CONNECTING THE DOTS FROM MALTREATMENT TO DELINQUENCY THROUGH RESEARCH, PRACTICE AND POLICY

Anne Dannerbeck Janku Ph. D.
Research Manager
Missouri Office of the State Courts Administrator

Natalie Allen, MSW
Crossover Youth Initiative Coordinator
Missouri Department of Social Services, Children’s Division

Macon Stewart, MSW
Program Manager
Center for Juvenile Justice Reform, Georgetown University McCourt School of Public Policy
Just Imagine............................
Meanwhile in Missouri

CJJR Journey to Improve Systems

National, State and Local Efforts Merge

Crossover Youth Initiative Coordinator

Model Sites

Moving Forward

Where are You?

CJJR Journey to Improve Systems
CJJR journey to improve systems-2008

- 2008 Wingspread Conference to discuss multi-systems issues
- Policy Guide authored by Dr. Denise Herz and Dr. Joseph Ryan
- Multi-system perspective utilized in creating the guide
CJJR journey to improve systems-2009

- Partnership between CJJR and Casey Family Programs
- Breakthrough Series Collaborative focused on JJ & CW systems integration
- Seven participating sites
  - Baltimore, MD
  - Denver, CO
  - Georgetown, SC
  - King Co. WA (Seattle)
  - Los Angeles, CA
  - Miami-Dade FL,
  - Woodbury Co. IA (Sioux City)
CJJR journey to improve systems-2010

- Authored by CJJR in 2009-2010
- Released in Early 2010 in partnership with Casey Family Program
- Spring 2010-Training and Technical Assistance began in 11 communities (Summer 2010--2 additional sites were added)
2010 CYPM Sites (N=13)

- Seattle
- Portland
- Austin
- Sioux City
- Denver
- Rochester
- Philadelphia
- Cincinnati
- South Carolina (Berkley, Charleston, and Georgetown)
- Polk
- Broward
- Miami
Since Spring 2010, CJJR has worked in 88 counties in 20 states across the U.S. implementing the CYPM
What do CYPM sites do? Develop a multi-system response to youth

- Identification of youth at the point of arrest
- Develop Prevention Strategies
- Ensure there is no foster care bias in offering diversion
- Creation of a consolidated case plan
- Utilization of a joint assessment process
- Creation of a Crossover Court
- Clarify how to legally share information
- Ensure youth are not held in detention for extended time
- Permanency/Self-Sufficiency Planning
CYPM: Training and Technical Assistance Approach

TTA includes:

- Engagement for 1-2 years (practice), 3 years for data collection and analysis
- On-site consultation with a training team (3-4 times a year)
- Monthly distant learning TA via calls and webinars
- Support in developing protocols, procedures, training, Memorandum of Agreements, working through agency cultural issues, and engaging stakeholders
Meanwhile in Missouri

CJJR Journey to Improve Systems

National, State and Local Efforts Merge

Model Sites

Crossover Youth Initiative Coordinator

Where are You?

Moving Forward
- Build awareness and gather evidence of issue importance [1. Awareness and Evidence]

- 2010: Fostering Court Improvement meeting
  - Presented a brief overview of crossover youth
  - Conducted an individual and a group survey about local efforts to identify and manage crossover youth
  - Results: inadequate services, lack of appropriate placements, inadequate training, court processes inadequate in addressing needs of crossover youth
MO Research on Crossover Youth

- Statistical analysis of the status of crossover youth in Missouri [2Statistical Evidence]
- Group 1: delinquent youth with CA/N history
- Group 2: delinquent youth with new CA/N case
- Group 3: maltreated youth with subsequent delinquency case
- Group 4: crossover vs. delinquent only and placement patterns
- Group 5: risk factors for crossover vs. delinquency only
Identify target audience

- Agency staff, Presiding Judges, other initiatives like Juvenile Detention Alternatives
- Juvenile Officer Business meetings, twice yearly
  - “Review of National and State Research and Reform Efforts”
  - “Pathways from Victimization to Youthful Offending”
  - “Female Crossover Youth”
  - “State Initiatives for Multi-System Collaboration”
3. Gauging Perspectives 2013

How has your circuit responded to the heightened awareness of crossover youth?

- a. We have done nothing.
- b. Discussions held but no actions planned or undertaken.
- c. We have a plan.
- d. We have identified this as a priority issue for our circuit and have allocated resources to work on it.

“Rank items in order of importance for your circuit”

Top 2 items: crossover youth & standard revisions for administration of juvenile justice

Among 79,766 youth with a court referral between 2002 and 2009, 17% had a maltreatment history.

Those with a maltreatment history were more likely to have an assault history and have more serious mental health needs.
Meanwhile in Missouri

CJJR Journey to Improve Systems

National, State, and Local Efforts Merge

Crossover Youth Initiative Coordinator

Model Sites

Moving Forward

Where are You?
Missouri crossover youth study and its impact at national and state levels

In 2012, assembled a state policy team to attend the Georgetown Univ., Center for Juvenile Justice Reform, Juvenile Justice and Child Welfare: Multi-System Integration Certificate Program for Public Sector leaders

Team: Supreme Court judge, Children’s Div. director, Youth Services director, Dept. Mental Health, Children’s Clinical Services director, researcher, president of Missouri Juvenile Justice Association, former crossover youth
State Policy Team

- Developed a 7-item Capstone Project [4. State Logic Model]
- Team continues to meet monthly
- Capstone included:
  - Trauma screening & trauma informed practice implementation
  - Risk of crossing over assessment
  - Statewide data repository
  - Piloting the crossover youth policy model in 2 counties
  - Conducting research to better understand system of care experiences
Practice Model Implementation

- In 2013, distributed a ‘Request for Interest’ application and received 4 responses
- Selected 2 sites who received training and technical support from Georgetown faculty for 2 years
- Conducted research on system of care experiences, life history mapping of youth and focus groups
- Research purpose: identify opportunities for system improvement, engage youth & families, as well as community agencies
Children’s Division staff and court researcher extracted information from files on 40 youth and their maltreatment history, youth and family characteristics, services received, missed opportunities, and turning points.

5. Case review tool

Key finding: Great deal of help offered but it was rejected or did not raise families to a level of functioning that prevented further problems.
Focus Groups

- Conducted in each practice model site with youth, parenting figures, foster parents, youth serving professionals
- Theme of ‘help’ [6. FG questions only]
Focus Group Themes

- [7. Focus Group Report]
- “let us learn to solve our own problems”
- “medication zombifies you”
- “inviting bureaucracy into your family”
- “our job is to warehouse kids”
- “parents get overwhelmed by the to-do list”
- “we are punished for having bad parents”
From research findings to practice

- Trauma experienced by everyone in the system of care -> system wide training on trauma being offered
- Inadequate mental health resources for youth -> more providers are receiving training on treating trauma
- ‘bad parents’ -> mentors who have a connection to youth
- Parents overwhelmed and not owning the ‘problem’ -> motivational interviewing
- Inadequate resources for crossover youth -> expansion of community partners
Lack of consensus exists about what information should be shared regarding a child. MOUs are being developed locally to outline information sharing.

Youth and foster parents feel left out of decision-making. Family group conferencing is to be implemented.

