 2022), <a href="https://www.ncsby.org/content/overview-and-definitions">https://www.ncsby.org/content/overview-and-definitions</a> . |
| Sexually Reactive Behavior     | A pattern of sexualized or developmentally inappropriate sexual behaviors that persist despite limit setting or redirection and that are in reaction to past or current abuse, exposure to sexual stimuli, or a sexualized, enmeshed relationship with an adult. This may or may not involve physical touch with anyone else and is not necessarily abusive, i.e., excessive masturbation, provocative, seductive interaction. | <i>Sexual Abuse</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/child-abuse/what-is-child-abuse/sexual-abuse">https://dhs.iowa.gov/child-abuse/what-is-child-abuse/sexual-abuse</a> .                      |
| SMART Goal                     | A statement of the important results you are working towards that is designed to foster clear and mutual understanding of what constitutes expected levels of performance. SMART goals must be specific, measurable, achievable, relevant, and time-bound.   | <i>SMART Goals: A How to Guide</i> , UNIV. OF CALI. (2016).   |
| Social Worker (SW)             | Sometimes called a case manager, the social worker is an employee of the Iowa Department of Health and Human Services. The Case Manager works with the family to develop a case permanency plan. Others who may be called social workers provide treatment services to the child or their families. They may also be known as a therapist, case aide, or private provider.   | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–DC2): CASE MANAGEMENT (2020).  |

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| Specialized Delinquency Beds (SDB) | A program designed to reduce multiple placements for delinquent youth by increasing youth engagement in treatment, targeting high-risk criminogenic areas, and preparing youth for lower levels of care and reentry into the community. The program serves male and female youth under formal supervision with JCS who exhibit a chronic pattern of behaviors that cannot be managed in the community and, because of the nature and/or frequency of their delinquencies, will potentially test the limits of the traditional congregate care treatment setting. The program, which meets the criteria for a QRTP, utilizes an integrated and comprehensive treatment approach that is strength-based and focuses on positive behavior strategies. | IOWA DEP'T OF HEALTH AND HUM. SERVICES, CHILD WELFARE CRISIS INTERVENTION, STABILIZATION, AND REUNIFICATION SERVICES (CISR) ACFS24-001. (2022).                               |
| State Training School (STS)        | A secure and highly structured out-of-home placement facility, which provides a continuum of supervision and rehabilitation services to males adjudicated delinquent.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 3-C: STATE JUVENILE FACILITY (2020).  |
| Subpoena                           | A legal document requiring the person named in the subpoena to appear on a stated day and time at a specified court to give testimony in a case.   | IOWA CODE § 622.63 (2022).  |
| Supervised Apartment Living (SAL)  | The least restrictive foster care placement in Iowa. Youth either live in a cluster-site living arrangement (where up to six youth can live in the same building and are supervised continuously) or in a scattered-site living arrangement (where youth are placed in their own living arrangement, such as an apartment, and have access to contractor staff continuously). The living arrangement must provide the youth with an environment in which the youth can experience living in the community with less supervision than other types of foster care placements.  | IOWA ADMIN. CODE r. 441-202.9(234) (2018).  |
| Supplemental Security Income (SSI) | Federal income supplement program designed to help aged, blind, and disabled people, who have little or no income.   | <i>What is Supplemental Security Income?</i> , SOCIAL SECURITY ADMINISTRATION (last visited July 27, 2022), <a href="https://www.ssa.gov/ssi/">https://www.ssa.gov/ssi/</a> . |

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| Termination of Parental Rights (TPR)  | The court takes away all the parents' rights and the child is eligible for adoption.   | IOWA CODE § 600A.2 (2022).  |
| Testimony                             | A statement or declaration made to establish a fact or facts and given under oath.   | IOWA CODE § 633.295 (2022).   |
| Transition Information Packet (TIP)   | A comprehensive resource for youth preparing to enter adulthood. TIP contains information on Education, Employment, Money Management, Housing, Health, and Transportation.   | <i>Transitioning into Adulthood</i> , IOWA DEP'T OF HEALTH AND HUM. SERVICES (2022), <a href="https://dhs.iowa.gov/transitioning-to-adulthood">https://dhs.iowa.gov/transitioning-to-adulthood</a> .                                  |
| Transition Placement Specialist (TPS) | HHS employees who are available to JCOs to provide training on the components of transition planning, community resources available, and to consult with regarding experienced difficulties for youth to successfully transition from foster care into young adulthood.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(3): QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (2020).   |
| Transition Plan                       | Plan services which, based upon an assessment of the child's needs, would assist the child in preparing for the transition to adulthood.   | IOWA CODE § 232.2 (2022).   |
| Transition Planning                   | A set of practices or activities that support the goal of successful reentry.  | IOWA CODE § 232.2 (2022).   |
| Trauma-Informed Care                  | The incorporation of an understanding of trauma and traumatic experiences and the effect they can have on Children in Foster Care into the care and services provided to a Child. These experiences may include, but not be limited to betrayal of a trusted person or institution and a loss of safety; experiences of violence; physical, sexual, and institutional abuse; neglect; intergenerational trauma; and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma-informed is an approach to help engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. | <i>Trauma-Informed Care</i> , IOWA FOSTER & ADOPTIVE PARENTS ASSOCIATION (last visited Aug. 4, 2022), <a href="http://www.ifapa.org/resources/trauma-informed-care.asp">http://www.ifapa.org/resources/trauma-informed-care.asp</a> . |
| Treatment Outcome Package (TOP)       | The behavioral assessment tool adopted by the Agency and JCS. TOP is designed to assist in understanding and improving our   | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18–D(3): QUALIFIED  |

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|  | youths' outcomes by measuring their social and emotional well-being over time, and ensuring that youth receive the right interventions, services, and placements to meet their needs. The TOP assessment complements the information that the Agency, JCS, and providers collect, enhancing both understanding and collaborative decision-making on cases. | RESIDENTIAL TREATMENT PROGRAMS (2020).  |
| Twenty-Four/Seven (24/7)   | The provision of services to the Target Population 24 hours per day and 7 days per week, 365 days per year.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, CHILD WELFARE CRISIS INTERVENTION, STABILIZATION, AND REUNIFICATION SERVICES (CISR) ACFS24-001. (2022). |
| <b>V</b>   |  |   |
| Victim   | By law, a person, business or neighborhood association is a victim if the act committed by a juvenile would constitute a felony offense, or a misdemeanor offense involving physical injury or a sexual offense if an adult committed the act.   | IOWA CODE § 915.10 (2022).  |
| Voluntary Placement and related Voluntary Placement Agreement (VPA)) | A Foster Care Placement in which the Agency provides Foster Care services to a Child according to a signed Placement agreement between the Agency and the child's parent or guardian. The Agency has authority to select the Foster Care Placement and has responsibility for care and supervision.  | IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18-D(2): CHILD WELFARE EMERGENCY SERVICES (2020).                                     |
| <b>W</b>   |  |   |
| Waiver   | The sending of case jurisdiction from the juvenile court to adult court for trial.   | IOWA ADMIN. CODE r. 501-16.1(17A) (2021).   |
| Witness  | A person who has seen or knows something about the delinquent act.   | IOWA CODE § 232.28 (2022).  |
| <b>Y</b>   |  |   |
| Youth Centered Planning Meeting                                      | The JCS youth centered process that promotes self-determination by engaging youth in planning for their future. With the assistance of the youths' support system, the youth identifies their goals for the future and   | VRIEZE, K.L., YOUTH CENTERED PLANNING MEETING (YCPM) FACILITATOR MANUAL (Iowa Juv. Ct. Services, 2d ed. 2022).                                  |



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the supports and resources needed to be successful in eight domains: education, employment, housing, health, supportive relationships, civic engagement and responsibility, self-sufficiency, and interpersonal skills and behaviors.

Youth Transition Decision-Making (YTDM) Meeting

The Youth-centered practice model and teaming approach that follows standards and is offered to Youth 16 years of age and older. This model has two key components: (1) engagement or stabilization and (2) the Dream Path process to promote self-sufficiency and to empower Youth to take control of their lives and dreams. Supportive adults and peers create a team to help the Youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships.

