



# Screening & Assessment in Juvenile Healing to Wellness Courts & Programs

June 27, 2024



Tribal Youth Resource Center  
[www.TribalYouth.org](http://www.TribalYouth.org)



**TRIBAL YOUTH  
RESOURCE CENTER**

[www.TribalYouth.org](http://www.TribalYouth.org)

**WELCOME &  
OPENING IN  
A GOOD WAY**



# ▶ BEFORE WE GET STARTED...

*This project was supported by Grant #15PJDP-21-GK-04048-MUMU awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.*

## **Vision:**

*Envisioning a future where Indigenous youth thrive through traditional life ways.*

## **Purpose:**

*Enhancing the opportunities for Indigenous communities to expand their potential in protecting and nurturing their most sacred asset – the youth.*





## ▶ TRIBAL LAW AND POLICY INSTITUTE A Native American operated non-profit:

Dedicated to providing free publication resources, comprehensive training, and technical assistance for Native nations and tribal justice systems in pursuit of our vision to empower Native communities to create and control their own institutions for the benefit of all community members, now, and for future generations.

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**Tribal Healing to Wellness Court**



**Capacity Building  
CENTER FOR TRIBES**



**Walking on Common Ground**





# Presenters



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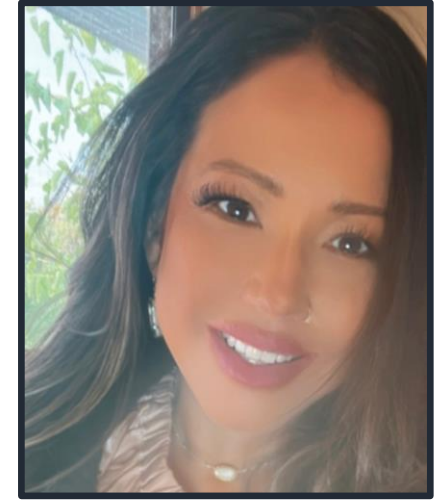


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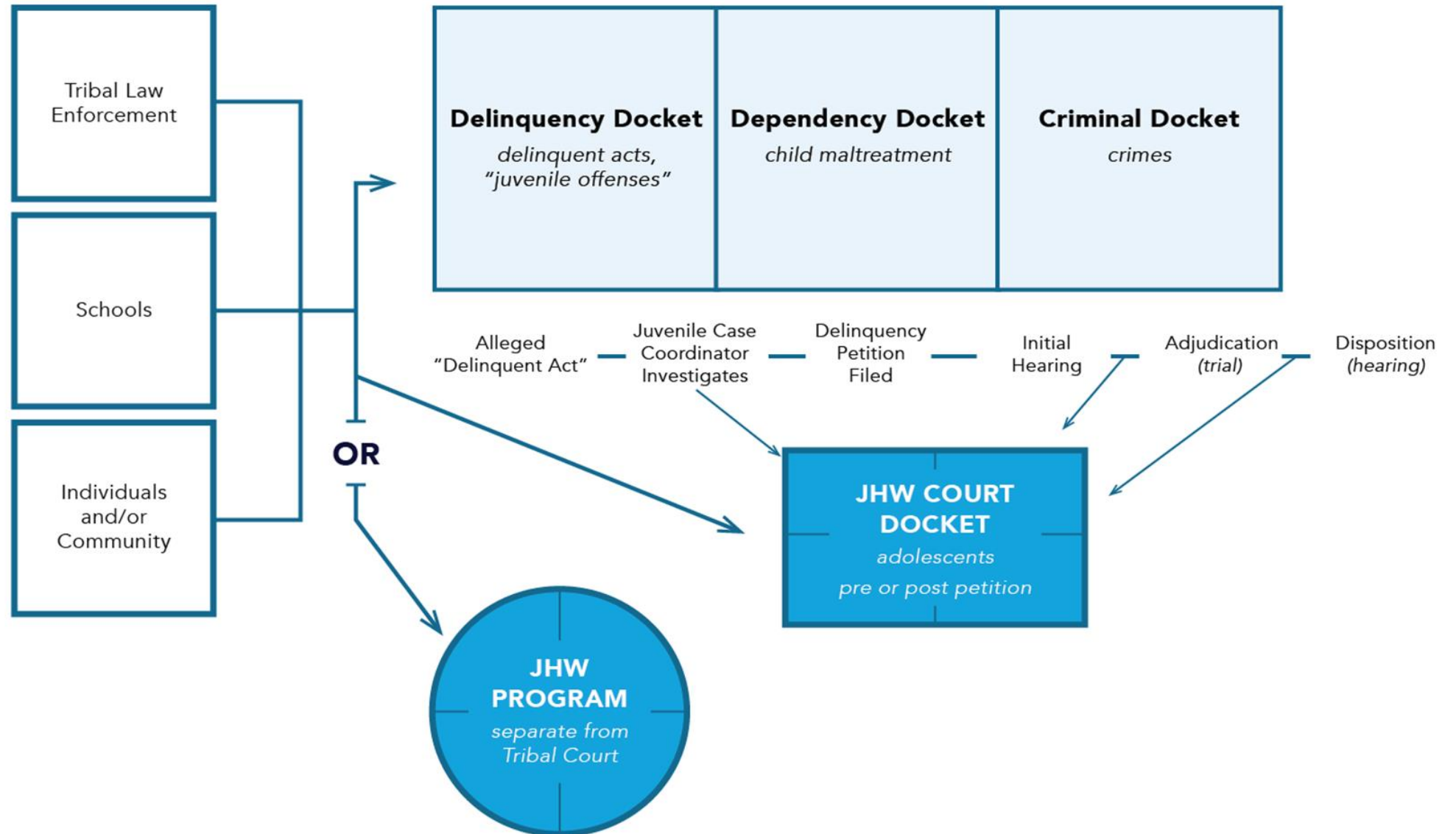


# ▶ Learning Objectives

1. Distinguish between the different purposes of screening and assessment in JHW Courts and Programs (to screen/assess for substance use, criminogenic risk/need, trauma, cultural exposure and cultural needs, and for case management and supervision planning);
2. Recognize that there is currently a debate about the intended purpose and desired approach (intensive monitoring and supervision, strengths-based, and/or trauma-informed), particularly with respect to screening and assessment for case management service planning;
3. Understand the different purposes and impacts of the specific screening and assessment tools in case management and planning (“biopsychosocial,” “Risk, Need, Responsivity,” and the Wraparound’s “Strengths, Needs, and Cultural Discovery (SNCD) Assessment” tools; and
4. Consider how different tools may be needed to work with court-involved youth.

