

State Court Administrative Office  
Trial Court Services  
Problem-Solving Courts



# Problem-Solving Court

## Juvenile Risk Assessment Use and Application

### Juvenile Drug Treatment Court Edition



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# Definitions

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**Assessment:** Assessment is a process for defining the nature of a specific problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis. (Center for Substance Abuse Treatment, 2009)

**Evidence-Based Programs:** Evidence-based programs are programs that have been found to be effective and replicable when implemented under the highest-level of scientific scrutiny. (National Juvenile Justice Network, 2017)

**Protective Factors:** “Protective factors are any circumstances that promote healthy youth behaviors and decrease the chance that youth will engage in delinquent behaviors. Risk factors and protective factors are often organized into five categories: Individual, family, school/work, peer group, and community.” (Grisso & Underwood, 2003)

**Responsivity Factors:** Responsivity factors are personal strengths and/or specific individual factors that might influence the effectiveness of treatment services. (Churchill, 2011)

**Risk and Needs Assessment:** “A risk and needs assessment tool measures offenders’ criminal risk factors and identifies and targets interventions to address offender needs (e.g., antisocial attitudes, antisocial peer groups) generally related to recidivism.” (Casey, Elek, Warren, Cheesman, Kleiman, & Ostrom, 2014)

**Risk Factors:** “Risk factors are circumstances that, when present, may increase youths’ likelihood of engaging in delinquent behavior. These factors can be static or dynamic. Static risk factors are unchangeable. Dynamic factors can change over time and are targets for intervention.” (Grisso & Underwood, 2003)

**Screening:** Screening is a process for evaluating the possible presence of a particular problem, giving an indication that a more thorough assessment should be conducted. (Center for Substance Abuse Treatment, 2009)

**Standardized:** A tool is standardized when, “it is implemented basically the same way every time that it is used, as described in its manual. If it is not implemented in a standardized manner, the tool’s validity suffers, and the value of using the tool is lost.” (Vincent, Guy, & Grisso, 2012)

**Validity:** Validity refers to how well the assessment tool actually measures the underlying outcome of interest. In other words, how well the assessment measures what it says it measures. Validity has four parts:

- Conclusion validity shows a relationship between two variables.
- Internal validity shows that the relationship is causal.
- Construct validity means the assessment tool measures that cause and effect relationship as intended.
- External validity means the assessment can be generalized to other persons, places, and times. (Trochim, 2006)

**Youth Level of Service/Case Management Inventory (YLS/CMI):** “The YLS/CMI is a 42-item risk/needs assessment measure developed specifically for youth. It was designed to assess a juvenile offender’s risk level, identify criminogenic needs that may be targeted by treatment or program services, and inform decisions regarding community supervision and case management. The YLS/CMI is based on measures from the Level of Service Inventory, which is a risk/need assessment for adults that links offender risk assessment, treatment, and case management. The assessment measures eight domains associated with a youth’s criminogenic risk and needs, including prior and current offenses/adjudications; family circumstances and parenting issues; education and employment; peer relations; substance abuse; leisure and recreation; personality and behavior; and attitudes and orientation.” (Bechtel, Lowenkamp, & Latessa, 2007)

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# Interpreting YLS Results

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The YLS tells you:

- The youth's RISK level (low, moderate, high)
- Which CRIMINOGENIC NEEDS should be addressed (Eight needs that predict reoffending)
- Which individual factors should be considered, to best match treatment to the youth (RESPONSIVITY)

The RISK level tells you:

- The YLS score indicates overall risk level
  - Low – 30-40 percent
    - Unlikely to reoffend if left alone - should be referred (not mandated) to leisure activities and social supports (e.g., sports, Scouts program, theater)
  - Moderate – 30-40 percent
  - High – 10-20 percent
    - The focus for both the moderate and high groups is risk reduction
  - Extremely High – very few youth
    - Risk control is appropriate for these cases (i.e., incarceration)

The CRIMINOGENIC NEEDS are areas in the person's life that you should target during supervision, either to improve (risk factors), or to build on an existing strength (protective factors).

- The YLS assesses youth in eight areas:
  - Past/current offenses – these are static items and can't be changed
  - Peer relationships – influence by association with peers
  - Family circumstances – support and accountability
  - Thinking/beliefs – cognitions that support behaviors
  - Personality/behavior – problem-solving
  - Substance abuse
  - Education / employment
  - Leisure/recreation – recreational outlets

RESPONSIVITY factors shape how to respond:

- The last section of the YLS looks at RESPONSIVITY Factors
  - These don't predict recidivism, but do influence response to treatment
  - Used to individualize case planning
  - Examples: Self-esteem, personal distress (e.g., anxiety, depression), learning disability, physical or mental health issues

(Pennsylvania Commission on Crime and Delinquency, Prevention Research Center, Penn State, Evidence Based Prevention & Intervention Support Center, 2014)

