JUVENILE VIOLENCE - PROBLEMS AND PROGRAMS

AN HONORS THESIS - HONORS 499

BY

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CHAPTER ONE

The purpose of this thesis is to examine the general issue of violence. In addition, this research will describe violence in its many dimensions.

The author presents a special section of this thesis that will emphasize the causes of violence among youth, explore in depth the problems of youth violence, and then offer a resource listing that deals with the youthful violent offender.

DEFINITIONS:

The issue is violence. In order to understand this phenomenon, the definition of violence needs to be discussed. Defining violence is not clear cut, although a general definition provided by Webster's dictionary may be stated as such: "use of physical force as to damage or injure; an abusive use of force" (Webster's Dictionary, 1989).

Through research however, the author discovered that most definitions of violence tend to be unhelpful. The studies and texts that were reviewed lacked a clear and agreed upon definition. Brady (1991) goes as far to say that "violence is a concept that never can be defined" (p. 15).

One of the few definite statements which can be made about violence is that it is still not completely understood. Violence is not a modern phenomenon. It has existed since the dawn of man. After this long period of time, there still is not a definition or understanding of violence that is used universally. In Justice, Law, and Violence (1991) violence is referred to as "vague and ambiguous" (p. 49).

Since there is no agreed upon definition, it leads to the thought that nothing could be done with the topic of violence. The way that conclusions are made and information is gathered about violence is by the reader drawing conclusions of his/her own. Brady (1991) states, "there is
no unsuperable barrier to fruitful discussion"(p.9). "We can shed light on the subject only by moving around it and illuminating it from different angles"(p.3).

Several definitions will be provided for the reader to make his/her own conclusions on the definition of violence. Individuals already have an idea of what they believe violence is to them. The following information may support or refute their views.

To begin, Krishnamurti (1973) says he is "not trying to transform or change violence but to understand it and comprehend it so fully that one is free of it"(p. 75). The following are several definitions and thoughts on violence.

Krishnamurti (1973) refers to violence as "a form of energy. It is energy utilized in a certain way which becomes aggression"(p.75). Wolin of Violence and Social Change defines violence as "...force exercised with unnecessary intensity, unpredictability, or unusual destructiveness" (p.4). Johnson of Violence and Social Change defined violence as "either behavior which is impossible for others to orient themselves to or as behavior which is deliberately intended to prevent orientation and the development of stable expectations with regard to it"(p.4). These definitions and opinions on violence relate to physical activity, force, unnecessary and unpredictable intensity. The definition of violence in Webster's dictionary is a perfect example of how vaguely violence is defined.

These definitions lean to one side stressing the force and destructiveness. There is also a view that violence is not always physical. In deed, violence does not have to be physical. There is violence against the body, but there is also a sense of doing violence to someone's psyche or livelihood.

Most of the previous definitions of violence allude to illegal activity.
Some individuals view violence with a double standard. Violence is not always seen as something which occurs illegally. When force is considered to be legitimate, many people do not equate it with violence. The above statements refer to physical force or mental pressure that is used by someone who has a position of authority, such as a police officer. Sometimes the control of violence is through a violent response.

Now that a general overview of violence has been provided, the importance of what violence is to our society needs to be discussed. According to Krishnamurti (1973), "By nature, through heredity, through so-called evolution, we have brought about the violence in ourselves"(p.17). We tend to be violent human beings. From childhood, we are brought up to be violent, competitive, and beastly to one another. Rap Brown can be quoted as saying, "Violence is necessary and as American as cherry pie" (Bienen, 1968,p. 13).

There are many events in the history of the United States that could be listed as violent. The Vietnam War, lynchings in the southern states, assassinations of presidents, and slavery are just a few of the violent events in the United States. The list could go on. As a society, we see the violence occurring each day, yet we remain the same. Krishnamurti (1973) states, "man remains as he has been for thousands of years, fighting, greedy, envious, violent and burdened with great sorrow. "That is the fact; that is not an assumption"(p.13). Violence is not new and there is not necessarily an increase in violence in the United States. The United States, in general, is more violent than any other industrialized nation.

Today's individuals are labeled the "Me Generation". The concentration is on material objects, vanity, physical appearance, wealth, and status. Two quotes, in particular, stress the effect the "Me Generation" will and is having on our society. The two quotes in Beyond Violence state, "As
long as the 'me' survives in any form, very subtly or grossly, there must be violence. The source of violence is the 'me', the ego, the self, which expresses itself in so many ways"(p.73).

We are looking at this phenomenon of violence, first at the violence in ourselves and then at the outward violence. "When we have understood the violence in ourselves, then it may not be necessary to look at the outward violence, because what we are inwardly, we project outwardly"(Krishnamurti, 1973,p.17).

**SOURCES OF INFORMATION USED IN THIS STUDY:**

The author of this paper gathered information from periodicals, videos, interviews, and related books on the topic of violence. One special area of information gathering pertains to an internship experience with juveniles and the juvenile court. This internship, at the Youth Service Bureau of Delaware County, was a source of obtaining information for this topic. At this facility, there are ten youths between the ages of ten and eighteen. These individuals are placed at this residential facility by the juvenile court. Through the internship experience, information was gathered from interactions with residents and staff and by assisting with a special Anger Control group for adolescents. The purpose of the anger control group is to help adolescents express their anger appropriately through non-violent conflict resolution techniques. Information was also gathered through attending juvenile court; working as a houseparent; visiting the prosecutor's office and community corrections; and interviewing two master-level therapists.
CHAPTER TWO

This chapter contains a review of related literature pertaining to various aspects of violence.

JUSTICE, LAW, and VIOLENCE
Collection of essays to make a focused contribution to the discussion of the role of violence in modern society. These essays were presented and discussed at a conference entitled "Law and the Legitimation of Violence," held at State University of New York at Buffalo in March 1989. There is a special attempt to try and understand violence in relation to law and hence in relation to justice.

HORRENDOUS DEATH, HEALTH, and WELL BEING
A collection of essays on health and well-being of present and future generations. The theme of the book is that a host of causes of death are fashioned by people, sometimes unintentionally.

BEYOND VIOLENCE
The book is a collection of essays by several professors addressing the issue of violence. Each professor presents an essay on violence in a particular area or from a particular viewpoint. There are also talks and discussions with the author Krishnamurti, in which the author responds to questions that were presented.

DEATH, SOCIETY, and HUMAN EXPERIENCE
This textbook lists several goals. The first goal is to provide accurate and up-to-date knowledge on a wide variety of death-related topics. The second goal is to provide guidance to caregivers, whether professionals, volunteers, or family members. The third goal is to help the reader understand how the life and death of the individual are connected to socio-cultural processes and events.

An important section which was used in this paper focuses on suicide, murder, and terrorism: people killing people.

VIOLENCE IN TELEVISION
Congressional Digest, December 1993.

The article selected from the journal focused on violence in television and understanding and preventing violence. The viewpoint is from a legal standpoint. There is a discussion on government intervention in television violence and ratings. Articles include information on patterns and trends in violence. They also discuss who commits violent crimes and the present vs. past history of violence.

UNDERSTANDING THE VIOLENCE-PRONE SYSTEM
Lehr, R.F., & Fitzsimmons, G. (1991)

The article selected discusses research on physical abuse in relationships. Data were compiled on couples. The study examines physical violence at the level of the relationship from the perspective of both individuals. The purpose of this research was to define characteristics of violent couples as measured by self-report questionnaires.

EMOTIONAL VIOLENCE
This article discusses a new theory and method for understanding emotional violence. A single case is used to analyze the dynamics of marital conflict. The results indicate that not only did anger occur during conflict but also shame, disrespect, and separation. Special focus is on social bond.

**VIOLENCE AS A PUBLIC HEALTH PROBLEM**

Violence is more and more being viewed as a health problem. This article addresses this issue. It also discusses community involvement, treatment for aggression, and evaluation of the suggested programs. Health professionals are making attempts to intervene. These professionals are being affected by the number of hospitalizations and the rising costs of treatment for victims of violent acts.

**FAMILY VIOLENCE**

Collection of perspectives on the issue of family violence. Information is provided by professionals in several different disciplines. Originally the information was presented at seminars as part of a hospital training program on family violence. Objectives of the book are to provide clear discussion of current practice and research on family violence which will assist the clinical workers with the results of family violence. Many professions will come in contact with these "unhappy families". This is one point that the authors of this book stress. There is a need for training on this topic in many fields. Violence does not occur in only lower economic classes. It happens in all economic classes but may not be given as much attention in the upper socioeconomic classes.
CHAPTER THREE

In chapter one, the author presented a brief overview of the definition of violence. Violence can be found in many different areas. Chapter three will provide examples of violence in its may dimensions. Although some may not agree with all examples of violence that are listed, the author feels there are four broad areas of violence in both international and national arenas. These are occurring with increasing frequency, so people should be familiar with them. There are several areas which could be listed. For the purpose of this paper, however, violence will be described in these four areas: war, terrorism, murder, and domestic violence.

WAR

War is a form of violence that has existed in our world since the beginning of civilization. As far back as the records and history books go, there is a war listed for each time period.

War is defined in Funk and Wagnall's dictionary as "an armed conflict between nations or states, or between different parties in the same state" (Funk and Wagnall's Dictionary, 1977). It is also defined as "any act or state of hostility; enmity; also, a contest or conflict" (Funk and Wagnall's Dictionary, 1977). The basis of a war is fighting or opposition.

War centers around conflict. By reviewing the definition, the reader can see that the definition relies on the word conflict to describe war. When comparing conflict to other words for similar meaning, the author came up with words such as clash, contrast, contend, differ, fight, and oppose. These words represent opposition between individuals which could easily lead to violence.

War is not viewed by everyone as violence in general. Some may view war as action that is necessary for the protection of society. The author
will focus on the violence of war.

