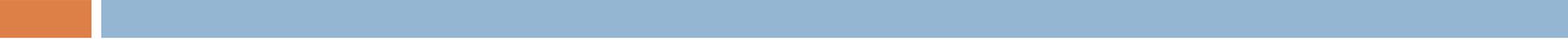


# Risk Assessment in Juvenile Justice: Enhancing Decision-Making, Case Planning, and Service Delivery

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Co-Director, National Youth Screening & Assessment Project  
(NYSAP)*

PA JCJC Conference November, 2013

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- Some slides removed – not for distribution

# WHAT DO WE KNOW TODAY? RECENT DEVELOPMENTS

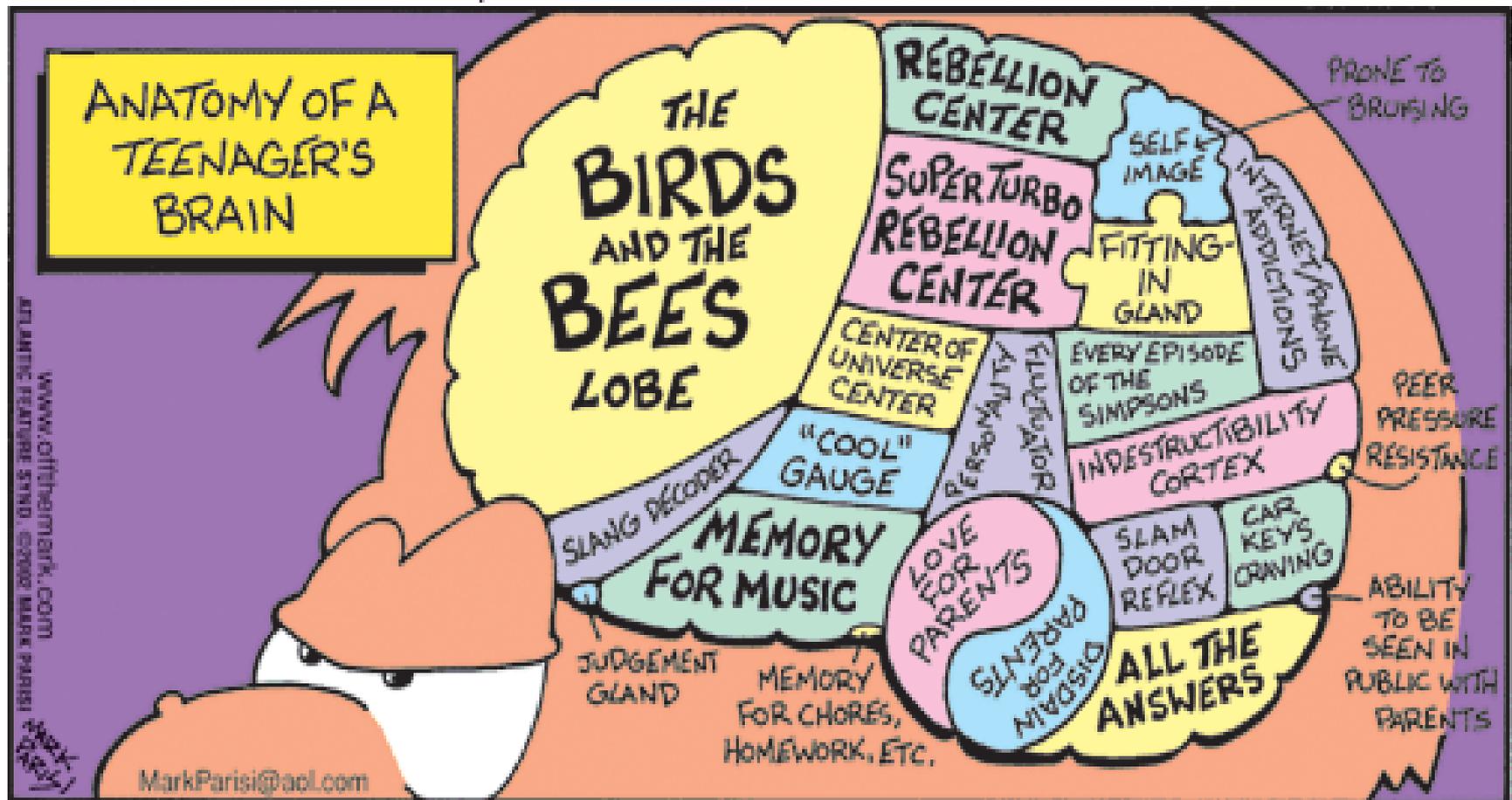


# Developmental Appropriateness: The Adolescent Brain

**off the mark**

by Mark Parisi

[www.offthemark.com](http://www.offthemark.com)



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# Research Evidence: Guiding Principles

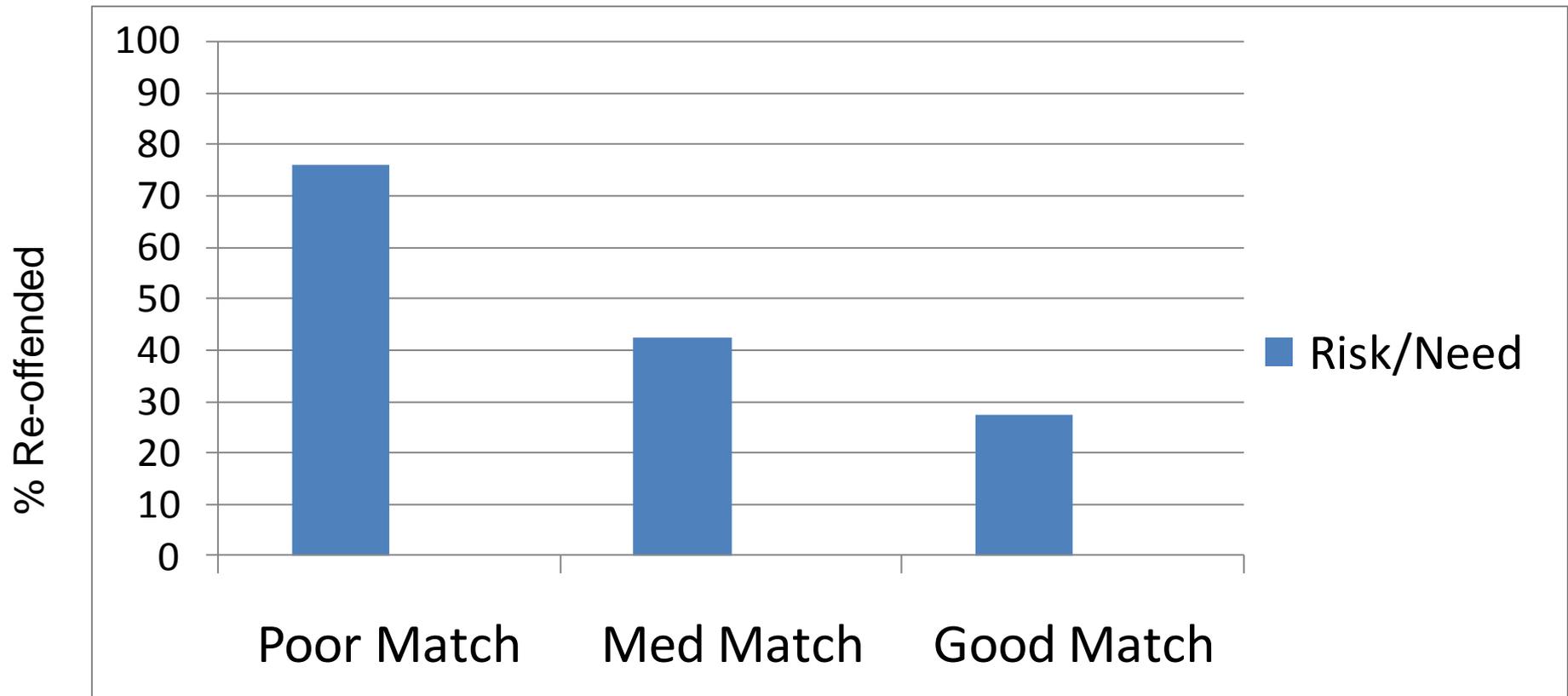
## There is emerging consensus on characteristics of effective programming for young offenders:

- ❑ Punitive sanctions without effective services **do not** have a significant effect on re-offending (Gatti et al., 2009).
- ❑ Mixing low-risk youth with more delinquent youth can make them worse (42% in group prevention programs & 22% in probation programs) (Lipsey, 2006).
- ❑ When services are **matched** to youth's level of risk and their "delinquency-producing" (criminogenic) needs, the lower the chance of offending.
- ❑ The goal is to have the right services for the right youth.

# Benefits of Avoiding Incarceration of Youth Per Dollar Invested (Aos, 2006)

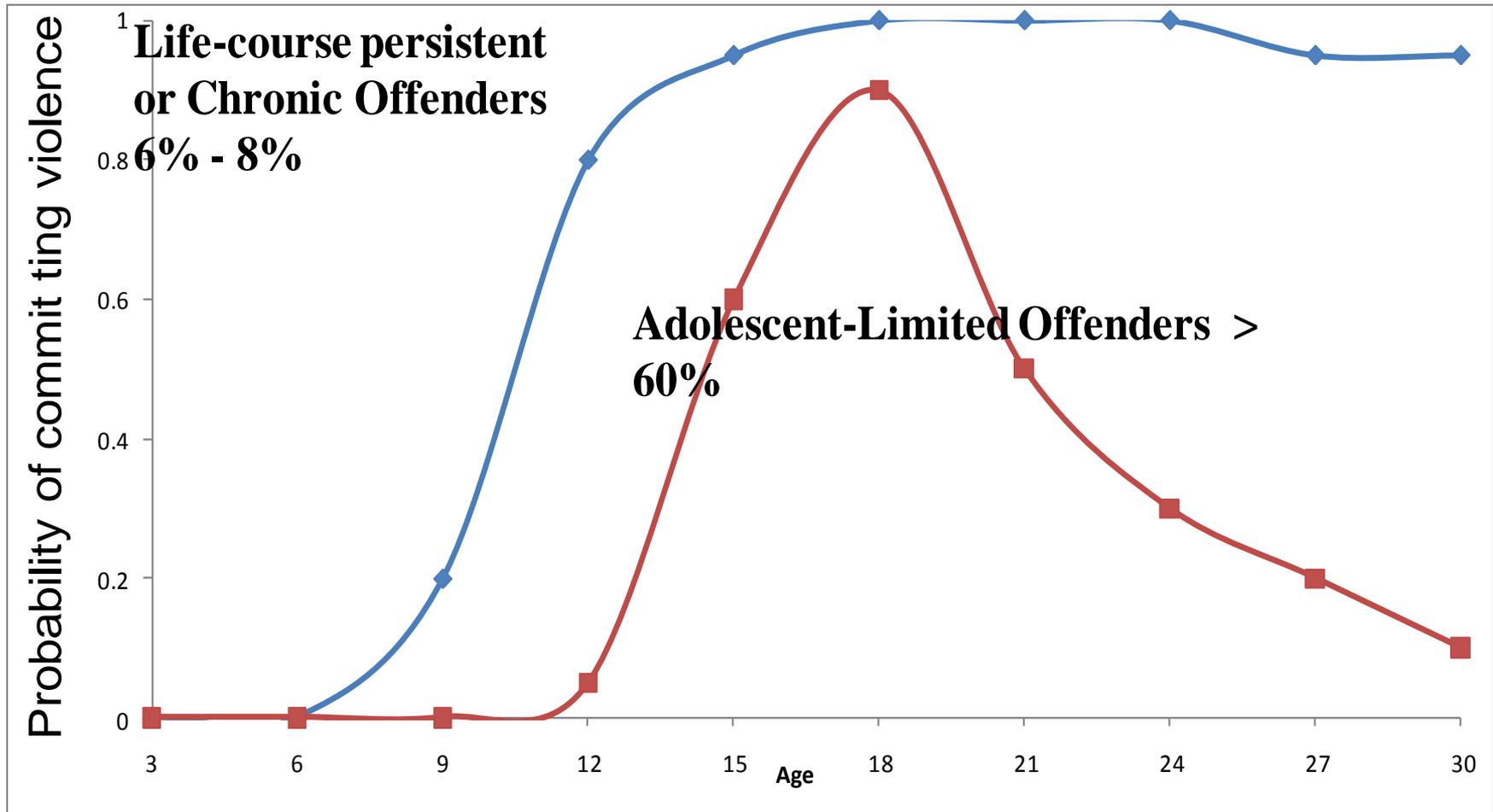
- **For every \$1.00 spent on the following services, taxpayers save:**
  - Functional Family Therapy: \$28.34
  - Multisystemic Family Therapy: \$28.81
  - Multidimensional Treatment Foster Care: \$43.70
  - Adolescent Diversion Project: \$24.92
  - Juvenile Boot Camps: \$0.81
  - Scared Straight: **-\$477.75** (NET LOSS)

