



Process and Outcome Evaluation
of the 2007-09 Connecticut
Families with Service Needs
Initiative

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Final Report

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EXECUTIVE SUMMARY

Families with children who are engaging in risky behaviors such as running away from home, school truancy, sexual activity and general disobedience of family rules often rely on state operated programs to help address these problems. The state of Connecticut has defined such children and parents as Families with Service Needs (FWSN).

Providing programming to assist Families with Service Needs is critical because of the link between risky behaviors and future delinquency and crime. Research demonstrates that these behaviors are strong predictors of continued involvement with juvenile, criminal and child welfare agencies. Therefore, intervening with appropriate services at an early stage is crucial to effectively reducing future involvement with the justice systems.

“In state fiscal year 2006-2007, over 4000 children were referred to the Superior Court for Juvenile Matters for what are known as status offenses” (Board, 2008, p. 5). This represents approximately one out of every three cases processed by Connecticut’s Juvenile Probation unit. Beginning in 2005, Connecticut began enacting a series of legislative, policy and procedural changes to address these issues. These changes were grounded in the belief that swift, community-based family services were the best approach for Families with Service Needs. The new approach to at-risk youth and families rejected the use of the justice system as the first response to FWSN cases.

In 2005, the state of Connecticut passed Public Act (P.A.) 05-250, which sought a reduction in the number of judicially handled FWSN complaints and the placement of FWSN cases in secure facilities.¹ In 2005, P.A. 06-188 established the FWSN Advisory Board, which was charged with implementing policies and services related to P.A. 05-250.²

The FWSN Advisory Board is a multi-disciplinary group with representatives from the courts, juvenile justice, education, public and private sectors, the community, and the Executive and Legislative branches of government. Beginning in 2006, the FWSN Advisory Board engaged in a yearlong collaborative planning process with community stakeholders, and juvenile justice staff and administrators, to develop a comprehensive plan for providing community-based services for Families with Service Needs.

Based on Advisory Board recommendations, Public Act 07-4 was passed. This legislation, “mandated that every child who is referred to the juvenile court for a status offense be diverted in the first instance” (Mogulescu & Caro, 2008, p. 10). Public Act 07-4 also outlined an assessment process for Families with Service Needs that included screening by Probation Officers, referral to Family Support Center services for high-risk cases and community programming for lower risk complaints.³

¹ Public Act 05-250. General Statutes of Connecticut.

² Public Act 06-188. General Statutes of Connecticut.

³ Public Act 07-4. General Statutes of Connecticut.

According to the Advisory Board Report to the General Assembly, the FWSN Service Delivery Plan has three primary objectives:

- 🔊 Prevent children from entering the court system by encouraging positive, prosocial development, school attendance, family engagement and community-based programming;
- 🔊 Intervene to divert at risk children from the court system; and,
- 🔊 Provide evidence-based services to children who enter the court system (Board, 2008).

Initial evaluations of this plan and services found that, “Connecticut’s approach to serving FWSNs is now grounded in the philosophy that youth and families in crisis respond best when they are offered immediate, tailored services in their communities” (Mogulescu & Caro, 2008, p. 12). The design was further deemed a “Model for Change”, or exemplary program, by the Vera Institute (Mogulescu & Caro, 2008).

In addition to developing a service delivery plan, the Advisory Board outlined a research agenda to closely monitor the implementation and operation of the FWSN initiative, document program outputs and assess client outcomes.

This study is the Justice Research Center’s (JRC) final report on the *Process and Outcome Evaluation of the 2007-09 Connecticut Families with Service Needs Project* (hereafter CFSNP). The JRC serves in the capacity of sub-contractor to the Connecticut Judicial Branch, Court Support Services Division and provides research and evaluation services associated with the FWSN initiative and the Family Support Centers.

The Justice Research Center officially commenced its involvement in this project on November 15, 2007. The Family Support Center (FSC) research agenda included a process and outcome evaluation. Data were gathered during fiscal years 2007-09 through qualitative interviews with FSC staff, CSSD administrators and supporting personnel; observation of FSC activities; focus groups; and CSSD managed databases.

The research findings demonstrate that:

- 🔊 The FWSN referral and screening process results in appropriate clients for FSC services;
- 🔊 FSC staff are highly qualified, well trained and have experience working with at-risk populations;
- 🔊 CSSD is very supportive of the initiative providing program guidance, training, and technical assistance to the Family Support Centers;
- 🔊 The Family Support Centers have experienced some staff turnover but they have taken steps to address the issue;
- 🔊 Objective assessment instruments and family input is used in the development of individualized service plans;
- 🔊 After some initial challenges, program utilization has increased and programs are operating at design capacity;
- 🔊 The FWSN initiative has brought about a dramatic reduction in FWSN complaints, judicially processed FWSN cases, elimination of detention placements for FWSN referrals, and improved outcomes for at-risk juveniles and their families; and,
- 🔊 The Family Support Centers are providing services that improve outcomes for clients and their families.





The Final Process and Outcome Evaluation Report that follows includes a brief description of the Families with Service Needs initiative; an overview of the four operating Family Support Centers; a review of the research methodology; a discussion of the process and outcome evaluations; and some suggestions on how these results can be used to inform future FWSN interventions.

THE CONNECTICUT FAMILIES WITH SERVICE NEEDS INITIATIVE

Until 2007, Connecticut (CT) courts “were the primary response to status offenders”, or Families with Service Needs (Mogulescu & Caro, 2008, p. 9). According to the Connecticut Court Support Services Division (CSSD), prior to 2007, the courts processed roughly 4,000 FWSN complaints every year. Many FWSN cases involved status offenses such as truancy, running away from home and general disobedience. CSSD noted that roughly 25 percent of FWSN complaints involved juveniles with high risk factors and increasingly deviant behaviors. There was also a growing concern that FWSN complaints resulted in too many secure placements, and provided an entry point to the Juvenile Justice system (Board, 2008).

Connecticut’s efforts to address the issue of status offenders and Families with Service Needs began in 2005 with a series of legislative, policy and procedural reforms. Public Act 05-250, passed in 2005, established that children in violation of FWSN orders could not be committed to secure detention facilities. The law was not enacted until 2007 so that procedures and programming could be developed for FWSN cases. In 2006, P.A. 06-188 amended this legislation, and created the Families with Service Needs Advisory Board, which was tasked with managing the implementation of services associated with P.A. 05-250. The Advisory Board worked closely with CSSD and other state agencies, and together recommended another set of legislative and policy changes. These reforms (P.A. 07-4) included court diversion for all status offenders; and assessment and service referrals for all Families with Service Needs.

The original service delivery plan included funding requests for four primary components.

-  The implementation of ten Family Support Centers throughout the state. The Centers “provide voluntary services to the child and family. These services include case management, 24-hour crisis intervention, family mediation, educational advocacy; psycho-educational and cognitive behavioral groups, one-on-one therapeutic sessions and respite care for up to two weeks” (Board, 2008, p. 6).
-  The allocation of respite beds to provide services to male and female FWSN referred juveniles. The plan also called for the development of a six bed Center for Assessment, Respite and Enrichment (CARE) facility for male FWSN referrals.
-  A collaborative FWSN referral process involving Juvenile Probation Officers, the Department of Children & Families (DCF) representatives, and the DCF FWSN Liaison. These representatives were charged with determining which cases to refer directly to the Family Support Centers for services based on objective criteria.
-  The implementation of a pilot Practical Academic Cultural Education (PACE) program in Waterbury to serve 40 FWSN referred girls each year. PACE is a non-residential alternative education program for girls engaging in risky behaviors.

Only part of this request was approved in the state budget for state fiscal year (FY) 2006-07. The funding allocation allowed for the implementation of four Family Support Centers, and the reallocation of respite beds to FWSN involved juveniles (the PACE program and the remaining six Family Support Centers were not funded). The service component of the Connecticut Families with Service Needs initiative began in October 2007 with the selection and initiation of four Family Support Centers in jurisdictions with the highest number of FWSN complaints, and the allocation of respite beds. Those jurisdictions include (provider in parentheses): Waterbury (Connecticut Junior Republic), Hartford (Wheeler Clinic), Bridgeport (Connecticut Renaissance) and New Haven (St. Francis Home for Children).

THE CONNECTICUT FAMILY SUPPORT CENTERS

To date, there are four Family Support Centers throughout the state of Connecticut. Connecticut Family Support Centers include (provider in parentheses): Waterbury (Connecticut Junior Republic), Hartford (Wheeler Clinic), Bridgeport (Connecticut Renaissance) and New Haven (St. Francis Home for Children). Table 1, on the following page, lists each of the four sites including the different towns and cities each site serves.

Connecticut (CT) Junior Republic (Waterbury)

The CT Junior Republic (CJR) is a private, charitable non-profit 501c (3) organization. They are certified by the Council on Accreditation of Services for Families and Children (COA), the Association for Experiential Education, and approved by the State Department of Education. Junior Republic provides services for children, youth and families of any race, color, and national or ethnic origin.

The CJR is supported by the Connecticut Department of Children & Families; the Connecticut Judicial Branch, Court Support Services Division (CSSD); local education authorities; and, charitable contributions from individuals, businesses and organizations.

The mission of CJR is to provide treatment, education and family support for troubled young people so they can become productive and fulfilled members of their communities.

The organization provides residential and community-based care, treatment and education for boys and girls from communities throughout CT. The CJR operates a 150-acre Residential Treatment Center, a Day Education campus in Litchfield, a short-term residential program in Waterbury, group homes in East Hartford and Winchester, and community programs in Danbury, Torrington, and Waterbury.

Wheeler Clinic (Hartford)

The Wheeler Clinic was founded in 1968 and has been providing behavioral and mental health services to children, adolescents and adults for forty years. The agency is accredited by the American Association of Suicidology and the Joint Commission on Accreditation of Healthcare Organizations and has been approved for services by several state agencies including the Connecticut DCF, Department of Education, the Department of Public Health and Department of Insurance.

A private, not-for-profit 501(c)(3) corporation with its main office in Plainville, Connecticut, the Wheeler Clinic receives funding from state agencies, private foundations and individuals, corporate donations and client fees.

The Wheeler Clinic has 750 employees and provides services in 22 locations throughout Connecticut. Their services include outpatient and community-based mental and behavioral health care, crisis intervention programs, residential treatment options, special education programs, and prevention and wellness.

Table 1. Family Support Centers

Family Support Center Location and (Provider)	Provider's Address	Towns and Cities Served
Waterbury (Connecticut Junior Republic)	CT Junior Republic 80 Prospect Street Waterbury, CT	Waterbury, Wolcott, Prospect, Naugatuck, Middlebury, Southbury, Oxford, Beacon Falls, Seymour, Ansonia, Derby
Hartford (The Wheeler Clinic)	Wheeler Clinic 103 Woodland Street, Hartford, CT	Hartford, Windsor, Bloomfield, East Hartford, West Hartford, Glastonbury
New Haven (St. Francis Home for Children)	St. Francis Home for Children 672 Congress Avenue New Haven, CT	New Haven, North Haven, West Haven, East Haven, Hamden, Cheshire, Wallingford, Bethany, Woodbridge, Orange, Milford, Branford, North Branford, Guilford, Madison
Bridgeport (Connecticut Renaissance)	CT Renaissance 1120 Main Street Bridgeport, CT	Bridgeport, Monroe, Easton, Shelton, Trumbull, Stratford, Fairfield

Connecticut (CT) Renaissance (Bridgeport)

CT Renaissance Inc. is one of the oldest non-profit 501(c)(3), drug treatment agencies in the state of Connecticut. Its first outpatient treatment program was opened in 1967 and by 1971 they established their first residential center. In 1997, Renaissance expanded its programming to include services for adolescents.

The CT Renaissance mission is to help people begin the journey toward recovery from mental health and/or substance abuse issues and to assist in improving their quality of life. Their overarching goal is to assist clients, their families, and significant others to lead happy, healthy and productive lives. CT Renaissance programming includes: case management; individual, group and family counseling; substance abuse services; co-occurring services; health and education seminars; life skills training, recreational and social activities; self-help

group meetings; and formal referrals to community agencies based on individual need. Programs operated by the provider facilitate clients' community reintegration and reduce their likelihood for antisocial behavior through the development of life skills necessary to becoming a productive member of the community.

St. Francis (New Haven)

St. Francis Home for Children, Inc., originated as a children's orphanage in 1852 in New Haven, Connecticut after the Sisters of Mercy came to New Haven from Ireland in 1852 to carry out the vision and work of Mother Mary McAuley. With declines in the use of orphanages, St. Francis adapted its programs to serve emotionally troubled children and later, youth in need of constant supervision and guidance to assist them in becoming successful members of the community. In 1988, St. Francis initiated the Life-Skills Program to provide clients

with training in home care and maintenance, job-seeking skills, personal financial management and general coping skills to prepare them for independent living in the community. St. Francis Home also introduced the Extended Day Treatment Program designed for school-aged children in need of additional structure and assistance in developing patterns of behavior for success in school and social settings. As a not-for-profit, 501(c)(3) agency working in partnership with the State of Connecticut's Department of Children and Families (DCF) and with the Court Support Services Division (CSSD) St. Francis Home for Children relies on charitable contributions from foundations, corporations, churches and individuals to strengthen and enhance the programs offered to children.

EVALUATION METHODOLOGY

In November 2007, the Justice Research Center began working on the evaluation component of the FWSN initiative. The JRC is a sub-contractor to the Connecticut Judicial Branch, Court Support Services Division (CSSD), providing research and evaluation services for the FWSN initiative and the Family Support Centers.