War has existed for many centuries. Records of wars list the details of the conflicts, who the fighting parties were, and the total number of casualties. During the mid-1800's, the Civil War resulted in approximately 618,000 casualties (Leviton, 1991). These were men from the same country. Many of them were neighbors and relatives who were fighting against one another and also killing each other. World War I resulted in 300,000 Americans killed (Leviton, 1991). World War II resulted in 400,000 Americans killed (Leviton, 1991). These statistics are only for American lives lost. The total number of deaths is much higher. There has been an increasing number of total casualties. In the past, casualties occurred on the battlefield. Now more than soldiers are at risk. Whole families, including children and infants, have been killed in large scale military attacks (Leviton, 1991). These attacks have been the precipitators of some wars and the results of other conflicts.

War is a product of the nineteenth century. Wars are products of the industrial revolution and the advancement of technology (Leviton, 1991). This is not to say that war did not occur in the past. It is saying that wars have increased in power and destructibility.

As technology improves, killing becomes more efficient and more costly. Modern industrial technology has made war increasingly destructive. Conventional weapons have greatly improved and now there is always the potential for a nuclear war. Humans may have obtained the ability through nuclear weapons to eliminate mankind. As a society, individuals have let things go this far, and now we are searching for ways to reduce the threat of a nuclear war. Nuclear weapons contain 6000X more destructive power than the weapons used in World War II (Leviton, 1991). With the great advancements in technology, we now have high military sophistication and greater frequency of external war (Leviton,
Revenge is the leading motive of war. Other goals of war that are listed are: social advancement, religion, obligation, defense, fear, and capture of slaves. The main event leading to war is a conflict between two parties. Historically, humans have accepted violence as a response to conflicts. Conflict will always exist, but conflict resolution needs to be reevaluated. There needs to be a way to solve these conflicts through arbitration NOT violence. The way to begin this process is with each individual internally taking responsibility. If each person works on conflict resolution, then it can be worked on in a group and then in society. But, if violence is accepted and tolerated behavior within families and society, then the resolutions cannot be reached.

TERRORISM:

Terrorism is closely related to war. Terrorism has accompanied many military campaigns through history. Many of the motives of terrorism are the same as those of war. Some of the motives for terrorism are based on religious or political beliefs.

Terrorism is difficult to define. It includes many aspects that promote violence. Leviton(1991) stated in general terrorism is defined as "a form of political violence designed to gain public attention, sometimes to achieve a political goal, but other times seemingly without any specific reason at all"(p.157).

Terrorism is often chosen by those who want to get a clear message across. The goals of terrorism are to arouse fear, direct attention to an issue, and establish terror through the use of violence(Kastenbaum, 1991). Terrorism can also be the choice of powerful establishments. There seem to be no limits to the brutality and violence that terrorists will use to accomplish their goals.
Terrorism combines murder with suicide and also resembles assassination because it has political and religious motives behind it. Terrorism is not a recent development. It has a long and diverse history (Kastenbaum, 1989).

Terrorism was a force in the eleventh century. It is typically thought of as something by Shi'ite extremists, but it occurs in everyday society. Recently in the United States, the nation received more education in the area of terrorism by the bombing of the World Trade Center.

Terrorist tradition includes "a pattern of belief and behavior in which there is no compunction about killing others and meeting ones' own death through violence"(Kastenbaum, 1991).

Terrorism has been the cause of millions of deaths. It can be argued that more than 30 million have perished as the result of various reigns of terror. Some acts of terrorism actually try to eliminate a particular population such as the Jews during World War II(Kastenbaum, 1991).

The success of terrorism is short term. It only causes the senseless deaths of many people. In other words, terrorism fails. It seldom achieves its objectives. Death and fear may result, but change does not occur. Terrorism has repeatedly failed to achieve lasting success.

The results of terrorism are all negative. It brings violent retaliation from others. It also results in loss of opportunity to improve ones' conditions by positive efforts.

Terrorism centers around violence. Violence is the avenue for terrorism to reach its objectives. There is nothing positive or good about terrorism. Terrorism is capable of causing more death, by a greater variety of methods through the use of advanced technology than any other form of violence.

MURDER:
Murder is a broad category that is the end result of violence. Murder can be included in war and terrorism. It is the ultimate consequence of violence. Most violent issues could fall under the category of murder if the end result is the unlawful and intentional taking of another human being's life (Kastenbaum, 1991).

Every day in newspapers and on the television there are reports of the day's events. The top stories and the front page articles are on murder and violence. There seems to be so many that the viewer feels overwhelmed. There is a lot of violence in our society; this fact cannot be denied. Next, the author lists some facts to verify this claim.

The United States has the highest murder rate in the world, of the developed countries. Homicide is the eleventh leading cause of death (Kastenbaum, 1991). It is the fourth leading cause of premature mortality (Kastenbaum, 1991). In 1985, there were a reported 20,000 people murdered. This is the number that is reported and discovered so more than likely the number is higher.

One shocking statistic to look at is the possibility for murder. For white individuals the rate is 1 in 240, and for blacks the rate is 1 in 47 (Kastenbaum, 1991). The author compared this to high school graduating classes. This means that one person will be murdered per class at a school with an average of 1200 students. This could be someone's child, a best friend, or a mere acquaintance.

When looking at the stereotypical victim of murder, an individual between the age of 25-44 is most at risk to be a victim. Of the victims, 3/4 of them are male (Kastenbaum, 1991). Men are also more likely to be the killer.

Ninety percent of murders are committed by killers of the same race. Three out of five murders are committed by people you know, such as friends, relatives, neighbors, and lovers.
Murders are most common in large cities. Within the United States, southern states have two times higher murder rates than western states.

There has been a recent move in government to control the use of guns. The grounds behind this are probably due to the fact that handguns are the most often used weapon in a murder (Kastenbaum, 1991).

The overall trend in the United States is that murder rates are becoming higher and higher. This is contributing to more violence in our community, and more innocent lives lost. There is no simple explanation for murder. One conclusion that is made by the author is that people killing people has established itself as a vicious cycle in our way of life (Kastenbaum, 1991).

DOMESTIC VIOLENCE

The last aspect of violence to be touched on is domestic violence. Domestic violence is also related to murder. The abusive partner of a relationship can end up going to far and murdering the victim, or the victim may feel pushed too far and murder the abusive partner.

There is so much information on the topic of domestic violence. Only a brief overview of the seriousness of this issue will be provided.

The author would like to refer to domestic violence or family violence as the "secret crime". The reason for this is that it is viewed as taboo. Many people feel that family violence should not be discussed. Some feel it is personal and should be dealt with at home. This is not the case. It is not and cannot be dealt with at home. If family violence can be kept a secret, a view that it is all right to be violent will be developed (Newberger & Bourne, 1985).

Family violence is far more extensive than any official statistics indicate. Statistics are based on what people are willing to tell. This is not a popular topic for people to report or discuss. If categories of
victims are totaled, it is evident that this problem affects some 8-10 million American families of the 56 million in the United States (Newberger & Bourne, 1985).

Family violence occurs among all races and all socioeconomic classes of people. This violence does not always occur in lower socioeconomic classes of under-educated people. It can be going on in families in which it would be least expected. This is why it is important to make it a topic that can be discussed and is not considered taboo.
Chapter Four

American society in general is violent. There are many aspects of violence and therefore many causes. The author does not feel there is one cause that can be pointed out. From an internship experience at the Youth Service Bureau, a juvenile residential treatment facility, the author has observed juveniles from several different backgrounds who exhibit violent behavior. Other duties at the Youth Service Bureau included residential supervision as a houseparent.

The Youth Service Bureau is a coed facility. As a houseparent, the author has worked with both male and female residents. At this agency, there are no physical restraints used. Restraints can only be used if a resident would try to harm himself, the houseparent, or another resident if there were no other options. As a houseparent, the author was responsible for supervising the residents, advocating appropriate behavior, and giving consequences for inappropriate behavior.

Observations at this agency have led the author to see many causes of juvenile violence. The following information is conclusions the author has made from working with juveniles in a residential treatment facility.

Interviews were also conducted with Michelle Boberg and Kim South, two master level therapists at the Youth Service Bureau. Miss Boberg and Mrs. South deal with referrals for outpatient counseling and also residential treatment. These therapists also conduct an Anger Control Group. This group last for six weeks and meets one day a week for two hours each time. Interviews were conducted with the two therapists because of their hands-on experience with working with juveniles. Through their counseling, they have access to a great deal of information provided by the child and the family. This may enable them to gain insight to the causal factor of the child's behavior.
Family background cannot be the blame for all problems dealing with juvenile violence, but there does seem to be a strong correlation between juvenile violence and poor family structure.

Several areas need to be addressed when discussing the family. Lack of core values is a major contributing factor to be assessed when dealing with juvenile violence (Boberg, 1994). Values are taught within the family. Without early establishment of core values, the child will lack a sense of right and wrong. This may often lead to violent behaviors. Child development will begin and progress with no values established. Lack of core values will encourage inconsistent behaviors. This means the child will not realize what type of behaviors are acceptable. Children may have no concept of appropriate behaviors for a situation, therefore their behaviors may be sporadic or inconsistent. Lack of values leaves a child with no guidance. Structure is not there for the child to feel secure and comfortable with their everyday lives. There may be confusion as to what actions to take because the parents do not display consistent behaviors for the child to learn. Parents may also display inappropriate behaviors sporadically which may leave the child confused and unsure.

Consistent follow through with rules at home is another problem area (Boberg, 1994). When a child does not have consistent rules at home, the child learns to manipulate the family and eventually society. Manipulation will start in the home and then spread to other areas. When referring to manipulation, the author is suggesting to when the child is able to get around the rules, gain things that he/she wants covertly, or persuading others to participate in acts they normally would not.

Parental involvement consists of participation in several aspects of the child's life (Boberg & South, 1994). Investment in the child by the parent is necessary for healthy growth and maturation of the child. Parental involvement is needed in the child's educational and emotional
development. Absence of parental involvement will result in children who raise themselves, or a child that does whatever he/she pleases. No boundaries, rules, or guidelines will be set for the child.

Chemical dependency and abuse issues in the home are going to be linked together in this thesis (Boberg, 1994). Reasoning for this is that the effects of both are drastic and harsh. Children will suffer emotionally and physically from each of these problems. Both problems may exist in the home at the same time and may be a result of one another.

