

**Written Testimony of**

**Lisa Nelson**

*In a hearing before*

The Senate Committee on the Judiciary

*Entitled*

**“National Foster Care Month: Supporting Youth in the Foster Care and Juvenile Justice Systems”**

May 17, 2016

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Good morning Chairman Grassley, Ranking Member Klobuchar, and members of the Committee. I appreciate the opportunity to be here today to share my views on Crossover Youth. My name is Lisa Nelson and I'm a Juvenile Court Officer from Iowa. I've been working in the juvenile justice system for 23 years, and with the particular population of youth I mentioned since 2008, when our Department first began the work with the Crossover Youth Practice Model under the direction of Georgetown University.

I'm fortunate to work in Iowa in a juvenile justice system that is in a lot of respects ahead of the curve when it comes to juvenile justice reform and where there is a strong commitment to following the evidence. Our Chief Juvenile Court Officer believes that if we are going to do the work and utilize tax payer's dollars, we should be focusing on what works and what the evidence suggests. This is essentially what drove us to apply to be part of the first Breakthrough Collaborative Series on Crossover Youth provided by Georgetown University.

Research has established a link between maltreatment and delinquency, and shows that the presence of abuse or neglect in a child's background increases the risk of arrest as a juvenile by 55% and the risk of being arrested for a violent crime as a juvenile by 96%. Additionally, the research suggests that child welfare involvement appears to impact perceptions of risk and results in harsher dispositional outcomes.

There are different ways a child may "crossover" from one system to another but for today's purposes and because the majority of the work I do involves this particular pathway, when I refer to Crossover Youth, I am referring to children who are subject to the child welfare system due to issues of abuse or neglect who crossover or enter the juvenile justice system due to the commission of a delinquent act.

We see some definite consistencies or commonalities in this population. One third of the children identified as Crossover Youth come to the attention of the juvenile justice system by way of an act that occurred while they were in care, whether it be in a shelter awaiting placement or in a treatment facility.

Crossover Youth are almost without exception a very traumatized population who, when assessed using even the most basic tools for determining the presence of trauma such as the Adverse Childhood Experiences (ACE) tool, produce scores that are off the charts. A significant part of this population is developmentally disabled and assaultive and disruptive while in care. Their behaviors can best and most accurately be described as manifestations of their disability. We routinely see children with long standing mental health issues who often act out or engage in self-harm behavior and others who are dually diagnosed and who self-medicate. Often these young people have a large number of adults who enter their lives as decision makers and influencers as a result of system contact, who by virtue of their position, may have different agendas, or bring greatly differing perspectives to the table which can make things confusing and chaotic. It's not uncommon for a large number of people to be involved in any particular crossover case. In addition to the child and/or parent(s), those involved routinely include a judge, county attorney, defense attorney, guardian ad litem, Court Appointed Special

Advocate, an attorney or attorneys for the parents, Juvenile Court Officer, Social Worker, therapist or other treatment provider(s), managed care providers, and law enforcement. It is often difficult not only for the child to understand what is going on with all of these individuals in his or her life but it is often even more difficult for professionals to get to or to remain on the same page and move forward in any meaningful way.

Another commonality for crossover youth is the likely presence of disrupted educational experiences and there is often confusion about or no direct assignment of responsibility for planning for the child's educational needs. Children get lost in the educational system due to numerous transitions or placements and often lose credits they've worked hard to earn.

In our experience in Woodbury County, Iowa, Crossover Youth are often the result of failed adoptions. When this occurs the child who is about to crossover appears with a complete collapse of his or her support system and for so many, appears with no other supports.

With all of this being said, it is no wonder the work with this population comes with numerous barriers and challenges:

As we have established, the main premise in working with Crossover Youth is to try to prevent children who have been abused or neglected from crossing over into the juvenile justice system which, if it occurs, becomes one additional limit or, perhaps, stigma to overcome. This, understandably, can be a much more difficult concept for members of the child welfare system to buy into as they have often worked with these challenging children and families for months and years, with ongoing struggles and seemingly having exhausted efforts and services. The frustrations that come with this frequently result in workers concluding that these children need be held accountable through sanctioning.