Spreading the model involves distributing local assessment tools for gauging community readiness. [8. Rate your agency & 9. Rate your community]
Meanwhile in Missouri

National, State and Local Efforts Merge

Crossover Youth Initiative Coordinator

Where are You?

Model Sites

CJJR Journey to Improve Systems

Moving Forward
Model Sites

- Collaboration and Information Sharing
  - MOU
  - Common Release Form
  - Local Protocol
- Trauma Awareness
- Educational Partnerships
- Prevention
- Mentoring
- Resource Parent Development (Foster Parents)
- Expansion Strategies
Collaboration and Information Sharing

- Memorandum of Understanding (MOU)
  - Template
  - State Team Role
  - Partners

- Common Release Form

- Local Protocol
  - Detailed Description
    - Immediate ID Crossover Youth
    - Information sharing WITH timeframes
    - Define family engagement
    - Shared Decision Points WITH timeframes

Child Welfare State Agency
Juvenile Court Judges
Mental Health Providers
Schools K-12 & Post Secondary
Non-Profit Partners
Foster Care Case Management
CASA
Division of Youth Services
Community Agencies
Training across systems

More than 93% of juvenile offenders report at least one or more traumatic experiences, such as being a victim of or witness to violence (Abram, Teplin, Charles, Longworth, McClelland, & Duncan, 2004)

“I have scars inside and out.”

4-Trauma-Informed Approach
a culture of promoting recovery

3-Trauma Responsive
a consistent form of behavior

2-Trauma Sensitive
able to recognize (have a “trauma lens”)

1-Trauma Aware
understand the topic
Educational Partnerships

- Colleges & Universities (4 in Greene Co.)
  - Not encountering another SYSTEM but connecting to a PERSON
  - 4 in 1 Flyer – Cross Training – Direct Contact

Ozarks Technical Community College

- Attend for free as junior or senior - High School Programs
- Apply as a Sophomore, 19 programs as options
- Earn an Associates degree or Certificate in your field of interest
- Average cost of attendance: $3,330 per year

Jason Morgan
Vocational Resource Educator of High School Programs
417-447-8190
Morganj@otc.edu

VISIT CAMPUS
Set up a visit to explore all that OTC offers!
Attend one of our seasonal visit events or take a personalized tour led by one of our Student Ambassadors
Greene Co.
- Parent Cafés
  - Addressing risk - severely ineffective parenting styles
  - Parent led conversations, develop support system, access community based supports

School Based Liaisons (1 District in Jefferson Co.)
- Addressing risk – truancy/poor school performance
- Monitor and engage JJ and CW team early on providing regular reports

Prevention
Focus Groups – *Match with someone who is a natural connection and shared life experience*

- Greene Co. – 3 Choices
  - Juvenile Office
  - Big Brothers Big Sisters
  - Missouri Mentoring Partnership – Young Parent or Worksite

- Jefferson Co.
  - Juvenile Office
Resource Parents

- Recruiting and Maintaining Foster Homes
  - Statewide challenge
  - Partnerships with faith community & Other Organizations
  - Foster Parent trauma training & skill development
Technical Support for Model Sites

- Georgetown faculty
- State Policy Team
- Local Coordinator
Meanwhile in Missouri

National, State and Local Efforts Merge

Crossover Youth Initiative Coordinator

Where are You?

CJJR Journey to Improve Systems

Model Sites

Moving Forward
Crossover Youth Initiative Coordinator

- Role Description
  - Connect local level and state team level initiatives
  - Coordinate State Team Meetings & Enact State Team Priorities
  - Provide technical assistance to circuits
  - Forge partnerships between this COYI and other initiatives through the state

- Funding

- Integrating Change
  
  From the top down & from the bottom up
Meanwhile in Missouri

CJJR Journey to Improve Systems

National, State and Local Efforts Merge

Model Sites

Crossover Youth Initiative Coordinator

Where are You?

Moving Forward
Expansion Strategies

• Address specific challenges related to Crossover Youth
  • Assess circuit need and readiness for change – Rate Your Circuit, Circuit Assessment
  • Build cross systems collaborative approach
  • Develop local protocols for crossover youth
  • Incorporate specific system changes within a current structure such as FCI
  • Access and maximize community resources for service to crossover youth
  • Become more trauma aware
  • Incorporate local data in decision-making and planned changes

• Implementation of the full Crossover Youth Practice Model
  • 2015 cohort – 2 Circuits (7 counties)
Moving Forward

- Feedback Loop
- Leveraging Roles
- Partnerships
- Staying Relevant
- Providing Guidance
- Legislation
Meanwhile in Missouri

National, State and Local Efforts Merge

Model Sites

Crossover Youth Initiative Coordinator

Moving Forward

Where are You?

CJJR Journey to Improve Systems
Where is that Child in your system?

- Rate your state (county, circuit)
  - Are we aware of our Crossover Youth?
  - Have we gathered and evaluated the data?
  - Have key stakeholders been educated?
  - Are the right partnerships in place?
  - Have we identified a starting point?

- What is the next good thing that is going to happen to that child in your community?
Crossover Youth: A Fostering Court Improvement Assessment

Background

Crossover youth include the group of children in the juvenile justice system classified as both delinquent and victims of child abuse and neglect. On July 12, 2010, a questionnaire was distributed at a statewide meeting of Fostering Court Improvement participants to identify how well their circuit meets the needs of crossover youth and what more they could do to better meet their needs.

Method

Two questionnaires were distributed to the participants from ten circuits involved in the Fostering Court Improvement Project. Questionnaire 1, comprised of eight statements, assessed individual beliefs about how their own circuit identifies and manages crossover youth on a five point scale [strongly agree to strongly disagree]. Respondents also provided a rationale for each of the eight responses. Questionnaire 2 asked participants from each circuit to summarize the group’s responses to the same statements rendered in the original questionnaire. Each group also responded to four supplemental open-ended questions regarding court practice with crossover youth.

Findings

Table 1 presents frequency ratings of eight questions asked to the individual participants. The data show that most of the participants agreed that their circuit recognized crossover youth as unique and that there was interagency communication on the issue; however, many of the comments regarding those questions made statements to the contrary (ex. Identifying crossover youth is informal and inconsistent). The rest of the responses show general disagreement with the questions concerning service adequacy, placements for crossover youth, training on the topic, and revised court processes; all items which present as opportunities for improvement.

Table 2 presents frequency ratings of eight questions asked of each circuit as a group. Group data results were similar to the individual data results with the consensus that an identification system, adequate services, and appropriate placements of crossover youth are needed. Training for court staff and foster care providers may help to create more appropriate placements for crossover youth as well as increase communication between all involved agencies.
Individual Responses

Researchers and court practitioners have identified the essential elements of how the justice system should function to best meet the needs of crossover youth. The participants at the FCI Statewide meeting included juvenile officers, child welfare workers, judges, CASA volunteers, guardians ad litem, and others. Recognizing that they might have different perspectives on how adequately their local court responded to crossover youth, their individual assessment of the essential elements was solicited.

