

| GENERAL OVERVIEW | | |
|---|--|--|
| PROGRAM/SERVICE MODEL | | |
| Connecticut | Florida | Orange County, New York |
| <p><u>FWSN- FAMILIES WITH SERVICE NEEDS</u> AGENCY/LEAD- Department of Children and Families VISION- Provide families with an array of services to divert youth who are status offenders from further court involvement. Took de-institutionalization very seriously and changed law so status offenders could not violate court order and end up adjudicated delinquent. FWSN Advisory Board to oversee state efforts. FAMILY SUPPORT CENTER MODEL “One-stop” multi-service model of care for youth and families. All services are voluntary. Formulated partially on the California Huckleberry House project (respite care) and the Orange County, NY triage process through Family Keys and access to front end services. Provides an array of services on-site and prioritizes collaboration with systems, service providers, and families to access services. LOCAL LEVEL- Follow a referral, engagement, screen, crisis intervention, assessment and individualized tx planning process (aka collaborative plan) to access *probation-contracted services, CARE referrals, community services, DCF voluntary services, and/or System of Care referral services. Started with 4 FAMIY SUPPORT CENTERS now have 12 statewide based on court jurisdictions (serve 169 towns) Target Population- Children age 16 or younger (Avg 15) who runaway, are beyond the control of parent/guardians, engaged in indecent/immoral conduct, truant from school, overly defy school rules, or are age 13 to 15 and have engaged in sexual intercourse with a person 2 years of his/her age. <i>NOTE- Conn JJS only has jurisdiction up to age 16 with egregious felonies going at high rates to the adult criminal justice system.</i> <i>Used leverage of lowering residential tx to save state money and redirect to less expensive services.</i></p> | <p><u>CINS/FINS- CHILDREN IN NEED OF SUPERVISION (Judicially handled)/ FAMILIES IN NEED OF SERVICES (Non-judicial)</u> AGENCY/LEAD- Not for profit, Florida Network under contract by the Florida Dept of Juvenile Justice VISION- Right intervention at the right time for status offenders via a privatized community driven system of service options that are partially funded by outcome based contracting through the Florida Network (Government paid entity that oversees contracts and quality of services). Emphasize voluntary participation of youth/families. State standardizes units of service, costs, and outcomes. Competitively procured services that are allocated by need. LOCAL LEVEL- services delivered by independent, community-based, non-profits with their own governing boards (outside of court and government agencies). Local provider has MOUs with specialized service providers in the area to accept referrals. These are “short-term, temporary” services delivered in the least restrictive method. Target Population- children and teens 10 to 17 that are not child welfare or delinquent cases (see legislative crosswalk). Inclusive of runaways, habitual truants, youth beyond the control of their parents, at risk of abuse or neglect, and/or at risk for delinquency. All services are handled by local contracted provider with court involvement very infrequent and most restrictive sanction being a locked tx setting for youth (no detention or incarceration). Service plans emphasize and outline provider requirements along with (voluntary) tasks and responsibilities for family members. Two levels of care are maintained (are accessible) regionally throughout FL: 1) Shelter care; 2) Non-residential community based services (counseling, education, etc). <i>NOTE- Much of the specific service descriptions below come from the Gainesville area- FAMILY ACTION PROGRAM</i></p> | <p><u>PINS- Persons in Need of Supervision</u> AGENCY/LEAD- Partnership of the County Dept of Social Services, Probation, and Youth Bureau creating Family Keys VISION- A collaborative process with a lead county agency focused on helping youth to remain outside the juvenile justice and child welfare systems, reducing formal referrals to court, reducing placement, and increasing response time to families in need of services. FAMILY KEYS PROGRAM MODEL Provides immediate response, short term home-based services, comprehensive family assessments, and crisis intervention and stabilization. Families receive services for a two-week period during which time crises can be calmed, service needs identified and service referrals and linkages put into place. Families are offered a choice of services that meet their unique needs and are supported throughout the process of linking to services. Serves about 745 accepted referrals annually 60 at any given time with a caseworker to family ratio of 1:15. LOCAL LEVEL- PINS can be run by any county agency. There is a multi-system collaboration including the Depts of Probation, Social Services, and Mental Health] In Orange County, *Probation is county run under the Dept of Social Welfare. *Probation is a contracted service and oversees PINS in Orange county. The Dept of MH provides an FFT team for PINS services. All other services in the continuum for PINS are provided by non-profits under contract with the County. Consolidated service plans for the County are decided annually and submitted to the state. These plans describe the current continuum of available PINS services. Target Population- status offenders inclusive of ungovernable, truancy, or runaway referrals.</p> |