# Matching Youth to Services Based on Criminogenic Needs = Reduction in Reoffending (Vieira et al., 2009)



Match based on # of Services Given in Response to a Youth's Criminogenic Needs

# Developmental Appropriateness: Risk Changes Across Adolescence, For Most



# PENNSYLVANIA'S INTEGRATION OF SCIENCE AND BEST PRACTICES INTO JUVENILE JUSTICE



# Balanced & Restorative Justice

- “...to provide for children committing delinquent acts programs of supervision, care, and rehabilitation which provide balanced attention to the **community**, the imposition of **accountability** for offenses committed, and the development of **competencies** to enable children to become responsible and productive members of the community.”

# PA Juvenile Justice System Enhancement Strategy (JJSES)

- Underlying goals:
  - ▣ Implementation of evidence-based practices
  - ▣ Ongoing commitment to data collection, analysis, & research
  - ▣ Continuous quality improvement in every aspect of the system.

# JJSES Eight Principles

## Principle 1:

- Assess risk/needs using actuarial instruments

Use assessments to guide case decisions using statistically valid tools to describe the *who*, the *what*, and the *how*

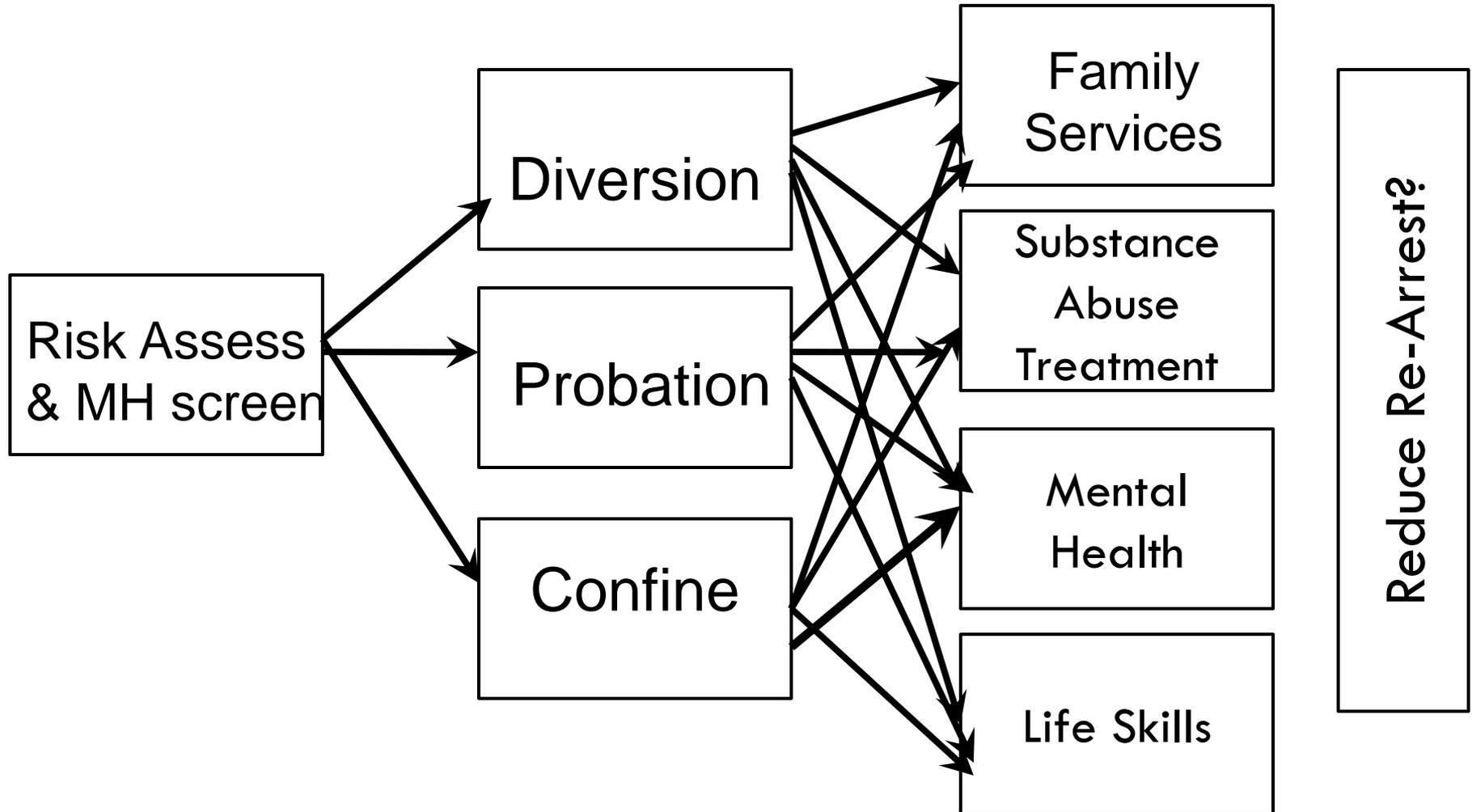
# Probation's Adoption of Structured Decision-Making

- RAI
  - pretrial detention decisions
- MAYSI-2
  - mental health screening
- YLS/CMI
  - dispositional and case planning; institutional planning

# What Risk Assessment Does

- **Risk** = risk for serious delinquent or violent offending
- *A risk for reoffending or violence assessment tool* is an instrument developed to help answer the question: **“Is this youth at relatively low or relatively high risk for reoffending or engaging in violent behavior?”**
- Some, also address **“What is possibly causing the youth to be at low or relatively high risk for reoffending?”**

# Assessment Drives Decision-Making



# MH Screening's Objective

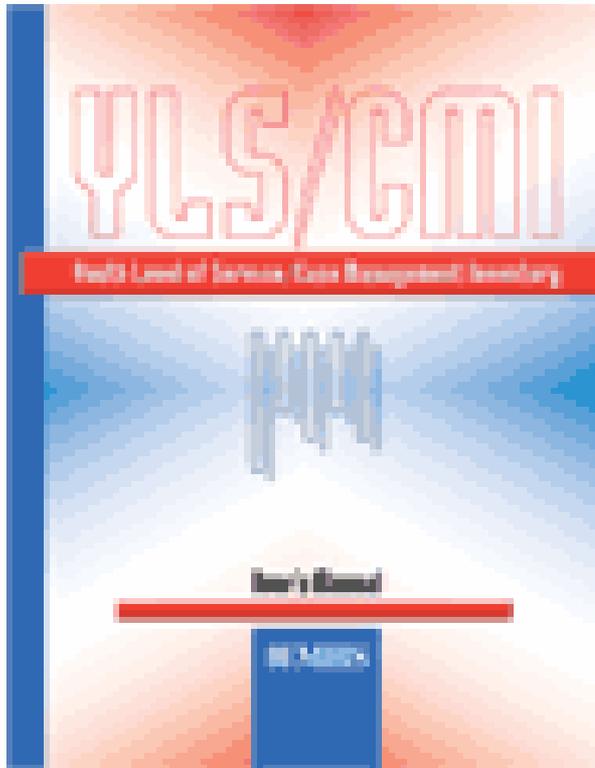
- High prevalence of MH problems in Juvenile Justice
- Triage--To identify at intake youth who may be in crisis (suicide risk, risk of acute emotional problems, risk of in-custody anger-aggression)
- MH screening tools...
  - ▣ Provide staff (and mental health staff) a “first look” at intake
  - ▣ Offer a view of the youth’s current emotional state
  - ▣ Useful for triage, but are not diagnostic
  - ▣ Should not be used to plan long-range treatment
- Creates data base for system and resource planning

# MAYSI-2

## *Massachusetts Youth Screening Instrument-2<sup>nd</sup> version*

- 52 yes-no items, youth answers—paper-and-pencil or on laptop with earphones (MAYSIWARE)
- Given to every youth at intake, in 1-2 hours after entry
- Easy for non-MH staff to use and understand
- 5 minutes for youth responses, 10 minutes overall
- Wide use nationally
  - 42 states through detention or juvenile corrections
  - About 25 states in juvenile corrections
- Over 60 studies on validity and utility
- NYSAP provides technical assistance and support, including 40 hr/week “MAYSI Helpline”

# Youth Level of Service/ Case Management Inventory



42 Risk Items

8 Domains

- Family
- Attitude/orientation

+ Strengths

Items rated present/  
absent using interview  
+ all available info

# Strengths of the YLS/CMI

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- Use of risk factors based on delinquency research
- Developmental approach (dynamic)
- Not jurisdiction-specific
  - ▣ Not incumbent on users to establish local predictive validity
- Includes a method for assessing youth's strengths

# YLS/CMI: Evidence-Based Risk Assessment

- Considerable research evidence by independent parties ~ Evidence-based Assessment
  - Inter-rater reliability
    - 11 studies ICCs range .72-.97 in the field & in research
  - Predictive Validity
    - > 10 studies from various jurisdictions
    - Predicts equally well for boys & girls; violent & non-violent offending
  - Generalizability to African-American population (V2.0)
  - Norms for correctional settings (V2.0)
  - Predicts institutional misbehavior

# Case Management: Risk-Needs-Responsivity (RNR)

- Risk – Match the intensity of the intervention with one’s level of risk for re-offending
  - ▣ Tells us ‘Who’ to target
  - ▣ Useful for level of supervision/intensity of services/ placement & disposition
- Need – Target criminogenic needs (or dynamic risk factors)
  - ▣ Tells us ‘What’ to target
  - ▣ Provide only services for areas where youth have the highest needs
- Responsivity – Match the mode & strategies of services with the individual

# What Risk Assessments Do NOT Do

- NOT prescriptive
- These types of general risk assessments are NOT appropriate for identifying risk for sexual offending
- NOT mental health assessments
  - ▣ They also do not identify potential mental health problems in need of an assessment
- Typically do NOT include **items** that are unrelated to future offending, like “well-being needs” (e.g., special education, depression, trauma)

# What Adoption of These Tools Led to..



- Adoption of a value toward structured decision making and the use of risk level
- Polices about different supervision levels
- Training in motivational interviewing
- Standardized case plan
- Service matrix (in some jurisdictions)
- Quality assurance data reports & data to aid resource allocation