# JUVENILE HEALING TO WELLNESS COURT VS. PROGRAM

## The Tribal Court "Adversarial Dockets"







# HOW THE AMERICAN JUSTICE SYSTEM IDENTIFIES AND SORTS JUVENILES

(the focus is on targeting individuals for successful treatment and supervision, and matching them to assessed needs and risk levels, delivered in the appropriate sequence)

## Low Risk



- Skipping School
- Running Away
- Drinking Underage
- Acting Out
- “Ungovernability”
- “Incorrigibility”
- “Being Beyond the Control of One’s Parents”
- Violating Curfew

## High Risk of Reoffending and High “Criminogenic Need”



### Work, School, Recreational Issues:

- Lack of education
- Chronic unemployment
- Lack of participation in non-criminal leisure activities

### How One Thinks

- Faulty thought process (rationalizing crime, blaming the victim or system, substance use/abuse)

### Behavior:

- Aggressiveness
- Cruelty
- Rage
- Argumentativeness
- Defiance of authority

### Personality:

- Lack of empathy
- Criminal identity
- Impulsivity
- Disregard for others
- Aggressiveness
- Excessive risk-taking

### Peers:

- Close associates who present anti-social beliefs and attitudes, who engage in criminal behavior
- Isolation from pro-social influences
- Family issues





## POLL QUESTION

Do you currently use a screening tool in your JHW court or program?

- 1) Yes
- 2) No
- 3) Unsure

If yes, please tell us what tool you use and what you are screening for.



## POLL QUESTION

Do you currently use an assessment tool in your JHW court or program?

- 1) Yes
- 2) No
- 3) Unsure

If yes, please tell us what tool you use and what you are assessing.

## ► Why Screen and Assess?

"Screening gets us to the ballpark,  
assessments gets us to home plate."

- Kris Pacheco, TLPI HWC

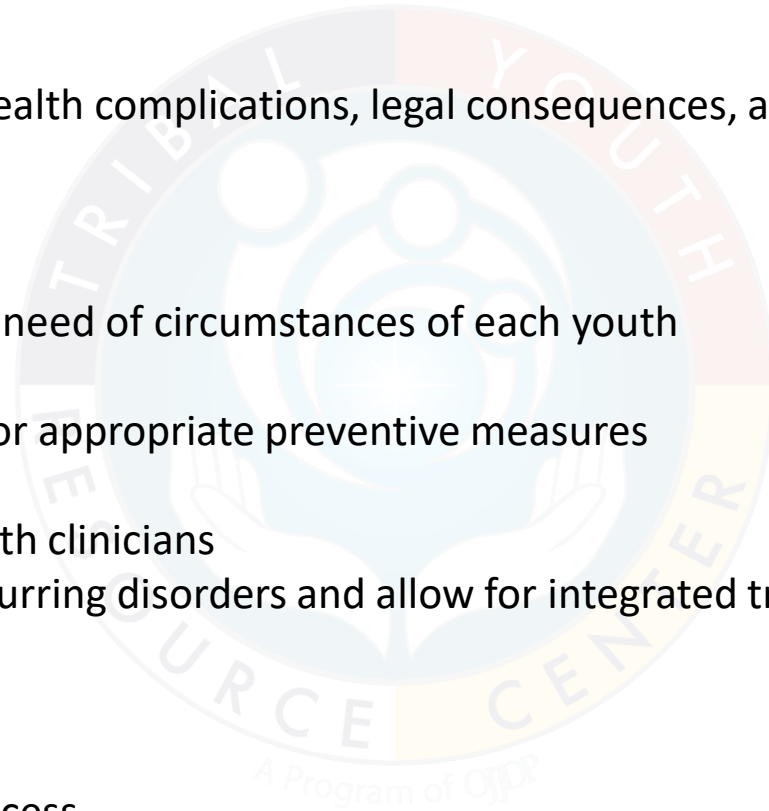
Screening gives us the general  
understanding, while assessing  
tells us what we need to do.





# The Importance of Screening and Assessing

- Early identification and intervention
  - Reduce escalation
  - Reduce long-term harm
  - Reduce criminal activities, health complications, legal consequences, and social problems
- Tailored support and treatment
  - Individualized care
    - Understanding specific need of circumstances of each youth
  - Resource allocation
    - Intensive intervention or appropriate preventive measures
  - Mental health support
    - Referral to mental-health clinicians
    - Identification of co-occurring disorders and allow for integrated treatment approaches
- Improve outcomes
  - Behavioral change
  - Education and pro-social success
  - Reduce and prevent recidivism
  - Breaking the cycle!



# Juvenile Drug Treatment Court (JDTC) Guidelines

## JDTC Guideline 4.1.

Needs assessments should include information for each participant on:

1. Use of alcohol or other drugs
2. Criminogenic needs
3. Mental health needs
4. History of abuse or other traumatic experiences
5. Well-being needs and strengths
6. Parental drug use, parental mental health needs, and parenting skills

(Juvenile Healing to Wellness (JHW) Courts and Programs add a 7th type of needs assessment: "Culture" (to determine a youth's desire to further their Native identity, belonging, knowledge, and skills, etc.))

The Juvenile Drug Treatment Court Guidelines Available at:

<https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-court-guidelines>

## ▶ Break- Out Scenario Session

We will place you randomly into breakout rooms facilitated by one of our TYRC TA Specialists



## HEALING TO WELLNESS PARTICIPANT SCENARIO

Inyan (Stone) is sixteen years old and lives with his dad and his new stepmom, whom he shared he does not like. He voiced that he doesn't want to live with his mom and stepdad anymore because he's "too loud." At one time, Inyan was very close to his grandfather who helped raised him. He taught Inyan many Dakota ways of life including traditional songs, their creation story (to which his name is connected), as well as gathering and using medicines for prayer. Inyan is also a budding artist and at one time expressed he would really like to save up to buy a car.

