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THROUGH JULY 31, 2011

OPTION YEAR 3

Seventeenth Judicial District, Adams County, Colorado

September 15, 2011

Intervention Type: Juvenile Court

EXECUTIVE SUMMARY

The Juvenile Court of Colorado's 17th Judicial District is integrating FASD screening, diagnosis, and intervention within the Juvenile Delinquency and Child Welfare courts of Adams and Broomfield Counties. The goal of the FASD Project is to improve the functioning of children and youth with an FASD who come before the court. Project objectives include preventing or limiting out-of-home placement, improving school attendance, improving academic performance and reducing recidivism. The Project supports the mission of this integrated, multidisciplinary court, which is to promote community safety and healthy family functioning.

The Project is working with two distinct target populations:

- Delinquency: Youth under the age of seventeen who are adjudicated delinquent and given a Pre-Sentence Investigation or placed on Probation.

- D&N (Child Welfare): Children ages 3-5 who are removed from their parents because of substance abuse by their mothers and any other children under the jurisdiction of the Dependency court for whom a screen is ordered.

Delinquency Program

Objectives:

(1) All youth diagnosed with an FASD who are in school will attend 95% of classes;
(2) 30% of youth diagnosed with an FASD who are in school will have no school suspensions or expulsions in the term following diagnosis;
(3) 30% of youth diagnosed with an FASD will not be arrested for a delinquent act in the two years following diagnosis;
(4) 25% of delinquent youth with an FASD sentenced to juvenile probation shall successfully complete their probation:
(5) 30% of youth diagnosed with an FASD will have no more than one move to a placement that is more restrictive or the same amount of restriction as the previous placement in a 12 month period following their diagnosis;
(6) 30% of youth diagnosed with an FASD will improve their functioning within the first year after their diagnosis.

Methods:

The Delinquency Court orders an "FASD Screen and Recommended Treatment" for all youth who are adjudicated delinquent and either ordered to undergo a Pre-sentence Investigation or placed on Probation. Youth in either category will be assigned a Probation Officer. The Probation Officer completes a screening interview and fills out a screening form with the adult who accompanies the youth to the intake and takes the pictures required for the FASD Facial Photographic software. The screening form and pictures are emailed to the FASD Project Director, who completes a criminal records check of the mother, completes the Facial Screen, and makes a screening determination.

If the youth has a negative screen, the Probation Officer is informed, the information is entered into two databases, and the FASD case is closed. If the screen is positive, the youth is assigned to an FASD Intervention Specialist who coordinates with the family to complete the diagnostic intake information and collects all of the records required by the diagnostic team. When everything is collected, the youth is scheduled for a diagnostic evaluation at the Sewall Child Development Center. Once the evaluation is completed and the report is received, the Intervention Specialist and Probation Officer meet with the youth and family to develop a plan for fulfilling the recommendations of the diagnostic team and make any modifications to the Terms and Conditions of Probation that are indicated by the evaluation. The Probation Officer is the primary case manager who monitors the provision of services.

Following this meeting, the Intervention Specialist meets with any service providers who may have questions about the youth's needs, as well as the school if an IEP modification is needed. Then the Intervention Specialist monitors the service provision through reading Probation Narratives and by contacting the family and service providers as needed. The Intervention Specialist enters baseline data and monthly services in the database and then contacts the family and service providers to obtain the interim and follow-up data.

Accomplishments:

FASD procedures and, perhaps more important, the concept of FASD and its effects on youth and their families, are fully integrated into the Seventeenth Judicial Juvenile delinquency court. In addition to the required screening orders, the court is starting to ask questions of the parents and refer youth at their initial hearing so that the diagnostic information can be available earlier in the delinquency process. All of the professionals in the court consider the possibility that a youth's behaviors are a result of FASD and explore that possibility and what effect it should have on the court case.

Dependency and Neglect (D&N) Program:

Objectives:

(1) 80% of Dependent and Neglected (D&N) children diagnosed with an FASD shall have no more than two moves in a 12 month period;

(2) 80% of children diagnosed with an FASD and provided interventions shall improve functioning within the first year after their diagnosis.

Methods:

The population that is targeted for referred to the FASD Project from the D&N Court is children ages 3-5 who have been removed from their parents because of substance abuse by their mother.

The FASD screening takes place at the time of the initial hearing in the case (or the first hearing after the screen is ordered). The FASD staff Intervention Specialists interview the mothers to determine prenatal exposure. The mothers' records are checked to detect any recorded indication of use during the pregnancy and pictures are taken of the children in their placements or at the Department of Social Services following parental visits.

If the screen is negative for alcohol exposure, the FASD Project files a court report, records the information in two databases, and closes the FASD case. When a screen is positive for alcohol exposure, the court orders a diagnostic evaluation. The FASD team coordinates completion of the diagnostic center's intake packet, collects all of the child's medical, mental health, and educational (or Child Find) records, and submits those to the diagnostic team at the Sewall Child Development Center. The child is scheduled in a diagnostic slot that has been reserved for the FASD Project.