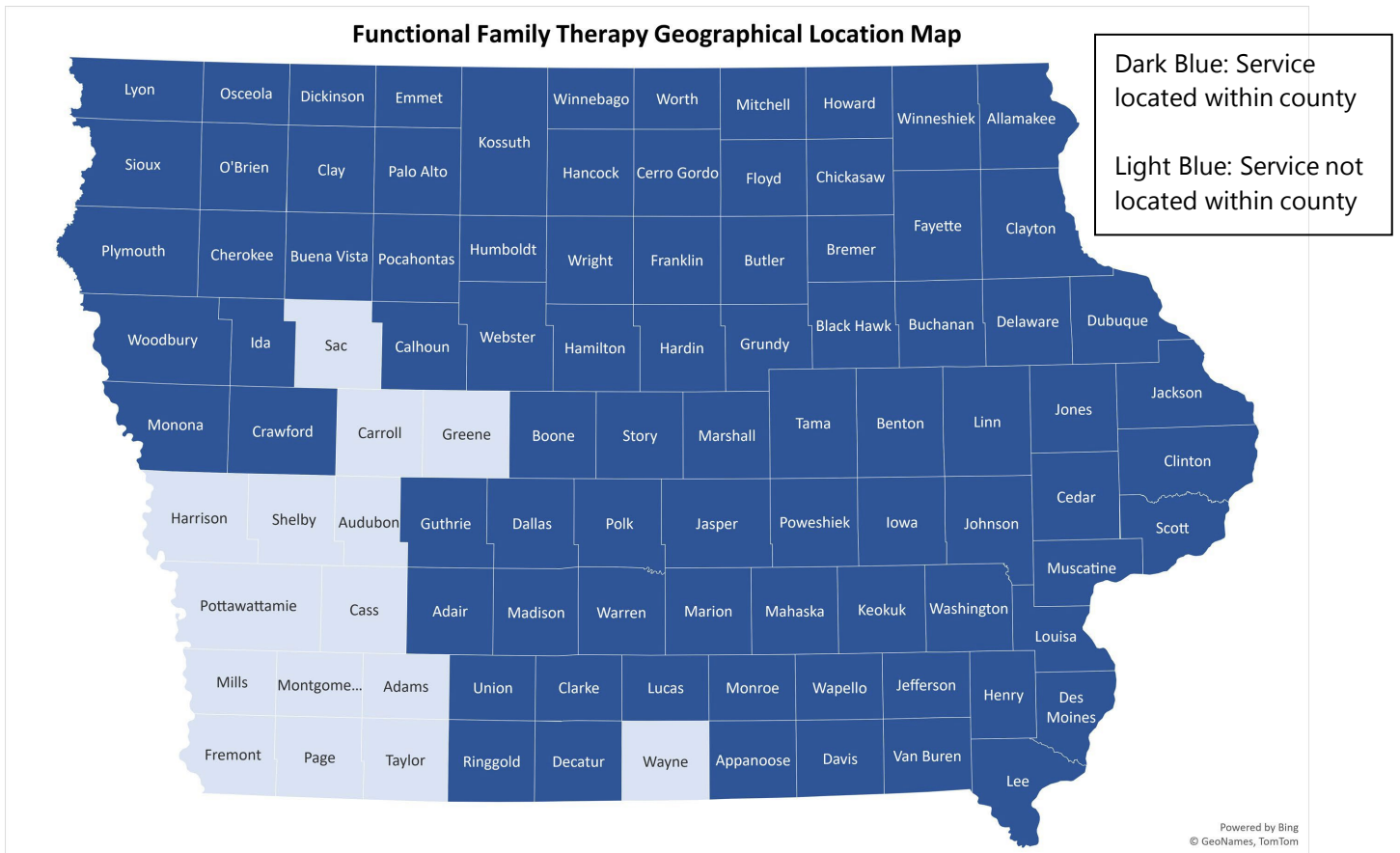
IOWA DEP'T OF HEALTH AND HUM. SERVICES, EMPLOYEES' MANUAL 18-D(3): QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (2020).

Youthful Offender Status

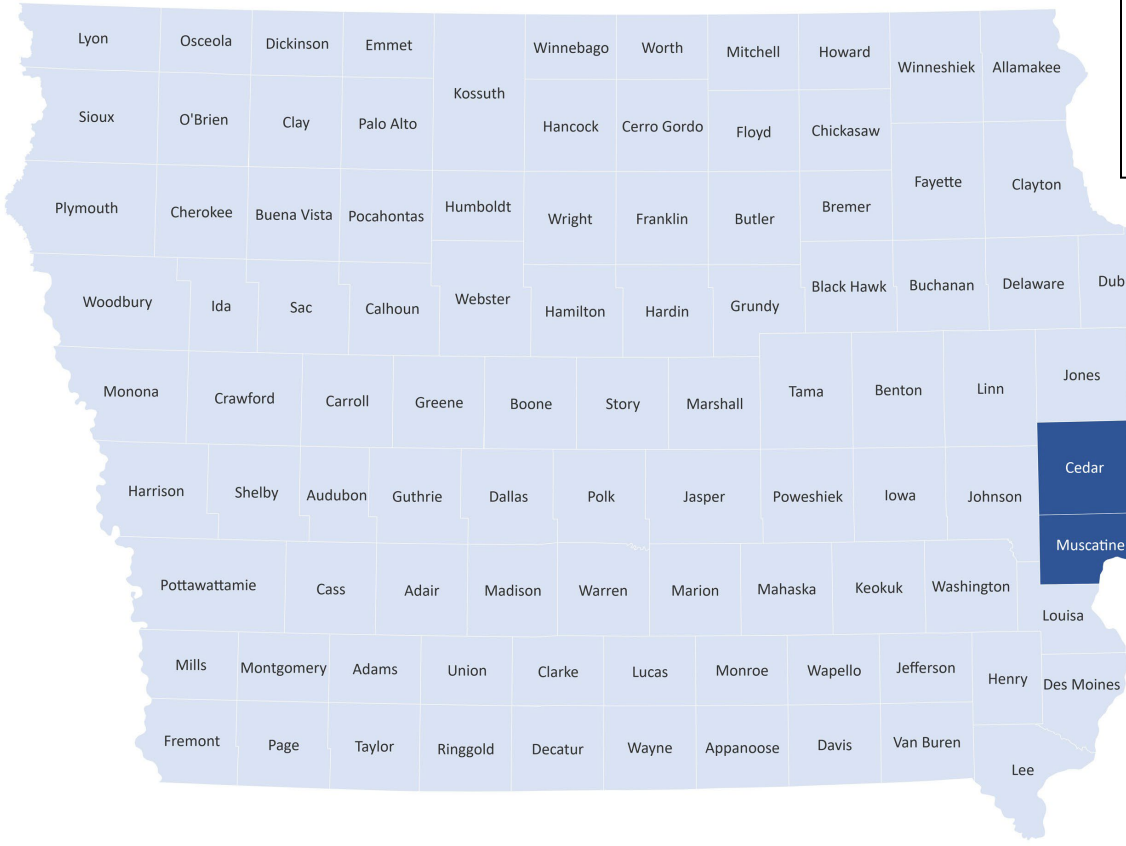
In Iowa, youth between the ages of 10 and 15-years-old who have been charged with a class "A" felony can be prosecuted in adult court as youthful offenders. If a youth is granted youthful offender status, he or she will be supervised by and provided services through Juvenile Court until age 18. Prior to the juveniles' 18th birthday, the district court will hold a hearing to review the youth's progress and determine what should happen once the youth turns 18. At this hearing, the district court judge can defer judgment and place the youthful offender on probation, defer the sentence and place the youthful offender on probation, suspend the sentence and place the youthful offender on probation, order a term of confinement as prescribed by law for the offense, or discharge the youthful offender from youthful offender status and terminate the sentence.

IOWA CODE § 907.3A (2022).

# APPENDIX III: MAPS ILLUSTRATING THE GEOGRAPHICAL LOCATION WHERE SERVICES ARE PROVIDED



### Multisystemic Therapy Geographical Location Map

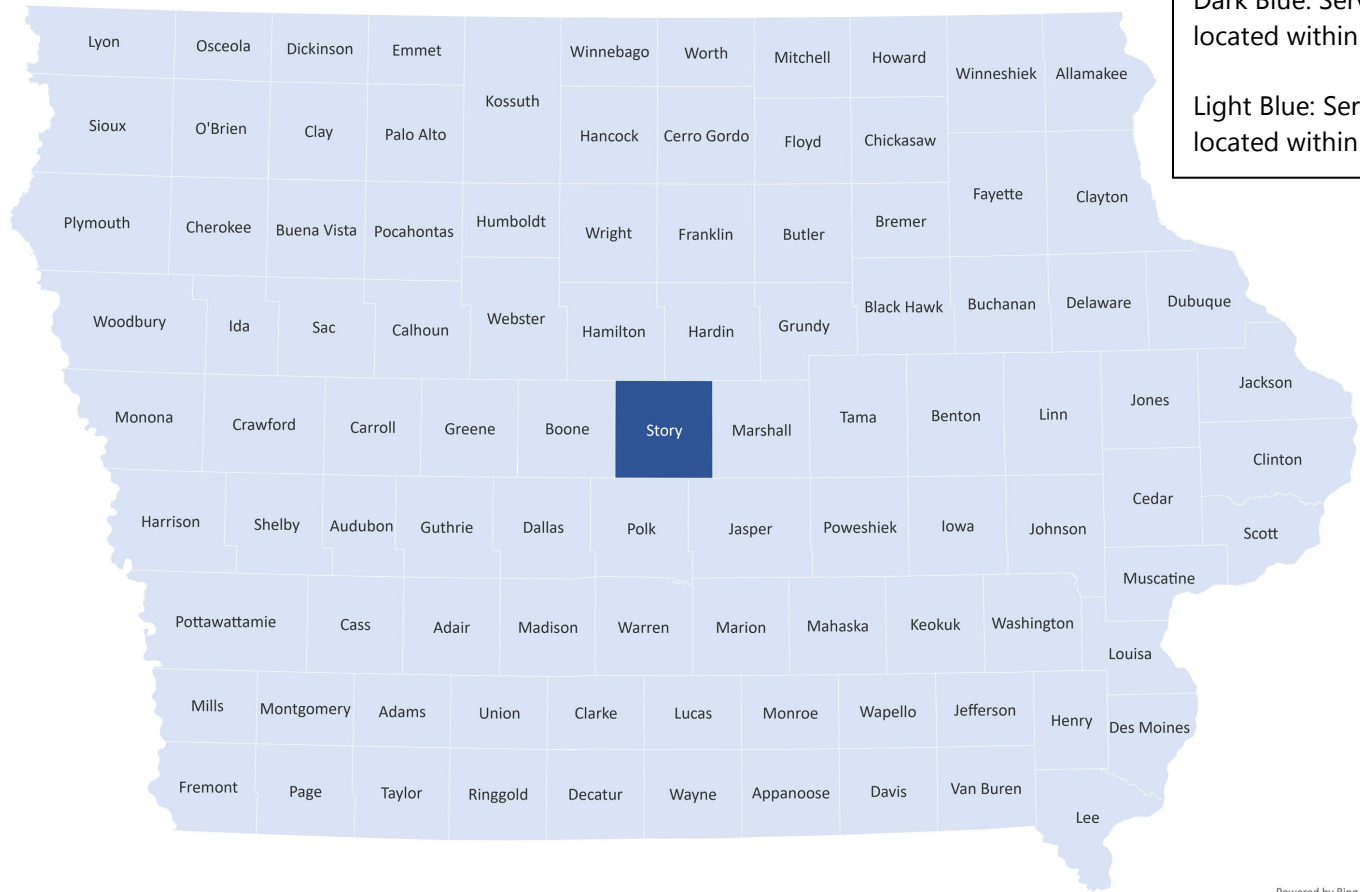


Dark Blue: Service located within county

Light Blue: Service not located within county

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### Multidimensional Family Therapy Geographical Location Map