***Note-** References to ***probation** should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| POINT OF SERVICE REFERRAL / TRIAGE | | |
|---|---|--|
| Connecticut | Florida | Orange County, New York |
| <p>CRISIS CALLS- N/A at referral.</p> <p>EMERGENCY REFERRAL- FSC evaluates for immediate crisis- if yes, emergency mobile services (only 1 or 2 a year)</p> <p>WALK-IN- N/A at referral.</p> <p>WRITTEN REFERRALS- by state policy, referral goes to the court, then *probation supervisor receives for triage. (Note: there is a desire to change referrals going directly to court, but this is the current process). Referral to court is processed electronically with data entered into system. Referral then goes to program (FSC) or *probation ranging from 2 days to 2 weeks, depending on severity of referral.</p> <p>*Probation triages referral by reviewing NEED** indicators (child never goes into the door of the court). Check-Off Form created by the Justice Research Center. -IF HIGH NEED- goes to FAMILY SUPPORT CENTER -IF Not- come in for a face to face meeting. If mod NEED determined, then *probation will send to FAMILY SUPPORT CENTER. -If Low NEED – referral only and/or just close the case. (**Note- These are not delinquency risk indicators. They are youth, family, environmental need indicators.)</p> <p>PARENTS/FAMILY CALL FOR SERVICES-see written referral</p> <p>SCHOOL REFERRALS- see written referral.</p> <p>OTHER- FAMILY SUPPORT CENTER Referral gets to the FSC and staff have one hour to confirm receipt to sender/*probation supervisor (*probation often makes call to family to say they find family in NEED and made REFERRAL in the interim.) FSC staff have three hours to make the first contact with the family (mostly phone). Generally schedule an intake within 24hrs or later depending on the family availability.</p> | <p>Referrals come from school resource officers, parents, and youth arriving at shelters (shelters are accessible 24hrs a day). Majority of referrals come from schools as ungovernable with MH issues for non-res programming. Law enforcement referrals primarily go directly to Interface/Shelter.</p> <p>CRISIS CALLS- 24hr HOTLINE staffed by non-residential professionals (phone is rotated among staff), shelters also have a 24hr hotline which is answered by paraprofessionals and professionals as available. Any staff person at the shelter may take crisis calls and can send to a supervisor as part of the phone triage if needed.</p> <p>Have a SCREENING FOR ELIGIBILITY REFERRAL TOOL for runaway, ungovernable, homeless/lock-out, problems in school, and truancy referrals. Program exclusions include youth currently adjudicated dependent or delinquent. All services are voluntary. Screening is largely based on parent report.</p> <p>Screening includes questions regarding lethality of suicide ideation/intent- CINS/FINS program will refer for immediate crisis services at local MH center or via law enforcement if needed. CINS/FINS have interagency agreements for emergency referral and legal backing for involuntary commitment if needed. More populous counties have MH centers with crisis stabilization units. These units have walk-in assessment and holding capability.</p> <p>Screening for eligibility and suicide risk is prescribed/scripted for paraprofessional shelter staff. Depending on credentials, other staff may determine the need for (or perform) additional assessment.</p> <p>EMERGENCY REFERRAL- These are primarily managed by direct shelter walk-in referrals noted below.</p> <p>WALK-IN- Similar to above, but depending on need, likely to initiate services immediately particularly at shelter for runaways. Parents can, but less frequently, obtain</p> | <p>CRISIS CALLS- 24hr HOTLINE staffed by mental health professional that offers crisis intervention services to PINS and JDs when necessary. The DSS funds and 24/7 PINS respite program through the local Run Away and Homeless Youth Shelter.</p> <p>EMERGENCY REFERRAL- For PINS this would most likely be a Runaway. These are triaged within 48hrs. but the process still begins with written referral noted below.</p> <p>WALK-IN- Emergency PINS petitions that meet specific criteria (run away youth) are received by the Department of *Probation. Emergency PINS petitions are handled by the Probation Dept. directly and can offer direct access to the Family Court if needed.</p> <p>WRITTEN REFERRAL- Written referrals (on-line form) submitted from schools and parents to *Probation Dept. These are reviewed within 5 business days. *Probation is required by statute to meet with ungovernable, truancy, or runaway referrals. (Note: NY does not look at alc/sub abuse as a separate referral issue) For all cases meeting the three statute requirements and report/referral accepted, a risk assessment must be completed within 5 business days.</p> <p>PARENTS/FAMILY CALL FOR SERVICES- see written referral.</p> <p>SCHOOL REFERRAL- Same referral form. However, *probation reviews school referrals to be sure school can prove they tried intervention before youth was referred (e.g. what was done- IEP, PBS, etc.). The Probation Department and DSS provide on-site staff support to the three largest school districts in the County, offering on site assistance with PINS petitions and emergency assistance. Other school districts are offered the same services, but these services are not on-site, they are offered through a community based case management program.</p> |

