

THE FAMILY ASSESSMENT PROGRAM:
TRAJECTORIES AND EFFECTS

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There is a supplemental technical appendix to this report that contains detailed information on research methodology as well as data tables. Requests for this appendix should be directed to the Research Department at the above address or to contactvera@vera.org.

Executive Summary

When parents or guardians feel that a child's behavior is unmanageable, they often look for outside help and support. In New York State, many families turn to the status offender system, which intersects with juvenile justice. Status offenders—or Persons In Need of Supervision (PINS), as they are known in New York—are young people charged with offenses unique to their “status” as juveniles, such as truancy or running away.

In 2001, the New York State Legislature expanded PINS eligibility requirements to include 16- and 17-year-olds. Soon after, New York City's Administration for Children's Services (ACS) and the Department of Probation, fearing an influx of between 3,800 and 5,300 new PINS cases, initiated an overhaul of the system's intake procedures. The centerpiece of this overhaul was the introduction of the Family Assessment Program (FAP), launched in December 2002. FAP aims to connect families in crisis with appropriate services in a timely manner, thus reducing unnecessary PINS intakes and out-of-home placement.

Parents seeking PINS assistance for their child bring him or her into the FAP offices and meet with a family assessment specialist. This specialist interviews the family and then refers them to appropriate services. In most cases, families are referred to a nonprofit social service provider known as the Designated Assessment Service (DAS), which offers a more comprehensive assessment and targeted service referrals. If parents insist on filing a petition after the initial interview (or if the child is a runaway), the specialist will inform them about the procedures for doing so.

In 2005, Vera completed a preliminary assessment of FAP and its impact on the PINS process.¹ This investigation found that the city was reaping significant benefits from the new program. Less than three years after FAP was introduced, probation intakes, petitions to family court, and out-of-home placements for PINS youth had all been reduced significantly. However, the preliminary study never examined the effects of FAP on the families it serves.

To help fill that knowledge gap, ACS asked Vera to conduct an exploratory descriptive study. Vera researchers began by interviewing 100 youth and their parents who had approached FAP offices in the Bronx, Brooklyn, and Queens between March and September, 2006. Three months later, we managed to contact 75 of those families for follow-up interviews. Both interviews used a variety of standardized instruments to evaluate youths' mental health, substance use, school attendance, and family functioning. By comparing the results of the two interviews, we were able to describe the program's possible impact over time. We also asked about service referral appointments and levels of satisfaction with FAP in the follow-up interview.

¹ Claire Shubik and Ajay Khashu, *A Study of New York City's Family Assessment Program* (New York: Vera Institute of Justice, 2005).

While time and budgetary constraints prevented us from conducting a full outcome evaluation, our investigation suggests that FAP is indeed helping the families it serves. Many of the young people we spoke to received prompt referrals to service providers, one-fifth making a service appointment on the same day as their referral. Many showed signs of improved mental health (including reduced rates of substance abuse and suicidal ideation), more cohesive family relations, and decreased stress due to “fights with a boss, teachers, co-workers, or classmates” in the three to four months following the FAP intervention.

Taken together, these two studies underscore the importance of immediate crisis response and family-focused services for status offenders. They also point to the need for further research that would measure FAP outcomes in a more rigorous and definitive manner.

Acknowledgments

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Introduction

In New York State, status offenders—young people charged with offenses unique to their “status” as juveniles, such as truancy or running away—are referred to as Persons In Need of Supervision (PINS). A parent or guardian may bring a PINS complaint against a child by alleging that the child is a habitual truant, incorrigible, ungovernable, or beyond the parent or guardian’s lawful control and requires supervision or treatment. In many cases, the petition leads to a court order placing the child away from home.

Effective July 2002, New York increased the jurisdictional age for PINS youth from 16 to 18. Research projecting a significant increase in the number of new youth entering the PINS system and associated costs, coupled with local budgetary pressures, prompted many agencies to attempt to develop more effective and efficient approaches to working with PINS youth and their families.²

In New York City, the Administration for Children’s Services (ACS) and the Department of Probation collaborated to design and implement an innovative new approach to PINS intake and assessment. At the center of this new process is the Family Assessment Program (FAP). First launched in December 2002, FAP aims to connect children and families in crisis to appropriate services more quickly and to reduce reliance on the family court in PINS cases (thereby also reducing the number out-of-home placements for PINS youth). FAP represents a significant departure from the approach the city took to PINS services for close to two decades. Previously, the Department of Probation was the gatekeeper for the PINS process; under FAP, that role has shifted to ACS.

Today, parents typically bring a teenage child in to the FAP offices for assistance with behavioral issues such as truancy, “ungovernability,” and substance use. At the FAP offices, they meet with a family assessment specialist, an experienced ACS employee with a master’s degree in social work who conducts a 20- to 30-minute assessment of the underlying sources of conflict and, when necessary, mediates between parent and child. The social worker then refers the family to additional services, which may include further assessment, counseling, educational advocacy, and community services, such as after-school or mentoring programs. In a majority of cases, families are referred to a nonprofit social service provider known as the Designated Assessment Service (DAS), which offers a more comprehensive assessment and targeted service referrals.³

² Eric Weingartner, Andrea Weitz, Ajay Khashu, Robert Hope, and Megan Golden, *A Study of the PINS System in New York City: Results and Implications* (New York: Vera Institute of Justice, 2002).

³ The New York Family Court Act defines the Designated Assessment Service (DAS) as an entity that provides assessments to determine the service needs of PINS youth referred to diversion. In many counties, DAS is composed of officials from the various departments that administer the PINS system. In New York City, however, ACS contracts with a nonprofit social service agency in each borough that provides service assessments: in Manhattan, Brooklyn, and the Bronx, the Children’s Aid Society is the provider; in Queens it is Community Mediation Services; and Staten Island contracts with the Jewish Board of Family and Children Services.

In 2005, Vera completed a preliminary assessment of FAP, drawing particular attention to the program’s systemic impact on the PINS process.⁴ Vera’s investigation revealed that, less than three years after the introduction of FAP, the city was already reaping significant benefits: probation PINS intakes had dropped by more than 80 percent; the number of PINS youth petitioned to family court was down by more than half; and out-of-home placements for PINS youth had decreased by more than 20 percent.

Despite these encouraging results, the preliminary assessment of FAP never attempted to address a fundamental question: is FAP effectively serving families in need? To answer this question, ACS asked Vera to conduct a follow-up study on how young people and their families fare as a result of the FAP intervention.

This report, the *Family Assessment Program: Trajectories and Effects*, presents findings from the follow-up study. In brief, the central findings are

- Young people served by FAP often suffer from complex mental health issues;
- Regarding the nature and timing of service referrals: 75 percent of youth studied were referred to DAS; 20 percent of youth studied scheduled an appointment with a referred service on the same day as the FAP intake;⁵
- Three months after the FAP intervention, many of the young people we tracked showed improvement on several mental health indicators, including suicidal ideation; and
- Three months after the FAP intervention, the youth we tracked demonstrated reduced stress from conflict and improved perceptions of family function.

These findings are described more thoroughly in this document. The first section summarizes our research methods. The next section details our study sample in terms of demographics and sources of conflict and looks at families’ reasons for seeking help from FAP. The third section explores service trajectories following the FAP intervention. The final section outlines some of the possible effects of the FAP intervention.

⁴ Claire Shubik and Ajay Khashu, *A Study of New York City's Family Assessment Program* (New York: Vera Institute of Justice, 2005).

⁵ These figures refer to those young people we were able to contact for a follow-up interview three to four months after their initial contact with FAP. See “Aims and methods” on page 3 for more on our interview procedures.