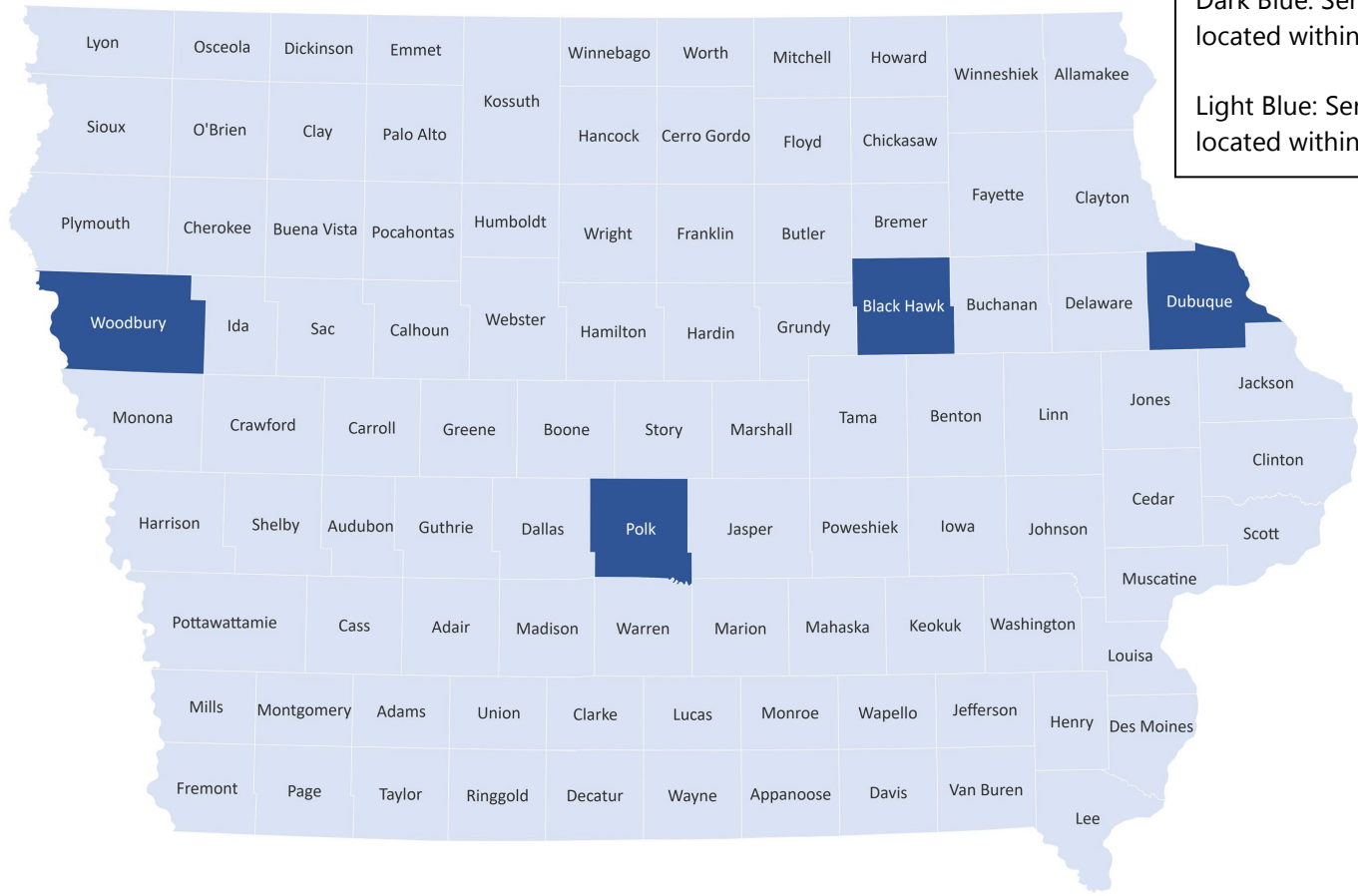
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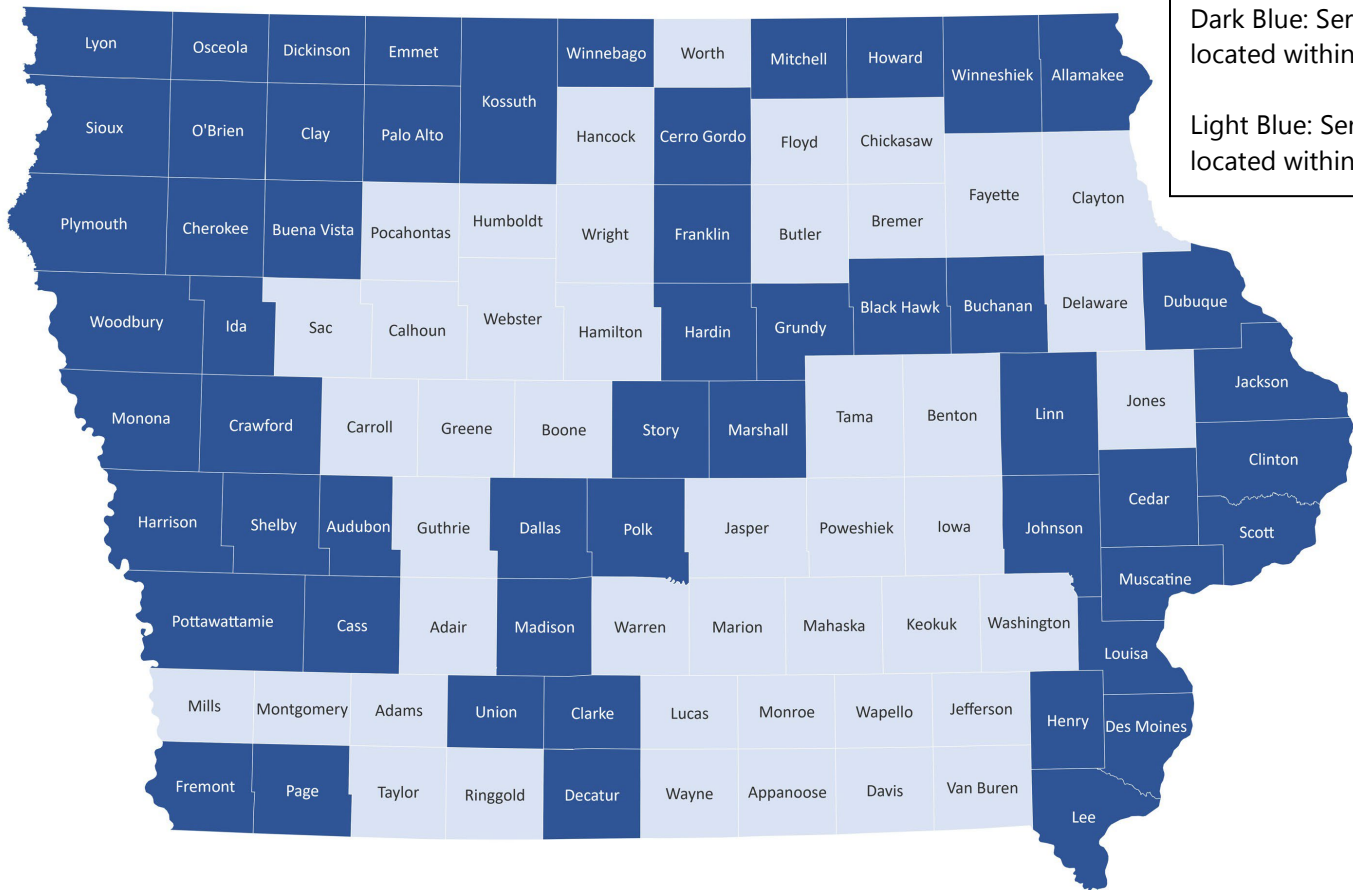
### Aggression Replacement Training Geographical Location Map

Dark Blue: Service located within county  
 Light Blue: Service not located within county



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### Outpatient Psychological Evaluation Geographical Location Map