Inyan was referred to the JHWC after being picked up by the Tribal Police for possession of alcohol and assault under the Tribal Code. He was at a friend's party when he got into an altercation with a youth identified from a local gang. Recently, Inyan has missed quite a bit of school and has failed to complete a required English course, which puts him out of sequence for on-time graduation. He will need to make-up the English course. He has agreed to participate in the Juvenile Healing to Wellness Court.



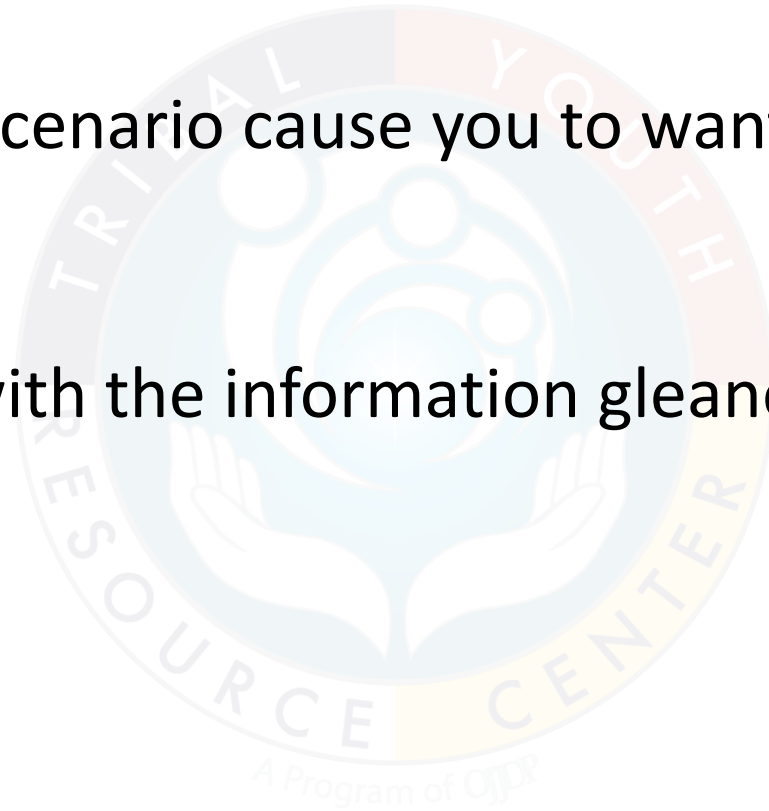
# BREAK OUT

## Consider this list to determine which tools you need:

1. Tools for determining a youth's **risk of recidivism** (committing another offense) **and what they need** (in terms of services, supervision, and monitoring (tools for figuring out whether the youth belongs in a JHW Court or Program)
  2. Tools for determining **desire of a youth to further their Native identity**, knowledge, and skills, and to achieve cultural connectedness and belonging
  3. Tools for determining whether a youth might have **a substance use problem**
  4. Tools for determining whether a youth has **a substance use disorder**
  5. Tools for determining whether a youth has **experienced trauma**
  6. Tools for determining whether a youth has **a mental health disorder**
  7. Tools for determining a youth's (and their family's) **well-being needs and strengths**
  8. Tools for determining whether **a parent/guardian** might have **alcohol and/or drug use, mental health needs, and/or parenting skills**
  9. Tools for collaborating on a **safety plan** with the youth
  10. Tools for collaborating on **personal balance and goals** with the youth
- *What are you screening and assessing for? Why? What might you need to know to get the most useful information for your screening and/or assessment?*
  - *You will have 15 minutes to discuss the screening and assessment tools you would recommend from the list above -based upon the scenario on the following slide. Given your role (your professional duties), explain why you would make your given recommendation.*

# ▶ Large Group Share

- What things did the scenario cause you to want to screen and/or assess for?
- Why?
- What might you do with the information gleaned?



## ▶ Substance Use/ Co-Occurring Disorders



Screening and assessing for substance use and co-occurring disorders is a **proactive approach** to promoting health, preventing harm, and providing support to those in need.

# Substance Use Screening Tools

- **BSTAD** (Brief Screener for Tobacco, Alcohol, and other Drugs)
  - Straightforward questions
  - Categorize youth into risk levels, low risk benefiting from some counseling and educational support while medium-to-high risk may require intensive treatment and supervision
- **CRAFFT** (Car, Relax, Alone, Forget, Friends, Trouble)
  - Designed for youth, quick and effective in identifying high risk and low risk
  - Zero or one suggests no significant problems but may need ongoing monitoring and education about substance use
- **S2BI** (Screening to Brief Intervention)
  - Involves three questions that assess the frequency of substance use
  - Low risk typically report no use or minimal experimentation, indicating need for prevention education while medium-to-high risk may report higher rates of use and need for tailored treatment

Source: [NIDA Screening Tools](#) Source: [CRAFFT Screening](#)

# ▶ Substance Use Screening Tools (cont.)

- **Adolescent SASSI-A3 (Substance Abuse Subtle Screening Inventory)**
  - A tool used to identify adolescents who may be at risk for substance abuse. It's designed to provide insight into subtle signs of substance use that might not be immediately obvious.
  - The test consists of a series of questions that assess various aspects of the adolescent's life, including behavior, attitudes, and experiences. Based on their responses, the SASSI-A3 generates a profile that helps professionals determine the likelihood of substance abuse.
  - Learn more here: <https://sassi.com/sassi-a3/>
- **AUDIT (Alcohol Use Disorders Identification Test)**
  - A screening tool used to assess a person's alcohol consumption and whether they might have an alcohol use disorder. It consists of 10 questions that ask about different aspects of alcohol use, such as frequency of drinking, binge drinking, and alcohol-related problems.
  - Each question is scored on a scale from 0 to 4, with higher scores indicating a greater likelihood of alcohol-related issues. After completing the test, the scores are totaled, and specific cutoff points help determine the level of risk for alcohol use disorder: low-risk, hazardous drinking, harmful drinking, or likely alcohol dependence.
  - Learn more here: <https://auditscreen.org/>

