

To Divert or Not to Divert? Screening & Assessment Practices

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MacArthur Models for Change Juvenile Diversion Guidebook (2011)

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Juvenile Diversion Guidebook

Prepared by the Models for Change Juvenile Diversion Workgroup

ModelsforChange
Systems Reform In Juvenile Justice

Center for Juvenile Justice
Reform

National Center for Mental
Health and Juvenile Justice

National Juvenile Defender
Center

National Youth Screening and
Assessment Project

Robert F. Kennedy Children's
Action Corps

Research Evidence: Guiding Principles

- ❑ Punitive sanctions alone **do not** have a significant effect on re-offending (e.g., Gatti et al., 2009).
- ❑ Severity of the offense is **not** a strong indicator of the future pattern of offending (Mulvey et al., 2010) or treatment needs. But tested static and dynamic risk factors are.
- ❑ Most low-risk youth are unlikely to re-offend even if there is no intervention (Lipsey, 2009). But mixing them with high risk youth may make them worse.
- ❑ Most youth offending desists with maturation

Goals of Diversion

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- Reduce the negative outcomes of a formal court record
- Avoid mixing high and low risk youth
- Provide youth with needed services without a court order
- Lighten court dockets so judges can spend more time on serious offenders
- NOT net-widening

Outline



- ❑ Referral & eligibility criteria
- ❑ Overview of screening & assessment concepts
- ❑ Risk assessment & who to divert
- ❑ Behavioral health screening & divert to what
- ❑ Implementation Issues



Step 1: Establish Referral & Eligibility Criteria

Referral & Eligibility

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- Establish the process for referrals to diversion
 - Must start with a determination of 'legal sufficiency'

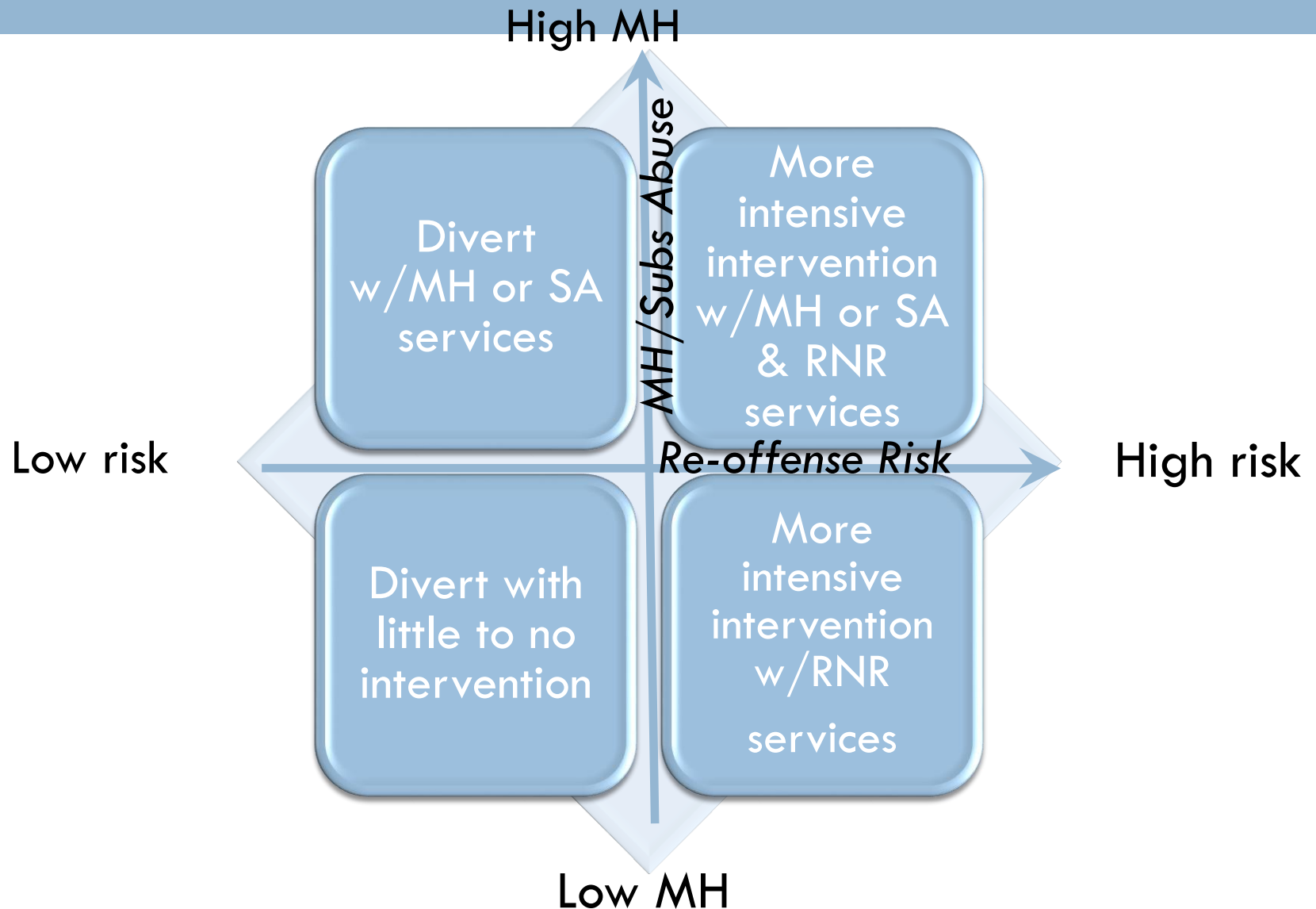
- Determine the *initial eligibility criteria* & create written guidelines. Common criteria:
 - Age
 - *Type of offense*
 - *Number of prior offenses*