RESEARCH WITH THE YLS/CMI IN  
PA: THE MACARTHUR  
FOUNDATION'S RISK  
ASSESSMENT IN JJ  
IMPLEMENTATION STUDY

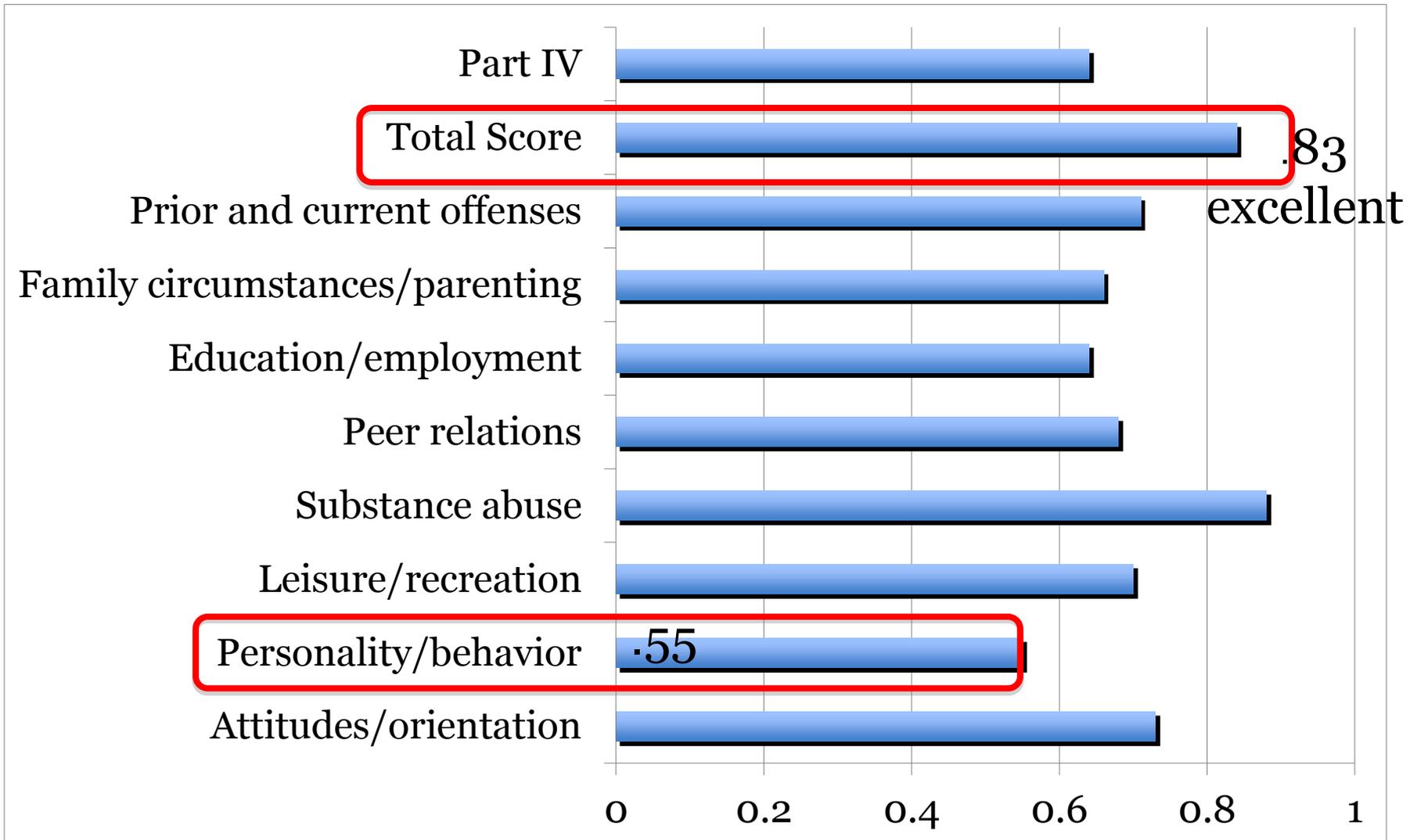
# Risk Assessment Implementation in JJ Study in PA: Funded by MacArthur Foundation (Vincent et al., 2012)

<b>YLS/CMI</b>	<b>Site 1</b>	<b>Site 2</b>	<b>Site 3</b>	<b>Overall</b>
<b><u>Risk-Level (n)</u></b>	<b>116</b>	<b>194</b>	<b>82</b>	<b>393</b>
<b>Low</b>	36.2%	54.9%	40.2%	46.3%
<b>Moderate</b>	56%	30.6%	54.9%	46.1%
<b>High</b>	7.8%	5.2%	4.9%	6.4%

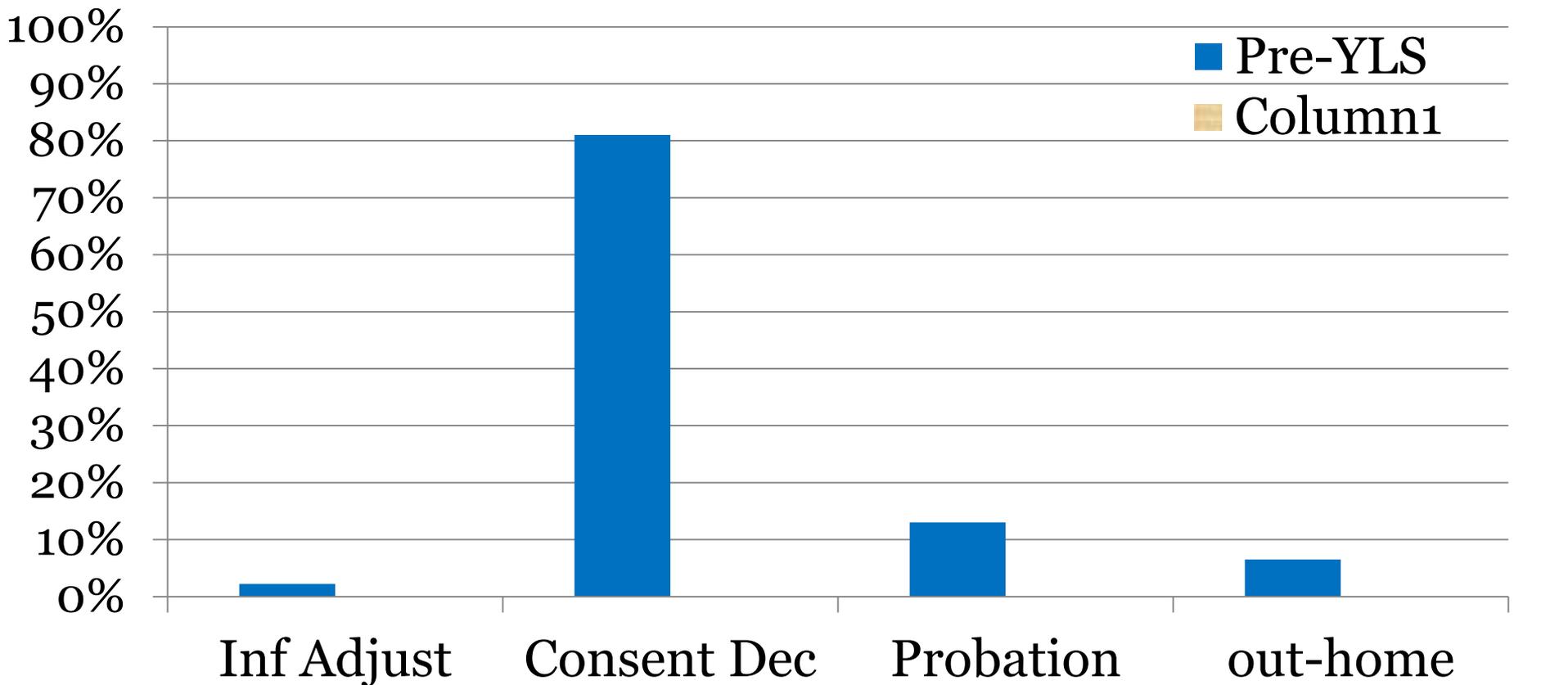
# Inter-rater Reliability

- The degree to which independent test administrators agree in their scoring of test data.
- When inter-rater agreement is high, that means the tool is **NOT subjective**

