



Using Family Navigation to Promote Diversion

Parent/Professional Advocacy League

July 2019



Parent/Professional Advocacy League (PPAL) is the leading public voice for families whose children have emotional, behavioral and mental health needs in Massachusetts. PPAL is dedicated to promoting change that will improve the systems that serve children and their families statewide. More information about PPAL can be found at www.ppal.net

We would like to express our deepest thanks to the people who took this court diversion model and ran with it. First, Carrie Noseworthy, who took the concept of a court-based family navigator and made it into a reality. Next, Kanchana Fernando, Assistant District Attorney for Worcester County District Attorney's Office, for her ongoing work and belief that partnering with families is critical. Finally, Edward Augustus, City Manager for Worcester who worked to iron out the details and make this a reality. Before that, this role was an idea on paper. They took an idea, test drove it and turned it into work that had a lasting impact on diverted youth and their families.

Executive Summary

Juvenile diversion redirects youth away from the juvenile justice system, while still holding them accountable for their actions. The 90-day Family Navigator Diversion Program was implemented for youth who are arrested for domestic assault and live in central Massachusetts. Many youth were arrested when their parents called 911 because of a family disturbance.

Each diverted youth and their family worked with the family navigator for approximately 90 days. If there were court dates during that time, the family navigator would meet the family at court, explain the process and support them. Upon the 90-day mark, if there were no additional arrests and the youth had successfully worked with the family navigator, the charge was dismissed prior to arraignment and there was no court record.

Only two youth were re-arrested during the program and all but four completed the program, a 91% success rate.

A total of 48 youth and their families were enrolled in this program through June 2019. 75% of the youth were male and the average age was 15.9 years. There were high rates of both mental health needs and special education needs amongst the youth, yet 37% had no access to special education supports. Only two youth were re-arrested during the program and all but four completed the program, a 91% success rate.

The Family Navigator Diversion Program consisted of four discrete steps.

Diversion and Decision Making. When a youth was arrested for domestic assault, the district attorney's office made a determination if the youth was eligible for the diversion program. The youth was given the choice of participating or declining. Both the parent and youth had to sign a contract to start the diversion.

Intake and Care Planning. At the first meeting many youth were anxious and agitated. The family navigator provided sensory distractions such as water or small items to fidget and this provided a segue into a discussion on the kinds of coping mechanisms that work for the youth. After the youth screening tool was completed, a care plan, along with customized linkages to both clinical and community resources were developed as well as a safety plan.

Coaching, Education and Navigation. The family navigator used a variety of communication strategies including calls, texts and emails to contact the family weekly. These were intended to be brief but often became problem solving sessions. Families were assisted in accessing treatment, special education and community supports and provided with information, coaching and navigation in to develop their knowledge and skills and be adept at supporting their child in the future. The navigator also reminded the youth and family of upcoming court dates.

Graduation. Upon completion of the 90 program, if there were no additional arrests, the charges were dismissed by the court. Each youth received a certificate of completion. Both youth and parents had new navigation and advocacy skills and are better able to get the supports they need.

Challenges. Families encountered many challenges in completing the diversion program. They included:

- Inadequate supports at school. Although more than half the youth had IEPs or 504 plans, they often provided inadequate supports, either because the youth's needs had intensified or the supports poorly matched the identified needs.
- High intensity mental health problems with unclear diagnoses. Although 53% of the youth had an existing mental health diagnosis, only 32% were in therapy.
- 15% of the youth had an existing CRA (Child Requiring Assistance petition). The CRA process runs cross purposes to diversion, pulling children into court rather than directing them away from it.
- Transportation was a barrier for 37% of the youth and families. Families reported a range of transportation problems including no car, lack of money to repair a car or only one family car, used for commuting, leaving no way to access therapy or come to court.
- Families with commercial insurance were at a disadvantage compared with families who were insured by MassHealth. They were unable to access mobile crisis (often forcing them to call 911) and in home services, which were impactful services.
- The timelines to access services are long and don't mesh with diversion timelines. Many of the youth in the program needed special education services, therapy, medication and community supports and the waits to get them were at cross purposes with finding ways to support the youth in order for diversion to be successful.

