


**Summary of National Models, Policies, and Practices of Service Needs of Status Offending Youth:**

Successful status offender program models around the country recognize that youth who engage in status offense behaviors come from a variety of backgrounds and are influenced by a wide array of contextual factors. These contextual factors may include having suffered childhood trauma, coming from broken homes, issues with substance use, having unmet or unidentified mental health needs, and/or struggling with unmet education needs. However, the vast majority of status offending youth are simply going through normal developmental immaturity and/or brief crises at home or school. *What is needed in these cases is at most brief intervention and time-limited support from an informal, voluntary system.*

To develop improved interventions and services for status offending youth and their families, model interventions start with careful triage, then as necessary, screening and, if indicated by the screening tools, further assessment and case management with two overarching goals. First, model interventions seek to keep low risk youth out of the court system. Second, model interventions identify those youth and families with high needs and link them with appropriate services in order avoid penetration into the juvenile justice system, including formal processing. Services are rendered outside the court system in a “status offender system” which is typically an agency or arm of an agency designated to provide or arrange access to services to address the unique needs of status offending youth and their families. The range of services provided by these agencies can be divided into three basic groups:

	<b>ALL- Immediate Response</b>	<ul style="list-style-type: none"> <li>•Triage &amp; Referral</li> <li>•Crisis intervention</li> <li>•Screening &amp; Referral for Assessment</li> <li>•Brief Strategic Intervention</li> </ul>
	<b>SOME- Community-based Interventions</b>	<ul style="list-style-type: none"> <li>•Assessment</li> <li>•Mental Health Services</li> <li>•Substance Abuse Services</li> <li>•Family Based Therapies</li> </ul>
	<b>FEW- Interventions with Residential Components</b>	<ul style="list-style-type: none"> <li>•For a small minority (~1%) of cases whose needs warrant such</li> </ul>

Each of these components are present to varying degrees in the model systems found in Connecticut, Orange County, New York, and Florida. These states afford youth and families *a system of care which emphasizes an expedited and timely response to family needs, voluntary services that target families (not just youth), interventions in the community, low use of formal processing, and low to no use of detention or out of home placement.*



### Referral & Immediate crisis response for youth and families

Most youth, displaying status offense behaviors do not need treatment other than *time-limited brief crisis counseling and recommendations*. An immediate response is critical to stem the possibility of unaddressed problems escalating; needs remaining unmet simply due to a lack of knowledge or access to resources; or families calling for police assistance in noncriminal matters out of desperation. All three states have standardized referral forms to initiate services. Orange County uses an on-line referral system. Florida and Orange County, NY allow for crisis calls via a 24 hour hotline. Orange County calls are triaged via a unified screening form. Florida primarily utilizes crisis calls with runaways to afford expedited access to shelter care facilities. Referrals are “*triaged*” outside of the court to determine *eligibility* (i.e. all three states have established eligibility criteria) for status offense services, and, in some cases, immediate crisis intervention.

All three states have *emergency service linkages* at the point of triage as referrals are received. These include crisis response services that offer immediate attention for suicidal youth and urgent family crises. Connecticut offers the additional option of mobile services that can go to the youth/family if necessary and Florida offers a more expanded service for mental health crises through mental health centers and crisis stabilization units that are available in more populous counties. Both Florida and Orange County, NY offer a 24-hour hotline and both of these hotlines are affiliated with available shelters/respite care programs that offer support for runaway/ homeless youth and youth temporarily displaced from homes due to conflict.

***Crisis Shelters or Respite Care*** can be a necessary break for both the youth and the family allowing the groundwork for further interventions to be established. During this period a youth and family can receive necessary assessments and connection to follow-up services. Typically the youth lives at a shelter or respite site (could be a relative) for a few days or 1 to 2 weeks at the maximum with a focus on relieving the immediate crisis and establishing a plan for reunification and supportive services. By having access to crisis intervention and respite, detention is not overused as there are alternatives to detention for family issues.

### Screening, Assessment and Appropriate Referral

All three states have *clinically standardized means to screen* for youth/family needs and/or risks and make appropriate referrals for further assessment and/or services. Many of these screening tools are research-based and, if not, at least have a standardized structure that offers a consistent screen for each referral. These intake and screening processes take place after the initial triage has been performed and the referral is accepted. Youth whose status offence related behavior is not addressed in the initial referral, contact, and/or triage, receive screening to determine critical areas that may warrant further assessment and possible services.

Regardless of the screening and assessment processes, the status offender systems in all three states target engaging families and linking youth and families with appropriate, outcome driven, and often evidence-based, services. Whether the staff is trained to offer these services directly or maintain a role



of case manager, there is a consistent philosophy across all three states to engage families and remove the obstacles for them to get into services when they are needed. The service component is consistently exhausted before any legal, court processes are even considered.

#### Provision of, or Referral to, Community-based Services

To most effectively serve youth and their families, all three model states have given priority to services that offer young people the best chance of improving personal, family, school and/or community functioning. These services are community-based, are in the least restrictive setting, are often culturally-based, and are outcome driven. All three states have services that target specific status offense behavioral need categories. Shelters for runaway youth and crisis services for mental health issues such as suicide have already been discussed above. The three model states also have services that are either delivered directly or accessed via referral to target other specific needs.

To target the subset of status offending youth and their families whose assessed needs warrant more intensive services, the three states often rely on research driven or evidence-based practices (EBP). Better outcomes associated with EBPs include reduced rates of arrest; improved family functioning and school performance; reduced rates of out-of-home placements of youth; higher retention rates of participants with fewer program dropouts; decreased drug use and symptoms of mental illness; and cost effectiveness when compared to other interventions. Evidence-based programs also increase both provider and system accountability by directly linking services to treatment outcomes.