Table 1. Individual Results of the Self-Assessment on Crossover Youth

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our circuit recognizes that crossover youth are a unique group</td>
<td>4</td>
<td>30</td>
<td>3</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>of children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have a system to identify crossover youth.</td>
<td>1</td>
<td>14</td>
<td>3</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>We consistently notify agencies of dual involvement.</td>
<td>2</td>
<td>34</td>
<td>3</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>We collaborate among agencies as much as necessary</td>
<td>1</td>
<td>24</td>
<td>5</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>regarding crossover youth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have adequate services available to meet the needs of</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>28</td>
<td>10</td>
</tr>
<tr>
<td>crossover youth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have appropriate placements for crossover youth.</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>31</td>
<td>8</td>
</tr>
<tr>
<td>Our staff is adequately trained on issues concerning crossover</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>34</td>
<td>6</td>
</tr>
<tr>
<td>youth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our court processes adequately address the needs of crossover</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>youth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Open-Ended Responses from Individual Level Questionnaire:

1. **Our circuit recognizes that crossover youth are a unique group of children.**
   The overall consensus of responses seemed to indicate that crossover youth are either not identified at all, or identified informally/individually. Many respondents believed that their circuit is beginning to focus on the issue, or it is becoming a topic of discussion.

2. **We have a system to identify crossover youth.**
   The overwhelming response was that there is no system in place to identify crossover youth; however, staff do communicate across agencies about these youth. JIS, System of Care, and the Risk Assessment were noted as ways of identifying crossover youth. One circuit has a dual jurisdiction DJO acting as the system of identification, while another respondent said, “Time is not taken to identify this group of children.”

3. **We consistently notify agencies of dual involvement.**
   Many of the respondents stated that no consistent communication between agencies occurred. Communication occurred after the fact, or when cases overlapped, but information was not shared on a consistent basis. Information sharing at monthly interagency meetings was noted as a way to notify agencies; however the general consensus was that communication is not consistent.

4. **We collaborate among agencies as much as necessary regarding crossover youth.**
   Many responded that agencies do not collaborate as much as necessary, but some collaboration does occur. If certain agencies are notified they work collaboratively, but if they are not notified, no collaboration occurs. Some
agencies pass children around as someone else’s problem instead of collaborating. Sometimes, when cooperation does not exist between agencies, one agency handles all of the responsibility. In one circuit, collaboration occurs only if a hotline call and a referral are both made. The System of Care was listed as a resource for collaboration.

5. **We have adequate services available to meet the needs of crossover youth.**
The general consensus seemed to be that participants thought not enough services were available, that no services existed specifically for crossover youth, or that services were not implemented. Money was mentioned several times in regards to lack of services.

6. **We have appropriate placements for crossover youth.**
Many respondents explained that residential care was the most common placement for crossover youth, but that residential care was not always the best placement. Several respondents said this group of children is difficult to place, especially in foster care, due to their offenses and that more placement options are needed.

7. **Our staff are adequately trained on issues concerning crossover youth.**
The overwhelming response to this question was that there has not been training to deal with crossover youth, or there is very limited training. Others said that all agencies could benefit from more training and education on the subject.

8. **Our court processes adequately address the needs of crossover youth.**
Many respondents said that crossover youth are treated the same as other youth in the system. Some said their circuit struggled with the system because they had trouble defining crossover youth. Other respondents said that they may not classify a youth as “crossover,” but that they see a youth in need and seek to find the necessary services for that youth.

**Group Responses**
Once individuals had completed their assessment, all of the participants from each circuit were asked to tabulate their responses to identify areas of consensus and disagreement. The group was asked to identify ways to better meet the needs of these youth. Table 2 presents a summary of the overall majority response pattern for each circuit.

**Table 2. Results from the Group Assessment on Crossover Youth**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our circuit recognizes that crossover youth are a unique group of children.</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>We have a system to identify crossover youth.</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>We consistently notify agencies of dual involvement.</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>We collaborate among agencies as much as necessary regarding crossover youth.</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>We have adequate services available to meet the needs of crossover youth.</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>We have appropriate placements for crossover youth.</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Our staff are adequately trained on issues concerning crossover youth.</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Our court processes adequately address the needs of crossover youth.</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>
Summary of Open-Ended Responses from Group Level Questionnaire:

1. In which areas does your circuit need to improve its strategies for working with crossover youth?
   Respondents listed identification, multidisciplinary/cross training, and collaboration/communication as their main areas for improvement.

2. What action steps can be taken in your circuit to enhance your strategies for working with crossover youth?
   Training, communication/collaboration, and a system/tool for identifying crossover youth were noted as action steps.

3. How can OSCA help you to better meet the needs of crossover youth?
   Training, data, and funding were the main concerns for the circuits.

4. What innovative practices does your circuit use to address the needs of crossover youth?
   Some circuits listed county academies, some said judges had dedicated caseloads, and others that nothing is in place to address the needs of crossover youth.

Conclusions
A lack of communication and collaboration between agencies are the main issues that emerge across responses. Since crossover youth fall under the responsibility of multiple agencies; to best serve these children, agencies must communicate more effectively. Another main point was that there are not enough appropriate placements or services for crossover youth. The concern was that crossover youth are consistently getting placed in residential treatment facilities, and often, a treatment facility is not the most appropriate placement for the child. Concerns were also raised that foster families do not want, or do not have the training to effectively work with crossover youth. To improve the justice system response, more training across the board on crossover youth is needed as well as more effective use of the existing data systems to systematically identify these youth.

Recommendations
- Identify Fostering Court Improvement sites who could take a leadership role in enhancing the essential elements for a justice system response to crossover youth. Capitalize on their experience in collaborating on child welfare cases and in making data-driven decisions.
- Develop training materials on crossover youth and explore various means to disseminate the training materials including statewide conference presentations, webinars and a CD.
- Include information on using MOJJIS to identify crossover youth in any training on such youth.
- Provide communities with information on placement alternatives that would be appropriate for crossover youth and tie this activity into JDAI as a detention alternative strategy.
- Compile best practices from across the state and from elsewhere and distribute to all circuits.
- Organize circuit or county level work groups to address local crossover youth issues.
- Develop a model protocol for how courts and child welfare can address crossover youth.
- Seek out funds (grants) for state and local use to address the above recommendations.
Crossover Youth

Background

Crossover Youth include those who:

- enter child welfare system and later commit an offense while in custody of child welfare services such as the Missouri Department of Social Services-Children’s Division
- have prior, but not current, contact in child welfare and enter the juvenile justice system by an act of delinquency
- have no prior child welfare system contact, enter the juvenile justice system by an act of delinquency and juvenile officers then refer the case to child protective services for further investigation of abuse

Known from research:

- CA/N (Child Abuse/Neglect) increases the risk of juvenile and adult offending.
- Children who experience multiple forms of family violence (child abuse, domestic violence, family conflict) are twice as likely to commit violent acts (Thornberry 1994).
- Abused children in out of home placement (disruptions) have a higher risk for delinquency than those treated in home (Ryan & Testa 2005).
- Disruptions/instability lead to mental health problems, weak attachments, feelings of insecurity, and delinquency.
- Group home placements have the largest effect on increases in delinquency via exposing youth to negative peers and peer contagion.
- The overrepresentation of African-American youth in the child welfare system contributes to Disproportionate Minority Contact with the juvenile justice system.
- The timing of CA/N is important for understanding delinquency; the more proximal the two events, the bigger the impact of CA/N on delinquency. CA/N restricted to early childhood seems to have less impact on delinquency (Thornberry, Ireland, & Smith 2001).
- From social control theory- investments in care, education and supervision of children as well as social bonds with parents and other socializing agents reduce the likelihood of delinquency. Attachment and commitment play a role in preventing crossover.
- School behavior problems and suspensions (as indicators of a lack of attachment and commitment) increase the risk of delinquency while religious affiliation decreases risk. (Ryan, Testa, & Zhai 2008)
- Adolescents with mental health problems involved in child welfare spend more time in foster care, experience more placements, and are less likely to reunify with family.
• Crossover youth are more likely to be placed in detention and get pushed deeper into the system and are less likely to be put in more effective community based (as opposed to institutional) programs and supervision (Herz & Ryan 2008).
• Crossover youth with mental health and substance abuse problems are more likely to get pushed deeper into juvenile justice system because of treatment service access issues.