Once the evaluation is completed and the report is received, the Intervention Specialist meets with the caseworker and parents or other caregivers to develop a plan for fulfilling the recommendations of the diagnostic team. This plan in incorporated into the child's treatment plan with the court. The caseworker is primarily responsible for obtaining the provision of services.

Following this meeting, the Intervention Specialist meets with any service providers who may have questions about the child's needs as identified in the evaluation report, as well as the school if an IEP modification is needed. Then the Intervention Specialist monitors the service provision by contacting the caseworker, family and service providers as needed. The Intervention Specialist enters baseline data and monthly services in the database and then contacts the family and service providers to obtain the interim and follow-up data.

Accomplishments:

The concept of FASDs has been integrated into the D&N court as well as the delinquency court. The integration is not as complete in the D&N court since such a small part of the total population of children is being screened. However, the Project also screens any children

for whom a screen is ordered and this is happening more often as the judges and other parties are seeing the value of diagnosing the children.

1. Key Client Results

	Probation	D&N	Total
a. Target Population	124	159	283
b. Screening	74/59.7%	150/94.3%	224/79%
c. Diagnosis	3/4%	16/10.7%	19/8.4%
d. Intervention Services	15/300%	34/212	49/258%

DELINQUENCY PROGRAM

KEY CLIENT RESULTS

Target Population: 124 youth placed on Probation

The target population for the Delinquency program is youth aged 10 to 16 years who have been adjudicated delinquent by the court and placed on Probation or given a pre-sentence investigation.

The initial evaluation plan estimated that approximately 237 delinquent youth would be screened annually. However, overall juvenile delinquency filings have been in decline since the needs assessment for this project was conducted, resulting in fewer overall delinquent youth screened.

Screening:

Seventy-four (59.7%) of youth age sixteen or under who were placed on probation were referred for FASD screening during Option Year 3. Court practice in the 17th Judicial District dictates that all of these youth should be screened, with results sent to the FASD project director. In some cases, Probation Officers (POs) do the screen but do not forward them on to the FASD team, while in other

cases screens are not done. In Option Year 3, the entire Probation Department moved to a new location and the Juvenile office also changed supervisors. There was a large dip in screens during that time. Screens increased toward the end of the Option Year, but the numbers were not made up by the end of the period. An effort continues to catch up the screening before the end of OY4.

The FASD team continued to monitor all delinquency adjudications and contact the PO Supervisor when screens were not received. These efforts are specifically aimed at increasing the proportion of probation youth being screened.

Diagnosis:

A total of 16 delinquent youth had a positive FASD screen, and 14 of those youth were referred for diagnosis. Three of these (21.4%) were diagnosed with an FASD.

Intervention Services:

Fifteen (15) delinquent youth received intervention services in OY3. Some of these youth were diagnosed in OY2.

PROGRAM DESCRIPTION

Population Needs Identified and Addressed:

The delinquency population consists of youth sentenced to Probation or receiving a pre-sentence investigation.

The following needs were initially identified for the delinquent population:

vocational training,
educational modifications,
mental health treatment,
medication management/medical monitoring
speech/language services,
substance abuse treatment,
help with social skills.

The needs of each youth are identified and addressed based upon the recommendations of the diagnostic team after they complete a thorough evaluation of the youth. The first source for service provision for those youth who are in school is the school itself. The FASD Team supports the parents in advocating for the services that the youth needs in the school. This may include services like the above or simple modifications such as asking that people speak slower or break assignments into smaller pieces.

Services that are not available through the schools require referrals to other systems such as vocational training programs, the community mental health clinic or substance abuse treatment programs.

Additional needs that were identified in OY2 included difficulty getting families to bring the children to the evaluations and severe systemic needs in the families that have to be addressed in order to meet the needs of the children. The issue of missing evaluations has been nearly resolved by the judge requiring a court appearance to explain the reason for missing. The severe needs of the families continue to be an issue.

The issue of severe systemic needs in the families has been addressed on a case by case basis. The child cannot get his or her needs met if the family does not have housing or the child does not attend school. Some cases have required reporting the situation as a child protection concern. Others have required referrals of the family for services in addition to the child. The Probation Officers work side by side with the FASD Project in finding appropriate referrals for these families.

Service Delivery Process

The Delinquency portion of the FASD Project has been integrated with the Juvenile Probation Department of the 17th Judicial District. All of the Juvenile Probation Officers are trained in how to do the screening interview and take the facial pictures of the juveniles. The FASD Project merged its Release of Information requirements with the requirements of Probation, so that the parents can sign a single Release of Information document which is used by both programs.

1. Referral:

The population screened includes all youth who are sentenced to Probation or who receive a Pre-Sentence Investigation (PSI) in the 17th Judicial District who are under the age of 17. The court orders "FASD Screen and Recommended Treatment" as part of the PSI order or the Terms and Conditions of Probation. The FASD Project has provided a stamp which the court clerk uses to add this Order to the form documents. The Probation Supervisor is a member of the Delinquency Task Force. Regular communication is maintained between the Probation Supervisor and the FASD Project Director.