Recommendations

During the project the following recommendations emerged.

- Base family navigators within juvenile courts or provide formal links to them with a clear description of their role and tasks. Both family navigators and their supervisors should have the experience of raising a child with emotional and behavioral needs in order to improve engagement and family success.
- Educate court-based programs and staff including court clinics, clerk magistrates and probation on the ability of family-focused organizations such as PPAL
- Provide clear information to community-based services, including CBHI and Family Resource Centers on how filing a CRA works crossways against diversion.
- Provide education to pediatricians, clinicians, schools and families that their first step in a behavioral health crisis is to call the mobile crisis team, not 911.

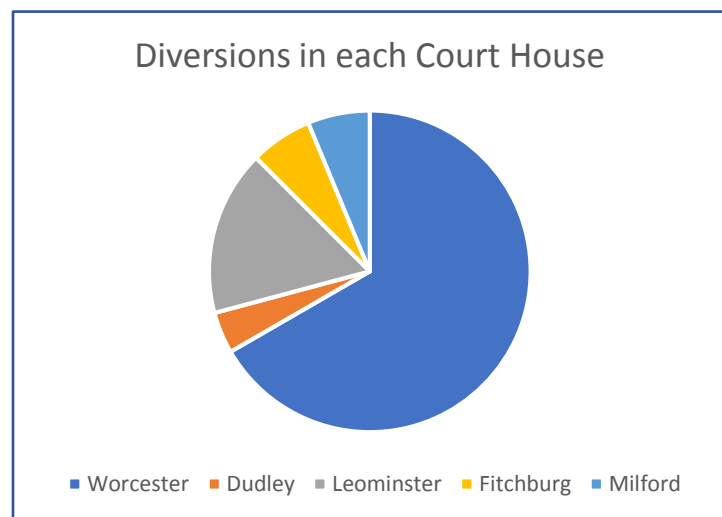
- Increase transportation options for families who struggle to appear in court at the required times. This can include vouchers for taxis and buses. On occasion, the family navigator provided transportation to the youth and family because other options were not available.

Background

Juvenile diversion is an intervention strategy which redirects youth away from formal processing in the juvenile justice system, while still holding them accountable for their actions. Successful diversion programs may range from low-intensity to high-intensity, be less costly than formal court proceedings and reduce recidivism (National Institute of Justice). Massachusetts has implemented diversion programs for youth who come before the court for a number of years. The most notable of these is the Juvenile Detention Alternative Initiative (JDAI). Prior to JDAI, in 2006, there were nearly 5000 children held on bail each year in hardware-secure detention facilities; 75% of these youth were admitted on low-level offenses. In 2013, there were less than 2000 children admitted to bail, a remarkable 54% decrease (JDAI fact sheet).

Building on this success, several courts in central Massachusetts implemented a diversion program focused on youth charged with domestic assault. Many of these youth were arrested when law enforcement was called to their home because of a disturbance between the youth and their parents or sometimes their siblings. Nationally, upwards of 7% and possibly up to 13% of all juvenile arrests are related to alleged violence against a parent or caregiver (OJJDP Juvenile Justice Bulletin, 2008). Although the pilot program model employed both a clinician and family navigator, the ongoing program utilized only a family navigator to facilitate diversion strategies and was also expanded to all five juvenile courts in Worcester County. A total of 48 youth and their families were enrolled and only four did not graduate from the program, success rate of 91%.