*Note- References to *probation should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

immediate services even if not for potential suicide issues.

PARENT/FAMILY CALL FOR SERVICES- Similar to the above. CINS/FINS staff view a parent referral as a favorable situation and try to be very responsive since caretaker is asking for help, rendering services as quickly as possible. Capitalizing on parent's Motivation/engagement.

WRITTEN REFERRALS- CINS/FINS staff screen the case after receiving referral. Staff screen for eligibility within 7 days of the receipt of referral. 1st step is to contact by phone (will typically attempt at least 3 times). If phone contact is not successful, then letter is sent to the family. If no response is received from the letter, then close. Depending on the referral source, CINS/FINS may inform the source that the attempts were not successful. NOTE: CINS/FINS services are voluntary. While the option to go to more formal court processing exists, it is not required and rarely exercised for a family failing to respond to a referral for services.

SCHOOL REFERRALS- CINS/FINS direct service staff are frequently on-site at the schools (travel to schools...staff reductions have limited what were once on-site staff). School referrals come from the guidance office, disciplinary office, or attendance office. Referrals from schools tend to be primarily regarding youth who are learning disabled with discipline, family and/or attendance problems. Florida statutes outline a process for school districts to make efforts to resolve truancy concerns before referring to CINS/FINS.

OTHER- Receive referrals from pediatricians and family practice doctors.

From the point of referral, they collect basic demographic information on all cases. By contract agreement, information is entered into a statewide demographic system. System is internet based and data is used to describe the population served and differences across counties. State utilizes the information and has even changed priority risk factors for delinquency based on data (this in turn can change contract targets). System also captures service information for all families utilizing CINS/FINS services.

