

Improving Louisiana's Status Offender System: Model Program Service Models

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Overview

This workshop will engage participants in a discussion of the needs of status offenders, the services currently offered, and the ideal service arrays of best practice states. It will highlight three critical components of status offender programming including, 1) referral and immediate crisis response for youth and families; 2) screening, assessment and appropriate referral; and 3) provision of community-based services (ideally, referral to such).

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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

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

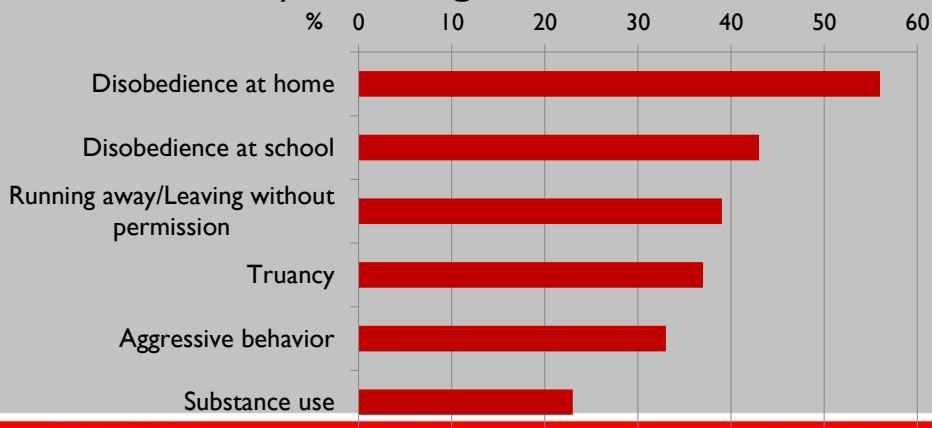
- Average age referred to Informal FINS = 13 (SD=3.04)
- 58% male & 42% female
- 61% Black & 37% White
- Referred from- 68% Schools, 11% Families, 8% Law Enforcement
- Referred for- Truancy most common (55%) and the top reason for school referral. Ungovernable accounted for 28% and was the primary reason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

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- 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”**



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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.**

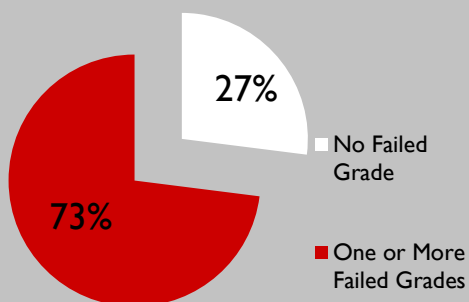


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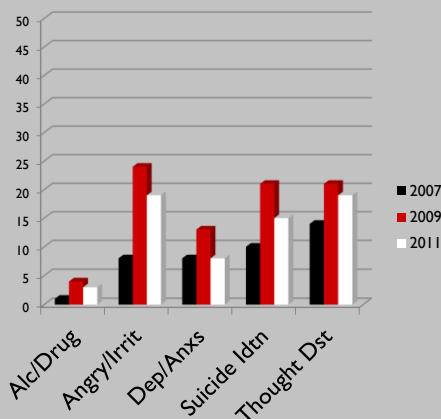
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Louisiana Data- What are their needs?