2. Screening:

The FASD screening interview is completed as a part of the Probation Intake process for the youth. The Probation Officer (PO) interviews the mother or other caretaker of the youth and takes the pictures required for the FASD Facial Screen. The PO also gives the caretaker a letter describing the FASD Project and has the youth and the caretaker sign the Release of Information.

Once the screening interview, pictures, and Release of Information are completed, the Probation Officer emails the information to the FASD Project where the screen is completed by a criminal records check of the mother and computer assessment of the facial pictures. The Project Director informs the PO of the results of the screen and who is being assigned as Intervention Specialist (IS) if the screen is positive.

3. Diagnosis:

Once a screen is determined to be positive, the PO FAXes the Release of Information to the FASD Project. This Release is written so that it includes permission to obtain the required documentation about the child, to release that information to the Diagnostic team, and to release the Evaluation to Probation, the schools, and all providers working with the youth. Using this Release of Information, the IS obtains the information required by the diagnostic team prior to the evaluation. This includes birth and all medical records, court records, school records including original or triennial IEPs (Individualized Education Plans), Mental Health records, and any other evaluations that may have been done of the youth.

When all the documentation has been sent to the diagnostic team, they approve the youth to be scheduled for diagnostic evaluation. If the FASD Team is unable to get some of the requested information, exceptions can be made on a case-by-case basis by discussion between the Project Director and the lead member of the diagnostic team. The FASD Project has pre-assigned diagnostic dates in which they can schedule any youth for whom all the documentation has been obtained.

Upon completion of the diagnostic testing, the diagnostic team gives a brief oral feedback to the caretakers and the Intervention Specialist from the FASD Project. This information is summarized by the IS so that immediate needs can be met. The diagnostic team completes an in-depth report of the evaluation and mails it to the youth's parent or custodian, the FASD Project, and the child's primary physician. The FASD Project distributes the report to the court and the Probation Officer.

4. Service Provision:

Once the written Report is received, the IS and PO schedule a meeting with the caretakers and any service providers who can attend. The purpose of the meeting is to make any modifications of the Terms of Probation that may be indicated by the evaluation and to create an individualized plan for how each of the recommendations of the evaluation is to be met. The youth is referred to services for each recommendation. The PO primarily facilitates the referral process, and the IS works to be sure that the service providers understand the unique needs of the youth as identified by the evaluators. In the case of modification of the youth's IEP, both the PO and IS may be involved.

The youth with the greatest identified needs may be included in the R.O.C. program which is a part of the Juvenile Probation office. The R.O.C. can typically meet all the identified needs of the youth other than medical care. It includes an educational program as well as therapy, vocational training, social skills groups, etc. Youth who do not meet the criteria for the R.O.C. are referred to services available in the community. Many of these are available through satellites of The Children's Hospital. Youth who qualify for Developmental Disabilities services can access many of their needed services through the Community Centered Board for Developmental Disabilities.

5. Service Tracking

When a youth receives an FASD Diagnosis, that diagnosis is noted in both the internal and the Access database. At that time baseline performance measures are entered into Access. Once the services are in place, the IS monitors the youth's contact with each service provider each month to determine what services have been provided and how frequently. This is often done through reading the narrative reports of the Probation Officers on the state computer database. If a youth is in residential treatment, the Probation Officer may not meet with him monthly, but typically the facility will have monthly staffings. The IS can attend those in person or by phone and determine the service provision. If the Probation Officer has not monitored school attendance and performance, the IS may need to contact the school directly.

6. Outcome Assessments

As indicated above, the baseline measures are obtained and recorded as soon as the evaluation is completed. Typically this information has already been collected as part of the information required for the evaluation. Otherwise it can be obtained from the PO or directly from the caregivers and the school. The Access database program is used to track this information as well as information from interim assessments which are done every six months. There is also an end-of-service assessment that is triggered when the case is closed. Cases are closed when Probation ends. School information is obtained by checking the Probation Narratives and typically by supplementing that information with actual attendance data from the school. Information for the follow-up

assessments is obtained primarily from the youth's caretaker, although in many cases the IS also contacts the school for current information if the Release of Information is still good or the parent will renew it.

Staff Training – Implementing the Diagnosis and Intervention Project

Internal Staff Training

All staff working in the FASD Project require training on the effects of FASDs on affected individuals and how to provide support services based upon evaluation results. This training is provided by the Project Director and is repeated every time there is turn-over in either paid staff or interns. The Project uses interns from the Masters of Social Work Program at the University of Denver for the school year and interns from various other colleges during the summers. Therefore the FASD training is typically done at least twice a year. This training is also done at least once a year for other new court personnel, such as Court Appointed Special Advocates and newly hired Probation Officers.

Northrop Grumman training.

Training was provided by Northrop Grumman at the beginning of the Project on how to screen for prenatal exposure to alcohol, including the use of the FASD Facial Screening software. Following this training, the Project staff trained the Probation Officers. This training is repeated as new POs are hired.