***Note-** References to ***probation** should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| POINT OF SERVICE | | |
|--|--|--|
| SCREENING / ASSESSMENT | | |
| Connecticut | Florida | Orange County, New York |
| <p>INTAKE- Can be done in house or at family home. General questions are asked to identify concern, history, and context of problems. Also used to gather agency specific demographic information.</p> <p>SCREENING- Screened with Massachusetts Youth Screening Instrument-2 (MAYSI-2), the Juvenile Assessment Generic (JAG) created for Connecticut and the same tool utilized by *probation, and the Suicidal Ideation Questionnaire (SIQ) if needed</p> <p>ASSESSMENT- IF screened medium or high risk, then do the CANS-MH Version as the assessment. (focus is on individualized, strengths-based, gender specific, trauma sensitive assessment and is also family focused.) May also do the Traumatic Events Screening Inventory (TESI). (Note: low risk youth do not get referred to full assessment)</p> <p>PLAN- COLLABORATIVE PLAN (i.e. tx plan) Done with the family and the child, becomes roadmap to services. (Conn is thinking of adding motivational assessment using the AIM; however, already applying MI in terms of going with the goals the client is motivated for and starting there to gain engagement and higher likelihood of some immediate successes.</p> | <p>INTAKE- See above section on referral/triage.</p> <p>WALK-IN / DROP OFF AT SHELTER CARE- Same forms as described in the "written referral" above. In addition, focused on whether youth is going to be admitted to shelter.</p> <p>SCREENING- The BRIEF-FAM3 screen is done to look at family conflict. Tool has a "severity" and "discrepancy" score determined by analyzing each family member's ratings/responses. A structured Alcohol/Tobacco/Drug screen is done. If flagged at risk, then provider must make referral for evaluation within 5 days of identifying the possible substance use/abuse need.</p> <p>ASSESSMENT- During first face-to-face appointment-parent(s), youth and possibly larger family (e.g. siblings) can be present. Assess using a structured psychosocial with mental status and historical information obtained. More thorough suicide assessment is completed if scored at risk on the initial suicide screen at the first face to face. Procedures are set by the Florida Network and outlined in the provider contract. Suicide evaluation must be performed or signed off on by licensed professional (Psychiatrist, Psychologist, LMFT, LMHC, LCSW).</p> <p>Many, possibly most, referrals have pre-existing MH dx. (NOTE: FL MH system is privatized. Have both clinics for admitting and crisis care/holding facilities.)</p> | <p>ASSESSMENT- Youth Assessment and Screening Instrument (YASI) is administered by a *probation officer in the office or in home. Based on YASI, one of two referral options occur:</p> <ul style="list-style-type: none"> • Medium/Low Risk- goes to Family Keys program (538 of 745 assessed in 2009). There they will receive short-term family focused intervention for 2 to 6 weeks (immediate relief/crisis intervention, stabilization, and referrals made for long-term services.) This is used as a triage and the youth/family may be sent to the continuum of care as further services are needed (see services/interventions below). • Medium High/ High Risk- get *probation services (207 of the 745 in 2009). *Probation Dept creates *probation supervision model for 90 to 100 days. *Probation case is open without a judicial order. *Probation will do home visits, and refer to continuum of care (see below) as needed. Goal is to divert from court. |

