



# CHINS:

## Bringing Uniformity to the Challenge of At Risk Youth

Hon. John Sumner

The Summit

Georgia's Child Welfare

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# Georgia's Reform Code: A New Approach to Behavioral Issues

- Terminology:
  - “CHINS” not “Status Offenders” (Runaway, ungovernable, truant, loitering, unaccompanied on alcohol premises)
- System change:
  - Not treated as “delinquent light”
- State agency:
  - None responsible
- Role of the Judiciary:
  - Judicially led local systems of care with community based risk reduction

# The Three Types of CHINS Cases

- I. Teens being teens: “normal” brain development
- II. A youth or family in crisis
- III. Victims of abuse and neglect

# Type I: The Teen Brain: Risk taking, Peer Pressure, Emotional Decisions



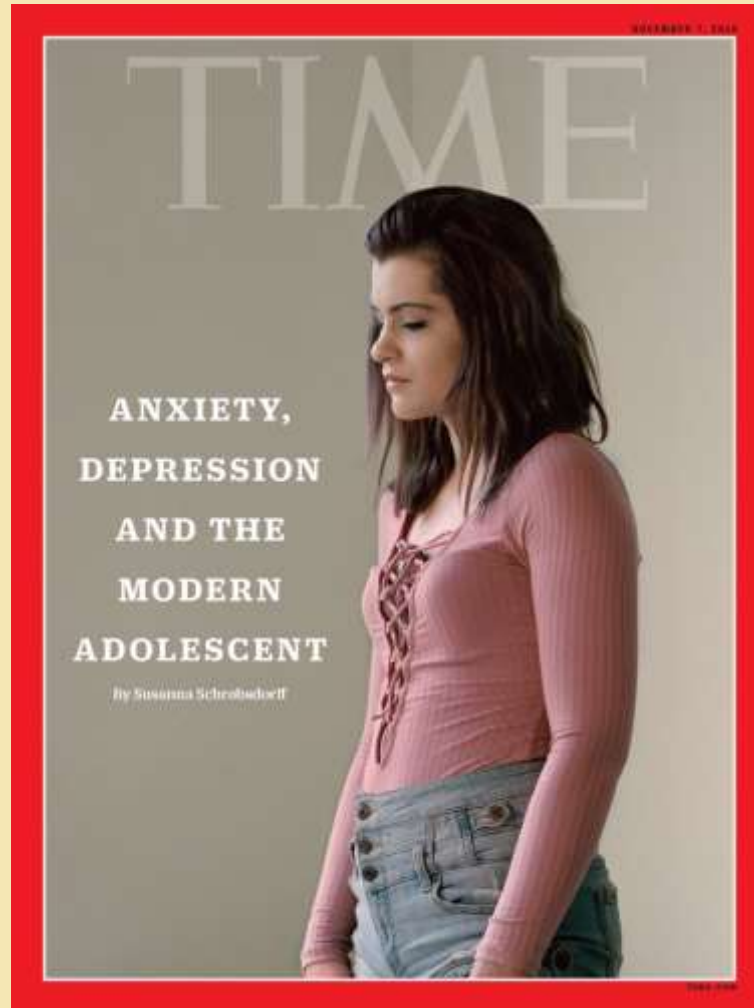
# Somewhere Between a Child and an Adult



# Type II: A Reaction to Crisis

- **Mental health issues:** youth anxiety, depression, poor self esteem, social media bullying, or other mental health issues including untreated trauma, incorrect medication management
- **Family issues:** medical, financial, or marital crisis, substance abuse, lack of parenting skills
- **School issues:** unmet learning disabilities, school climate, harsh discipline policy, truancy approach

# Reality of a Generation



## Type III: Victims of Child Abuse or Neglect

- Child safety issues: physical abuse, neglect, domestic violence, lack of parental supervision, sexual exploitation, throwaway youth, mental health, inadequate housing, substance abuse by parent or child or both
- Truancy can be a leading indicator of underlying abuse or neglect



