



**Office of Children  
and Family Services**

# **Raising the Lower Age of Juvenile Delinquency Differential Response Practice**

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## **Introduction**



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## Introduction

- Raises the lower age (RTLTA) of juvenile delinquency definition under the Family Court Act (FCA) to twelve years of age in most circumstances as of December 29, 2022.
- Requires New York State Office of Children and Family Services (OCFS) to promulgate regulations to outline criteria related to a differential response for these children and their families.
- Purpose is to be responsive to children and their families using community services and early interventions and to address disparities in child welfare and juvenile justice systems.



## Introduction

- Requires each Local Department of Social Services (LDSS) to develop a RTLTA differential response (DR-RTLTA) for children under twelve years of age who no longer fall under the definition of Juvenile Delinquent (JD) under the FCA as of December 29, 2022, and whose behavior, but for their age, would otherwise bring them under the jurisdiction of Article 3 of the FCA.
- Requires OCFS to review the LDSSs' DR-RTLTA plans for approval.
- DR-RTLTA could be supported by Supervision and Treatment Services to Juveniles Program (STSJP) funding.
- Requires an annual report by OCFS.



## Introduction

- **Differential response for children under 12 years old is not**
  - PINS Diversion Services
  - Family Assessment Response (FAR) – alternative child protective response.

## Differential Response for Children Under 12 Years

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## Differential Response Structure



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## Intake

- Available to receive referrals during LDSS regular business hours
- DR-RTLA point of contact will be posted publicly on the OCFS [RTLA webpage](#).
- Potential referral sources: law enforcement agencies, schools, parents, LDSS staff, probation department, community-based providers
  - LDSS can use the [OCFS-2210](#), *Raising the Lower Age of Juvenile Delinquency Differential Response Referral Form* with stakeholders

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## Intake

- Persons harmed
  - LDSS may be contacted by those harmed by the child referred to the DR-RTLA.
  - Information about the DR-RTLA referred child cannot be disclosed.
  - Access to victim services
    - Law enforcement incident report
    - New York State Office of Victim Services hosts [OVS Resource Connect](#)
  - May be other known community supports the LDSS can advise the person harmed of.

## Intake

- Gather intake information that includes, but is not limited to,
  - the reason for the referral to the DR-RTLA, including the specific behavior(s) of the child;
  - the age of the child;
  - contact information for the referral source;
  - child's and caregiver's contact information;
  - any current safety concerns and/or safety plans in place;
  - contact information of known service providers and familial supports.
- Make a determination of the child's eligibility

## Intake

- For eligible children residing in the district:
  - Contact the family of an eligible child within one business day of receiving a referral.
  - Schedule an appointment within seven business days with the child, family and any familial supports; any barriers to attendance should be addressed.

NOTE: the DR-RTLA is voluntary to the child and family.

If safety plans are in place or known safety concerns exist, the DR-RTLA program must act immediately in accordance with existing policy, regulations, and law.



## Intake

- For eligible children residing in the district (continued):
  - Inquire if the family is working with child welfare services and ask permission to speak to the LDSS case manager/caseworker
  - Contact the LDSS case manager/caseworker to
    - inform them of the referral to the DR-RTLA and the current intake information,
    - inform them of the decision of the family to proceed or not proceed with the DR-RTLA assessment,
    - inform them of the DR-RTLA processes, and
    - obtain information about their assessment of the child's and their family's progress in current interventions and supports.



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## Intake

- If the family declines the DR-RTLA and there are no known safety concerns:
  - Provide the family with the DR-RTLA contact information
  - Provide the family with community-based supports to address known needs
  - Ask the family if they would like the DR-RTLA program to check-in with them in approximately 30 days
  - The current DR-RTLA referral is closed.