*Note- References to *probation should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| POINT OF SERVICE | | |
|--|---|---|
| SUPPORT SERVICES / INTERVENTIONS | | |
| Connecticut | Florida | Orange County, New York |
| <p><u>FAMILY SERVICE CENTER (FSC) DIRECT CARE SERVICES MODEL-</u> Center provides crisis intervention, family mediation, case management/coordination, education consultation/advocacy, aftercare services, referrals to home-based programs, flex funds to support for pro-social activities.</p> <p>Many services based on group therapies...</p> <ul style="list-style-type: none"> Aggression Replacement Training (ART) (note: currently using, but infrequently.) MET-CBT / Cannabis Youth Treatment- Series 5- Manualized substance abuse treatment Boys Circle & Girls Circle Girls VOICES- girls journaling program. Target- Developed by the Univ of Conn / Dr. Ford. Coaching kids on developing coping skills for triggers. Focuses on trauma exposure or experience and youth learns to de-escalate themselves. Do not need degree to teach this. Parent groups are open and parents can come back anytime for refreshers/boosters as they wish. Model recently selected is The Parent Project in partnership with the Dept of Children and Families. <p>Other general services...</p> <ul style="list-style-type: none"> Most kids get family mediation, education advocacy, and crisis intervention by staff at each FSC location. Access to service network (Dept funds additional FFT, MST, BSFT for high risk families, obtain paid/funded slots from *probation) <p><u>Truancy specific-</u> Commonly noted as defiance of school rules, is typically responded to by youth/family being assigned an education advocate. These advocates work with family and schools to seek an agreed solution to problem.</p> | <p><u>FAMILY ACTION (their name for their CINS/FINS Counselor/Case Manager Program)</u> Services are located outside the courthouse and *probation office settings. All programming seen as a service from triage, referral and assessment to case management and counseling.</p> <p>The Family Action team can do their initial intake/screen by phone with parent or go into the field. Family Action teams take an “advocacy mentality.” They don’t just make referrals, but set up and assist families in making appointments and other tasks that increases the likelihood of the person getting services. They do not make “empty referrals” or referrals to services that are unlike to accept the client and or deliver needed services in a timely and quality manner. They also practice principles of trauma informed care in referral and transitions in services. This includes informing referrals of known trauma information so the client does not have to repeatedly share traumatic information.</p> <p>If referred to in-house services delivered by the Family Action team, families can expect individual and family counseling services by master’s level case managers/counselors that run the CINS/FINS and also utilize student interns from the local university.</p> <p>All interventions/services are driven by assessment (to include presenting complaints from the referral). If youth meets eligibility and family wants the services, then services vary widely based on assessment. Services may be rendered in-house by CINS/FINS staff or referred out.</p> <p>General services...</p> <ul style="list-style-type: none"> Attempt to meet at least weekly with youth/family- for duration of 90 days (frequency of meetings negotiated depending on success based on goals identified and met on plan). CINS/FINS via Family Action can provide family counseling directly. All Masters level or higher staff (require a Bachelors minimum). Staff provide services | <p><u>CONTINUUM OF CARE</u> Typical trajectory of services is...referral to FAMILY KEYS, if unsuccessful (meaning behaviors continue to escalate) then *Probation, if unsuccessful then Court. All have access to the Continuum of Care services.</p> <p>Services are requested through a universal referral form. Family Keys Staff or PINS *Probation Officers select programs based on YASI assessment; however, they are not guaranteed to get in the service depending on service availability/slot limitations (e.g. FFT is in high demand, so may get the second option for family counseling but not FFT). There are about \$9 million dollars of prevention programs available. If a youth/family is not referred to the continuum of care, they may be successfully disposed or referred out and closed.</p> <p>General services...(15 general options for kids and families)</p> <ul style="list-style-type: none"> Community Accountability Board- volunteers run restorative justice model. Develop plan and manage case for 120 days. PINS Parenting program- if conflict b/n parent/child or parent having some kind of issue, then 5 session adolescent parent model. (note- Will change next year and add a parenting specialist to work directly with skill building individually with parents) Adol Employment Project- put kids to work in the community (\$200K to pay wages of kids as they are employed) Evening reporting center (geographically focused in high density/risk areas)- Focused on gang diversion with some counseling. Services for out-of school youth during the day and at night have adolescent diversion for kids in school. School based program- Focused on truancy in five school districts. Have case manager co-located in the school. Case manager works in community and in school. Concentrate on academic performance and social related issues (6 months) |

*Note- References to *probation should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

FSC Staffing- Based on an average of about 45 youth being served at any given time, the FSC operates with a Director, Educational Advocate, Clinical Coordinator, and two Case Managers. Case managers will monitor youth in outside referrals. Will initially monitor under the FSC during transition to FFT or MST services, but once family is engaged, FSC case management services are closed (usually determined within a month).

Average Length of Services- 6-months. Locations with the best outcomes were keeping the kids slightly longer. The benchmark for case closure is 80% attainment of collaborative plan goals.