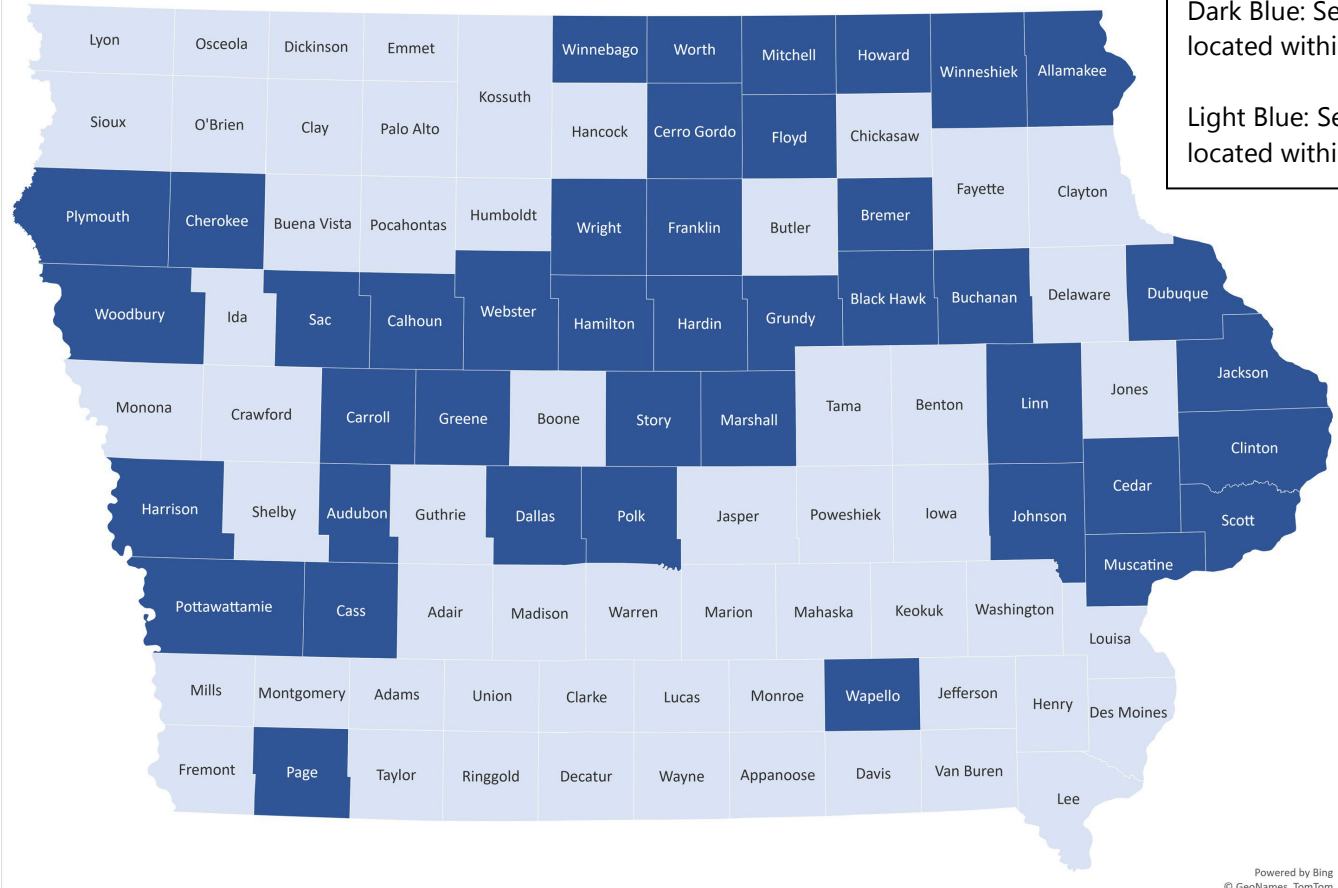


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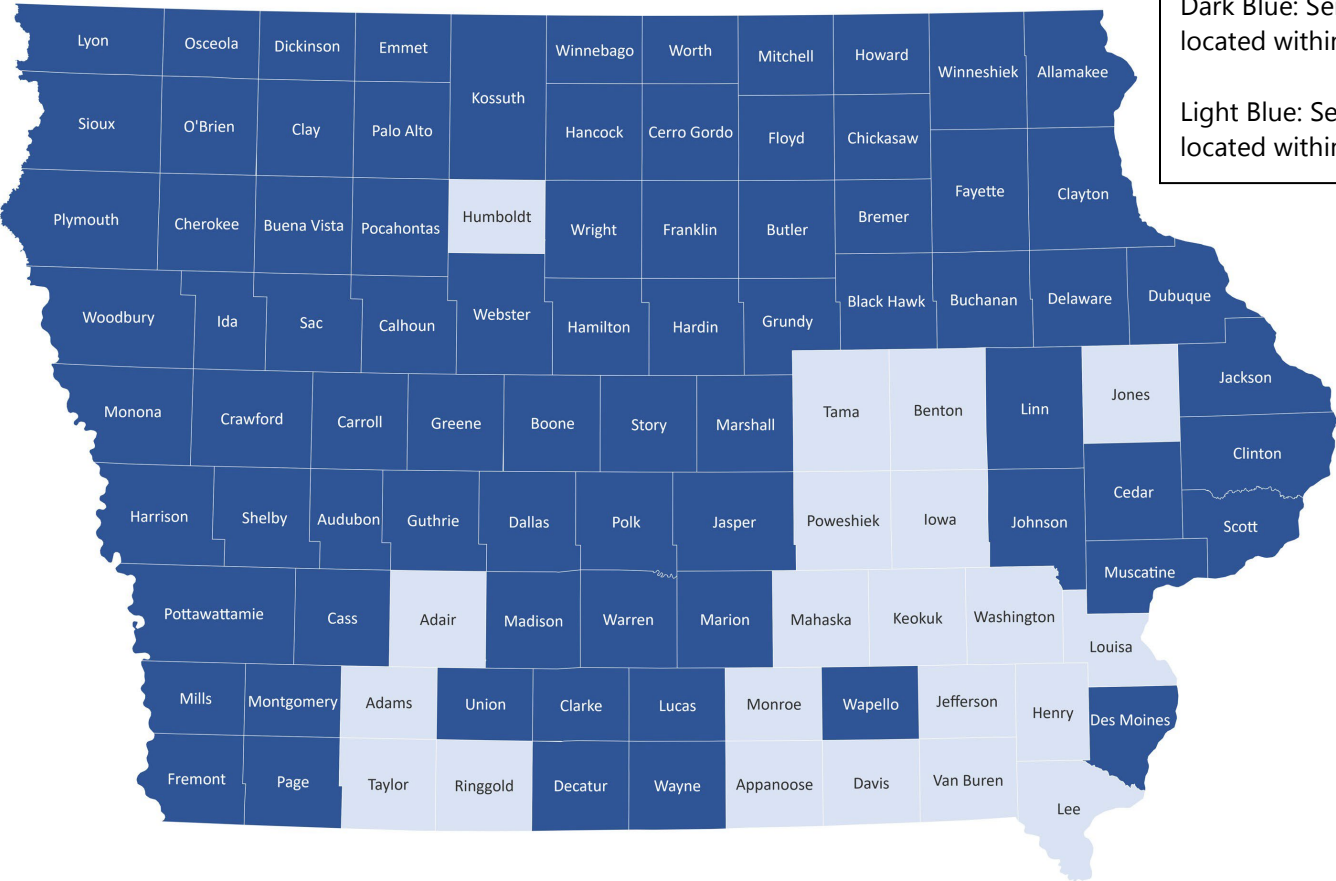
### Outpatient Psychiatric Evaluation Geographical Location Map



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 Light Blue: Service not located within county

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### Outpatient Mental Health Therapy Geographical Location Map