***Community-based Interventions***, for the subset of status offenders whose assessed needs warrant them, focus largely on skills development and problem solving strategies. Many are found in numerous lists including those of Blueprints for Violence Prevention, SAMSHA's National Registry for Evidence-based Programs and Practices, and OJJDP's Model Programs Guide. A few utilized in the three state models included Aggression Replacement Training (ART), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), and Wraparound services (including access to psychiatric care). Both the Connecticut and New York models rely heavily on the use of such EBPs. Connecticut has established the most extensive array of EBPs available to status offenders and their families.

#### Interventions with Residential Components

For a very limited number of status offence cases (~1% of the cases in model states were such options are used), and certainly a measure of last resort after all other treatment options are exhausted, placement outside of the home may afford the youth the opportunity to access necessary services and eventually re-engage with his/her family. This is never secure care, and model states do not use technical violations of adjudicated status offenders to place them in correctional institutions.

#### **Components of Model Status Offender Programs in Louisiana Models for Change Sites:**

While there is no "state" Informal FINS model that is uniform, however, there are a number of jurisdictions in Louisiana already working towards model programming for status offenders. Most

notably, Rapides Parish has implemented a pilot informal FINS program model (summarized below) for the Informal FINS office housed in the judicial system. Calcasieu Parish has implemented a service delivery model outside of the court system which includes a crisis response, triage and service linkage system for families after referral from the Informal FINS Office (Multi-Agency Resource Center). Both of these models create opportunities for timely access to services outside of the formal processes of the court and emphasize voluntary service attainment.

Highlights of the Rapides FINS pilot program:

- Expedited triage to determine eligibility, including the availability of walk-in referral
- Screening utilizing objective validated instrument to determine need to refer for further assessment (MASYI 2)
- Increased emphasis on engaging youth and families to promote voluntary service attainment outside of the court process
- Access to mental health crisis response services as needed
- Increased FINS Officer role to be the catalyst to reduce barriers for families to obtain services
- Case monitoring of accepted FINS cases based on initial service attainment and reduction of referral behavior

#### **Legislation:**

Both Connecticut and Florida laws set forth goals that emphasize keeping the child and the family intact and outside the court system. The Connecticut law states its intent is to provide community based programs and services, keep juveniles in their homes when appropriate, and develop individual treatment plans that take into account the family and family needs.<sup>1</sup> The Florida law states:

*It is the intent of the Legislature to address the problems of families in need of services by providing them with an array of services designed to preserve the unity and integrity of the family . . . . Judicial intervention to resolve the problems and conflict that exist within a family shall be limited to situations in which a resolution . . . has not been achieved . . . after all available less restrictive resources have been exhausted.<sup>2</sup>*

The language in both the Connecticut and Florida statutes, and particularly the Florida statute, emphasizes the importance of providing services entirely outside the courts and only using adjudication as a last and final result.

To create successful status offender processes, Connecticut, Florida, and New York have statutory support for: a) creating special programs for status offenders, b) specifying particular duties for the lead agency or agencies overseeing the status offender system, c) establishing intake procedures and requirements for subsequent efforts, and d) creating alternatives to court proceedings even after a petition has been filed.

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<sup>1</sup> See CONN. GEN. STAT. § 46b-121h (2010).

<sup>2</sup> See FLA. STAT. § 984.04 (2010).

Providing complete intake procedures with a social services-like agency and then asking the family to participate in voluntary services can ensure the child and family receive the services they need. In Connecticut and Florida a probation officer performs the intake,<sup>3</sup> while in New York the lead agency conducts the intake.<sup>4</sup> Louisiana law specifies for an intake officer.<sup>5</sup>

*Voluntary participation* is enhanced when services are tailored to meet needs and when families are assured some level of confidentiality. Both Florida and New York have statutory provisions calling for confidentiality of status offense records. Following the intake, both the Florida and New York statutes contain explicit provisions for the actions the family, child, and state should take prior to filing an official provision. In Florida, the family must be provided with parent training, individual or family counseling, community mental health services, tutorial services, and others.<sup>6</sup> The New York law requires that prior to filing a petition, the child should participate in diversion services that the lead agency has recommended for the family.<sup>7</sup> These services should continue to be provided prior to the filing of a petition until it is determined that the child would no longer benefit from such services.<sup>8</sup> For Connecticut, Florida, and New York, a petition cannot be filed until after alternative attempts to remedy the problem have proven unsuccessful and the time period for these services to be proven successful is indefinite.<sup>9</sup>

States can enact appropriate statutory language that encourages the best practice model for status offending youth: That is, services are voluntary; records related to programming are confidential; services are rendered by reliable providers who deliver outcome based programming; outcomes will be monitored by a responsible agency, and an array of services unique to status offending youth will be offered and available.

Policies and Legislation should:

1. *Define the status offender target population so that the majority of minimum services needed can be determined*
2. *Reach agreement on the entity or entities which will provide the intake and triage processes to ensure eligibility for status offenders*
3. *Ensure that all services and interventions are exhausted by other agencies already tasked with caring for these youth, such as education, child welfare, and juvenile justice.*

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<sup>3</sup> See CONN. GEN. STAT. § 46b-149c(2010); FLA. STAT. § 984.03 (2010).

<sup>4</sup> See N.Y. FAMILY COURT LAW § 735 (McKinney 2010).

<sup>5</sup> LA. CHILD. CODE ANN. art. 732 (2009).

<sup>6</sup> See FLA. STAT. § 984.11 (2010).

<sup>7</sup> See N.Y. FAMILY COURT LAW § 735 (McKinney 2010).

