

Best Practice Considerations for Arriving at a State Entity or Agency

The term lead agency does not fully describe the role, components, capacity, or characteristics needed to ensure services to the families and children described in Louisiana's voluntary FINS law are carried out as intended. The Resolution, however, provides clear guidance that it wants a state level body to carry out the functions of governance, regulation and oversight of services.

As noted in the ABA publication—*Families in Need of Critical Assistance*—services to families and children in need (commonly referred to as “status offenders” and their families) traditionally reside with either juvenile justice or child welfare government agencies. Sometimes this has been a planned and thoughtful decision, sometimes it has evolved organically and at other times it has happened by default. There are also governance models where governance, regulation and oversight are shared. These functions are best assigned based upon the service system and outcomes that are attempting to be achieved and what entity has the capacity to conduct them.

Some high-level considerations on the capacity to function in the role of governance are:

- Authority in the law to govern
- An Adaptive Leader--can support change(s)/evolution
- A Technical Leader--knowledgeable about what it is governing and the population being served
- Has the resources, relationships, motivation, and advocacy for the role
- Has the credibility with stakeholders to govern
- Must accept accountability and may assume shared liability across systems for target population

States should develop a set of statewide standards specifically for status offenders; therefore the next step is to express those standards through developing a system of care that addresses the unique needs of the population to be served. A system of care is largely a framework of desired and standardized processes and outcomes that require that the unique needs of individuals or communities not be ignored.

What are the driving goals the system is meant to attain that made us want to create it in the first place?

- Better outcomes for children
- Quality core services
- Streamlined processes



- Customer satisfaction
- Financial savings
- Justice
- Less disparity
- Using what works

The answers to these questions will drive how the system is designed, revised, and fine tuned.

**Best Practice Considerations for Arriving at a State Entity or Agency:
Florida’s Lessons Learned and becoming a National Model**

While Florida is not the only system to consider, it is much like Louisiana and its evolution from a fledgling set of scattered services for runaways to a system that has been recognized nationally provides many valuable lessons.

Briefly the Florida system of care for Families and Children in Need of Services is designed much like an emergency room in a hospital:

- Acute or crisis issues
- Core services provided by trained staff
- Services are voluntary-the person is asking for help
- Services are rendered 24-7
- Services available with no other option at the time once the acute condition is addressed
- People are seen for assessment, but may be referred to other specialists or specialty hospital that can better meet specific needs (for FINS, e.g., young children, substance abuse, suicidal, those being served by others, what the law allows)
- The patient, if admitted and then released, may also seek further treatment if desired, for an underlying illness may need attention to prevent further crises and a referral is made

The following table shows a condensed comparison of the starting point to the current status shows.

From Services Alone	To a System of Care
Limited & varied services	Set of core services supported by a referral process to more comprehensive services as needed
Fragmented service delivery	Coordinated service delivery while ensuring Individualized intervention plan
Long-term, intrusive, high court involvement	Short-term, least intrusive, low court involvement
Government controls and decides; using court as the hammer too soon and often; “blaming”	Voluntary families seeking assistance, “drive” the course of the case; “partnering”
Creation of “dependency”	Building parenting capacity and youth skills
No standards of care , service provision or allocation of funds methodology	Standards addressing eligibility, duplication, advocacy, confidentiality, accessibility and responsiveness; staff training
Effectiveness could not be measured--Data limited to number and type served	Clear measures of meeting effectiveness and collecting impact data for children, families and the larger system via a secure, web-based data system
Regional/local multiple contracts; contracting amounts and expectations varied; no statewide data base; no utilization information—only demographics, number & type served	Governance structure supports achieving good outcomes—smart contracting; measurable outcomes; statewide data base; contracts funded by Need + Served + Outcomes = Money

Florida’s transformation also illustrates that the target population emerged first by which families and children were not being served or had limited, fragmented services; and then by where money could be saved and reinvested and positive results for children achieved.

For any system to function well there must be intentional, coordinated actions and decisions. The multiple partners for voluntary FINS—the courts, schools, other state agencies and community services, law enforcement and last, but not least, the children and families, themselves—makes this challenging, but critical task.

After the WHY questions are answered, the next typical set of questions should address *what is it we want the lead agency to do?*

- Make policy?
- Pass through funds only?
- Select services?
- Deliver services?
- Ensure that consumers are satisfied?
- Performance evaluation of the system and data collection?
- Adequate consequences?



Answers should be developed to these questions which will then lead to discussions that will contain the words: *governance, managing entity, fiscal agent, administrative service organization, consortium, service provider network, etc.*

As the roles of governance, management, and service delivery are initially decided upon, describing the system one has or envisions is the subsequent step. It is advisable to ensure the "lead agency" knows the "what" it is going to govern, manage, share and be accountable for. This requires a well-defined vision of a system of care that contains the necessary components to operate as a system which all the components that the law and commission have outlined:

- Who will be served?
- What services will be provided?
- How will they be served (processes)?
- Where or by whom will they be served?
- When and how fast will service delivery take place?
- What entity (ies) can do these best?