Other- Program costs about \$500,000 per 100 kids served each year (45 kids at a time in program). Services outside the FSC, like FFT, MST, etc., are paid by additional funds that come from *probation contracts. (Note: the status offender program is under *probation.)

State cut the number of families served in half by focusing on needs of clients and not just referral offence and by not allowing youth to enter the program if they have any delinquent charges.

at home, school, and office. General approach is solution focused / social-ecological (MST like) style treatment. Also offer motivational engagement and CBT type work (e.g. WHY TRY program).

- Gainesville program has adolescent and youth drug free communities program in the same office as CINS/FINS.
- Anger management curriculum utilized and delivered in group format at the shelter and individually in nonresidential services.
- Team has the ability to file a petition (note: schools are the only one that can file for truancy). If petition, Family Action prepares document and submits to the DJJ Attorney for submission to court. Petition is only used after a case staffing process. If court orders a specific task, it is done with FINS/CINS monitoring and reporting to the court. Worst case violation could lead to placement in their shelter care facility. This is considered a "secure bed" in the facility; however, the facility is not locked. If the youth runs away from the shelter, then they are picked up by police and returned to the shelter. Youth are RARELY ADJUDICATED CINS. Frequency of petition request by Family Action is about 1 to 2 per year. (Note: Parents can also request a petition and Family Action staff informs them of that. May have 1 to 2 that chose that per year)
- Hold case staffing with representatives from school and Dept of Juv Justice. The parent can bring anyone else (cousins, etc.) they feel are necessary. Staffing looks at/reinforces progress and make attempts to problem solve situations if progress is not being made.

Targeted services...

- **Truancy-** School Attendance Review Board (SARB) comprised of the CINS/FINS staff, school, DA, shelter, and child welfare office. SARB meets once a month to review truancy cases (family is not necessarily present). School is responsible for pursuing court action if needed. CINS/FINS only petitions in regard to ungovernable or runaway for court to order specific tasks/services. Truancy processing must be handled by

- ICM (Intensive Case Management) program- Focuses on mental health issues. Social workers providing case management and clinical interventions for 6 to 9 months.
- Family support program- clinical social workers doing family therapy in households. Systems/social ecological and skills building focus if cognitive behavioral needs are identified (4 to 6 months)
- Youth empowerment program- large non-profit-paraprofessional mentoring model. Hire staff from community per diem to mentor child (called youth advocates) work with kids 4 to 6 hrs per week (paid). 6 months.
- FFT- run by MH Dept (one team- 4 workers and supervisor). Target family conflict, problem solving, behavioral and substance use issues.
- Shelter / Runaway home- federal funds and state per diem (paid through *probation) afford shelter services for runaway youth and youth with respite needs.
- Foster Homes- foster homes certified as respite home will receive and work with youth up to 21 days (paid through DSS)
- Detention- have 6 detention beds available every day (locked door but no barbwire)...used as temporary urgent placement. Detention looks more like group home.

MOST INTENSIVE INTERVENTIONS

- Residential Alternatives (i.e. WRAP Around)- Done through youth advocates programs 15 to 25 hrs per week of intervention. (one year duration)
- Community Connections (run by Family Keys)- offers a mentoring and intensive case management program with intensive day program 2 to 7 p.m. (25 kids at a time for 6 to 12 months)
- Communities Alternatives Program- 6 month residential component with 6 month community transition model. Youth is placed into custody via court. Youth resides in residential placement while parents are receiving services. Discharge youth from custody at completion.
- Transitional Support Services- Same as above but for