<sup>8</sup> See *id.*

<sup>9</sup> See CONN. GEN. STAT. § 46b-149c(2010); FLA. STAT. § 984.12 (2010); N.Y. FAMILY COURT LAW § 735 (McKinney 2010).

4. *Develop clinical screening and, when needed, assessment processes to identify needs whether crisis response, mental health, substance abuse or other service.*
5. *Ensure the development of an array of basic services most status offending youth and their families' need, particularly brief, strategic problem solving interventions, crisis response, and respite services.*
6. *Ensure the ability for the status offender to be referred to agencies for specialized services when needed, including shelter care, mental health, substance abuse, and family therapies.*
7. *Develop crisis interventions and respite in each region of the state that provide supportive, temporary services for status-offending youth and their families.*
8. *Ensure the timely access to quality interventions that are at a minimum outcome driven, and when possible, an evidence-based practice.*

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# Components of a Model Status Offender Program

Louisiana FINS Commission  
Baton Rouge, La  
November 14, 2011

# Introductions

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LSU School of Public Health- Behavioral & Community Health Sciences
- **Honorable Patricia Koch, JD**  
Rapides Parish Juvenile Court
- **Dane Bolin**  
Director of Juvenile Services, Calcasieu Parish
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# Mandate

- **SCR 44(3):** “The commission's study and recommendations shall address...The inclusion of fundamental components of model status offender programs in the recommended Louisiana system, including, but not limited to:
  - (a) Immediate **crisis response** mechanisms for youth and families.
  - (b) **Screening, assessment**, and appropriate **referral** to or provision of services that are tailored to meet the strengths and challenges of children and families.
  - (c) **Referral to or provision of evidence-based services that are community-based**, meaning they are located in, or as close as possible to, the community in which the family lives and with which it identifies culturally.
  - (d) Referral to or provision of services that are evidence-based, meaning they have been proven by research to work, or, **alternatively**, that **are grounded in the same essential principles as evidence-based programs..”**

# Overview

- Louisiana Data Relevant to Serving Status Offending Youth
- Summary of National Models
  - Referral & Immediate Crisis Response
  - Screening, Assessment and Appropriate Referral
  - Provision of, or Referral to, Services
- Louisiana Examples
  - Keeping Services Outside of the Court
  - Targeted Services Examples
- Recommendations
- Questions & Discussion

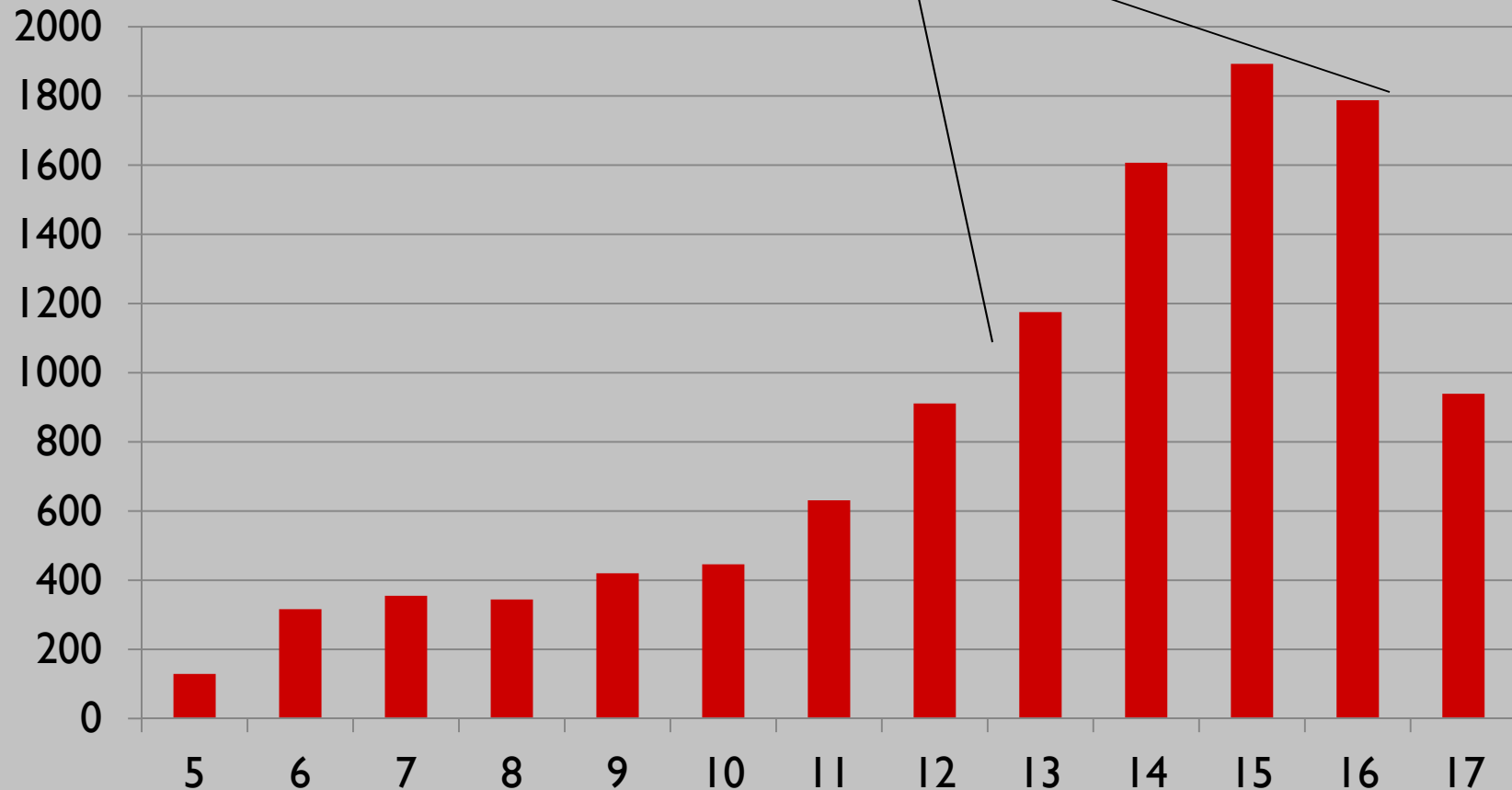
# Louisiana Data- Who are we serving? (N=11,269)