## Works Cited

Pennsylvania Commission on Crime and Delinquency, Prevention Research Center, Penn State, Evidence Based Prevention & Intervention Support Center . (2014, April 7). *The YLS & Juvenile Justice Service Matrices, What do you need to know?* Retrieved December 2017, from <http://www.episcenter.psu.edu/sites/default/files/ebp/2014-4-7%20YLS-JJSES%20overview.pdf>

# Developing a Service/Disposition Matrix

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## **Why You Need a Service Matrix**

A service matrix, sometimes called a disposition matrix, uses risk levels and needs levels to provide a guideline for the type of service a youth needs, and what level of service the youth needs. Recommendations should consider any services that are already in place. For example, if education is a major need, but the juvenile is already in an alternative education program, then that need is already being addressed. (Ryals, 2013)

## **Creating a Service Matrix with a Multi-Disciplinary Team**

While the original version of the program's service matrix may be developed by the probation department, the entire team should review and provide input on the product. The final service matrix should be approved by the entire team.

A disposition matrix is typically developed through a consensus building process that involves a variety of juvenile justice decision-makers in defining the appropriate levels of supervision and service options to include in each of the matrix cells. Although the responsibility for developing and utilizing a disposition matrix lies with the administering juvenile justice agency at either the state or local level, the full benefit of its use will not be realized without the understanding and buy-in of the community stakeholders who also play a role in the case disposition process and delivery of services. Consequently, while probation staff may assume responsibility for drafting early versions of the matrix, the final product usually reflects input from a number of stakeholder groups, including judges, prosecutors, and defense counsel. The latter may be asked to provide feedback after the probation staff have drafted a matrix, or they may be part of the work group that designs the matrix. (Lipsey, Conly, Chapman, & Bilchik, 2017)

## **Developing your Service Matrix**

To develop your service matrix, work with your treatment agencies and other team members to complete the following steps:

Step 1: Make a list of resources available

- Evidence-based treatment options, such as Aggression Replacement Therapy (ART), Cognitive-Behavioral Therapy and Motivational Interviewing: (CBT, MI), Dialectical Behavior Therapy (DBT), and Multi-Systemic Therapy (MST).
- Educational options such as tutoring programs, alternative schools, and online education options.
- Community involvement such as sports programs, mentoring programs, theater, dance, or community service
- Resources for families such as housing aid, parent mentoring, or parenting classes.
- Any other resources available to your clients

Step 2: Sort services into the seven dynamic risk/needs areas (one service may be entered in multiple headings)

- Family circumstances/parenting
- Education/employment
- Peer relations
- Substance abuse
- Leisure recreation
- Personality/behavior
- Attitudes/orientation

Step 3: Sort services into risk levels

- Low
- Moderate
- High

Step 4: Place services into appropriate sections of a service matrix

Risk/need area	Risk Level		
	Low	Moderate	High
Family/parenting	Remember, increased exposure to the juvenile justice system increases the risk level of low-risk juveniles.		
Education/employment			
Peer relations			
Substance abuse			
Leisure/recreation			
Personality/behavior			
Attitudes/orientation			

There are several examples of service matrices available in Appendix A

## Works Cited

- Lipsey, M. W., Conly, C. H., Chapman, G., & Bilchik, S. (2017). *Juvenile Justice System Improvement: Implementing an Evidence-Based Decision-Making Platform*. Retrieved December 2017, from [www.ncjrs.gov](http://www.ncjrs.gov/pdffiles1/ojdp/grants/250443.pdf): <https://www.ncjrs.gov/pdffiles1/ojdp/grants/250443.pdf>
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# Developing a Case Plan

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## **Why You Need a Case Plan**

A case plan is a guide and contract for both the youth and the probation officer. It provides concrete information about the expected outcomes, goals and services for the youth to follow, and for the probation officer to use as a road map.

## **Components of a Case Plan**

The case plan has five components. Outcomes clarify the program's expectations for the youth, and goals specify which actions will be taken to achieve the listed outcomes. Services are actions implemented by the court to allow the juvenile to accomplish the goals, and time limitations clarify the expected achievement dates. Evaluation is used with time limitations for in program reassessment of the youth.

The case plan that a worker develops with the youth and family is their joint road map to successful intervention. It is essential that the case plan be specific about:

1. Outcomes - positive results which, when achieved, reduce risk of delinquent or status offense behaviors or alleviate the presenting problem.
2. Goals – behaviorally-stated actions that the family, youth and worker hope to accomplish that will move the youth toward his/her individual outcome.
3. Evaluation method - measurement of goal achievement.
4. Services - those actions which are implemented by the department or other agencies which will assist families and youth in accomplishing specific goals.
5. Time limitations - indicates how often and for how long services will be provided, when goals are to be reached, and when review of progress will occur. (Nebraska DHHS, 2005)

## **If It's Not Broken, Don't Fix It**

By only addressing a participant's needs that score as moderate to high risk, you will avoid "cookie cutter" case plans that address all participants in the same way regardless of risk/need levels. Also, if one or more of the need areas is not identified as a problem area, then you should not assign the youth to services for that need.

