IMPROVING LOUISIANA'S STATUS OFFENDER SYSTEM: A SUMMARY OF PROGRAM SERVICE MODELS FROM CONNECTICUT, FLORIDA, & NEW YORK

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Introduction

This report is written as part of the Louisiana Models for Change in Juvenile Justice Reform initiatives. The report outlines the needs of status offenders and the services offered in the way of treatment in best practice states. The fundamental components of status offender programming are organized in the following manner:

1. Referral and immediate crisis response for youth and families
2. Screening, assessment and appropriate referral
3. Provision of community-based services (or referral to such)

Finally, this report is intended to supplement and offer an overview of the side-by-side comparison of the services rendered in three model states. The comparison, entitled "National Review of Model Status Offender Program Services," is attached as Appendix A.

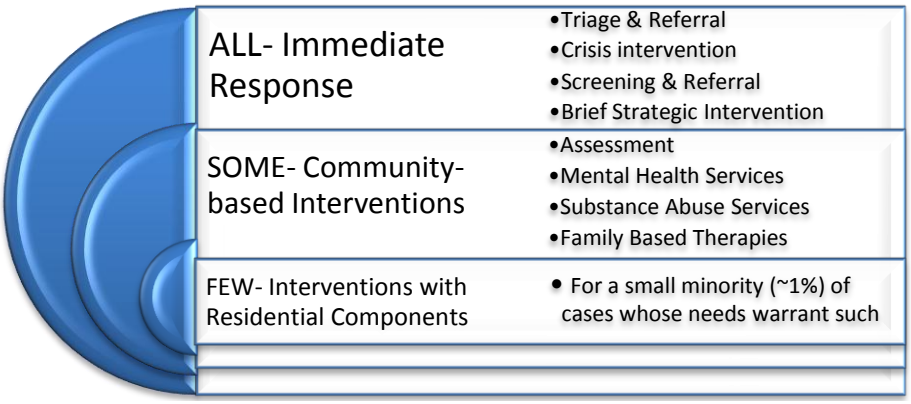
Needs of Status Offenders

Common status offenses include truancy, running away, curfew violations, ungovernability, and underage drinking.[1] 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.[2] 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. For those that are assessed with more serious issues, such as mental health or substance abuse problems, what is needed is care, treatment, and services to address the underlying causes of the behavioral problems in order to prevent deeper and more costly penetration into the juvenile justice system, including avoiding formal processing if possible.[3] Unfortunately many status offender interventions are a catalyst for youth to find themselves in court proceedings[a], more restrictive placements, out of schools, and often out of their homes instead of a means to integrate youth and their families into community services.[4] [5] [6] [7] This is critical problem since reviews of the handling of status offenders have shown that children and families who resolve their issues outside the court system have better outcomes than those who resolve their issues within the court system.[8]

To develop improved interventions and services for status offending youth and their families, interventions must start with careful triage, screening and, if necessary, assessment with two overarching goals. First, model interventions should seek to keep low need/low risk youth out of the system. Second, model interventions identify those youth and families with higher needs/risks and link them with appropriate services in order avoid further penetration into the

[a] Note: According to national court statistics, once status offenders comes in contact with law enforcement, 55% of runaways, 14% truants, & 30% ungovernable end up in court.

juvenile justice system. Those appropriately warranted services can be divided into three basic groups:



Each of these components are present to varying degrees in the model programs found in Connecticut, Orange County, New York, and Florida. These states place emphasis on an expedited 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 incarceration.

Referral & Immediate crisis response for youth and families

Many youth, displaying status offense behaviors do not need treatment other than time-limited brief crisis counseling and recommendations. This 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" to determine eligibility for status offense services, and, in some cases, immediate crisis intervention.

Triage questions (primarily done by phone) include the following to determine case acceptance:

- Suicide ideation/threat (consideration for immediate crisis referral)
- Current delinquency or dependency adjudication (for exclusion purposes, these youth are already under the care of another agency)
- Connecticut triages with a structured questionnaire regarding need indicators (FWSN-Needs Triage Form). If low need, then referral only and close. If medium to high need, then move to intake.
- Orange County, NY triages school referrals to confirm school interventions attempted (e.g. IEP, PBS, etc.) prior to accepting referral.