# Sooooo.....What do we do?

- Recognize CHINS as behavioral: **Child In Need of Services**
- Implement a local multidisciplinary system of care
- Assessment, Intervention, Diversion



*I have an  
idea.....*

# Develop a Uniform Approach: Five Basic Principles

- Protocols
  - Collaboration
  - Assessment/Screening
  - Interventions
  - Data
- 
- Council of Juvenile Court Judges CHINS Practice Guide

# First Principle: Court Protocols

Statutory authority for community based risk reduction through a multiagency system of care

O.C.G.A. §15-11-38:

The court **may order community based reduction program** with available community resources to **assess and intervene** to include early intervention programming...**any** individual, public, or private agency may participate. The court may implement an early intervention plan ...to **divert** children and their families from becoming involved in future cases in court. The court **may enter into protocol agreements** with dfcs, djj, community health, mental health, education, charity, or other agencies may be entered. **Multiagency** staffing panels may be used to develop **intervention plans**.

## O.C.G.A. § 15-11-38

### Community based risk reduction programs

- (a) Any court may order the establishment of a community based risk reduction program, within the geographical jurisdiction of the court, for the purpose of utilizing available community resources in assessment and intervention in cases of delinquency, dependency, or children in need of services so long as the court determines that sufficient funds are available for such programs. Subject to the procedures, requirements, and supervision established in the order creating such program, any individual and any public or private agency or entity may participate in the program.
- (b) As part of a risk reduction program, a court may implement or adopt an early intervention program designed to identify children and families who are at risk of becoming involved with the court. Such early intervention program shall be for the purpose of developing and implementing intervention actions or plans to divert the children and their families from becoming involved in future cases in the court. The court's involvement shall be for the limited purpose of facilitating the development of the program and for the purpose of protecting the confidentiality of the children and families participating in the program.

## O.C.G.A. § 15-11-38

### Community based risk reduction programs

- (c) As part of an early intervention program, the court may enter into protocol agreements with school systems within the court's jurisdiction, the county division of family and children services, the county department of health, DJJ, any state or local department or agency, any mental health agency or institution, local physicians or health care providers, licensed counselors and social workers, and any other social service, charitable, or other entity or any other agency or individual providing educational or treatment services to families and children within the jurisdiction of the court. Such protocol agreements shall authorize the exchange of confidential information in the same manner and subject to the same restrictions, conditions, and penalties as provided in [Code Section 15-11-40](#).
- (d) When any agency or entity participating in a protocol agreement identifies a child who is at risk of becoming a delinquent child, dependent child, or child in need of services, the agency or entity shall refer the case to a multiagency staffing panel. The panel shall develop a multiagency intervention plan for such child. Such child or his or her parent, or both, may be present during any review of such child's case by the panel. A child's parent, guardian, or legal custodian shall be notified of the intervention plan by the agency making the referral or by a person or entity designated by the panel to administer the program. The staff of the court, other than the judge, shall work with the other agencies involved to educate a child's parent, guardian, or legal custodian and such child on the importance of following the intervention plan and on the consequences if anyone is referred to the court. If an intervention plan is developed for a child and his or her parent, guardian, or legal custodian consents to such plan, the failure to comply with the plan or any portion thereof may constitute the basis for a referral to DFCS.

# Second Principle: Collaboration



- ❖ **Who:** judge, court staff, DFCS, DJJ, mental health, school, prosecution (District Attorney and State Court Solicitor), law enforcement (SROs), volunteer agencies, county government, child advocate attorney, guardian ad litem (CASA), child welfare non-profit agencies, community volunteers
- ❖ **Method:** established procedures, MOA, meeting and staffing schedule, task groups, leadership structure, appropriate agency representation, collaborative name (ARCC: At Risk Children's Committee)
- ❖ **Role of the Judge:** chair, co-chair, advisor

# Community Based Approach in Georgia

## • Challenges:

- No manual
- No state agency
- No uniformity
- No funding

## • Advantages:

- No manual
- No state agency
- Community based
- Multiagency system of care
- Early intervention and assessment
- Community response to community issues facing children and families