Orders or stipulations do not belong in a case plan if the youth is not having problems in that area. For example, if school behavior is not an identified problem that is contributing to the youth's delinquency, then there is no need for the probation officer to contact the youth's teachers weekly. This may actually lead to more harm than good because the school will know the youth committed an offense. If substance abuse is not a criminogenic need area identified for the youth (i.e., if it does not relate to the youth's delinquency), regular urine screening does not belong in the case plan. (Vincent, Guy, & Grisso, 2012)

## **Set Priorities**

Limit the amount of services and supervision requirements that you place on the youth. This is especially important at the beginning of the program, as you want the youth to achieve success, and you don't want to overwhelm him/her with services. Only two or three services should be

assigned at one time, so prioritize the needs by risk level, and consider the needs where the individual youth is most receptive to change.

It would be very difficult for an adolescent to abide by 20 different conditions and complete multiple services at the same time. They are typically dependent on their parents to attend appointments. They have school schedules. They also have a tendency towards somewhat impulsive decision-making. Case planning should consider these limitations, which relates back to the *responsivity principle*. One should also prioritize services that address areas where the youth is currently most receptive to change, because this maximizes the likelihood that the youth will experience success. (Vincent, Guy, & Grisso, 2012)

Determining which criminogenic needs to address in the plan, how many needs to address at one time, and in what order depends on a combination of professional judgment and each youth's unique needs. Research suggests that it may be beneficial to limit the number of simultaneous services a youth receives (Vincent, Guy, and Grisso, 2012) and to start by addressing the criminogenic needs with the strongest association to delinquency (Latessa et al., 2013). In many of the JJSIP and JJRRI sites, case plans initially focus on the top three criminogenic needs identified during the assessment process. New priorities may emerge and additional services may be added to the service plan as a youth's criminogenic needs change as a result of their participation in services." (Lipsey, Conly, Chapman, & Bilchik, 2017)

The criminogenic needs that are the highest priority are those that most directly drive the youth's delinquent behavior and have the greatest likelihood of success based on information about responsivity; research generally cannot dictate how to prioritize areas for intervention with specific youth. Rather, this decision will flow from the probation officer's careful risk assessment of the youth." (Vincent, Guy, & Grisso, 2012)

### **The Dosage of Services Depends on Risk and Need**

Low risk individuals should not be placed in treatment that is meant for those who have been assessed as moderate or high risk. Overtreatment of a low risk youth increases their risk level, causing more harm than good.

The case management plan should be commensurate with the youth's level of risk. Low risk youth do not need much in the way of services, moderate risk youth may need more services (or at least more intensive services) and supervision, and high risk youth require the most intensity with respect to hours of service and contact with the probation officer. Agencies, particularly probation, are often inclined to provide a service of some sort to every youth on their case load. Instead, individuals working with low risk youth should encourage them to engage in activities that will strengthen their protective factors (e.g., joining a boys or girls club, sports, working for better grades, big brothers or sisters). In turn, this can strengthen their resiliency to delinquent behaviors and negative peers. *However, mandating participation in activities that promote protective*

*factors as part of the case plan is not recommended according to our advisory group members.” (Vincent, Guy, & Grisso, 2012)*

There is an example of a case plan with reassessments available in Appendix B.

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Lipsey, M. W., Conly, C. H., Chapman, G., & Bilchik, S. (2017). *Juvenile Justice System Improvement: Implementing an Evidence-Based Decision-Making Platform*. Retrieved December 2017, from [www.ncjrs.gov: https://www.ncjrs.gov/pdffiles1/ojjdp/grants/250443.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/grants/250443.pdf)

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# Reassessment

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## **Why You Need to Reassess the Youth**

Reassessment helps to identify problem areas, or lack of services, before the youth violates their case plan. Reassessing the risk and needs and the case plan helps the probation officer and the youth measure the youth's progress from program entry. Reassessment is also the time to make adjustments to the case plan and establish new goals, as needed. This process ensures that the youth's progress continues throughout the program, without stalling for extended periods of time. (U.S. Bureau of Justice Assistance and the Utah Commission on Criminal and Juvenile Justice, 2013)

## **Developing Procedures for On-Going Monitoring and Reassessment of Youth**

Reassessment should occur at least every six months or earlier if there is an event that would indicate a need for reassessment. The frequency should be defined in the original case plan. Reassessment includes a reassessment using the YLS/CMI and reviewing (and revising) the case plan.

Once a youth's level of risk has been assessed in the initial evaluation, subsequent evaluations should be completed to determine changes in risk as a function of any intervention received or the passage of time. The frequency of these follow-up risk assessments should be established as risk assessment implementation policy. In general, until more research is conducted in this area, we recommend these occur every six months or if there is a major life change for the youth (e.g., a probation violation has led to possible incarceration, new offense was committed, death of a parent). (Vincent, Guy, & Grisso, 2012)

## **Emphasis on Dynamic Risk Factors**

A reassessment should focus on the dynamic risk factors to determine if risk has decreased in those areas. If risk has decreased, the services should be reduced in that area and the focus may move to one of the other areas of need. If risk has not decreased, or has increased, an adjustment to the case plan to better address that risk level should be made.