What is not known:

• What is it about the CA/N experience or being treated as a CA/N case that increases the risk of delinquency?
• Does CA/N have a differential impact by gender on risk for delinquency?
• Does foster care allow for the development of adequate attachment to reduce risk of delinquency?
• What proportion of child welfare children become delinquent?

Practice Considerations with Crossover Youth

More than with any other group of children, meeting the needs of crossover youth requires a high level of collaboration between child welfare and juvenile justice systems.

An ideal collaborative arrangement would include:

1. A multisystem assessment instrument completed at a centralized assessment and screening center and protocols for notifying agencies of dual involvement
2. A court case processing approach that includes one judge/one family, dedicated dockets for dual system cases, appropriately trained legal counsel
3. Case flow management that reflects the dual nature of the child’s needs (joint pre-conference hearings, time certain scheduling, court control of continuances, joint court orders, and mandatory inter-agency court presence
4. Coordinated case planning and supervision which could include joint case plans, interagency liaisons, multidisciplinary case planning, and family-centered interventions
5. Interagency collaboration including formal written agreements, shared funding streams, and integrated information systems. (Lord & Siegel 2004)

Practical matters to consider in developing a collaborative plan:

• Are crossover youth able to stay in the same school once in the system? (maintain school stability)
• How do juvenile justice programs address family violence and child safety?
• Staff training background: social work vs. criminal justice- how does this difference challenge achievement of an integrated approach to working with these youth? How might the differences actually enhance integration?
• What is the role of punishment in addressing youth problem behavior?
• The type of jurisdictional arrangement can impact the feasibility of developing a collaborative approach. Three types of jurisdictions are common: concurrent, separate,
and on-hold (similar to concurrent but dependency services interrupted until delinquency court disposition). Missouri’s system is concurrent.

- How do the systems react when a youth/active case crosses over from one to the other?
- What mechanisms are in place to facilitate coordination of a response? What resources are needed to improve coordinated responses?
- Is the level of communication, coordination, and cooperation adequate among the courts, agencies, and attorneys who work with such youth and their families?
- What alternative, safe housing is available for crossover youth?
- How does housing availability impact the child’s ability to satisfy the terms and conditions of probation?

Several jurisdictions around the country are pilot testing models for integrating agency approaches to working with crossover youth.

**A Look at Crossover Youth in Missouri’s Juvenile Justice System**

The first part of this brief used published research to establish that crossover youth have different individual and systemic needs than other youth who come in contact with the juvenile justice system. Next, we will examine crossover youth in Missouri to determine their prevalence rates and how the needs of such youth compare to those reported in research studies. This information can inform a decision as to whether Missouri should enhance its approach for working with crossover youth.

**Study Group 1: Delinquent Youth with a CA/N History**

First, we examined trends in youth crossing from CA/N over to delinquency. Looking at 74,448 (unduplicated) youth who have at least one status/delinquency case and at least one risk assessment recorded in JIS between 2002 and 2009, we found that:

- About 16% of delinquent youth have a CA/N history.
- Delinquent females are more likely (18.7% females vs. 14.6% males) to have a CA/N history.
- Black youth are over-represented among those with CA/N history: 25.8% of delinquent youth with a CA/N history are black; in comparison, 20% of those without a CA/N history are black.
- The majority of those with a CA/N history have moderate or severe school problems while the majority of those without a CA/N history have no or only minor school problems.
- Youth with a CA/N history had their first referral at a younger age; 47% of them had their first referrals at age 12 or younger.
Study Group 2: A 2004 Cohort of Delinquent Youth with a New CA/N Case, 2004-2010

To determine the extent to which delinquent youth crossover into a new child abuse case, we tracked 10,364 delinquent youth in a 2004 cohort (all youth with a court case and complete records) to see whether any new CA/N cases were filed through April 2010. Please note that we did not have complete files on these youth to determine how many had a CA/N case prior to the 2004 delinquency/status referral.

- 7.2% of the cohort had a new CA/N referral.
- 15.8% of 1,944 delinquent youth who had a CA/N history received a new CA/N referral, in contrast to only 5.3% of 8,420 delinquent youth who had no CA/N history.
- A higher percentage of delinquent female received a new CA/N referral 41% vs. 31% of males.
- Of relevance to the analysis of racial disparities, among this cohort of delinquent youth, white youth are over-represented among those with a new CA/N history. A higher percentage of white youth received a new CA/N referral compared to black youth, 7.8% vs. 5.8%.
- The majority of those with a new CA/N referral have moderate or severe school problems while the majority of those without a new CA/N referrals have no or only minor school problems.
- Delinquent youth with a new CA/N referral had their first referral at a younger age; 61% of them had their first referrals at 12 or younger.

Study Group 3: A 2004 Cohort of CA/N Cases with a Subsequent Status/Delinquency Referral, 2004-2010

Next, we selected a child welfare cohort from 2004 and followed them to 2010 to determine how many of them had delinquency cases. We tracked 5,337 youth with CA/N cases in 2004. They ranged in age from newborn to 17 at the time of the abuse report. By 2010, 1,162, or 22%, of them had subsequent status and delinquency cases filed.

Other research has noted that the timing of abuse is important. In an analysis of the 2004 cohort, time to delinquency is inversely associated with the age when abuse/neglect cases were filed. So the older the youth when the abuse occurred, the shorter the time length until the delinquency case was filed.
‘Linear Regression of Age at Abuse/Neglect and Time to Delinquency’

Regression Equation:
\[
\text{DAYSTODEL} = 1754.236 - 85.56319 \times \text{AGECAN}
\]

Study Group 4: Delinquency/Status Cases on DYS COASITE

Researchers have speculated that crossover youth are treated differently in the justice system when they present before the court for a delinquency referral. Researchers further speculate that this pattern of differential treatment leads to crossover youth getting pushed deeper into the system. While we did not have time series data on individual youth to use in determining patterns of system penetration, we could compare patterns of placement among crossover youth and other delinquent youth. We looked at 182,139 status and delinquent cases filed between 2002 and 2009 with DYS COASITE data that provide information on detention placement and case disposition, and found that:

- A higher percentage of youth with a CA/N history were detained, 17% vs. 12%.
- A higher percentage of youth with a CA/N history were put in non-secure placement, 4.6% vs. 2.3%.
- Considering case disposition, a higher percentage of youth with a CA/N history were disposed with an out-of-home placement, 9% vs. 4%, transferred to another agency, 6.7% vs. 3.4%; and a lower percentage of them were informally disposed without supervision, 22% vs. 31%.
- Considering placement type, a higher percentage of youth with a CA/N history were placed with the Children’s Division, 28% vs. 6%, while a lower percentage of them were placed with the Division of Youth Services, 41% vs. 57%.