Common De-selection Criteria

- Risk for re-offending
 - ▣ Utilize a risk screening or assessment tool
 - ▣ De-select high risk youth? De-select moderate risk youth?

- Youth or caretaker decline

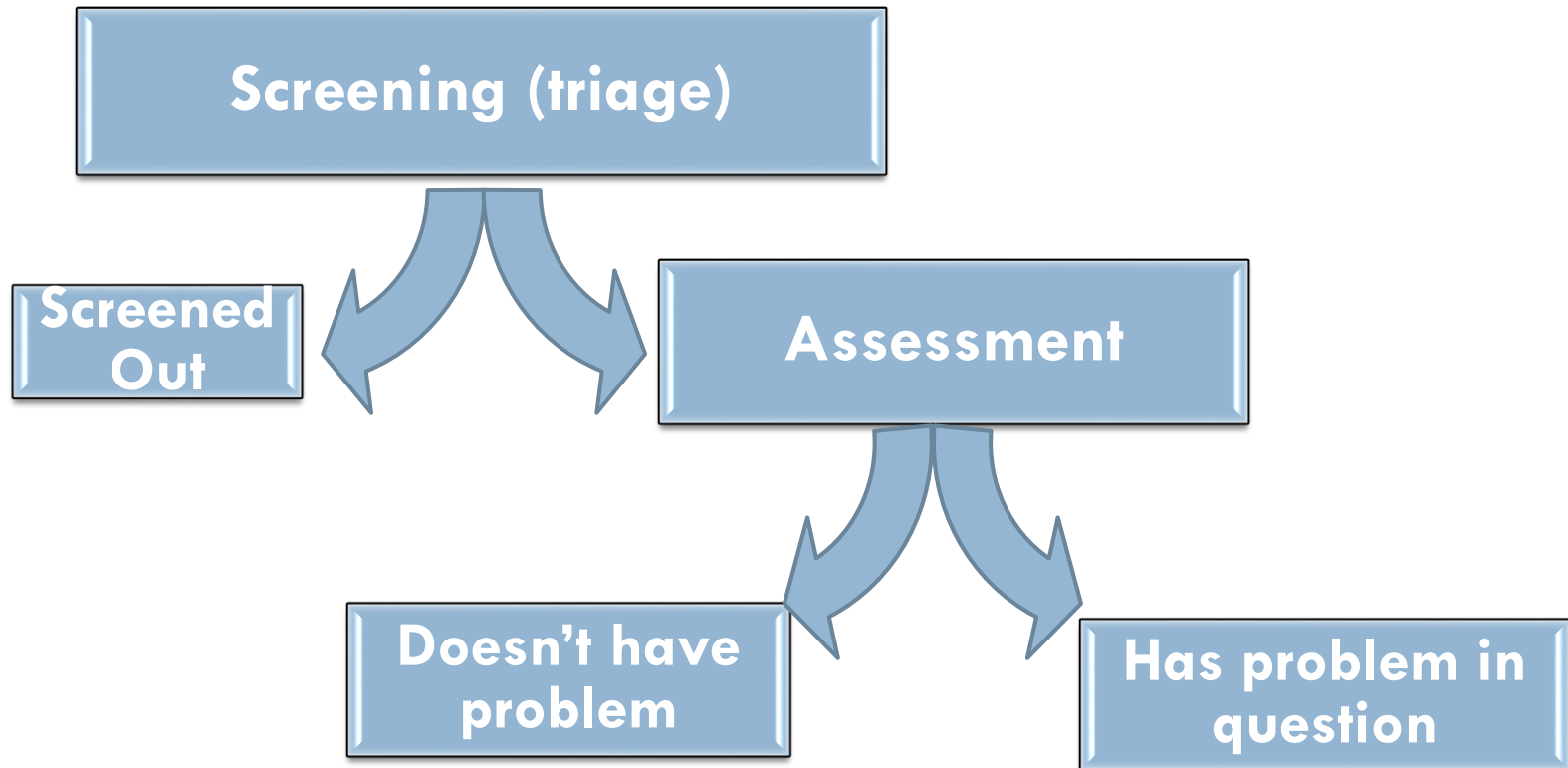
Decision-Making Model for Diversion vs. Formal Processing (adapted from NCMHJJ)