Static risk factors on a risk assessment tool generally will change little, if at all. If change does occur, it usually is in the direction of increased risk (e.g., a youth's delinquency history could worsen in the time between the initial assessment and re-evaluation because she committed her first act of violence). The main emphasis of any re-assessment, therefore, will be on the dynamic risk factors. Risk can, and for most will, decrease over time particularly as a result of successful intervention strategies. Re-assessments of risk should be done in conjunction with updating the case plan. If the youth has completed his or her services, and the risk level has decreased, particularly within the youth's criminogenic need areas, ...the frequency of supervision and service participation could be decreased. ... Try not to use resources when resources are not needed. (Vincent, Guy, & Grisso, 2012)

## Works Cited

U.S. Bureau of Justice Assistance and the Utah Commission on Criminal and Juvenile Justice . (2013, October). *Utah Case Planning Toolkit*. Retrieved December 2017, from [www.utcourts.gov](http://www.utcourts.gov):  
[http://www.utcourts.gov/courts/juv/ebp/docs/Case\\_Planning\\_Toolkit\\_Extended\\_Edition.pdf](http://www.utcourts.gov/courts/juv/ebp/docs/Case_Planning_Toolkit_Extended_Edition.pdf)

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<http://modelsforchange.net/publications/346>

# Appendix A: Service Matrices

SAVRY RISK/NEED AREA: Report TOP THREE MOST CRITICAL Risk/Need Areas on Report to the Court with treatment indicated.							
Relevant Items	Disruptive Behavioral Problems 17, 18, 20, 21, 22, 23	Mental Health / Emotional Stability 5, 13, 20, 22	Substance Abuse: Alcohol or Other Drugs 19	Family 6, 7, 8, 14	Education / Employment 10, 22, 24	Peer / Pro-Social Activities 11, 12, 15	Community 16
LOW	Low Risk indicates low probability of future violence and/or delinquent behavior. Enhance protective factors by actively recognizing strengths and strategically building upon pre-existing strengths. Remember, increased exposure to the juvenile justice system increases risk of low risk juveniles.	Obtain current MAYSI-2 report from Juvenile Assessment Center or refer for MAYSI-2 if more than 30 days since last MAYSI-2.	As per Juvenile Services Substance Abuse policy, juveniles with moderate score and no positive drug screens will be monitored accordingly. Juveniles with moderate score and one or more positive drug screens, refer according to DIS Substance Abuse Policy.	Consider family-based conflict resolution therapy or family therapy, such as Active Parenting for Teens or family therapy. Use FFT with high ratings on disruptive behaviors or mental health. Use EBFT for cases needing more social support or for youth 12 years old or younger.	Obtain educational evaluations, if available. Recommend tutoring through Volunteer Coordinator or school-based program. Monitor school behavior and attendance weekly with discipline, teacher, or school counselor. Consider using daily behavior checklist or Check In/Check Out with parent/guardian assistance.	Possible services include social skills training and mentoring, such as MRT or ART. Increase positive social interactions by referring to faith-based organizations, youth groups, or JP Recreation Department activities.	Reduce impact of community risk factors by referring for MRT or ART. With high disruptive behavior scale and 16 years old or older, refer for individual therapy. If 15 years old or under, refer to family therapy or Active Parenting to address neighborhood influences on disruptive behaviors. Refer for mentoring through Mentor Coordinator
MOD	Refer for individual/family therapy to target specific behaviors and, Active Parenting for Teens, ART, MRT, or school-based interventions for behavior management.	If MAYSI report shows "Warning" for any two (2) scales, refer for psychological, and, if indicated, psychiatric evaluation.	Refer to Juvenile Services Abuse Policy 3.3 for referral to an appropriate level of treatment. Drug test youth minimally every month.	Refer for Functional Family Therapy, EBFT, or MST. If services ineffective, consider psychological evaluation to determine if out of home placement is necessary.	Engage juvenile in school-related services. After hour treatment may interfere with homework, so be judicious in referring. If necessary, consider MRT. Also, consider adult ed., YCP, and/or alternative schools.	Consider intensive services, such as MRT, ART, or individual therapy targeted to social skills enhancement. Increase leisure activities and social skills. Utilize mentoring and consider after-school activity.	Engage parent/guardian in housing assistance programs, when available. Refer to peer refusal skills programs, such as in MRT and ART.
HIGH	Indicates possible need for psychological evaluation if mental health scale is moderate. Use individual/family therapy, FFT, EBFT, MST, MRT, CBT or ART.	If diagnosed with mental illness, refer to JPHSA Access Unit, psychiatric rehabilitation provider, or MST.					
Acronyms	FFT=Functional Family Therapy; EBFT=Ecological-Based Family Therapy; MST/RHD=Multi-Systemic Therapy through Resources for Human Development; MRT=Moral Reconciliation Therapy; ART=Aggression Replacement Therapy; MAYSI-2=Massachusetts Youth Screening Inventory-2; JPHSA=Jefferson Parish Human Services Authority; YCP=Youth Challenge Program; FBO=Faith-Based Organization						