A slightly higher percentage of youth with a CA/N history have no drug/alcohol issues, 77% vs. 75%. 
Study Group 5: Youth with at least one risk assessment in 2007-08

Finally, we tested a model of delinquency using a statewide dataset for 2007-08, the first year that all circuits were part of the statewide data system. The dataset includes all youth who had at least one risk assessment included in their file. The risk assessments are given to youth who have a referral for status and delinquency offenses which has met the definition of legal sufficiency, as well as youth proceeding to adjudication.

This dataset includes 9,069 youth. First, they were divided into two groups of crossover and non-crossover youth where their status as a crossover youth was determined by a CA/N history variable. Then the risk factors for the two groups were compared (see Table 1).

Significantly higher proportions of crossover youth have parents with:
- a mental health disorder
- a substance abuse history
- an incarceration history
- and a severely ineffective parenting style

The gender difference is minimal between the groups and a slightly greater proportion of the crossover youth are minorities.

In terms of their own behavior, particularly in regards to the justice system, significantly greater proportions of the crossover group:
- had a first referral at a younger age
- had one or more prior referrals
- and had an assault referral.

Longer histories of offending and violence are two behaviors associated with crossover youth. To see if such an association exists among Missouri’s crossover youth, all risk variables were entered into models of prior assaults (an indicator of violent behavior) and prior referrals (see Table 2). Holding all other variables constant, a history of CA/N had a significant impact on the likelihood of having prior referrals but not on prior assaults. The assault model was generally not very robust. These results suggest that violence is not a major concern for crossover youth in Missouri but a long history of involvement in the justice system is typical among this group.

A Few Conclusions

Missouri’s juvenile justice population includes a significant proportion of crossover youth. The data provide us with some indication of their needs for more effective parenting, school engagement activities, and special consideration in placement decisions. The results of the final multivariate analysis indicate that the juvenile justice system has multiple opportunities to impact these youth given their association with prior referrals. Through initiatives like the Court Improvement Project, Fostering Court Improvement Initiative, and the Unified Family Court model programs, Missouri has the structures in place to enhance how we work with these youth who, along with their families, may be involved in multiple court cases and agencies.
<table>
<thead>
<tr>
<th></th>
<th>No CA/N History</th>
<th></th>
<th>CA/N History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Parent mental health disorder**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8457</td>
<td>93</td>
<td>1515</td>
<td>74</td>
</tr>
<tr>
<td>Yes</td>
<td>612</td>
<td>7</td>
<td>540</td>
<td>26</td>
</tr>
<tr>
<td>Parent substance abuse history**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>7931</td>
<td>87</td>
<td>1240</td>
<td>60</td>
</tr>
<tr>
<td>Yes</td>
<td>1138</td>
<td>13</td>
<td>815</td>
<td>40</td>
</tr>
<tr>
<td>Parent style**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective</td>
<td>3970</td>
<td>44</td>
<td>374</td>
<td>18</td>
</tr>
<tr>
<td>Moderately ineffective</td>
<td>4191</td>
<td>46</td>
<td>986</td>
<td>48</td>
</tr>
<tr>
<td>Severely ineffective</td>
<td>908</td>
<td>10</td>
<td>695</td>
<td>34</td>
</tr>
<tr>
<td>Parent incarceration history**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>7292</td>
<td>80</td>
<td>1029</td>
<td>50</td>
</tr>
<tr>
<td>Yes</td>
<td>1777</td>
<td>20</td>
<td>1026</td>
<td>50</td>
</tr>
<tr>
<td>Placement history**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>7779</td>
<td>86</td>
<td>730</td>
<td>36</td>
</tr>
<tr>
<td>Yes</td>
<td>1290</td>
<td>14</td>
<td>1325</td>
<td>64</td>
</tr>
<tr>
<td>Age at first referral**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>1584</td>
<td>17</td>
<td>129</td>
<td>6</td>
</tr>
<tr>
<td>13-15</td>
<td>5130</td>
<td>57</td>
<td>930</td>
<td>45</td>
</tr>
<tr>
<td>&lt;=12</td>
<td>2355</td>
<td>26</td>
<td>996</td>
<td>48</td>
</tr>
<tr>
<td>Prior referrals**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4677</td>
<td>52</td>
<td>511</td>
<td>25</td>
</tr>
<tr>
<td>One or more</td>
<td>4392</td>
<td>48</td>
<td>1544</td>
<td>75</td>
</tr>
<tr>
<td>Assault referrals**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>6040</td>
<td>67</td>
<td>1057</td>
<td>51</td>
</tr>
<tr>
<td>Misdemeanor</td>
<td>2696</td>
<td>30</td>
<td>871</td>
<td>42</td>
</tr>
<tr>
<td>Felony</td>
<td>333</td>
<td>4</td>
<td>127</td>
<td>6</td>
</tr>
<tr>
<td>Gender*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2499</td>
<td>28</td>
<td>628</td>
<td>31</td>
</tr>
<tr>
<td>Male</td>
<td>6570</td>
<td>72</td>
<td>1427</td>
<td>69</td>
</tr>
<tr>
<td>Race**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2251</td>
<td>25</td>
<td>621</td>
<td>30</td>
</tr>
<tr>
<td>White</td>
<td>6818</td>
<td>75</td>
<td>1434</td>
<td>70</td>
</tr>
</tbody>
</table>

NOTE: *p < .01. **p < .0001.
### TABLE 2

Logistic Regression Results

With Prior Referral History and Prior Assaults as Dependent Variables

<table>
<thead>
<tr>
<th></th>
<th>Prior referrals</th>
<th>Prior assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>SE</td>
</tr>
<tr>
<td><strong>Demographic variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (male = 1)</td>
<td>0.233***</td>
<td>0.049</td>
</tr>
<tr>
<td>Race (non-White = 1)</td>
<td>-0.111*</td>
<td>0.051</td>
</tr>
<tr>
<td><strong>Parent attributes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental illness (yes = 1)</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>Substance abuse (yes = 1)</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>Moderately ineffective parenting (effective = 0)</td>
<td>0.920***</td>
<td>0.047</td>
</tr>
<tr>
<td>Severely ineffective parenting (effective = 0)</td>
<td>1.460***</td>
<td>0.080</td>
</tr>
<tr>
<td><strong>Youth risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse (yes = 1)</td>
<td>0.164*</td>
<td>0.069</td>
</tr>
<tr>
<td>Out of home (yes = 1)</td>
<td>0.906***</td>
<td>0.063</td>
</tr>
<tr>
<td>Parent incarceration (yes = 1)</td>
<td>0.166**</td>
<td>0.059</td>
</tr>
<tr>
<td>First referral at 13-15 (&lt;= 12 = 1)</td>
<td>-0.797***</td>
<td>0.051</td>
</tr>
<tr>
<td>First referral at 16 (*&lt;= 12 = 1)</td>
<td>-2.363***</td>
<td>0.082</td>
</tr>
<tr>
<td>Constant</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td><strong>Model statistics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>χ²</td>
<td>2065.381***</td>
<td></td>
</tr>
<tr>
<td>−2log likelihood</td>
<td>12353.582</td>
<td></td>
</tr>
<tr>
<td>Nagelkerke R²</td>
<td>0.3172</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** *p < .05. **p < .01. ***p < .0001