The Family Support Center evaluation started in November 2007 and concluded in December 2009. This assessment involves both a process and outcome evaluation of the Family Support Center implementation and services. Evaluation activities include:

- ⌚ Developing and maintaining a web-based Family Support Information System (FSCIS) to gather client, program and service data;
- ⌚ Providing training and technical assistance to CSSD and the providers on FSCIS data entry and system use;
- ⌚ Extracting and delivering FSCIS data to CSSD;
- ⌚ Coordination of Phase I and II evaluation activities;
- ⌚ Conducting provider site visits and process assessments;
- ⌚ Collecting data and information for the outcome evaluation;
- ⌚ Performing the outcome analysis and providing written reports on program effectiveness; and,
- ⌚ Summarizing process evaluation findings and providing technical assistance to the Family Support Centers as needed.

Process Evaluation

The focus of the process evaluation was on documenting the implementation and delivery of services at the Family Support Centers, and assessing the integration of Evidence Based Practices within the programs. The process evaluation of Connecticut's model examined the initiative's development, implementation and management, for factors that influenced program operation and juvenile outcomes. To accomplish the process evaluation, it was necessary to conduct site visits, gather documentation, observe processes, observe individuals and groups, and review program policies and procedures.

The Family Support Center Process Evaluation addressed six basic questions.

- ⌚ Is the referral process functioning as intended?
- ⌚ Are the appropriate clients being served by the Family Support Centers?
- ⌚ Are the key elements of implementation (staffing, training and supervision) adequate to provide effective services?
- ⌚ Are the services provided by the Family Support Centers appropriate given the clients' risk and needs?
- ⌚ Is the program being utilized as intended?
- ⌚ Are there systems in place for monitoring services, clients and staff?

Phase I of the process evaluation included three site visits to each of the four Family Support Centers. The process assessment involved direct observation of FSC staff and group format interventions.

During the site visits client records, program documentation, and staff files were reviewed. The site visit also included staff interviews, which focused on program implementation, management and operation.

During the site visits, the evaluators met with program staff including:

- 🔊 The Program Director;
- 🔊 Clinical Coordinator;
- 🔊 Case Managers;
- 🔊 Educational Consultants;
- 🔊 Liaisons/Coordinators;
- 🔊 Aftercare Coordinators;
- 🔊 Other FSC program administrators and supervisors;
- 🔊 Juvenile Probation Supervisors;
- 🔊 Juvenile Probation Officers;
- 🔊 DCF Liaisons and staff; and,
- 🔊 CSSD administrative staff from the Center for Best Practices, Operations, and Grants and Contracts.

Phase II of the project included a final process evaluation site visit at each of the four Family Support Centers and a Partnering Agency Assessment. The purpose of the final process evaluation site visit was to determine whether previous recommendations had been addressed.

There were two primary objectives associated with the partnering agency assessment. The first objective was to assess the relationship between the Family Support Centers and collaborating agencies (i.e. agencies that provide assistance, referrals or direct services for FWSN clients) and determine what gaps in services exist. The second objective was to determine the types of services for clients in areas without Family Support Centers and to

explore the overall decline in FWSN referrals.

The partnering agency assessment explored the relationships among the Family Support Centers, the community and agency partners with focus groups and online surveys. The participating partnering agencies include:

- 🔊 Probation and the courts;
- 🔊 Educational and school representatives;
- 🔊 The Department of Children & Families;
- 🔊 Mental Health providers; and,
- 🔊 Other community agencies.

Four districts were selected to participate in Phase II FSC partnering agency evaluation activities. Two of the districts had operating Family Support Centers and the other two did not. The Family Support Center sites included Hartford and New Haven. The districts without Family Support Center sites were New Britain and Waterford.

Participants were notified of the assessment and recruited by the Department of Children and Families. Participants were asked to attend focus groups and complete online surveys. The surveys and focus groups concentrated on the following core areas: the complaint process, community-based services for FWSN clients, existing strengths and growth areas within the community.

Three focus groups were held at each of the four sites in February 2009. Each focus group lasted approximately two and a half hours and included representatives from DCF, probation, the courts, The Department of Education, community-based providers, area families, and other juvenile advocacy organizations.

Family Support Center sites had seventy-five participants included in the focus groups. Of those who participated in the focus groups, fifty completed the online survey. In Non-FSC districts, sixty-five participants attended the focus groups while thirty-nine completed the online survey. The response rate for the FSC survey was 67 percent and the response rate for the Non-FSC survey was 63 percent.



Outcome Evaluation

There are many ways of evaluating the effectiveness of juvenile justice programs. These programs seek to improve, not only, individual outcomes; but also to positively improve the functioning of the system as whole. As such, program assessments need to explore the overall impact of the intervention within the context of the Juvenile Justice system. This assessment examines the effect of the Families with Service Needs initiative on four system measures:

- 🔊 The number of FWSN complaints;
- 🔊 The number of FWSN referrals with a subsequent detention placement;

- 🔊 The number of FWSN complaints without subsequent referral, arrest, adjudication, conviction or FWSN charges; and,
- 🔊 The number of judicially processed FWSN complaints.

Programs were also assessed for their ability to alter attitudes and beliefs, improve quality of life, and change behaviors. Change in behavior, namely delinquent or criminal activities, is a routine measure of juvenile justice program success. The expectation of interventions is that they moderate the effects of risk factors and reduce youths' involvement in risky and/or delinquent behaviors. Therefore, the initial research question was whether the Family Support Center services effectively reduced clients' involvement with the justice system.

In criminal and juvenile justice research, studies tend to focus on justice system involvement exclusively; without exploring how interventions influence other importance aspects of life such as peer relationships, family functioning, school and/or job performance and community involvement. A recent evaluation of the Persons in Need of Supervision (PINS) program in New York, by the Vera Institute, notes the importance of this type of outcome information. The Family Support Centers target a variety of risk and protective factors, not just justice system involvement. Including a range of individual and family success indicators in the evaluation is essential to understanding the impact of this intervention on client outcomes. The study includes the following individual and family outcomes:

- 🔊 Enhanced family functioning;
- 🔊 Improved school attendance and better grades;
- 🔊 Increased pro-social activities and positive peer relations;

- 📌 Decreased risky behaviors; and,
- 📌 Overall satisfaction with FSC programming.

Data Sources

The outcome assessment included official youth, program and justice system data from the CSSD Case Management and Information (CMIS) system. CMIS records demographic, delinquency referral, placement, detention, disposition, adjudication, and risk and needs information for every juvenile in the Juvenile Justice system. Adult arrest and conviction data were generated from the Connecticut Computerized Criminal History (CCH) records system. Youth, family and program data for Family Support Center clients were gathered through the Contractor Data Collections System (CDCS). Finally, family functioning, school performance, peer relationship, and other outcomes for FSC clients were collected by the JRC through telephone interviews with the youth and their families.

Data and Methods

Family Support Centers provide community-based services to at-risk juveniles and their families. These programs are an alternative to non-supervised community services and/or traditional Probation supervision for FWSN cases. The system level assessment included all FWSN complaints made during the fiscal years 2006-09.⁴ In addition, the system level analysis compared all FSC FWSN complaints to at-risk juveniles and families referred for community-based programs and/or formal Supervision (Non-FSC FWSN cases). A logical comparison group for the individual level analysis was FWSN clients who received some level of measurable supervision. As such, at-risk

juveniles on judicial or non-judicial FWSN Supervision formed a reasonable comparison group for FSC clients in the individual level outcome analysis. Those who successfully completed either Supervision or FSC programming met the criterion for the outcome analysis sample. This standard ensured that the basis of the individual level outcome evaluation was clients who actually receive the full intervention.

Justice system outcomes were operationalized as (1) any juvenile adjudication or adult conviction, (2) any juvenile referral or adult arrest or (3) any FWSN complaint within six months of initial referral for the system level analysis. For the individual level evaluation these outcomes were measured within six months of program completion.⁵

The program assessment incorporated the following analytic techniques: descriptive statistics and logistic regression. The descriptive statistics demonstrated the baselines, such as the total sample (and percentage) of FWSN cases with a subsequent referral, arrest, adult conviction, juvenile adjudication, or FWSN complaint within six months of the original FWSN referral. These simple statistics highlight the impact of the Families with Service Needs initiative on the Juvenile Justice system.

Chi Square analysis and logistic regression, more complex statistical tools, allowed for a direct comparison of FSC and Supervision outcomes after program completion, while controlling for factors known to impact justice system involvement. The logistic regression results demonstrate the expected

⁴ The federal fiscal year (October 1 through September 30) is used for this evaluation.

⁵ There were not enough FWSN referrals in the sample with one-year outcomes to conduct a one-year follow-up study.

outcomes (or predicted probability) given the juveniles' demographic, risk, needs, legal, offense history and other extra legal factors.

The combined CMIS, CDCS, CCH and JRC data provided demographic, risk, offense and re-offending information for all FWSN complaints filed from October 1, 2006 through September 30, 2009. The final sample composition is presented below in Table 2 for all FWSN referrals made during the study period.

Table 2. FWSN Referrals Fiscal Years 2006-09

Total FWSN Referrals FY 2006-07	3,521
Other or Supervision Cases	3,521
Total FWSN Referrals FY 2007-08	2,102
FSC Cases	250
Other or Supervision Cases	1,852
Total FWSN Referrals FY 2008-09	2,062
FSC Cases	374
Other or Supervision Cases	1,688
Total FY 2006-09 Sample	7,685
Total October 1, 2006 - April 1, 2009 Sample	6,816

There were 7,685 FWSN complaints between October 1, 2006 and September 30, 2009. Of those, 4,164 FWSN referrals were filed in fiscal years 2007-09. During this time, approximately 15 percent of all FWSN complaints received FSC services. Of the 7,685 referrals, 6,816 were made between October 1, 2006 and April 1, 2009. These FWSN complaints comprised the system level outcome sample.⁶ Statistical analyses of these two groups suggested that they were very similar in terms of prior offense history and seriousness, age, and gender. Client race was the only significant disparity between the FSC FWSN cases and FWSN cases referred for other interventions. The Family Support Centers served more

⁶ Selecting complaints made between October 1, 2006 and April 1, 2009 allowed for a standard six-month follow up for all cases.

minority FWSN clients than those referred for other services.⁷

Table 3. Individual Outcome Assessment Sample

Total FSC Clients Discharged 2007-09	279
FSC Referrals Completing Services	156
FWSN Referrals Completing Supervision	88
Total Outcome Evaluation Sample	244

Of the FSC cases, 156 successfully completed services prior to April 1, 2009. Eighty-eight FWSN cases successfully completed judicial or non-judicial FWSN supervision during the same timeframe. The individual outcome assessment sample included only these 244 FWSN cases. Statistical analyses of these two groups suggested that they were very similar in terms of risks and needs, prior offense history and seriousness, age and gender. Client race was the only significant disparity between the FSC FWSN cases and FWSN Supervision clients. The Family Support Centers served more minority FWSN clients than those referred for other services, including FWSN Supervision.

⁷ Descriptive statistics for the system and individual level comparisons can be found in Appendix A.

PROCESS EVALUATION FINDINGS

Family Support Center Referrals

The FWSN referral process can begin with law enforcement personnel, child welfare agency staff, teachers or school administrators, parents, foster families or juvenile justice representatives. “One of the major changes instituted as of October 1, 2007 is the requirement that in all initial FWSN referrals, the complaints must be screened by a juvenile probation supervisor and, if found sufficient, referred for services prior to any complaint being formally filed in court” (Board, 2008, p. 33).

Juvenile Probation Supervisors screen Families with Service Needs complaints. They have the option of assigning Probation Officers to the case and/or referring clients to community-based services; returning the complaint to the filing entity or recommending services with local Family Support Centers. Probation staff use a standard screening instrument to determine client eligibility for FSC programming. The screening process often includes input from the Department of Children & Families Liaison. All high need FSWN complaints receive referrals for Family Support Center services. If a Probation Officer recommends a community-based service but the juvenile’s behavior escalates, they may refer that child and family to the FSC.

After the recommendation for FSC services, the Program Director becomes responsible for overseeing the referral process. Within one hour, FSC staff contact Probation personnel to confirm receipt of the referral documentation.

From that point, FSC staff have three hours to make initial contact with the family and evaluate the need for crisis intervention and/or schedule the intake assessment.

Family Support Center staff meet regularly with Probation and DCF representatives to ensure that the FSC is receiving appropriate referrals and review existing cases. FSC personnel get together with Probation, DCF and other partnering agency representatives to field any questions and maintain oversight of the referral process.

Table 4. FSC Referrals

Referrals for Family Support Center Services 2007-09		
	Total	Percentage
Referrals Accepted	637	96%
Referrals Rescinded ⁸	30	4%
Total	667	100%

Between October 2007 and November 1, 2009, there were 667 referrals for Family Support Center services. In rare situations, FSC staff returned the referral to Probation, or Probation withdrew the recommendation for administrative reasons (4 percent of all referrals). The Family Support Centers accepted the majority, 96 percent, of referrals from Probation. This indicates that the referral process functions smoothly, and that Juvenile Probation Officers and Supervisors fully understand the FSC selection criteria and are submitting appropriate clients for FSC services.

⁸ Rescinded referrals are the number of referrals that were received but were never admitted for services to the provider.

Table 5. FSC Complaint Sources

FWSN Complaint Sources		
	<u>Total</u>	<u>Percentage</u>
Parent/Foster Parent	365	55%
School	217	33%
Other	81	12%
Re-Referral from Community	2	0%
DCF Service Providers	2	0%
Total	667	100%

Most Families with Service Need complaints referred to FSC programming originated from parents or foster parents (55 percent); followed by representatives in the school system (33 percent).