(Ryals, 2013)

Disposition 3: Intervention Services									
Programs and Services Sorted According to YASI Domains and Risk Level									
YASI DOMAINS ==>	Family	School	Community & Peers	AODA	MH	Violence & Aggression	Attitudes	Skills	Employment & Free Time
YASI RISK = LOW	Healthy Relationships	Tutoring	Individual Therapy	GAIN Assessment (and any recommended services)	Competency Restoration	Anger Management	Healthy Relationships	Individual Therapy	Mentoring
	Family Therapy		CSRC	Celebrating Families	Individual Therapy	Individual Therapy	Individual Therapy	Employment Programs	CSRC
	FFT		Mentoring	Family Therapy	Psychiatric Evaluation	SA Group Therapy	Restorative Justice	SA Group Therapy	Employment Programs
	Parent Education			Individual Therapy	SA Group Therapy	SA Individual Therapy	SA Group Therapy	SA Individual Therapy	
					SA Individual Therapy	SA Individual Therapy	SA Individual Therapy		
YASI RISK = Moderate	Healthy Relationships	Tutoring	Individual Therapy	GAIN Assessment (and any recommended services)	Competency Restoration	Aggression Replacement Therapy (ART)	Healthy Relationships	Individual Therapy	Mentoring
	(CC)	CC	CC	Celebrating Families	CC	CC	Burglary/Auto Monitoring Program (BMP/AMP)	CC	BMP/AMP
	Family Therapy	JETI	CSRC	Community Connections (CC)	Individual Therapy	FA	CC	Employment Programs	CC
	Female Family Systems Intervention		FA	Family Therapy	Psychiatric Evaluation	Individual Therapy	ERC	ERC	CSRC
	FFT		Mentoring	Group Counseling	SA Group Therapy	SA Group Therapy	FFT	FA	Employment Programs
	Girls Family Connections		SCOP	Individual Therapy	SA Individual Therapy	SA Individual Therapy	Individual Therapy	FFT	ERC
	Parent Education					SCOP	Restorative Justice	SA Group Therapy	Level II/GPS
							SA Group Therapy	SA Individual Therapy	SAS
							SA Individual Therapy	SAS	
							SAS	SAS	
YASI RISK = HIGH	Healthy Relationships	Tutoring	Individual Therapy	GAIN Assessment (and any recommended services)	Competency Restoration	ART	Healthy Relationships	Individual Therapy	Mentoring
	Family Therapy	JETI	CSRC	Celebrating Families	Individual Therapy	FA	BMP/AMP	Employment Programs	BMP/AMP

2017)

Disposition 3: Intervention Services									
Programs and Services Sorted According to YASI Domains and Risk Level									
YASI DOMAINS ==>	Family	School	Community & Peers	AODA	MH	Violence & Aggression	Attitudes	Skills	Employment & Free Time
	Female Family Systems Intervention		FA	Family Therapy	MCAP	Individual Therapy	ERC	ERC	CSRC
	FFT		MCAP	Group Counseling	Psychiatric Evaluation	MCAP	FA	FA	Employment Programs
	Girls Family Connections		Mentoring	Individual Therapy	SA Group Therapy	SA Group Therapy	FFT	FFT	ERC
	MCAP		SCOP	MCAP	SA Individual Therapy	SA Individual Therapy	Individual Therapy	MCAP	Level II/GPS
	Parent Education					SCOP	Level II/GPS	SA Group Therapy	MCAP
							MCAP	SA Individual Therapy	SAS
							Restorative Justice	SAS	
							SA Group Therapy	SCOP	
							SA Individual Therapy		
							SAS		
							SEP		

Note \*For all services and risk levels, see BITS and Carey Guides for additional resources.

Terms & Definitions		
AODA – Alcohol and Other Drug Abuse	CSRC – Community Services & Restitution Coordination	IMP – Intensive Monitoring Program
ARB – Administrative Review Board	DOC – Department of Corrections	JIPS – Juvenile in Need of Protective Services
ART – Aggression Replacement Therapy	DPA – Deferred Prosecution Agreement	MCAP – Milwaukee County Accountability Program
BMP/AIMP – Burglary/Auto Monitoring Program	ERC – Evening Report Center	LPC-IT – Licensing Professional Counselor - In Training
CC – Community Connections Program	FA – Fire Arms	SA – Sexual Assault
C & C – Counsel and Close	FFT – Functional Family Therapy	SAS – Saturday Alternative Sanctions Program
CCSN – Children Court Services Network	JETI – Juvenile Education Treatment initiative	SCOP – Serious Chronic Offender Program
		SEP – Supervision Engagement Program
		SJO – Serious Juvenile Offender