# ▶ Substance Use Assessment Tools

- **ASSIST** (Alcohol, Smoking, and Substance Involvement Screening Test)
  - Can be used to identify and manage substance use
  - Provides tailored advice for low-risk youth
- **GAIN** (Global Appraisal of Individual Needs)
  - Comprehensive biopsychosocial assessment to evaluate various aspects of a youth's life, to include substance use, mental health, physical health, social functioning, and environmental risks
- **SBIRT** (Screening, Brief Intervention, and Referral to Treatment)
  - Broader framework, tools and processes that help identify low-risk individuals
  - Provide brief interventions and offer education to prevent escalation

Source: [NIDA Assessment Tool Chart](#)

Source: [ASSIST Interview](#)

Source: [GAIN Instruments](#)

# Mental Health Screening Tools

- **988 Safety Plan**
  - A self-identified list of coping strategies and support for youth who may experience crisis.
- **Columbia Depression Scale**
  - Also known as the Columbia-Suicide Severity Rating Scale (C-SSRS).
  - A 22-item self-report screener for youth aged 11 and older for both depression and suicide.
- **GAD-7**
  - A 7-item self-report for youth that assesses the severity of generalized anxiety disorder in youth aged 13-17.
- **PHQ-A**
  - A 9-item measure that assesses the severity of depressive disorders and episodes in youth 11-17.

Source: [Behavioral Health Screening Tools](#)

# ▶ Trauma Screening Tools

- **Adverse Childhood Experiences (ACES) Screen\***
  - A 10-item questionnaire used to measure 10 types of childhood trauma.
- **CATS Child Trauma Screen**
  - A 10-item screener to measure of trauma exposure and PTSD symptoms consistent with DSM-5 criteria for youth aged 6-17.
- **UCLA Child/Adolescent PTSD Reaction Index from DSM-5**
  - A semi-structured clinician interview that assesses a child's trauma history and the full range of DSM-5 PTSD symptoms and diagnostic criteria. For use with school-aged children and adolescents.





## POLL QUESTION

Do you currently integrate culture into your screening and assessments?

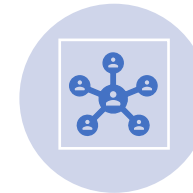
- 1) Yes
- 2) No
- 3) Unsure

If yes, please tell us what practices you use and how you do it.

# ▶ CULTURAL ASSESSMENTS: WHY?



HONOR  
NATIONHOOD  
AND INDIVIDUAL  
SOVEREIGNTY.



IDENTIFY  
SUPPORTS AND  
RESOURCES TO  
INCREASE A  
SENSE OF  
CONNECTEDNESS  
TO CULTURE.



IDENTIFY  
INDIVIDUAL AND  
FAMILY STRENGTHS  
AND GOALS AND  
INTEGRATE INTO  
HEALING TO  
WELLNESS PLAN.



IDENTIFY AREAS  
OF NEED TO  
INTEGRATE INTO  
HEALING TO  
WELLNESS PLAN.



INCREASE  
CONNECTION  
AND COHESION  
AND BUILD  
TRUST.



EVALUATION  
TOOL TO SHOW  
GROWTH AND  
CHANGED  
BEHAVIOR.

# Cultural Assessments

## Productive/Effective

**Example question: "Do you and/or your family participate or would like to participate in cultural practices such as":\***

- Offering a spirit plate or prayer before a meal
- Burning sage
- Making prayer ties
- Attending stomp dances
- Attending powwows

\*Tailor cultural practices to the Native Nation(s) in the area

## Ineffective/Needs Attention

**Example question: "Do you and/or your family practice Native American culture?"**

They might be thrown off by "Native American" if they identify as their Tribe (i.e., Sicangu Lakota, Omaha, Muscogee Creek).

Youth may see these "practices" as ways of life and/or family ways. "Just what they do."

If referred by Child Welfare or other agencies, there can be a sense of distrust due to historical and intergenerational trauma.

Recommended: Approach cultural assessments in a well-planned, culturally appropriate, trauma-informed way. Consult local elders, cultural and spiritual leaders, youth and families. Collaborate with the youth to fill out the cultural assessment/tool in a safe, comfortable space once trust building has occurred.

# Cultural Tool and Assessment Examples

- Dr. Cecil White Hat's [American Indian Traditional Family Roles Assessment Tool](#)
- Anishinaabe Trauma Program, [Anishinaabe Ishitwaawin Questions](#)
- The Winnebago Tribe of Nebraska, [Youth Crisis Intervention Center's Cultural Identity Scale](#)
- Cultural Connectedness Scale CCS California Revised
  - Learn more here: [CCS California](#)
- The Youth Council of Fresno American Indian Health Project's Youth Personal Balance Tool (YPBT) (a wellness/goal-setting tool)
  - Learn more here: [Personal Balance Tool](#)

## ▶ Screening for Criminogenic Needs



Screening and assessing enables early identification and intervention, reducing recidivism, improving community safety, and fosters holistic healing.

# ▶ Screening for Criminogenic Needs ("Risk, Need, Responsivity (RNR)")

The best outcomes are achieved in the justice system when:

- The intensity of justice supervision is matched to participants' risk for criminal recidivism or the likelihood of failure in rehabilitation ("[Criminogenic Risk](#)")

AND

- Interventions focus on the specific disorders or conditions that are responsible for participants' crimes ("[Criminogenic Needs](#)")

**Note:**

[Mixing participants with different levels of risk or need](#) in the same groups or programs has been found to increase crime, substance use, and other undesirable outcomes because it exposes low-risk participants to antisocial peers and values

Source: [Foundational Application of RNR](#)

# ▶ Criminogenic Needs (Cont.)

("Risk, Need, Responsivity (RNR)")

Term	What it Means	What it Does <i>Not</i> Mean	Examples of Predictive Factors
<b>Criminogenic Needs</b>	Risk factors for criminal recidivism that are potentially changeable or treatable	Risk factors for violence or dangerousness, risk factors that are unchangeable or historical in nature	Early onset of delinquency or substance use; prior treatment failures, prior criminal convictions or incarceration





# Criminogenic Needs (Cont.)

## ("Risk, Need, Responsivity (RNR)")

**Commonly Administered Risk Assessment Tools assess for the following types of risk:**

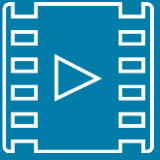
- Risk of General Recidivism, Technical Violations, and/or Failure on Community Supervision
- Risk of Violence or Dangerousness (see slides at end of presentation for specific tools)

### **Note:**

- No study has yet determined what risk scores, if any, predict better outcomes in jail or prison, as opposed to community dispositions (e.g., probation or treatment court)
- **Caution:** risk scores should never be used to decide who should be incarcerated and who should receive a community sentence
- The information garnered from these tools should be used to set conditions of treatment and supervision for persons involved in the justice system







# NIJ- RNR Understanding



▶ **Importance of Risk Assessments to Positive Outcomes for Youth - Juvenile Justice Research Spotlight**

## ▶ What's the Debate About?



It is important to recognize that among JHW Courts and Programs, there is an apparent debate about the intended purpose and desired approach (services plus intensive monitoring and supervision, strengths-based, and/or trauma-informed), particularly with respect to assessment for case management service planning.

