

**Project Summary**  
**“Front End” Subcommittee**  
**CHINS Legislative Working Group**  
**(October 17, 2006)**

**Subcommittee Task**

The “Front End” subcommittee was tasked with describing a point of entry for youth and families in crisis that could serve to respond to the variety of needs with which they present when in need of information, support or services.

The subcommittee deliberately chose to limit itself to describing the functional and organizational characteristics of this point of entry. The subcommittee takes no position as to where this point of entry should be sited (e.g., community services agency, Probation Department of Juvenile Courts, child-serving state agency, other) nor what the best funding mechanisms might be. These decisions were deemed more a matter of policy determination rather than a description of what children and families might need. As a result, the description of the “Front End” is of a point of entry that might be sited in a variety of organizational settings.

**Subcommittee Participants**

Barbara Talkov, Co-Chair	Kris Latour-Kennedy
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Ken Bates	Angie Rodriguez
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## **Characteristics of “Front End” Point of Entry**

Target: Youth ages 6 to 17 (inclusive) and their families

Approach: Voluntary, Family-Centered, Youth Development  
Intensive community collaboration, especially with schools

Referrals: Any source or self-referred

Duration: Up to 3 months with potential extension to maximum of 6 months  
Cases requiring more than 6 months are directed to Court or elsewhere

Exclusions: Situations involving:

- Significant family violence
- Significant child protection concerns
- Significant safety issues (e.g., prostitution while on run-away)
- Complexity of need outstrips program capacity
- Persistent non-participation by youth or key adult family member

Minor delinquency charges are **not** an exclusionary criterion. Cases involving more serious delinquency charges will trigger a case review that would involve program administrators, Probation, defense counsel, and others as appropriate prior to accepting the case for intake and services.

Placement out of the home for child protection purposes by DSS of a child in the temporary or permanent custody of the Department is not an automatic exclusionary criterion. Cases involving children in DSS substitute care will be reviewed by program administrators and DSS to assure the appropriateness of goals and services. If foster parents are the long-term primary caretakers of a child referred to the Front End, the expectation will be that foster parents will participate actively in their role as primary caretakers for the child(ren) referred.

Note: The situations giving rise to exclusions (except for case complexity and perhaps parent/guardian non-participation that does not rise to the level of neglect) are likely to also give rise to mandated reporting or other actions triggering Department of Social Services, law enforcement, Court or other responses.

Access: By parent(s) or legal guardian(s) upon referral or self-referral  
By child(ren) without authorization by parent/guardian through initial screening process or if there is need for acute respite care

Model:	<p>Single point of accountability for case outcomes  Single point of entry with timely access to a continuum of services</p> <ul style="list-style-type: none"> <li>• Information about resources/services in the community (“kiosk”)</li> <li>• Advocacy for accessing needed resources and services</li> <li>• Case screening for resource and service needs, as warranted, including on a case-by-case basis screening for: <ol style="list-style-type: none"> <li>1. Acute mental health needs</li> <li>2. Substance abuse issues</li> <li>3. Family resource needs (e.g., housing, food, transportation)</li> <li>4. Acute medical needs</li> <li>5. Child care and child supervision needs</li> <li>6. Insurance needs and issues</li> <li>7. Legal issues and needs</li> <li>8. Educational placement and needs</li> <li>9. Child welfare and protective needs</li> <li>10. Family and community strengths, resources available</li> <li>11. Other</li> </ol> </li> </ul>
	<p>Initial intake and screening done with universal tool across sites  Youth Development inventory completed with each intake and at discharge</p>
	<p>Initial intake and screening process results in:</p> <ul style="list-style-type: none"> <li>• Mutual definition of problem(s) with youth and family</li> <li>• Establishing priorities of need and response with youth/family</li> <li>• Articulation of specific action plan to meet priority needs</li> <li>• Access by parents to peer partners for support</li> <li>• Access to support and advocacy facilitation, as needed</li> <li>• Articulation of follow-up steps</li> </ul>
	<p>Wherever possible, “congregate services” model to minimize fragmentation of services, dilution of accountability, demands on youth and family for time and travel.</p>
Priority Services	<p>Short-term crisis stabilization and case management services  Short-term respite capacity for crisis management/care facilitation  Referrals for community-based services  Referrals for state agency services  Intensive collaboration with educational settings and staff  Advocacy and liaison to access services in timely fashion  Parent peer support/mentoring embedded within staffing pattern  Family support groups involving both youth and family adults  Parenting education courses  Case-specific teams for cases requiring multiple stakeholder response  Transportation supports as needed  Community services and resources database</p>

Note: Priority services should be culturally competent

Stakeholders	Stakeholders are persons or organizations that will be involved in an advisory role in the development of the array of services and responses to the needs of youth and families accessing the Front End. Stakeholders may also be involved on a case by case basis in case assessment, planning or response. Stakeholders include, but are not limited to:
	<ul style="list-style-type: none"><li>• Schools and Local Educational Authorities (LEAs)</li><li>• Local offices of state agencies</li><li>• Local emergency services screeners (ESPs)</li><li>• Local shelters, respite providers, food banks, etc.</li><li>• Local housing authorities</li><li>• Staff of relevant municipal agencies</li><li>• Local Juvenile Court staff (Probation, Judges, Court Clinics)</li><li>• Family advocacy organizations</li><li>• Local youth-focused organizations, including faith communities</li><li>• Legal community (CPCS, District Attorneys, etc.)</li><li>• Local clinical and social services providers</li><li>• Local law enforcement</li><li>• Local organizations of cultural/linguistic minorities</li></ul>
Other:	Statutory or regulatory change required to permit youth to access the Front End for some period of time and/or for some purposes without parental authorization and/or notification?
	Should information exchanges be entirely reliant upon authorization by parent/guardian (except for mandated reporting)?
	Confidentiality and privilege issues for non-mental health services, including educational information that may be protected by FERPA?
	Confidentiality and privilege issues if there is subsequent Juvenile Court involvement following contact with the Front End?
	Confidentiality and potential conflict of interest issues for information exchanged in case-specific teams, particularly if team members include Probation, law enforcement, court clinicians, school officials, legal counsel for the child or family, or others who have specific roles that may generate conflict or would potentially have conflicts if the case came before the Juvenile Court?
	Statutory or regulatory changes required to provide for some degree of obligation for schools, state agencies or other governmental entities to participate in resolving specific cases on other than a purely voluntary basis?

Whether this Front End is a discretionary or mandatory activity for eligible families, schools, etc. before a CHINS Petition can be filed?

Insurance coverage through public sector or commercial insurance for services otherwise provided through their own designated provider networks (e.g., is this a covered “out of network” service? Is coverage discretionary or mandatory by the relevant insurer once a determination of need has been made by staff at the Front End?) Statutory or regulatory changes needed to insurance coverage?