One case at the residential facility was that of a ten year old boy who was born fetal alcohol syndrome. Mother of the child was a drug/alcohol abuser. Problems that have resulted for this child, due to the mother's actions, are numerous and shocking.

Violence emits from this child. His behavior is so out of control, he must be harnessed down while riding on the school bus. At the young age of ten, he has been in approximately four placements. He has told his adoptive mother, who is his maternal grandmother, that he hates her and wants to kill her. He has physically abused his younger sister. This child has also had several violent outbursts at his school. This child cannot be let out of sight.

The question is, "Would these behaviors exist without mom's behaviors?". Serious doubt fills the author's mind. What future does this child have in store for himself? If his behaviors continue, he will most likely be placed in a long-term treatment facility and may be hospitalized for the rest of his life.

Physical and emotional abuse will leave a child scarred for life. This child may decide to lash out with anger or turn the anger against himself/herself. Both chemical dependency and abuse issues are serious problems that affect both the child and society.
Besides problems in the home that can result in violent behavior, school can have a negative or enabling effect on the child (South, 1994). School can enable a child's inappropriate behavior by lack of discipline and lack of consistent follow through in early ages. It is crucial that children are corrected at a young age to allow the child to develop with appropriate behaviors.

At risk kids may be a group that could have increased future problems if they are not receiving the proper services and follow through at school. These kids may be Attention Deficit Hyperactive Disorder (ADHD), emotionally handicapped, or be dealing with drug/alcohol issues. Children who are ADHD may be viewed as a problem child due to their acting out and hyperactiveness.

Along with emotionally handicapped kids and drug/alcohol cases, these children need to receive special services that will be followed through each year as needed. If this child's issues are not addressed, the child may be labeled as a problem child. Children will then try to live up to their label or reputation.

When interviewing two master-level therapists, psychological disorders were mentioned. Mrs. South and Miss Boberg viewed these as a smaller part of the problem of juvenile violence. They both reinforced that chemical dependency within the family was a problem. With this problem, the parent cannot establish and enforce rules for a child. Parents with a substance abuse problem cannot control their own life. These parents are often parented by their children.

Violence seems to be a hot topic in our society. It is displayed everyday to our youth through television, movies, news, newspapers, and in the home.

Children watch an average of five hours of television daily. By the time a child finishes elementary school, the child will have viewed 8,000
murders and 100,000 violent acts. Research has concluded that violence occurs more in children's programs than during prime time television shows (Violence on Television. 1993).

Violence is glorified in American society. Top rated movies are usually those with the most violence. Violence is also on the news everyday. News may consist of details of a homicide, a gang fight, or even another war. As Americans, our society has become desensitized to violence. Tolerance levels have increased. Now violent acts are a common occurrence in our society.

No mention was made by the author of socioeconomic levels or educational levels. The author feels that these have been mentioned many times in other papers. Juvenile violence has many sources of origination. Low socioeconomic class and low educational levels do not mean that an individual must be a poor parent or a juvenile delinquent. Focus of this thesis is that there are many areas to be addressed when dealing with juvenile violence.

Youth in America are taking no responsibility for their actions. It appears to have become a way of life for our youth. Where are these behaviors leading?

Next, the author will discuss some consequences of juvenile violence. Violent behavior affects society, families, taxpayers, court systems, and future generations.

Violent acts can lead to the deterioration of the family. Youth may be removed from their home due to their behavior. Victims of violent acts will feel an effect on their family. There may be a sense of fear, hostility, and anger toward the violent offender, but the venting of these feelings may come out against the family.

Juveniles, especially with the increasing number of cases, are bogging down the court system (South & Boberg, 1994). Schools are referring
cases that they cannot handle to probation departments. Probation departments are being overwhelmed by the increasing number of cases coming in to the office.

Also, the juvenile code is not geared toward what is going on now in our society. Acts that are presently committed by juveniles existed in the past but now are occurring in greater numbers. When a child gets in trouble, it takes the court system a fair amount of time to process the case. There are no immediate consequences for the juvenile's behavior. It is a delayed punishment.

It also takes a youth a long time to get in the system. If a youth is only committing minor infractions, he/she may not have contact with the court. Behaviors of the juvenile will more than likely increase in seriousness until he/she will commit an act that requires the court's intervention. This is not true for all youth. Some juveniles seem to get away with more before they come in contact with the system. One thing that the juveniles are very good at is figuring out the system.

Taxpayers are also being affected by violent juveniles. More and more money is needed to finance court costs, probation fees, and placement programs. This takes away from preventative measures. So much money is needed for dealing with the juveniles after-the-fact, there is no money left for funding new preventative programs.

Our society has developed an "I deserve this" mentality. Many feel they should get benefits and services no matter what, without any effort. Our entire welfare system is perpetuating dependency. There is always a system to bail someone out. Youth see this occurring everyday and develop this same mentality. This contributes to their lack of values and encourages their delinquent and violent behaviors.

With our present day system, juvenile violence and delinquent behaviors will continue to increase. Our system has not and is not helping
parents deal with their children's issues. Therefore, these kids will not know how to parent. This will lead to future juvenile violence and delinquency.
Chapter Five

Juvenile violence needs to be reduced and controlled. Present programs are established to try and accomplish the previously mentioned objectives. Some programs are successful, others are not. There are also programs that need to be created or developed further. The following will discuss present programs and idealistic or needed future programs. Also included is several pages of residential child care agencies.

Present programs are geared toward intervention, prevention and modification. The author would like to list local and state wide agencies that deal with juveniles with violent and non-violent behaviors. It is important to list agencies for non-violent offenders as a preventative measure. Hopefully these programs will do the job of preventing a juvenile from developing violent behaviors.

One comment that first needs to be made is that the success rates of these programs is high, that is if the child wants help. If children do not want to help themselves, then the available programs will not be successful. All professionals dealing with juveniles are looking for the answer to the magical question, "How do you get these youths to want help?". So far, an answer has not been found. Therefore through program implementation, with special focus on preventative programs, individuals need to continue to work hard toward reducing the high rate of juvenile violence. Hopefully, readers of this thesis will be able to look at some of these local and statewide agencies for a place to get some help before a small problem with a child becomes a larger one.

Several residential facilities are located within Delaware County and also in the state of Indiana. Locally, Delaware County offers the Youth Opportunity Center, Youth Service Bureau, and Cambridge House.

Youth Opportunity Center(YOC) offers several different cottages for
juveniles depending on the reason for their placement and the seriousness of their behavior. INTAC is a special program offered at the YOC. INTAC offers intensive care for the juvenile within a secure facility. All activities, including school, are on ground within a fenced area. Physical restraints are practiced by staff at the Youth Opportunity Center due to the presence of violent juveniles in their cottages. The Youth Opportunity Center offers a structured environment with on campus counseling and diagnostic testing. Youth Opportunity Center's program would be considered a intervention or modification of behavior. Placement of a child may begin in a less secure cottage. INTAC is a last resort before sending a child to a state facility such as Indiana Boy's School or Indiana Girl's School.

Youth Service Bureau(YSB) of Delaware County is also a residential treatment facility. Programs offered at the YSB include intensive counseling, behavior modification, and structured environment. It is a non-secure facility. Less violent juveniles are placed at this agency. It has been the experience of the author, while working as a houseparent, that the residents can become violent.

One case involved an eleven year old male resident who was ADHD. He had been displaying several tantrums over a period of weeks. Last chance for him to remain at the agency was dismissed when he kicked a hole in the wall. He was then moved to a more secure facility. His case is an example of the lack of follow through at school and at home. This child's mother had not been consistent with this child and had basically let him run wild. Mom was inconsistent with administering the child's medication to control his behavior.

In this case, even his school was frustrated with him due to his out of control behavior. The school was ready to expel this eleven year old from school. This is an example of a child who needed special services and
involvement at a young age. Neither were provided. This child's behavior was allowed to continually get out of control and led him to deal with his anger in a violent manner.

When this child was young, the mother, along with the school, could have taken steps that would have avoided the situation this child is in today. If consistent rules at home would have been utilized, the child would have more control over his behavior. The school could have helped the child by remaining patient, and while understanding that he was special needs case.

Cambridge House is offered for only females with emotional, behavioral, and/or family challenges. The description of their program includes "a willingness to work on problems". Every program would desire this in their residents. It seems a little shocking for this to be spelled out in their service information, but it does go along with the idea that a child must be willing to receive help. Cambridge House is beneficial for young women who want to work on their independent living skills, addiction recovery, and sexual abuse recovery. Individual, group, and family therapy programs are offered, along with independent living skills. Cambridge House is an intervention and modification program with a strong therapeutic environment. It is also a longer term facility with the program lasting approximately twelve months.

One program that is not a residential treatment facility is a program called Adventure Base Counseling(ABC). This program was developed by juvenile probation officers to offer a unique experience for kids who have had some troubles in the past. Juveniles are selected to be in the group. Group members are kids who are usually on probation. This unique program uses nature to assist the kids in dealing with their delinquent behaviors. Activities including camping, propelling, and hiking to name a few. It is a very unique program that teaches leadership skills. Although
the program is used more for modification, more programs like this could be used for prevention.

In the area of prevention, the programs need to be started as young as possible. Violent and delinquent behavior will slowly develop and grow throughout a child's maturation.

Head Start is probably not viewed as a violent prevention program, but it begins when the child is young. It is a beneficial program for children. Skills and values will be taught and develop in this program. It also provides the child with more contacts with people who may observe a problem early on.

Two local and nationwide programs that are available for children of all ages is the Girl's Club and the Boy's Club. These programs stress more prevention but could also be intervention or modification. Both programs provide positive activities for youth. Being with other youth will also help the child. Friendships can develop which will teach values in relationships.

There are several programs that can be discussed to prevent, intervene, or modify juvenile violence. First, the programs need to be supported and implemented by adults in the community. Before these programs are used, there should have been an effort in the home and in the school system to help this child. The child's need for services should not be due to the lack of effort of the parents. After services have been contacted, the child may not want to make an effort to change and work on his/her behavior. Of course, each child needs to be given time and support to work toward modifying his/her behavior. If the behavior is ingrained, it is not going to change over night. It does take a great deal of time and effort. This is what needs to be kept in mind so those who are involved do not become frustrated. All must remember, violent behavior has many sources of origin. Many aspects need to be evaluated and proper services
need to be implemented. If an individual has any questions or concerns, the individual can contact a local counseling agency or a juvenile agency. The following list of agencies included are residential treatment facilities in the state of Indiana.

