

Jefferson Parish

Department of Juvenile Services

Screening & Assessment Manual

by the Institute for Public Health and Justice in collaboration with
Jefferson Parish Community Justice Agency



Acknowledgements

This report was written by John S. Ryals, Jr., Ph.D., Jefferson Parish Department of Juvenile Services.

This publication was made possible through the contributions of the Children's Center for Law and Policy, Louisiana Models for Change Lead Entity, Louisiana State University Health Sciences Center School of Public Health, National Center for Mental Health and Juvenile Justice, and National Youth Screening and Assessment Project.

The preparation of this document was supported by the John D. and Catherine T. MacArthur Foundation.

Anyone may use the content of this publication as is for educational purposes as often and for as many people as wished. All we ask is that you identify the material as being the property of the Institute for Public Health and Justice. If you want to use this publication for commercial purposes in print, electronic, or any other medium, you need our permission. If you want to alter the content or form for any purposes, educational or not, you will also need to request our permission.

June 2011

Models for Change

Models for Change is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states, with core support from the John D. and Catherine T. MacArthur Foundation. Models for Change seeks to accelerate progress toward a more effective, fair, and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances, and manages the risk they pose to themselves and the public. The initiative is underway in Illinois, Pennsylvania, Washington, and Louisiana.

Eight Principles of Models for Change: A Framework

Fundamental fairness

All system participants—including youthful offenders, their victims, and their families—deserve bias-free treatment.

Recognition of juvenile-adult differences

The system must take into account that juveniles are fundamentally and developmentally different from adults.

Recognition of individual differences

Juvenile justice decision makers must acknowledge and respond to individual differences in terms of young people's development, culture, gender, needs, and strengths.

Recognition of potential

Young offenders have strengths and are capable of positive growth. Giving up on them is costly for society. Investing in them makes sense.

Safety

Communities and individuals deserve to be and to feel safe.

Personal responsibility

Young people must be encouraged to accept responsibility for their actions and the consequences of those actions.

Community responsibility

Communities have an obligation to safeguard the welfare of children and young people, to support them when in need, and to help them grow into adults.

System responsibility

The juvenile justice system is a vital part of society's collective exercise of its responsibility toward young people. It must do its job effectively.

Louisiana Models for Change

Models for Change-supported reform efforts in Louisiana focus primarily on bringing about change in three areas: expanding alternatives to formal processing and secure confinement; increasing access to evidence-based services; and reducing disproportionate minority contact with the juvenile justice system. In addition, the initiative provides support for statewide efforts to ensure that work carried out at the local level through Models for Change is aligned with the state's goals for juvenile justice reform. Louisiana was the third of four states chosen to participate in the Models for Change initiative, including Pennsylvania, Illinois and Washington.

Jefferson Parish Department of Juvenile Services Screening & Assessment Manual

Purpose

The purpose of this manual is to establish guidelines for the use of valid and reliable screening and assessment practices for the Jefferson Parish Department of Juvenile Services. These procedures can be used in whole or in part and are subject to revision.

Overview

Through the John D. and Catherine T. MacArthur Foundation's Models for Change Initiative, a study was completed in December 2007 by the LSU Health Sciences Center to determine the usage of valid and reliable screening and assessment tools in the Jefferson Parish juvenile justice system. The survey revealed a baseline of less than 15% of youth were administered such instruments. It has been the goal of the Evidence-Based Practices Committee of the Jefferson Parish Children & Youth Planning Board, with the technical and financial assistance of the Models for Change Initiative, to increase the use of valid and reliable screening and assessment instruments in Jefferson Parish.

Table of Contents

Definitions.....	3
Procedures for Administering Screening and Assessment Tools.....	4
Detention Assessment Instrument (DAI).....	4
Massachusetts Youth Screening Inventory-Version 2 (MAYSI-2).....	7
Juvenile Inventory for Functioning (JIFF).....	9
Structured Assessment for Violence Risk in Youth (SAVRY).....	11
Available Services and Indicators for Use.....	27
Overview of Evidence-Based Programs.....	29
Flow From Screening and Assessment to Services.....	31
Collection of Outcomes.....	32
Quality Assurance.....	32
Department of Juvenile Justice Data Sheet.....	33
References.....	36
Appendix 1 – MAYSI-2 Administration Script.....	37
Appendix 2 – JIFF Administration Script.....	38
Appendix 3 – Service Referral Matrix.....	39
Appendix 4 – SAVRY Items and Need Areas Worksheet.....	41
Acknowledgments.....	43

Definitions

Assessment

A more comprehensive and individualized examination of the psychosocial needs and problems identified during an initial screen, including the type and extent of mental health and substance abuse disorders, other issues associated with the disorders, and recommendations for treatment intervention. Typically requires individualized data collection, often including psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the assessor. Assessment is usually required for a smaller subset of youths who have been screened or otherwise identified to be in need of more extensive evaluation (Grisso & Underwood, 2003).