Aims and methods

This study addressed the following broad research questions:

1. *Who comes to FAP and Why?* What are the demographics and underlying sources of conflict for this population? What kinds of challenges do they need help with? Are there any especially vulnerable groups? What prompts parents to visit FAP? What are their expectations?
2. *What happens after FAP?* What services do FAP families receive, and how long are they engaged with those services? Which appointments are kept? What factors lead families to stop using services? What factors contribute to satisfaction with FAP and FAP-referred services?
3. *What effects does the FAP program have on the lives of families it serves?*

To explore these questions, Vera researchers conducted a tracking study. We established a cohort of 100 youth and families seeking assistance from FAP, interviewed those families at their point of entry to FAP, then sought to interview them again three to four months later to see what had happened and what services had been received. In this section we describe our methodology in some detail, with particular attention to study design and limitations.⁶

Study design and administration

We collected data on families that visited FAP offices in Queens, Brooklyn, and the Bronx because these are the three boroughs with the largest numbers of FAP cases. Vera fieldworkers conducted initial (or “baseline”) interviews with families—defined as one child and at least one parent—when they first came to FAP, tracked these families for three months, and attempted to conduct a follow-up interview within four months of their initial contact with FAP. Fieldwork began on March 31, 2006 with baseline interviews; the last follow-up interview was completed on January 22, 2007.

After observing each of the three FAP offices in detail, Vera worked with ACS staff to develop standardized fieldwork procedures. We also developed consent and confidentiality protocols to protect research participants and prevent the disclosure of personal information; these protocols were subsequently approved by Vera’s Institutional

⁶ Please contact Vera’s Research Department to request the supplemental appendix, containing more details on sample selection, fieldwork protocol, confidentiality and human subjects protection, tracking methods, and response bias analysis.

Review Board, as well as the ACS Office of Research and Evaluation.⁷ Fieldwork was conducted by two trained interviewers, full-time Vera employees who were supervised by Vera research staff.

At intake (baseline), each parent and child was interviewed separately at the FAP offices. We conducted baseline interviews with 100 families.⁸ These baseline interviews covered a range of topics, including school grades and attendance, alcohol and drug use, social relationships, sexual history, household dynamics, family functioning, and mental health. Follow-up interviews covered the same material; they also addressed the child's experience following the FAP intervention and asked individual family members for their perspective on services received through FAP. We were able to conduct follow-up interviews with 75 families.

The interviews produced a data set of valuable information on the 100 families interviewed at baseline, as well as additional data on the 75 families we spoke to in follow-up interviews. We analyzed these data with the statistical software package SPSS, using a variety of univariate and bivariate analyses to understand the characteristics of these families, their motivations, and their trajectories after FAP.

Limitations

There are four important limitations associated with this research design: (1) sample size; (2) seasonality; (3) selection issues; and (4) lack of a control or comparison group.⁹

Sample size. We restricted our study to 100 families in three boroughs. In methodological terms this is a relatively low-powered sample, meaning that the data, though useful for descriptive and suggestive analysis, may not accurately represent the FAP population as a whole.

Seasonality. We recruited families as they came to the three FAP offices during a specific time frame: between January and September 2006. This approach may have imposed biases on our sample. It is possible that those who came to FAP during the recruitment period were different from families who come at other times. For example, young people brought to FAP during the summer are likely to face different problems than those brought in during the school year. As a result, families interviewed during the baseline period may not be representative of families who come to FAP the rest of the year.

⁷ Vera's Institutional Review Board monitors all Institute research involving human beings to ensure that high ethical standards are maintained.

⁸ In six of these 100 baseline interviews, both parents participated.

⁹ These potential threats to internal and external validity, which might apply to this kind of one-group pre- and post-test design, are discussed and weighed in a supplemental technical appendix not accompanying this document. Please contact Vera's Research Department to request the supplemental appendix.

Selection. The families we interviewed in Queens, Brooklyn, and the Bronx may not be representative of families in other boroughs.

Lack of control or comparison group. We were not able to construct a control or comparison group for families who turn to FAP. This means that we cannot estimate the effects of FAP with certainty, as outside factors may have contributed to differences between the baseline and follow-up groups.

Because of these limitations (which can ultimately be traced to time or budgetary constraints), this study should not be considered an outcome evaluation; rather, it is a descriptive, exploratory look at the families who turn to FAP. It might also serve as a basis for more definitive studies in the future.

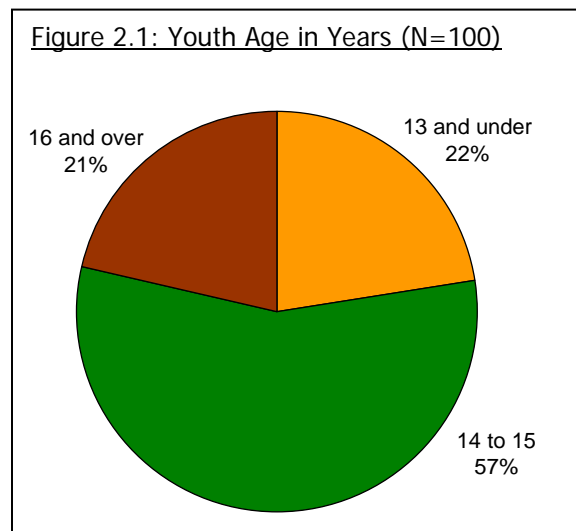
With these caveats in mind, the next three sections present our key findings. All results are presented as either counts or percentages; most are depicted in pie or bar charts. Except where noted, baseline results are presented for the 100 respondents we interviewed at intake; all comparative findings refer to the 75 families with whom we conducted follow-up interviews.

Who comes to FAP and why?

Below, we describe in demographic terms the families and youth with whom we conducted baseline interviews. We also look at some of the background issues—difficulties in school, troubled family relations, mental health issues, and problematic peer relations—that might have brought them to FAP. Finally, we discuss the explicit reasons cited by the individuals we spoke to—parents as well as children—for having come to FAP.

Sample demographics ¹⁰

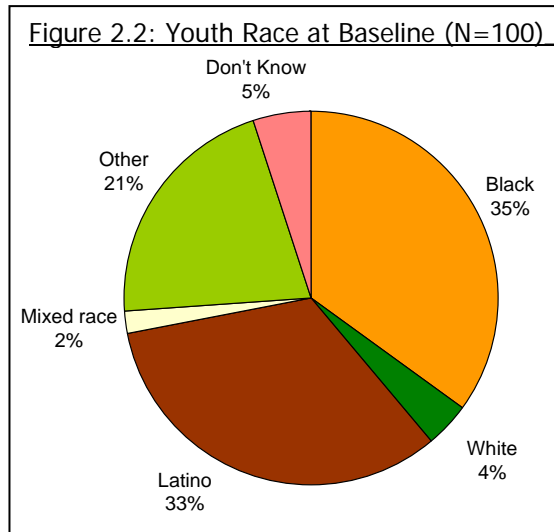
Fifty-seven of the 100 youth we interviewed at baseline were males. As shown in Figure 2.1, most of the young people we spoke to were between the ages of 14 and 15. Their mean age was 14.4. The youngest child we interviewed was 11, the oldest 17.



We also asked interview respondents to identify their race from among the categories used by the United States Census.¹¹ However, many young people used other categories to identify themselves (see Figure 2.2). “Latino” was so common that we have included it here as a separate category. Others identified their race by referring to regions, nationalities or ethnic groups (such as “West Indian” or “Arab”). We have included such responses under the “Other” category.

¹⁰ See Appendix B in the supplemental appendix for a demographics table.

¹¹ The racial and ethnic categories used by the U.S. Census are American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. See U.S. Census Bureau, “Racial and Ethnic Classifications Used in Census 2000 and Beyond,” Washington, DC: April 2000. <<http://www.census.gov/population/www/socdemo/race/racefactcb.html>> (August 28, 2007).