***Note-** References to *probation should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| | | |
|--|---|--|
| | <p>the school. SARB reviews cases of truancy and makes recommendations for court processing or DA to charge parents with contributing to the delinquency of a minor, but school or DA handles either of those issues. Most likely outcome is a referral for services to impress upon the parent and youth the need to go to school. There are some cases with a need to file for formal processing. Some services rendered for truancy revolve around family illness (chronic or severe medical, MH, or Substance abuse within the family).</p> <ul style="list-style-type: none"> • Shelter-24hr temporary shelter care placement available (food/shelter). CINS/FINS contracted shelters don not take adults, only youth. Shelters may make referrals for the adults. ALOS- 11 days (for 30% of their CINS/FINS youth). Can use as "locked" treatment facility for youth through CINS (Court ordered) up to 120 days (only utilized for 6 youth in entire state 2009) • Substance Abuse- CINS/FINS defers to the local substance abuse tx program for recommendations and services after completing the initial screen. There is no time limit placed for obtaining SA services. <p>FAMILY ACTION Staffing- Comprised of 1 supervisor and 2 counselors/case managers that facilitate most of the programming. May also involve student interns. Caseload averages 25 youth per case manager at any given time. Family Action effort breaks down to approx 70% direct care counseling, in schools, homes, tutoring, life skills training, etc. 20% Case Mngt (paperwork, calls, referrals). 10% intake.</p> <p>Average Length of Services- 90 days including interventions and case management is the statewide goal.</p> <p>Funding- All funding comes from the contract with the Florida Network. Network money comes from state funds through the Dept of JJ. The Network then contracts with local/regional providers. Some providers supplement their funds through fundraising, grants, etc. This is typically seen as a plus on RFP applications with the Network.</p> | <p>youth with no discharge resource. E.g. independent living or foster care but youth are not going back to their parents. State will keep custody until 21 y.o. but youth can sign out of custody at 18 if he/she elects.</p> <p>PINS *Probation Staffing- One supervisor, 5 PINS *Probation Officers at an operating cost of \$580,000.</p> |
|--|---|--|

***Note**- References to ***probation** should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| POINT OF SERVICE | | |
|--|--|---|
| AFTERCARE / FOLLOW-UP | | |
| Connecticut | Florida | Orange County, New York |
| Case manager creates sustainability plan to connect youth and family to the community and services beyond their contact with the FSC. Aftercare planning starts with the beginning screening and assessment and continues through service provision. | <p>CINS/FINS contracted providers are required to do follow-up survey 6-months post services (Customer satisfaction survey). This is a phone survey that asks how youth and family are doing, school attendance, and if other services needed.</p> <p>CINS/FINS provide referral for ongoing services as needed beyond case closure. Almost always have an open door policy for returning for services in the future. Future referrals/requests for services are not viewed as a negative situation.</p> | Have aftercare case manager model (case manager has about 12 kids in case load and works on independent living skills). |

| OUTCOMES | | |
|--|---|---|
| Connecticut | Florida | Orange County, New York |
| <p>FOUR BENCHMARK FOR FSC-</p> <ol style="list-style-type: none"> 1. completion rates- % of youth/families with an intake that complete program/services 2. % of youth/families that made it from referral to intake (currently approximately 80%) 3. # of youth/families that had another referral for status offense (within 12 months of completion) 4. # of kids that had an arrest within 12 months of completion of the program <p>FSC OUTCOME MEASURES</p> <p>Client level-</p> <ul style="list-style-type: none"> -Recidivism; including referral for another FWSN -Education improvements -Family functioning improvements -Overall client functioning improvements <p>Program level-</p> <ul style="list-style-type: none"> -Service completion rates -Treatment matching -Model fidelity <p>System level-</p> <ul style="list-style-type: none"> -Reduction/elimination of FWSNs in detention | <p>The Florida Network maintains a statewide "report card" on CINS/FINS Service Provider Outcomes/Outputs. There are 14 total.</p> <p>CONTRACT OUTCOMES</p> <ul style="list-style-type: none"> -90% Intake data entered within 10 days -85% complete service exits -90% receiving 180 day follow-up -100% submission of required documents <p>JUVENILE JUSTICE OUTCOMES</p> <ul style="list-style-type: none"> -90% crime free during services (shelter and non-residential) -87% no adjudication w/in 6 months of discharge (shelter and non-residential) <p>OUTPUTS</p> <ul style="list-style-type: none"> -% & # of assess events -% & # of shelter care days/exits -% & # of non-residential clients served <p>TARGETING RISK FACTORS</p> <ul style="list-style-type: none"> -70% of youth served have 3 of 4 risk factors domains (school, family, behavior, MH risk) -60% of youth from high crime zip Codes | <p>Judge programming on performance and not reputation. Decisions based on program performance to align with desired outcomes for youth.</p> <p>PERFORMANCE BASED CONTRACTING OUTCOMES</p> <p>Performance standards- contractors have to report on all standards but only one domain is tied to their funding as agreed by contractor and those contracted</p> <p>2009 Outcomes (n=271):</p> <ol style="list-style-type: none"> 1. <u>safety</u>- 85% of children will not be arrested for a crime during their enrollment in the program. Achieved 96% 2. <u>Placement</u>- 85% of youth will remain in their communities and out of institutions. Achieved 88% 3. <u>education</u>-65% of children enrolled in the program will remain free of behavioral or academic suspensions throughout the program enrollment period. Achieved 94% 3. <u>community health/wellness</u>- 65% of children enrolled in the program will participate in community based programs. Achieved 96% 4. <u>family</u>- 90% of children enrolled in the program will meaningfully participate in the program. Achieved |