(Hussemann & Liberman,

**Example Service Referral Matrix (created for the MacArthur Models for Change Initiative)** <sup>109</sup>

	Disruptive Behavior	Substance Abuse	Family Issues	School/Education
<b>LOW Risk/Need</b>	Low Risk indicates low probability of future risk, violence and/or delinquent behavior. Enhance protective factors by actively recognizing strengths and strategically building upon pre-existing strengths. Remember, increased exposure to the juvenile justice system increases risk for low risk juveniles.			
<b>MODERATE Risk/Need</b>	Community-based cognitive-behavioral skills interventions	Brief targeted educational trt; refer for assessment	Community-based evidence-based practices (e.g. FFT, BSFT) (e.g. SBLC, IEP, etc.)	School level interventions and plans (e.g. SBLC, IEP, etc.)
<b>HIGH Risk/Need</b>	Intensive community or residential options	Refer to appropriate trt provider for possible outpt or inpt treatment	Intensive family intervention services (e.g. MST, MDFT, etc)	Intensive in-school options and/or alternative educational placements

108 Vieira et al. (2009)

109 Phillippi, S., Vincent, G., & Shufelt, J. (2011). *Service Matrix: Linking Results of Screening and Assessment with Appropriate Services*. Louisiana Models for Change Brief.

(Vincent, Guy, & Grisso,

# Case Planning

## The Plan on Paper

Domain	Low Risk Response (0-8)	Medium Risk Response (9-22)	High Risk Response (23-42)
Prior/Current Offenses (0-5)	Do not prioritize or focus on this area	<ul style="list-style-type: none"> <li>Report to PO on medium-frequency schedule in Phase 1. Reduce reporting requirements with periods of sustained compliance.</li> <li>Follow ASAM criteria for treatment placement.</li> <li>Incentivize sobriety early on.</li> <li>Prioritize relapse prevention services if relapses.</li> <li>Prioritize peer recovery if relapse occurs.</li> <li>Drug and alcohol test recommended at 2 x a week during Phase I and reduce as sobriety is established.</li> </ul>	<ul style="list-style-type: none"> <li>Report to PO on high-frequency schedule in Phase 1. Reduce reporting requirements with periods of sustained compliance.</li> <li>Follow ASAM criteria for treatment placement but prioritize peer recovery for this population.</li> <li>Incentivize treatment attendance and participation in the early phase of the program. Transition to incentivizing sobriety after period of stability.</li> <li>Prioritize relapse prevention services.</li> <li>Drug and alcohol test required at 2 X a week during Phase I. May reevaluate when established length of sobriety is maintained.</li> </ul>
Substance Abuse (0-5)	Do not prioritize or focus on this area	<ul style="list-style-type: none"> <li>Deliver appropriate clinical services with moderate intensity unless symptoms escalate.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize mental health treatment and/or co-occurring treatment slots for this population.</li> <li>Prioritize access to psychiatric services.</li> <li>Incentivize treatment attendance and compliance with medication.</li> </ul>
Personal/Behavioral (0-7)	Do not prioritize or focus on this area	<ul style="list-style-type: none"> <li>Defer MRT placement unless future administration raises score or there are repeated incidents of non-compliance NOT related to substance abuse.</li> <li>Use incentives to recognize cooperation with authority figures and demonstrated prosocial choices. After a period of</li> </ul>	<ul style="list-style-type: none"> <li>Require MRT completion.</li> <li>Use incentives to recognize cooperation with authority figures and demonstrated prosocial choices. After a period of compliance, focus on internalizing decision-making.</li> </ul>
Attitude/Orientation (0-5)	Do not prioritize or focus on this area	<ul style="list-style-type: none"> <li>Use incentives to recognize cooperation with authority figures and demonstrated prosocial choices. After a period of</li> </ul>	

Collins, 2017)

## Works Cited

Collins, B. (2017, December 6). The Drug Court Team Phase Structure. Williamsburg, VA, United States of America.

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[https://www.urban.org/sites/default/files/publication/90381/implementing\\_evidence-based-juvenile-justice-reforms.pdf](https://www.urban.org/sites/default/files/publication/90381/implementing_evidence-based-juvenile-justice-reforms.pdf)

Ryals, J. S. (2013). *Jefferson Parish Department of Juvenile Screening & Assessment Manual*. Retrieved December 2017, from [www.jeffparish.net](http://www.jeffparish.net):  
<http://www.jeffparish.net/modules/showdocument.aspx?documentid=1173>

Vincent, G. M., Guy, L. S., & Grisso, T. (2012). *Risk Assessment in Juvenile Justice: A Guidebook for Implementation*. Retrieved December 2017, from [www.modelsforchange.net](http://www.modelsforchange.net):  
<http://modelsforchange.net/publications/346>



**Three Initial Risk/Need Areas of Focus**

1. Substance abuse (high risk)
2. Family/parenting (moderate risk, most receptive to change)
3. Personality/behavior (moderate risk, related to offense)

**Supervision Level: High**

Report to probation officer: Every Monday at 3:30 p.m.