Project Description

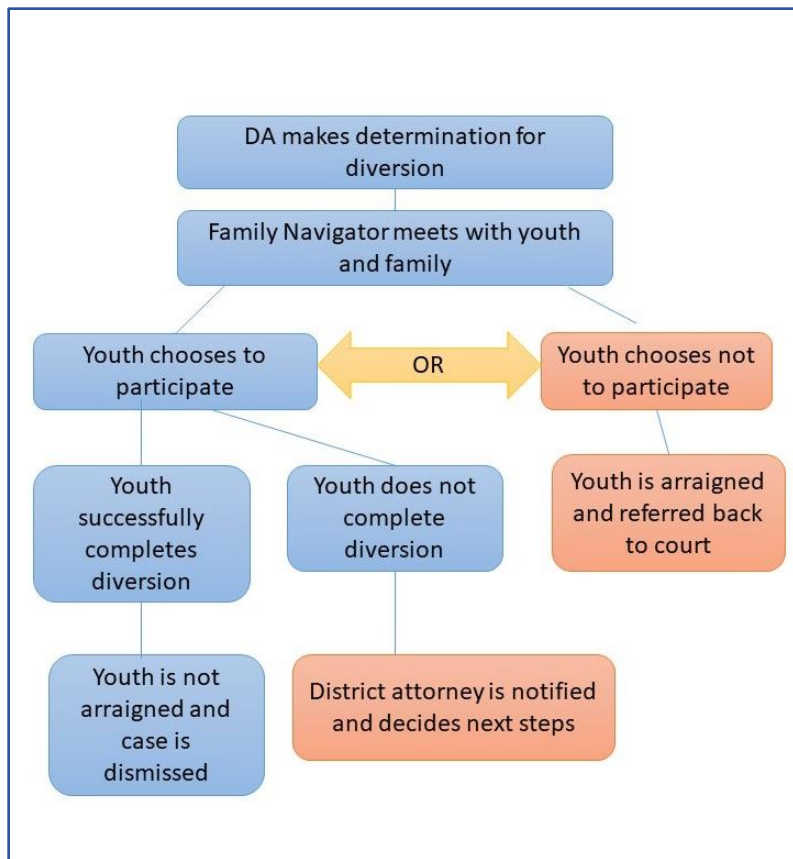


Timeframe. This project took place in two phases, one of which is ongoing. The first phase, or pilot phase, took place from October 1, 2017 to December 15, 2017 and was in the Worcester juvenile court. The project was initially designed to pair a family navigator¹ from PPAL with a clinician from You, Inc. The clinician took the lead and conducted the intake, often with the involvement of the family navigator. The clinician went on to create a care plan, while the

¹ The family navigator had lived experience in raising a child with emotional/behavioral needs and extensive experience in systems navigation, advocacy and coaching. Both were essential to engaging youth and families as well as improving their outcomes.

family navigator provided support throughout the process. After the initial grant funding ended, the PPAL family navigator continued the diversion work with families for several more months until new funding became available.

The second phase began July 2018 and continues to this day. The family navigator assumed much of the work of the clinician, doing the intake, creating a plan with diverted youth and their families as well as providing the support, education and navigation needed. A third grant, which funded the same family navigator-only program in two other courts also began on July 2018 and ended at the end of December 2019. A family navigator spent one day per week at each of five courts. The majority of referrals came from the Worcester court (see chart).



Diversion process. When a youth was arrested for family domestic assault, the district attorney’s office made a determination if the youth was eligible for the diversion program. In the Worcester court, the next step was for the youth and family to meet with the PPAL family navigator. In other courts, there was a brief, initial meeting with the family navigator who provided information to the judge, who then made the determination on the referral. After the referral by the judge or district attorney, the family navigator met with the youth and family.

At the initial meeting, the process was explained to the

parent and youth (see flow chart) and the youth was given the choice of participating or declining. Both the parent and youth had to sign a contract to start the diversion. Only one youth declined to participate. After the youth screening tool was completed, a care plan, along with customized linkages to both clinical and community resources were developed as well as a safety plan.