This is when very real differences arise between systems regarding where and in which system a child belongs. There is generally no disagreement about whether or not the child has committed a delinquent act, but rather the disagreement most frequently is about which system is better equipped to address the child's risks and/or needs without increasing them. The most difficult and time consuming cases are often those in which the child is mentally disabled or displays serious mental illness and it could easily be argued and, is frequently observed, that they don't fit into either system.

A barrier that contributes to children crossing over system thresholds is the serious underfunding of the mental health system. Children who have experienced maltreatment invariably have experienced a great deal of trauma which can affect their ability to function and can contribute to serious mental illness. These needs often go unmet as a result of a critical shortage of mental health beds for children who have shown that their problems are too chronic to be treated effectively on an outpatient basis.

The redesign of the Iowa Child Welfare System shifted the focus of services and funding to children ages 0-5 which then created a gap in services for older adolescents. This has meant that children in this population, including particularly Crossover Youth, often do not have appropriate

services or the proper dosage of the services available. This contributes to continued struggles and often times allows an acute issue to become chronic.

Many times child welfare involved children are brought to our detention center as a result of non-dangerous acting out which simply does not meet the standard for them or anyone else to be held but in so many of these cases, there is no one to release the child to. This typically comes either as a result of the parent refusing to take custody of the child, as is the case in many failed subsidized adoptions, or because there are no shelters or treatment facilities willing to accept the child due to intellectual functioning or mental health needs, numerous failed placements, issues of aggression and so on.

Whenever a child is admitted into a detention center, he or she becomes ineligible for Title 19 or Medicaid which immediately places barriers to consistently meeting mental health needs and upon the ability to refer the child to identified services or to have them properly evaluated. This is further complicated when the child leaves detention because Title 19 reinstatement can take up to 3 weeks during which time services are routinely delayed.

Maintaining accurate academic records is another frequent complication in working with these youth as these children often experience numerous moves or school transitions and out of home placements. Often times no individual or single entity has been tasked with requesting academic records, reviewing completed or partially completed course work for awarding credits and determining requirement completion, essentially assuring that transcripts are current and comprehensive. Even when someone is tasked with this responsibility, the fact that numerous schools, school districts, treatment centers and even different states are involved makes authenticating a child's transcript very difficult.

There are also complications for this population due to the existence of few transitional living options for children who are aging out of the system. Some of the programs available to individuals as they approach majority cannot be applied for until adulthood making a seamless transition from youth specific services to adult services very difficult. There are often timeline issues or a waiting list that result in individuals reaching majority and losing child focused services without available adult oriented services or homeless for a period of time.

As we approached the problems that routinely affect the work with this population of youth, one of the things our jurisdiction, in partnership with Georgetown University, has been able to accomplish is to develop a statewide system for identifying crossover youth. Currently we are in the second phase of creating a process that can identify and notify line workers of dual system involved youth. While the current practice varies by district and the statewide identification system produces more of a report than an immediate individual notification, it is a significant step towards early identification of vulnerable children and promotion of broad based awareness across systems. A statewide committee has started to refine this process.

Together with the stake holders and key partners, our Crossover Team includes a judge, the county attorney's office, the public defender's office, the Juvenile Court Services Department, the

Department of Human Services, shelter and treatment staff, education, and law enforcement. This quite varied group has been able to establish a crossover policy or protocol and has worked collectively to educate our community, specifically shelter and treatment center staff about the work we are doing with crossover youth and why it is being done.

The current practices employed by Juvenile Court Services that directly impact the work with crossover youth consists of assessing every case that reaches an entry point in the juvenile justice system using the Iowa Delinquency Assessment Tool and then targeting dynamic criminogenic risk areas that can be changed as part of the case planning process. Officers are trained in using Motivational Interviewing, structured office visits using a cognitive behavioral approach, skills enhancements through evidence-based resources such as Carey Guides, and in using evidence based programs and interventions like Functional Family Therapy, Aggression Replacement Training, and Cognitive Behavioral Therapy. Because we have been able to use de-categorized funding and 28E agreements, our Department was able to contract with our public mental health center to hire two mental health therapists who are housed and work directly in our office where they are able to provide services to children and families absent any long waits or insurance barriers. In similar fashion we have been able to employ our educational specialist who tracks transcripts for every child in our system who enters care. We are able to share services with the Department of Human Services for children who touch both systems.