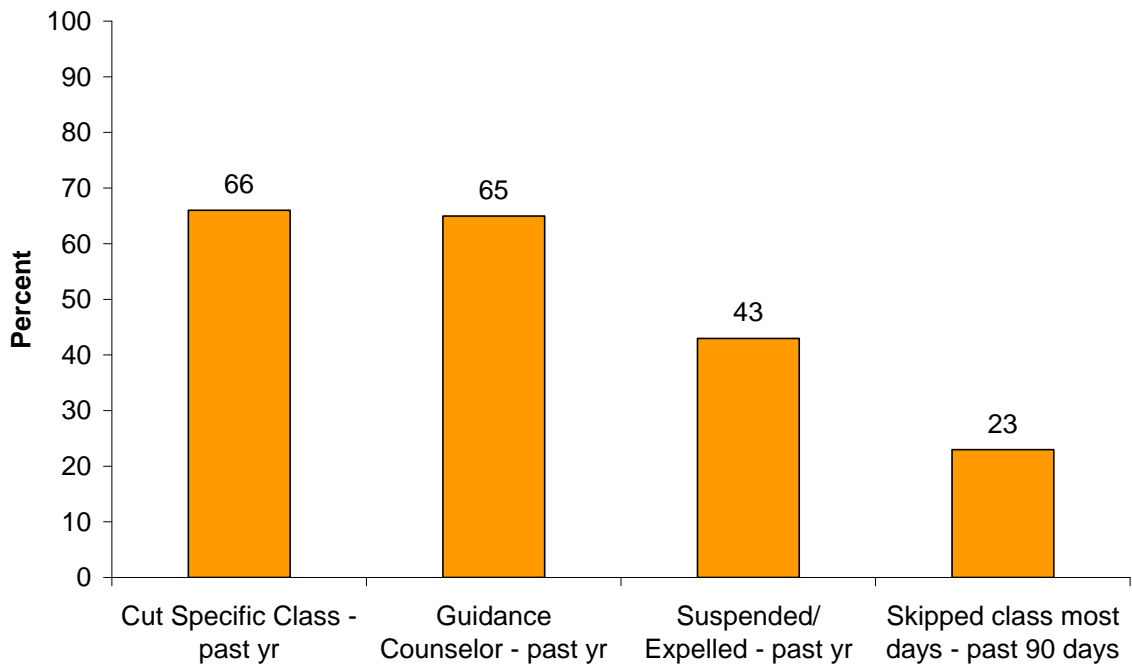
Of the 100 young people we spoke to at baseline, 35 identified themselves as black; 33 identified themselves as Latino.

Finally, almost half (48) of the adolescents we interviewed at baseline said that they did not belong to any religious group. Of the 19 individuals who did mention a religious affiliation, 18 identified themselves as Christian.

School problems prevalent at baseline

We also asked the adolescents we spoke to at baseline about school problems (see Figure 2.3). Sixty-six reported that they had cut a class in the past 12 months, and 65 said they had been to see a school guidance counselor. Moreover, a large number (43) said they had been suspended or expelled in the past year. Finally, 23 stated that they had skipped class on most days in the 90-day period leading up to the interview.

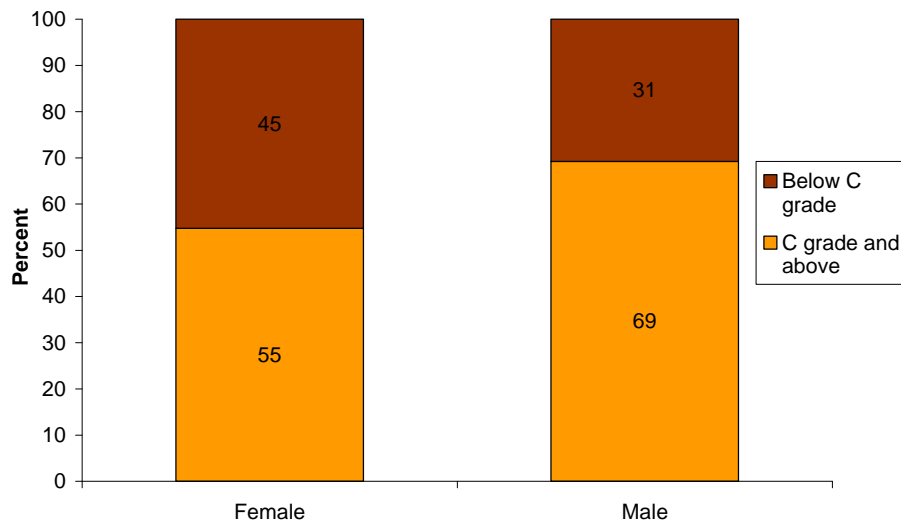
Figure 2.3: School Problems (N=100)



*multiple responses allowed

We found that reported school problems varied somewhat by gender, as displayed in Figure 2.4. Males reported better grades than females: 69 percent of males reported scoring an average of C or higher, as opposed to 55 percent of females.

Figure 2.4: Males Scored Better Grades than Females (N [Female] = 43; N [Male]=57)



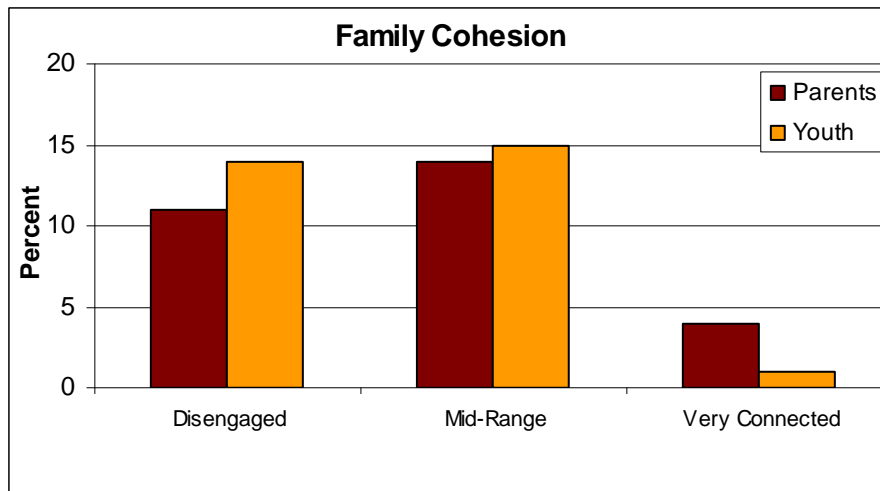
Family relations perceptions differed between youth and parents

As part of our baseline interview, we asked both parents and youth to complete a standardized instrument known as the Family Adaptability and Cohesion Scale (FACES).¹² FACES measures perceptions of family cohesion (defined as “the emotional bonding that exists between family members”) and family adaptability (defined as “the family’s ability to change its power structure, role relationships, and rules to respond to situational or developmental needs”).

In analyzing responses from the 100 families who took the FACES test, we found that parents and young people view their family dynamics quite differently.

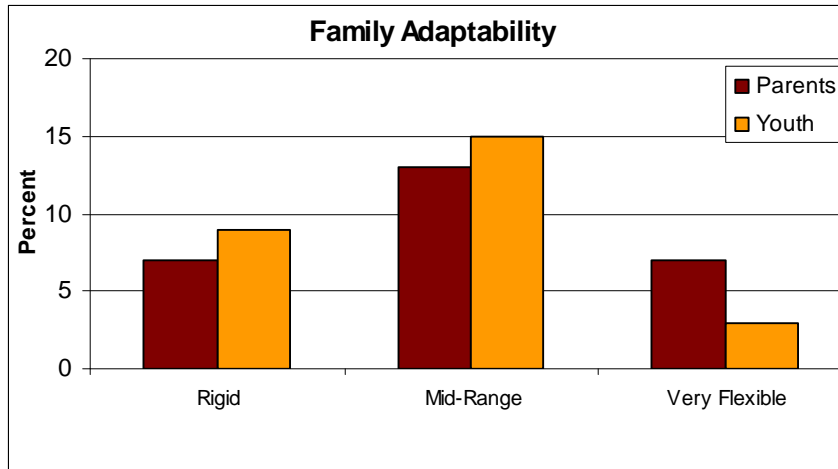
Figures 2.5 and 2.6 show family cohesion and family adaptability scores for both parents and youth. As figure 2.5 shows, parents were more likely to view the family as “very connected,” while youth were more likely to see it as either “mid-range” (i.e., somewhere between “disengaged” and “very connected”) or even “disengaged.” In other words, parents were likely to have a more positive view of family cohesion. The same was true of family adaptability: parents were more likely than youth to see the family as “very flexible” while youth were more likely than parents to see it as “rigid.”