# YLS/CMI ICC<sub>1</sub> Values in PA Sites

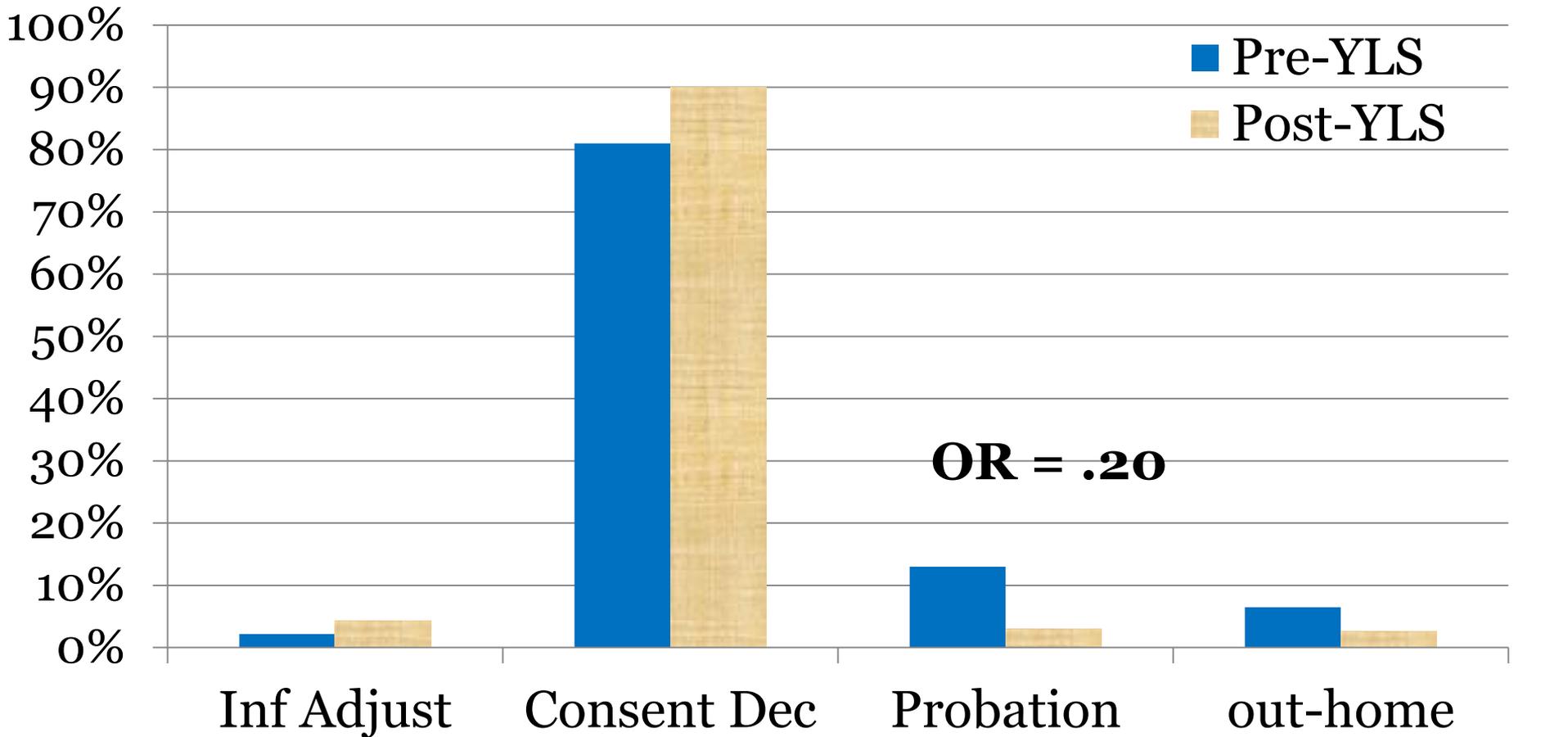


# Dispositions Before Implementation of YLS/CMI



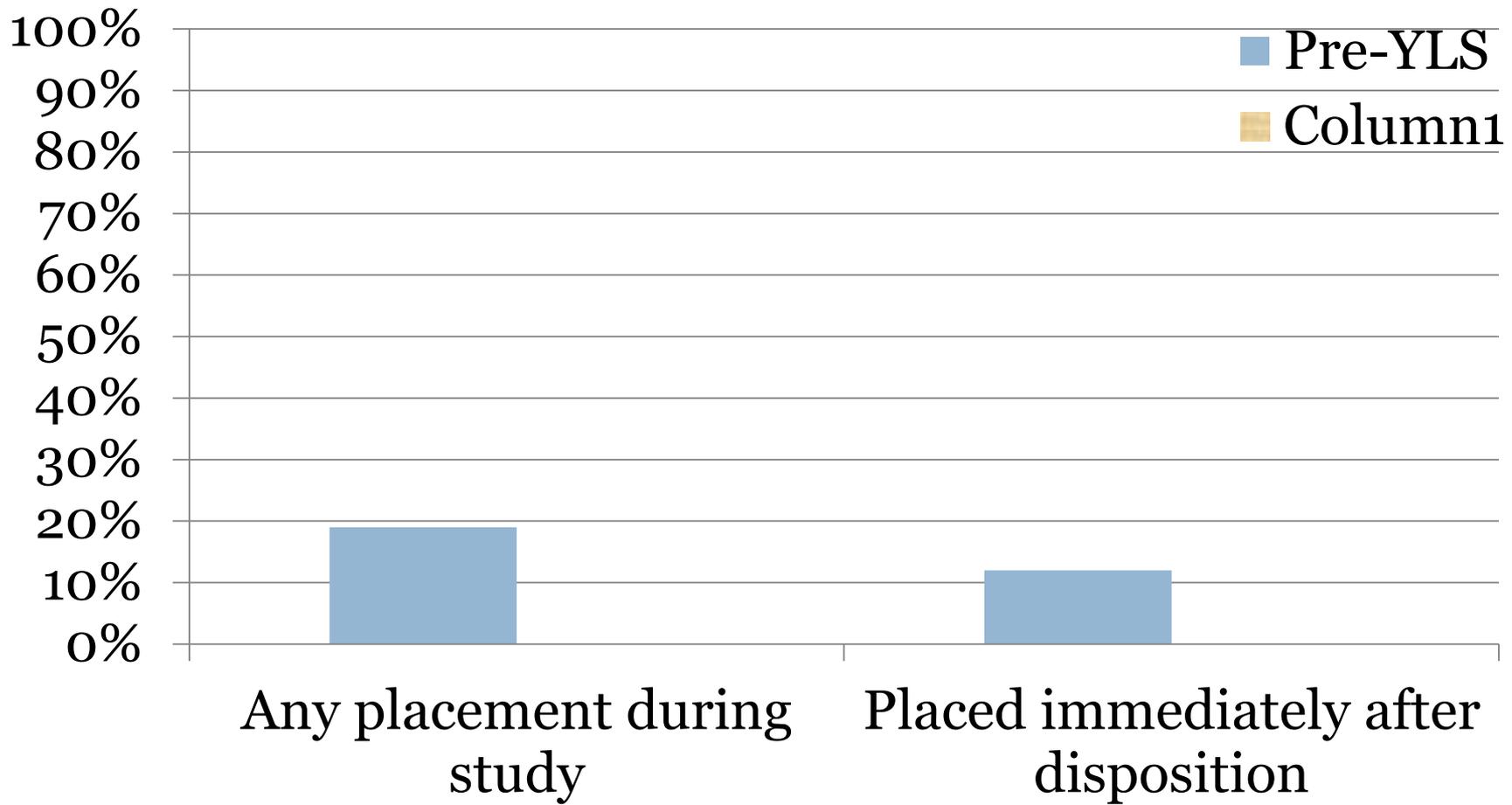
OOH = all types – detention, shelters, inpatient, etc.

# Decrease in Use of Probation; Increase in Consent Decree After YLS/CMI

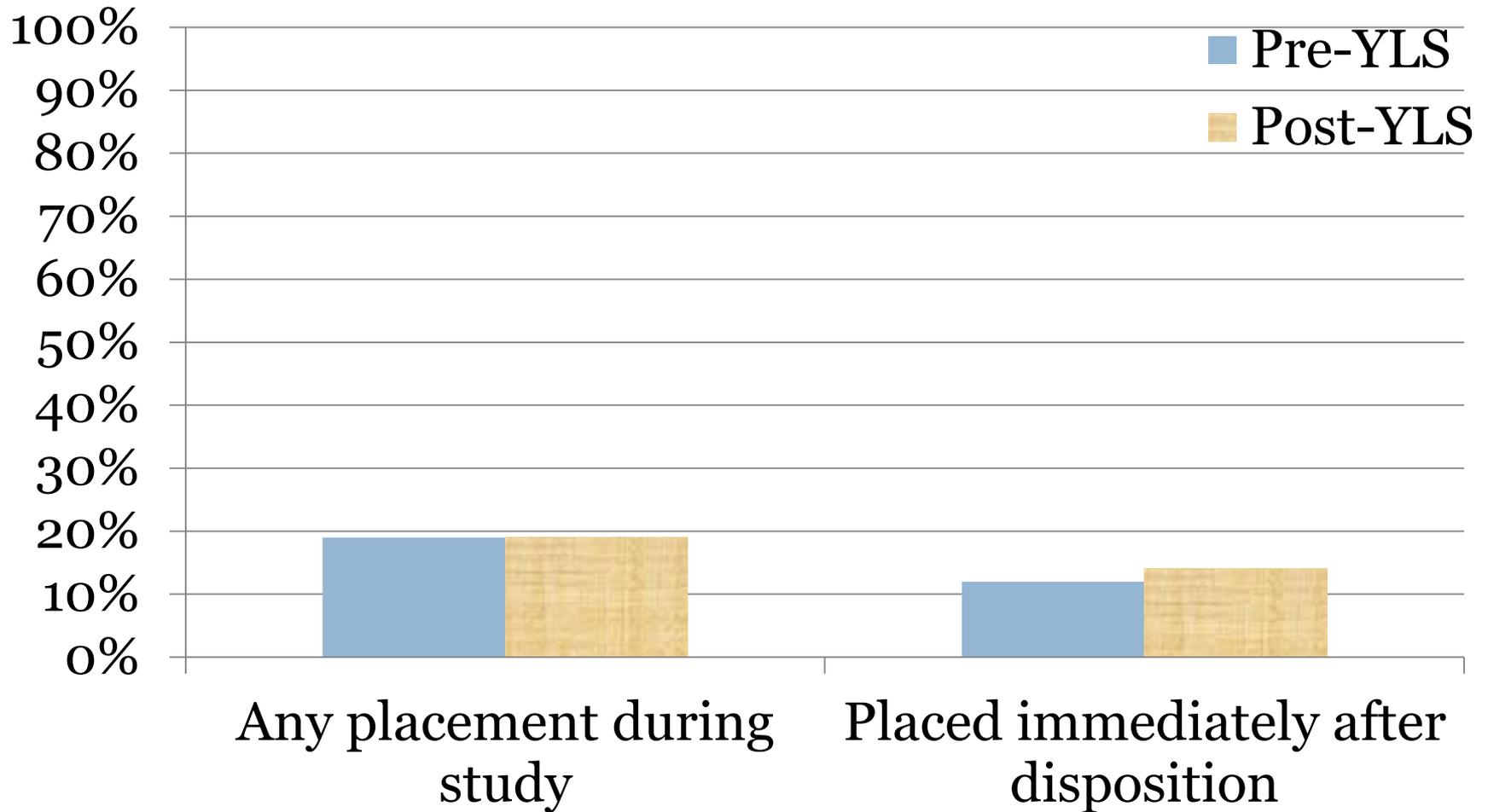


OOH = all types – detention, shelters, inpatient, etc.

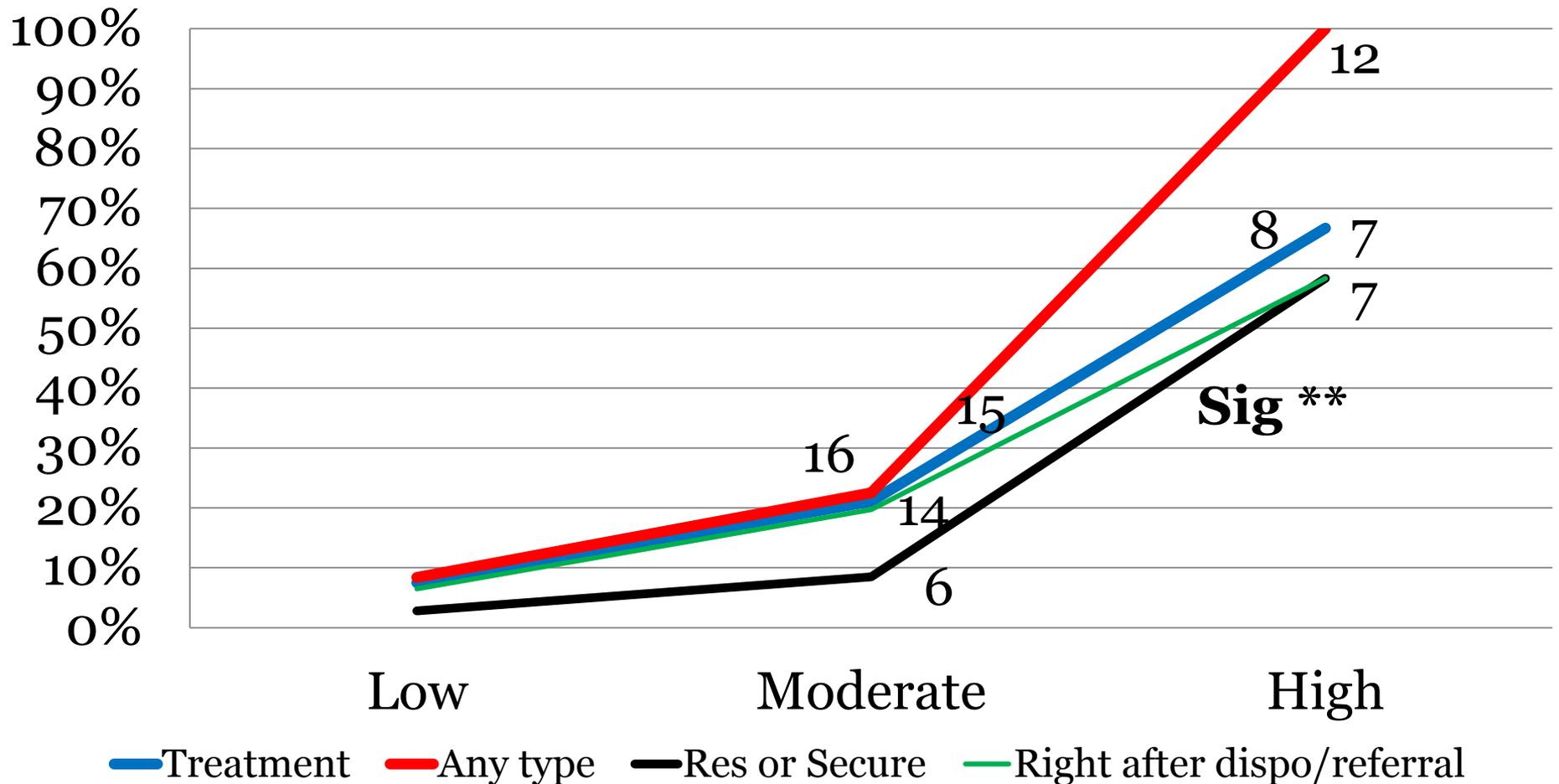
# Out-of-Home Placement Rates Before YLS/CMI