References


**Missouri System–Wide State Logic Model for the Crossover Youth Initiative**

**PROBLEM**
- Youth crossing over-child welfare to delinquency

**SUBPROBLEMS**
- Uncoordinated Services
- Untreated trauma

**GOALS**
- Develop state policies/practices to address COY needs

**OBJECTIVES**
- Pilot COY practice model
- Develop trauma screening tool
- Develop risk of crossing over tool
- Focus groups with COY and families about system experiences
- Map out life history of 20 youth
- Develop statewide data repository across youth serving agencies
- Trauma informed practice across systems of care via training and practice enhancements

**OUTPUT MEASURES**
- # counties fully engaged in practice model implementations
- # court involved youth trauma screened
- # CD youth risk for CO screened
- # focus groups in each county [youth, biokin, foster kin, staff]
- # file reviews completed in each county
- # agencies signing agreement to share data
- # DYS, CD, & detention staff trauma trained

**OUTCOME MEASURES**
- Short-Term System
  - # data matches across agencies
  - # trauma services available
  - # COY services available
  - # system weaknesses and opportunities for enhancements identified
  - # Trauma exposure incidents in systems of care
- Long-Term System
  - Track trends of system impacts on COY
  - Continuum of services available
  - Revenue stream established to support service continuum
  - # Trauma exposure incidents in system of care
Youth FOCUS GROUP

*Opening question*
1. When you think of the word help, what is the first thing that comes to mind?

*Introductory question*
2. When you don't ask a family member, who do you go to when you need help?

*Transition question*
3. For what kinds of things is it okay (or maybe even better) to ask for help from outside the family?

*Key questions*
4. What are the challenges in your life that matter most?
   What kinds of help have you received to overcome them?

5. Pick up your cards. Sort them into 2 piles by who you think is helpful and who is not helpful.
   How did you decide which pile to put people in?

   Who would you feel most comfortable going to for help and why?

   Sometimes help comes to you without you even asking for it.
6. Describe a time when someone told you that you needed help but you didn't think you needed help.

7. If a teacher, nurse, or case worker thought you needed help, what would be the best way for them to offer you help?

8. How do you know when you need to get help?

*Ending question*
9. What do you wish case workers would do more of? Stop doing? Start doing?
Parent Figures FOCUS GROUP

1. When you think of the word help, what is the first thing that comes to mind?

2. When you don't ask a family member, who do you go to when you need help?

3. At what point in your life have you needed the most help, when you had young children, older children, or a difficult economic situation?

4. Pick up your cards. Sort them into 2 piles by who you think is helpful and who is not helpful.  
How did you decide which pile to put people in?

Who would you feel most comfortable going to for help and why?

5. When someone offers you help, how do you decide whether or not to accept it?

6. As a parent describe some of the best help you have ever received from outside your family.

7. Think of a time when you needed help but didn't ask. What stopped you from asking?

8. Sometimes when you take help from government agencies, you are asked to do things in order to get the help. Are the things you are asked to do even reasonable for people in this situation?

9. Have you ever been in this situation: You are a relative of a child. You receive a cold call to pick up the child or the child will be placed in stranger foster care.

If you did receive support, what best helped? If you did not, what would have helped?

10. Many times families have a group of people who they turn to for help. That group might include grandparents, aunts, neighbors, or church members. Here’s an idea: the case worker invites that group of people to help a family with a child protective services case. They would all sit at the table, agree on what the problem is, and work together on a plan to solve the problem.

What do you think of this idea?

Ending question

11. What do you wish case workers would do more of? Stop doing? Start doing?
Foster Parent Focus Group Questions

Introductory question
1. When you think of the word help, what is the first thing that comes to mind?

Transition question
2. What is the best thing about being a foster parent? What is the hardest thing about being a foster parent?

Key questions
First, let’s talk about help you get as a foster parent.

3. As a foster parent, who do you go to for help?

4. Describe some of the best help you have ever received as a foster parent?

5. Looking back, describe a time when you maybe should have asked for help for your foster parenting but did not actually ask for it. Why didn’t you ask for help?

What happened as a result of not getting help?

6. Describe a time when you were offered help as a foster parent but didn’t take it. How did it make you feel? Why didn’t you take the help?

What happened?
Now, let’s talk about help you give as a foster parent.

7. What are some of the biggest challenges faced by youth in your care?

8. How do you know if the support you offer a foster child is actually helping them?

9. Describe some of the best help you have ever given as a foster parent?

10. How do the parents of the children in your care view you?

Ending question
11. In an ideal child welfare system, what would you stop doing?
Start doing?
Do more of?
Youth Serving Professionals Focus Group

Opening question
1. When you think of the word help, what is the first thing that comes to mind?

Transition question
2. What do you like most about providing help to children and families? What is the hardest thing?

Key questions
3. What are the challenges that matter most to the youth you serve? What kinds of help have you offered to overcome these challenges?

4. How do you know if the support you offer a child is actually helping them?

5. What prevents children from getting the help they need?

6. Families typically have opinions about getting help from outside the family, who to ask for help, when to ask, what kind of help they are willing to get. How do you align your approach to giving help to a child or family’s approach to getting help?

7. Describe some of the best help you have ever given as a youth serving professional?

8. Describe a time when you offered help to a child but the help was not accepted. What happened? Why didn’t the child take the help?

9. How do the parents of the children in care view you?

10. When a child is in care, what is the value of asking parents to do things in order to get help and get their child back?

Ending question
11. In an ideal child welfare system, what would you stop doing? Start doing? Do more of?
What Youth, Parents, Foster Parents and Professionals in Jefferson and Greene Counties Say about Help

Introduction
The focus groups were the second part of a two-part series of information gathering activities of the Missouri Crossover Youth Initiative Capstone project. Prior to the focus groups, Greene and Jefferson county court and Children’s Division case files of 40 youth with a child welfare history were examined. The maltreatment histories, characteristics, experiences including delinquency involvement, and services were mapped out for each of the youth across their life span. An emergent finding was that families and children were often offered a great deal of help but they either did not accept it or else the help did not seem to elevate them to a level of functioning that prevented future problems, such as a return to the child welfare system or for youth, crossing over to delinquency. The practice model sites, Jefferson and Greene county, and state policy team are working to improve systems of care to prevent youth from crossing over from one system to another. To inform the work of the initiative, the focus groups were developed around the theme of understanding help from the perspective of the youth, people who have parented them, foster parents, and professionals.

Many of the comments of the focus group participants reflect a scarcity of resources. As one foster parent noted, Missouri ranks 22th in GDP. We rate last in percent of money provided to help children. Foster parents get $300 a month for a child and other states get $1,000.

Youth and Help
Youth in care do not like being identified as ‘people who need help.’ They live under too many restrictions and have too many demands put on their time; demands which involve counseling. As a result, “foster care takes more than it gives.” The youth feel a high level of anxiety, living in fear that they will break a rule, behavior will not meet expectations with dire consequences, and worrying about how much bureaucracy is needed for any little action in their lives. The bureaucracy also dehumanizes the youth; “I am treated like a piece of paper, not a person.”