Figure 2.5: Family Cohesion (N=100 each parent and youth)



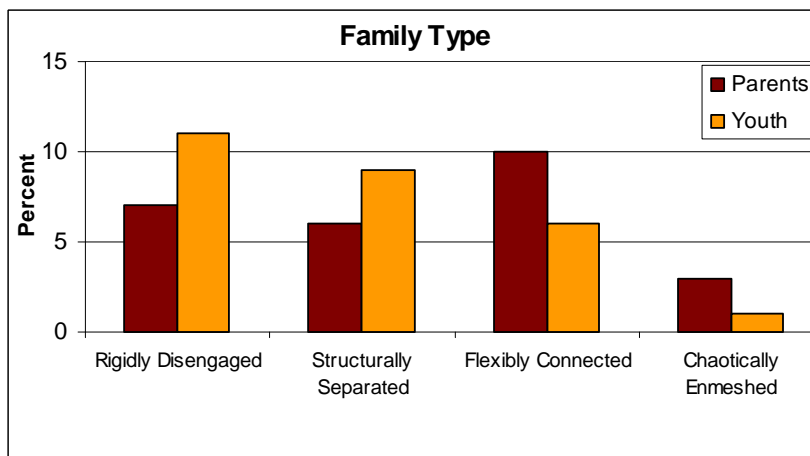
¹² Maurice Place, Jessica Hulsmeier, Allan Brownrigg, Alison Soulsby, “The Family Adaptability and Cohesion Evaluation Scale (FACES): an instrument worthy of rehabilitation?” *Psychiatric Bulletin* (2005) 29: 215-218.

Figure 2.6: Family Adaptability (N=100 each parent and youth)



These measures of family cohesion and family adaptability can also be used to group families into “types” that broadly describe the ways in which those families interact. FACES recognizes four family types: “rigidly disengaged,” “structurally separated,” “flexibly connected,” and “chaotically enmeshed.” We found that parents were more likely to place a family in the “flexibly connected” or “chaotically enmeshed” categories—both of which are characterized by a high degree of cohesiveness (see Figure. 2.7). Youth were most likely to place a family in the “rigidly disengaged” category, which is characterized by low levels of both cohesiveness and adaptability. Youth were also more likely than parents to place a family in the “structurally separated” category.¹³

Figure 2.7: Family Type (N=100 each parent and youth)



¹³ Please see the supplemental appendix for a diagram that illustrates the interrelationship between cohesion, adaptability, and family type.

Youth in our sample often suffered from complex mental health issues

In our baseline interviews, we also asked youth to complete the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2), another standardized instrument.¹⁴ MAYSI-2 is “a brief screening tool designed to assist juvenile justice facilities in identifying youth at admission who might have special mental health needs.”¹⁵ Because it was designed and tested for youth, and because it uses age-appropriate language, we felt that MAYSI-2 was well-suited for assessing the mental and emotional health needs of the young people served by FAP. That it only takes about 10 minutes to complete was an additional advantage.

The MAYSI-2 scale is composed of 52 “yes/no” questions, such as

- Have you lost your temper easily or had a “short fuse”?
- Have you seen things other people say are not really there?
- Have you felt too tired to have a good time?
- Have you been drunk or high at school?

Upon completion of the MAYSI-2 questionnaire, the respondent is scored in seven categories: (1) alcohol/drug use, (2) angry-irritable, (3) depressed-anxious, (4) somatic complaints, (5) suicide ideation, (6) thought disturbance (only measured on this instrument for boys), and (7) traumatic experiences. In each category a “caution zone” and a “warning zone” are identified for scores that are particularly high.¹⁶

Questionnaire results suggest that many of the young people served by FAP face serious mental health issues. Many of the youth we interviewed scored in the caution and warning zones, as shown in Figure 2.8.¹⁷ Thirty-seven registered in the caution or warning zone for “anger-irritation,” and 12 fell into this range for “somatic complaints.” In addition, questionnaire results indicated that 10 of the youth we interviewed at baseline had had some kind of traumatic experience.¹⁸ Perhaps most worrying are the scores for “suicide ideation:” 17 of the 100 youth we interviewed at baseline fell into the warning zone for suicide ideation.

¹⁴ Richard Barnum and Thomas Grisso, *Massachusetts Youth Screening Instrument Version 2 – User Manual and Technical Report* (Sarasota, FL: Professional Resource Press, 2006). See also the “MAYSI-2 Home Page” <<http://www.maysiware.com/MAYSI2.htm>> (30 August, 2007).

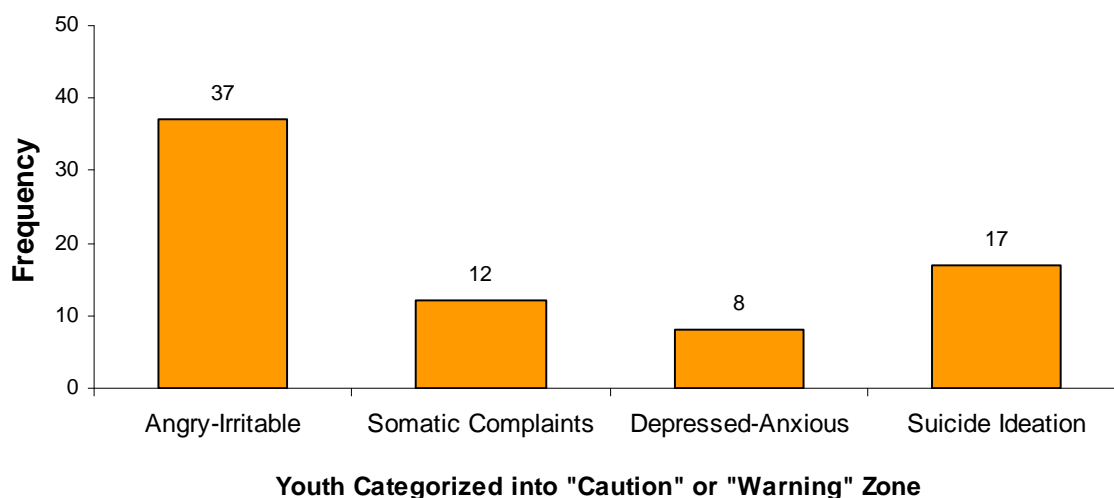
¹⁵ Barnum and Grisso, 2006.

¹⁶ A score is defined as being in the caution zone if it is higher than the scores of two-thirds of youth in probation intake or secure pre-trial detention centers in Massachusetts, where MAYSI-2 was developed, tested, and standardized. A score is defined as being in the warning zone if it registers in the top 5 to 15 percentile for youth involved in the Massachusetts justice system.

¹⁷ Figure 2.8 does not include traumatic experience because it is not categorized as “caution” or “warning;” rather, each experience is counted.

¹⁸ For boys, having had a traumatic experience was defined as responding in the affirmative to at least two items from a list that included such questions as “Have you seen someone severely injured or killed in real life?” and “Have you been badly hurt or in danger of getting badly hurt or killed?” For girls, rape was included in this list of traumatic experiences.