Testing for substances of abuse level: High

Testing color: Red (will be tested two to eight times per week)

<b>Risk/Need Area: Substance Abuse</b>			<b>Risk Level: High</b>		
Date	Goal	Intervention	Duration	Intensity	Progress
12/13/17	John will complete a clinical SUD assessment within the next thirty days	NA	Thirty days	NA	NA

<b>Risk/Need Area: Family/Parenting</b>			<b>Risk Level: Moderate</b>		
Date	Goal	Intervention	Duration	Intensity	Progress
12/13/17	John and his mother will commit to adopting beliefs that aid John in choosing positive behaviors at home, at school, and in the community	John and his mother will work with Morrison Center therapist to explore their understandings of their personal, family and community values and beliefs	Six months (per therapist)	Weekly (per therapist)	NA

<b>Risk/need area: Personality/Behavior</b>			<b>Risk Level: Moderate</b>		
Date	Goal	Intervention	Duration	Intensity	Progress
12/13/17	John will be able to identify, name and plan for the steps that lead up to negative and positive behaviors	John will review the problem-solving worksheet once a week with his PO to help remind him of pros and cons of choices	Thirty days	Weekly	NA

Case plan to be reviewed in thirty days, or earlier if circumstances warrant

**SIGNATURES**

We, [**name of youth**] and [**parent(s)**] have reviewed this case plan with the juvenile probation officer and understand the expectations as outlined, and that this plan is to help our family be successful.

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile PO

\_\_\_\_\_  
Date

## Thirty-day Reassessment

Date of initial case plan: 12/13/17

Date of current case plan: 1/13/18

**Supervision Level: High**

Report to probation officer: Every Monday at 3:30 p.m.

Testing for substances of abuse level: Severe

Testing color: Red (will be tested two to eight times per week)

<b>Risk/need area: Substance Abuse</b>			<b>Risk Level: High</b>		
Date	Goal	Intervention	Duration	Intensity	Progress
1/13/18	John will complete a clinical SUD assessment within the next Thirty days	NA	Thirty days	NA	John completed the assessment and IOP was recommended
1/13/18	John will learn about his use, and adopt strategies to reduce and eliminate his use	John will attend IOP at ABC treatment on Tuesdays and Thursdays each week (per therapist)	Three months (per therapist)	Twice weekly (per therapist)	NA

<b>Risk/Need Area: Family/Parenting</b>			<b>Risk Level: Moderate</b>		
Date	Goal	Intervention	Duration	Intensity	Progress
1/13/18	John and his mother will commit to adopting beliefs that aid John in choosing positive behaviors at home, at school, and in the community	John and his mother will work with Morrison Center therapist to explore their understandings of their personal, family and community values and beliefs	Six months (per therapist) From 12/13/17	Every other week (per therapist)	John and his mother have improved communication strategies, and have attended five sessions at Morrison Center
1/13/18	Mom will learn to set boundaries for John and enforce consequences	Mom will attend parenting class at Kaiser starting 1/16/18	Two months	Weekly	NA

Risk/need area: Personality/Behavior			Risk Level: Moderate		
Date	Goal	Intervention	Duration	Intensity	Progress
1/13/18	John will be able to identify, name and plan for the steps that lead up to negative and positive behaviors	John will review the problem-solving worksheet once a week with his PO to help remind him of pros and cons of choices	Thirty days	Weekly	<b>Achieved:</b> John is now able to identify, name, and plan for the steps that lead up to negative and positive behaviors
1/13/18	John will incorporate pro-social activities into his daily life	John will attend ZZZ gym at least three times a week	Two months	Three times a week	NA

Case plan to be reviewed in five months, or earlier if circumstances warrant

## SIGNATURES

We, [name of youth] and [parent(s)] have reviewed this case plan with the juvenile probation officer and understand the expectations as outlined, and that this plan is to help our family be successful.

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile PO

\_\_\_\_\_  
Date

## Six-Month Reassessment (Includes YLS/CMI)

Date of previous case plans: 12/13/17, 1/13/18

Date of current case plan: 6/13/18

### YLS/CMI Results

Risk/Need Area	Low	Moderate	High
Family/parenting	X		
Education/employment	X		
Peer relations		X	
Substance abuse		X	
Leisure/recreation	X		
Personality/behavior		X	
Attitudes/orientation		X	
Overall		X	

**Supervision level: Moderate**  
One face-to-face meeting every two weeks

### YLS/CMI High and Moderate Risk/Need Areas Where Youth is Most Receptive to Change

Family/parenting	NA
Education/employment	NA
Peer relations	
Substance abuse	Still struggling, but more motivated
Leisure/recreation	NA
Personality/behavior	Realizing that there are rewards to better behavior
Attitudes/orientation	