- Average age referred to Informal FINS = 13 (SD=3.04)
- 58% male & 42% female
- 61% Black & 37% White
- Referred from- 68% Schools, 11% Families, 8% Law Enforcement
- Referred for- Truancy most common (55%) and the top reason for school referral. Ungovernable accounted for 28% and was the primary reason for family referrals. Runaway accounted 2% and was second to ungovernable as the primary reason for law enforcement referrals.

# FINSAP 2010: (N=10,949)

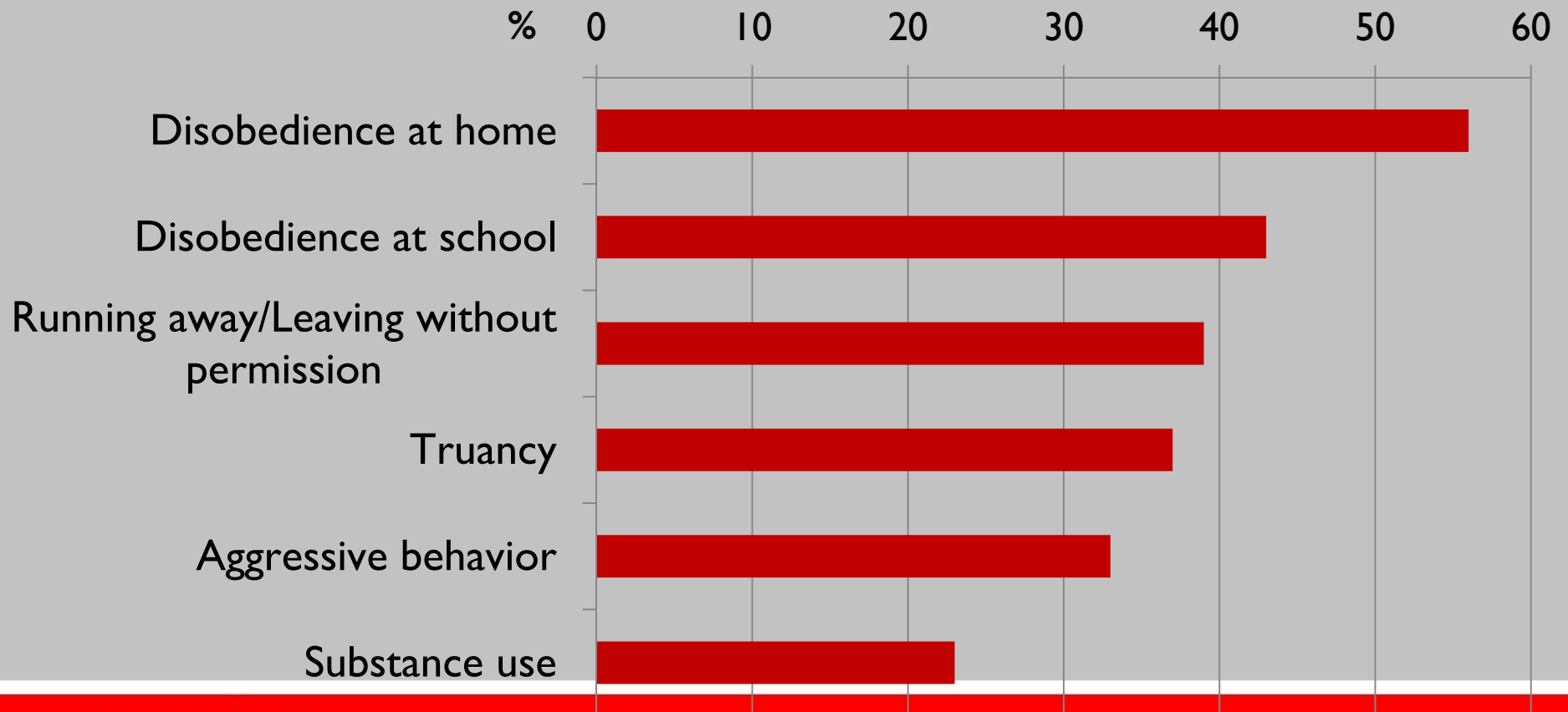
**82% Age 11 to 17**

**59% Age 13 to 16**



- According to a 2007 self-report survey of 42 Judicial District FINS Offices, **93%** reported the presenting behavior most typically seen as **“ungovernable”**

- 2009 MfC Analysis of **“Ungovernable”**



# What does this say?

- The vast majority of status offending youth are simply going through **normal developmental immaturity** (not necessarily desired) **and/or brief crises at home or school.**