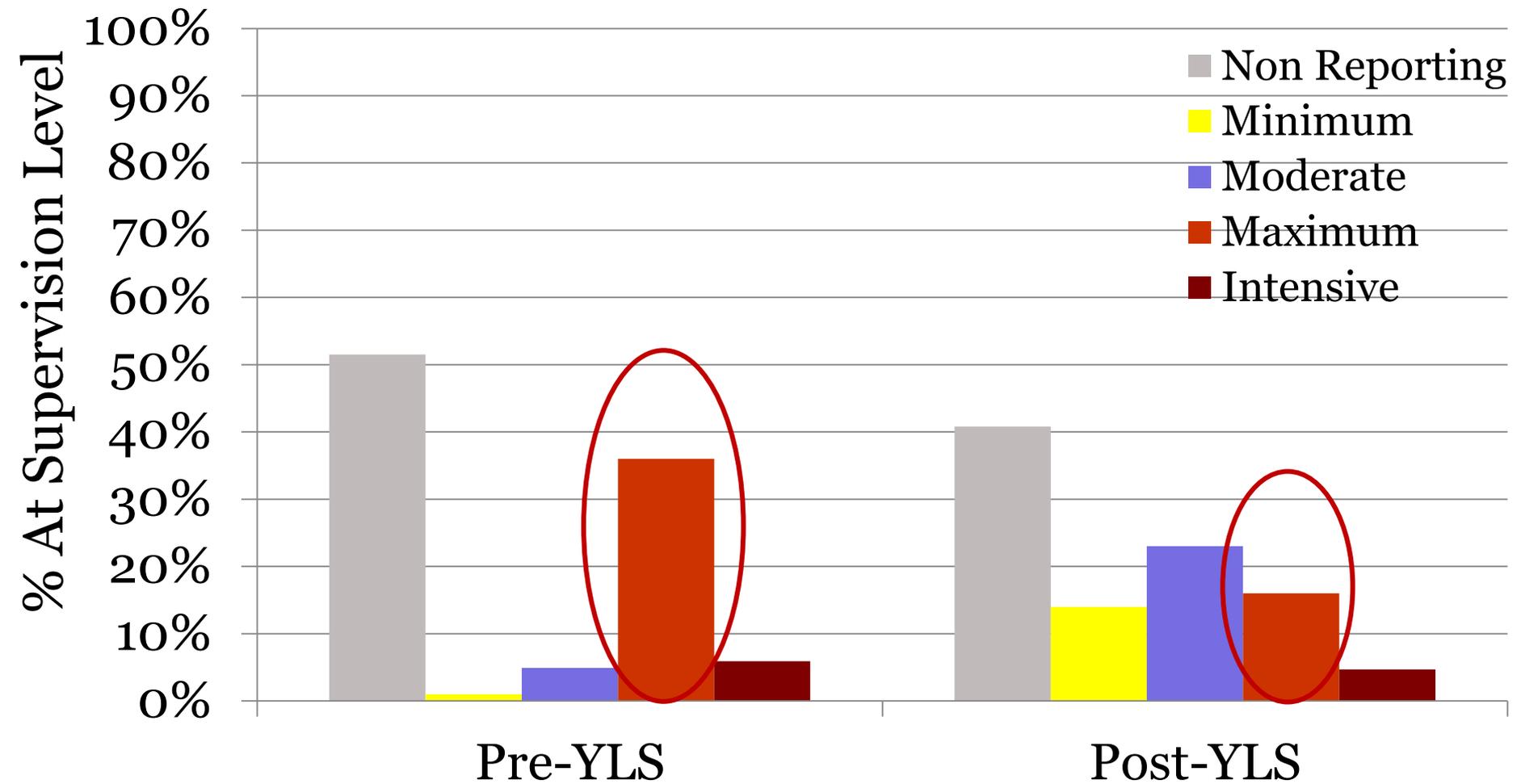
# No Change in Out-of-Home Placement Rates After YLS/CMI



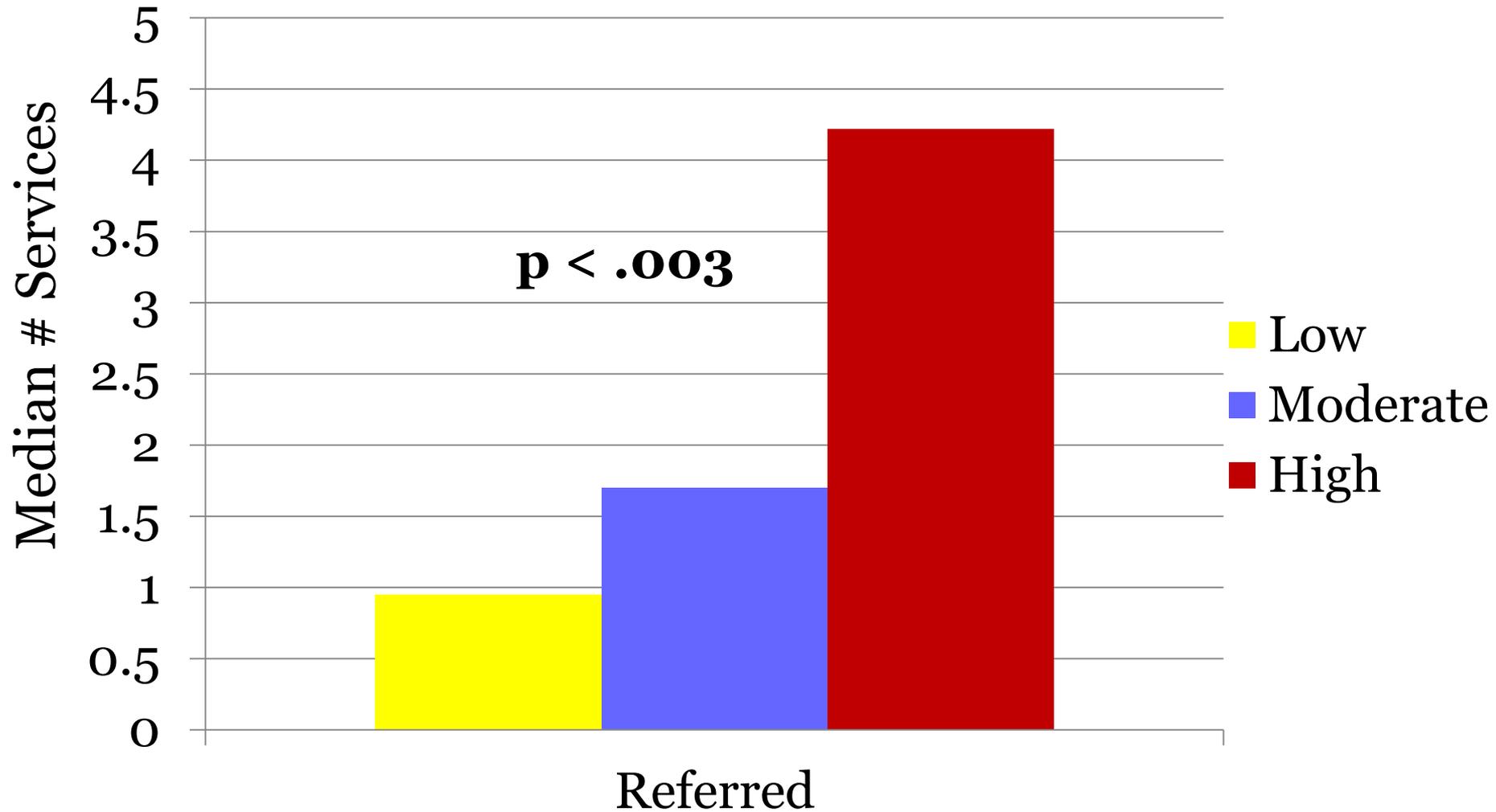
# ..But Making Sound Decisions Based on Risk



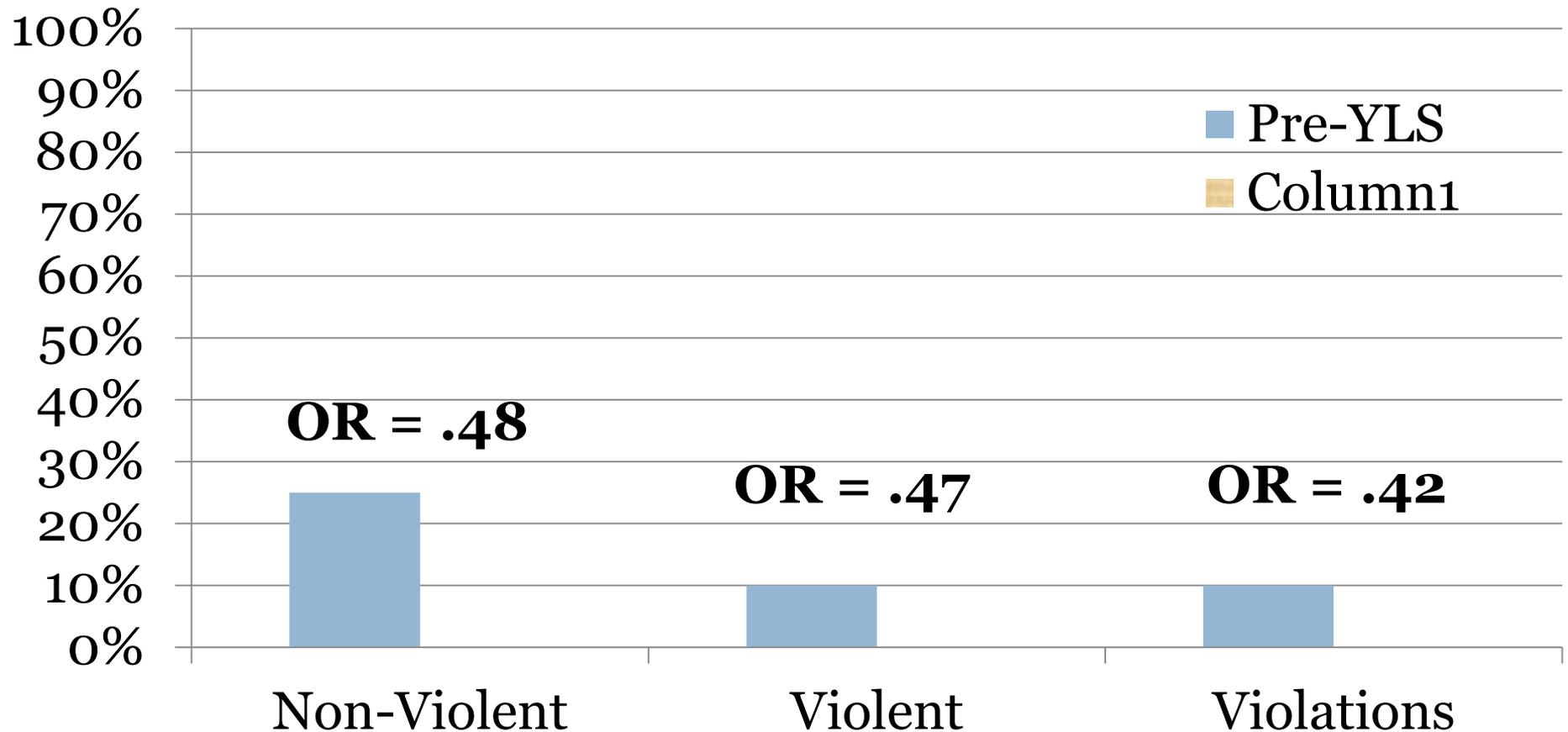
# Decrease in Use of Maximum Levels of Supervision After YLS/CMI