Youth also expressed concern about all foster youth being treated the same way, a “one size fits all” approach. They are well aware that they do not have the same backgrounds, behavior issues, and needs. They feel that their level of supervision and treatment should be individualized. Foster youth also call for better assessments to differentiate their treatment and supervision levels. They often feel they are being
punished for having bad parents. Being taken from the home takes them from their lives. Better fitting the child to the services and supervision will result in better outcomes. Putting more emphasis on the child’s strengths could lead to a change in how foster children are viewed—‘what is the next good thing that will happen to this child?’

Solution proposed by foster youth:
- Conduct a risk and needs assessment and match youth to appropriate levels of treatment and needs. As one foster youth commented, “you will get better results.”

Youth find it frustrating when they think they have a situation under control but are given help anyway. It sends a message that they are incapable of solving problems. The bureaucracy often overreacts to minor problems. For example, “if you are making progress and then get upset about something, you are told you need counseling.” The youth wish they would be left alone to learn how to solve their own problems. They recognize that they will soon be out on their own and worry that they have not developed effective problem solving skills. Foster parents think youth need vocational training and criticize programs that teach them to make beds at hotels and ‘clean up spit.’

Solutions proposed by the professionals:
- Stop overacting when an older youth has a behavior issue. Instead of moving that child to a more restrictive placement, help them control their own behavior.

While some youth have had positive experiences with mental health providers, the overwhelming majority did not have positive experiences for a variety of reasons:
- They have to report their story too many times.
- What they tell a counselor can be used against them because the information can be shared with parents and others.
- If they express a concern or problem, too much is read into it, a diagnosis is made, and medication prescribed. Sometimes they even felt coerced to take medication.
- Medication does not help youth learn to control their own behavior. Youth have no confidence then, that they can control their behavior.
- They perceive that they are medicated because they are in foster care but the medications do not help them. ”They zombify you.”
- They fear becoming dependent on medications.
- Mental illness is a stigma.
- Treatment is not voluntary; they are forced to participate.

Solutions proposed by youth and professionals:
- Provide youth with other means to cope such as expressive arts, structure and routine.
- Recognize when problems are rooted in trauma and use a trauma informed approach.

Parents, foster parents, and case workers commented on poor quality mental health services for youth:
• Drug treatment as drug education leads youth to use other drugs and learn how to get around drug tests. [noted by a Jefferson County professional]

• If funding is only available for drug treatment, too many youth get sent and the ones really needing treatment don’t get what they need. [reported by a Jefferson County professional]

• Many counselors and therapists are not adequately trained to diagnosis mental health disorders and to treat trauma.[noted by a Greene County professional]

A professional noted that the emphasis on mental health care may reflect funding streams; problems tend to be diagnosed in terms of available funding streams.

Solutions:

• Provide in home counseling services so the provider can observe individuals in their natural environment and respond from that basis. [foster parent]

• Rely less often on mental health treatment as the response to every issue. [youth & professionals]

Parents and Help

Parents are the ones who most often need help but are the least likely to get it. Parents (and their children) ‘read’ agency staff to determine if they are sincere and caring or just punching a time clock and doing a job. If the latter, they share only minimal information. They are more likely to open up and seek help if they determine that the provider genuinely cares about them and can be trusted to make good decisions on behalf of the family.

Parents mentioned a number of reasons for not seeking or accepting help including pride; they don’t want to look stupid. Sometimes they fear the consequence of asking for help. For example, if a child is beyond their control, the parents may fear having the child taken away if they ask for help. They also avoid asking for help because providers may overreact and provide much more ‘help’ than they really need and help always comes with costs, including having someone take control of your life. “Inviting bureaucracy to be part of your family” is how one parent describes what happens when you accept help. Another reason parents may not accept help relates to their perceived view of the competency of the provider. For both the parents (and foster parents,) it is difficult to have other people tell you how to parent, especially when the person is young, has never had children, and is sharing information learned in a textbook, not from real life experiences.

According to foster parents, bio parents may not be open to help if they have problems which impair their cognitive functioning such as mental illness or substance abuse. Parents indicate that they are most open to accept help when their view of the problem to be solved aligns with that of the case workers and treatment providers. Because so many demands are forced on them by the progress of the case rather than their acceptance that a problem needs to be solved, they may not be responsive to help.

Solution proposed by researcher and backed by professionals:

• motivational interviewing
Some foster parents think the child welfare system expects too little of parents, “Some parents have best of both worlds, free day care and they can still get high.” The children do all the hard work. The views of the children also reflect this observation; the youth state that it seems they are punished for having bad parents. Because of their negative views of mental health services, youth may view the following scenario as just such punishment. Professionals report that parents may ask for mental health services but may not have the money to get them. Sometimes, funding can come from the child and the treatment for the family can be framed to benefit the child. Even though the child may not need mental health treatment, they will be included in it so the parents can receive it.

Foster Parents as Providers of Help
First time foster parents feel isolated and realize they lack needed information about resources and training on how to address the needs of foster children. They are fearful about asking too many questions and appearing incompetent; fearful that they will lose the children. They need a safe environment to talk to each other, experience empathy, and to express their frustrations. When they do ask for help the response does not meet expectations. They may get handed a list of potential contacts, not have telephone calls returned, or get passed along to multiple people, none of whom actually provide help.

Foster parents have differing views on what it means to help a child. Some foster parents actively try to change children in their care while others try to be neutral and supportive. “Important for child to feel that we aren't trying to change them. We give them a safe environment. We don't have the right to say right or wrong” vs. “They are expected to go to church with us. They are treated like one of the family.”

Foster parents struggle when a child returns to a bio family where not much has changed. “So few go back to a decent home.” Foster parents often feel they can offer a child so much more than a bio parent. They recognize the impact of what they can do on the parent, “Hard line to walk. If you try to do what's right by children you will anger parents.”

Foster Parents as Recipients of Help
Foster parents shared some contradictory attitudes about bureaucracy and help. On the one hand they want less interference [even needing to go through an approval process to get a child’s hair cut]. On the other hand when they do want help, the bureaucracy is nonresponsive.

Solutions proposed by foster parents:
- “When I call, I want to know that someone 'owns the question.'”
- People need to be treated like individuals, not cases.
- Every agency should have a crisis plan.
Foster Parents and Resources
The hardest thing about being a foster parent is the lack of resources in the form of tangible items, knowledge and information, and experts with skills needed to help families and youth. Most believe resources exist but they don’t know about them. Government resources are too hard to access because of the bureaucracy and its lack of responsiveness.

“You are told to just ‘do a good job.’ If you pay out of pocket for an item for the child you risk not being reimbursed (receipts get lost) or being reimbursed months later.” a foster parent

Foster parents experience a conflict between the desire to allow a child to experience a normal life and the out of pocket cost of providing that experience.

Solutions:
- Make 211 website available to foster parents.
- Case workers should be more proactive in finding resources (including providing a plan to meet child’s needs when they enter the home).
- Develop a provider referral system to match child need to provider who can meet the need (instead of a list of 20 potential providers). “I asked for help finding a therapist so they gave me a list of 28 people. I don't have time to go thru and screen them to find the best one.” a foster parent
- Greene County has independently organized to have a Facebook page, consignment store, and food pantry.
- Jefferson County wants to at least form an organization for foster parents.

Foster Parent Training
Foster parents recognize the importance of training and had a great deal to say on the topic.