Each diverted youth and their family worked with the family navigator for approximately 90 days. If there were court dates during that time, the family navigator would meet the family at court, explain the process and support them. Upon the 90-day mark, if there were no additional arrests and the youth had successfully worked with the family navigator, the charge

was dismissed prior to arraignment and there was no court record. Throughout the process, the family navigator used a variety of communication strategies including calls, texts and emails to contact the family weekly. These weekly calls were intended to be brief but often became problem solving sessions around crises and finding resources. The navigator also reminded the youth and family of upcoming court dates. On occasion, a young adult peer specialist was available to connect to the youth directly.

Strategies and challenges. Many youth came into the first meeting, feeling anxious and agitated. The family navigator provided sensory distractions such as water, chewing gum, small items to fidget with (Legos, pens and paper, sensory toys) which decreased anxiety and the chance of escalation. This strategy also provided a segue into a discussion on self-regulation and the kinds of coping mechanisms that work for the youth. The family navigator observed that “the more the youth were engaged with the sensory items, the more likely they were to be engaged with the intake process.” The opposite was also true. If the youth didn’t at least take water to drink, they were often not

able to fully engage in the intake process. Instead, they had poor focus or were unable to make a connection with the family navigator. This was an unexpected but effective

“I appreciate being given a second chance. Thank you for everything you’re doing for me.” --Youth

byproduct of the intake process. The family navigator also avoided asking directly about the incident that led to the arrest since she discovered that this often resulted in an emotional reliving of the incident. The interview room was a stark white with no pictures or posters. Families found it added to the difficulty in concentrating and made the intake more stressful.

Education for families. Many families were unaware that calling 911 might lead to their child’s arrest. Some families reported that their pediatricians and providers recommended calling 911 for behavioral health emergencies. Many others, even if they had MassHealth, were unaware of mobile crisis services. To educate families, the family navigator used a safety plan form, but worked backwards, beginning with a discussion of what happens when a call is made to 911. She explained that when you call 911, the police will arrive and any domestic altercation will almost always end in arrest. A number of families expressed regret over calling 911 saying they thought the police would sternly talk to their child. The next reverse step was to explain mobile crisis (for families with MassHealth), then discuss de-escalation techniques and finally strategies for averting a crisis. The youth was asked to identify what strategies they thought would be effective for them.

Although the majority (68%) of the youth had MassHealth insurance, many of their families were unaware of the services provided by the Children’s Behavioral Health Initiative (CBHI). Information about the range of services offered by CBHI was provided and a large percentage of families were referred to those services. Families who had commercial insurance were at a

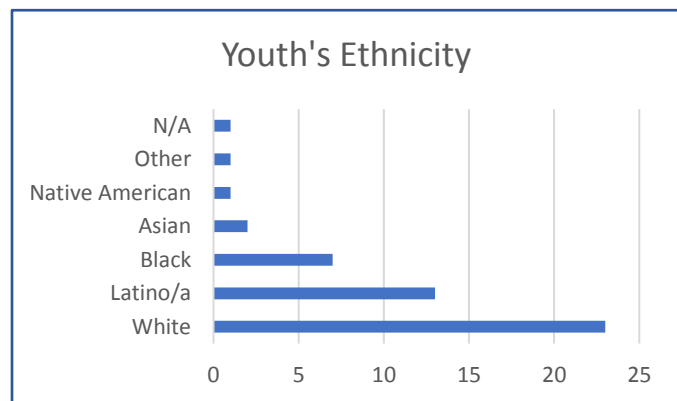
significant disadvantage since most were unable to access in home services or mobile crisis intervention, services that had a positive impact for this group.

Coaching and referrals. The family navigator provided coaching and also made referrals and linkages to resources to ensure that the family and youth would be better able to handle everyday needs as well as future crises. A number of families needed help getting basic needs met, filling out forms for benefits and assistance as well as access to working cell phones. The family navigator would directly connect families with a person who could help, not just offer a phone number or web site. If that was unhelpful, she would provide another alternative during the weekly call. Many families also faced challenges accessing the appropriate special education resources. Frequently, the IEP was inadequate or not being properly implemented and the parent needed coaching to ask for a meeting or know what steps to take. Many youth also had an unclear mental health diagnosis, which impeded their access to the services that best matched their needs. The family navigator provided coaching, support and education on what benefits, resources and state services were available and assistance in accessing them. Families learned what to do and who to call in a crisis and how to apply for longer term services after the diversion program ended.

