Identifying Youth with an FASD in a Juvenile Justice System – A Practical Approach

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Although recognition of Fetal Alcohol Spectrum Disorders (FASD) is not common in most juvenile justice systems in this country, Hennepin County, a large urban and suburban county in Minnesota has successfully piloted a program to identify those with FASD since 2008. The goals of this program were to reduce recidivism, maintain stability in placements and create school success.

The program chose to limit its screening to adjudicated youth identified with mental health problems through the Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2). The screeners referred all positive MAYSI-2 youth for an FASD screen. The county chose this screening process for two reasons: (1) to ensure screening and diagnostic capacity within the juvenile justice system; and (2) because FASD literature showed those with FASD had a 94 percent likelihood for potential mental health issues (Streissguth, et. al, 1996; Premji, Serrett, Benzies, et. al, 2007).

Screening process

The program's social workers used the FASD Center of Excellence Screening Tool (www.fasdcenter.samhsa.gov) for all screens. The youth and the guardian received separate interviews, taking approximately 20 minutes. The workers obtained in-depth educational, developmental, family and placement history through this interview. Workers received training on how to ask the sensitive questions regarding the biological mother's alcohol and drug use during pregnancy. If there was positive confirmation, the youth was referred for an FASD Diagnostic Evaluation at the University of Minnesota FASD Diagnostic Clinic.

Referral and diagnostic process

The Clinic set aside six appointments per month for program youth. As a result of this partnership, the youth were able to receive a diagnosis within one month's time. This was crucial for those pending court dispositions.

Prior to the appointment, the worker collected all records, including school history, previous mental health, IQ testing and court reports. Assisting the families in collecting this information was critical as many were unable to complete the forms, tests and questionnaires without assistance.

Intervention, Case Planning, and Follow-up

For youth pending disposition, the court would receive the FASD report to assist in sentencing. If the youth received a diagnosis after disposition, the worker would share the findings with the court and other parties as well as contact the youth's multidisciplinary team to develop an Intervention Case Plan (ICP). The ICP was based on the recommendations from the evaluation.

Community support and services

Successful interventions for youth with an FASD are dependent on community and educational agencies that understand and have training on FASDs. The program worked closely with many community providers, resulting in the development of a Provider Network. This Network consisted of mental health, group home and residential treatment providers, school personnel, probation officers, social workers and the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS). It met quarterly to discuss ongoing barriers, needs, successes and suggestions for interventions for youth with an FASD. In addition, MOFAS provided ongoing support and training to the caregivers.

Data

From August 2008 through May 2012, 170 adjudicated youth were screened for prenatal alcohol exposure. Seventy-seven (77) youth screened positive. Sixty-seven (67) received an FASD evaluation with 57 youth receiving a diagnosis within the FASD spectrum. As the program was voluntary, 45 youth chose to receive services within the program. In addition, the program collected data for various outcomes, including school attendance, school suspensions and/or expulsions, out-of-home placements and recidivism. Although the total numbers are small, the results appear to be promising:

Increase school attendance: At 6-month follow-up, 61% of youth maintained or improved attendance. At 12-month follow-up, 67% maintained or improved attendance. We consider this to be a stringent outcome, since any decrease in attendance rate, failed to meet the objective. In fact, of the seven youth who did not meet the attendance objective, three had a decrease of 10 percentage points or less from baseline to follow-up. One youth decreased by 3 percentage points and another by only one point.

Reduce school suspensions: At 6-month follow-up, 91% of youth meet the objective, and at 12 months, 100%. In fact, at 6 months only 3 of 21 youth had a suspension reported and at 12 months no suspensions were reported.

Reduced Expulsions: At baseline, two youth had a prior expulsion on record. There were *no expulsions* reported at either the 6-month or 12-month follow-ups.

Reduced out-of-home placement or change to a more appropriate placement based on diagnosis: At 6-month follow-up, 95% of youth met the objective. Just over half had no change in placement, 9 moved to a placement equally or more appropriate than baseline. Only one youth moved to a placement deemed less appropriate for his/her needs. At 12-month follow-up, 80% met this objective.

Reduced recidivism: At the time of 6-month follow-up, 74% of youth (17 of 23) met this objective. Of the six youth who failed to meet the objective, five were due to disposition modifications and one was this due to a new offense (gross misdemeanor). At 12 months, 8 of 9 youth met this objective; one youth who failed to meet the objective had a new offence (misdemeanor). Additionally, across the entire group there were *no new felonies* at either the 6-month or 12-month follow-up period.

Conclusion

Providing screening to youth who have or are at risk for mental health issues is one way of identifying youth with FASD and providing services targeted to their particular needs to improve outcomes. The screening and referral has been integrated into systems, so that all probation officers, social workers and Court can refer for an FASD screening, without a prior MAYSI-2 screen. The FASD social workers continue to assist families through the FASD diagnostic and evaluation process.

References

Streissguth, A., Barr, H., Kogan, J., and Bookstein, F. (1996). *Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE). Final Report to the Center for Disease Control and Prevention (CDC).* Seattle: University of Washington, Fetal Alcohol and Drug Unit, Tech. Rep. No. 96-06.

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Last published Annual report 2010-2011:
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