Figure 2.8: Mental Health Needs (N=100)



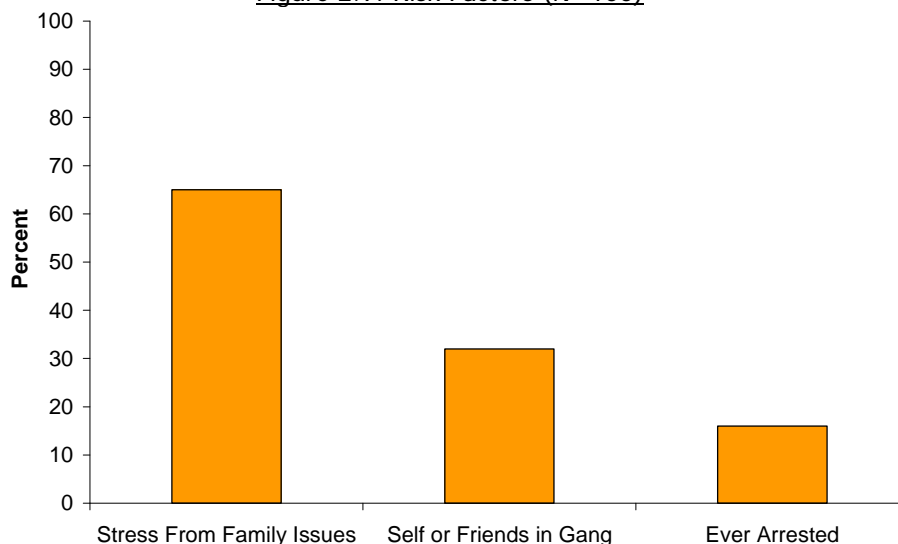
*multiple responses allowed

Stress caused by a variety of factors at baseline

In our baseline interviews, we also asked young people about stress, involvement with the criminal justice system, and involvement with gangs—all factors that can affect adolescents’ family relationships or otherwise challenge their functioning.

We found that stress from family-related issues was particularly high. Of the 100 young people we interviewed at baseline, 65 reported having experienced stress from at least one family-related event in the past 12 months. Family-related events included birth, death, health problems, family conflict, or a major change in family relationships such as divorce (see Figure 2.9).

Figure 2.9: Risk Factors (N=100)



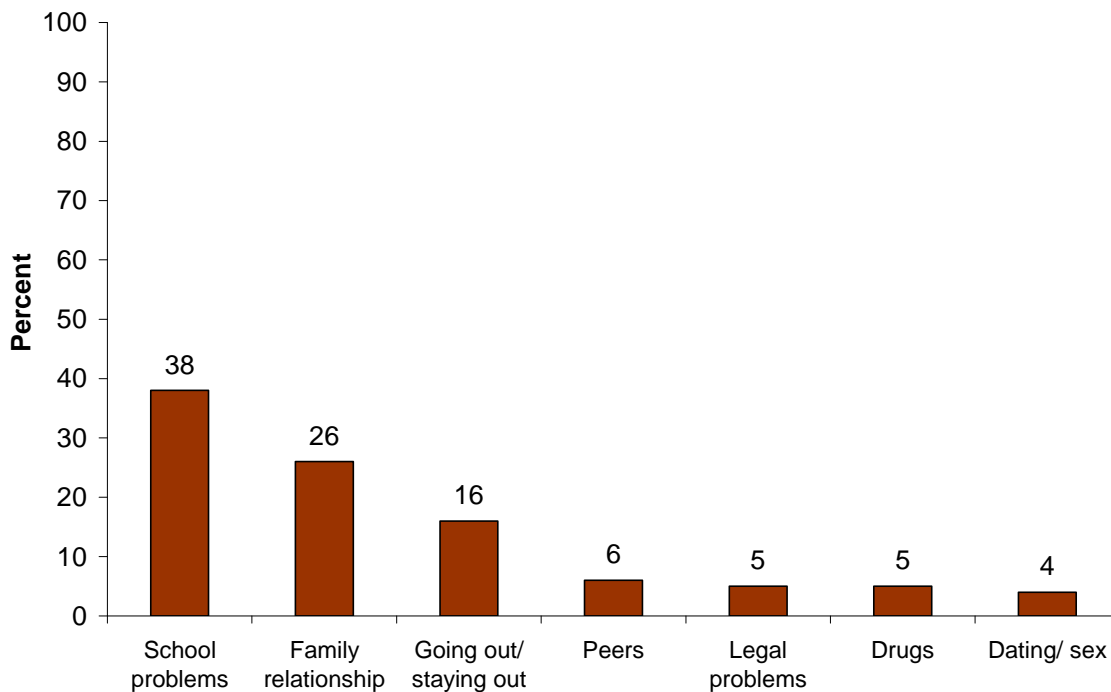
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In addition, 16 adolescents said they had been arrested at some point, while 10 did not respond to questions about arrests. Only nine youth said they were members of a gang, but 23 reported having friends who were in a gang, and 26 stated that they had been threatened, harmed, or recruited by a gang. Forty-seven youth—almost half of those we surveyed—said that gangs were a problem in their neighborhood.

School and family problems most frequently brought youth to FAP; females were more likely to be brought in for behavioral problems

The parents we interviewed cited a variety of reasons for having approached FAP, as shown in Figure 2.10. Most (38) reported that they had turned to FAP to address their child’s school problems. Twenty-six said they had come because of family relationship issues, and 16 were primarily concerned about curfew issues (either going out late or staying out late). Interestingly, few parents turned to FAP for help with more serious problems such as legal issues (5), drugs (5), and dating or sex (4).

Figure 2.10: Parents’ Reasons for Coming to FAP (N=100)



*multiple responses allowed

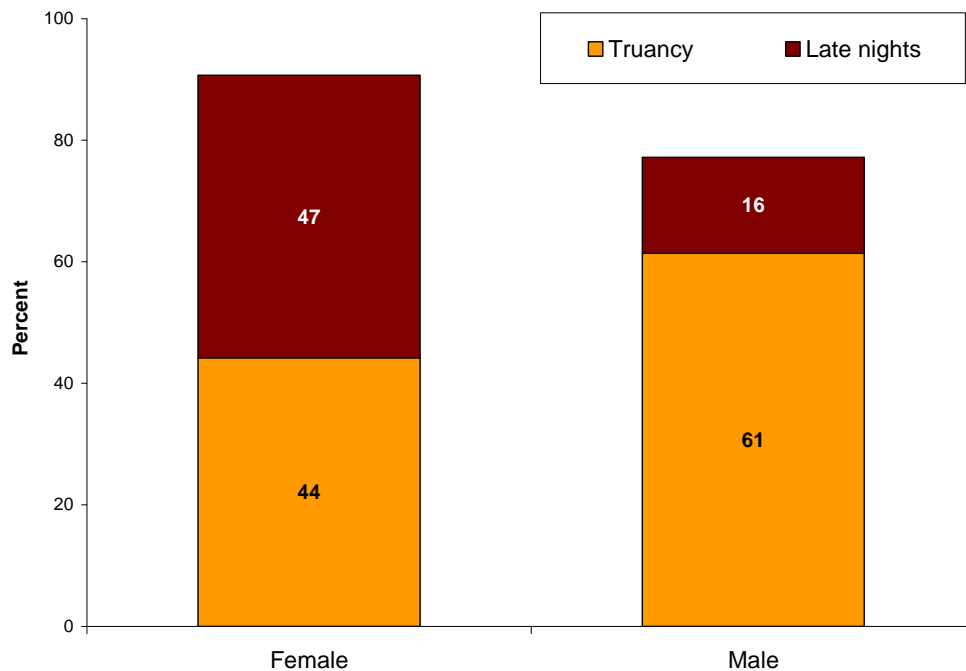
One-quarter of parents wanted FAP to help them improve their child’s behavior, while another quarter wanted educational assistance. Finally, one-quarter wanted counseling. Many parents (43) reported that they had tried to improve communication with their child

at some point in the past, 39 said they had tried services, and 18 said they had sought educational help.

Youth also cited a variety of reasons for their involvement with FAP. Most young people thought that their parents had brought them in for reasons having to do with their performance at school—specifically, truancy (54) and poor grades (16). Others thought that they had been brought in for specific behaviors, such as staying out late (29) or talking back (23).