This may be due to a lack of understanding about the purposes of the various assessment tools, the failure of the standard tools to account for cultural considerations, and where a Tribal Court may be avoiding the use of tools that would screen out low-risk youth from Tribal Court process.

The debate calls for an exploration of identified concerns where the mainstream Juvenile Drug Court field may be missing something important to Native and Tribal communities, including Native/Tribal youth and their families.



# CASE MANAGEMENT APPROACHES TO SCREENING & ASSESSMENT

\*ADAPTED FROM "TREATMENT IMPROVEMENT PROTOCOL 27: COMPREHENSIVE CASE MANAGEMENT FOR SUBSTANCE ABUSE TREATMENT," SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, HHS PUB. NO. (SMA) 15-4215 (2000).

Case Management Activity	BROKER/ GENERALISTS (Ex: Probation)	Sample Tool(s)	CLINICAL/ REHABILITATION (Ex: Wraparound)	Sample Tool(s)
Provides initial screening	Specific to immediate resource acquisition needs	<ul style="list-style-type: none"> <li>Risk, Need, Responsivity RNR (criminogenic)</li> <li>Possible PHQ-A or SBIRT</li> </ul>	Part of a comprehensive screening process	<ul style="list-style-type: none"> <li>PHQ-A (Depression)</li> <li>SBIRT (Substance Use)</li> <li>CATS (Trauma)</li> <li>GAD-7 (Anxiety)</li> <li>Safety Planning</li> </ul>
Provides assessment and ongoing reassessment	Specific to immediate resource acquisition needs	<ul style="list-style-type: none"> <li>Random drug screening</li> <li>Continuous monitoring</li> <li>Assessment referred out</li> </ul>	Broad-based, part of a comprehensive (biopsychosocial) assessment	Clinical treatment and case management are integrated and ongoing. Assessment of 3 domains (Biological, Psychological and Social) that contribute to client's illness or addiction or behavior.
Assists in goal planning	Generally brief, related to acquiring resources, possibly informal	<ul style="list-style-type: none"> <li>Case Manager asks areas of immediate needs as part of intake</li> <li>Could be part of informal dialogue</li> </ul>	Comprehensive, goals may include client life areas	<ul style="list-style-type: none"> <li>FAIHP Youth Personal Balance Tool</li> <li>Cultural Connectedness Scale</li> <li>Strengths, Needs, Cultural Discovery</li> <li>Safety Planning</li> </ul>

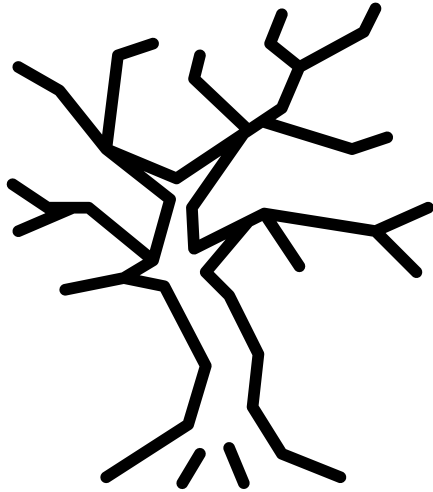
# What is a Biopsychosocial Assessment (as Used by Clinicians)?

*A biopsychosocial assessment is a **comprehensive evaluation** method used in various fields, particularly in **healthcare and mental health**, to understand the multifaceted factors influencing an individual's well-being. It considers biological, psychological, and social aspects to provide a holistic view of a person's health and functioning. The biological component examines factors such as genetics, medical history, neurological functioning, and any physical health conditions. Psychological factors encompass mental health, cognitive functioning, emotional stability, personality traits, coping mechanisms, and any history of trauma or psychological disorders. The social dimension explores environmental influences, including family dynamics, socio-economic status, cultural background, peer relationships, support networks, and access to resources like education and employment.*

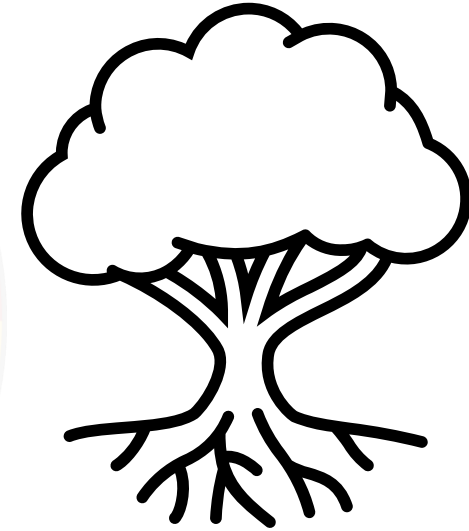
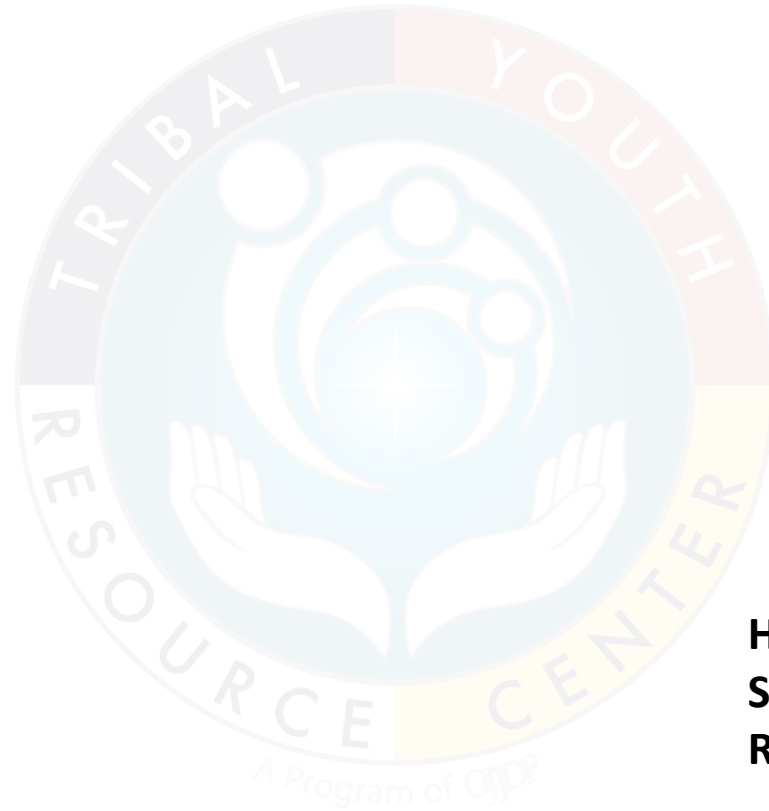
*This holistic perspective allows for more personalized and effective interventions that address the root causes of issues rather than just treating symptoms. Additionally, the biopsychosocial assessment fosters collaboration among different disciplines, such as healthcare providers, psychologists, social workers, and educators, to develop comprehensive care plans that consider all aspects of an individual's life. Ultimately, this approach promotes better outcomes by recognizing the interconnectedness of biological, psychological, and social factors in shaping human health and well-being.*