**Local agencies to contact for help**

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<th>Agency</th>
<th>Phone #</th>
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<td><em>Juvenile Probation</em></td>
<td>747-7793</td>
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<tr>
<td><em>Youth Service Bureau (YSB)</em></td>
<td>289-8940</td>
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<tr>
<td><em>Youth Opportunity Center (YOC)</em></td>
<td>289-5437</td>
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<tr>
<td>*Comprehensive Mental Health Services (CMHS)</td>
<td>288-1928</td>
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<tr>
<td></td>
<td>24 hour emergency number toll free</td>
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<tr>
<td><em>Associates in Mental Health (AMH)</em></td>
<td>284-0879</td>
</tr>
<tr>
<td><em>Delaware County Dept. of Family and Children Services (DFCS)</em></td>
<td>747-7750</td>
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CONCLUSION AND SUMMARY:

Juvenile violence is an increasing problem in our society. Court systems are becoming bogged down and members of the society are becoming frustrated from the lack of improvement. Programs are available and being used, but it takes involvement from all members of the society. This includes parents and teachers.

Juvenile violence has many sources of origin. This problem cannot be pinpointed to one single area. Juvenile violence can originate from problems in the home, lack of follow through in the school, and lack of availability of services for the youth in our society.

Parents also need to be involved in their child's life. If the parent is not involved in the child's life, the parent will not be aware of the problem that the child is having. If the child is developing violent behaviors, the parent will not be aware and the problem will only grow and become more serious.

Both children and parents need to be aware of problems. If they are aware of the problem, then services can be located and help can be given to the entire family. Children who cannot control their problems will need special services. These services are available in the community, but the family may not be aware of what is offered. By providing phone numbers that provide help and advice, hopefully people will seek help before the problem becomes worse. If the parent is knowledgeable of how serious a problem can become, they will not be so reluctant about seeking services.

Although the author has stressed seeking services, parents and families should also take responsibility for the problem. Idealistically the problem should be dealt with at home. One way for this to work out is for parents to attend parenting classes offered by several local agencies.
1994 IARCCA Member Resource List Of Residential Child Care Services

published by:

The Indiana Association of Residential Child Care Agencies, Inc.

P.O. Box 50772
Indianapolis, Indiana 46250
Phone 317/849-8497 FAX 317/576-5498
### CROSS REFERENCE GUIDE

THIS IS ONLY TO BE USED AS A GUIDE, EACH CASE IS EVALUATED ON AN INDIVIDUAL BASIS

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CAMBRIDGE HOUSE, INC.

Cambridge House, Inc.
424 W. Jackson Street
Muncie, Indiana 47305-2599
317/289-2802

Administrator: Debra Gray
Referral Contact Person: Lori Truesdell
Geographical Area Served: Indiana and surrounding states

Population Served: 15 Females Age 11 - 21 I.Q. Range 65 and up

CHILD BEST SERVED: Young women with emotional, behavioral, and/or family challenges. Must demonstrate some willingness to work on problems and be able to either attend public schools or be employed. Young women with independent living skills needs, those in need of help working an addictions recovery program, or those working on sexual abuse recovery issues.

SERVICES/TREATMENT PROGRAM: Individual, group and family therapy, independent living skills programming, some diagnostic services, remedial and tutorial work, vocational counseling and courses and educational planning. The treatment program philosophy is that responsible behavior can be learned. The behavior management system rewards positive and consequences negative behavior. Each staff member is trained to be therapeutic in interactions, helping the resident own responsibility for her behavior as she moves toward independence.

EMERGENCY SHELTER CARE: No

AREA OF SPECIALIZATION: Independent living skills programming, training and job support; addictions therapy/recovery programming, specializing in working with sexually abused young women; will work with pregnant teens, occasionally working with the county to place the baby in foster care while the mother remains at Cambridge House learning parenting and other ILS skills and completing educational requirements. Mother and child are together 2 - 3 times weekly for bonding.

PHYSICAL PLANT/AGENCY SETTING: Large three story house in historical district within walking distance of downtown and public transportation. Recreation, shopping and educational resources are nearby.

15 children per living unit Awake night staff Direct care staff/child ratio is 2:15 Average length of stay for completion of program is 12 months

PER DIEM: $95.00, Includes annual medical and annual dental exams, school fees (except drivers training), school supplies, in-house counseling services, GED training/testing, YMCA membership, allowance, personal items and recreational fees.

CARY HOME FOR CHILDREN

Cary Home for Children
1530 S. 18th
Lafayette, Indiana 47905
317/474-4616

Administrator: dianna Huddleston
Referral Contact Person: Carol Hummel
Paul Spencer
Ed Wiercioch

Geographical Area Served: Nationwide (Tippecanoe Co. first priority)

Population Served: 24 Males Age 12 - 17 I.Q. Range average

CHILD BEST SERVED: Delinquent, severely emotionally handicapped, mildly to moderately disturbed, family conflict, abused, neglected, status offender.

SERVICES/TREATMENT PROGRAM: Behavior management, individual, group and family therapy, continued education and educational assistance and planned on grounds and off grounds activities. Special needs unit for emotionally handicapped boys is available through Cary Home and Wabash Valley Outpatient Center.

EMERGENCY SHELTER CARE: Yes
THE CHILDREN'S BUREAU OF INDIANAPOLIS
GARRARD HOUSE

The Children's Bureau of Indianapolis
Garrard House
615 N. Alabama Street, Room 426
Indianapolis, Indiana 46204
Phone 317/359-6464
FAX 317/264-2714

Administrator: Kenneth Phelps
Referral Contact Person: Betty Funderburgh
Gale Spells
Geographical Area Served: Central Indiana

Population Served: 14 Females Age 9 - 18 I.Q. Range 60 and above

CHILD BEST SERVED: Girls requiring diagnostic and treatment services for alleged sexual abuse. Children exhibiting behavioral problems such as runaway, suicidal ideation and/or substance abuse problems.

SERVICES/TREATMENT PROGRAM: Diagnostic services, on grounds homebound school program, daily structured recreational activities, daily group therapy, and 24 hour crisis counseling.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Intensive diagnostic and treatment services for sexually abused girls.

PHYSICAL PLANT/AGENCY SETTING: Homelike setting in urban Indianapolis, most girls have their own room.

Maximum of 14 children per living unit Awake night staff Direct care staff/child ratio is 1:2 Average length of stay for completion of program is 6 - 12 weeks

PER DIEM: $124.00 (1993 per diem rate), Includes routine medical and dental, vision care/prescription glasses, replacement clothing, transportation, supervised visitation, school tuition and supplies, in-house individual, group and family counseling services, allowances, psychiatric exam, psychological/projective testing, on-grounds school. There are also three beds available for long term care beyond the diagnostic program. The per diem for that program is $103.00. Title IV-E Approved Rate.

THE CHILDREN'S BUREAU OF INDIANAPOLIS
THE RETREAT
(to open in February of 1994)

The Children's Bureau of Indianapolis
The Retreat
2138 W. 86th Street
Indianapolis, Indiana 46260
Phone 317/338-4154
FAX 317/338-4153

Administrator: Kenneth Phelps
Referral Contact Person: Jon Bennett or Janice Klein

Geographical Area Served: Indiana

Population Served: Total of 12 Males and Females Ages 6 - 18 I.Q. Range 60 - negotiable

CHILD BEST SERVED: Youth needing long term secure care treatment with severe psychiatric, emotional and behavioral problems.

SERVICES/TREATMENT PROGRAM: On grounds educational program accredited by Washington Township Schools. Case management provided by Children's Bureau, primary therapist from Indiana Child and Adolescent Psychiatry.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Youth needing long term secure care residential treatment.
Marion Home for Pregnant Adolescents
225 E. 7th Street
Gary, Indiana 46402
219/882-0825

Population Served: 10 Females
Age 12 - 19 I.Q. Range

CHILD BEST SERVED: Pregnant adolescents who are homeless, abandoned, abused, private placements or wards of the court.

SERVICES/TREATMENT PROGRAM: Residential care, limited counseling, courses in parenting, self-esteem.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Services to pregnant adolescents, parenting and bonding, limited preparation for life.

PHYSICAL PLANT/AGENCY SETTING: Six bedroom home across from a park in urban Gary.

10 children per living unit No awake night staff Direct care staff/child ratio is 2:10 Average length of stay for completion of program is varied

PER DIEM: $50.00, includes school fees and supplies, in house counseling services and recreational activities. Routine medical, dental and vision care are billed to Medicaid.
KINGWOOD HOSPITAL ADOLESCENT and CHILDREN SERVICES  
RESIDENTIAL TREATMENT CENTER and EXTENDED CARE PROGRAM

<table>
<thead>
<tr>
<th>Kingwood Hospital</th>
<th>Administrator: Michael Talmo</th>
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</thead>
<tbody>
<tr>
<td>Adolescent Residential Treatment Services</td>
<td>Referral Contact Person: Jean M. Reed or Mary Jo Buckley</td>
</tr>
<tr>
<td>Children's Extended Care Program</td>
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<tr>
<td>3714 South Franklin Street</td>
<td>Geographical Area Served: Northern Ind., Northern Illinois &amp; Southern Mich., but not limited to those areas</td>
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<tr>
<td>Michigan City, Indiana 46360</td>
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</tr>
<tr>
<td>Phone 800/344-8336 or 219/872-0531</td>
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<tr>
<td>FAX 219/872-7112</td>
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</tbody>
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Population Served:  
- 23 Males  
- 23 Females  
Total of 20 Males & Females  

Age 12 - 18  
I.Q. Range 75 or above  

Age 6 - 12  
I.Q. Range 75 or above  

CHILD BEST SERVED: I.Q. range 75 and above. Adolescent/children with prior inpatient treatment who are unmanageable in outpatient. Potential danger to self or others, but not actively suicidal or homicidal. Also, substance abuse without the need for detoxification. Average length of treatment is six to twelve months.