2010 FINSAP- Of Schools Referrals



Trend Analysis of FINS MAYSI-2 Screen

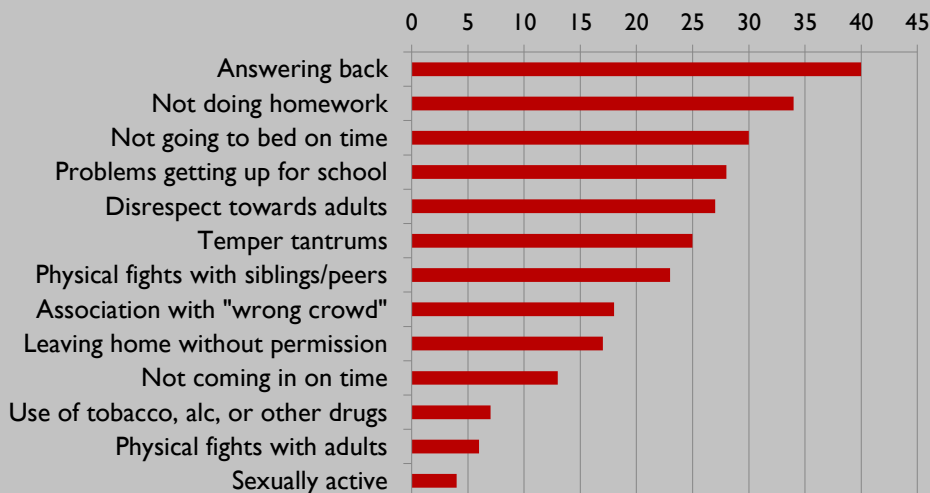


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Needs Cont'd...

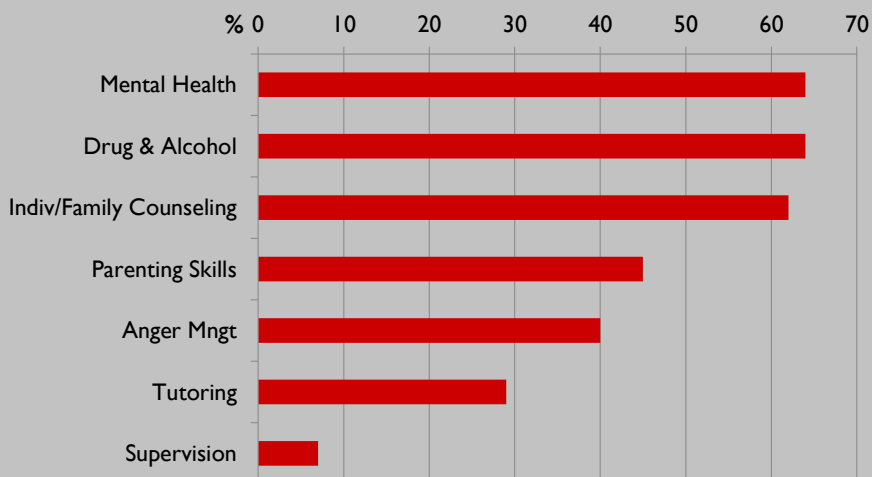
Child Behavior Checklist as Reported by Parent



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



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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.

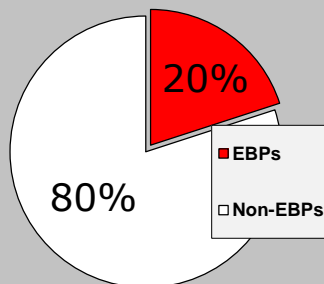
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Louisiana Data- Known outcomes to date

- **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

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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

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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.

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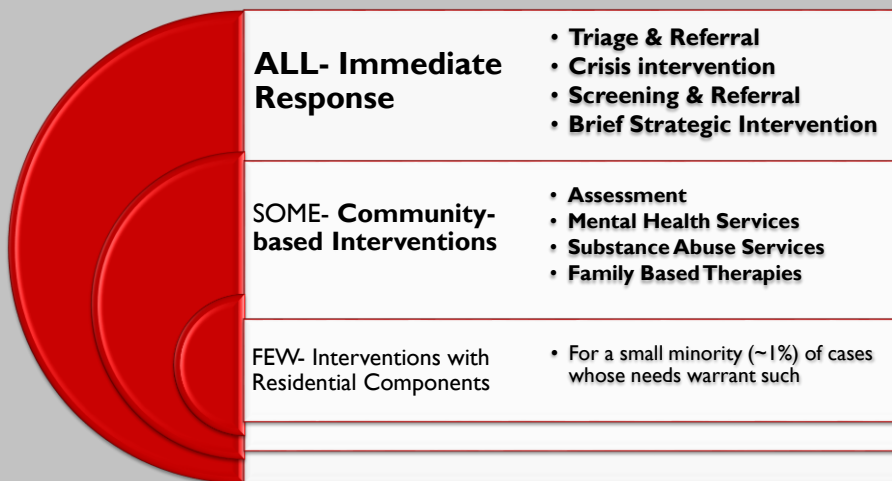
In Model Systems, status offenders are addressed...

- 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.

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Services provided by a model status offender system...



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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

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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.**

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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.

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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)

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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.

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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

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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.

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Questions & Discussion



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