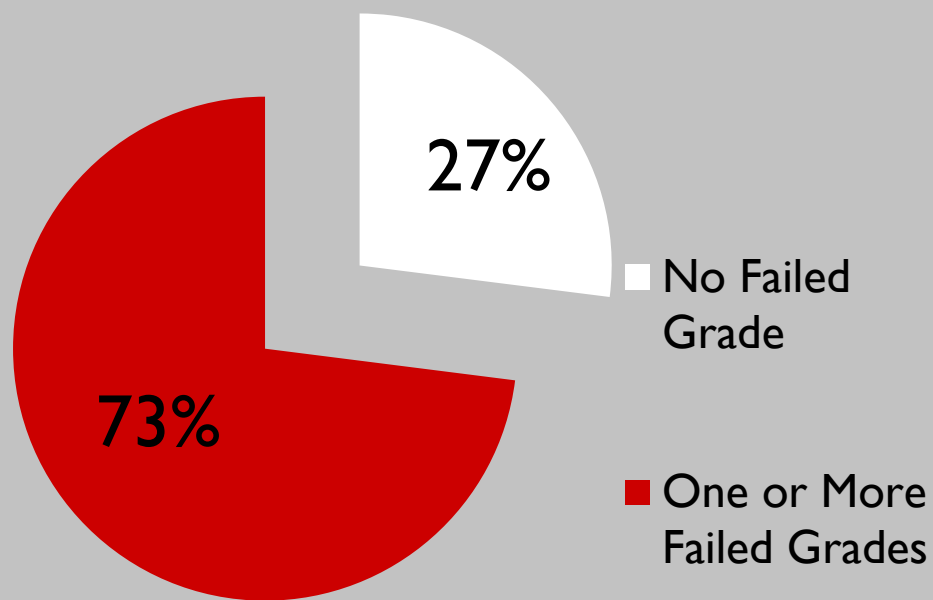
**ModelsforChange**

Systems Reform in Juvenile Justice

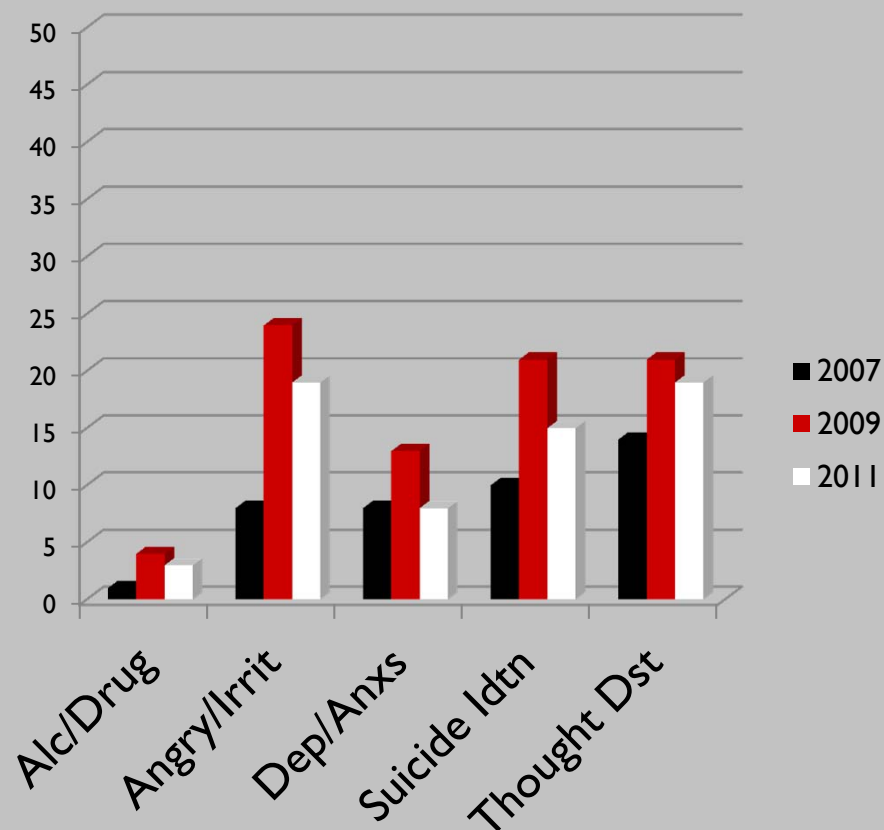
An Initiative supported by the John D. and Catherine T. MacArthur Foundation