SERVICES/TREATMENT PROGRAM: Psychiatric assessment, individual/family group, dual diagnosis program, 24 hour psychiatric nursing care, activity therapy, challenge (ropes) course, individualized treatment plan, in house school with Indiana licensed teachers, and board certified child/adolescent psychiatrists.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: All psychiatric disorders, including dual diagnosis.

PHYSICAL PLANT/AGENCY SETTING: Located within Kingwood Hospital. The residential programs for both adolescents and children are secure, self contained units. The furniture is comfortable and television, VCR, and video games are available. Games, activities and educational programs are designed to de-emphasize the clinical feel the RTC.

Separate male/female units for adolescents  
Awake night staff  
Direct care staff/child ratio is 1:4  
Average length of stay for completion of program is 6 - 12 months

PER DIEM:  
- $300.00 for adolescents  
- $375.00 for children  
Includes routine medical and dental care, school fees and supplies, in house counseling services, psychiatric services, psychological/diagnostic evaluations, on grounds education.
INDIANA YOUTH ADVOCATE PROGRAM, INC.

Indiana Youth Advocate Program, Inc.
2511 East 46th St., Suite A-6
Indianapolis, Indiana 46205
Phone 317/549-1761 or 800/471-4795
FAX 317/546-4396

Administrator: Dorothy Wodraska, Regional Director
Referral Contact Person: Kelly Collins, Area Coord.

Geographical Area Served: No limitation

Population Served:

Males & Females

Age birth to emancipation

I.Q. Range open

CHILD BEST SERVED: CHINS, abused, neglected, dependent, unruly, delinquent, emotionally disturbed, mentally and physically challenged youth who could benefit from structured and nurturing guidance in the least restrictive environment appropriate, while working toward family preservation, reunification or independent living.

SERVICES/TREATMENT PROGRAM: IYAP provides a network of specialized family foster care homes and community based programming appropriate to the needs of each child. Foster parents, advocates, youth, family and agency staff work as a team in individualized goal progress planning. All programs and services combine the advantages of a family living atmosphere, access to needed support services and resources in the community and cost effectiveness. IYAP provides case management, referrals to appropriate community services, weekly home visits and intensive one-on-one contact with youth through advocate services.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Regular and therapeutic foster care, independent living services, and in-home advocacy services. IYAP utilizes a service model which attempts to surround troubled and needy youth with concerned and caring individuals within the local community, recognizing that a youth's family and community are the most valuable resources for positive growth and development. Individual, group and family therapy, counseling services and educational support services are accessed through existing community resources as indicated in the individual treatment plan.

PHYSICAL PLANT/AGENCY SETTING: Licensed, individual specialized foster homes in urban and rural settings.

Average length of stay for completion of program is 6 - 12 months

PER DIEM:

$44.00 Foster Care Services
$70.00 Special Residential Advocate Services
$75.00 Independent Living Services

$51.00 Mid-Range Therapeutic Foster Care
$50.00 Emergency and Respite Care Services
$25.44.00 In-Home Based Advocacy Services

Includes initial and replacement clothing, transportation for home visits, school fees and supplies, professional case management and 24 hour on call emergency services, advocate services. Routine medical, dental and vision care are billed to Medicaid, as are psychiatric services and psychological/diagnostic evaluations.
JACKSON COUNTY JUVENILE RESIDENCE

Jackson County Juvenile Residence
416 East Walnut Street
Brownstown, Indiana 47220
812/358-5180

Administrator: Greg Metz
Referral Contact Person: Greg Metz
Geographical Area Served: Primarily Jackson County

Population Served: Total of 10 Age 12 - 18 I.Q. Range Average Males & Females

CHILD BEST SERVED: Youth who are generally non-aggressive and able to function within a family-type setting. Priority is given to Jackson County Youth.

SERVICES/TREATMENT PROGRAM: A family model using child care workers. Psychologist provides 2 hours of counseling off grounds. Tutoring and regular group counseling meeting.

EMERGENCY SHELTER CARE: No

PHYSICAL PLANT/AGENCY SETTING: 13 year old ranch style family home in Brownstown.

10 children per living unit Awake night staff Direct care staff/child ratio is 1:10 Average length of stay for completion of program is approximately 6 months

PER DIEM: $30.00 (estimate), includes 50% of cost of in-house counseling services.

JEFFERSON COUNTY YOUTH SHELTER

Jefferson County Youth Shelter
212 East Street
Madison, Indiana 47250
812/265-3777

Administrator: Brad Hoggatt
Referral Contact Person: Mark Monroe
Geographical Area Served: primarily Southeastern Indiana

Population Served: Total of 10 Age 6 - 18 I.Q. Range 70 and up Males & Females

CHILD BEST SERVED: CHINS, status offenders, and delinquents who can benefit from a transitional placement in a group home setting.

SERVICES/TREATMENT PROGRAM: Group home setting providing structure, supervision and guidance. In-house group counseling and tutorial program. Individualized counseling, medical, recreation and job placement services provided through a local service network.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Emergency and intermediate care providing assessment and referral services for children entering placement or between placements.

PHYSICAL PLANT/AGENCY SETTING: Two story brick home with large outside play area, located in historic residential downtown area within walking distance of many recreational and professional service sites.

10 children per living unit 2 Awake night staff Direct care staff/child ratio is 3:10 Average length of stay for completion of program is 45 days

PER DIEM: $96.00. Includes in-house group counseling, Chapter I Tutor Program, partial clothing assistance, school supplies, recreation and allowance. Title IV-E Approved Rate.
INTERVENTIONS YOUTH PROGRAMS

Executive Director: Terry Johnson
Director: P. J. Regan
Referral Contact Person: Teresa Beall

Population Served: 40 Females (Gaston) Age 12 - 18 I.Q. Range 70 and above
37 Males (Grovertown) Age 12 - 18 I.Q. Range 70 and above

CHILD BEST SERVED: Adolescents that are dually diagnosed with drug and/or alcohol dependence/abuse, complicated by one or more of the following: conduct, personality and affective disorders, sexual or physical abuse, neglect, violence, criminal pattern of thinking, dysfunctional family system, and typically requires three to six months of highly structured treatment.

SERVICES/TREATMENT PROGRAM: An intensive primary residential treatment program followed by an intensive aftercare program. Individual, group and family counseling, educational seminars, nursing services, psychiatric consultation, diagnostic psychological testing, recreational therapies (including physical fitness, ropes and obstacle courses, and wilderness camping), and participation in self-help groups (A.A. and N.A.) and community volunteer projects. In addition, an on-grounds school is available that provides the opportunity to earn regular academic credits, prepare for G.E.D. testing, and life skills training. A halfway house program also exists for females ages 12 to 18 that require a continued supportive recovery environment, and job readiness preparation coupled with training in independent living skills.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Dual diagnosis treatment for adolescents with substance abuse/dependence problems combined with other secondary disorders.

PHYSICAL PLANT/AGENCY SETTING: FEMALE PROGRAM: Located off State Road 28 in rural Gaston on forty-five wooded acres with remodeled dormitories, recreation area with weight room, volleyball and basketball courts. MALE PROGRAM: Located off U.S. 30 in rural Grovertown on a six acre campus with a full sized gymnasium with a basketball court and nautilus weights, and outdoor recreational facilities, including a baseball diamond, and volleyball court.

12 clients per living unit Awake night staff Direct care staff/child ratio is 1:3 Average length of stay for completion of residential program is 180 days for females, 3 - 6 months for males. Length of stay for Halfway House varies between 3 to 12 months. Each program is followed by intensive aftercare.

PER DIEM: $89.50 Primary Residential Treatment (Male/Female)
$69.50 Halfway House (Females)
Includes routine medical, school fees and supplies, in-house counseling services, psychological/diagnostic evaluation, on grounds education, family counseling. Title IV-E Approved Rate.
GEORGE JUNIOR REPUBLIC IN INDIANA

George Jr. Republic in Indiana
1680 Whitney Court
Columbus, Indiana 47203
812/372-8611
FAX 812/372-9299

Administrator: Terri Brewer
Referral Contact Person: Terri Brewer
Geographical Area Served: Bartholomew County

Population Served: 8 Males  Age 12 - 18  I.Q. Range 80 and up

CHILD BEST SERVED: Youth who have experienced abuse/neglect and as a result are exhibiting oppositional/defiant behaviors.

SERVICES/TREATMENT PROGRAM: Five level behavior modification system based on learning theory. Youth’s behaviors earn positive and negative points which translate into privileges. Weekly individual and family therapy is provided as well as daily life space counseling.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Youth who carry a diagnosis of oppositional/defiant disorder and who can attend public school.

PHYSICAL PLANT/AGENCY SETTING: Eight bed group home in upper middle class neighborhood on two acres of ground.

8 children per living unit Awake night staff Direct care staff/child ratio is 1:4 Average length of stay for completion of program is 12 months

PER DIEM: $86.24 Includes replacement clothing, transportation for home visits, school supplies, in-house counseling services. Title IV-E Approved Rate.
DEBRA CORN SPECIALIZED FAMILY CARE, INC.
Specialized Foster Care

Debra Corn Specialized Family Care, Inc.
P.O. Box 406
Winslow, Indiana 47598-0406
812/789-5434
FAX 812/789-2458

Administrator: Betty Dillingham, Winslow Reg. Dir.
Referral Contact Person: Marian Lynn, Placement

Geographical Area Served: Five regional offices servicing the entire state of Indiana

Population Served: Males & Females
Age: Infant - 21
I.Q. Range: Open

CHILD BEST SERVED: Children designated as CHINS; Physically/sexually abused; neglected; pre-delinquent and delinquent; emotionally impaired; pregnant teens and teen mother and child; medical needs; youth needing independent living skills; behavior problems; mentally and physically handicapped; theft; runaways; property damage; ADHD; incorrigible; child problems; academic problems; anxiety/depression; personality disorders.