Interestingly, males and females had different perceptions of why they had been brought to FAP, as displayed in Figure 2.11. In particular, males tended to feel they had been brought in for school problems, such as truancy (shown below). Females tended to feel they had been brought in for specific behaviors, such as staying out late.¹⁹

Figure 2.11: Males More Likely Brought in for Truancy; Girls for Late Nights (N [Female]=43; N [Male] = 57)



¹⁹ In May 2006 during the course of our fieldwork period, the New York City Department of Education established new guidelines regarding school attendance and reporting cases of abuse and neglect. It is possible that these policies may have influenced families' decision to approach FAP, but we have no way to assess this potential influence.

What happens after FAP?

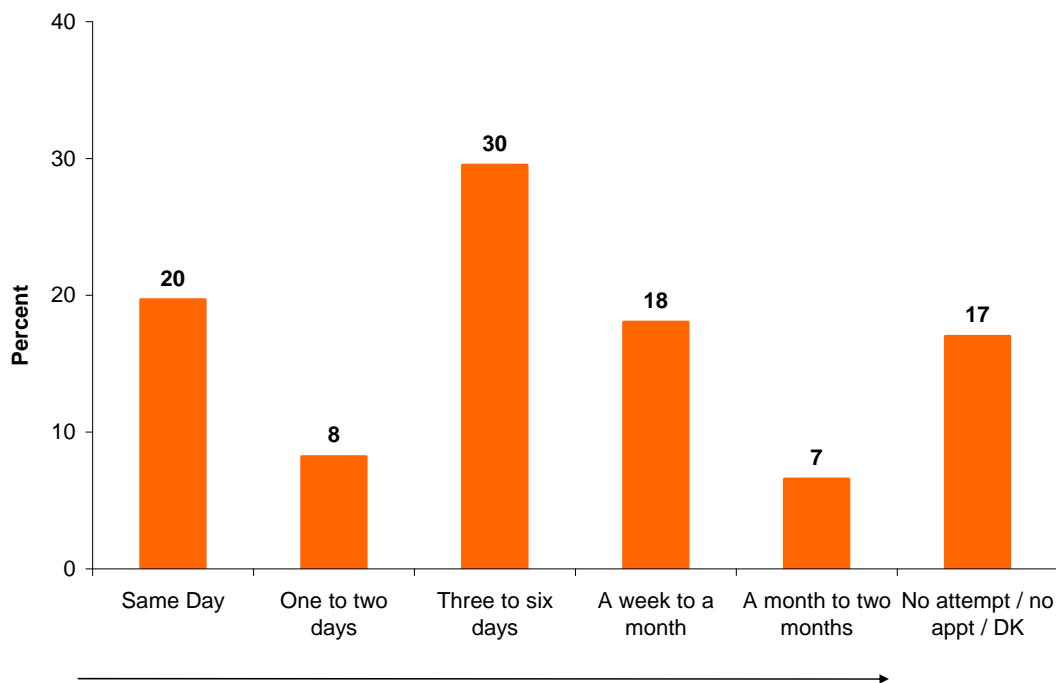
Our baseline interviews helped to provide a clearer picture of the families served by FAP. But what happens to these families after they leave the FAP offices? As mentioned earlier, this was one of the central questions this study sought to answer.

We were able to maintain contact and conduct follow-up interviews with 75 of the 100 young people with whom we had conducted baseline interviews. In addition to covering the same topics we had discussed at the baseline interview, we also questioned them about services they had received in the interim. While their answers depended on their perceptions and recollection, we prompted them by asking questions in a variety of different ways and by describing services and appointments in youth-appropriate terms.

One-fifth of youth studied scheduled an appointment with a referred service on the same day as FAP intake

Fifty-eight percent of youth made an appointment with a service to which they had been referred by FAP in less than a week of their intake, indicating an immediate crisis response, as shown in Figure 3.1. Twenty percent of those youth were able to make an appointment the same day.²⁰

Figure 3.1: Time Taken to Make an Appointment (N=61)



²⁰ Typically, parents make the appointment for their child or ward. This may affect the youth's participation rate.

We also found that most (68 percent) of youth we followed up with who did make use of services did so fewer than 10 times. Out of the 71 youth who responded to the question regarding returning to FAP, only four had been back to FAP in the last three to four months. Appointments and participation were highly concentrated at the earliest stage of young peoples' contact with the program.

We also asked those young people who kept appointments where these services had taken place; 20 said they were at the referred agency's offices, and 21 said they were at the young person's home.

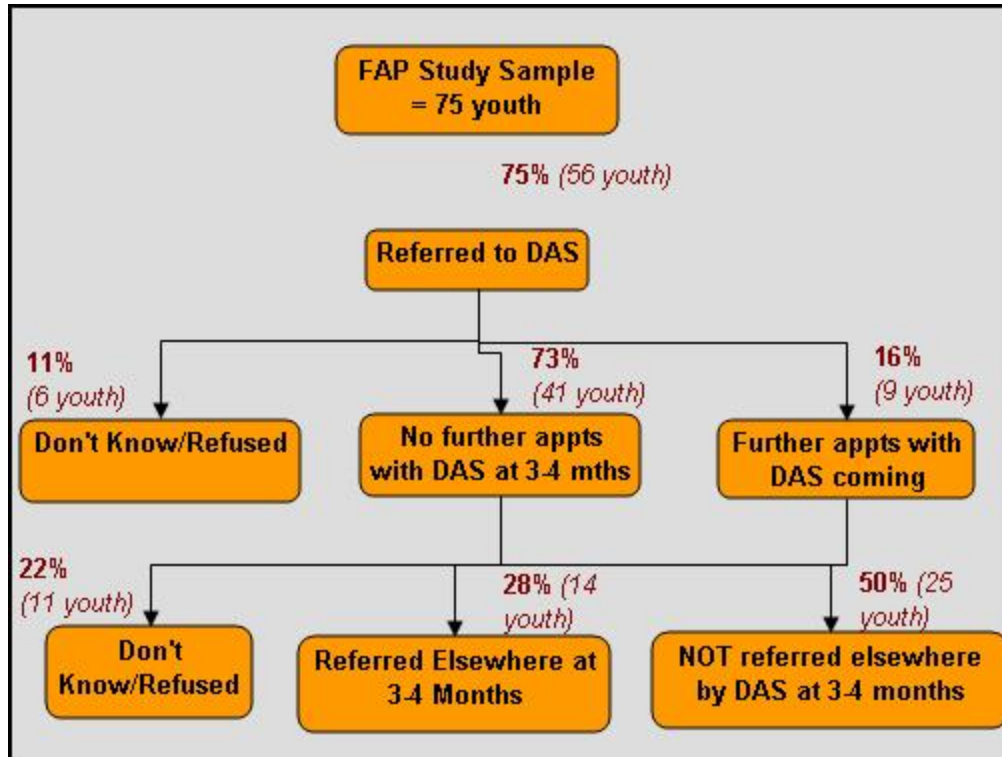
Seventy-five percent of youth studied at follow-up were referred to the designated assessment service after intake

By combining what we knew about the social worker's initial referral with what young people told us, we found that 75 percent of youth (that is, 56 people) had been referred to the designated assessment service (DAS). This is a set of agencies contracted by the Administration for Children's Services to provide assessment and counseling services.²¹ (Fifty-one percent of youth mentioned DAS as their referral, while 19 percent did not know where they had been referred.)

The Figure 3.2 shows a few of the steps in the DAS referral process for which we had sufficient numbers of responses.

²¹ These agencies are Children's Aid Society in Brooklyn and the Bronx and Community Mediation in Queens.