Challenges:
- Feeling overwhelmed by initial training, hard to get off work and find child care

Solutions proposed by foster parents and professionals:
- On-line trainings
- Professional conference attendance
- Have foster parents be respite providers before and during training so they can apply new knowledge
- Provide them with mentors but don’t overwhelm mentor foster parents
- Provide opportunity to speak to foster youth before becoming a foster parent

Specific content ideas:
- first aid for mental health,
- behavioral problems,
• How to talk to foster children about abuse and appropriate vs. inappropriate behavior [Education, police, doctors, etc. need to be trained to open that dialogue].
• Foster parents need to have heightened awareness so they recognize abuse patterns and work on prevention.

Foster Parents and Decision-making
“Our job is to warehouse kids, not discipline them or anything else.” A foster parent

Foster parents would like to feel more part of the group at the table when a child’s case is discussed and decisions are made. The professionals often know each other and the bio parents often bring supportive people with them. Foster parents feel isolated in these situations. They would like to participate on the team at the same level as other team members. They feel they know the youth better than anyone.

“Our attitude is that its temporary for that child to be in your home. We need to have a voice to say what works and what doesn't.” A foster parent

Foster parents express resentment that case workers, who spend 30 minutes a month with a child, have a bigger role in decision-making than they do.

Case workers
Everybody (parents, children, foster parents) wants the case workers to advocate and work on their behalf.

Trap of case workers – “Bio parents are given a to do list so as a case manager if I can hammer out what needs to be done with them and just get them to do it as fast as possible then that's a success. That's not what its supposed to be. Its supposed to be a guide. Its turned into a to do list. Parents work through it but often don't have any ownership of it. They never get to 'this is how I can resolve this issue that caused my children to be taken away.' They are often overwhelmed by the to do list.” A case manager

Solutions proposed by professionals:
• Change the metric for measuring case progress and success.
• Shorten the to do list to something more manageable.
• Coach parents in how to accomplish tasks on the list so they don’t feel overwhelmed and give up.
• Provide new parents with a mentor parent who has been through the system.
• Clarify roles
• Evaluate the effectiveness of the to do lists
The Downside of Milestones
Professionals discussed the fact that parents often experience trauma when a child is removed from the home, yet case workers ignore that trauma. Case managers never get past the point of jurisdictional issues. Everything moves so fast to meet milestones so there's no time to address that trauma.

Solutions proposed by the professionals:
- Case workers need to acknowledge the trauma and give parents an opportunity to work through the trauma before proceeding with a case plan.
- Use motivational interviewing to arrive at a common understanding of the presenting problem.

Some foster parents perceive that case workers market children to meet their timelines for placement pressures. ‘Oh, she is delightful; never mind that she is a raging bipolar.’

Private vs. Public Child Welfare Agencies
Foster parents experience the difference in resource availability between private and public agencies and feel the differences create inequities for the children and families. Private agencies are viewed as superior because:
- Less worker turnover
- Crisis plans available
- More proactive in identifying and responding to problems early
- Tend to get live person on the other end of the phone
- More likely to take responsibility for a situation
- Provide more personalized care

Solutions proposed by professionals and foster parents:
- More consistency in resources and procedures between public and private and between counties.
- Cap caseload size.
- Stop having agencies fight against each other. More collaboration to make load less on one agency or case worker.

Information sharing
Controversy exists among the various groups regarding what should be known about a child, what is shared about a child, what is included in files and records, and the actual behavior of the child. Not knowing enough information can create child endangerment issues, transportation problems in trying to meet unanticipated needs, and outright rejection of a child. Medication and mental health conditions are a specific area of concern regarding information sharing. Foster children may be taking many medications and they may not enter a placement with information about their medications. Foster parents think that most youth in care have behavioral issues and that these issues are underidentified in the group of children labeled traditional.
Solution proposed by foster parents:
- better assessment of children before they are placed and not only better assessment, but better case planning and resource identification before they are placed. The assessment should include information about what is ‘normal’ behavior for a child; how do they cope with stress.

Foster parents would like to know more about the progress of cases for the children in their care. Children also need more information about the progress of their case, including explanations regarding whether and when they can be placed with kin. Bio parents need to have information about the case shared in a comprehensive (non fragmented) way. They need to understand that today’s plan may change into something entirely different as they progress through the system.

Trust
Along with information sharing and decision making is the element of trust, a big issue with parents, children, and foster parents. Because of mistrust, important information is not shared. Foster parents express concern that if they ask for help or information they may be viewed as incompetent. Parents and foster parents fear asking for help because they don’t want to be judged.

Foster children have issues of trust and identity. They perceive that adults in the system do not trust them. If they have crossed over, their behavior and intentions are not trusted, even if they have changed and are on a positive path. “People treat us like our past.” Whether they are crossover or not, they are viewed as a liability, someone’s responsibility, and when people see them, they ask themselves, ‘what is the next bad thing that will happen to that child?’ One stated “I wish foster children could live a normal life without the burden of having others be responsible for us.”

Youth in care are reluctant to share information, either because it will be documented and shared with others or because it will not be treated confidentially. The confidentiality issue becomes particularly relevant in matters related to their home environment. Children are aware of what happens in the home but fear telling anyone in authority because the information will be shared with adults in the home and the child could face negative consequences as a result. This is a significant barrier to providing a safe way for children to report abuse, especially sex abuse. Another barrier to information sharing for youth relates to loyalty and culture. Sometimes they are willing to put up with abuse when they return home because they feel normal again.

Parents and foster parents also have trust issues. Parents are often mistrustful of the intentions of foster parents. They feel the foster parents are taking their children and preventing them from reunifying. Foster parents sometimes perceive that parents are a barrier to adequately providing things for a child. Foster parents perceive that parents resent them for providing a model of how a home and parents should function. Foster parents sometimes magnify the inadequacies of parents.
Family Group Conferencing
The parents expressed mixed views about family group conferencing. Some thought that having more people involved in helping a child would be beneficial. Others felt that having people outside the immediate family involved in their life was overstepping privacy boundaries. Parents might feel ashamed, like they are shirking their responsibilities. Foster parents might feel more alienated than ever from decision-making if the family had more people supporting them (but not the foster parents).

Mentors
Youth felt that mentors are not helpful when they are assigned and no natural relationship can develop. Mentors who have been through the same experiences can be helpful. Those who have not had the same experiences give useless advice.
Rate how responsive your agency is to the desires of crossover youth.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>We strive to make them feel safe and secure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We help them stay connected to their family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We keep them informed and provide them with meaningful choices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We provide them with supportive supervision to help them stay out of trouble.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We give them access to services including individual and family therapy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We sponsor activities that help them explore their interests, sports, hobbies, vocational interests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Crossover Youth Initiative
Rate your circuit

### Rate collaboration in your circuit

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff across agencies are willing to compromise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross agency roles and responsibilities are widely recognized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much reliance is placed on individual initiative.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High staff turnover is a barrier to collaborating.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership supports collaboration among agencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff across agencies do not support collaboration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency philosophies and policies are often in conflict.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Rate crossover youth services in your circuit

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crossover youth need more attention and case management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early identification methods are adequate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for placement stability is readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The main service focus is on permanency.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health and substance abuse treatment are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational assessment and support are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional services are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Rate placement opportunities in your circuit

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovative placements are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placements with high supervision/structure are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic placements are readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>