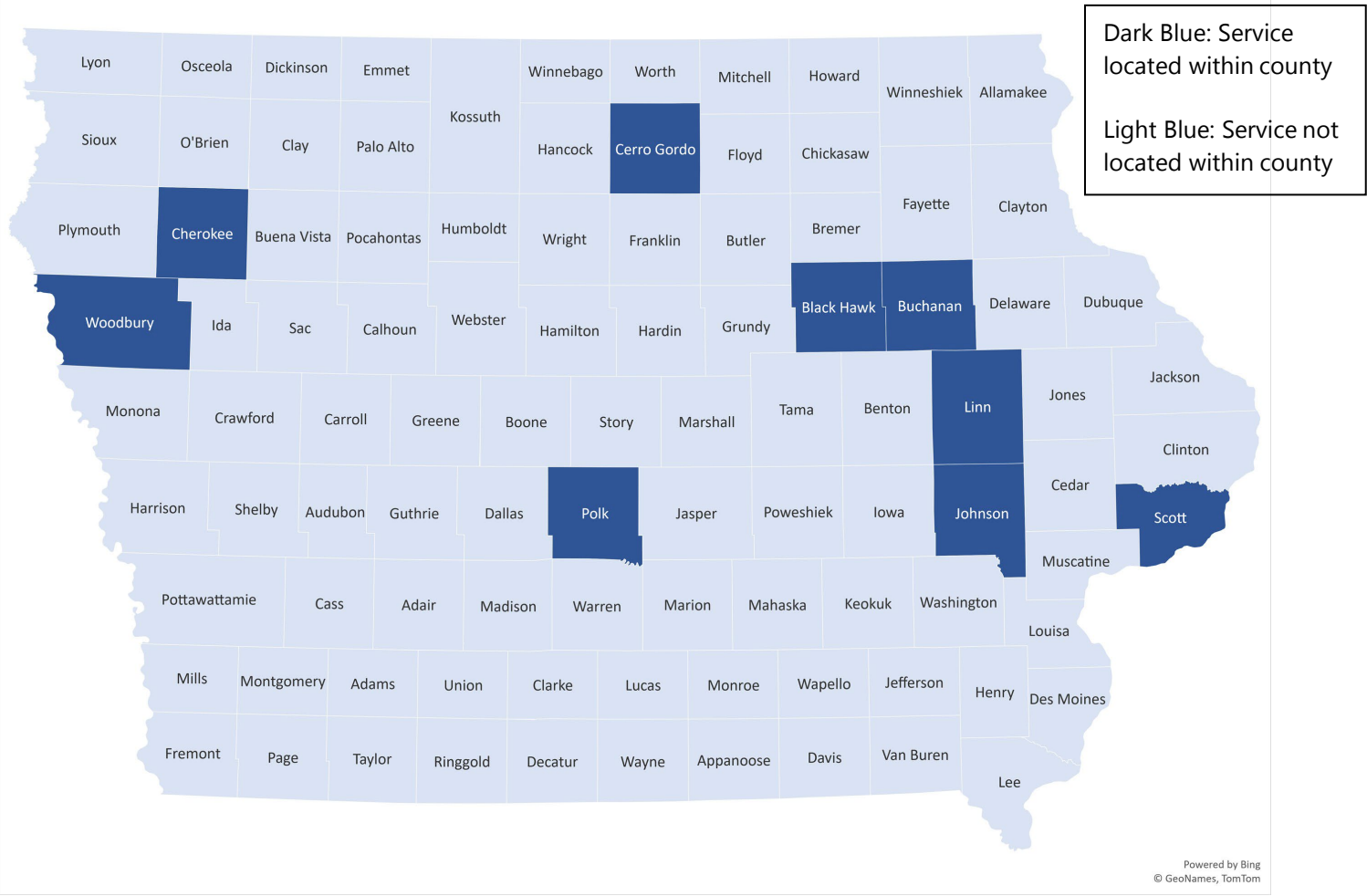


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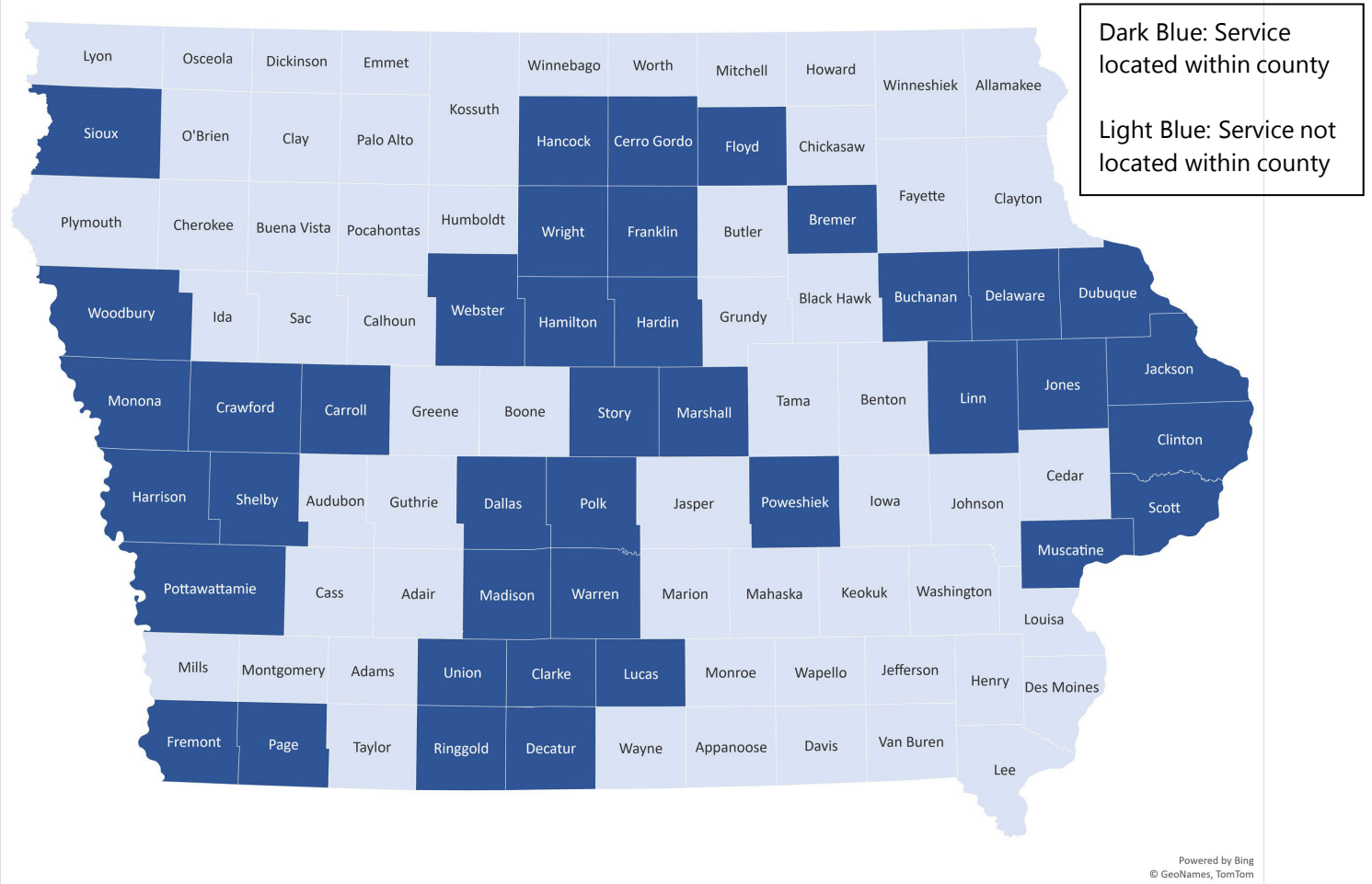


### Psychiatric Residential Treatment Geographical Location Map

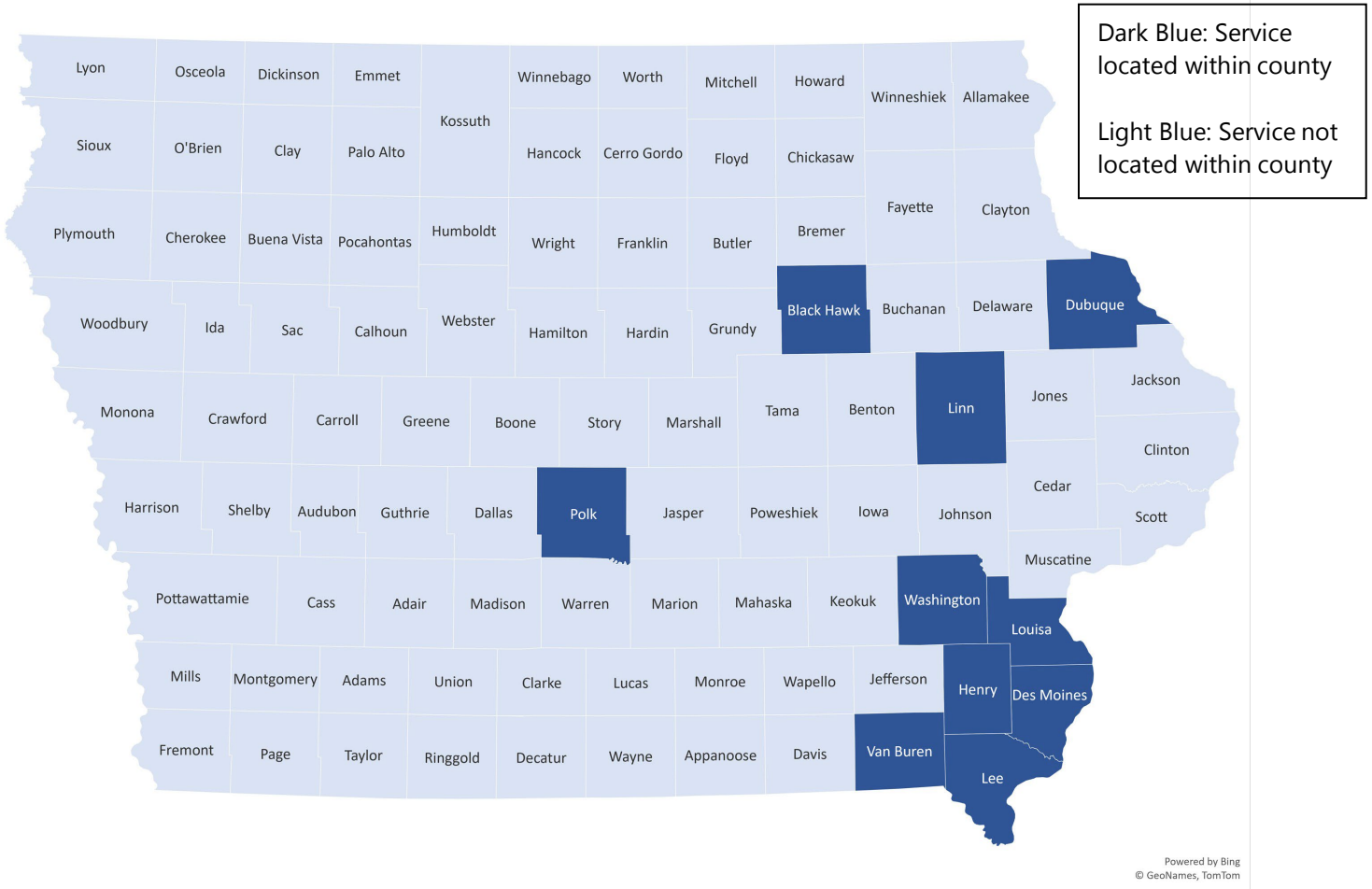


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### Juvenile Court School Liaison Geographical Location Map