One Intervention Specialist was also able to attend a Building FASD State Systems conference. This gave her an opportunity to meet others working in the field and to learn other methodologies. This training was very helpful to the Intervention Specialist.

Staff Training – Database entry and reporting

Northrop Grumman provided initial training on the Access database, then follow-up training in the use of the various forms. Possibly most important, the database contractor gave direct feedback on the entries that had been made. This was extremely helpful in correcting errors that were being made by all of the staff. In addition, Northrop Grumman has been open to calls about specific issues when that has been needed.

The FASD Project interns were trained by the Project staff and used the Access database on a limited basis in OY3.

The staff are more confident with the database now, although errors continue to show up, especially when the entries are reviewed by the Northrop Grumman database contractor.

Task Force and Stakeholders

1. The Stakeholders who are involved with the delinquency part of the FASD Project include the following:

- The Court Administrator of the Seventeenth Judicial District – She has been very involved with all of the work on Fetal Alcohol Spectrum Disorders that has been done by the judicial district. She serves as co-Supervisor of the Project Director.
- The Chief Judge of the Seventeenth Judicial District- He has been made Chief Judge during the time that the FASD Project has been in place, but he was aware of the previous FASD Initiative in the court.
- The Juvenile Court Program Coordinator – She has been involved with the FASD Project since its inception. She serves as co-supervisor of the Project Director.
- The Juvenile Judge for Delinquency cases – there are now two judges sharing the docket. One has served the juvenile court for ayear and one started in July of 2011. The Project Director has met with the new judge and he is very supportive of the Project.
- The Juvenile Magistrate – He hears cases earlier than the FASD Orders are issued, but he is aware of the Project and sometimes requests earlier screening so that a diagnosis can be available at the time of sentencing.
- The Supervisor of the Juvenile Probation officers – Unfortunately this position has changed twice in the last year. The first change caused delays in reporting screens. Probation and the Project are working together in an attempt to prevent this kind of problem arising with the recent change in Supervisor.
- The Probation Educational Liaison – She works with the FASD staff in helping implement the diagnostic recommendations for Probation youth in the public schools.
- The Supervisor of the Adolescent team at the Community Reach Center, which is the local mental health center. Again, the person in this position has changed. However, the new person has been aware of the FASD Project from its inception and has received FASD training.
- A representative from the District Attorney's office – this person varies as the DA's office rotates their staff in and out of the juvenile division.
- A representative from the Public Defender's office – she has been involved with the Project from the start and attended the extensive FASD training that was offered in the district in 2005.

The task force reviews how things are going on a quarterly basis. If there is a particular youth with whom help is needed, the situation can be discussed at a Task Force meeting, although by this point, everyone knows each other well enough that they do not wait for the meetings.

The focus of the task force in OY3 has been working toward sustainability beyond the end of the current funding.

The FASD Project has developed solid working relationships with the Task Force members and their agencies. The Project staff are always willing to discuss cases with any of the stakeholders even though they are outside of the Project. The FASD staff also forward information from NOFAS Colorado to the clients of stakeholders when they are requested to do so. The Project and the previous FASD Initiative have provided FASD training for the staff of stakeholder agencies about FASD and how to work with affected children. The FASD Project Director has done additional training for some of the facilities when they have children from the Project with whom they are working. This is a service that was available to these facilities before the FASD Project through the Project Director individually, but not through the court.

The work of the Task Force in this Project and the prior FASD Initiative has fully integrated FASD screening into the Probation Dept. The Probation officers have included FASD screening in their intake procedure for five years. People visiting the Seventeenth Judicial court often comment on how much the court, probation, and the attorneys involved are sensitive to issues of fetal alcohol and other brain-based behavior. This awareness has become a hallmark of this model Juvenile Court. The Probation office plans to continue screening beyond the end of the FASD Project, although they may not have sufficient funding for diagnoses.

Lessons Learned

The FASD Team has been almost overwhelmed by the severe needs of some of the families of the diagnosed delinquent youth. The first indication of this was families not bringing their children to the scheduled evaluations. That particular issue was essentially resolved by requiring families who miss their appointments to come into court and explain their absence. However, as the Project staff have begun to work with these families, they have found multiple issues, including problems with school attendance, housing, transportation, and mental health, among other things. The Project staff have had to become familiar with many more referral agencies than were originally anticipated because while the families have such basic needs, they cannot address the needs of their children. In some cases it has been necessary to refer the families to Social Services and ultimately some of the children with FASDs have been removed from their birth-families.

It has been very helpful to this Project to actually be a part of the court system and to have the complete support of the judges and other court personnel. The support of the Juvenile judges has brought support from the other important stakeholders. The families are generally cooperative because the screen and evaluation are court-ordered and included with all of the other Probation requirements.

Clear communication with the Diagnostic Team has been a key factor for the Project. Over time this communication has developed into almost daily email communication in addition to quarterly face-to-face meetings. Inclusion of the Psychologist from the team in diagnostic conference calls with other diagnosticians has helped him to better understand the Project and its needs. The Project and the Diagnostic team work together as more of a team now.