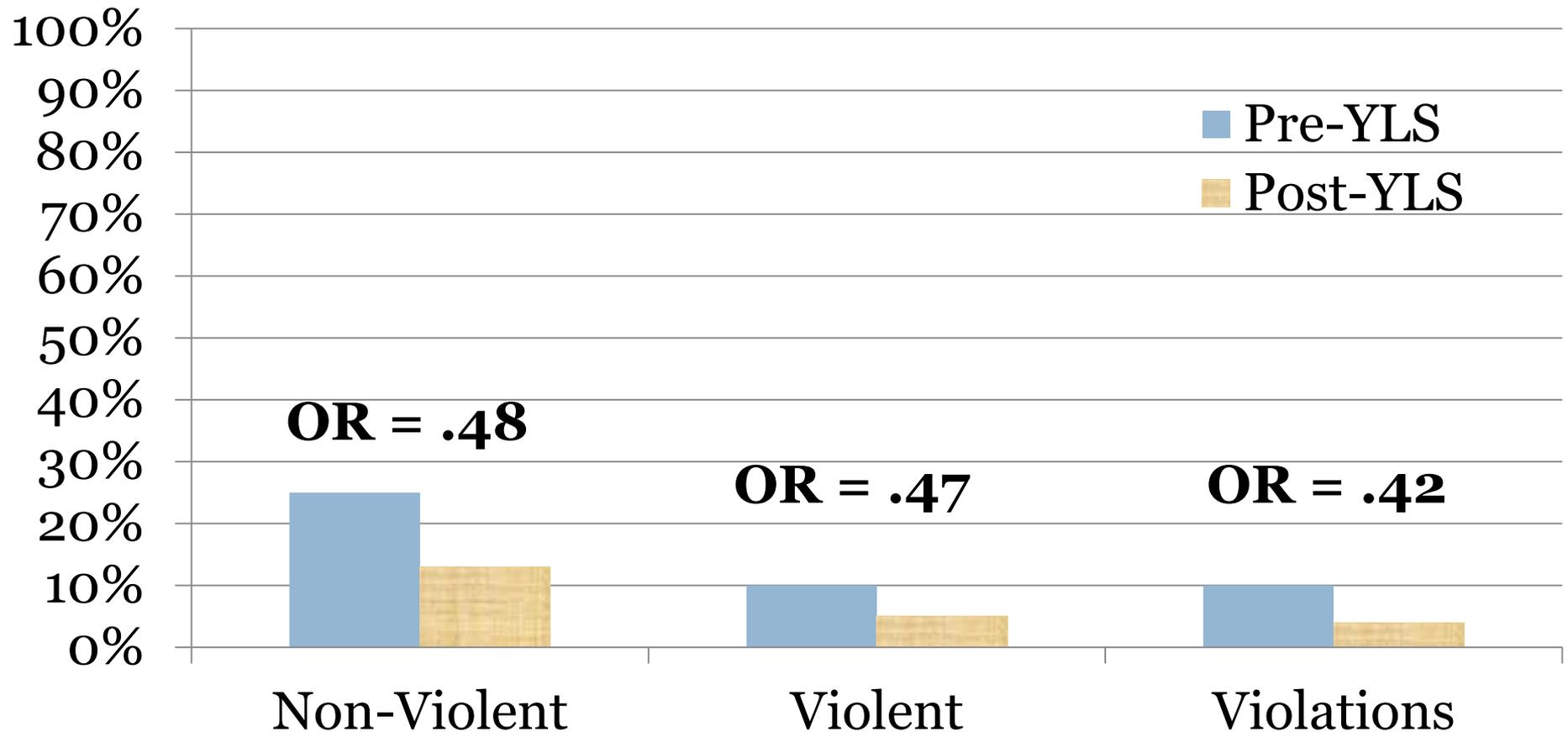
# Service Referrals Assigned by Risk Level



# Reoffense Rates (New Petitions) in One Site Before YLS/CMI



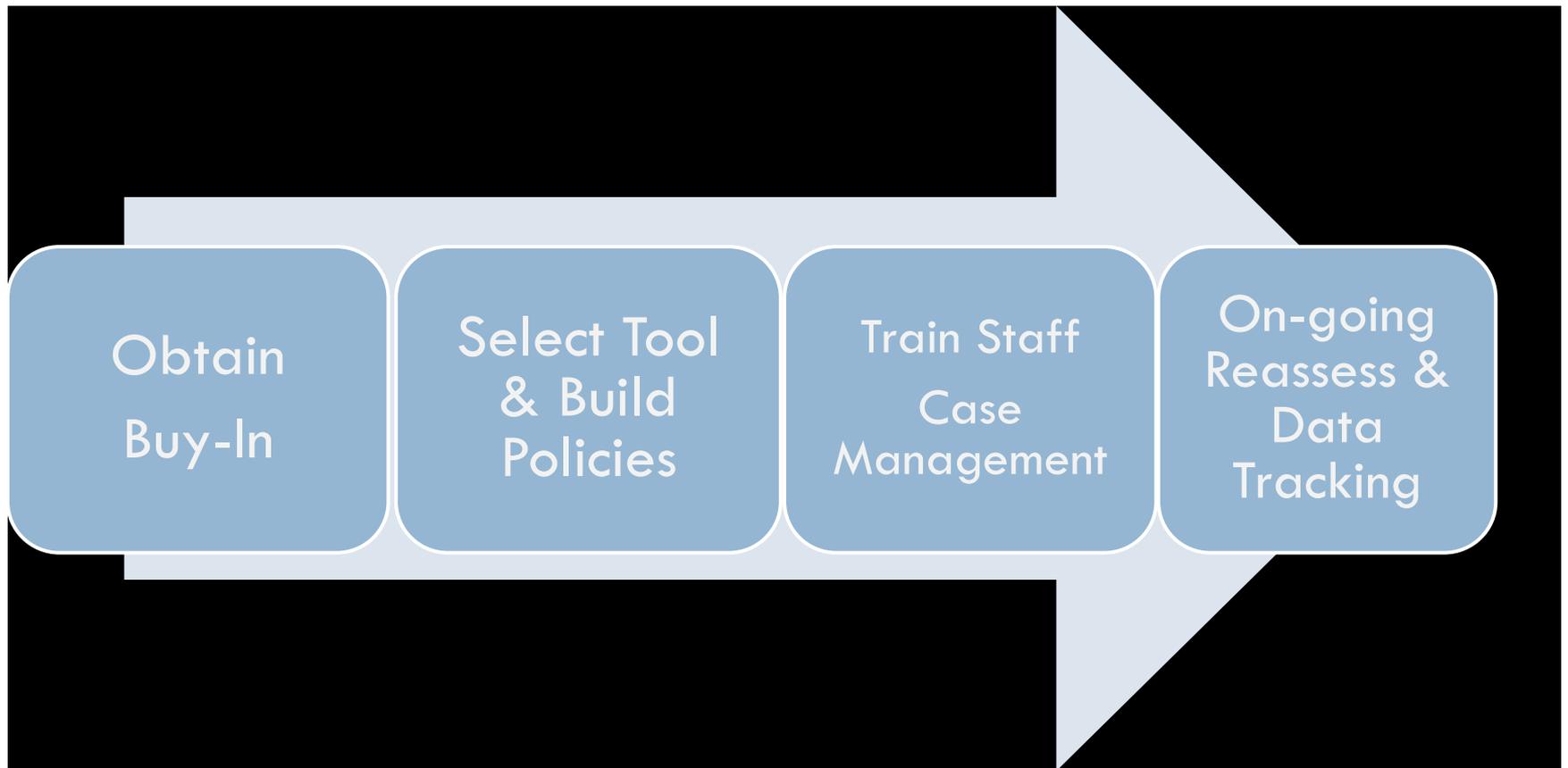
# Decrease in Reoffense Rates (New Petitions) After YLS/CMI