# Louisiana Data- What are their needs?

2010 FINSAP- Of Schools Referrals

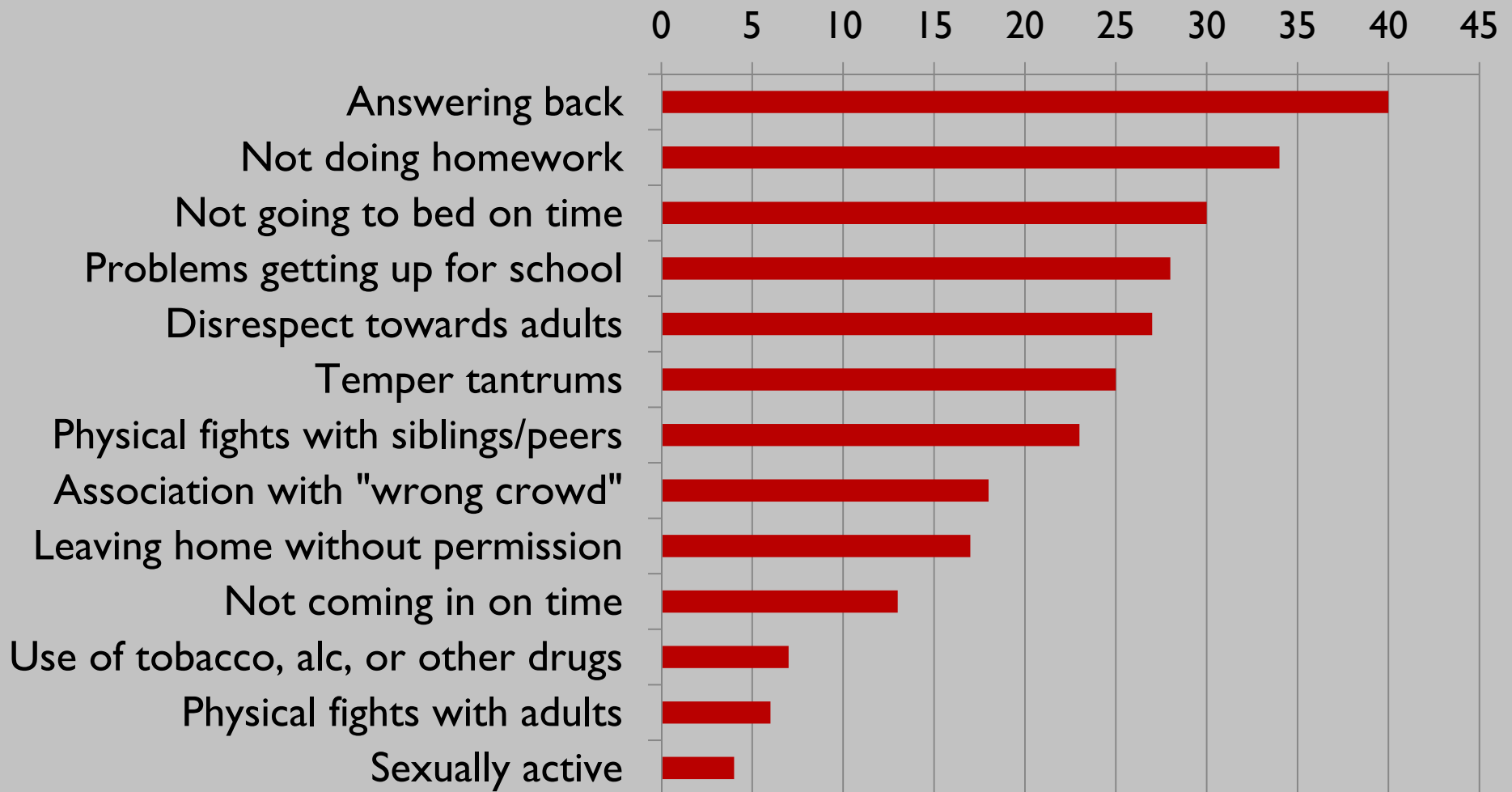


Trend Analysis of FINS MAYSI-2 Screen



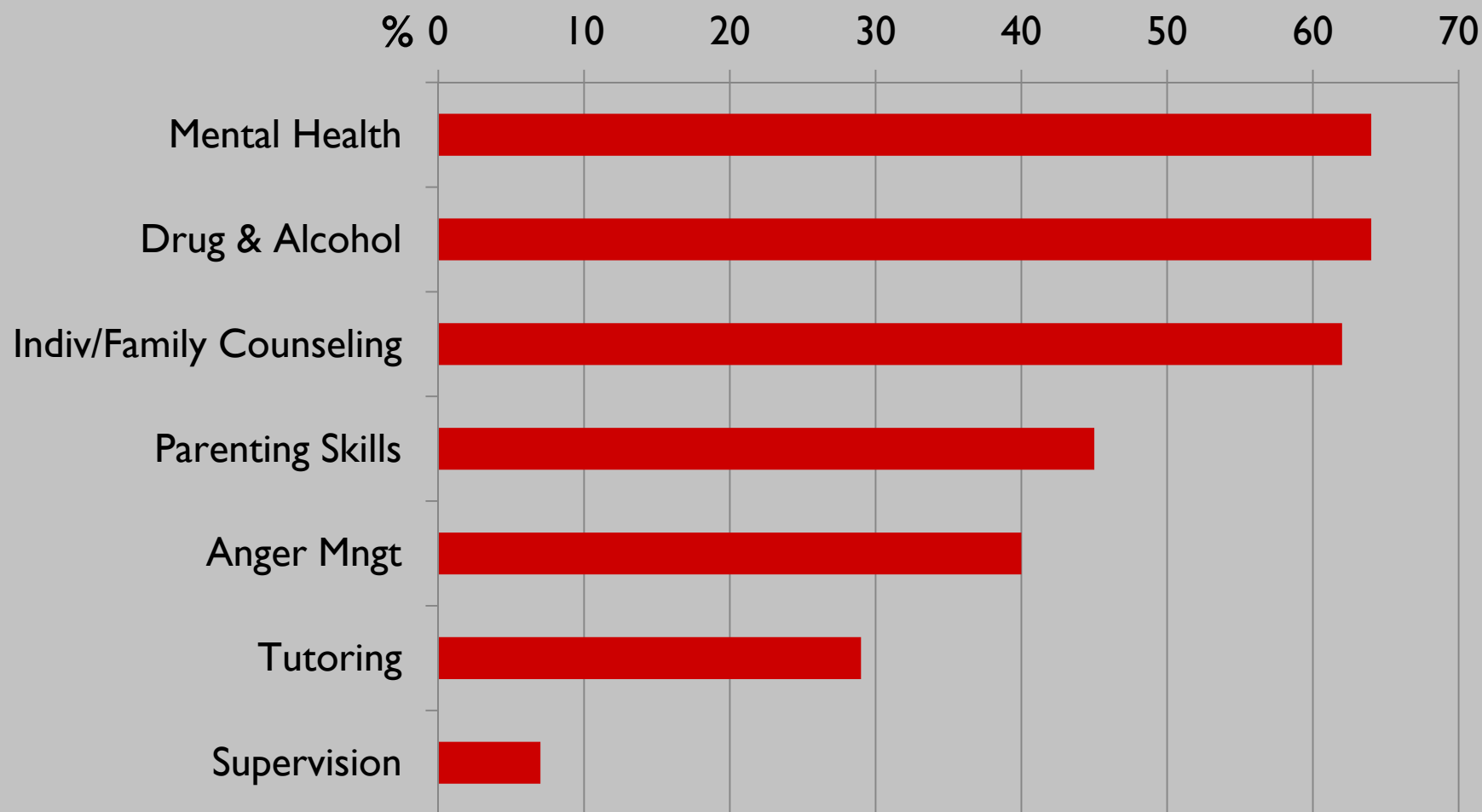
# Needs Cont'd...