Accomplishments

The Seventeenth Judicial District is one on the few courts in the country in which every youth under seventeen who has a Probation intake is expected to be screened for pre-natal exposure to alcohol and all of those with a positive screen are sent for diagnosis and provided referrals for services based upon that diagnosis. The goal of screening all the youth has not been met during Option Year 2 or 3. Toward the end of OY3, the Probation Supervisor and the Project Director addressed this issue jointly with the POs and the beginning of OY4 has been much better, with some of the past screens being sent in as well as the current ones. The screening process is fully integrated into the policies and procedures of the Probation Department and the Probation Officers and the court use the diagnostic information to help the youth move forward to a positive future.

The most important accomplishment and key to the future of this court is the awareness and understanding that has been created throughout the court regarding people with disabilities – especially FASDs. The presence of an FASD Project and the reports of evaluations that have come to the court have created an environment where there is constant awareness of the question of ability to function as expected. The court is much more hesitant to commit a youth to the Division of Youth Corrections (DYC) without evaluation information. DYC itself has begun to ask questions about the functioning, and therefore the care, of youth who are committed. This is to some extent a result of some youth being committed after their evaluations. In these cases, the Project sends the evaluation information to DYC. The Project Director has also trained the staff at the DYC assessment facility where the youth are sent, so that they know how to work with the youth and recommend placement based upon the evaluation results.

The FASD Project believes that every child in the state who is arrested should be screened for FASDs and have diagnosis available if they screen positive. Courts should be aware of the prevalence of FASDs among the delinquent population and should work toward the environmental modification which can help these youth succeed in the juvenile justice system and then in the world.

PROGRAM CHANGES

Change Category	Description of Change
State/local policies and procedures	No state-wide policies have been changed. Policies and Procedures for the 17th Judicial Juvenile court now include ordering an FASD Screen for youth under 17 placed on probation or receiving a pre-sentence investigation.
Organizational policies and procedures(agency policy, Task Force, partner agreements)	The Juvenile Probation office has Policies and Procedures for the screening of all youth for FASDs. These were put in place for the FASD Project, but it is anticipated that they will remain in place over time.
Systems integration (intake, screening, case coordination, agency collaboration, internal and external system referrals, diagnostic team/center, etc.)	The court and the Probation Dept have integrated their Release of Information so that the same Release is used in both programs. Since the release allows full communication between agencies and providers working with youth, it facilitates teamwork in obtaining diagnoses and in implementing the recommendations of the diagnostic team.
Service delivery processes (parent engagement, modification of existing case plans or	Efforts are made to engage parents in the programming for the youth. This is sometimes successful and sometimes not. The Terms and Conditions of Probation are modified to accommodate

development of new plans, new clinical techniques, case management, etc.)	the information received about the youth in the diagnostic report.
Data Systems (integration of program data, centralization, etc.)	The actual data systems have not be integrated. Discussion is ongoing about possible increased data collection by the Probation Dept.
Staffing (new training focuses, refresher training, staffing structures, qualifications for new hires, training for service providers, etc.)	The Project hired a new Intervention Specialist and two new interns in OY3. All were trained in Fetal Alcohol issues as well as Project policies and procedures and database management. Two new Probation officers and a new judge were trained as well.

DEPENDENCY & NEGLECT PROGRAM (CHILD WELFARE)

KEY CLIENT RESULTS:

Target Population:

The target population for the Dependency & Neglect (D&N) Program is children aged 3 to 5 years who have been removed from the home due to maternal substance use. The siblings of this target group are also screened for FASD if the screening is directly ordered by the court.

The initial evaluation plan estimated that approximately 120 children removed from the home in a D&N case would be screened annually. During all of OY3 the Project only screened children between the ages of 3 and 5 who had been removed from their homes because of maternal substance use plus other children who were ordered screened by the court. The target population was 159.

Screening:

150 children (94.3% of the target population) received an FASD screens. Staff members compared case files to dependency and neglect cases to ensure that all screens were conducted. One child was missed because the age was entered into the court database incorrectly. The court realized this at the second hearing and ordered the screen, but that was in OY 4. The screens of the additional children were incomplete at the end of OY3 either because their mothers did not attend the initial hearing and had to be interviewed later or because the pictures had not been taken by the end of the Option year.

Diagnosis:

Combining original positive FASD screens and clients moved from a positive monitor category to a positive screen leads to 66 D&N children with a positive FASD screen. 31 (47%) of those children were referred for diagnosis and there were30 completed evaluations.. It should be noted that some children evaluated were from the prior Option year and some from Option Year 3 will be evaluated in Option Year 4. 16, or 53% of the children evaluated had a positive FASD diagnosis.

Intervention Services:

Thirty-four (34) Dependency and Neglect children with an FASD diagnosis received intervention services in OY3. Some of these children were diagnosed in OY2.

PROGRAM DESCRIPTION:

Population Needs Identified and Addressed:

The Dependency &Neglect (D&N) population consists of children ages 3 to 5 who are removed from their parents because of substance abuse by the mother, plus other children for whom the court orders a screen.