Description of Florida's Structures (as described by Dee Richter)

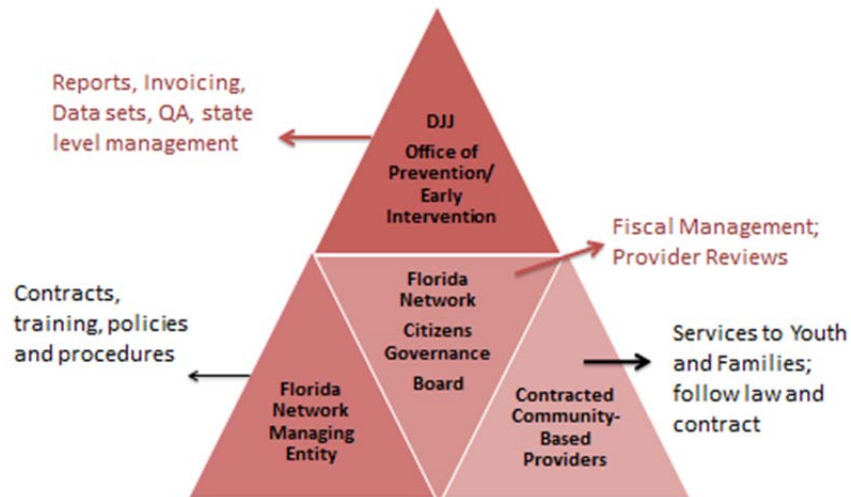
In Florida, governance rests with the Department of Juvenile Justice and a statewide citizens' Board. The services are overseen by a managing entity—a private, not-for-profit. Regulatory functions are shared by all three branches of government and the law.

Florida's operational/service management structure reflects the design of the service system. The families and children are truly voluntary and can withdraw from services at any time; they are often the referral source. Services have a quick response time and serve the target population and act as a buffer for entry into government systems. The community-based services specifically for FINS are short-term and the vast majority of the children and families receive services for less than four months; respite care lasts an average of eleven days, with the most common stay of 7 days. They serve nearly 18,000 children per year.

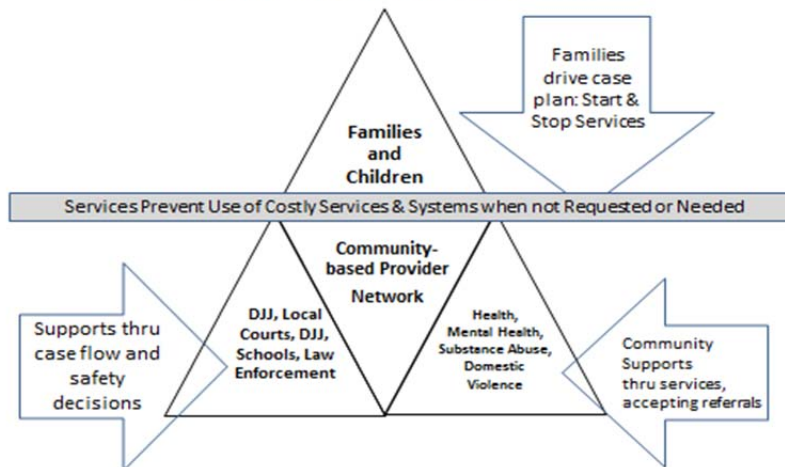
The foundation supporting the service structure is comprised of (1) the courts and law enforcement for referrals, case flow and intervention when needed and the Department of Juvenile Justice is the pass through for funding and ensures the state network provider is accountable; and (2) services that are specific to longer-term needs—substance abuse, serious mental illness, domestic violence between the parents, etc.

The governance structure below and the operational services structure above evolved with each structure shaping and informing the other. The process was concurrent and not single-tracked and linear for each.

Florida's FINS Governance Structure



Florida's FINS Services Structure



Key Areas to Move Forward:

- Identify what and when resources are spent for early services, money can be saved and reinvested and outcomes improve
- Create a way to monitor if current or new law is being carried out as it was intended
- Move from a process-based focus to a services-based focus
- Targeting the services to the most prevalent, “needy” and costly group

- Data mine to discover the most common and costly path of FINS children— Conduct analyses of outcomes/impact on children and families; length of stay implications; and impact on state expenditures
- Map current resources --who is helping what population and how much is it costing
- Watch the front door—measure the back door
- Standardize the important things: eligibility, minimum level and type of service

Consideration for Governing Entity:

- Strong options for governance and service entities in Louisiana to complement the court system: the Office of Juvenile Justice or the Department of Health and Hospitals, Office of Behavioral Health since both are currently serving FINS
- Currently only governance in court system (FINSAP-Supreme Court)
- Adding to the service continuum—prevention/early intervention, not just diversion
- Over time will diminish the number of children in detention, out of home placements, FINS Adjudications, and improve school attendance and prevent children from moving deeper into care
- Over time will lower caseloads of OJJ FINS probation
- Will produce savings
- Must identify existing services and create a minimum level of core services
- Must work closely with child welfare to ensure reported abuse and neglect are addressed

Lastly and most importantly, a healthy system of care must contain clear values and principles about what it is trying to achieve and must possess multiple sources of information and data to measure success, or lack thereof. Its leadership must create value and sustain strong relationships among all stakeholders and establish clear roles among all parties. Furthermore, it is essential for the system of care to possess leadership for whom this population is a top priority.

In order to determine the “governance, regulation, and oversight” several factors need to be taken into consideration. These include:

- *Philosophy*
- *Target Population*
- *Service Needs of Target Population*
- *Fiscal Impact*
- *Role of the Court*



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