SERVICES/TREATMENT PROGRAM: Intensively trained and supervised specialized foster families offering a "holistic" approach. Individualized programming and service plan developed for all placements with extensive support (24 hour staff availability) and training for staff and specialized foster parents. Supportive services and treatment areas include, however, are not limited to intensive counseling with the availability of a child psychiatrist and child psychologist on staff; at least weekly in home visits by our Case Manager; co-ordination and consistent monitoring of all educational needs (parent-teacher and Case Conference scheduled every 4-8 weeks and attended by DCSFC staff and specialized foster parents); court reports submitted every 6 months, detailed monthly progress reports mailed to placing agency; regular staffings of each child, transportation to and from family visitation and court reviews; continuation of services to child in placement in the event child is hospitalized; respite care, reunification services; at least monthly consults between agency worker/counselor; development of Independent Living Skills. Educational services to SFP's and other professionals regarding stages of placement, grief and loss. Routine counseling (as needed) for specialized foster parents and their families.

AREAS OF SPECIALIZATION: Extensive and specialized counseling provided by MSW's, PhD's, and psychiatrists whose area of focus and expertise is working with high risk children and families of substitute care. Emergency placements, ILS, parenting skills for teens with children and pregnant teens, specialized training for SFP's (initial, ongoing, STEP, Special Education training); success in dealing with emotional and severe behavioral difficulties, diagnostic and evaluation, and medically fragile. Holistic and team approach. Very individualized programming to meet child's needs. Low caseloads (8 placements per case manager) with weekly home visits by Case Managers.

PHYSICAL PLANT/AGENCY SETTING: Statewide specialized foster homes serviced by 5 regional offices.

PER DIEM: $80.00 for children in placement less than 1 year
$75.00 for children beginning 2nd year of placement
$65.00 for children beginning 3rd year of placement
$60.00 for children beginning 4th year of placement

Includes initial clothing, replacement clothing, transportation for home visits, school fees and supplies, monthly allowance, psycho-social history. Routine medical, dental, optical care (contacts, glasses), specialized individual, group and family counseling, psychiatric and psychological services are billed to Medicaid or insurance company for covered children.
BRENSHIOLM TLC PROGRAMS

Brensholm TLC Boys
4625 N. Michigan Road
Indianapolis, Indiana 46208
317/924-5274
FAX 317/926-6119

Brensholm TLC Girls
4750 N. Michigan Road
Indianapolis, Indiana 46208
317/465-9918
FAX 317/926-6119

Population Served: 8 Males Age 15 - 19
8 Females Age 15 - 19
I.Q. Range 85 and above

CHILD BEST SERVED: Adolescents who have completed a primary in-patient treatment program for chemical dependency. The purpose of this program is to help adolescents learn to work a recovery program in the real world while living in a caring, supportive environment and to transition/re integrate back into the community.

SERVICES/TREATMENT PROGRAM: Therapeutic program includes; group, individual and family therapy, and family education. Psychological and psychiatric consultations will be given when appropriate. Regular attendance at AA/NA meetings 4 to 5 times weekly. Independent Living Skills Training. Aftercare Group.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Services to chemically dependent adolescents who may have a secondary diagnosis and who need assistance in transitioning into the community.

PHYSICAL PLANT/AGENCY SETTING: Wooded 10 and 6 acre lots in a residential neighborhood on the Northwest side of Indianapolis.

8 children per living unit Awake night staff Direct care staff/child ratio is 1:4 Average length of stay for completion of program is 6 months, minimum length of stay is 3 months

PER DIEM: $125.00, Includes staff nurse, school supplies, in-house counseling services (individual and group), recreational activities, AA/NA functions, family program, chemical dependency education, core program functions. Title IV-E Approved Rate.
MAYFLOWER TEENAGE GIRL'S HOME

Mayflower Teenage Girl's Home
824 Highland Street
Hammond, Indiana 46320
219/931-0959

Administrator: Judy Lewis
Referral Contact Person: Judy Lewis
Geographical Area Served: Lake County, Indiana

Population Served: 18 Females Age 13 - 18 I.Q. Range 80 and up

CHILD BEST SERVED: Abused and/or neglected girls who require motivation to become self-sufficient members of society.

SERVICES/TREATMENT PROGRAM: Independent living program, supervised recreation program, group therapy and individual counseling.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Emphasis is placed on education and all residents are expected to attend school and complete requirements for graduation. The Home has tutors who come on a regular basis to assist the residents. Mayflower also encourages the residents to become self-sufficient and break the welfare cycle.

PHYSICAL PLANT/AGENCY SETTING: Unit I - Six bedroom home located across from a city park and a half block from Hammond High School. Unit II (Independent Living Unit) - Two bedroom cottage next door to Unit I.

14 children in Unit I/4 children in Unit II
in Unit I, 1:4 in Unit II

Awake night staff
Direct care staff/child ratio is 1:7

Average length of stay for completion of program is varied in Unit I/one year in Unit II.

PER DIEM: $72.45, includes routine medical and dental, vision care/prescription glasses, initial clothing, replacement clothing, transportation for home visits, school fees and supplies, in-house counseling services, psychiatric services, psychological/diagnostic evaluation. Title IV-E Approved Rate.
The Children's Campus - Independent Living Program, Cont'd.

will soon complete) high school or have a GED. Basic skills must be possessed, i.e., cooking, hygiene, ability to get a job and balance a checkbook. An adolescent who has successfully completed a group home or treatment foster home stay may need this service to transition to full independent functioning.

SERVICES/TREATMENT PROGRAM: Master's level therapists provide individual, group and family counseling, as well as, refer residents to specialized individual and/or group sessions based on need. Psychiatric and certified addictions counselor's services also included in the per diem. Family support services are also available.

EMERGENCY SHELTER CARE: No

PER DIEM: $77.00 (plus $2,350.00 start up: furniture, food, utilities, etc.)

CHRISTIAN HAVEN HOMES

Christian Haven Homes
12501 N. State Rd 49
Wheatfield, Indiana 46392
Phone 219/956-3125
FAX 219/956-4128

Administrator: Patrick Oatis
Referral Contact Person: Gary Adzia
Geographical Area Served: Statewide, primarily central & northern Indiana

Population Served: 40 Males Age 13 - 18 I.Q. Range 65 and above

CHILD BEST SERVED: Boys in need of a structured, nurturing environment whose typical diagnosis might include: delinquency, oppositional disorder, attention deficit hyperactivity disorder, conduct disorder, depression, schizoid, and borderline personality disorders. Boys unable to succeed in regular school settings. Older boys in need of vocational and independent living instruction and services.

SERVICES/TREATMENT PROGRAM: Psychological services provided on grounds by a Masters level staff counselors supervised by Ph.D. clinical psychologist. Treatment heavily reliant on building relationships between residents and staff. Strong continuum of educational and training opportunities including: on grounds academic, special education, and remedial classes; GED preparation classes; public school option; vocational and independent living training. A variety of individually designed and implemented intervention techniques.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Independent living and transitional services (up to age 21), vocational training, special education services, on grounds educational and GED preparation services, Canadian Challenge Intensive Treatment Program, strong spiritual life and moral development emphasis. Group home transitional program in Valparaiso.

PHYSICAL PLANT/AGENCY SETTING: Six cottages, vocational shops, educational services building located in a peaceful, rural N.W. setting. 105 acres of fields, forests, pond and creek. Group home in Valparaiso.

8 children per living unit Awake night staff (2 per campus) Direct care staff/child ratio is 1:5 Average length of stay for completion of program is 15 months

PER DIEM: $100.70 Group Home
$107.00 Campus
$175.00 Intensive Treatment Program

Includes replacement clothing, transportation for home visits 5 times per year, school fees and supplies, in house counseling services, on ground education, vocational education, independent living and outreach, drivers training. Title IV-E Approved Rate.
The Children's Campus
STAFF SECURE PROGRAMS

Administrator: Sylvia A. Sebert
Referral Contact Person: Barbara Merritt, PAC/START

1) Preferred Adolescent Care (PAC)
2) START (Sexually Traumatized Adolescent Residential Treatment)

1411 Lincoln Way West
Mishawaka, Indiana 46544-1690
Phone 219/259-5666
FAX 219/255-6179

Population Served:

- PAC Units: 30 Males Age 10 - 17 I.Q. Range normal*
- 20 Females Age 10 - 17 I.Q. Range normal*
- START Unit: 10 Males Age 10 - 17 I.Q. Range normal*

* May review cases whose testing results may not be reflective of level of functioning

CHILDBEST SERVED: Adolescents with a history of failed placements, physical aggression, runaways, sexual offenders, firesetting, self-abuse, students qualifying for Rule S-5 placement, and severe hyperactivity in an intensely treatment oriented unit. The unit can also serve as a transitional placement following psychiatric in-patient treatment.

EMERGENCY SHELTER CARE: No

SERVICES/TREATMENT PROGRAM: PAC- Master's level therapist provides intensive therapeutic staff-secure environment which includes group work in areas of addictions, sexual abuse and aggressive behaviors. Psychiatrist monitors medication regime if needed. START- (Sex offenders treatment) staff secure 10 bed unit staffed with two therapists who provide intensive services throughout continuum.

AREAS OF SPECIALIZATION: Specialized treatment in areas of sexual abuse, sexual offenders, addictions issues, and educational needs.

PHYSICAL PLANT/AGENCY SETTING: All 10 bed units are located at The Children's Campus in Mishawaka. Extraordinary measures have been taken to assure the safety of residents (i.e., windows, exits, electrical wiring, etc.).

10 children per living unit
Awake night staff
Direct care staff/child ratio is 1:2.5

Average length of stay for program completion is 4 - 8 months in the PAC unit

PER DIEM:
- Pac Unit: $292.00
- START Unit: $297.00

Includes routine medical, school fees and supplies, counseling services, psychiatric services, family support services. Title IV-E Approved Rate.