Table 6. FSC Complaint Type

FWSN Complaint Reasons		
	<u>Total</u>	<u>Percentage</u>
Beyond Control	394	59%
Truancy	208	31%
Defiant of School Rules	27	4%
Runaway	27	4%
Other	11	2%
Total	667	100%

The primary reason for FWSN complaints for children referred to the FSC's was beyond the control of their guardians (59 percent). A large portion of FWSN complaints related to school issues such as truancy and defiance of school rules, 31 and 4 percent respectively. It is important to note that the referral complaint reason is not always the behavior most in need of attention. For example, FSC staff report that roughly 50 percent of their clients have truancy or other school issues as their primary presenting problem. Moreover, the partnering agency assessment identified truancy and running away as the most difficult FWSN behaviors to treat; citing that they are usually symptoms of more global

personal or family issues; and that addressing these risky behaviors involves treating the larger problems as well.


Table 7. FSC Referral DCF Involvement

FWSN Referrals with DCF Involvement		
	<u>Total</u>	<u>Percentage</u>
DCF Not Involved	472	71%
DCF Involved	195	29%
Total	667	100%

The majority of referrals for FSC services are for juveniles and families without DCF involvement (71 percent). This highlights the fact that the Family Support Centers are not providing overlapping services for at-risk youth and their families.

During the process evaluation site visits, evaluators asked FSC staff about the referral process and communication among Probation, DCF and FSC staff. FSC staff reported that the referral process was functioning smoothly and that referrals were submitted and followed up with according to protocol. FSC administrators also indicated flexibility in the referral protocol to allow for greater communication and collaboration between the referral agencies and FSC staff. At the time of the last site visit, FSC staff reported that interagency communication was stronger because of FSC staff efforts to improve the level of support and assistance from Probation, Department of Education, and the Department of Children & Families.

Official data from the Family Support Centers, CSSD and the process evaluation site visits indicate that:

-  The complaint and referral process is operating as intended by the Family Support Center model developers;

- ⚖️ Juvenile Probation Supervisors are screening juveniles for FSC eligibility prior to submitting the referral to the Family Support Centers;
- ⚖️ The majority of all FSC referrals are accepted for services suggesting a well designed and adhered to screening process;
- ⚖️ The majority of FSC referrals originate from parent complaints of their children for FWSN behaviors;
- ⚖️ Most of the FWSN complaints submitted for FSC programming are for juveniles beyond the control of their parents or guardians; and,
- ⚖️ The majority of the FSC referrals are not involved with DCF.

Family Support Center Clients

The Family Support Center program model was designed to serve a diverse clientele. This was evident in the characteristics of the juveniles referred to and serviced by the Family Support Centers.

Table 8. FSC Referral Gender

Client Gender		
	<u>Total</u>	<u>Percentage</u>
Male	353	53%
Female	314	47%
Total	667	100%

Family Support Center clients included more males than females. The youngest and oldest client reported by the Family Support Centers was 10 and 18 respectively, at the time of referral. The average reported age of FSC juveniles was 15 years old.

An examination of client ethnicity demonstrated that 42 percent of those referred for FSC services identified themselves as Hispanic. Black clients made up about 30 percent of those referred for

services and white juveniles accounted for 22 percent of all clients.

Table 9. FSC Referral Race/Ethnicity

Client Race/Ethnicity		
	<u>Total</u>	<u>Percentage</u>
Hispanic	283	42%
Black	201	30%
White	148	22%
Unknown	28	4%
Asian	6	1%
American Indian	1	0%
Total	667	100%

In addition to gathering demographic information on FSC clients, evaluators inquired about FSC client characteristics. The Family Support Center personnel stated that most of the clients referred were appropriate given the types of services provided by the program. During the early stages of implementation, the majority of juveniles recommended had significant system involvement stemming from high risk and needs. These clients generally had a long history of services, needed crisis intervention and required a higher level of care. FSC staff indicated that these types of cases declined after about six months of operation. During the final implementation stages, all operating Family Support Centers refined their assessment and intake protocols in order to tailor appropriate treatment for high risk and need clientele.

Official data from the Family Support Centers, CSSD and the process evaluation site visits indicate that:

- ⚖️ The Family Support Centers served a diverse client population;
- ⚖️ FSC clients included more boys than girls;

- 🔊 The Family Support Centers served clients as young as 10 and as old as 18. On average, these juveniles are about 15 years of age;
- 🔊 Most Family Support Center clients were Hispanic or Black; and,
- 🔊 Almost all clients were appropriate for FSC services.

Family Support Center Implementation

Successful delinquency prevention programs implement effective procedures for recruiting, training and supervising qualified program staff. Programs without such procedures, are more likely to experience significant staff turnover rates and, correspondingly, significant difficulties in providing effective service delivery. Successful implementation is also dependent on adequate support and guidance from the managing agency. Without oversight, management and supervision, programs will not be able to effectively translate the program model according to the original design.

Having well trained and qualified staff is critical to program implementation and operation. A review of FSC staff during the final site visit demonstrated that all had at least a bachelor's degree in a helping profession (Social Work, Psychology, Criminal Justice, Family Therapy for example). Additionally, almost half (46%), had an advanced degree in a helping profession (M.S., Ph.D., LMFT). Everyone in administrative positions (Program Director or Clinical Coordinator) had an advanced degree such as an M.S. or MSW. Further, with a few exceptions for those just beginning their careers, all FSC personnel had experience working with juveniles and at-risk populations.

The Family Support Centers employ a variety of techniques to recruit and retain

qualified personnel. Staff and administrators report using standard rating instruments, thorough screening processes, multi level interviews, and employee shadowing in the assessment of potential employees. Further, CSSD managers participate in the interview and recruitment process to ensure that candidates have the right experience and qualities need to work with juveniles and their families.

There was some staffing variation across the four Family Support Centers, but all had a(an):

- 🔊 Program Director;
- 🔊 Clinical Coordinator;
- 🔊 Case Manager; and,
- 🔊 Education Consultant or Advocate.

Additional staff members included Senior Case Coordinators, Case Coordinators and Case Service Coordinators.

The Family Support Centers had twenty-six full time positions. In total, sixteen FSC staff resigned or otherwise left their positions since the programs began operating in October 2007.





During the early implementation phases, Family Support Centers experienced moderate turnover rates. From October 2007 to December 2008, eleven FSC staff left their positions. Since that time, the Family Support Centers, in conjunction with CSSD, worked to address staff turnover issues. Some of the techniques implemented to alleviate the problem included: formalized policies that outlined job expectations and obligations, developmental plans and goals, regular meetings with the Program Director, staff satisfaction surveys, exit surveys, enhanced screening processes, staff input in hiring decisions and providing




prospective employees opportunities to work alongside FSC staff before they were hired. These methods have helped decrease staff turnover. From January 2009 to December 2009, only five FSC staff left their positions.

The National Council on Crime and Delinquency relates staff compensation, training and support to staff turnover (Delinquency, 2006). Information gathered during the process evaluation indicated that FSC staff turnover was largely a function of personal choices related to existing family obligations, family relocation and illness. Some of the FSC personnel left their positions for higher paying jobs and/or positions with better benefits. These reasons were consistent with the literature on staff turnover in juvenile justice programs.






Comparatively, FSC staff turnover is very low. A recent study by the Texas Youth Commission reports a 47 percent turnover rate within juvenile justice programs (Commission, 2007). Another report on Florida juvenile justice programs estimates staff turnover somewhere between 55 and 60 percent (OPPAGA, 2005).

FSC staff engaged in an intensive pre-service training agenda to ensure successful integration, professional development and quality service delivery. The Family Support Center model developed by CSSD included a comprehensive training strategy for FSC staff. During the first months of operation, FSC staff devoted a lot of time to these training efforts. FSC personnel trained in a variety of Evidence Based Practices and program models including:

-  Motivational Interviewing;
-  Trauma Based Practices;
-  Family Mediation;
-  Educational Advocacy;

-  Strengths Based Case Management;
-  Gender Responsive Services; and,
-  Suicide Prevention.

Family Support Center personnel also trained in group format intervention curricula including:

-  Aggression Replacement Training (ART);
-  TARGET;
-  Voices;
-  Girls Circle; and,
-  MET/CBT 5.

Currently, all training is complete for FSC staff and most of the services and interventions are available at each FSC. Additionally, FSC personnel continue to work closely with CSSD to ensure access to refresher trainings every six to twelve months to ensure the retention of practices and policies.

Supervision is also important to program implementation and operation. Supervision and support is necessary within the FSC and between the Family Support Center and the managing agency, CSSD. FSC administrators and staff report extensive employee supervision including weekly staff meetings, treatment team meetings, scheduled feedback for staff on work performance and service delivery, opportunities for staff input into program operation, professional development plans and formal performance evaluations. FSC staff and administrators also describe a close working relationship between the program and CSSD. According to FSC staff, they meet at least monthly with CSSD representatives from the Center for Best Practices, and Grants and Contracts and have continual and open communication

about daily FSC operation and activities. CSSD works with the Family Support Centers, according to staff, to address any issues that develop involving staff, training, assessment and services.

Official data from the Family Support Centers, CSSD and the process evaluation site visits indicated that:

- 🔊 Family Support Center staff are very well qualified and have experience working with at-risk populations;
- 🔊 FSC staff receive support, guidance and supervision from FSC administrators;
- 🔊 FSC programs receive support, assistance and guidance from CSSD program and contract managers;
- 🔊 FSC staff are well trained to provide the services offered at their facilities;
- 🔊 Early in the implementation phases, some of the Family Support Centers did experience staff turnover; however, they have alleviated the problem by soliciting staff input at all stages of the hiring process; and,
- 🔊 At the conclusion of the evaluation, all Family Support Centers were fully staffed and trained.

Client Assessments and Services

The use of proven assessment methods is critical to implement effective delinquency prevention programs, and selecting youth who are appropriate for services. Effective programs assess the risk, need, responsivity of clients, and then provide services and treatment accordingly.

Family Support Center Assessments

During the first year of program implementation Family Support Centers utilized a variety of risk and needs assessments. In addition, there was substantial instrument variability across

Family Support Centers. In response to evaluation recommendations and provider feedback; CSSD, in conjunction with the Family Support Centers, developed and implemented a standardized assessment protocol. They collaboratively reviewed the array of risk and need instruments, and selected the following for FSC client assessment:

- 🔊 The Massachusetts Youth Screening Instrument-2 (MAYSI-2);
- 🔊 The Suicidal Ideation Questionnaire (SIQ);
- 🔊 The CT Juvenile Assessment Generic (JAG); and when necessary,
- 🔊 The Child and Adolescent Needs and Strengths with Mental Health Challenges (CANS-MH).

A review of FSC case files revealed that FSC clients were screened using the appropriate assessments at intake. Those not screened were generally referred to external providers who conducted their own assessments. Case files also documented a clear relationship between the assessment results and recommended services. All of the Family Support Centers had client records with the assessment indicators and a recommendation on the services needed to address the clients' needs or strengthen their protective factors.

Family Support Center Services

The Family Support Center model calls for a multi-service agency to provide a variety of intake and assessment, case management, case planning, in-house treatment programming and referrals to external providers for Families with Service Needs.

FSC staff screen and assess youth and their families before developing their specific treatment plan. FSC staff reported that success or treatment plan development is a

collaborative process involving the juvenile, their family and treatment staff. The client's success or treatment plan outlines the FSC services and other community-based programming options. FSC personnel regularly update the case plans during services to objectively determine client progress, needs and risk reduction.

The Family Support Centers offer a variety of services including case management, family mediation, crisis intervention, individual and group counseling, and group format interventions. A brief description of these services is provided below.

Services Offered by the Family Support Centers

Voices, Stephanie Covington

Voices is designed to give young women the opportunity to explore who they are in an environment that fosters a sense of empowerment and support. Voices encourages girls to seek and celebrate their "true selves" by giving them a safe space, encouragement, structure and support to embrace their important journey of self-discovery. The program advocates a strength-based approach that helps girls to identify and apply their power and voices as individuals and as a group. The focus is on issues that are important in the lives of adolescent girls, from modules about the self, to connecting with others, and exploring healthy living options. Voices utilize a variety of therapeutic approaches, including psych-educational, cognitive behavioral, expressive arts and relational therapy.

TARGET, Julian Ford

TARGET helps children control anger through learning how to manage and recognize internal emotions, which lead to anger and frustration. TARGET is based on

the knowledge that many children involved in the Juvenile Justice system have experienced significant traumatic events in their lives such as abuse, loss and exposure to violence.

Motivational Enhancement Therapy (MET) CBT-5

MET involves a functional analysis, which is a collaboration between the therapist and adolescent to examine the antecedents, behaviors, and consequences (ABCs) of substance use behaviors. The program strives to alter maladaptive patterns at each stage, extinguish negative thoughts and behaviors, and reinforce positive thoughts and actions. CBT involves role playing, reviewing progress, real life practice exercises, and teaching relaxation techniques and coping skills. MET has been reviewed by the National Registry of Effective Programs.

Girls Circle, Giovanna Taormina

The Girls Circle model, a support group for girls from 9-18 years, integrates relational theory, resiliency practices, and skills training to increase positive connections, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices. Girls Circle is rated as a promising model program by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide.

Boys Council, Giovanna Taormina

Boys Council is a new program that was developed and implemented in 2008. It is similar in content to Girls Circle; however, its main focus is for boys and young adults.

This program is designed to increase positive connection, personal strengths, and competence within boys.

Aggression Replacement Training (ART)® Arnold P. Goldstein, Barry Glick and John C. Gibbs

Aggression Replacement Training includes multiple service components such as: a behavioral component (structured learning), an affective component (anger control training), and a cognitive component (moral reasoning). The objective is to teach adolescents to understand what causes them to feel angry and act out aggressively. Once youth learn to recognize their anger they can use the techniques learned through the program to reduce their anger and aggression. Such techniques include anger reducers such as deep breathing, backward counting and pleasant imagery. Overall, the goal of the service is to give them the skills necessary to make a positive choice. ART® was rated as an effective model program by OJJDP's Model Programs Guide, and identified as effective by Sherman, et. al. (1998).