Figure 3.2: DAS Referrals Flow

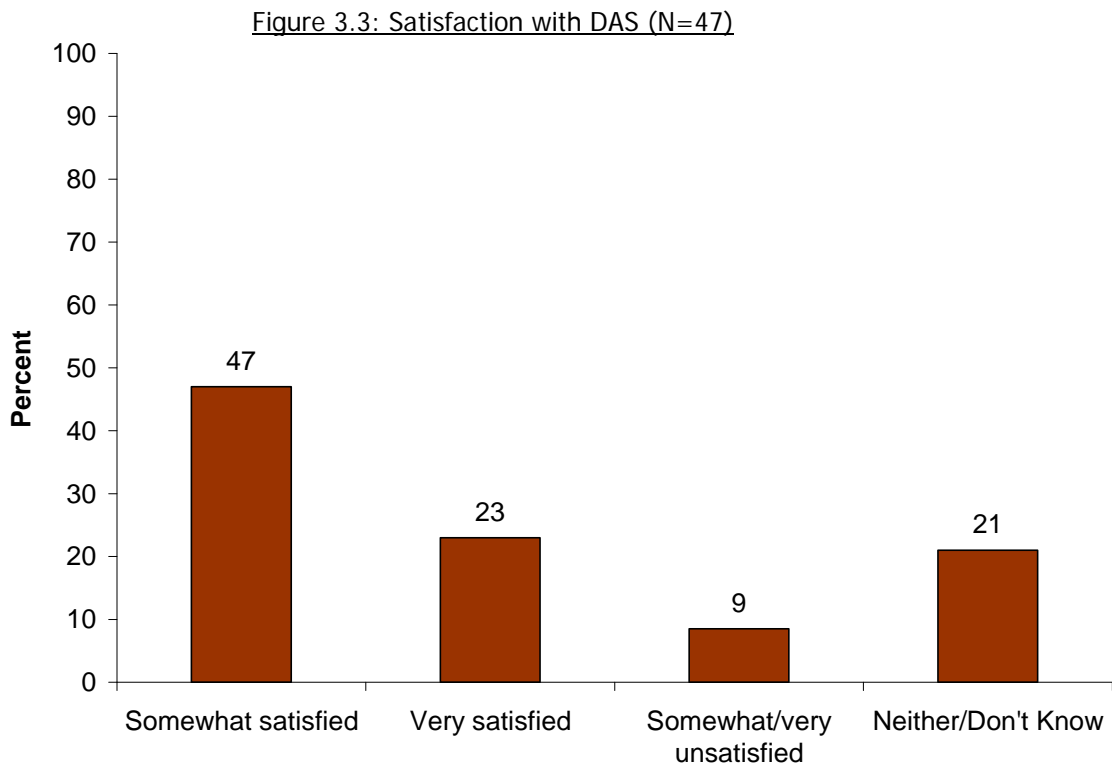


At the time we conducted our follow-up interviews—that is, three to four months after a young person’s first contact with FAP—73 percent of the youth we spoke to who had been initially referred to DAS did not have more appointments scheduled with DAS; 16 percent did have additional appointments (the remaining young people interviewed did not know or did not answer.) Also, at the time of our follow-up interviews, 50 percent of young people had not been referred elsewhere by DAS. Twenty-eight percent had been referred elsewhere, while the remaining young people did not know or did not answer. This is illustrated in Figure 3.2.

Of the 39 youth we were able to follow up with, who had been referred to DAS and who answered when we asked them to describe their experience at DAS, most (30 youth) described it as some kind of structured therapy. Thirty percent described it as group or family therapy, and 39 percent described it as one-on-one therapy.

Most (47 percent) of the 47 youth who responded to our question about their satisfaction with DAS said they were “somewhat satisfied” with the services they

received (see Figure 3.3). Only 4 youth (9 percent) were “somewhat or very unsatisfied.”²²



²² We also asked youth about the reasons for their level of satisfaction, but we received too few responses to draw any useful conclusions. In addition, it should be noted that the ACS switched DAS agencies in the Bronx while our fieldwork was underway. The transition that ensued may have affected families’ experiences with DAS in the Bronx and those families’ responses to our follow-up instrument.

Possible effects of FAP

A key aim of this study was to examine whether families seeking assistance from FAP benefited from the program’s intervention—that is, whether FAP or the services to which FAP referred a family improved family functioning and addressed the issues presented at intake. In what follows, we offer some exploratory observations for further study and discussion.

Mental health scores improved between baseline and follow-up

In our follow-up interviews, we found some changes in young peoples’ mental health, as indicated by scores on the MAYSI-2. Figure 4.1 describes the changes in several MAYSI-2 categories for those youth who completed both baseline and follow-up interviews. All of the changes we observed were positive (that is, fewer youth exhibited mental health issues).

In particular, we found that of the 75 youth with whom we conducted both baseline and follow-up interviews, 13 had moved out of the caution or warning zones in the “angry-irritable” category (see Figure 4.1). In other words, in the three to four months that had elapsed since the baseline interviews, their scores on the MAYSI-2 for questions relating to anger and irritability had changed for the better. Similarly, in our follow-up interviews six youth had moved out of the caution zone for “somatic complaints,”²³ and five no longer registered in the warning zone for “drugs/alcohol.” Perhaps most encouraging are the numbers for “suicide ideation”: we were able to conduct follow-up interviews with 11 of the 17 youth who scored in the warning zone for suicide ideation in the baseline interview; in the follow-up interview, eight of these 11 youth were no longer in the warning zone.

Figure 4.1: Mental Health Comparisons for Youth Who Completed Both Baseline and Follow-Up Interviews (N=75)²⁴

	Baseline	Follow-up	Change
Angry-Irritable - Caution or Warning	29	16	13
Somatic Complaints - Caution	10	4	6
Drugs/Alcohol - Warning	7	2	5
Suicide Ideation - Warning	11	3	8

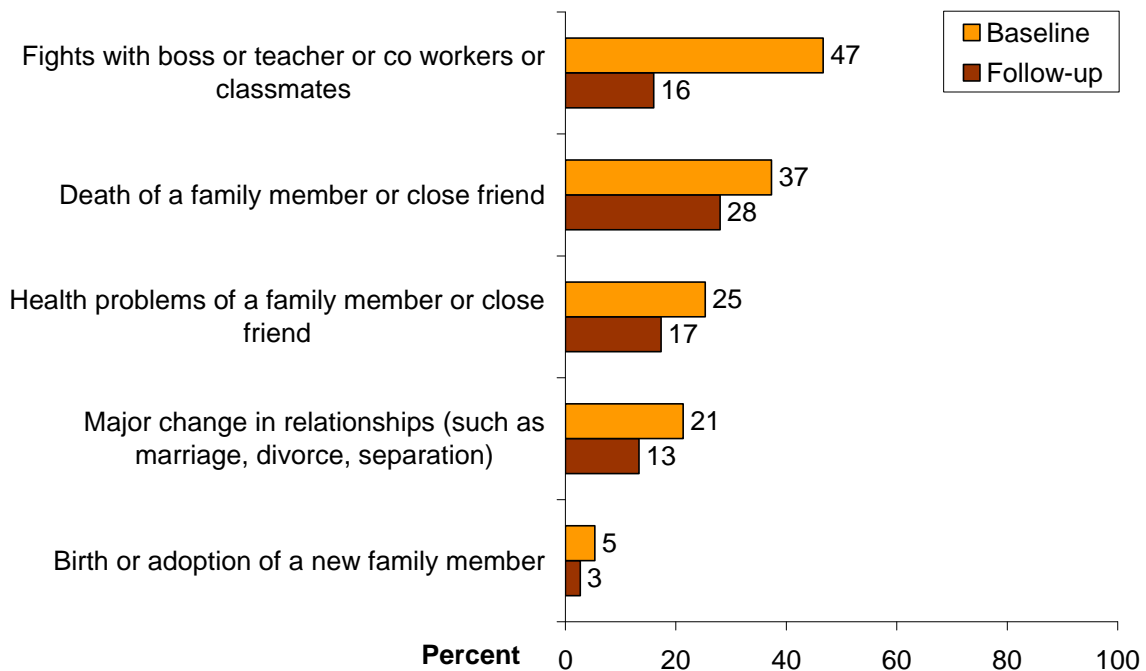
²³ These are physical symptoms associated with anxiety, including feeling shaky, having a fast heartbeat, feeling short of breath, or having an upset *stomach* or bad headaches.

²⁴ Only categories with incidence at both times and those that have changed more than one percent from baseline have been included.