THE CHILDREN'S CAMPUS
INDEPENDENT LIVING PROGRAM

The Children's Campus
Independent Living Program
1411 Lincoln Way West
Mishawaka, Indiana 46544-1690
Phone 219/259-5666
FAX 219/255-6179

Administrator: Sylvia A. Sebert
Referral Contact Person: Barbara Merritt

Geographical Area Served: Indiana and surrounding states

Population Served: Males and Females Age 17 - 21 I.Q. Range Normal

CHILDBEST SERVED: Adolescents and young adults still under state wardship who need a supervised and supported opportunity to live in the community and prepare for independent functioning. The adolescent must have completed (or
**The Children's Bureau - The Retreat, Cont'd.**

**PHYSICAL PLANT/AGENCY SETTING:** 12 bed facility on 2nd floor of converted hospital in patient unit in northern suburban Marion County.

12 children per living unit  
Awake night staff  
Direct care staff/child ratio is 1:4  
Average length of stay for completion of program is 8 - 14 months

**PER DIEM:** $247.00  
Includes routine medical and dental care, replacement clothing, transportation for home visits, school fees and supplies, in-house counseling services, psychiatric services, and on grounds education. Title IV-E Approved Rate.

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**THE CHILDREN'S CAMPUS**

The Children's Campus  
Residential Program, Group Homes  
and Semi-Independent Living, Treatment Foster Homes  
1411 Lincoln Way West  
Mishawaka, Indiana 46544-1690  
219/259-5666  
FAX 219/255-6179

Population Served: Total of 68 Males & Females  
Age 10 - 17  
I.Q. Range Normal*  
* may review cases whose testing results may not be reflective of level of functioning.

**CHILD BEST SERVED:** Children in need of structured, supervised setting in which they can be treated for problems associated with sexual abuse, alcohol and drug abuse, conduct disorder/oppositional defiant disorder, S-5 placements, depression/low self-esteem, and runaways. Children with same issues as campus but who can function with less intensive supervision and more community contact, and can benefit from a more homelike environment, are placed in agency's group homes.

**SERVICES/TREATMENT PROGRAM:** Master's level therapists provide individual, group and family counseling as well as refer residents to specialized individual and/or group sessions based on need. Psychiatric and certified addictions counselor's services are included in per diem. Family support services are also available.

**EMERGENCY SHELTER CARE:** No

**AREAS OF SPECIALIZATION:** Areas with fully developed clinical programming are: Alcohol/drug abuse, sexual and physical abuse, perpetrators unit and program, treatment foster homes and independent living programs.

**PHYSICAL PLANT/AGENCY SETTING:** The Children's Campus is located on a 17 acre site in Mishawaka, two group homes and a semi-independent living home are located in the community as well as the treatment foster homes and independent living residents.

8 - 12 children per living unit  
Awake night staff in all units and group homes  
Direct care staff/child ratio is 1:4 - 1:2.5  
Average length of stay for completion of program is 12 - 18 months

**PER DIEM:**  
$146.00 Campus/Treatment Group Homes  
$ 61.00 Treatment Foster Home:  
$ 89.00 Semi-Independent Living  
$ 77.00 Independent Living  

Includes routine medical, transportation for 8 home visits annually, counseling services, psychiatric services, family support services, addictions counseling, JCAHO accredited. Title IV-E Approved Rate.
NEW HORIZONS GROUP HOME

New Horizons Ministries
Roads 100 S. & 350 E.
Marion, Indiana 46953
317/668-4010

Administrator: Jeff Seabrooke
Referral Contact Person: Deb Hatland or Tim Blossom
Geographical Area Served: Unlimited

Population Served:
- 20 Males & Females (licensed beds) Age 12 - 17 I.Q. Range 80 and up
- 20 Males & Females (license pending) Age 12 - 17 I.Q. Range 80 and up

CHILD BEST SERVED: Dependent, physically/sexually abused, neglected, status offender, non-violent delinquent, attention deficit, adjustment disorder, anxiety-phobic, dysthmic, post traumatic stress, oppositional defiant disorder.

SERVICES/TREATMENT PROGRAM: Education in a private, on-grounds, co-ed academy, milieu therapy, behavior modification points and level system, individual and group counseling, parent support group, annual 12 week wilderness survival camp, family living model.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Provide a well structured, nurturing but firm, supportive living environment for young people.

PHYSICAL PLANT/AGENCY SETTING: Four large homes on approximately 120 acres on the outskirts of Marion.

10 children per living unit No Awake night staff Direct care staff/child ratio is 1:3 Average length of stay for completion of program is 18 - 24 months

PER DIEM: $100.00, includes school fees (most tuition) and supplies, in-house counseling services, 12 week summer camp. Sliding scale for private placements.
OPEN ARMS CHRISTIAN HOME

Open Arms Christian Home
Group Home & Therapeutic Foster Homes
P.O. Box 271
Switz City, Indiana 47465
Phone 812/659-3564
Office: 812/659-2533 or 1-800/659-2914
FAX 812/659-2477

Administrator: Vern R. Reed
Referral Contact Person: Deborah G. Lynn

Population Served: Group Home: 10 Females Age 6 - 18 I.Q. Range 65 and up (if applicable)
Foster Care: Males and Females Ages 0 - 18 I.Q. Range 65 and up (if applicable)
Pregnant teens considered on an individual basis for foster care

CHILD BEST SERVED: Group Home: Children/adolescents who have a history of failed placements, incorrigibility, neglect, abuse - both physical and sexual, delinquency, running away, truancy, sexual offenders, past alcohol/drug abuse, low self-esteem/depression, conduct disorders are supervised in a structured setting developed around a reality based program. While the level system is employed, the treatment plan is developed around a home-like atmosphere with house parents and live-in staff. We offer training in independent living skills for those adolescents who have no family or whose family will not be a viable resource after emancipation. Foster Care: Children/adolescents with same concerns as group home but who can function within a lesser restrictive environment with more community contact, can benefit from more home-like surroundings, are placed in agency's foster homes. Sexual perpetrators will be considered on an individual basis.

SERVICES/TREATMENT PROGRAM: Group Home: Family oriented behavior modification offered through a structured living routine in an all-female, non-secure residential home committed to Christian care and love. Individual, group, and family therapy offered by ACSW on-grounds and community based psychologists. A weekly Al-A-Teen meeting is conducted by the Greene Co. Director of Drugs/Alcohol Program. Tutoring is offered twice weekly supervised by Chapter 1 instructor, study help daily, excellent school system with SEH classroom available, independent living skills training, sometimes opportunities to travel in order to increase knowledge of the world around them offered (dependent upon the resident’s ability). Social worker lives on-grounds. Foster Care: Treatment will be similar to that in the group home but with less restrictive - more community based involvement. Face to face contact between youth and social worker on a bi-weekly basis with daily support given to foster parents.

EMERGENCY SHELTER CARE: Yes - group home only.

AREAS OF SPECIALIZATION: Group home: Provide safe, secure and stable nurturing environment to young ladies needing a more structured setting in which to work through their issues of physical/sexual abuse. Reality based behavior modification program serves youth with conduct disorders. Family therapy offered to those working toward reunification. Foster Care: Male/Female children/adolescents 0-18 years who need a safe secure, nurturing home in which to work through their issues. Stable Christian homes offering opportunity for youth to learn ethical moral values. Assistance with family reunification offered. Long-term therapeutic foster care also offered.

PHYSICAL PLANT/AGENCY SETTING: Modern home in rural setting (ten acres) in southwestern Indiana with single and double bedrooms, large outdoor play area and above ground swimming pool.

10 children per living unit No awake night staff Direct care staff/child ratio is 1:3 Average length of stay for completion of program varies but is typically 12 - 16 months

PER DIEM: $82.50 for both Emergency and Shelter Care
$55.00 for Therapeutic Foster Care
Includes in-home individual/group counseling, in-home medical services for minor complaints, daily personal items such as replacement clothing, etc., transportation for home visits or those required by placing agency, school fees, school supplies, tutoring, allowance, recreation, summer camps and travel, treatment plans/progress reports/case reviews every three months, weekly Al-A-Teen meetings (group home and in community). Routine medical, dental, vision and psychological care are billed to Medicaid. Title IV-E Approved Rate.
WHITE'S RESIDENTIAL SERVICES

White's
5233 S. 50 E.
Wabash, Indiana 46992
Phone 219/563-1158
FAX 219/563-8975

Administrator: Richard Davis
Director of Residential Services: Dee Gibson
Referral Contact Person: Herbert Hobson
Geographical Area Served: No limitation

Population Served: 102 Males Age 12 - 18 I.Q. Range 70 and up
60 Females Age 12 - 18 I.Q. Range 70 and up

CHILD BEST SERVED: Pre-delinquent/delinquent youth; CHINS, neglected & abused youth; young people who cannot function in the public school.

SERVICES/TREATMENT PROGRAM: Philosophy consists of a combination of therapeutic milieu and behavior modification. Individual counseling provided for each child. Psychological and psychiatric services, group and family counseling available to each child. Parent education classes on weekends. Accredited on-grounds Jr./Sr. high school. (Youth need to be reading at a minimum level of 3rd grade) IHSAA sanctioned athletics. Co-op education program and GED preparation. Independent Living Skills program for 16 year olds and older residents.

AREAS OF SPECIALIZATION: Specialized groups for sexual abuse victims, sexual offenders, and alcohol/chemical dependency. Work well with youth who have trouble functioning in the public school system; especially older adolescents who need co-op education and GED training.

PHYSICAL PLANT/AGENCY SETTING: Located in a rural setting in Wabash county with 11 individual living units, cafeteria, on-campus school, recreational facilities include; an indoor pool, 2 gymnasiums, weight room, soccer field, volleyball courts, and softball field.

15 children per living unit Night watchman Direct care staff/child ratio is 1:7 Average length
of stay for completion of program is 12 - 15 months

PER DIEM: $80.00 Indiana residents
90.00 Out-of-state residents
Includes in-house counseling services, routine medical care, replacement clothing, and transportation for home visits. Tuition transfer covers school fees and school supplies. Title IV-E Approved Rate.