George L. Engel introduced the biopsychosocial model in his seminal paper titled "The Need for a New Medical Model: A Challenge for Biomedicine," published in the journal *Science* in 1977.

# ▶ Western and Indigenous Approaches to Healing and Health: Critique of Biopsychosocial Assessments (the tool used by clinicians)



Risk, Harm, Disease, Illness,  
Compliant/ Noncompliant



Health, Healing, Wellness,  
Strengths, Resiliency,  
Relationships

Source: [A Culturally-Grounded Biopsychosocial Assessment Utilizing Indigenous Ways of Knowing with the Cowichan Tribes \(nih.gov\)](http://www.nih.gov)

# ▶ Application



By integrating screening and assessments into your JHW courts and programs, you can effectively identify and address the underlying factors contributing to youth delinquency, promote rehabilitation, and support positive outcomes for those involved in the juvenile justice system.



**Tribal Healing to Wellness  
Court Components**  
KEY COMPONENT 3

KEY COMPONENT 5

KEY COMPONENT 1 & 4

# SCREENING, ASSESSMENT, & INITIAL PROCESSES

**Screening for Eligibility**  
*Legal & Clinical*



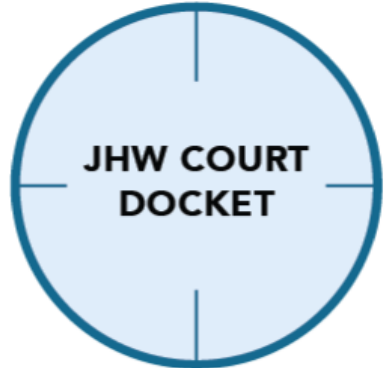
**Admission & Orientation**



**Intake**  
*Needs Assessments, including  
Cultural Needs Assessments*



**Referral for Clinical Assessment(s)**  
*Substance Use &/or Mental Health Disorder*



**Juvenile Drug Treatment  
Court Guidelines**  
Guideline 2.1  
To  
Guideline 2.5

Guideline 4.1

Guideline 4.2



# Application

- Eligibility Screening (legal and clinical)
  - Before entry into JHWC
- Initial Screening:
  - Upon entry into the JHW Court, each youth should undergo an initial screening process. This screening may include standardized tools or questionnaires to screen for substance use, mental health issues, trauma history, and other relevant factors.
  - The screening helps identify youth who may benefit from further assessment and intervention.
- Comprehensive Assessment:
  - This assessment gathers detailed information about their history, family dynamics, substance use patterns, mental health status, educational needs, and other relevant factors.
  - It provides a holistic understanding of the juvenile's needs and helps in developing an individualized treatment plan.





