

Study Brief (June 2021)

Focus Group Findings: Input from the field to improve FINS engagement, substance use screening & referral to treatment.

The Families in Need of Services program (FINS) is designed to screen, understand, and connect families to needed services to improve the likelihood of positive educational and behavioral outcomes. The program is managed through the Louisiana Judicial Administrator's Office, called the FINS-AP (FINS Assistance Program). The FINS-AP offers support to forty-two FINS offices located throughout Louisiana to serve the needs of their respective parishes¹.

With the emergent nature of the current opioid epidemic and chronic problem of substance abuse,² the Louisiana Judicial Administrator Office consulted with the Louisiana State University Institute for Public Health & Justice (IPHJ) to explore these problems further, make recommendations, and offer technical assistance for practice changes if needed. Specifically, the goals of this partnership are to evaluate the current operations FINS programs, with specific interest in developing a universal substance abuse intake procedure, including training FINS officers on using the screen and linking youth and families to appropriate services when warranted. To begin this process, the study team engaged FINS officers around Louisiana in a series of focus groups to share how they currently engage youth and families; explore perspectives on substance use issues; and, discover how officers connect youth and families to services, including monitoring progress. A few examples of research supported substance abuse screens were shared and discussed in relation to how the FINS officers perceived their utility and likelihood of adoption.

FOCUS GROUPS

FINS Officers representing every jurisdiction/parish of the state were invited to participate in focus groups. These focus groups were done virtually and organized by state regions. The interviews were semi-structured with the same questions asked of each group; however, exploration of responses differed as follow-up questions were based on respondent answers. This qualitative design gathered information regarding current intake and referral processes. Twenty-eight FINS officers participated in the groups, and the staff of the IPHJ processed responses to examine themes and outliers.

FINDINGS

Intake

An overall theme was that the practices of FINS officers, and their respective offices, vary widely between parishes. These variations include whether intake processes include a single meeting or multiple meetings and if information was gathered by phone, in-person, or a mix of both. Some officers preferred to

speak to the youth with caregivers/parents present, while others described speaking with each separately.

These variations also included some consensus in approach. Specifically, there was a majority of FINS officers that expressed the belief that they **let families know that FINS exists to support them** and desired to **build trust with families**. Many officers reported that **youth will answer questions honestly if directly asked**. One Officer speculated that, "kids just want to be heard," indicating the value in allowing youth a space to speak openly.

At least five officers reported having a reliance on **using the court as a method to keep youths compliant** with the FINS program and expressed establishing that authority in the intake. More officers may have agreed with this as no one in the groups challenged it. One officer reported, "It works better when it is court-ordered and [the youths] are tracked. They straighten up because they see that the judge means business."

¹ FINS—Louisiana Supreme Court. https://www.lasc.org/Children_Families?p=FINS

² Levy, S. Youth and the Opioid Epidemic. *Pediatrics*, 2019 February; 143(2).

Screens

Overall there was no universal substance use screening instrument reported to be used by all FINS offices. However, the two most commonly described methods were **Urine Drug Screens (UDS)** and the **Juvenile Inventory For Functioning (JIFF)**. In practice, the methods and approaches to UDSs differed between offices. One officer reported that she rarely felt the need to use a UDS since she felt that youth were forthcoming about admitting when they used substances. Greater than ten officers reported asking youth to volunteer for the UDS directly, and/or they would ask permission of the parent/caregiver to proceed with the UDS of the child. Some officers reported finding the UDS to be helpful in having parents accept that their children use substances.

The vast majority of officers said they did not use UDSs to screen parents' substance use. In fact, only one officer shared ever asking a parent to undergo a UDS.

Ten officers reported using the JIFF interviewer. In general, all stated that, they find it to be a useful tool and that it touches on youths' substance use. There was one example given of an officer identifying, via the JIFF, a youth who used marijuana and needed further assessment. Officers described that the JIFF is generally completed within 25 minutes. However, few noted significant findings related to substance use.

Lastly, most officers described screening specific to youth only—be it UDS, JIFF or other screens (e.g., POSIT, SASSI-A, etc.). Although asked, no officers described a routine screening procedure of the parents/caregivers or other family members. Officers did state that it would be helpful to screen parents as well.

Resources

More than eighteen of the interviewed officers reported that they continue to monitor the youth whenever they are referred to services, and those that didn't directly report such practice did not offer any alternative or rejection of the practice. The majority stated they have monthly meetings with individual families, and some reported contacting service providers directly for progress updates. One or two officers stated they continued random UDS administration, and some reported that they would refer youth to court or inpatient treatment if there was evidence of substance use during monitoring.