Individual Therapy

Individual therapy is conducted as a one-on-one engagement between a trained counselor and the juvenile. Counselors deal with a wide range of familial and school related issues. Having the juvenile discuss problems and behaviors in a confidential manner helps the juvenile so they may counteract social and interpersonal problems as they arise. The goal of counseling is to improve the self-sufficiency with a focus on the identification of relapse and escalation, and the development of problem solving skills.

Education Advocacy

The purpose of Educational Advocacy is to assist clients and families in accessing

support and resources within their local school systems. The mediators do this by facilitating and determining the educational needs of the clients, reviewing educational records, assessing client educational strengths, and by facilitating system level collaboration to establish an educational plan that addresses clients' needs. Educational Advocacy can include the following service events: Administered Diagnostic Achievement Battery (DAB), attended school meetings, attended Planned Placement Team (PPT), educating parents about their rights, indentifying alternative school settings, obtaining school records, and providing private tutoring.

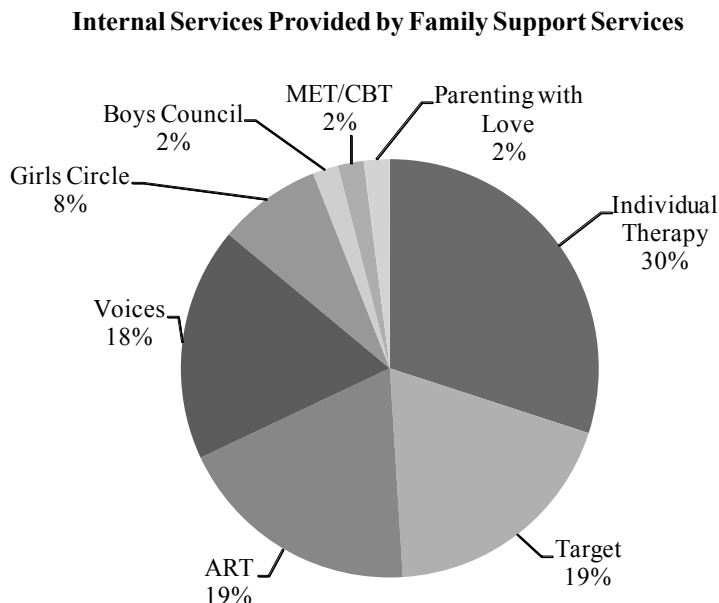
Parenting With Love

Parenting with love involves parents and their children. Here, families strengthen their communication and conflict resolution skills while gaining insight into each other's needs. The goal of the program is to reinforce that parenting teams can be rewarding and fun. This is an interactive curriculum for parents and their teens. The program looks at restoring order and fun in the home.

Summer Programs

There are a number of summer programs, which may help juveniles, continue prosocial activities when school is not in session through the summer months. Some of these programs even provide income for a select number of juveniles in addition to creating a real work environment for youth. The following activities are included in the summer programs: back to school preparation, college tours, community service and volunteering, summer programs services, job skill development, job tours, life skills, recreational activities and tutoring.

Figure 1. FSC Internal Services



The figure above illustrates the percentage of services for all FSC clients. The most widely used service is Individual Therapy (30%) followed by Target and ART® (19%); Voices (18%); Girls Circle (8%); and Parenting with Love, MET/CBT, and Boys Council (2%).

In addition to the above services, Family Support Centers also have internal service events (not shown in figure above). The goal of these activities is to provide the juvenile immediate assistance in the event of a crisis. There were 247 juveniles who utilized these services. This equates to an average of seven event activities per juvenile. The most widely used event service was Education Advocacy (41%) followed by Summer Programs (38%) and other FSC Service Events (20%).⁹

⁹ Other service events can include any of the following activities: crisis intervention, family mediation, mentoring services, parenting groups and tutoring.

External Service Available for FWSN Cases (Board, 2008, pp. 38-42)

There are a variety of community-based service options available for FWSN clients, in addition to services offered via contract with the CSSD and DCF. If program administrators determine that the client and their families have needs that cannot be addressed with the range of programming options available at the Center, they refer the client to other community-based providers or a contracted service. The following is a description of the funded service options that Family Support Centers can access for their clients if the assessment dictates a need for such a service.

Center for Assessment Respite and Enrichment (CARE)

The Center for Assessment, Respite and Enrichment (CARE) is a two-pronged service model that provides respite care beds

for FWSN-referred girls and boys in crisis as a bridge to home-based, family-centered treatment or other appropriate services. The CSSD Center for Best Practices developed the model.

Brief Family Systemic Therapy (BFST) & Function Family Therapy (FFT)

Brief Family Systemic Therapy (BFST) includes 12-15 family intervention sessions. BFST typically lasts two to three months but the exact duration is dependent on presenting problems and family progress. Functional Family Therapy (FFT) is a highly successful family intervention program for at-risk juveniles whose problems range from acting out to conduct disorder to alcohol/substance abuse. Often these families tend to have limited resources, histories of failure, a range of diagnoses and exposure to multiple problem behaviors. FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole/aftercare, mental health, and as an alternative to incarceration or out-of-home placement.

Multi-Systemic Therapy (MST)

Multi-Systemic Family Therapy (MST) is a “pragmatic and goal-oriented treatment that specifically targets those factors in each juvenile’s social network that are contributing to his or her antisocial behavior. Thus, MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease client association with deviant peers, increase juveniles association with prosocial peers, improve juveniles school or vocational performance, engage juveniles in prosocial recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such change” (Institute, 2007).

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy (MDFT) is an outpatient family-based drug abuse treatment for juvenile substance abusers. The goals of MDFT is to improve functioning in several developmental domains, including positive peer relations, healthy identity formation, bonding to school and other pro social institutions, and autonomy within the parent-adolescent relationship. The intervention also focuses on the parent and juvenile’s relationship. The treatment format includes individual and family sessions depending on the need of the individual.

Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

Yale University developed Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) for children with serious mental health issues and their families. The model strives to provide home based support and services for clients who are in acute psychiatric crisis, transitioning from residential care, or who require intensive psychiatric care in the home. IICAPS services include a variety of options such as educational consultation; clinical case management; coordination of services from multiple agencies; and parent education, guidance and support.

Life Skills Programs

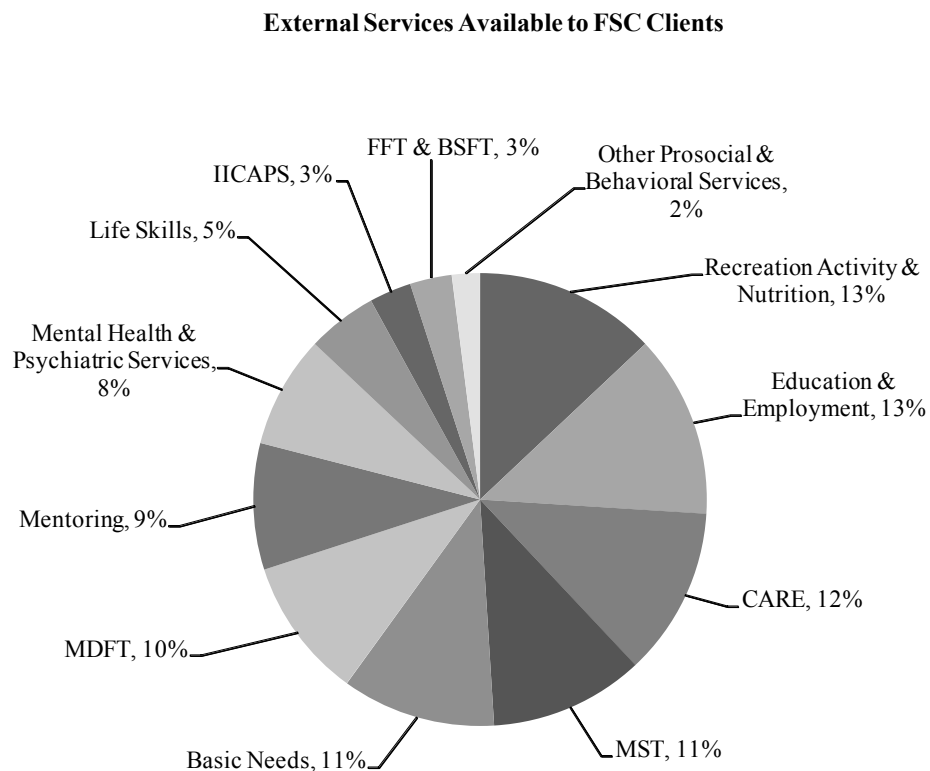
Life Skills services teaches concepts designed to help individuals and families improve the quality of their lives. Life Skills offers a dynamic alternative approach to personal growth. The overall goal of Life Skills Institute is to instruct juveniles on how to do life well. Primary subject topics include addiction, relationship issues, rebellion, coping skills, self-esteem and communication skills.

Recreational and Nutrition Services

Recreational and Nutritional Services are essential in providing prosocial activities for juveniles outside of school. These services also help in creating a strong identity for juveniles. It is important to develop healthy habits early in life in order to avoid health and self-esteem issues. An important way to keep young people healthy both mentally and psychically is to encourage them to participate in regular physical activity. For juveniles who want to participate in these extracurricular activities, Family Support Centers provide a wide array of recreational services.

Figure two below, illustrates the percentage of external services for all Family Service Centers. As noted, there is a wide array of external services available to clients at Family Support Centers. The most widely used service included Recreational Services (13%), followed by Education and Employment Services (12%); Care (12%), Basic Needs (11%), MST (11%); MDFT (10%); Mentoring services (9%); Mental Health Services (8%); Life Skills (5%); FFT and BFST (3%), Other Prosocial and Behavioral Services (2%), and IICAPS (3%).

Figure 2. FSC External Services



Official data from the Family Support Centers, CSSD and the process evaluation site visits indicated that:

- ⚖ The Family Support Centers assess each client using objective and valid assessment instruments;
- ⚖ Client files document the results of the assessments, and these results dictate the individual treatment or success plan;
- ⚖ Family Support Centers offer a range of internal services for juveniles and their families; and,
- ⚖ The Family Support Centers provide additional referrals as needed for a variety of external services for juveniles and their families.

Client Discharge and Utilization

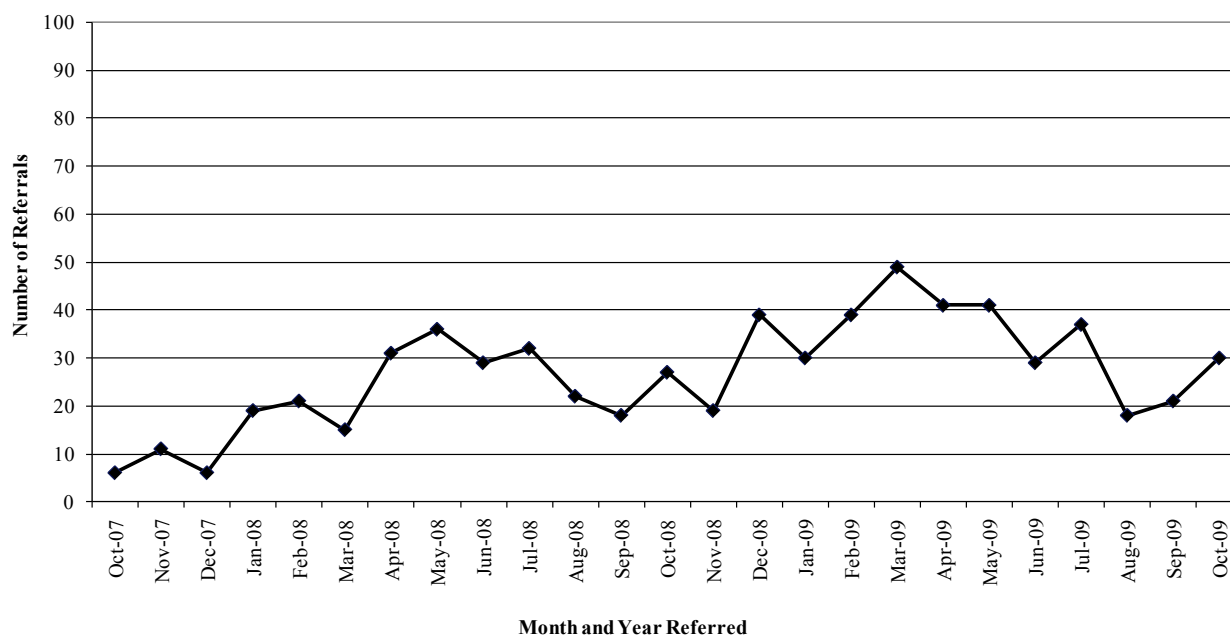
The design capacity for all FSC programs is approximately 500 clients within a twelve-month period. This equates to roughly 125 juveniles and families per calendar quarter, or 41 clients in any given month. The Family Support Centers have released 547 clients since opening in October 2007, which means they have functioned at about 55 percent of their design capacity.

However, from November 2008 through October 2009, the Family Support Centers released 442 clients within a twelve-month period. Thus, the Family Support Centers were operating at 88% of their design capacity by their second year of operation. There are two explanations for the underutilization of FSC services during the first year of implementation.

First, the initial Family Support Center contracts were awarded in early to mid 2007 and the programs began accepting referrals for services in October 2007. Family Support Center personnel were required to participate in an extensive training agenda and were still in the process of hiring key personnel and completing their training when services began.

As a result, administrators made a decision to slowly increase the number of referrals during the first six months of programming to accommodate the training schedule and allow the Family Support Centers sufficient time to implement the program model. As a result, there were only a small number of referrals made for FSC services from October through January of 2008. The number of FWSN referrals for FSC services increased sharply in April 2008 and have remained relatively high since that time.

Figure 3. FSC Referrals by Month



Second, the number of FWSN complaints declined by as much as 40 percent from 2006 to 2007. The declining number of FWSN complaints is a product of procedural changes that require schools to adhere to state FWSN filing requirements, and active parental engagement in the service process. Additionally, the low number of referrals in August and September (Figure 3) may be related to the school year calendar. During summer months there may be fewer FWSN complaints because a primary referral source is not open.