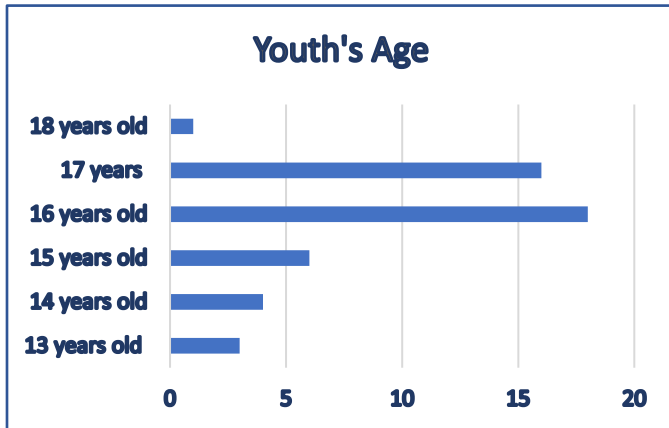
Certificate of completion. Just as the youth and their families were confused during the initial meeting about what diversion was, many were also unsure when the program was truly over. At the end of 90 days and completion of the program, youth were asked to write out some of what they had learned as part of court preparation and to ensure that their anxiety wouldn't be perceived as not caring. They also received a certificate of completion which acknowledged their success and provided an end point.

Families and youth.

From July 1, 2018 to June 2019, a total of 48 youth and their families participated in the family navigator diversion program. The majority (75%) were male and 25% were female. The ages ranged from 13 to 18 and the average age was 15.9 years. Most of the youth were insured by MassHealth (68%), giving them access to a wider range of mental health services than youth who had commercial insurance (27%). Only



two youth were uninsured at intake. Generally speaking, there were high rates of both mental health needs and special education needs amongst the youth. The majority of youth were



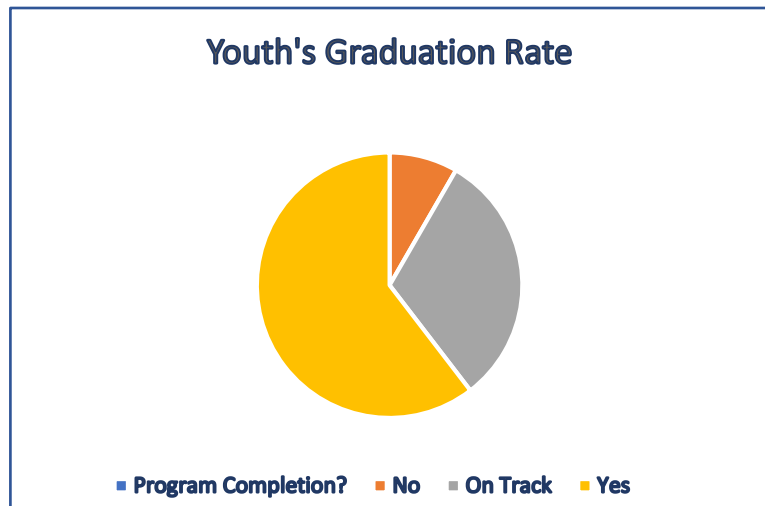
white (48%) and 27% were Hispanic, 15% were African American, 4% were Asian.

Roughly half of the youth had special education plans and two more had the IEP process underway. 37% had no access to special education supports. An additional four youth had had special education in past or were in other programs and one was transferring to a private school. Several youth also had a Child Requiring

Assistance (CRA) filed on them. This presented added challenges as the CRA pulls youth into court while diversion strives to move youth out of court.