Drop in stress levels at follow-up

In our baseline interviews, we asked adolescents about stressful events they may have experienced over the preceding 12 months. In our follow-up interviews, we asked whether any stressful events had taken place since the baseline interview—that is, in the past three months. We found that, in the follow-up interviews, a smaller proportion of youth reported having experienced stress from a family-related event. This could be because the time period we inquired about in the follow-up interviews was relatively short, so that there was less time for stress-inducing events (such as birth or death of a family member or change in a significant relationship) to take place. We also observed a large decrease in stress due to “fights with a boss, teachers, co-workers or classmates.” While 47 percent of all youth cited this as a source of stress in our baseline interviews, only 16 percent cited it as a source of stress in follow-up interviews, as Figure 4.2 shows. As we have mentioned, however, this could be subject to seasonal influences because some of our follow-up interviews were conducted during summer vacation.

Figure 4.2: Sources of Stress (N=75)

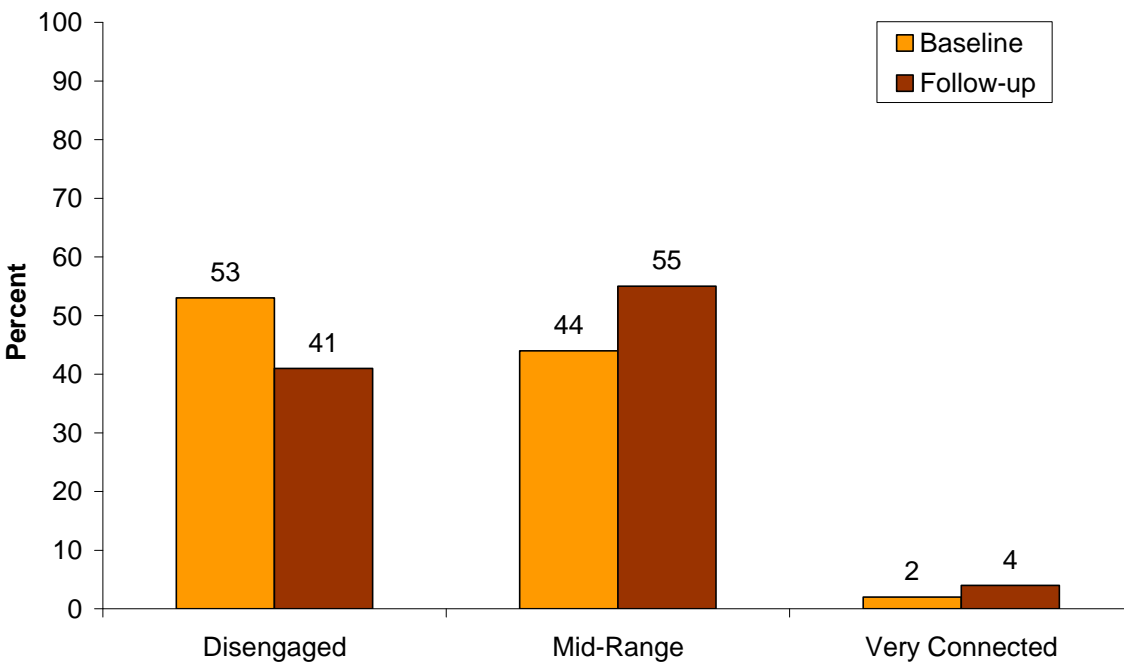


Family functioning more cohesive at follow-up

We also observed a noteworthy change on the FACES scale, which measures family cohesion and family adaptability. While the FACES measure for adaptability showed no change in follow-up interviews, the measure for cohesion had improved (see Figure 4.3). The proportion of youth scoring in the “disengaged” zone—the lowest level of cohesion on the FACES scale—had decreased, meaning that these young people were less likely to respond negatively to test questions relating to issues of family bonding. At the same time, the number of young people in the “mid-range” zone—those who fell between the “disengaged” zone and the “very connected” zone—had risen.

Figure 4.3: Family Functioning—Cohesion (after 3-4 months) (N=75)

Family Functioning - Cohesion (After 3-4 months)

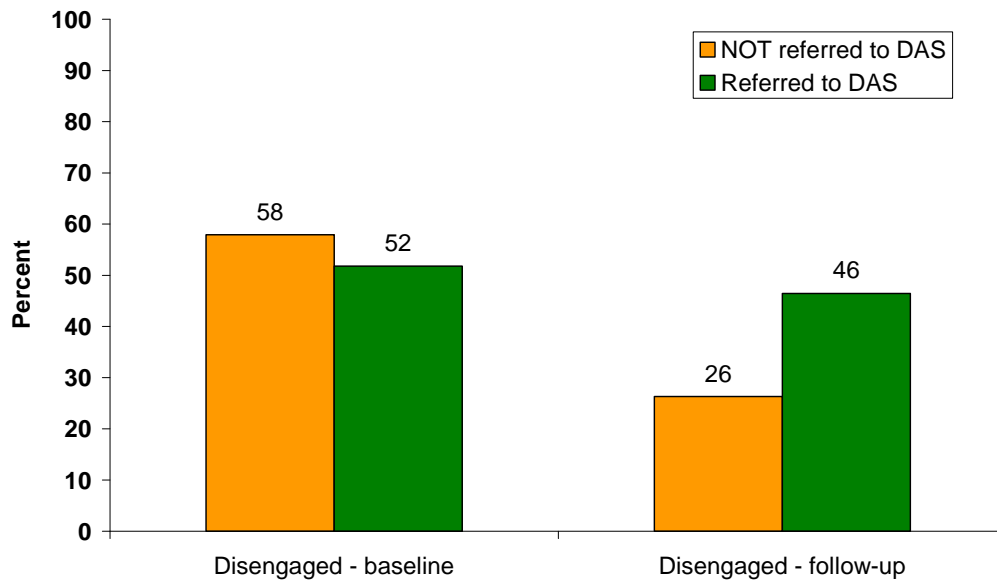


* 1 missing value in baseline data

DAS-referred youth less likely to experience family functioning improvement

The finding that FACES scores for family cohesion had improved in the follow-up interviews is not, however, the end of the story. When we compared the family cohesion scores of youth who had been referred to DAS (the contracted service agency) with the scores of youth who had *not* been referred to DAS, we found that those referred to DAS were less likely to have shown improvements.

Figure 4.4: “Disengaged” Family Functioning: DAS Referred Youth Versus Non-DAS-referred (N=75)



As Figure 4.4 illustrates, youth who were *not* referred to DAS saw a significant drop in the percentage of family cohesion scores in the “disengaged” zone—from 58 percent to 26 percent, a change of 32 percentage points. Youth who *were* referred to DAS did not see as large of a change: the proportion of these youth who scored in the “disengaged” zone dropped from 52 percent to 46 percent, or only six percentage points. The 19 youth we were able to interview at follow-up who were not referred to DAS were sent to a variety of other services: ten took advantage of some kind of mental health service or counseling; three turned to employment counseling or mentoring; two fell into a miscellaneous category; and four did not know.

It is important to remember that we are dealing with fairly small sample sizes here and to interpret these data with caution. Of the 75 youth we spoke to in follow-up interviews, 56 had been referred to DAS; only 19 had been referred elsewhere. It is difficult to say whether this finding is representative and robust or whether it is a chance occurrence. However, it does provoke questions and should fuel further discussion about the best routes to service provision.

Conclusion

Vera's first study of FAP, published in 2005, concluded that the program had led to important improvements in New York City's status offender system, including greater efficiency. This second study suggests a result of possibly greater importance: FAP is helping the families it serves. The young people we spoke with over the course of this study were struggling with multiple complex challenges when they first came to FAP. Nonetheless, many received prompt referrals to service providers, and many showed signs of improved mental health, better family relations, and some signs of decreased stress in the three to four months following the FAP intervention. Taken together, these studies underscore the potential importance of immediate crisis response and family-focused services for status offenders. They also point to the need for further research that would measure FAP outcomes in a more definitive manner. In particular, the apparently different results for those referred to DAS versus those who were not is interesting and merits further inquiry.