WHITE'S FAMILY SERVICES

White's Family Svcs.
c/o Doug Helvey
5233 S. 50 E.
Wabash, Indiana 46992
Phone 219/563-1158
FAX 219/563-8975

White's Family Svcs.
c/o Doug Selfe
451 W. Lincolnway
Valparaiso, Indiana 46383
Phone 219/464-8020

White's Family Svcs.
c/o Susan Porter
11729 Rockville Road
Indianapolis, Indiana 46234
Phone 317/272-7221

Administrator: Richard Davis
Family Services Director: David Spencer
Referral Contact Person: David Spencer
Geographical Area Served: Indiana

Population Served: unlimited number of Males & Females Age infant - 18 I.Q. Range 60 and above

CHILD BEST SERVED: Neglected, abused, pre-delinquent, emotionally impaired, pregnant teen, teen mother and child, some medical needs, deaf, youth needing independent living skills (all must be able to be served in an open-community setting).
SERVICES/TREATMENT PROGRAM: A network of family foster care homes and community based programming providing a therapeutic milieu to aid youngsters in attaining individual emotional, educational, and developmental goals and progress toward reunification (if that is the case plan). Casework and basic counseling by assigned social worker.

EMERGENCY SHELTER CARE: Yes, limited, preference to counties using other White's services.

AREAS OF SPECIALIZATION: Independent and transitional living programs, shelter to long term programming, pregnancy program, and mothers with infants. Very individualized programs to meet client needs.

PHYSICAL PLANT/AGENCY SETTING: Scattered foster homes throughout the state with regional offices. Team approach to foster care with counseling and social work intervention as needed (no less than bi-weekly).

PER DIEM: $42.00 Specialized foster care includes replacement clothing, school fees and supplies, in home counseling, tutoring, and supervised visitation as needed includes Independent Living Skills Program (transitional living homes or apartments), Independent Living Skills Training for all 16 year olds and up.

WHITINGTON

Whitington
P.O. Box 442
Columbia City, Indiana 46725
Phone 219/327-3214
FAX 217/327-3549

Administrator: Beth Kennedy
Referral Contact Person: Kisten Lackey
Geographical Area Served: No limitations

Population Served: Group Home - 10 Females Age 11 - 21 I.Q. Range 72 and up
Therapeutic Foster Care - Males & Females Age Birth - 21 capacity based on the number of licensed foster homes

CHILD BEST SERVED: Emotionally disturbed, delinquent. Specifically focus on the sexually abused child.

SERVICES/TREATMENT PROGRAM: Group Home - In-house counselor provides each girl with weekly individual and group counseling and a weekly group specifically for survivors of sexual abuse and a weekly drug and alcohol treatment/education group. AA, Al-anon and Compassionate Friends (group for children who have lost a loved one) are also available in the community. Family counseling is also provided. Therapeutic Foster Care - community based treatment is utilized according to the child's individual treatment plan.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Working with the sexually abused child.

PHYSICAL PLANT/AGENCY SETTING: Large two story home located on a wooded three acre lot in the country.

10 Children per living unit No awake night staff Direct care staff/child ratio is 1:5 Average length of stay for completion of program is 12 months

PER DIEM: $99.00 Group Home
$59.00 Therapeutic Foster Care
Includes replacement clothing, school supplies and book fees, in-house weekly individual and group counseling, tutoring, recreation, allowance. Title IV-E Approved Rate.
YOUTH OPPORTUNITY CENTER
formerly Delaware Co. Children's Home

Youth Opportunity Center
3700 W. Kilgore Ave.
Muncie, Indiana 47305
Phone 317/289-5437
FAX 317/747-7831

Administrator: Sally Stonebraker
Program Director: Jill Stonebraker- Res. Prog.
Diagnostic Testing
Program Director: Beth Hartman

STEDY/INTAC

Population Served:
66 Males Age 6 - 18 I.Q. Range flexible
54 Females Age 6 - 18 I.Q. Range flexible

CHILD BEST SERVED: Children in need of services and delinquent status offenders who can benefit from supervised group living within a structured behavior modification program and public school. Specialized program for 24 emotionally disturbed children.

SERVICES/TREATMENT PROGRAM: INTAC- Intensive Adolescent Care- staff secure, fenced area with on-grounds school for 24 boys and 12 girls ages 11-18. STEDY - Specialized Treatment for Emotionally Disturbed Youth. Residential - structured level system rewards positive behavior and allows for individual programming. Counseling is available to all residents. Diagnostic Testing- 15 day diagnostic testing (full scale, residential service.) On-campus medical services.

EMERGENCY SHELTER CARE: Yes

AREAS OF SPECIALIZATION: Primary benefit is to children whose need for separation from family is temporary and for whom reconciliation potential is strong. Positive activity involvement in their own school and community while individual and family counseling is in progress enhances program potential.


Awake night staff Direct care staff/child ratio is 1:5 Average length of stay for completion of INTAC or residential programs is 4-9 months, STEDY program 12-18 months

PER DIEM:
$ 80.00 Residential, in-county $160.00 INTAC, in-county
$ 85.00 Residential, out-of-county $210.00 INTAC, out-of-county
$148.00 STEDY program, in-county $285.00 Diagnostic, in-county
$195.00 STEDY program, out-of-county $300.00 Diagnostic, out-of-county

Includes routine medical and dental, vision care/prescription glasses or contact lenses, replacement clothing, school fees and supplies, in house counseling services, psychiatric services, psychological/diagnostic evaluation, on grounds education (supplemental or through public schools). Title IV-E Approved Rate.

YOUTH SERVICE BUREAU OF DELAWARE COUNTY

Youth Service Bureau of Delaware County
722 East Main Street
Muncie, Indiana 47305
317/289-8940

Administrator: Carol Ammon
Referral Contact Person: Carol Ammon or Carol Peckinpaugh
Geographical Area Served: Indiana

Population Served: up to 10 Males Age 10 - 18 I.Q. Range low to above average
up to 10 Female Age 10 - 18 I.Q. Range low to above average

CHILD BEST SERVED: Our program is designed to work with adolescents whose treatment needs can be met in a non-secure setting. Programs are available for both intermediate and long term care. Adolescents best served include but are
not limited to: physical/sexual abuse/neglect victims, chemical dependency or children of alcoholics, status offenders, property offenders, attention deficit disorder, conduct disorder, emotionally handicapped, parent/child conflicts.

SERVICES/TREATMENT PROGRAM: The program provides a caring, nurturing and consistent environment that is consequence based, with a behavior modification system stressing accountable behavior. A family systems treatment approach is utilized to assist the resident, and the family unit in making necessary changes in the home environment so the child can remain with the family.

EMERGENCY SHELTER CARE: No

AREAS OF SPECIALIZATION: Parent/child conflicts, chemically dependent families, incorrigibles.

PHYSICAL PLANT/AGENCY SETTING: The facility is located in a historical district three blocks from downtown Muncie. Easy access to community services and public transportation route.

10 children per living unit No awake night staff Direct care staff/child ratio is 1:5 Average length of stay for completion of program is 6 - 12 months

PER DIEM: $99.00 Title IV-E Approved Rate.

YOUTH SERVICE BUREAU - JAY COUNTY SHELTER CARE

Youth Service Bureau -
Jay County Shelter Care
603 W. Arch Street
Portland, Indiana 47371
219/726-8520
FAX 219/726-8535

Population Served: 8 Males Age 10 - 18 I.Q. Range 70 and up
8 Females Age 10 - 18 I.Q. Range 70 and up

CHILD BEST SERVED: CHINS, status and first time offenders, youth returning from treatment facilities in need of transitional living prior to return home or to less structured settings.

SERVICES/TREATMENT PROGRAM: On going individual and group counseling. Family intervention and involvement based on family willingness and geographical distance.

EMERGENCY SHELTER CARE: Up to 30 days. (2 beds are licensed for emergency shelter care)

PHYSICAL PLANT/AGENCY SETTING: Older 3 story home in a residential area of a small, rural town.

16 children per living unit Awake night staff through the week Direct care staff/child ratio is 1:8 Average length of stay for completion of residential care program is 12 months

PER DIEM: $99.00, includes school supplies, in-house counseling services, tutoring, recreational activities, allowance, independent living activities, 6 months aftercare, replacement clothing, transportation to/from court hearings and appointments. Title IV-E Approved Rate.
Youth Services Center of Allen County
11805 Lima Road
Fort Wayne, Indiana 46818
219/489-3561

Administrator: Mary Wiegand
Referral Contact Person: Chris Dunn

Geographical Area Served: Allen and nearby surrounding counties.

Population Served:
- 18 Males Age 11 - 17 I.Q. Range 70 and up
- 18 Females Age 11 - 17 I.Q. Range 70 and up

CHILD BEST SERVED: Dependent and neglected adolescents, status offenders, also juveniles with minor criminal offenses such as shoplifting.

SERVICES/TREATMENT PROGRAM: YSC offers a positive point behavior management program which encourages and rewards appropriate behaviors. Daily counseling is also provided addressing peer relations and living skills. Specific treatment plans are implemented after 45 days in care.

EMERGENCY SHELTER CARE: Yes

PHYSICAL PLANT/AGENCY SETTING: Building with two separate wings, each with semi-private rooms.

18 children per living unit Awake night staff Direct care staff/child ratio is 1:9 Average length of stay for completion of program is 30 days

PER DIEM: No Charge - Allen County
$60.00 Out of County, includes room, board, a medical assessment and routine medical care, school supplies, recreation, in-house counseling and an on-grounds school program.
A NOTE TO PLACING AGENCIES: Below is some of the information you will be asked to supply when making a placement assistance call. Please provide as complete and accurate information as possible in order to obtain the most appropriate placement suggestions. Gathering this information prior to calling for assistance will expedite the process.

IARCCA Placement Assistance Form

Date__________________________

Caller________________________Agency________________________Phone________________________

Child: Male________ Female________ Age______ I.Q.________

Legal Status________________________ If child is a ward, what county?

Current Placement________________________

Release date (if applicable)____________ Does child need immediate placement? Yes No

Presenting problem/s________________________

Diagnosis________________________

Medication/s________________________

Previous placement/s and/or services________________________

Current behaviors (within the last month), i.e., suicidal, physically aggressive, addicted, unstable, or improved and stabilized.

Educational information; i.e., E.H., L.D., Special Ed., or regular classroom. Specialized services needed, i.e., vocational training, GED preparation, etc.

Educational functioning at grade level________________________

Specialized services required________________________

Placement recommendations (to be supplied by IARCCA staff)________________________