The following needs were initially identified for the D&N population:

- IEP or IFSP Development or Modification
- Speech/Language services
- Occupational Therapy
- Physical Therapy

Medical care
Mental Health services

The needs of each child are identified and addressed based upon the recommendations of the diagnostic team after they complete a thorough evaluation of the child. The first source for service provision is typically Child Find or the child's school. The FASD Team supports the parents in advocating for the services or modification of services that the child needs to have written into the IEP for school or the IFSP for Child Find. This may include services like those listed above and also simple modifications such as asking that people speak slower, get the child's attention before speaking, or give one-step directions.

Services that are not available through the schools require referrals to other systems. Many of them can be provided through The Children's Hospital or private therapy groups. Mental Health services are provided through the Community Reach Center, which is the community Mental Health program. Since much of this population is in foster care, they have Medicaid which pays for the needed services.

The children who are age 3 or younger are classified as "Positive Monitor" rather than "Positive screen". They are monitored to see if their development is at the rate that is expected. During this reporting period that monitoring was done primarily through requesting copies of developmental screens that are completed by the child's physicians.

The needs of the D&N children have been much as the Project anticipated, although possibly more severe. The nature of the D&N system is that it is set up to deal with the kind of severe systemic needs that the Project observes in the delinquency program. Possibly the most unexpected situation that has been observed is the number of children in the project who have been placed for adoption. Some of the adoptive parents are very open to the information about the children which is provided by the FASD Project. Others are unwilling to acknowledge the disabilities of the children and do not want to cooperate with the Project. Project services end as soon as the adoption is finalized.

Service Delivery Process:

The Dependency & Neglect portion of the FASD Project has been integrated into the culture of the D&N court. The court orders screens for some children who are not included in the target population of the Project. This is because the judge, the magistrate, and all of the court-appointed attorneys are familiar with the issues of FASD and the value for the child of receiving a diagnosis. Even the parents' attorneys sometimes request referrals to the Project and the magistrate often orders screens when he recognizes substance exposure and developmental issues in children who are before him.

1. Referral

The population automatically screened includes children from ages three to five who have been removed from their parents because of substance use. The Project also screens any other children for whom the court orders screens.

2. Screening:

The screening interview is completed by an FASD Intervention Specialist, typically at the first appearance of the mother in court. The mother is also asked to sign the Release of Information at that time, and information is gathered about the child's birth hospital and treating doctors. The child is entered into the two databases and a records check is run on the mother. A picture of the child is taken as soon thereafter as it can be arranged with the child's caretakers.

Children who screen positive but are age three or under are placed into a "positive monitor" category. Their development is monitored and they are not sent for diagnosis unless some developmental delays are detected.

3. Diagnosis:

Once a screen is determined to be positive (meaning that the child is four years of age or older or has demonstrated developmental delays), the child moves toward diagnosis. The Intervention Specialist (IS) obtains a court order for the child to be diagnosed. She then gives the intake packet from the diagnostic team to the parent and sometimes the caretaker to be filled out. Using the Release of Information which has been signed by a parent, the IS obtains the information required by the diagnostic team prior to the evaluation. This includes birth and all medical records, court records, Mental Health records, school or Child Find records, and any IEP or IFSP documentation.

When all the documentation has been sent to the diagnostic team, they approve the child to be scheduled for a diagnostic evaluation. If the FASD Team is unable to get some of the requested information, exceptions can be made on a case-by-case basis by discussion between the Project Director and the lead member of the diagnostic team. The FASD Project has pre-assigned diagnostic dates in which they can schedule any child for whom all the documentation has been obtained.

Upon completion of the diagnostic testing, the diagnostic team gives a brief oral feedback to the parents or caretakers and the Intervention Specialist from the FASD Project. This information is summarized by the IS so that immediate needs can be met. The diagnostic team completes an in-depth report of the evaluation and mails it to the child's parent, the FASD Project, and the child's primary physician. The FASD Project distributes the report to the court, the parties to the case, and the caseworker.

4. Service Provision:

Once the written Report is received, the IS and the caseworker schedule a meeting with the caretakers or parents and any service providers who can attend. The purpose of the meeting is to add the recommendations of the diagnostic team to the court-ordered treatment plan and to determine how all the recommendations are to be met. The caseworker primarily facilitates the referral of the child to the necessary providers. The IS works to be sure that the service providers have a copy of the evaluation and understand the unique needs of the child as identified by the evaluators.

Most of the children's needs can be met through Child Find or the schools. There are also services available using Medicaid payment through The Children's Hospital and other private agencies. Mental Health needs can be met through the Community Reach Center, which is the local mental health program. Children who qualify for Developmental Disabilities services can access many of their needed services through the Community Centered Board for Developmental Disabilities.

5. Service Tracking:

When a child receives an FASD Diagnosis, that diagnosis is noted in both the internal and the Access database. At that time baseline performance measures are entered into Access. Once the services are in place, the IS monitors the child's contact with each service provider each month to determine what services have provided and how frequently. If a child is in residential treatment, the facility will typically have monthly staffings. The IS can attend those in person or by phone and determine the service provision. If not, the IS may need to contact the school or other providers directly to determine the monthly services provided.