## Child Behavior Checklist as Reported by Parent





# Needs Cont'd... **FINS Offices** answering “**What types of services do you refer to?**”



# Needs Cont'd...

“Do you encounter waiting lists and gaps in services?  
If so, describe”

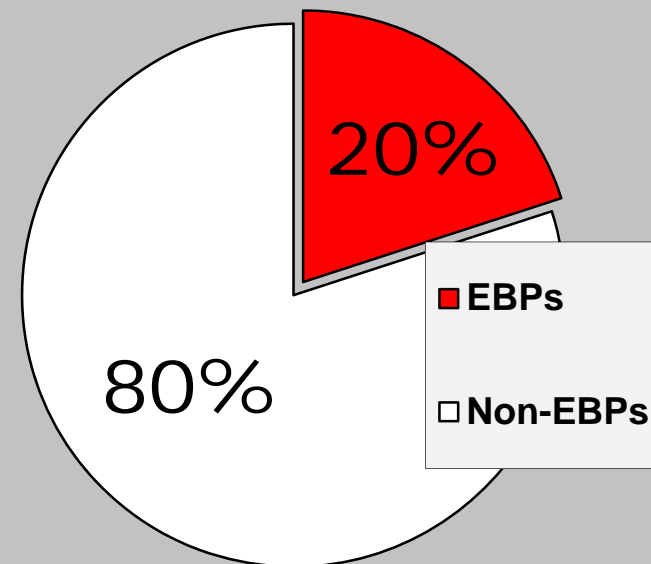
- Waiting lists...41% mental health services & 10% substance abuse services
- Gaps...22% mental health services, 9% substance abuse services, 6% transportation, & 3% services specific for girls.

# Louisiana Data- Known outcomes to date

## ■ FINSAP 2010-

Average time active in FINS process was **6.5 months** with about the same likelihood of being **closed as successful (30%) vs. being closed unsuccessful (32%)**.

## ■ 2009 LA MfC Survey of JJ Community Service Providers



4 in 5 Chance of receiving a service without evidence of effectiveness

## Known outcomes cont'd...

Six LA MfC Parish admissions to OJJ for a “FINS Offense” from 2006 - 2009 (N=296)

- 49% sent to an out of home placement (i.e. Non-secure FINS)
  - **74% of those were for “ungovernable”**
- Average LOS= **9.5 months** (SD=4.5 months)
- 0 were placed in OJJ Secure Confinement