### Day Treatment Geographical Location Map



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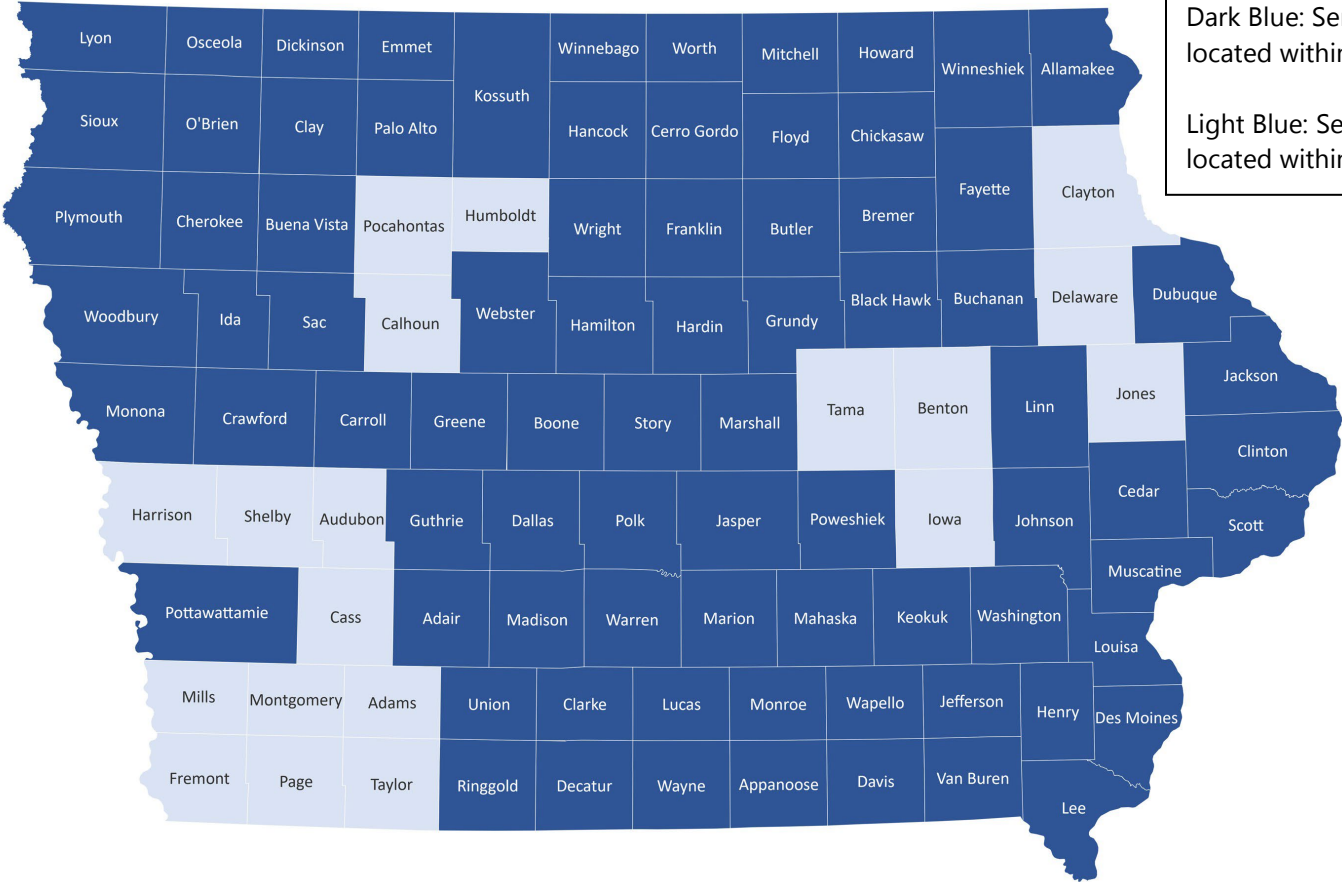
### Adolescent Community Reinforcement Approach Geographical Location Map



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 Light Blue: Service not located within county

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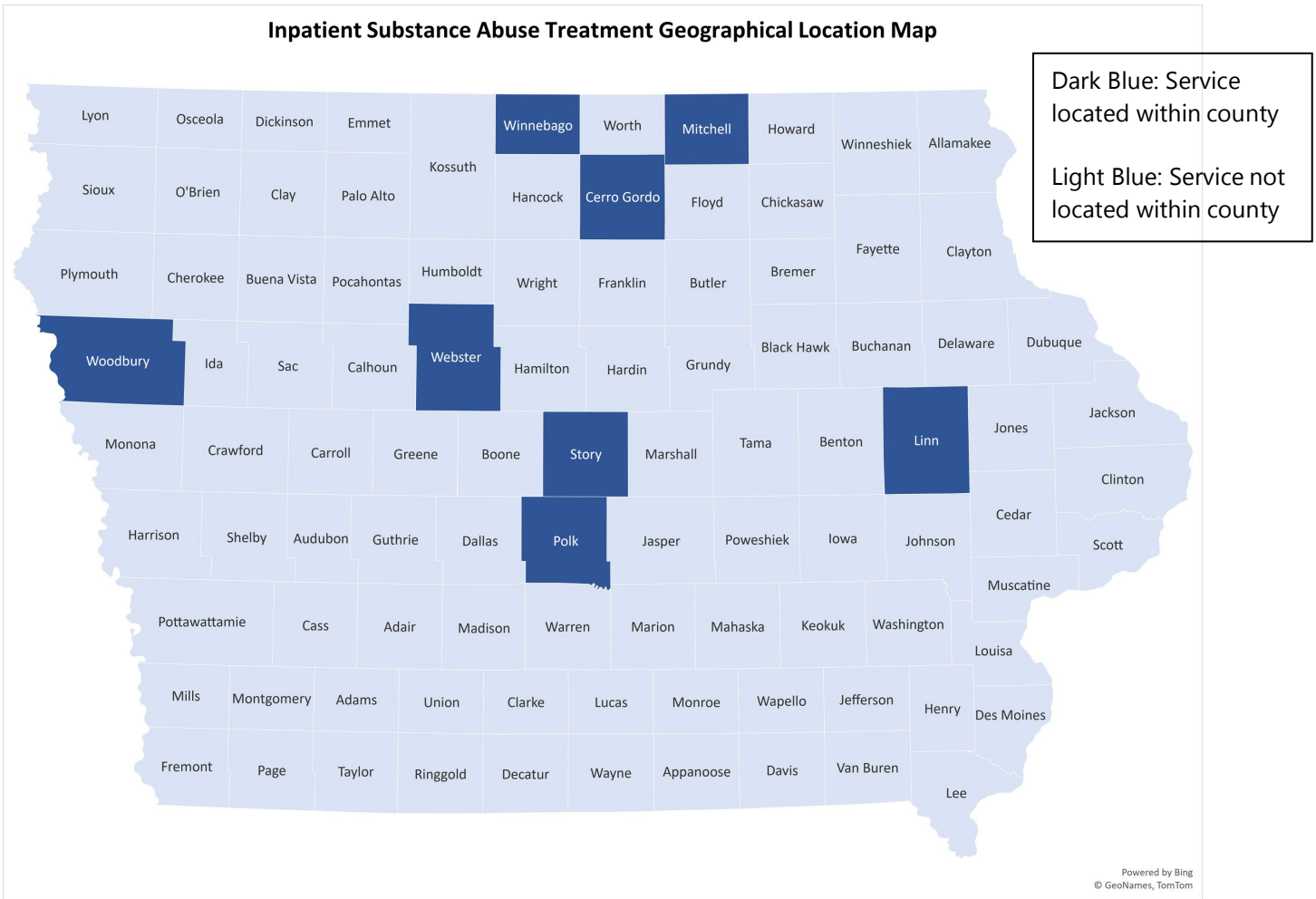
### Outpatient Substance Abuse Treatment Geographical Location Map



Dark Blue: Service located within county  
 Light Blue: Service not located within county