### Three Risk/Need Areas of Focus

1. Substance Abuse (high risk)
2. Personality/behavior (moderate risk, related to offense)
3. Peer relations (moderate risk, related to offense)

### Supervision level: Moderate

Report to probation officer: every other Monday at 3:30 p.m., beginning 6/25/18

Testing for substances of abuse level: High

Testing color: Orange (will be tested two to six times per week)

<b>Risk/Need Area: Substance Abuse</b>			Risk Level: moderate		
Date	Goal	Intervention	Duration	Intensity	Progress
1/13/18	John will complete a clinical SUD assessment within the next thirty days	NA	Thirty days	NA	<b>Achieved:</b> John completed the assessment and IOP was recommended
6/13/18	John will learn about his use, and adopt strategies to reduce and eliminate his use	<b>Completed:</b> John will attend IOP at ABC treatment on Tuesdays and Thursdays each week (per therapist)	Three months (per therapist)	Twice weekly (per therapist)	John has been struggling less with staying clean. He has not had a positive/missed/dilute test for over ninety days
6/13/18		John will continue to attend outpatient substance abuse treatment at ABC treatment on Mondays as directed by his therapist	Three months (per therapist)	Weekly (per therapist)	

<b>Risk/Need Area: Family/Parenting</b>			Risk Level: Moderate		
Date	Goal	Intervention	Duration	Intensity	Progress
6/13/18	John and his mother will commit to adopting beliefs that aid John in choosing positive behaviors at home, at school, and in the community	John and his mother will work with Morrison Center therapist to explore their understandings of their personal, family and community values and beliefs	Six months (per therapist) From 12/13/17	Every other week	<b>Achieved:</b> John and his mother communicate better, and work together to aid John in choosing positive behaviors
6/13/18	Mom will learn to set boundaries for John and enforce consequences	Mom will attend parenting class at Kaiser starting 1/16/18	Two months	Weekly	Mom is setting boundaries and applying consequences appropriately

<b>Risk/Need Area: Peer Relations</b>			Risk Level: Moderate		
Date	Goal	Intervention	Duration	Intensity	Progress
6/13/18	John will develop a positive peer group	John will identify two students who are attending and doing well in school and one positive peer in the neighborhood to socialize with	Three months of socializing with appropriate peers	Activity once per week	

<b>Risk/Need Area: Personality/Behavior</b>			Risk Level: Moderate		
Date	Goal	Intervention	Duration	Intensity	Progress
1/13/18	John will be able to identify, name and plan for the steps that lead up to negative and positive behaviors	John will review the problem-solving worksheet once a week with his PO to help remind him of pros and cons of choices	Thirty days	Weekly	Achieved: John is now able to identify, name, and plan for the steps that lead up to negative and positive behaviors
6/13/18	John will incorporate pro-social activities into his daily life	John will attend ZZZ gym at least one time a week	Remainder of program	Weekly	It took a few weeks to get a routine established, but John has gone to the gym three or more times per week since the week of April 2, 2018
6/13/18	John will learn independent, daily living skills within the next three months	John will complete the daily living program at Life Works	Three months	Weekly	NA

Case plan to be reviewed in six months, or earlier if circumstances warrant

**SIGNATURES**

We, [**name of youth**] and [**parent(s)**] have reviewed this Case Plan with the Juvenile Probation Officer and understand the expectations as outlined, and that this plan is to help our family be successful.

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile PO

\_\_\_\_\_  
Date

# Appendix C: Other Resources

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Department of Community Justice Juvenile Services Division CASE PLAN FOR YOUTH AND FAMILY

<https://juvjustice.org/sites/default/files/ckfinder/files/HANDOUT%20%20Sample%20Case%20Plan%20Template.pdf>

Offender Risk & Needs Assessment Instruments: A Primer for Courts

[http://www.ncsc.org/~media/microsites/files/csi/bja%20rna%20final%20report\\_combined%20files%208-22-14.ashx](http://www.ncsc.org/~media/microsites/files/csi/bja%20rna%20final%20report_combined%20files%208-22-14.ashx)

Risk Assessment in Juvenile Justice: A Guidebook for Implementation

<http://modelsforchange.net/publications/346>

Jefferson Parish Department of Juvenile Screening & Assessment Manual,

<http://www.jeffparish.net/modules/showdocument.aspx?documentid=1173>

Utah Case Planning Toolkit, A Toolkit for Utah Juvenile Justice Practitioners

[http://www.utcourts.gov/courts/juv/ebp/docs/Case\\_Planing\\_Toolkit\\_Extended\\_Edition.pdf](http://www.utcourts.gov/courts/juv/ebp/docs/Case_Planing_Toolkit_Extended_Edition.pdf)

YLS & Case Plan Bench Card

[https://pachiefprobationofficers.org/docs/YLS\\_Bench\\_Card\\_-\\_Dec\\_2013.pdf](https://pachiefprobationofficers.org/docs/YLS_Bench_Card_-_Dec_2013.pdf)