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## Assessment

- DR-RTLA assessment must include an assessment of
  - the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral;
  - the eligible child's strengths, concrete needs, and challenges as well as those of the family;
  - any individualized vulnerabilities;
  - cultural considerations; and
  - indicators of child sex trafficking ([OCFS-3920](#), *Child Sex Trafficking Indicators Tool*, and [OCFS-3921](#), *Rapid Indicator Tool to Identify Children Who May Be Sex Trafficking Victims or Are at Risk of Being a Sex Trafficking Victim*).



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## Assessment

- Practice considerations per family focus groups conducted:
  - What purpose is the child's behavior serving?
  - What are the underlying issues beyond the behaviors?
  - Children and families need support to understand any trauma and its impact on them and their interactions.
  - Children need skills to regulate their emotions.
  - Use plain language to explain information to the child and family.
  - *(We) "needed services to happen as fast as (law enforcement was contacted) for my child" -- parent*



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## Support Plan Development

- Family- and child-led
- Initiated within 15 days of the referral to the DR-RTLA
- Include any current providers, with permission of the family
- Driven by the assessment to build strengths and overall well-being of the familial unit
  - Intensity of interventions needs to align with assessment.
  - Interventions should be culturally responsive and account for individual vulnerabilities.



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## Support Plan Development

- Consists of agreed-upon interventions, as all are **voluntary**
- Safety concerns must be addressed by the DR-RTLA program.
- If no safety concerns and family declines the recommended interventions, the DR-RTLA will provide the family with
  - the DR-RTLA program contact information and
  - contact information for the recommended intervention(s).

## Successful Intervention Engagement

*“Need someone to walk with you and understand while you are navigating through systems.” –young adult*

- Facilitated referrals to agreed-upon interventions
- Strategies for consideration:
  - Family team meetings and other family-led forums
  - Engagement of peer supports

## Assessment of the Child's Progress

*“When the family is feeling supported, it helps the youth feel supported.”* –young adult

- Required to obtain evaluations and assessments of the child's progress in interventions, as permitted by the family, while the DR-RTLA is active
- Contact with the family, child and providers:
  - On or about 30 days from support plan development and
  - Within seven days prior to the anticipated DR-RTLA case completion

## DR-RTLA Case Completion

- Whichever is sooner:
  - 90 days from the initial referral to the DR-RTLA or
  - when the child turns 12 years old

**Note:** DR-RTLA case completion has no impact on the child and family's continued participation in community-based interventions.

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# Case Documentation



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## Case Documentation

- Individualized case file maintained locally
- Case information shall not be entered into any New York State electronic system



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## Case Documentation

- Must contain, but is not limited to, the following:
  - Intake information outlined previously
  - Assessment documentation
  - Services offered to the child and family
  - Services declined and/or accepted by the child and family
  - The support plan agreed upon with the child and family
  - The successful connections and unsuccessful referrals and barriers
  - Any team meetings
  - All evaluations and assessments by providers of the child's progress, as permitted by the family, while the DR-RTLA is active
  - Any family decision to not provide consent to contact providers
  - Contact with the family, child and providers on or about 30 days after the support plan development and within seven days prior to the DR-RTLA case completion
  - The DR-RTLA case completion



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## Records, Retention and Confidentiality



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## Records, Retention and Confidentiality

Records created under a district's DR-RTLA program shall

- include, at a minimum, information outlined in the Case Documentation section;
- be locally maintained and individualized for each eligible child served by the DR-RTLA program; and
- be maintained for five (5) years after an eligible child has been referred to the district or until the eligible child reaches the age of twelve (12), whichever is sooner.

Records are confidential and shall not be disclosed except as set forth in statute and regulation.



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# Questions ?



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# Contact Information and Resources



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## Contact Information

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## Resources

OCFS [RTLTA home page](#).

[22-OCFS-ADM-23](#), *Raising the Lower Age of Juvenile Delinquency — A Differential Response for Children Under 12 Years of Age*

[Raising the Lower Age of Juvenile Delinquency Differential Response Practice Guide](#)