# Third Principle: Assessment/Screening

## Referral and Triage

- No services needed
- Crisis Intervention
- Referral to Chins System

## Screening

- No services needed
- Referral to Community Services
- Referral to Diversion Programs

## Diversion Programs

- Informal Community Program Diversion
- Court Diversion Program
- Court Supervision

# Assessment/Screening

- Triage, screening, and assessment process is determined by the local system of care resources:
  - Crisis intervention, Massachusetts Youth Screening Instrument (MAYSI-2), Child and Adolescent Needs and Strengths (CANS), Family Strengths and Needs Assessment, Washington Assessment of Risks and Needs of Students (WARNS), self reporting, judgement call
- Determine underlying cause and what services, if any, are needed and direct to a system path
- Ongoing assessments
- Defacto system: ineffective law enforcement intervention, escalation to emergency room visits and possible inpatient psychiatric admissions, or escalation delinquency, self-harm, dfcs custody, or negative educational consequences

# Fourth Principle: Interventions

- Locally driven response:
  - Crisis intervention, campus mental health services, parent teen communication, strengthening families and other evidence based programs, truancy panels, truancy programs
  - Diversion Hubs/ Youth and Family Service Centers: central assessment and service providers. Examples include MARC, Juvenile Assessment Centers, Community Treatment Centers

# Fifth Principle: Data

- Standardize the data collection process
- Develop a system with data collection and tracking protocols designed to create a dashboard and snapshot of the CHINS system, target community needs, track outcomes, identify strengths and deficiencies (i.e. ineffective interventions or duplicative services), and serve as a basis for ongoing review and improvements
- Provide a method to objectively review the effectiveness of the system and justify the resource and time investment

# Data



- Data Fields:
  - **Bio:** age, gender, race/ethnicity, offense(s)
  - **Outcome:** Diversion at Intake; Diversion to DJJ; Diversion to DFCS; Diversion agreement successful; Diversion agreement failed; Court Intervention
  - **Recidivism/reoccurrence:** 6 month pre-offense and 6 month, 12 month post case closed: number and type offense(s)
  - **Education:** 6 month pre-offense and 6 month post, 12 month post case closed: attendance, disciplinary reports, grade point average
  - **Services provided to the family:** (list of current court programs)
  - **Well being:** 6 and 12 month post closing of case: youth reports same, better, or no difference; family reports same, better, or no difference
  - **90 day follow up**

# Child in Need of Services: Improving Services to Youth and Families

- ❖ **Interconnected system:** school: climate, discipline, truancy, and educational success; mental health services; court systems; law enforcement; child welfare; prevention; community involvement (local government, civic organizations, faith based community)
- ❖ **Examples:** Centralized intake point where youth and families are screened, assessed, and treatment plan developed; mental health crisis intervention teams; Community Treatment Centers
- ❖ **Effective System:** Trauma-informed system, family engagement, continuity of care, multi-disciplinary and collaborative approach with effective screening, assessments, treatment plans in the community as opposed to court involvement. Avoid courts and strengthen support for families to improve educational and life outcomes

# On the Horizon

- State support: financial assistance for coordinators (state and regional); delinquency reform principles: data based assessments, steering committee, evidence based programs;
- CHINS coordinator/case manager standardization of duties, qualifications and training
- Education issues incorporated into CHINS: school discipline, truancy, graduation rates, career readiness, access to mental health services, school climate
- Community Treatment Centers

# Closing Thoughts

- Treat CHINS on the same level as dependency and delinquency. These children and families matter. These are behavioral issues that impact our communities and not simply “delinquent light”
- Fully accept the legislative framework of the judicially led multi agency collaborative. Embrace the opportunity to take charge of our communities in the way that works best for us
- Apply the uniform principles within local strengths, resources, and challenges



# Takeaways

- Be vigilant with an open mind
- Develop a community system of care within the five basic principles
- CHINS coordinator/case manager is key
- Divert to necessary services
- Community treatment centers, diversion hubs are the ultimate goal

# FOR MORE INFORMATION

- **CHEROKEE COUNTY JUVENILE COURT**

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