As many of the offices reported serving rural parishes and a smaller number reported being located in more urbanized areas, **the quantity of services and resources available varied widely between locations**. A few locations reported access to an addiction counselor within their office or court (for one, this was the FINS officer). Some identified specific addiction counselors in their communities. However, several locations described not having a specific resource for substance use treatment, particularly in regards to adolescent treatment approaches. The most commonly reported youth substance use was marijuana, but one to three officers noted also working with youth reportedly vaping, drinking alcohol, and/or using meth and fentanyl.

Emphasis of parental role

There was a dominant theme expressed that parents/caretakers play a negative role in association with youth substance use. One officer reported that, "We are not dealing with parents as well as we should," and "We don't ask enough about other people living in the household." Another officer noted, "Most parents are afraid to know that their child is using drugs." Some also commented that parents were surprised to learn that their youth used substances. Others reported that parents use substances as well, and, in some cases, use substances with the youth. The most commonly reported parental substance use was marijuana, but a few officers also indicated seeing pain medication, cocaine, crack and meth use in their areas.



RECOMMENDATIONS

The first three recommendations are related to an established practice called SBIRT. This includes screening, brief intervention, and referral to treatment. This method has demonstrated results

with both youths and adults and has been applied in a variety of settings. It is believed that **FINS would benefit from universal adoption of the SBIRT model.**

For screening (S), it is recommended that FINS officers adopt the S2BI (Screen to Brief Intervention) as well as the CRAFFT in their intake practices for adolescents. S2BI is survey with three initial questions. Depending on responses, the tool briefly asks four additional questions. If the youth endorses any of the S2BI items, then the CRAFFT would be administered. This six question validated screen would further indicate a likelihood of substance use risk and should trigger a referral for further assessment by a behavioral health provider.

For brief intervention (BI), a goal-oriented exchange between the officer and youth/caregivers would take place. This borrows from the concepts of Motivational Interviewing, which many officers indicated some basic knowledge of, to collaborate with families in regard linking them to further substance use assessment and/or treatment when indicated. When done well, this brief intervention has been demonstrated to be as short as a two to five minute discussion that connects the family's stated goals to next steps, such as advocating to reduce the risk of harm from substance use, discussing non-use, identifying risky behaviors, and/or facilitating referral to substance use providers.³

It is recommended that the FINS officers utilize a Motivational Interviewing (MI) approach to communication with the families. Several officers state they use MI yet describe threats of court and punishment as a method for coercing youth to participate in the FINS. MI is a person centered, harm reduction model, that uses intrinsic motivation and not coercive means for a higher likelihood of engagement and follow through on recommendations. For FINS officers that have received MI training in the past, it is recommended that future training focus on applied practice and demonstration. New officers should continue to be trained in MI and, ideally, be supervised by more knowledgeable MI proficient mentors in their offices or region.

It is recommended that FINS officers continually explore the resources in their community, advocate for needed services, and use resources available to support quality referrals to services.

Technical assistance is available to assist FINS officers to a) understand components of quality services; b) use current referral networks and tools to link to services; and c) not feel forced to make a referral that isn't needed (some referrals can be harmful). Knowing these differences and opportunities are critical to successful FINS work.

It is recommended that FINS officers receive training specific to screening the risk and needs of parents. An ecological or systems approach to care is usually more beneficial than focusing solely on the behavior of youth. Recognizing and seeking services to improve the environmental factors of family systems typically yields better outcomes. This include assessing the family's needs and referring to services that involve the family, and not just the child.

CONCLUSION

The Louisiana FINS offices vary from location to location. However, there is a need to centralize and unify some practices to systemically improve the level of screening and referral to treatment when needed. The SBIRT approach, including universal screening and engagement practices, affords more commonality in the FINS approach. This approach, along with a role of advocacy and modeling by officers, will improve the likelihood that youth and families engage in the care they need. It is also anticipated that it will strengthen the FINS system and improve the current lack of attention to substance use.

Authors: **Stephen Phillippi, PhD & Sara Crosby Juneau, PhD Student.**

For more information, contact the **Institute for Public Health & Justice** at (504) 568-5958

This brief is from the LSU Health Sciences Center's Institute for Public Health & Justice. The Institute is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system. The Institute seeks to bridge the divide between what we know about prevention and treatment of behavioral health conditions and the negative impacts on communities, the perpetrators themselves, their victims, and the overall justice system.

³ National Council for Behavioral Health. *Improving Adolescent Health: Facilitating Change for Excellence in SBIRT.*
https://www.ysbirt.org/wp-content/uploads/2020/03/032720_NCBH_SBIRT_ChangePackage_Final_v6.pdf