The Family Support Centers are working up to maximum utilization. In the past twelve months, they have significantly increased the number of clients and are close to meeting full capacity expectations for the third year of operation.

Client discharges from FSC services include a variety of release reasons. There are unique Family Support Center policies that affect client completion of the program. First, FSC programs are voluntary for the juveniles and their families and there is no court order or requirement that they participate in or complete services. Second, any escalation in behavior or involvement with the Juvenile Justice system generally causes the client's removal from FSC programming. Table 10 provides a summary of the client release reasons. The most prominent reason for failing to complete the program requirements is inappropriate referrals (11%). The client's supervision term ending and health issues also impact failure to finish the program (6%).

Table 10. FSC Releases

FSC Client Releases		
	Total	Percentage
Completed all requirements	225	41%
Completed and Referred - triaged & needed higher level of care	103	19%
Completed and Referred - triaged to DCF	103	19%
Inappropriate Referral - On probation/prior adjudication	42	8%
Inappropriate Referral - Services already in place	19	3%
Incomplete - Case Disposed/ Supervision Ended	16	3%
Incomplete - Client Death or Serious Health Condition	16	3%
Incomplete - Client Transferred	11	2%
Incomplete - Court/Legal System Involvement	6	1%
Incomplete - Lack of Engagement	2	0%
Incomplete - Moved from Area	1	0%
Incomplete - Out of Home Placement (Not Escalating Behaviors)	1	0%
Incomplete - Violated Program Rules	1	0%
Incomplete - Withdrawn by Referral Source	1	0%
Total	547	100%

A 21 percent non-completion rate may be interpreted as somewhat high. However, the programs are bound by eligibility criteria that exclude escalating clients from continuing with FSC services. Further, the Family Support Centers are providing voluntary services to clients who are accustomed to mandated participation. Moreover, since December of 2008, the non-completion rate has declined by 12 percent. This illustrates that the Family Support Centers are doing more to encourage clients to complete services.

Official data from the Family Support Centers, CSSD and the process evaluation site visits demonstrated that:

- ⚖ During the first six months of operation the Family Support Centers served fewer clients than anticipated;
- ⚖ Early utilization was hampered by a quick shift from design to implementation, a broad and comprehensive training agenda, and an

overall decline in the number of FWSN complaints being filed by schools and families;

- ⚖ Program utilization increased significantly after April 2008 and all programs are close to meeting design capacity expectations;
- ⚖ Seventy-nine percent of all clients successfully completed program requirements; and,
- ⚖ The majority of clients who did not complete FSC service requirements failed to do so because they were inappropriate for FSC programming, or the case was disposed and supervision ended.

Quality Assurance and Fidelity Monitoring

Program success hinges upon two key factors: effective interventions and effective implementation of those interventions. An internal and external system of monitoring service delivery and staff fidelity to evidence-based practices is critical to program success. A strong quality

assurance component helps identify potential problems, assess program effectiveness and ensure the proper implementation of client interventions and services.

FSC staff reported an array of quality assurance and fidelity monitoring activities. The quality assurance measures include:

- 📋 Staff audits;
- 📋 Employee performance evaluations;
- 📋 Case file reviews;
- 📋 Client surveys;
- 📋 Staff surveys;
- 📋 Quality assurance forms and checklist;
- 📋 Fidelity monitoring of interventions; and,
- 📋 Routine feedback on service delivery.

Additionally, the Family Support Centers all had internal monitoring provided by their own agency. The scope of the agency wide quality assurance system varied across the providers, but all had some higher-level quality assurance system in place to monitor implementation and operation.

Official data from the Family Support Centers, CSSD and the process evaluation site visits indicate that:

- 📋 All Family Support Center staff understood the importance of quality assurance measures;
- 📋 All Family Support Center staff are aware and participate in fidelity monitoring and quality assurance activities; and,
- 📋 Staff have access to quality assurance indicators and the Centers are using this information to improve programming.

Phase II Process Evaluation- Partnering Agency Assessment Findings

Phase II activities began in August of 2008 and concluded in June 2009. Phase II of the evaluation involves partnering agency site visits consisting of two current Family Support Centers (Hartford and New Haven) and two locations awaiting the potential implementation of these services (New Britain and Waterford). The assessment includes focus groups with the following partnering agency representatives:

- 📋 Department of Children & Families (DCF);
- 📋 Court Support Services Division;
- 📋 Members of the judiciary;
- 📋 The Department of Education;
- 📋 Community-based providers;
- 📋 Parents; and,
- 📋 Other juvenile advocates.

In addition, Phase II included an online survey with the participating agencies and the juvenile advocates outlined above. The purpose for the Phase II partnering agency process evaluation was twofold. The first objective was to gather community and agency feedback on the impact of Public Act 05-250, *An Act Concerning Children and Families with Services Needs* on services for at-risk families. The second goal of the study was to gain a better understanding of the referral process and the overall decline in Families with Service Needs complaints since the implementation of the FWSN initiative in October of 2007.

The FSC partnering agency process evaluation concentrated on three basic questions.

- 🔊 What accounts for the overall decline in FWSN complaints since the new legislation in 2007?
- 🔊 Are there any gaps or barriers in the services available to Families with Service Needs?
- 🔊 What is the role of the Family Support Center and are additional centers needed to provide services for at-risk juveniles and their families?

The table below illustrates the percentage of agency participants in the evaluation.

Table 11. Partnering Agency Representatives

Partnering Agency Representatives		
<u>FSC Sites:</u>	<u>Focus Group</u>	<u>Online Survey</u>
Probation	28%	25%
Education	23%	29%
Community Providers	16%	14%
DCF	15%	12%
FSC	11%	14%
DCF Comm. Prov.	7%	6%
Parent	1%	-
<u>Non-FSC Sites:</u>	<u>Focus Group</u>	<u>Online Survey</u>
Community Providers	38%	37%
CSSD Comm. Prov.	32%	37%
DCF	14%	15%
Education	9%	7%
DCF Community Providers	6%	5%

Family Support Center sites had seventy-five participants included in the focus groups. Of those who participated in the focus groups, fifty completed the online survey. In Non-FSC districts, sixty-five participants attended the focus groups while thirty-nine completed the online survey. The JRC provided all partnering agency

representatives who participated in the focus groups an opportunity to complete the online survey. The participants had approximately a month and a half to complete the survey. The response rate for the FSC survey was 67 percent and the response rate for the Non-FSC survey was 63 percent.



Summary Findings

The analysis yielded a much needed community perspective on the decline in the number of FWSN complaints, services barriers and gaps, the role of Family Support Centers and the need for additional centers. The summary findings are presented below.

- 🔊 Respondents believed that the number of FWSN complaints had declined due to communication and procedural issues that delayed or inhibited the filing and processing of FWSN complaints. In light of the new legislation, partnering agencies have increased their reliance on community resources for at-risk juveniles and their families. As intended, at-risk juveniles and their families are being diverted from the courts to other agencies such as the Family Support Centers, Youth Service

Bureaus and the Juvenile Review Boards.

- 🔊 According to collaborating agency representatives, there are communication barriers between school districts and Probation. Despite CSSD's efforts to inform partnering agencies on FWSN law changes, the inclusion criteria used by probation when accepting FWSN complaints is perceived as ambiguous and unclear.
- 🔊 There were some identified barriers and gaps in the services provided. Partnering agency representatives reported concerns that Families with Service Needs were not getting the programming and assistance needed to address their problems effectively.
- 🔊 Both FSC and Non-FSC areas reported a general level of satisfaction with contracted CSSD services. Additionally, Non-FSC areas reported that the Youth Service Boards and the Juvenile Review Boards were essential in providing programs and assistance to at-risk juveniles and their families.
- 🔊 Overwhelmingly, respondents highlighted truancy and running away as the most difficult FWSN behaviors to treat; citing that they are usually symptoms of more global personal or family issues and that addressing these risky behaviors involves treating the larger problems as well.
- 🔊 Collaborating agency representatives reported having a general understanding of the role of the Family Support Center in their district. While many agencies were taking an active role in supporting the district FSC, more collaboration between the community agencies was highlighted as an area for improvement to strengthen these ties.
- 🔊 Most respondents felt that additional Family Support Centers would benefit

Families with Service Needs, the community, and the justice system.

- 🔊 If Family Support Centers are implemented in other areas, partnering agency representatives stressed the importance of incorporating community feedback in the model so that the specific needs of the area could be met. Additionally, collaborating agency representatives highlighted the importance of their involvement in the planning and implementation phases.

Overall, the Families with Service Needs Initiative represents a significant undertaking in how the State of Connecticut serves children who are engaging in risky behaviors. This assessment stresses the importance of community agencies in treating and serving at-risk juveniles and their families. State initiated programs, such as Family Support Centers, would increase their effectiveness by working in partnership with existing community-based organizations and agencies to capitalize on available resources. The partnering agency assessment also highlights the need for collaboration and communication between agencies, as these are essential elements to providing effective and efficient programming for Families with Service Needs.

OUTCOME EVALUATION FINDINGS

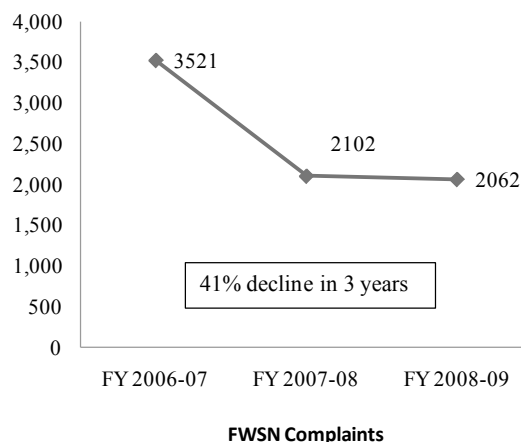
Public Acts 05-250 and 07-4 intended to reduce the overall number of FWSN complaints, and limit judicial involvement in FWSN cases. The legislation also prohibited the placement of FWSN cases in secure detention facilities, and sought to improve outcomes for all Families with Service Needs. The service component of the initiative was designed to provide effective community-based interventions for at-risk families. The outcome evaluation focused on how the new policies, procedures and programs associated with this legislation influenced the Juvenile Justice system, as well as Families with Service Needs.

System Level Changes

Public Acts 05-250 and 07-4 were enacted to bring about a fundamental change in the processing of Families with Service Needs by the Juvenile Justice system. The policies and procedures mandated by this legislation encouraged at-risk juveniles and families to utilize existing resources, such as community-based providers and the education system, to address their needs. The new policies also sought to eliminate detention placements for FWSN referrals; drastically reduce the number of judicially processed FWSN complaints; and decrease the number of FWSN cases with further justice system involvement.

The system level analysis compares FWSN referral information from FY 2006-07, prior to the implementation of the Families with Service Needs initiative, to information from fiscal years 2007-09, after the enactment of the new policies. This comparison demonstrates the effect of the new procedures on the processing of FWSN complaints.

Figure 4. FWSN Complaints Fiscal Years 2006-09

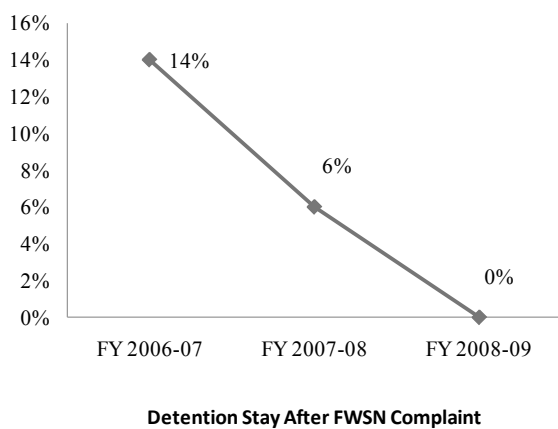


One of the primary goals of the Families with Service Needs initiative was diverting FWSN cases from the courts, and directing them to resources outside of the Juvenile Justice system. In FY 2006-07, there were 3,521 FWSN complaints filed by parents, schools and other community organizations (see Figure 4). After Public Acts 05-250 and 07-4 were fully implemented in October 2007, the number of FWSN complaints declined sharply. In fiscal years 2007-08 and 2008-09 there were 2,102 and 2,062 FWSN complaints respectively. This was a 41 percent drop overall in the total number of FWSN complaints filed by families, schools, community organizations and other agencies. In context, a recent Vera Institute study reported a 41 percent change in FWSN type petitions for a similar intervention (the Person In Need of Supervision initiative) in New York (Mogulescu & Caro, 2008).

The FWSN initiative also targeted the placement of FWSN cases in detention facilities. As shown in Figure 5, in FY 2006-07, 14 percent of FWSN cases had

a subsequent placement in detention.¹⁰ In FY 2008-09, no FWSN complaints had a placement in a detention facility. In comparison, similar initiatives, such as the Persons in Need of Supervision program in New York, reported a 39 percent decrease in non-secure detention placements for status offenders (Mogulescu & Caro, 2008). Further, according to the Office of Juvenile Justice and Delinquency Prevention, “the number of petitioned status offense cases involving detention *increased* 54% between 1995 and 2005 (from 7,700 to 11,900)” (Puzzanchera & Sickmund, 2008, p. 82).