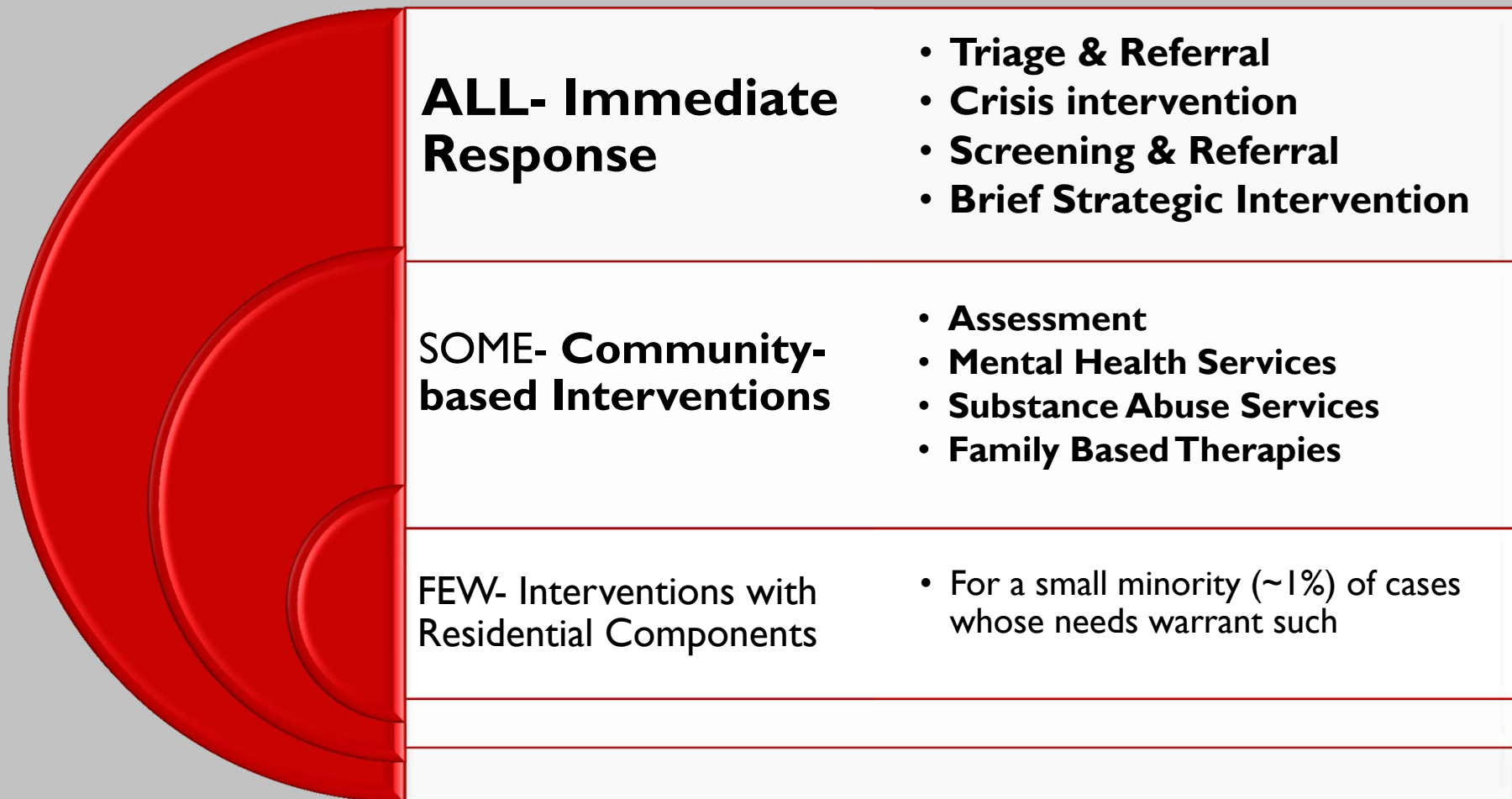
# Model Programs

- Model interventions include...
  - careful **triage**,
  - then as necessary, **screening**
  - if indicated further **assessment** and **case management**
- All Provided with two overarching goals...
  - **Keep low need/low risk youth out of the court system**
  - **Identify youth and families with higher needs and link to appropriate services** in order avoid penetration into the juvenile justice system.

## In Model Systems, status offenders are addressed...

- in a “**status offender system;**”
- typically by an agency or arm of an agency designated to provide or arrange access to services;
- by a system of care which emphasizes an **expedited and timely response to family needs with voluntary services that target families** (not just youth) in the community;
- with low use of formal processing;
- and low to no use of detention or out of home placement.

# Services provided by a model status offender system...



## Model Referral & Immediate Crisis Response

- Standardized referral forms to initiate services
  - Triaged outside of the court to determine eligibility for status offense services
  - Crisis calls via 24-hour hotline
- Uniform screening forms
- Emergency service linkages at the point of triage
  - immediate attention for suicidal youth & urgent family crises
  - mobile services
  - mental health centers & crisis stabilization units
  - shelters or respite care programs



# Model Screening, Assessment and Appropriate Referral

- **Clinically standardized screening** for youth/family needs after the initial triage and referral accepted
- Youth whose status offence related behavior is not addressed in the initial referral, contact, and/or triage, receive screening to determine critical areas that **may warrant further assessment and possible services.**

# Model Provision of, or Referral to, Community-based Services

- Emphasize **engaging** families and **linking** youth and families with appropriate, outcome driven, and often evidence-based, services.
- Whether trained to offer services directly or maintain a role of case manager, there is a consistent philosophy to engage families and **remove the obstacles** for them to get into services when they are needed.
- The service component is consistently exhausted before any legal, court processes are even considered.

# Model Community-based Interventions

For the subset whose assessed needs warrant them, interventions focus largely on **skills** development and **problem solving** strategies

- Some currently utilized in model programs...
  - Aggression Replacement Training (ART)
  - Brief Strategic Family Therapy (BSFT)
  - Cannabis Youth Treatment (CYT)
  - Functional Family Therapy (FFT)
  - Multidimensional Family Therapy (MDFT)
  - Multisystemic Therapy (MST)
  - Wraparound services (including psychiatric care)

# Louisiana Examples- Keeping courts out of service delivery (Rapides Parish)

- Court's role focuses on eligibility of youth and monitoring of open informal FINS cases
- Expedited triage to determine eligibility, including the availability of call-in and walk-in
- Mental Health Screening utilizing standardized tool to determine if there is a need for referral for a clinical assessment by outside agency/provider
- Emphasis on engaging youth and families to promote *voluntary* service attainment outside of the court process to address the "FINS behavior"

# Rapides Parish FINS Office Cont'd...

- FINS Office will access mental health crisis response services if needed (CART)
- FINS Officer addresses barriers for families to obtain assessment or services as needed
- FINS Office provides *case monitoring* based on initial service attainment and reduction of behavior for which the youth was referred
- FINS Officer tracks case with corresponding data

## Louisiana Examples- Top services rendered related to status offending behaviors (Calcasieu)

- FINS cases go through a process which identifies needs of families. **Many of our FINS cases do not require any service other than the initial brief intervention.**
- Other common services for FINS based on assessed NEEDS...
  - Functional Family Therapy
  - Multi-systemic Therapy
  - Individual Counseling (contract with family and youth counseling)
  - Big Brothers/Big Sisters Mentoring

# Recommendations

- Define the FINS *target population for the majority of youth and families* (so that service array can be determined)
- Reach agreement on the entity/agency which would provide the intake and triage processes to ensure eligibility for FINS.
- Reach agreement on the agency/entity tasked with the provision or oversight of provision of interventions and services specific for status offending youth and their families.
- Develop policies/legislation to ensure services and interventions designated to other agencies already are fully utilized such as youth in foster care, on probation, etc.

## Recommendations Cont'd...

- Develop clinical screening and, when needed, assessment processes to identify needs whether crisis response, brief family therapy or linkage to mental health, substance abuse or other specific service.
- Ensure the development of a minimum array of basic services which most status offending youth and their families need, including crisis support and brief respite
- Ensure the ability for the status offenders to be referred to agencies for specialized services when needed, and to avoid duplication of services.
- Develop outcome monitoring system for youth outcomes



# Recommendations Cont'd

- Ensure timely access to quality interventions that are at a minimum outcome driven, and when possible, an evidence-based practice.
  
- Enact appropriate statutory language that encourages the best practice model for status offending youth: That is...
  - services are voluntary;
  - services are rendered by reliable providers who deliver outcome based programming;
  - outcomes will be monitored by a responsible agency,
  - and an array of services unique to status offending youth will be offered and available.

# Questions & Discussion