Impact

From the beginning of the pilot to June 2019, 48 youth and their families were referred to the Family Navigation Diversion Program in five courts. The family navigator typically spent one day a week in each court which limited referrals. In addition, the family navigator worked with several other youth who were referred by the district attorney but did not meet the program eligibility, including two who were arraigned. Only two youth were re-arrested during the program and all but four completed the program, a 91% success rate. At the end of June, 16 youth were on track to graduate but were midway through the program. Work with these youth was transferred to the district attorney's office.



As the program progressed, PPAL realized that the youth being referred were more complex and had higher needs than originally thought. The amount of systems navigation, coaching and teaching families how to access what they needed was intensive.

Although the family navigator anticipated working directly with families, which is PPAL's core work, the program allowed her to work directly with youth as well. She had the opportunity to

provide coaching, help them focus on their strengths and learn new skills. This led to larger conversations about transitioning to adulthood, accessing health and mental care and assuming new responsibilities.

Challenges

Families encountered many challenges in completing the diversion program. These included:

- Inadequate or poorly implemented supports at school. Although more than half the youth had IEPs or 504 plans, these often provided inadequate supports, either because the youth's needs had intensified or the supports poorly matched the identified needs.
- High intensity mental health problems with unclear diagnoses. Although 53% of the youth had an existing mental health diagnosis, only 32% were in therapy.
- Because of the intensity of both the needs of the youth and family and the challenges they faced, the family navigator's work required intensive supervision in order to provide problem-solving assistance and help with systems advocacy. This was provided by a manager who also had lived experience raising a child with emotional needs and was a key component.
- 15% of the youth had an existing CRA, often filed by the parent at the urging of the school or therapist as a way to access more supports. The CRA process runs cross purposes to diversion, pulling children into court rather than directing them away from it.
- Transportation was a barrier for 37% of the youth and families. The family navigator was able to provide bus passes for many families residing in Worcester. Families reported a range of transportation problems including no car or only one car which was being used for commuting leaving no way to access therapy and other treatment. Some state they lacked money to repair a car they owned.
- Commercial insurance benefits provide a very limited range of mental health treatment options. Families with commercial insurance were at a disadvantage compared with families who were insured by MassHealth. They were unable to access mobile crisis (often forcing them to call 911) and in home services. When a youth is unwilling to go to appointments, having services in their home can be a difference maker.
- The timelines to access services are long and don't mesh with diversion timelines. Many of the youth in the program needed special education services, therapy, medication and community supports. The time frame for special education and the waits for treatment

Each family was unique in their needs and I worked at the pace of each one. Some families were very engaged and quick to learn while others struggled with work schedules or other difficult family dynamics – Family Navigator

were at cross purposes with finding ways to support the youth in order for diversion to be successful.

Recommendations

The Family Navigator Diversion Program provided systems and services navigation, intensive knowledge of how to match effective support with youth and family needs as well as skill-building for both youth and their families. During the project the following recommendations emerged.

- Base family navigators within juvenile courts or provide formal links to them with a clear description of their role and tasks. Family navigators add a level of expertise for court staff as well as knowledge of available services in the community and strategies to access them. In addition, they understand how to connect with youth and their families so that they are more willing to accept help and work toward success.
- Educate court-based programs and staff including court clinics, clerk magistrates and probation on the ability of family-focused organizations such as PPAL, NAMI, Adoption Journeys and family resource centers to provide navigation and skill building.
- Provide clear information to community-based services, including CBHI staff and family resource centers on how filing a CRA works crossways against diversion. Families report hearing advice from multiple sources to file a CRA. Many later regretted it.
- Provide education to pediatricians, clinicians, schools and families that the first step in a behavioral health crisis is to call the mobile crisis team, not 911.
- Increase transportation options for families who struggle to appear in court at the required times. This can include vouchers for taxis and buses. On occasion, the family navigator provided transportation to the youth and family because other options were not available.

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