Figure 5. FWSN Detention Placement Fiscal Years 2006-09

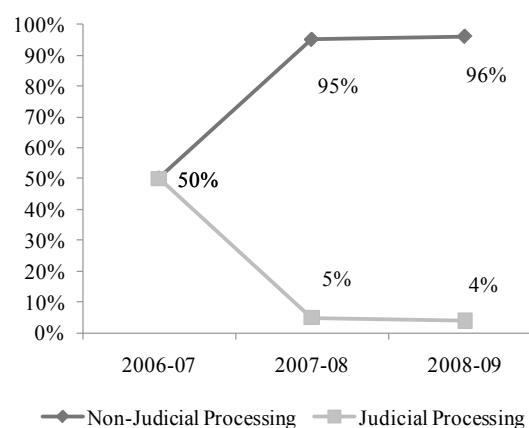


Another objective of Public Acts 05-250 and 07-4 was limiting the number of FWSN cases handled by the courts. The new procedures dictated that FWSN referrals should be processed by Probation, with only the most serious complaints requiring judicial involvement. An examination of FWSN referrals between October 1, 2006 and April 1, 2009 (Figure 6) showed that the courts involvement in handling complaints

¹⁰ The analysis excludes FWSN complaints with subsequent delinquency charges, as the detention placement could legitimately be linked to a delinquent offense.

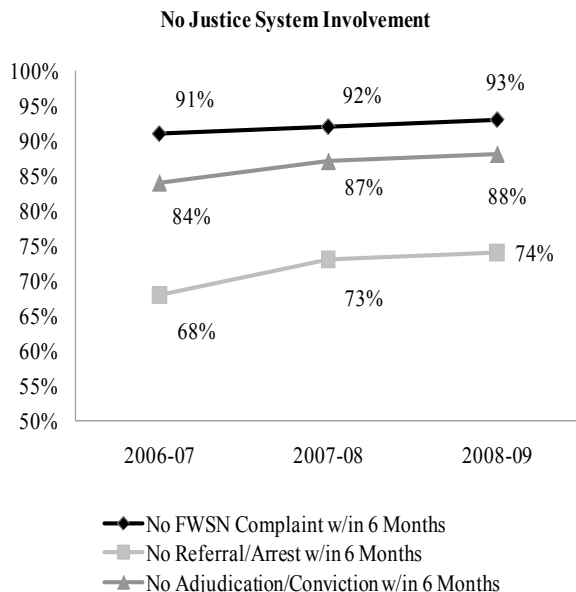
declined from 50 percent to 4 percent in two and a half years. This trend is in sharp contrast to national figures. The Office of Juvenile Justice and Delinquency Prevention estimated that the number of, “petitioned status offense cases processed by juvenile courts increased 29% between 1995 and 2005” (Puzzanchera & Sickmund, 2008, p. 71).

Figure 6. FWSN Processing 2006-2009



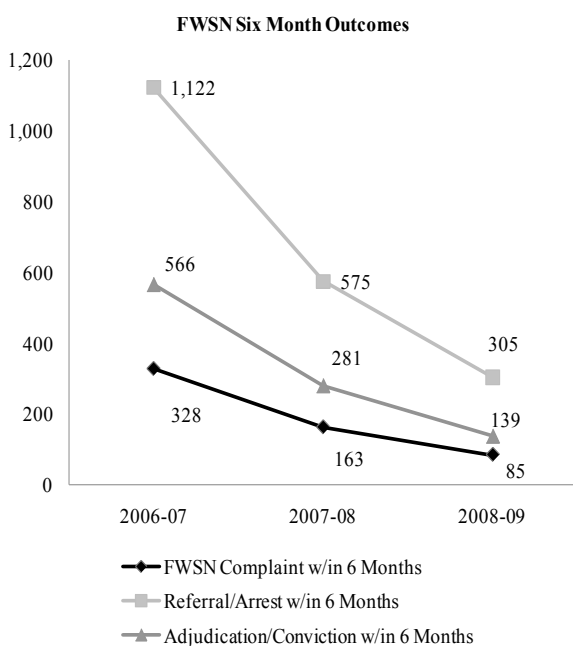
In addition to diverting FWSN cases from the juvenile justice system, limiting judicial involvement in processing these cases and reducing the number of FWSN complaints with detention placements; the new procedures also focus on improving outcomes for all at-risk juveniles and their families.

Figure 7. FWSN Outcomes (Percentages) 2006-09



The analysis of 6,816 FWSN complaints from October 1, 2006 through April 1, 2009 (Figure 7 and Figure 8) shows that aggregate outcomes for all cases are better since the implementation of the FWSN initiative.

Figure 8. FWSN Outcomes 2006-09



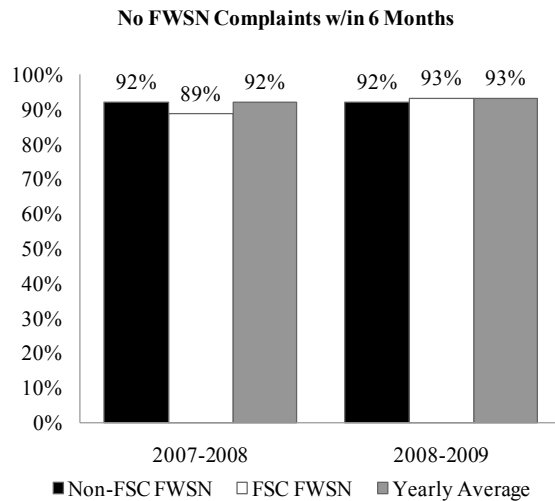
The assessment demonstrated that the percent of FWSN complaints with no further justice system involvement improved from 68 to 74 percent for referral or arrest, in two and a half years. As shown in Figure eight, in FY 2006-07, there were 1,122 FWSN clients with a referral or arrest within six months of referral. The number of FWSN cases with subsequent referrals or arrests dropped substantially from 1,122 to 305 in two and half years. The chi square test indicated that this is a significant change in referrals/arrest outcomes for FWSN cases. In comparison, the 2005 Florida Department of Juvenile Justice evaluation of Children and Families in Need of Services (CINS/FINS), a program for at-risk non-delinquent children and families, found that approximately 70 percent of program completers had no referrals or arrests within six months (Winokur, et al., 2006) compared to 74 percent in Connecticut.

The number of FWSN cases without subsequent adjudications or convictions dropped from 566 in FY 2006-07 to 139 in 2008-09. In FY 2006-07, 84 percent of all FWSN complaints went without a subsequent adjudication or conviction within six months of referral. By April 1, 2009, this increased to 88 percent (the change was statistically significant). In context, the 2009 Comprehensive Accountability Report found that 90 percent of youth who completed Children and Families in Need of Services (CINS/FINS), went at least six months without an adjudication or conviction (Winokur, Blankenship, Hand, & Greenwald, 2009).

The number of cases without a subsequent FWSN complaint also improved slightly from 91 to 93 percent during the same period. While this final comparison was not statistically significant; the percent of

juveniles without a subsequent FWSN complaint improved over time.

Figure 9. FSC and Non-FSC FWSN Complaint Success Rates



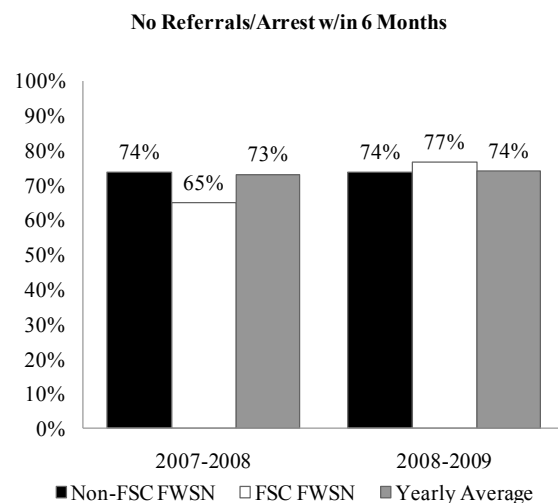
The comparisons in Figure 9, Figure 10 and Figure 11, demonstrate the overall success rates for FWSN complaints within six months of referral. The information is grouped by the type of service received; Family Support Center (FSC FWSN), or other intervention (Non-FSC FWSN); and timeframe (2007-08 and 2008-09).¹¹

The assessment (Figure 9) showed that the percent of clients without additional FWSN complaints within six months of programming was slightly higher for Non-FSC FWSN complaints (92%), when compared to FSC FWSN cases (89%), in FY 2007-08. When examining the same relationship in 2008-2009, the percent of cases without further FWSN complaints was marginally higher for FSC FWSN cases (93%) than the Non-FSC FWSN clients (92%).

¹¹ Other intervention includes community-based support, Probation supervision, and commitment to residential facility.

A similar pattern emerges when examining the percent of juveniles without a referral or arrest within six months of programming during the same period. During FY 2007-08 (Figure 10), Non-FSC FWSN cases had a higher success rate in terms of referral and arrest (74%), when compared to FSC FWSN cases (65%). This difference was statistically significant.

Figure 10. FSC and Non-FSC FWSN Referral/Arrest Success Rates

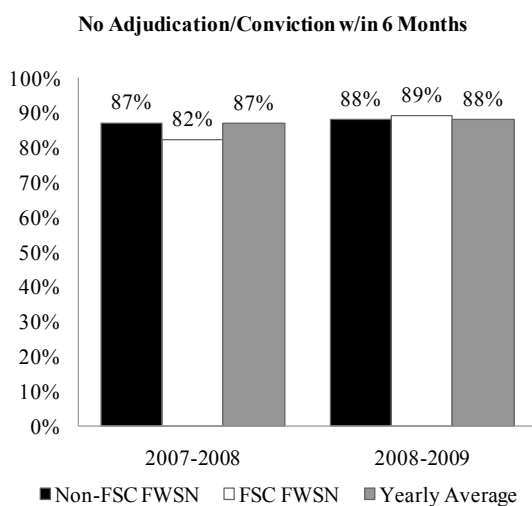


When exploring the same relationship in 2008-2009, the referral and arrest success rate for FSC FWSN cases was slightly higher (77%) than that of Non-FSC FWSN clients (74%). Further, the percent of FSC clients without an arrest or referral increased significantly from 65 percent to 77 percent in just one year (a statistically significant difference).

Figure 11 below reveals similar success trends in terms of adjudication and conviction. The percent of clients without an adjudication or conviction within six months was somewhat higher for Non-FSC FWSN cases (87%), when compared to FSC FWSN cases (82%), in FY 2007-2008. When exploring the same relationship in 2008-2009, FSC FWSN success rates were

marginally better (89%) than those for Non-FSC FWSN clients (88%). Further, the number of FSC FWSN cases without an adjudication or conviction within six months increased from 82 percent in the first year of program operation to 89 percent in the second year of operation (a statistically significant difference).

Figure 11. FSC and Non-FSC FWSN Adjudication/Conviction Success Rates



The system level analysis, in summary, demonstrates that the FWSN initiative is accomplishing its goals and objectives. The new policies and procedures have drastically reduced the number of FWSN complaints, and the number of referrals processed by the courts. Further, the placement of FWSN cases in detention facilities has been eliminated since the implementation of Public Acts 05-250 and 07-4. In addition, successful outcomes for FWSN cases have generally improved with the new policies and procedures. FSC FWSN justice system success rates were typically lower than other Non-FSC FWSN cases in FY 2007-08. However, in 2008-09, client success in terms of justice system involvement was higher for FSC clients than those referred for other formal and informal interventions. Finally, success rates for Non-FSC clients were relatively stable from FY 2007-08 to

2008-2009; however, success rates for FSC FWSN cases increased significantly during the same time.

These findings are especially encouraging given that the Family Support Centers have only been in operation for two years. Simpson and Flynn (2007) argue that there are four main areas or action steps to achieve a fully operating program: training, adoption, implementation and practice. The establishment of a fully operational evidence-based program in a community often requires 2 to 4 years of successful implementation to achieve sustainability. Implementation research also suggest that, “a test of evidence-based practice or program effectiveness at implementation sites should occur only after they are fully operational, that is, at the point where the interventions and the systems supporting those interventions within an agency are well integrated and have a chance to be fully implemented” (Fixen, Naoom, Blase, Friedman, & Wallace, 2005, p. 18). Evaluating after full implementation guards against ‘false negative’ results. “Evaluations of newly implemented programs may result in poor results, not because the program at an implementation site is ineffective, but because the results at the implementation site were assessed before the program was completely implemented and fully operational” (Fixen, Naoom, Blase, Friedman, & Wallace, 2005, p. 18).

The FWSN initiative is near the end of the implementation stage and is moving towards the practice phase of operation. As such, the program is still maturing and gaining experience in community-based intervention for Families with Service Needs. Positive system level outcomes at this phase of the process are especially encouraging, as are

the improvements in Family Support Center success rates since 2007.

Families with Service Needs Outcomes

The second component of the outcome evaluation examined the direct impact of FSC interventions on individual outcomes. This assessment included a description of justice system involvement for all FWSN complaints October 1, 2006 through April 1, 2009. The evaluation also included a comparison of FSC FWSN clients and those receiving FWSN Supervision; and an evaluation of family, school and social indicators for FSC clients.

Juvenile Justice System Involvement

The outcome analysis sample included all FSC clients who successfully completed program services. This condition ensured that the analysis only examined outcomes for those clients who actually received the services provided by the Family Support Center. Since the Family Support Centers began accepting clients in October 2007, 156 juveniles successfully completed all program requirements. These at-risk youth were compared to 88 juveniles who successfully completed judicial or non-judicial FWSN Supervision during the same period.

Juveniles in outcome evaluations are typically evaluated within six to twelve months after they have completed their program requirements. Given the sample size restrictions of a one-year follow-up, all outcomes are measured within six months of program completion.¹²

Subsequent involvement with the justice system can be measured in a variety of

ways. Having additional Families with Service Needs complaints after program completion is one indicator of intervention effectiveness.