# Application (Cont.)

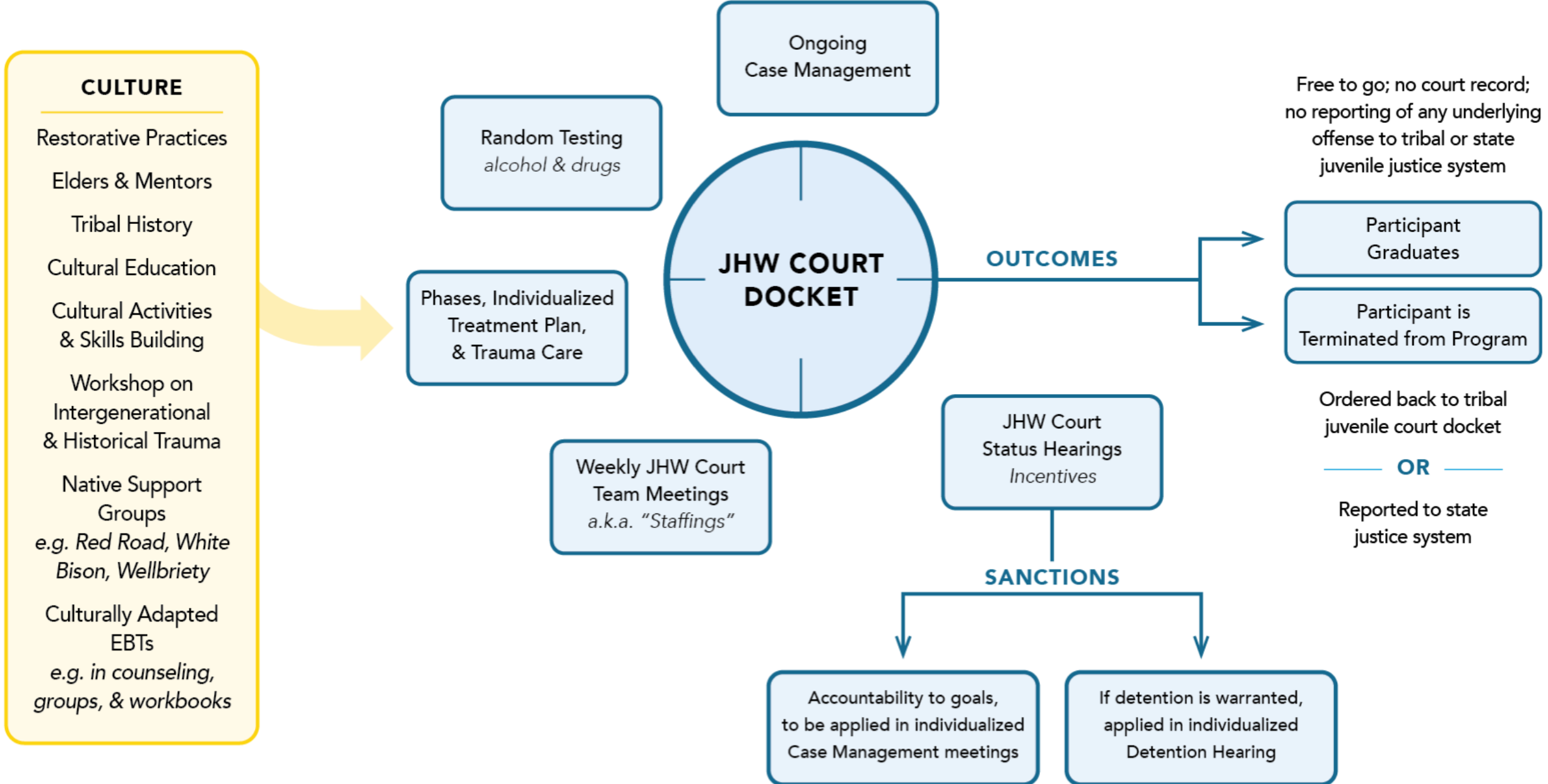
- Case Management Planning (Wellness Planning with Case Manager/ Wellness Manager)
  - Based on the results of the needs assessments
    - Examples include: Biopsychosocial, Strengths Needs Cultural Discovery, Cultural Assessments, and RNR
- Treatment Planning (Treatment Provider or Clinician):
  - Based on the results of the SUD/Mental Health assessment, a treatment plan is developed in collaboration with the youth, their family, treatment providers, and others as relevant support.
  - The treatment plan outlines specific goals, interventions, and services. It may include substance use disorder treatment, mental health counseling (individual and family), groups (individual and family), and workbooks.
- Complimentary Services and Supports (Probation, JHWC Coordinator)
  - Wellbriety and other Native adolescent support groups
  - Educational, vocational, life skills, natural supports, pro-social activities, cultural/tribal skills-building activities
- Ongoing Monitoring and Supervision (Team-based):
  - Review of treatment plan (\*reviewed by Clinician)
  - JHW Court Staffings
  - JHW Court Status Hearings
  - Application of incentives and sanctions



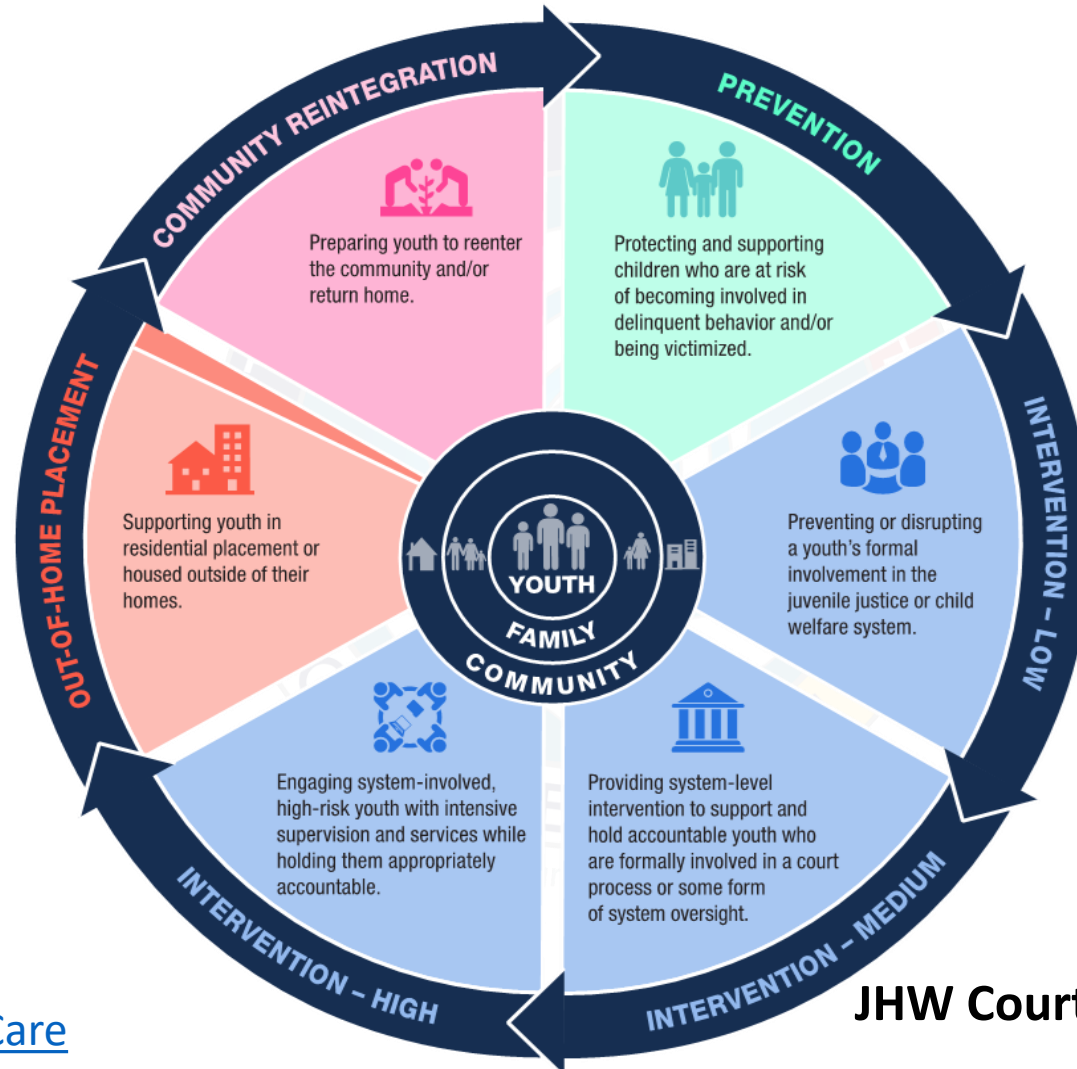
FIGURE 8

# JUVENILE HEALING TO WELLNESS (JHW) COURT DOCKET

As Part of Tribal Court System



# ▶ OJJDP's Continuum of Care for Communities



**JHW Programs**

**JHW Courts and some JHW Programs**

Source: [OJJDP Continuum of Care](#)