6. Outcome Assessments

As indicated above, the baseline measures are obtained and recorded as soon as the evaluation is completed. Often this information has already been collected as part of the information required for the evaluation. Otherwise it can be obtained from the caseworker or directly from the caregivers and the school. The Access database program is used to track this information as well as information from interim assessments which are done every six months. There is also an end-of-service assessment that is triggered when the FASD case is closed. Cases are closed when the court case ends. Information for the follow-up assessments is obtained primarily from the child's caretaker, although in many cases the IS also contacts the school for current information if the Release of Information is still good or the parent will renew it.

Staff Training – Implementing the Diagnosis and Intervention Project

Internal Staff Training

See Delinquency program

Staff Training – Database entry and reporting:

See Delinquency program

Task Force and Stakeholders:

1. The Stakeholders who are involved with the D&N part of the FASD Project include the following:

- The Court Administrator of the Seventeenth Judicial District – She has been very involved with all of the work on Fetal Alcohol Spectrum Disorders that has been done by the judicial district. She serves as co-Supervisor of the Project Director.
- The Chief Judge of the Seventeenth Judicial District - He has been made Chief Judge during the time that the FASD Project has been in place, but he was aware of the previous FASD Initiative in the court.
- The Juvenile Court Program Coordinator – She has been involved with the FASD Project since its inception. She serves as co-supervisor of the Project Director.
- The Juvenile Judge for D&N cases – two judges now share this role. One was appointed in August of 2010 and the other in July of 2011. The Project Director has met with both judges to gain their support for the FASD Project.
- The Juvenile Magistrate for D&Ns – he is the one who hears the initial hearings on cases when children have been removed (the shelter hearings). He is very aware of the value of the FASD Project and sometimes orders screens for children on his own without a request from any of the parties to the cases.
- One of the Assistant County Attorneys – she represents the Department of Social Services in court and serves as a liaison to that agency.
- The Director of the Court Appointed Special Advocate (CASA) program – she has been involved with the FASD Project since the inception of the previous Initiative. She helps keep the volunteer advocates for the children aware of the workings of the Project and she has become a key player in the development of a sustainability plan for the D&N program.
- A representative of the Guardians *ad Litem* (GALs) – two GALs often attend meetings. Both have been involved since the inception of the initial Initiative and represent the best interest of the children involved with the Project.
- The Child and Adolescent team leader at the Community Reach Center - She serves as liaison to the Mental Health Center that serves the judicial district.

The Task Force members were very involved with the development of the D&N part of the FASD Project. They have participated in developing the modifications that have been made to this program in order to make the numbers of referred children reasonable and to find another way of monitoring the children in the "positive monitor" category. They would very much like to see the court continue to have FASD staff and are looking for means to fund that. In the meantime, they are developing plans for at least partial sustainability of FASD programming without further funding.

The FASD Project has developed solid working relationships with the Task Force members and their agencies. The Project staff are always willing to discuss cases with any of the stakeholders even though they are not cases in the Project. The FASD staff forward FASD information from NOFAS Colorado to the clients of the stakeholders upon request.

The Project and the previous FASD Initiative have provided FASD training for the staff of stakeholder agencies about FASD and how to work with affected children. The FASD Project Director provides training for all foster and adoptive parents and CASA volunteers so that they understand the dynamics of children with FASDs. This is a service that the Project Director offered for about five years prior to the original FASD Initiative, but she did that individually, and not through the court. It was this training that caused the court and the stakeholders to initially apply for funding for FASD staff.

The work of the Task Force in this FASD Project and the prior FASD Initiative has fully integrated FASD screening and diagnosis into the D&N Court. The stakeholders would like to find a way to make this service available to all of the children and not just the small sample currently screened.

Lessons Learned

Need to limit the number of children screened:

The ongoing challenge to the D&N portion of the Project is the overwhelming numbers of children in the system. The Project originally set out to screen all children age 7 and under. It was quickly determined that the numbers would be far more than could be handled by the FASD staff, so these numbers had to be reduced. The nature of the Project is that many of the children are involved for a long period of time so that as more children are screened, caseloads of the Intervention Specialists continue to increase. It was important to target a small enough group so that quality services could be provided. The ongoing challenge is to teach others to serve the needs of those children who cannot be cared for by the Project. The Court Appointed Special Advocates are working side by side with the FASD staff to provide these services to the children on their caseloads.

Method of monitoring young children:

The Project had to find a way to monitor the development of the children ages 3 and under without doing direct service. A number of ways were tried and the Project still encourages assessments by Child Find, which is the most thorough. However, many of the doctors in Colorado have started doing developmental screening of children ages 5 and under, so the Project has been able to more easily monitor the young children through communication with their Primary Care Physicians.