Figure 12. FSC and Supervision FWSN Complaint Success Rates

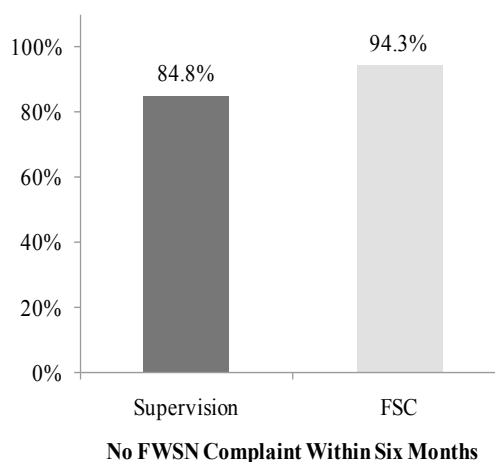


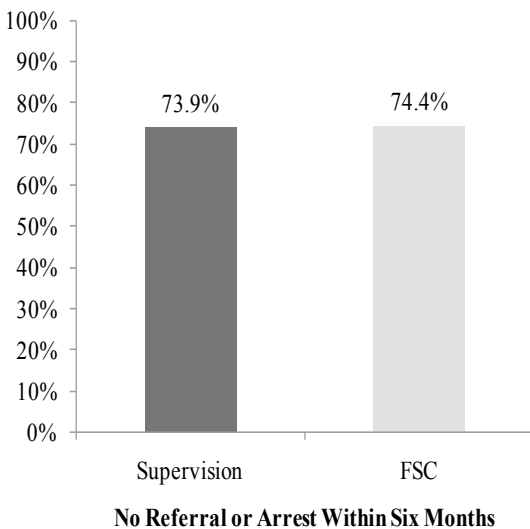
Figure 12, demonstrates the percent of Supervision (judicial and non-judicial FWSN Supervision cases) and FSC completers without a FWSN complaint within six months of program completion. Those who attended the FSC had significantly higher success rates (94.3%) in terms of FWSN complaints after program completion, when compared to juveniles who finished FWSN Supervision (84.8%).

Subsequent juvenile referrals, adult arrests, adjudications and convictions, are also common indicators of involvement in the justice system. Referrals and arrests indicate client contact with law enforcement and may point to deviant or delinquent behaviors. Whether the juvenile actually committed an offense is indicated by a subsequent adjudication or conviction. Adjudication is generally considered a more accurate measure of delinquent behavior and involvement with the juvenile or criminal justice systems, than referral or arrest.

¹² Of the 244 cases in the individual level outcome assessment, there were only 88 discharges on or before September 30, 2008 – the cutoff date for a one-year follow up.

According to Figure 13 and Figure 14, the percent of juveniles without a referral, arrest, adjudication or conviction within six months of program completion was similar for FSC and Supervision clients (though marginally better for FSC cases).

Figure 13. FSC and Supervision Referral/Arrest Success Rates



In addition, a 75 percent referral/arrest success rate, and 10 percent adjudication/conviction success rate is comparable to previous research on justice system outcomes for status offenders.

Figure 14. FSC and Supervision Adjudication/Conviction Success Rates

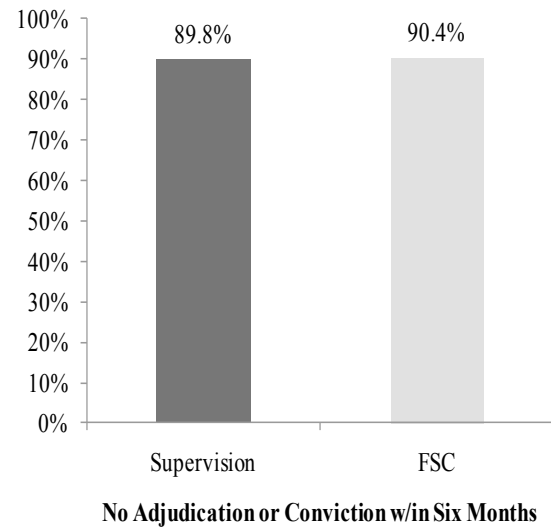


Table 12. Logistic Regression Comparison

	<u>Coefficient</u>	<u>S.E.</u>	<u>Sig.</u>	<u>Exp(B)</u>	<u>Odds</u>
FWSN Complaints (Supervision = 0, FSC = 1)					
FWSN Complaint within Six Months of Release*	-1.09	0.62	0.08	0.34	0.25
Referral/Arrest within Six Months of Release	0.04	0.31	0.90	1.04	0.51
Adjudication/Conviction within Six Months of Release	-0.13	0.45	0.77	0.88	0.47

*p<0.10

** Controlling for age at first offense, gender, race, prior referral seriousness

The logistic regression analysis in table 12, demonstrates the odds of justice system outcomes (referral/arrest, adjudication/conviction and FWSN complaint) controlling for the impact of age at first offense, gender, race and prior offense seriousness. The regression results indicate that the predicted odds of adjudication/conviction and referral/arrest within six months of program completion are not

significantly different for FSC and Supervision FWSN cases. However, the predicted odds of FWSN complaint after program completion are nine percent lower for FSC clients in comparison to Supervision cases, a significant difference.

This demonstrated that the predicted probability of a FWSN complaint after programming was twenty-five percent

lower for FSC clients, in comparison to FWSN Supervision cases; regardless of age, race, gender and prior offense seriousness.

In conclusion, the individual level outcome analysis demonstrates that juveniles who complete FSC programming have comparable referral, arrest, adjudication and conviction success rates, in comparison to those who finish FWSN Supervision services in the same period. In addition, those completing FSC programs are significantly less likely to have a subsequent FWSN complaint, in comparison to clients who finish Supervision services.

The FSC Follow Up Survey

The final component of the outcome evaluation focuses on family, peer and education outcomes for FSC clients. The follow-up survey only includes juveniles and families receiving services from the Family Support Centers.

Survey Indicators

The FWSN Follow-up Satisfaction Questionnaire had 42 questions in eight different content areas for both child and parent surveys including respondent verification; socio-demographics; prosocial activities; educational involvement; family relationships; peer relationships; risky behaviors; and, program satisfaction.

The respondent verification section contained two questions and made up five percent of the survey questions. These items captured basic information (name, date of birth) about the subject that allowed JRC to confirm the identity of the participant prior to completing the survey.






The socio-demographics section contained five questions and made up 11 percent of the survey questions. These items provided information on the subject's ethnicity, living arrangements (how long has the juvenile lived there), and current education status.

The prosocial activities section contained three questions and made up seven percent of the survey questions. These items assessed how involved the subject was in prosocial activities such as sports, recreational activities, hobbies or games before and after FSC services.

The educational involvement section contained six questions and made up 14 percent of the survey questions. These questions captured information about current and past attendance and grades in school.

The family and peer relationship section contained six items and made up 14 percent of the survey questions. These questions asked about family and peer relationships before and after involvement with the FSC.

The risky behavior section contained seven questions and made up 19 percent of the survey questions. These items inquired about the occurrence of behaviors after leaving the FSC such as:

-  Having a major disagreement with care takers or child;
-  Having trouble at home;
-  Getting into trouble at school;
-  Skipping school;
-  Getting sent to school detention;

- 🔊 Being referred to a school administrator or law enforcement personnel; and,
- 🔊 Running away from home.

The last section was the program satisfaction section, which contained thirteen questions and made up 31 percent of the survey questions. These items asked respondents for information on how satisfied they were with the program, staff, and services; what they would change about the program.

Survey Results

The FSC Follow-up Survey began on January 2, 2010 and lasted through February 17, 2010. The Family Support Centers called all clients who had successfully completed the program and their parents/guardians (N=323), explained the study and obtained consent to participate. One hundred and seventeen youth and parents agreed to participate and had accurate contact information. JRC evaluators made multiple attempts to contact all participants and subsequently interviewed 64 respondents. The response rate for the follow up survey was 55 percent. The respondents included 28 juveniles and 36 parents.

It took an average of ten minutes to complete the survey. Mothers were more likely to participate in the study than fathers or other guardians. The average age of the juvenile respondent was 16 years old. Of the 36 juveniles who participated, the majority of them (57%) lived with one parent and they reported living in that house for an average of 11 years. Only one juvenile lived in a residence for less than two months. Eighteen percent of juveniles reported not being in school. The

average current grade level reported by the respondents was 11th grade.

Table 13. FSC Client Behavior Change

Reported Behavioral Change	
	<u>Percent Reporting Positive Change</u>
Familial Relationships	66%
Grades	52%
Peer Relationships	53%
School Attendance	45%
Prosocial Activities	23%

Family Relationships

Sixty-six percent of the respondents reported that the family got along better after participating in FSC programming (Table 13). While 31 percent of the respondents reported no change in how the family got along after completing FSC services. An overall indicator of family relationships asked respondents whether the FSC helped improve the clients' relationship with their parent or guardian. Ninety-three percent of the juveniles and 67 percent of the parents reported that the FSC programming improved the relationship with their loved one. Some specific comments included,

They not only helped our son but helped my husband and I learn how to cope with our son's anger. There were several resources that helped us work as a team to get the best treatment for him. Our case worker was amazing and helped us beyond words and he never gave up on us or our son.

They helped her with her attitude a lot. She went into the program because she was constantly breaking curfew.

The program helped me the most by just getting along better with my son.

Grades and School Attendance

Fifty-two percent of the respondents felt that the child's grades had gone from bad to good after participating in FSC services. In comparison, 36 percent reported no change and 13 percent believed that the child's grades had gotten worse. An overall indicator of grade improvement asked respondents whether the FSC helped improve the clients' grades in school. Seventy-one percent of the juveniles, and 58 percent of the parents or guardians, thought that the FSC programs had helped the juvenile improve their grades in school.

Forty-five percent of the respondents reported an increase from little or no, to some or frequent school attendance after completing services at the FSC. Thirty-three percent of the sample reported no change in how often the juvenile went to school. A general indicator of school attendance asked respondents whether the FSC helped the clients' go to school more often. Sixty-eight percent of the juveniles, and 58 percent of the parents or guardians reported that the FSC programming improved the clients' attendance in school.

Some juveniles reported how the FSC helped them understand why it is important to go to school. Some specific comments included,

The FSC helped me learn from my mistakes and it helped me learn why it's good to stay in school.

I liked the center and all that they taught me. They helped me with school a lot.

Peer Relations

Fifty-three percent of the respondents reported that the clients socialized with deviant peers less after participating in FSC services, while 44 percent reported no change in negative peer association. There were no specific comments concerning how the FSC reduced their involvement with school. However, some parents said that they were worried that being at the FSC may actually increase their child's involvement with deviant peers. Specifically, one parent thought that the FSC was simply not right for her child because of this reason. She said,

It was not the right the place for my daughter. The services did not really apply. She was referred because she was tardy to school and three tardies equal an absence. The tardies built up, which led to her involvement at the program. She has never been in trouble with the law and she had never skipped school. While there were really nice people that work there and it is a good program, it was just not the right place for my daughter. I did not like the program because it led to my daughter interacting with youth who did bad things. My child is not bad; she just got too many tardies at school.

Prosocial Activities

Twenty-three percent of the respondents reported that the frequency of prosocial, structured activities increased from seldom or never to sometimes, often or very often after they had completed services at the FSC. In comparison, 56 percent reported no change and 20 percent reported less frequent involvement in prosocial activities. An overall indicator of prosocial activities asked respondents whether the FSC increased the clients' involvement in prosocial activities. Fifty-four percent of the juveniles and 44 percent of the parents or guardians reported that the FSC helped increase the clients' level of involvement in prosocial and structured activities.

Some parents reported how the FSC helped improve their child's involvement in prosocial activities. They stated,

It really helped him a lot; he was never involved in sports before and now he is. He really enjoyed it while he was there.

They are doing great things and they are trying to help the kids by getting them involved. It would be a disservice if programs like this were eliminated.

Indicators of Risky Behavior

Overall, respondents reported fewer risky behaviors after completing FSC services. The most frequently report risky behavior was being trouble at home, getting in trouble at school, being sent to detention, having a major disagreement with a parent/guardian, being referred to a law enforcement

personnel or school administer, skipping school, and running away from home.

Table 14. FSC Client Risky Behavior

Indicators of Risky Behavior		
	Total	Percent
Trouble at Home	38	59%
Trouble at School	28	44%
Detention	25	39%
Major Disagreement	24	38%
Referred to School Admin. or L.E. Personnel	15	23%
Skipping School	13	20%
Running Away from Home	5	8%

Fifty-nine percent reported (Table 14) that the juvenile had been at trouble at home since they had completed services at the FSC. On average, the respondents indicated that the child had been in trouble at home one or two times since they had completed services.

Forty-four percent reported that the child had gotten in trouble at school since they had completed services at the FSC. On average, the respondents indicated that the child had gotten into trouble at school one or two times since they had completed services.

Thirty-nine percent reported that the child had been sent to detention for school related behaviors since they had completed services at the FSC. On average, the respondents indicated that the child had been sent to detention one or two times since they had completed services.

Thirty-eight percent of the respondents reported having a major disagreement with their parent/child after program

completion. On average, a major disagreement occurred approximately one or two times since the family had completed services.

Twenty-three percent reported that the child had been referred to a school administrator or law enforcement personnel since they had completed services at the FSC. On average, the respondents reported that the child was referred one or two times since they had completed services.

Twenty percent of the respondents reported skipping school. On average, the respondents indicated that the child skipped school one or two times since they completed services.

Eight percent of the respondents reported running away from home. On average, the respondents who indicated as such, said that they had run away from home one or two times since they had completed services.

Program Satisfaction

The follow up survey demonstrated that even if the juvenile or parent reported involvement in risky behaviors, they still remained satisfied with the services they received at the Family Support Center (results shown in table 15). Ninety-eight percent of the respondents reported being very satisfied, satisfied or somewhat satisfied with FSC services. When queried about their satisfaction, most indicated that they were happy with the program because the staff at the Family Support Centers had helped them with their problems.

Ninety-eight percent of the sample reported being satisfied with the staff.