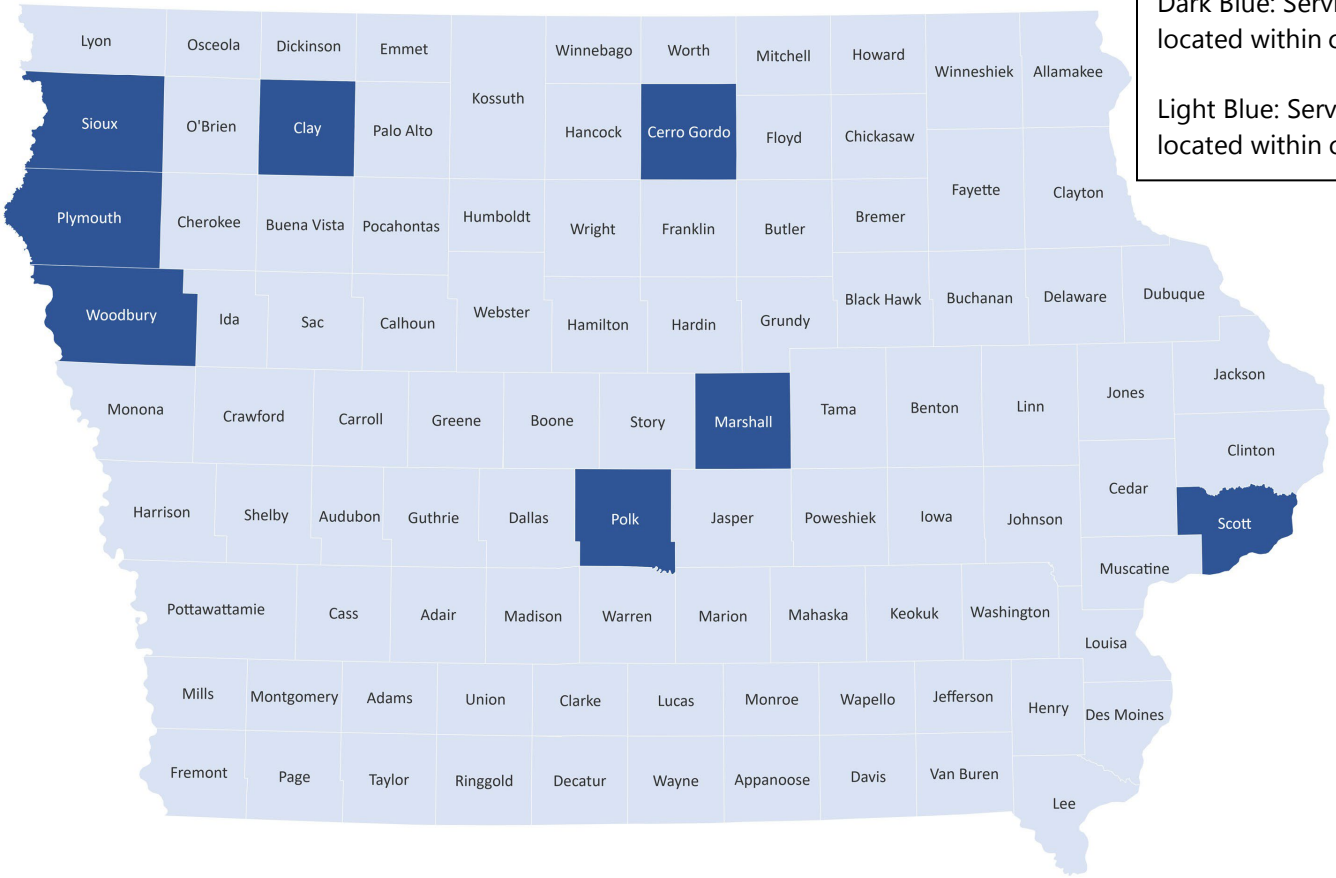
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### Inpatient Substance Abuse Treatment Geographical Location Map



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### Drug Court Geographical Location Map

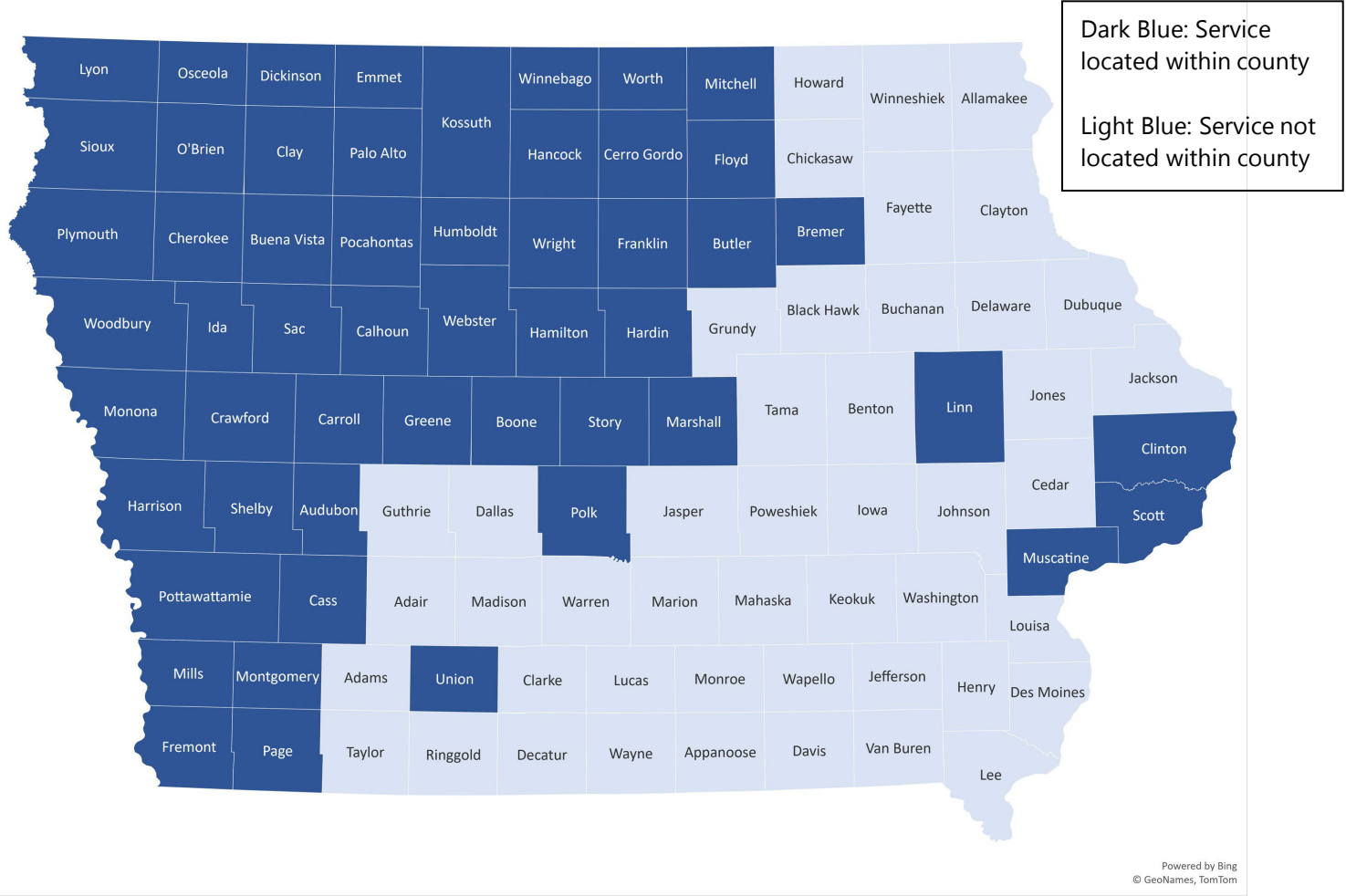


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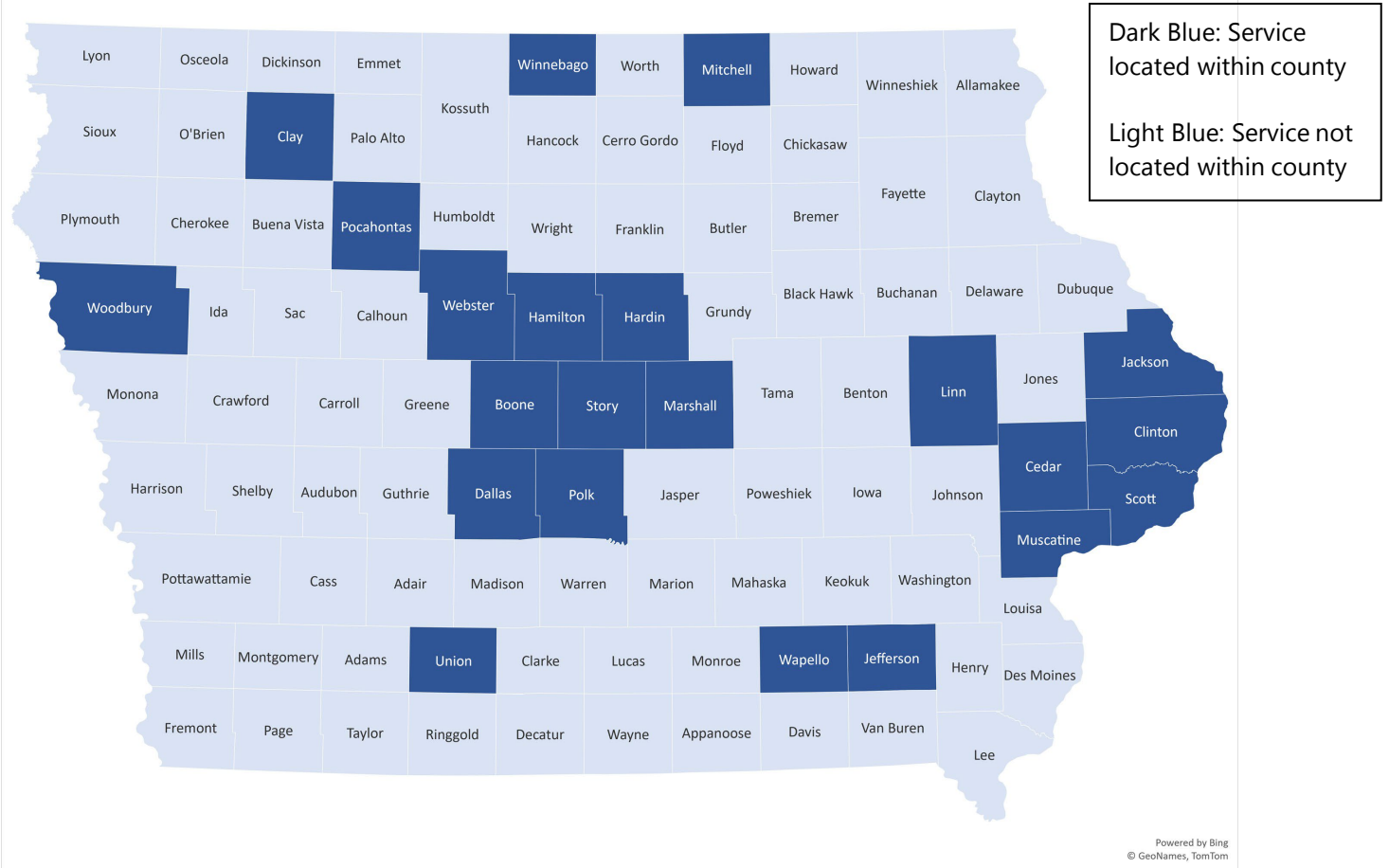
### Anger Management Geographical Location Map