Step 2: Incorporating Screening and/or Assessment

Overview of Concepts

Screening vs. Assessment



Screening

- Used with every youth that will be diverted at a front-end diversion decision point
- Identifies youth who might have the characteristic in question (e.g., mental health disorder)
- *Sorts youth into two categories, ...*
 - Very unlikely to have behavioral health needs
 - A smaller group that might have behavioral health needs, so....assess

In the context of risk, screening will provide a cursory risk level without explanation about what is driving the youth's offending

Assessment

- Follow-up on youth “screened in,” to make decisions about individualized need for interventions like...
 - ▣ Mental Health Treatment
 - ▣ Substance Abuse Treatment
- Assessments are used for diversion, service delivery and treatment planning – post-disposition, custody settings, aftercare

Why the Screen → Assess Strategy Is Financially Responsible

□ *Assessment Tools*

- Are more comprehensive, taking more time
- Typically require specialized training
- Usually cannot afford to give to every youth

□ *Screening Tools*

- Brief (e.g., 10 minutes)
- Capable of being given by general JJ staff
- Fit well into a routine intake process

How Screening and Assessment are Conducted

- Must be performed with standardized tools
 - “Standardized:” Structured and manualized
 - Same data collected in every case
 - Always collected in exactly the same way
- Tools must be “evidence-based”
 - “Reliable:” Evidence they produce dependable scores
 - “Valid:” Evidence that they measure what they claim (For risk – refers to evidence that it ‘*predicts*’ reoffending)
 - Relevant
 - Feasible

Questions Guided By Screening or Assessment

Who to divert or Who to deselect?

- Identify *risk of harm* to others or risk of reoffending (risk screening)
 - Note: Not the same as a detention risk tool

Divert to what?

- Identifying need for...
 - *mental health* services
 - *substance use* services
 - *family/school/community* interventions



Who To Divert?

Risk Screening or Assessment

Risk Assessment

- **Risk** = for serious delinquent offending or violence
- **Brief Risk Assessment (screen)**: Instrument developed to help answer the question: “Is this youth at relatively low or relatively high risk for reoffending or engaging in violent behavior?”
- **Comprehensive Risk Assessment (risk-needs assessment)**: also identify what is most likely to be driving the youth’s risk for reoffending
 - “**criminogenic needs**”

Risk Assessment Comes in Different Forms

- Different purposes and different decision-points where it is used.....
 - Diversion eligibility
 - Appropriateness for pre-trial detention
 - Dispositional and case planning/treatment needs
 - Release/re-entry
- “Off-the-shelf” vs. “home-grown”

What is a Risk Factor?