# QUALITY IMPLEMENTATION AND BUY-IN IS ESSENTIAL

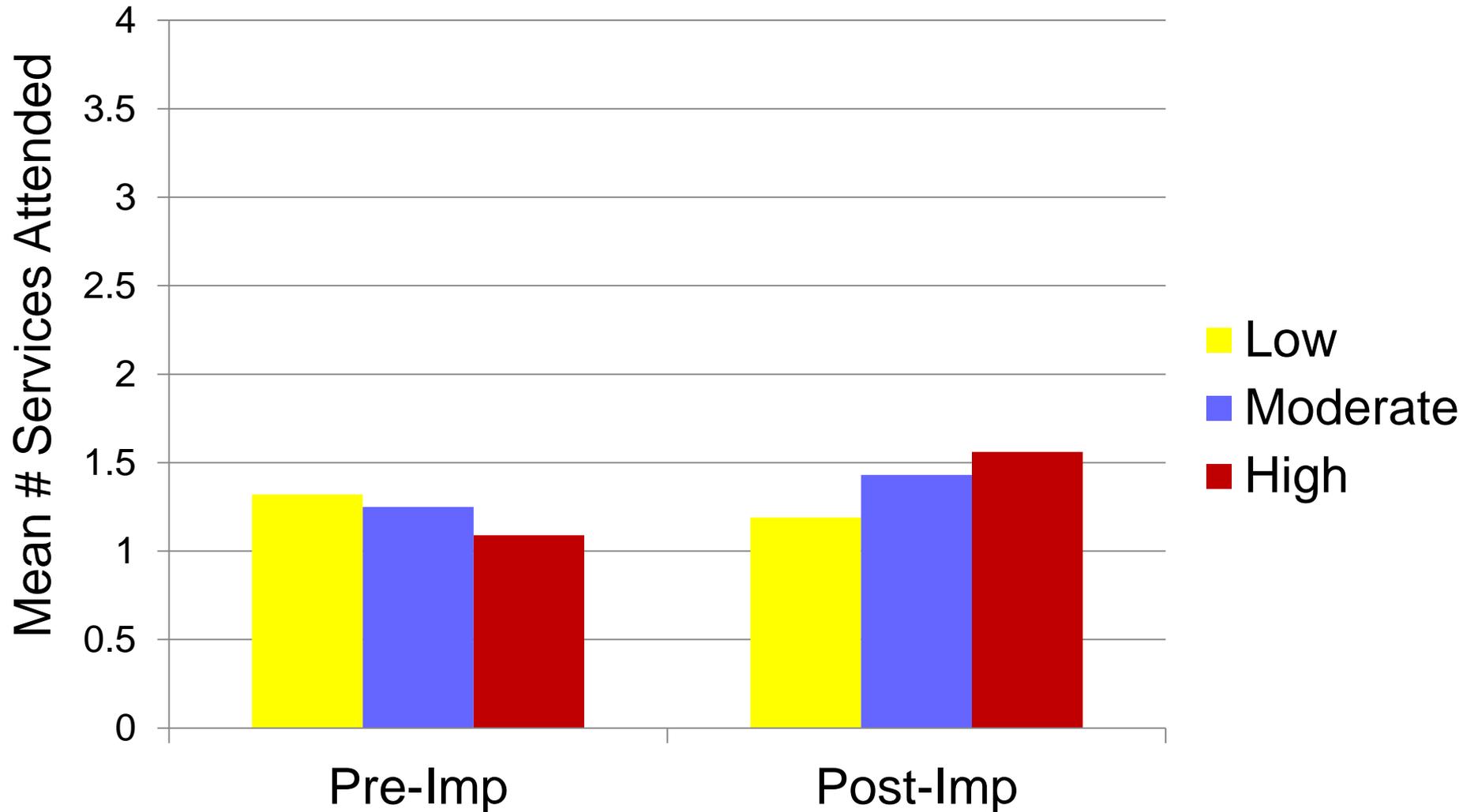


# The Implementation Process is Crucial

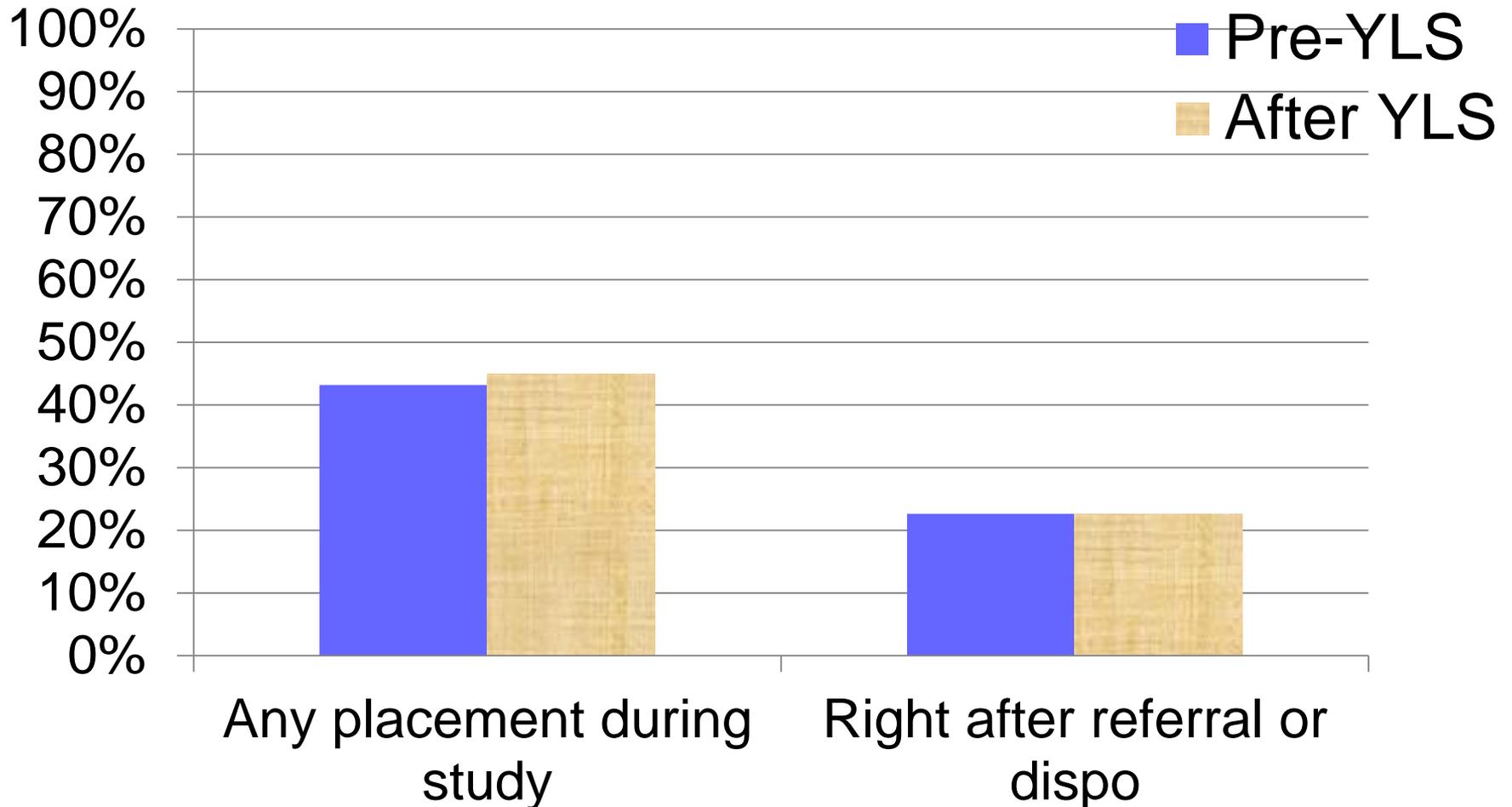


# Services Attended

## Before and After Sound Implementation



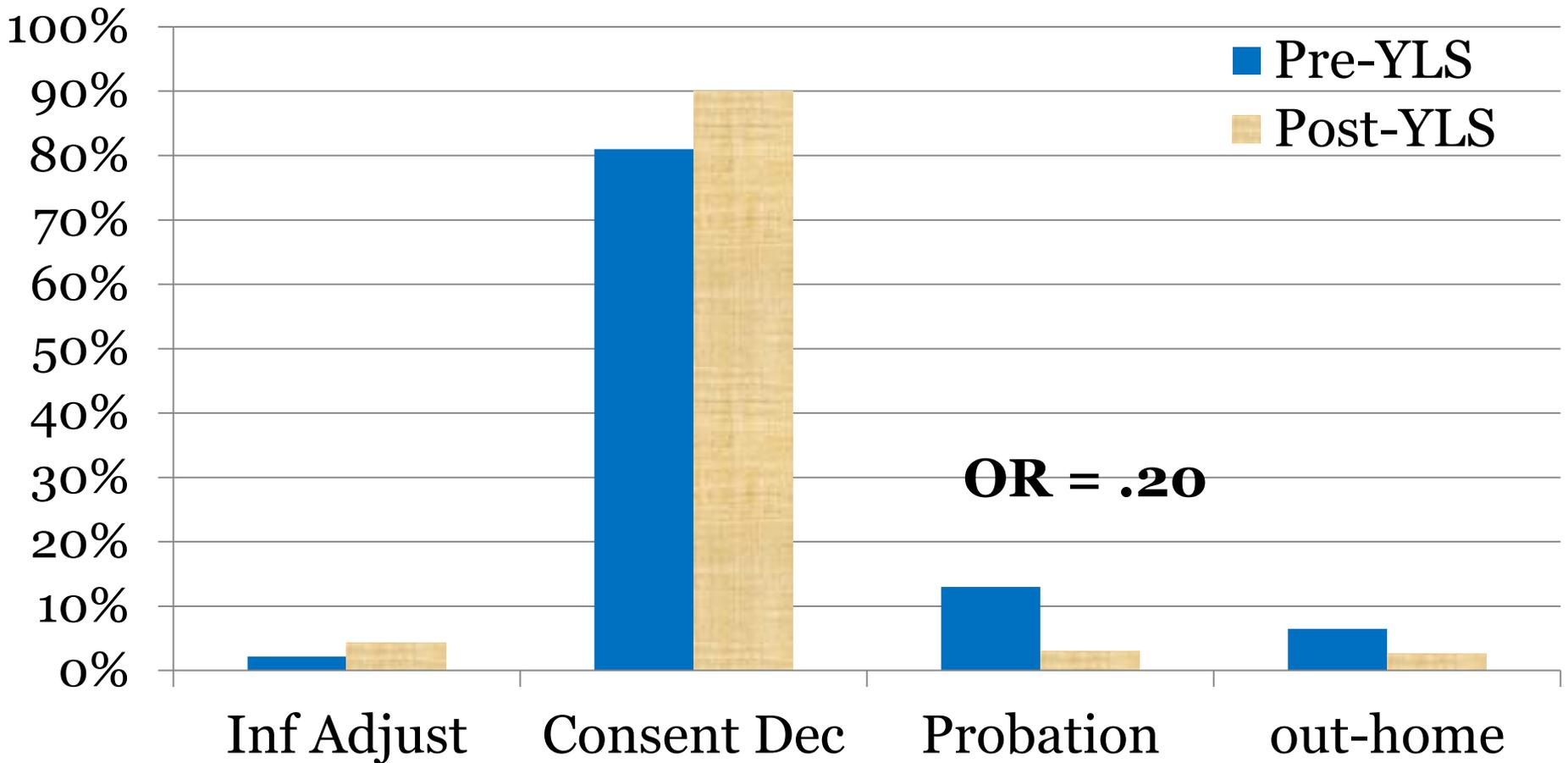
# Change in Placement Rates Before and After Implementation – no Judge Buy-In



SO....TO REVIEW  
GOOD IMPLEMENTATION OF A  
RISK ASSESSMENT  
CAN LEAD TO....