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### Outpatient Sex Offender Treatment Geographical Location Map

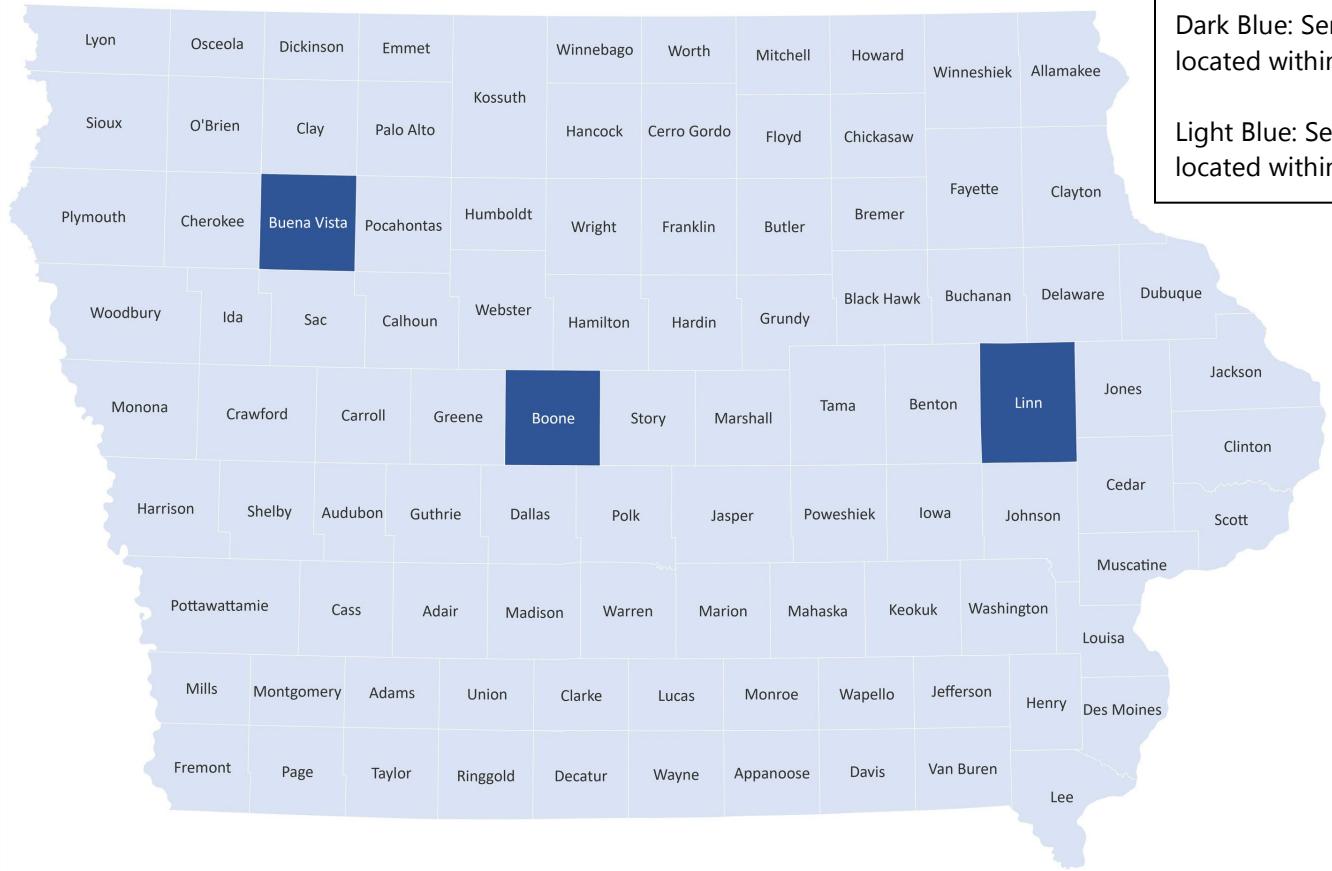


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### Inpatient Sex Offender Treatment Geographical Location Map

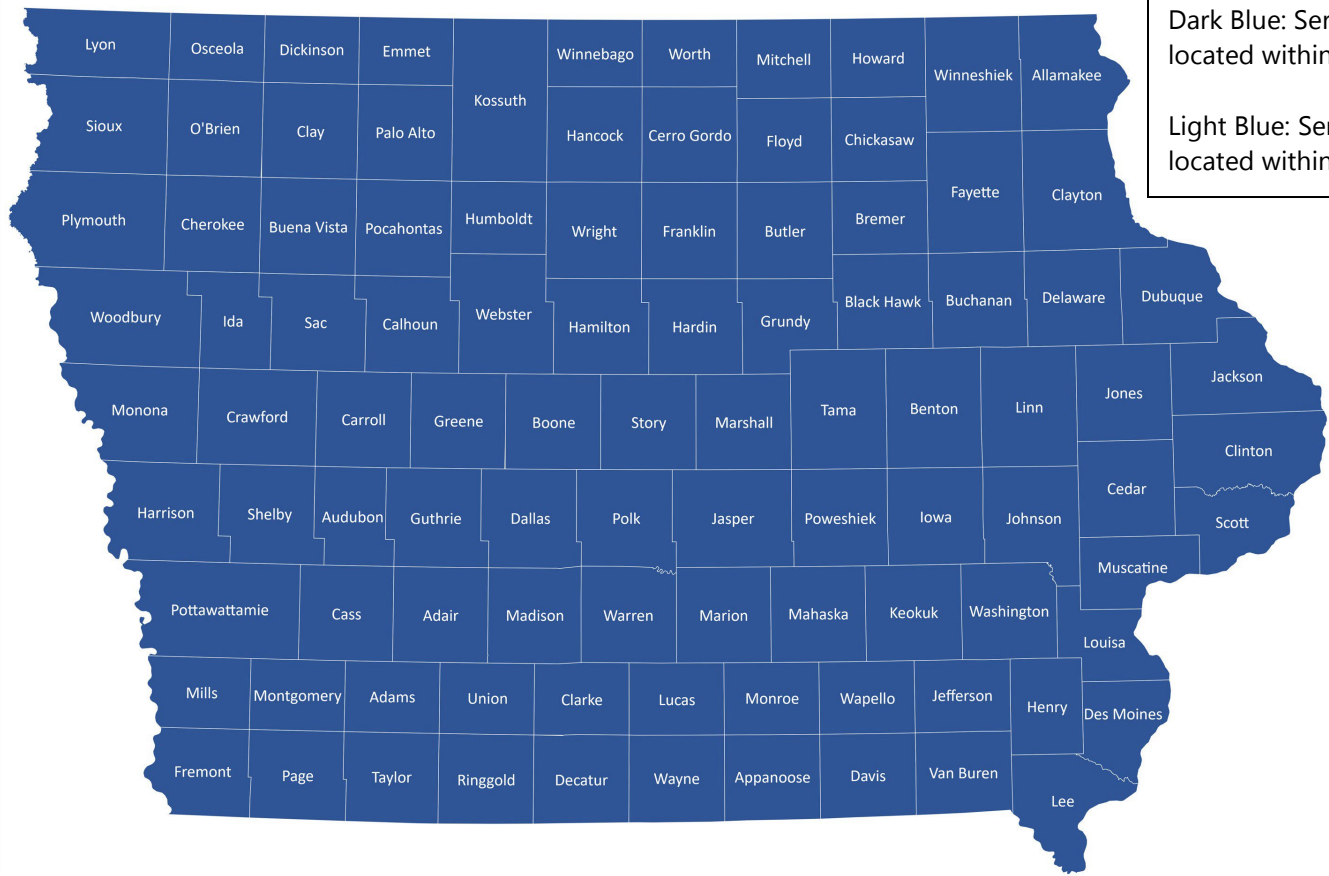
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Light Blue: Service not located within county



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### Intensive Supervision/Tracking and Monitoring Geographical Location Map



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