## ▶ Reiteration



Overall, integrating screening and assessments into Juvenile Healing to Wellness Courts and Programs enhances your ability to provide tailored interventions, reduce recidivism, promote community safety, and support the holistic development of at-risk youth offenders.

Knowing who the youth you plan to serve determines the tools you in which you'll use.

Screening allows for identification and eligibility into the JHW court or program and reduces the "mixing" of risk levels.



## POLL QUESTION

After this discussion of screening and assessments, will you consider using more than one of these tools in your JHW Court?

- 1) Yes
- 2) No
- 3) Still Unsure

# RESOURCES/ ADDITIONAL READING

## Office of Juvenile Justice and Delinquency Prevention Continuum of Care for Communities

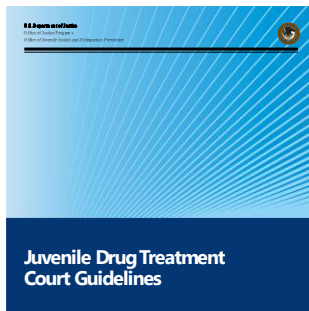
A broad array of youth justice programs and services ranging from prevention programs for young children and youth at risk of delinquency to intervention programs serving high-risk youth in secure residential settings and reentry programs for youth returning to their communities.



In addition to the array of services, system and policy changes play a critical role in achieving a fully effective continuum of care in which the needs of youth and families are met, positive outcomes are achieved, and personal accountability and public safety are maintained.

### OJJDP Continuum of Care Framework

Available at:  
<https://ojjdp.ojp.gov/newsletter/ojjdp-news-glance-april-2024>



OJJDP  
Office of Juvenile Justice  
and Delinquency Prevention

### OJJDP The Juvenile Drug Treatment Court Guidelines

Available at:  
<https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-court-guidelines>

## LITERATURE REVIEW A PRODUCT OF THE MODEL PROGRAMS GUIDE

Last updated: January 2015

OJJDP

www.ojjdp.gov/mgp

### Risk/Needs Assessments for Youths

Risk/needs assessments are standardized tools that help practitioners collect and synthesize information about a youth to estimate that youth's risks of recidivism and identify other factors that, if treated and changed, can reduce the youth's likelihood of reoffending (NJ and OJJDP 2014; Vincent, Guy, and Grisso 2012). Risk/needs assessments are not only designed to inform and guide decisions about estimating a juvenile's risk of recidivating. They are also helpful when creating plans for appropriate treatment or services. They allow juvenile justice professionals and practitioners to classify offenders and target limited resources to juveniles who may need intensive supervision and services (Pew Center on the States 2011). The risk factors have generally been shown through research to be strongly associated with the likelihood that an individual will recidivate or continue to exhibit problem behavior (Pew Center on the States 2011).

Risk/needs assessments generally consist of two components. The risk assessment component provides a way to predict the likelihood of recidivism of the youth. Recidivism is generally defined as future contact with the justice system - when the youth commits additional criminal or delinquent acts that come to the attention of law enforcement or other justice system personnel, such as a probation officer. The needs assessment component identifies factors about the youth that can be changed through individualized treatment or programming to reduce the likelihood that the youth will reoffend. Risk/needs assessment instruments generally consider static and/or dynamic risk factors (criminogenic needs factors) to determine a risk score or risk level classification (Vincent, Guy, and Grisso 2012). Although the early generations of risk/needs assessments centered more on predicting and classifying risk levels, recent assessment instruments usually include items that estimate risks of recidivating, as well as the need for treatment and other services (Schwalbe 2008; Desmarais and Singh 2013; NCCD 2014).

### OJJDP Risk/Needs Assessments for Youths

Available at:  
<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/riskandneeds.pdf>

## SAMHSA'S GAINS CENTER

### THE MOST CAREFULLY STUDIED, YET LEAST UNDERSTOOD, TERMS IN THE CRIMINAL JUSTICE LEXICON: RISK, NEED, AND RESPONSIVITY

By Douglas B. Marlowe, J.D. National Association of Drug Court Professionals

No program or intervention can be expected to work for everyone. Providing too much or the wrong kind of services not only fails to improve outcomes, but it can make outcomes worse by placing excessive burdens on some participants and interfering with their engagement in productive activities like work or school. This is the foundation for a body of evidence-based principles referred to as risk, need, responsivity or RNR-anderson & bonta 2002. Risk is derived from decades of research demonstrating that the best outcomes are achieved in the criminal justice system when to the intensity of criminal justice supervision is matched to participants risk for criminal recidivism or likelihood of failure in rehabilitative programs; risk and 21 interventions focus on the specific disorders or conditions that are responsible for participants crimes criminogenic needs; anderson et al. 1999, 2008; Gendreau et al. 2008; Libery & Cullen 2007; Lowenkamp et al. 2006a, 2006b; Smith et al. 2009; Tolan & Marlowe 2002. Moreover, mixing participants with different levels of risk or need in the same treatment groups or residential programs has been found to increase crime, substance use, and other undesirable outcomes, because it exposes low-risk participants to antisocial peers and values (e.g. Lloyd et al. 2014; Lowenkamp & Litsina 2004; Lowenkamp et al. 2009; Welsh & Rector 2004; Wexler et al. 2004).



Download the Glossary of Risk, Need, Responsivity (RNR) Terms

### The Most Carefully Studied Yet Least Understood Terms in the Criminal Justice Risk, Need, and Responsivity

Available at:  
<https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-court-guidelines>

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Treatment Improvement Protocol (TIP) Series

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