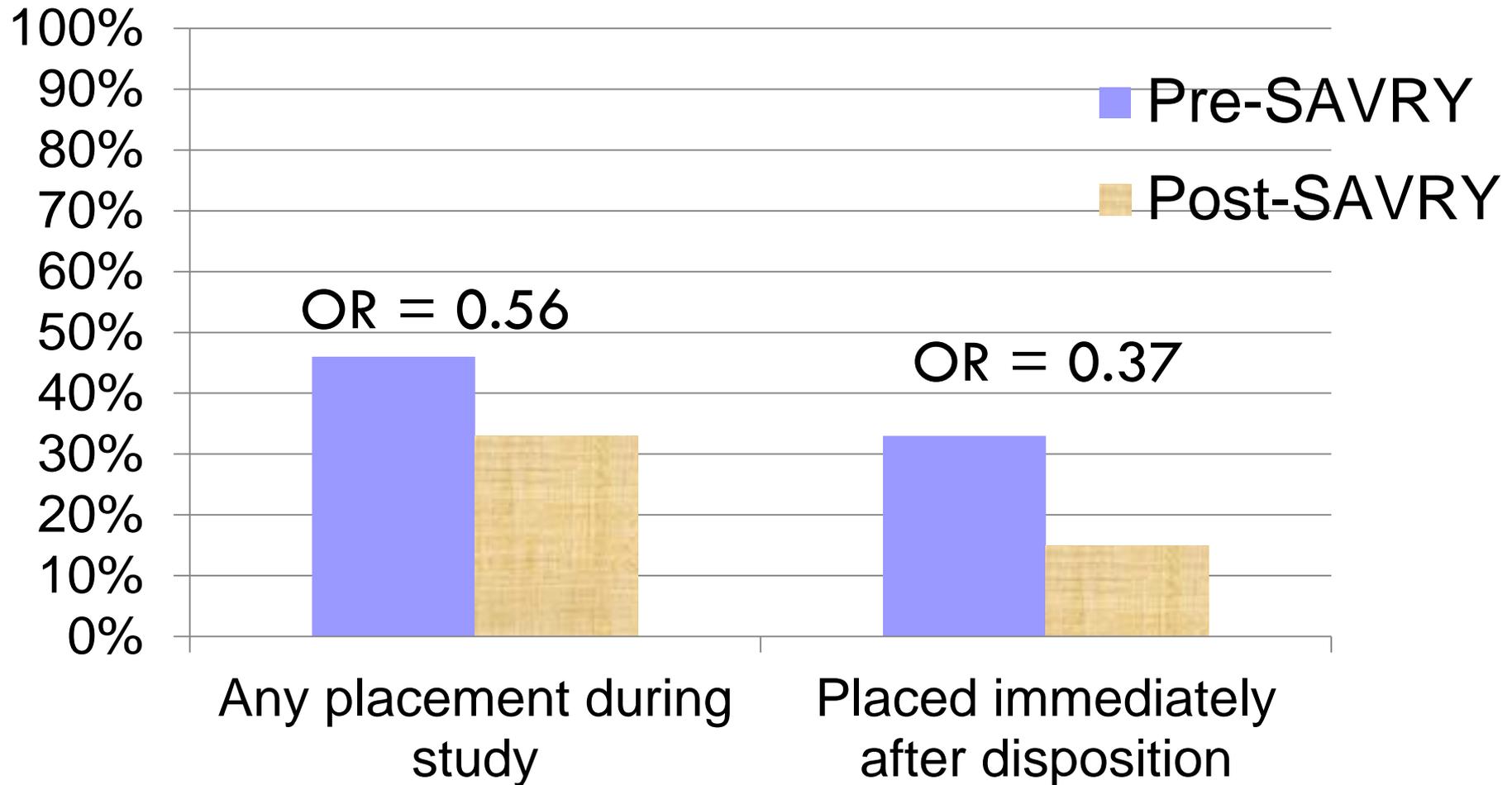


# Increase in “Diversification”

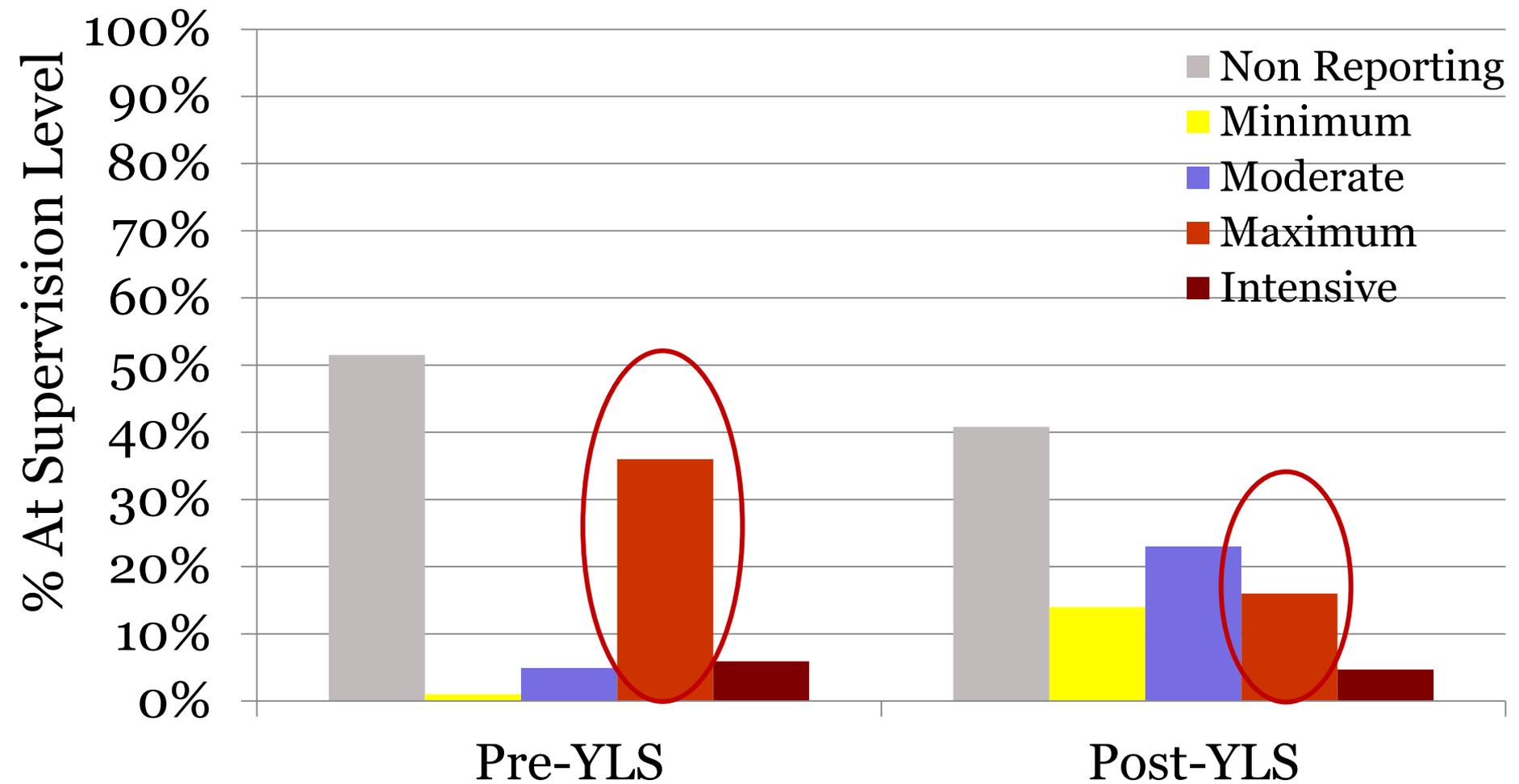


OOH = all types – detention, shelters, inpatient, etc.

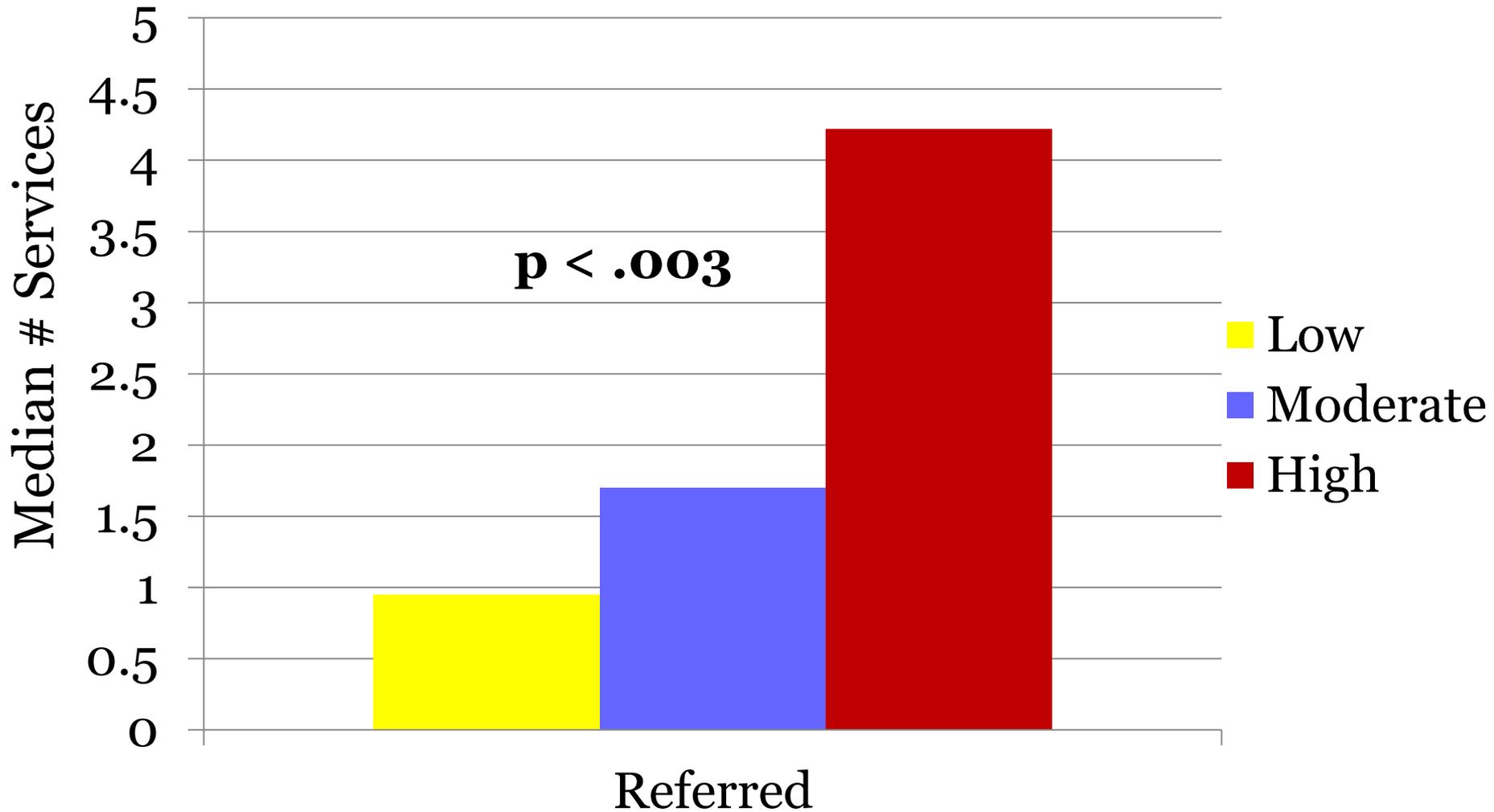
# Decrease in Placement Rates if Rates Start Relatively High (LA example)



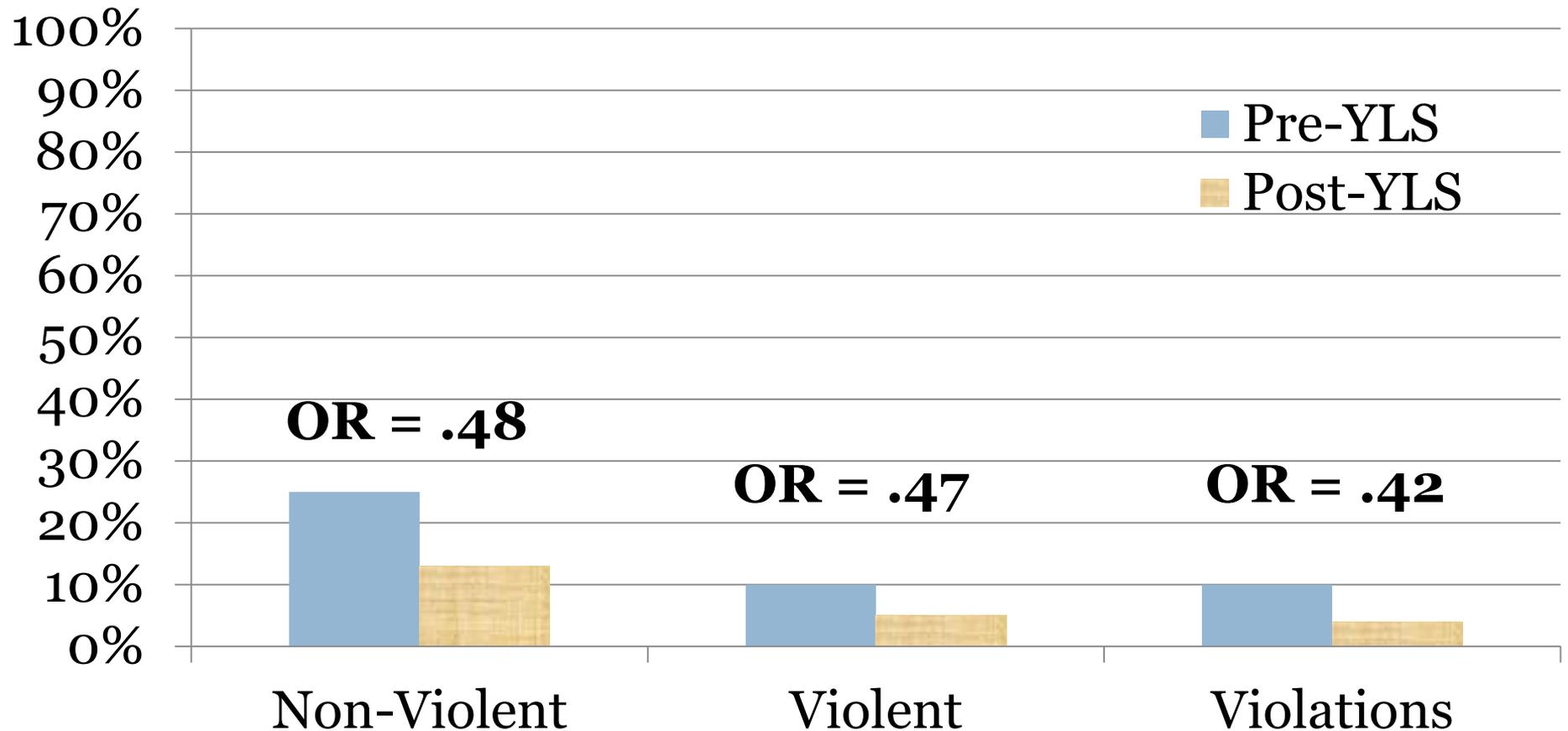
# Decrease in Use of Maximum Levels of Supervision



# Increase in Use of Community Services for High Risk Youth



# Possible Reduction in Reoffending



# Conclusions

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- Adoption of **valid** risk assessment & screening tools is an evidence-based practice
- Risk assessment tools can conserve resources and improve outcomes for youth, while decreasing confinement rates and still protecting public safety
- Without quality implementation the benefits will not be realized
- Pennsylvania is a national leader in this effort