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 and Respite Care

Crisis shelters and 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 center for a few days or 1 to 2 weeks with a focus on relieving the immediate crisis and establishing a plan for reunification and supportive services.[9]

Screening, Assessment and Appropriate Referral

All three states have 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. Ideally all youth receive screening to determine critical areas that may warrant further assessment and possible services. Model state screening and assessment tools and procedures consist of the following:

Connecticut

- Juvenile Assessment Generic (JAG)
- Child & Adolescent Needs and Strengths (CANS-MH)
- Suicide Ideation Questionnaire (SIQ)
- Safety Plan (if applicable)

Florida

- CINS/FINS Intake Form with built in screening questions for…
  - Substance use
  - Suicide/homicide
  - Mental health
  - Physical health
- Teen Screen DPS-8
- CINS/FINS Risk Factor Form
- Screening Summary Form
- Brief- FAM III

Orange County, NY

- PINS Screening Sheet
- NOTE: Most of the Orange County referral decisions are not done via a strict screening tool but rather a combination screening & assessment instrument using the Youth Assessment and Screening Instrument (YASI)

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.

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 while at the same time maintaining public safety. 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 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 as summarized in the table below and offered in more detail in Appendix A.

Need / Service Area	Connecticut	Florida	Orange County, NY
Runaway shelter		☑	☑
Mental health crisis intervention	☑	☑	☑
Truancy Programming	☑	☑	☑
Substance use/abuse	☑	☑	☑
Family Conflict	☑	☑	☑
Mentoring			☑
Aggression/Anger Management	☑	☑	☑
Gender specific issues	☑		
Parenting	☑		☑
Out of school youth			☑
Trauma informed care	☑	☑	
Vocational/Employment			☑
Educational Advocacy	☑	☑	☑
Independent Living			☑
Health Services			☑
Recreation			☑

To target youth and family needs, the three states often rely on research driven or evidence-based practices (EBP). An EBP is an approach to prevention or intervention that has been scientifically proven to work better than other programs targeting similar issues with youth. Better outcomes associated with EBPs include improved public safety due to reduced rates of re-arrest; improved family functioning and school performance; reduced rates of out-of-home placements of youth; fewer days in more costly and restrictive facilities; 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.[10] [11] [12] [13] [14] Evidence-based programs also increase both provider and system accountability by directly linking services to treatment outcomes. Furthermore, research has shown that many practices do not work and some are even harmful. [15] [16] [17]

Community-based Interventions

Community-based interventions for status offenders are found in numerous lists including those of Blueprints for Violence Prevention[18], SAMSHA's National Registry for Evidence-based Programs and Practices[19], and OJJDP's Model Programs Guide[20]. 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 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, 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.

Residential Treatment or Foster Care

Placing youth in residential facilities or with trained foster parents is a measure of absolute last resort. When these programs are delivered correctly, as in the case of Multidimensional Treatment Foster Care (MTFC), they have been shown to be effective with improved outcomes for both the youth and parents.[21] New York offers the most intensive of the residential treatment interventions through its Communities Alternatives Program where youth reside in placement while his/her parents are receiving services as well. Care is maintained to limit any exposure to delinquent youth in group settings and treatment, not confinement, is the focus.

Endnotes

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[5] *See* Arthur & Waugh (2009)

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[18] University of Colorado- Blueprints for Violence Prevention. Information available at http://www.colorado.edu/cspv/blueprints/modelprograms.html

[19] U.S. Dept of Health and Hospital's Substance Abuse and Mental Health Services Administration- National Registry of Evidence-Based Programs and Practices. Available at http://www.nrepp.samhsa.gov/

[20] U.S. Depart of Justice's Office of Juvenile Justice and Delinquency Prevention- Model Programs Guide. Available at http://www.ojjdp.gov/mpg/

[21] See Blueprints for Violence Prevention.