- Anything that increases the likelihood of reoffending. Two types:
 - ▣ **Static Risk Factors** – do not change
 - ▣ **Dynamic Risk Factors (Criminogenic Needs)** – can change; targets for intervention; rarely included in brief risk tools
 - Antisocial attitudes/orientation
 - Disruptive behavior problems/Personality traits
 - Family dynamics/parenting
 - Substance abuse
 - Poor school achievement
 - Negative peer associations
- Risk is not synonymous with offense severity or criminal history

Meaning of 'Risk'

- **Low risk:**
 - ▣ Have few relevant risk factors present, or
 - ▣ Require minimal or no intervention in order to decrease likelihood of reoffending
- **High risk:**
 - ▣ Higher likelihood than their peers of engaging in continued offending or violence
 - ▣ Has many risk factors associated with their delinquency
 - ▣ Require more intensive intervention in order to decrease likelihood of reoffending
- **Moderate risk:**
 - ▣ Who are neither high nor low risk as described above

Risk-Need-Responsivity Model

(Andrews & Bonta, 2003; 2010)

□ *Risk Principle*

- Highest risk offenders should receive the most intensive monitoring and service delivery to reduce risk of reoffending

□ *Need Principle*

- Target the dynamic/changeable risk factors that are linked to theoretically amenable to intervention and known to influence reoffending

□ *Responsivity Principle*

- Interventions need to consider the specific individual characteristics that can affect response to intervention (learning style, motivation, mental health)

Considerations

1. Establish youth has met initial eligibility criteria
2. If yes, conduct a brief risk screen or a risk assessment. Which one depends on
 - ▣ Staff resources
 - ▣ Protection of information/self-incrimination
 - ▣ Whether diversion program addresses criminogenic needs
3. Develop a decision-rule
 - ▣ E.g., “low” or “moderate” risk = appropriate to divert
 - ▣ If diverted, conduct further behavioral health screening



Divert To What?

Behavioral Health Screening

Reasons for Identifying Youths' Behavioral Health Conditions

- ***Safety***
 - Avoid self-harm or harm to others

- ***Child welfare***
 - Immediate treatment for serious disorders to reduce suffering

- ***Delinquency prevention and rehabilitation***
 - Behavioral health intervention to prevent further delinquency

- ***Documentation***
 - Knowing the need so one can support policy & mgmt plans

Question 2: Diverted to What?

Identification of Behavioral Health Needs

- ❑ **Screening**
 - ❑ Brief identification process
- ❑ **Assessment**
 - ❑ More comprehensive and individualized evaluation
- ❑ **Leads to Services**
 - ❑ Interventions to respond to youth assessed as in need

Good Screening Practices Are . . .

(Williams, 2007)

- Based on a tool designed for use with the population (e.g., juvenile justice youth)
- Have research support of “reliability” and “validity” of scores/decision-rules
- Administered and scored based on standardized procedures to support uniformity in system response
- Conducted with all youth at intake
- Supported by policies that facilitate communication and protect confidentiality of results

Widely-Used MH & SA Screening Tools

10 minute tools with both MH and substance use screening features

- MAYSI-2: Massachusetts Youth Screening Instrument-Second Version
 - ▣ Used statewide in 44 states in juvenile justice probation, detention or juvenile corrections systems
- GAIN-SS: Global Appraisal of Individual Need-Short Screen
 - ▣ Used in diverse range of child services settings throughout U.S.

Most-Widely-Used MH & SA Screening Tools

Substance use only

□ CRAFFT:

- Short substance abuse interview for youth under age 21
- 6 items

□ SASSI-A2:

- Identifies probability of substance use disorders for youth age 12 to 18

Behavioral Health Screening: Considerations

- *What do you want to know about the youth?*
- *What resources do you have available to you for identification of behavioral health needs?*
 - What is the level of staff training?
 - Would assessments be conducted in-house or by a provider?
- *Self-incrimination*
- *How would behavioral health information be used?*



Summary/Final Considerations

Screening and Assessment Is More Than Selecting a Tool

Implementation - No evidence-based tool is valid unless it is implemented correctly

The implementation process—

- ▣ Determining your needs and your tool options
- ▣ Selecting tools on that basis
- ▣ Developing policies for tools ' use and decisions to be made based on their results
- ▣ Develop process for a data base
- ▣ Train and pilot
- ▣ The process must be monitored across time

Summary of Steps

- Establish eligibility criteria
- Determine whether to incorporate a risk tool into your diversion decision
 - ▣ Brief/screening tool or an assessment? Which tool?
 - ▣ What level of risk are you willing to divert?
- Which behavioral health issues do you want to identify? Which tools do you need to do that?
- What services and interventions do you have available?



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