Our core Crossover Team continues to meet monthly as a group to discuss issues, review developments, and engage in creative thinking and planning relevant to the work with this population. We have recently implemented what we call a crossover practitioners meeting wherein anyone struggling with a crossover case or needing direction or assistance can request a meeting that is quickly scheduled to provide problem solving assistance.

Other features that have been especially important for our district's approach to Crossover Youth is the use of the one judge/one family dedicated court docket whereby we are able to combine court hearings and court reports whenever possible. It has also been very helpful that in Iowa, complaints come to Juvenile Court Officers rather than to county attorneys which means that risk and needs can be evaluated before any final decisions are made for disposition of the complaint. This has meant that it has been easier to follow the research based conclusion that treating Crossover Youth should not be charge driven.

These together have resulted in a more effective approach to crossover youth but also have resulted in a reduction in referrals which is a culmination of many things but the broadening of perspective that working specifically with Crossover Youth has provided local law enforcement agencies, shelter care, and residential treatment providers has definitely contributed. We have seen a reduction in group care numbers and far fewer crossover youth are being held in detention. We have addressed systems gaps and are gaining a better understanding of this population and the issues it brings before the court with better diagnostics including the use of a detention screening tool and the Iowa Delinquency Assessment. We are looking at risks and needs in a targeted way and focusing efforts and interventions on dynamic criminogenic risk factors. This also has the effect of bringing a richer and

more effective probation experience than that provided by traditional compliance based techniques. Our department is conducting structured and youth led transitional planning meetings using the Youth Transition Decision Making (YTDM) model for every child placed out of the home. This format encourages the young person not only to engage but to take charge of his or her own transition planning by identifying the most crucial areas in his or her life, identifying pathways to success and who is available to help at any given point in the process. This approach makes things much more concrete for the child and allows the child be more directly in charge of his or her future.

In summary, our experience has led us to respectfully suggest a few things other states can do to improve outcomes with this population. We believe that it is essential that entities commit to follow what the research or the data tell us. Leadership has to begin with judges and then must be supported by juvenile justice and child welfare administrators. There has to be a common vision and a level of trust and respect between the case decision makers. There must be ongoing communication and collaboration as well as striving for equality in training and resources and in finding ways to overcome disparities by sharing resources and sharing what is known and learned. All services need to be based upon evidenced based practices whether these are locally formulated or national programs such as Functional Family Therapy, Aggression Replacement Training, or Youth Transition Decision Making. It is also essential to have access to funding streams like de-categorized funding and 28E agreements to address systems gaps.

We also think it essential that there be an automated process for identifying Crossover Youth and standardized assessment tools to assess risk. Every child who is part of this population needs and deserves to have access to services that directly address the issues he or she presents which can and should include centralized mental health services, educational services, and intentional transition planning. It is also essential to involve children and their support systems in decision-making whenever possible and require interagency collaboration that establishes and revisits protocols.

Our experience has also taught us that local treatment providers, shelter care staff and law enforcement officers need to be educated in the areas of trauma, mental illness, and crossover goals specifically.

In a broader scope we believe that states can award provider contracts based on their ability to address needs without using law enforcement, thus essentially rewarding facilities for working with each child to solve problems rather than engaging in power struggles with children or expelling them from care or moving them to another facility.

At the federal level, our work with this population has led to concerns about reimbursements for Title 4E that are heavily weighted toward placement which tends to allow placements to become chronic rather than to sustain children in their home communities. We believe that 4E should be made available for non-placement children and that this would greatly expand and improve efforts to work with them apart from forms of foster care. In similar fashion, a modification of federal rules regarding Title 19 to ensure that children who are in detention and who are not being prepared for a correctional setting, remain eligible and thus have access to uninterrupted services.

In closing I would say that even though a working practice model is in place in Iowa and we've been doing this work now for several years, we continue to struggle each day with many of the individual pieces of this. We are continually reminded that this work is a living relationship and that each case brings a set of unique needs. The fact that there are ongoing struggles and at times failures may lead individuals to question the process or the effectiveness of the model but overall we believe the model forces a fundamentally different way of thinking and working with this population that is supported by the science. We believe in the importance of the work.

Thank you again for the opportunity to share the experiences I and my department have had with this complex population. I look forward to answering any questions you may have and to providing any additional information you may request.

Lisa Nelson, Juvenile Court Officer