Most respondents indicated their appreciation toward the staff for going out of their way to make sure their family received the help they needed. Additionally, both parents and juveniles reported that the staff would go well beyond their responsibilities to help the family and really showed that they cared about the clients. Some specific comments included,

The staff paid a lot of attention to youth. One in particular really made an effort and really went out of her way to help my son. She was very good.

The staff were extremely helpful and made the extra effort.

The staff are very good. They helped me through a lot of things that I was going through. They were always there no matter what. When I needed someone they would always be there for me.

They do wonderful work and I have lobbied on their behalf to get more centers. They went above and beyond to help my son and our family.

I am very appreciative for all they did for my granddaughter.

I appreciate all that they did for me. They really helped me learn how to control my anger.

They do not get enough recognition for what they do – they just don't get enough.

They were remarkable and gave my daughter a lot of help. It was unbelievable.

A quarter of the respondents said that the program could be improved by being as helpful to the family as they were with the child. Respondents also suggested additional activities to keep the clients busy, better supervision of children at the FSC, and keeping appointments. Some specific comments included,

The program has so many parts that we did not get into. They should have involved the parents more. More interaction with the family is needed.

They need to communicate with parents better.

Sessions were set up and scheduled but the schedule was only followed half the time. My daughter did not receive all of her therapy.

My daughter had 2 fights and the kids were not being watched like they were supposed to.

There are not enough programs; there were a lot of kids that needed help. There needs to be more programs for teenagers to keep them busy and out of trouble to keep them busy and out of trouble.

Table 15. FSC Client Satisfaction

Program Satisfaction				
	<u>Strongly Agree or Agree</u>	<u>Neutral</u>	<u>Disagree or Strongly Disagree</u>	<u>Don't Know</u>
The FSC helped my child with his/her problem behaviors	80%	13%	5%	3%
The FSC staff were well trained	84%	9%	2%	5%
The FSC staff were really interested in helping me/my child	95%	5%	0%	0%
I feel that the Family Support Center helped my child a lot	77%	17%	3%	3%
I think very highly of the FSC	86%	9%	3%	2%

Most respondents agreed that: the Family Service Center helped the child with their problem behaviors (80 percent); that the staff were well trained (84 percent); that the staff were really interested in helping (95 percent); that

the FSC helped the juvenile a lot (77 percent); and that they thought very highly of the Family Support Center (86 percent).

A few respondents thought that the Family Service Center helped the child, but some respondents also reported that the problem behaviors returned after completing the program. Some specific comments included,

I would have liked to have kept my son in the program. I don't feel he was ready to be done with the program.

The program worked for a while but more long term advice is needed especially when new problems arise.

They should run the program until the kids turn 18 years old; cutting them off when they are 16 does not help the child.

I loved the center and I'm trying to get my son back there for additional help.

There needs to be more long term assistance. The concepts can wear off.

Once she finishes with the program she will revert back to old ways. They've helped for the time being.

This is a great program and he was changed when released but over time he reverted to his old ways. Would love to see more follow-up or teach the kids more long term information.

Overall, I didn't really learn much and when I left, I felt that I hadn't learned enough and I needed to

know more. I did what I had to do to get through the program.

Ninety-seven percent of the respondents reported being very satisfied, satisfied or somewhat satisfied with the FSC program. Overall, Ninety-one percent of the sample said they would recommend the program to a friend or family member. Some specific comments included,

I referred my friend because she was having problems with her kids. I told her about the program and how great the staff are. She called them and now she loves it too.

I've already recommended the program to others. The program has everything positive going.

They have taken a lot of interest in the children and their well being because it is a good solid program.

Children really get into the program and everyone must get on the same page. The program teaches parent coping skills and I learned a lot of techniques from them.

If I had a friend or family member that needed the services I would definitely recommend them.

In conclusion, the FSC Follow-Up Survey demonstrated that the Family Service Centers influenced the juveniles’:







- 🔔 Problem behaviors especially parent/guardian and child relationships; and,
- 🔔 Grades and school attendance.

The Family Service Center programs also reduced the clients’ risky behaviors. Finally, both the child and the parents/guardians were very satisfied with the services they received and the staff at the Family Service Center.

DISCUSSION AND RECOMMENDATIONS

Program Implementation, Management and Operation

The process evaluation addressed six core issues of program implementation, management and operation.

-  Is the referral process functioning as intended?
-  Are the appropriate clients being served by the Family Support Centers?
-  Are the key elements of implementation (staffing, training and supervision) adequate to effectively provide services?
-  Are the services provided by the Family Support Centers appropriate given the clients' risk and needs?
-  Is the program being utilized as intended?
-  Are there systems in place for monitoring services, clients and staff?

The site visits, staff interviews and archival analysis documented Family Support Center strengths in all of these areas.

The referral process appeared to be working as intended. The Probation Officers are thoroughly screening clients and, when necessary, communicating with DCF Liaisons and the Family Support Centers prior to making referrals for services. This has resulted in a very low number of cases being returned to Probation or removed by the referring agency. In addition, the selection criteria currently used to determine eligibility for FSC services has resulted in appropriate juveniles being referred for services.

Further, the Family Support Centers were staffed with well-qualified and experienced personnel. Staff preparation and training in research and evidence-based practices has been strong, in large part due to the efforts of the CSSD staff to ensure appropriate trainings are offered and completed by staff at each of the FSC sites. Program administrators provide FSC staff with guidance, support and supervision. Further, CSSD works closely with the Family Support Centers to collaboratively address issues effecting program operation and service delivery.

The Family Support Centers are also using objective assessment instruments to identify client needs and develop Treatment Plans. CSSD Center for Best Practices has now implemented assessment standards for all FSC providers such as standardized screening and assessment instruments for all four sites and training and follow-up assistance. These core set of assessments allows for a much better understanding of the FSC clients. The assessments also allow for the providers to establish a definite link between the risks and needs of the clients and to make recommendations to appropriate programs.

In addition, the Family Support Centers are currently operating in accordance with design capacity expectations. The initial issues with utilization were related to program readiness and factors beyond the control of the Family Support Centers. CSSD and program administrators worked quickly and addressed this issue.

Finally, the Family Support Center staff understand and support the use of quality assurance measures, performance indicators and fidelity monitoring in their programs.

All programs reported implementing different strategies for assessing service delivery and staff performance. Family Support Centers all have documented comprehensive quality assurance protocols and policies that are shared with staff and used to enhance program services.

The site visits, staff interviews, partnering agency assessment and archival analysis also highlighted some special considerations for existing and future Family Support Centers.

CSSD and the Family Support Centers should investigate the possibility of continuing to provide services, when appropriate, for juveniles who become further involved in the Juvenile Justice system. The current protocol calls for an exclusion of these clients, unless an exception is granted. Consideration should be given to whether the child would continue to benefit from services.

In addition, policy makers should explore ways to encourage FSC participation for juveniles and their families, as some of the clients fail to complete services because of parental refusal and/or a general lack of engagement.

Finally, CSSD should work closely with partnering agencies in the development of future Family Support Centers. Partnering agencies and community representatives should also be included in the management of existing Centers. Overall, increasing the level of collaboration between CSSD, the Family Support Centers, and partnering agencies will strengthen the support system for at-risk juveniles and their families.

System and Individual Level Outcomes

The Families with Service Needs system level outcome analysis focused on several

key indicators. These included the number of FWSN complaints and judicially processed FWSN referrals; FWSN referrals with a subsequent detention placement; and the number of FWSN complaints without a subsequent referral, arrest, adjudication, conviction or FWSN charges.

The Family Support Centers were assessed for their ability to improve quality of life and change attitudes, beliefs and behaviors.

The outcome analyses demonstrated that the FWSN initiative has:

- 🔊 Drastically reduced the number of FWSN complaints and the number of referrals processed by the courts;
- 🔊 Eliminated the placement of FWSN cases in detention facilities; and,
- 🔊 Improved outcomes for all FWSN cases.

Juveniles who complete FSC programming have comparable referral, arrest, adjudication and conviction success rates, and they are significantly less likely to have a subsequent FWSN complaint, in comparison to clients who finish Supervision services. In addition, the information from the system level analyses demonstrates that the FSC FWSN case outcomes are improving over time. As shown in Figure 9, Figure 10, and Figure 11, FSC cases had lower success rates in terms of referrals, arrests, adjudications and convictions than other Non-FSC FWSN referrals in FY 2007-08. However, by April 1, 2009, the percent of cases without a referral, arrest, adjudication or conviction was higher for FSC FWSN clients than Non-FSC FWSN cases. These results suggest that FSC outcomes are improving as the Centers gain experience. This is also consistent with program implementation research, which documents program progress in client outcomes as interventions gain support and experience.

Finally, the FSC Follow-Up Survey demonstrated that the Family Service Centers positively influenced juveniles' problem behaviors; especially parent/guardian and child relationships, and grades and school attendance. Additionally, FSC participants were very satisfied with the services they received, and the staff at the Family Service Center.

Assessing program and system level outcomes is a critical component to effective intervention for at-risk youth and their families. A report by the American Bar Association on status offender intervention highlights the importance of research on "the effectiveness of programs that provide pre-court diversion services to decrease recidivism rates and costs and increase the level of services available to families in crisis; and case outcomes for status offenders placed out of home or in secure detention compared with those who receive in-home family services" (Kendall, 2007, p. 6). This evaluation provides a substantive contribution to the understanding of the processing of FWSN complaints by the courts, and how the FWSN initiative impacts the justice system and client outcomes. Future research should examine the cost effectiveness of this type of intervention and delve further into the services available for all FWSN cases. Assessing the services available for all FWSN complaints would involve substantive changes to the data collection system, as there is currently little information available for at-risk youth and families who are diverted from the system. In addition, efforts should be made to collect additional outcome information to include out-of-home placements and justice system involvement for all FWSN cases. Finally, the FWSN Advisory Board should work closely with CSSD to establish system and individual benchmarks for the FWSN

initiative. This will ensure consistent evaluation of services for at-risk youth and families; and help monitor changes in system demand, system functioning and system outcomes.

Conclusion

Beginning in 2005, the FWSN Advisory Board, in conjunction with the Court Support Services Division, implemented the Families with Service Needs initiative.

This collaboration is responsible for:

- 🔊 Developing a service delivery platform in accordance with Public Acts 05-250 and 07-4 ;
- 🔊 Directing the implementation of community-based services for FWSN cases in four locations throughout the state (Waterbury, New Haven, Bridgeport, and Hartford); and,
- 🔊 Monitoring FWSN service providers.

The process and outcome evaluation documents the strengths and growth areas of these initiatives and provides valuable feedback for future endeavors. The process and outcome analyses demonstrated that:

- 🔊 The Family Support Centers were implemented in accordance with the original program design;
- 🔊 The Principles of Evidence Based Practice were integrated into the Family Support Centers;
- 🔊 The FWSN initiative has brought about a dramatic reduction in FWSN complaints, judicially processed FWSN cases, detention placements for FWSN referrals, and improved outcomes for at-risk juveniles and their families; and,
- 🔊 The Family Support Centers were providing services that improved outcomes for their clients and their families.

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APPENDIX

Descriptive Statistics

Table 16. Descriptive Statistics FWSN Referrals October 1, 2006 - April 1, 2009

<i>FWSN Complaints October 1, 2006 - April 1, 2009 (N=6,816)</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Non-FSC FWSN (N=6,331)</i>	<i>FSC FWSN (N=485)</i>
			<i>Mean</i>	
Age at first offense	13.63	1.76	13.62	13.69
Gender (0=Female, 1=Male)	1.00	0.00	0.54	0.52
Race (0=Other, 1=White)	0.30	0.46	0.31	0.15
Prior charge seriousness index	5.56	9.71	5.61	4.95
Prior adjudication seriousness index	7.31	11.75	7.39	6.09
Total charges before program	3.21	3.36	3.23	2.98
Total felony charges before program	0.29	1.28	0.30	0.22
Total misdemeanor charges before program	0.89	1.88	0.90	0.82
Total adjudicated charges before program	0.64	1.74	0.65	0.44
Juvenile referral within six months of program	0.09	0.28	0.08	0.09
Juvenile felony referral within six months of program	0.27	0.44	0.27	0.26
FWSN referral within six months of program	0.05	0.23	0.05	0.07
Juvenile adjudication within six months of program	0.13	0.34	0.13	0.13
Referral/Arrest within six months of program	0.29	0.46	0.29	0.29
Adjudication/Conviction within six months of program	0.14	0.35	0.14	0.14

Table 17. Descriptive Statistics FSC and Supervision Comparison

<i>FWSN Complaints FSC and Supervision Comparison (N = 244)</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Sup. FWSN (N=88)</i>	<i>FSC FWSN (N=156)</i>
			<i>Mean</i>	
Age at first offense	13.59	1.39	13.39	13.70
Gender (0=Female, 1=Male)	0.44	0.50	0.44	0.44
Race (0=Other, 1=White)	0.20	0.40	0.31	0.13
Prior charge seriousness index	4.80	5.65	5.76	4.26
Prior adjudication seriousness index	3.48	6.56	3.28	3.62
Total Protective Score	33.07	6.06	33.60	32.76
Total Risk Score	16.21	4.86	15.95	16.36
Total charges before program	3.35	2.31	4.05	2.96
Total felony charges before program	0.16	0.86	0.24	0.12
Total misdemeanor charges before program	0.67	1.16	0.66	0.68
Total adjudicated charges before program	0.48	1.17	0.50	0.46
Juvenile referral within six months of program completion	0.20	0.40	0.22	0.20
Juvenile felony referral within six months of program completion	0.03	0.18	0.02	0.04
FWSN referral within six months of program completion	0.05	0.23	0.09	0.03
Juvenile adjudication within six months of program completion	0.08	0.27	0.08	0.08
Arrest/referral within six months of program completion	0.10	0.30	0.10	0.10
Adjudication/conviction within six months of program completion	0.26	0.44	0.26	0.26