Limitation on children sent for diagnosis:

The diagnostic team has limited the types of children whom they will accept for diagnostic evaluation. They are not willing to accept children who have been regularly assessed and have demonstrated no developmental lags. Therefore the Project no longer refers children who are being monitored and turn age 4 unless they have demonstrated some kind of a developmental delay.

The diagnostic team will not give an FASD diagnosis unless there is proof of the mother using alcohol during the pregnancy and not just drugs. The screening tool for the D&N portion of the Project gathers information on both drug and alcohol use and calls either a positive screen. Therefore many of the children previously sent for diagnosis had cognitive deficits but did not receive an FASD diagnosis. In Option Year 3, the FASD reported a positive screen for children exposed to drugs only, but provided information of possible concerns to be monitored and did not send them for diagnosis.

Accomplishments:

Again, a key accomplishment of the FASD Project is the pervasive understanding of children with disabilities - and especially with FASDs - in the court. There have been many occasions when GALs or caseworkers have requested that a child be referred to the Project because they have recognized that the child was pre-natally exposed and likely had an FASD. This awareness will play an important role in sustaining the Project beyond its current funding – or at least sustaining FASD services if not Project in its current form.

The overall awareness of the issues of FASDs in the court have caused awareness of the potential for FASDs in the parents as well.

Program Changes:

Change Category	Description of Change

State/local policies and procedures	The state legislature developed an FASD Commission which is looking into the needs in the state for prevention, screening, diagnosis, and intervention in the area of FASDs. The Commission is looking at the FASD Project as a model for other courts. A key provision that the Commission is looking at is availability of diagnosis and payment through Medicaid, the Children's Health Program, or private insurance. The cost of diagnosis is one of the major costs of the FASD Project.
Organizational policies and procedures (agency policy, Task Force, partner agreements)	Policies and Procedures for the 17th Judicial Juvenile court now include ordering an FASD Screen for children ages 3 to 5 who are removed from their families because of maternal substance use and for other children as requested by the parties to the case.
Systems integration (intake, screening, case coordination, agency collaboration, internal and external system referrals, diagnostic team/center, etc.)	The court and the Probation Dept have integrated their Release of Information so that a very similar Release is used in D&N cases as in Probation. Since the release allows full communication between agencies and providers working with children, it facilitates teamwork in obtaining diagnoses and in implementing the recommendations of the diagnostic team.
Service delivery processes (parent engagement, modification of existing case plans or development of new plans, new clinical techniques, case management, etc.)	Efforts are made to engage caretakers and parents and help them understand the identified needs of the children. This is sometimes successful and sometimes not. It is more difficult if there are numerous placement changes. The children's Treatment Plans are modified to reflect the recommendations of the Diagnostic Team.

Data Systems (integration of program data, centralization, etc.)	The actual data systems have not be integrated. Efforts are being made on a statewide basis to integrate FASD screening into Social Services intake protocols, but while this Project likely created awareness of the issue, the Project is not directly involved in this effort.
Staffing (new training focuses, refresher training, staffing structures, qualifications for new hires, training for service providers, etc.)	The Project hired a new Intervention Specialist and two new interns in OY3. All were trained in Fetal Alcohol issues as well as Project policies and procedures and database management. Two new judges were trained as well.

Appendix A:

For Probation, see attached file.
For D&N, the following table combines the two age groups, each of which is attached separately:

FASD Diagnosis and Intervention Monthly Report with Crosswalk

	Between 8/1/2010 and 7/31/2011
I. **Screening**	
1. Clients screened for an FASD	150
2. Clients with a positive FASD screen	49
3. Clients placed in positive monitor (+ monitor)	25
4. Clients moved from positive monitor to positive FASD screen	17
5. Total Number of clients with a positive FASD Screen	66
II. **Diagnosis**	
6. Number of clients referred for diagnosis	31
7. Number of clients with completed diagnostic evaluations	30
8. Number of diagnostic evaluations with written reports completed	19
9. Number of clients diagnosed with an FASD	16
10. Number of clients diagnosed with an FASD and other diagnoses	3
11. Number of clients receiving a diagnosis other than an FASD	0
12. Number of clients not receiving any diagnosis	14
III. **Intervention Services**	
13. Number of clients receiving interventions	34
14. Number reporting as lost to follow up after positive monitor and before positive screen	1
15. Number reporting as lost to follow-up after positive screen and before diagnosis	8

16. Number reporting as lost to follow-up after diagnosis and before intervention	2
17. Number of clients diagnosed and received some intervention services but no longer accessible for services	0

Additional measures are in attached files. Please note that the D&N figures are the total of the children reflected in the 0-7 D&N report and the 8-18 D&N report.

Appendix A: Additional Measure

Total N/% of children/adolescents entering service who are referred for screening	**Number Referred for Screening**	**% Referred for Screening**	**Total Entering Service**
Delinquency Filings (youth ages 10 to 16 years)	74	59.7%	124

Total N/% of children/adolescents entering service who are referred for screening	**Number Referred for Screening**	**% Referred for Screening**	**Total Entering Service**
Dependency and Neglect (children 3 to 5 years and others by court order)	159	100%	159