***Note-** References to ***probation** should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.

| | | |
|--|---|---|
| <p>-Reduction of judicially handled FWSNs -Reduction of repeat FWSNs/FWSN delinquents -Reduction of FWSN commitments</p> | <p>DEPT OF JJ QA REPORT -QA thresholds acceptable or above OVERALL PERFORMANCE SCORE -Fiscal year score determined by the total number of standards to be met and the % met. -# Standards Met -% of standards Met NOTE: Contractual outcomes are tracked with data submitted to a web-based system.</p> <p>Annual Outcomes Statewide (2008) 6% (947) FINS Cases petitioned to court as CINS 90% of all CINS/FINS referrals completed services successfully 90% of those completing services were not convicted of any crime six-months post program exit.</p> | <p>96% NOTE: Up to 5% of contract payments can be withheld depending on performance. Another 5% can be withheld if paperwork is not complete.</p> <p>Annual Outcomes (2009)- Of 538 Family Keys referrals, 303 served by a program in the continuum of services. Of 538 Family Keys referrals, 120 had to go back to *probation because unsuccessful at initial intervention If fail at Family Keys, then *probation, if fail *probation, then court</p> <p>INFORMAL vs. FORMAL Processing Of 745 youth, 102 went to Court for formal processing. Of the 102, 22 were placed into care, 48 received probation, 12 had supervision order by court for DSS, 12 found not guilty</p> <p>Five year trends</p> <ul style="list-style-type: none"> • Avg- 475 referrals to Family Keys • Avg Accepted- 436 • 98% avoided out of home placement • Avg program duration- 22 days from referral to discharge. <p>Note: one full-time employee tasked with doing nothing but program monitoring and data collection. Verifies all outcomes reported by contracted services.</p> |
|--|---|---|

INFORMATION SOURCES

- 11/23/2010 Leslie Frost- Phone Conference Supervisors 3 counties of non-residential services for CINS/FINS in Florida
- 12/8/2010 Kim Selvaggi- Connecticut Families with Service Needs initiative
- 12/8/2010 David Jolly- Orange County, NY status offender program
- 12/13-14/2010- Gainesville- Jim Pearce, CDS CEO; Maggie Labarta, CEO Meridian Behavioral Health; Chief Jones, Gains PD; Tommy Lane, President CDS; Family Action Staff; DJJ N. Fla Regional Managers- CINS/FINS programming

***Note-** References to ***probation** should be taken in context. These probation functions are often delivered by departments outside of the JJS, include diversion services not requiring adjudication, and reside outside of formal courts.