Detention Assessment Instrument (DAI)

A locally-validated instrument administered to arrested youth that is designed to determine risk to reoffend and likelihood of failing to appear for court hearings within a 60-day period. The instrument was developed as part of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative, a nation-wide detention reform effort. The DAI has undergone external validation through funding from the John D. and Catherine T. MacArthur Foundation's Models for Change Disproportionate Minority Contact Action Network.

Juvenile Inventory For Functioning (JIFF)

A brief computerized interview that screens for potential mental health problems, assists in determining youth's functioning across domains, designs a service plan that can address each of the domains in need of attention, and can be used to assess outcomes (Hodges, 2007).

Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)

A scientifically valid and reliable brief screening tool for use in juvenile justice contacts with youths to identify signs of mental/emotional disturbance (Grisso & Barnum, 2006).

Pre-Dispositional Investigation (PDI)

In accordance with Louisiana Children's Code Article 890, probation officers conduct pre-dispositional investigations for the purpose of making recommendations for disposition and determining special conditions of probation. The report contains circumstances regarding the commission of the offense, impact on the victim, child's current physical description, and an assessment of the youth's identified behavioral problems and potential for rehabilitation (McGough & Triche, 2007).

Risk and Protective Factors

Identified through 20 years of research on delinquent behavior, 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. 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.

Screening

A relatively brief process designed to identify youth who warrant immediate attention, intervention, or more comprehensive review. Screening is a "triage" process employed with a large number of youth that identifies the need for further evaluation (Grisso & Underwood, 2003).

Structured Assessment for Violence Risk in Youth (SAVRY)

A valid and reliable professional risk assessment that guides intervention planning for violence risk assessment using risk and protective factors (Borum, Bartel, & Forth, 2006).

Validity and Reliability

Validity refers to the extent to which a measure reflects the concept it is intended to measure. Reliability refers to the extent to which scores obtained on a measure are reproducible in repeated administrations provided that all relevant measurement conditions are the same (Rossi, Freeman, & Lipsey, 1999).

Procedures for Administering Screening and Assessment Tools

Detention Assessment Instrument (DAI)

Administration

A more comprehensive and individualized examination of the psychosocial needs and problems identified during an initial screen, including the type and extent of mental health and substance abuse disorders, other issues associated with the disorders, and recommendations for treatment intervention. Typically requires individualized data collection, often including psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the assessor. Assessment is usually required for a smaller subset of youths who have been screened or otherwise identified to be in need of more extensive evaluation (Grisso & Underwood, 2003).

Scoring

Consists of seven items each containing scaled scores for each criteria in the item. Points may be added or subtracted for aggravating and mitigating circumstances. Over-rides may be Mandatory or Administrative. See pages 5-6 for a copy of the DAI. Further details regarding scoring of the DAI can be found in the DAI Manual.

Interpretation

Total points range from 0 to 35, with 0-9 recommending Release, 10-14 recommending Alternative placement, and 15+ recommending Detention.

Reporting

Scores are recorded on the DAI form. Every item should be completed on the DAI for results to be valid.

Case Management

Youth who receive a score of greater than 10 (recommending Alternative Placement or Detention) shall be transported by Correctional Officers to the Rivarde Detention Center for further disposition. Youth who are indicated for Alternative Placement will be immediately referred to the Detention Probation Officer and Alternatives to Detention Probation Officer to determine the most appropriate Alternative to Detention.

Disposition of Results

DAI scoring sheets will be given to the Juvenile Intake Center Supervisor and a copy to the Rivarde Detention Center intake staff. The DAI is not validated for use beyond immediate detention screening and should not be used to determine overall risk for delinquency.

Training Overview

Training will consist of initial training using the DAI Manual for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of DAI development, validation, scoring, and dissemination.

Quality Assurance

A sample of scored DAI's will be reviewed weekly by the Detention Home Manager, the Juvenile Intake Center Commander, and the Data Collection Coordinator. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the DAI, and/or to ascertain policy revisions.

Detention Assessment Instrument (DAI)

Juvenile- Last Name: _____ First Name: _____ DOB: ____/____/____
Ethnic and Race Data Source: ____ Juvenile Self-Identification ____ Identification by Observer or other Source Hispanic/Latino: Yes or No
Race: ____ Asian ____ Black-African-Am. ____ Native Hawaiian-Other Pacific Islander ____ North/South/Central Am. Indian-Alaskan Native ____ White
Gender: _____ Intake Date: ____/____/____ Intake Time: _____ (Military hours) Screener: _____
If arrested at school or while in secure custody, list specific name of that location: _____
Completed as Part of Detention Decision: ____ Completed as Follow-Up: ____
Arresting Agency: _____ Arrest Date: ____/____/____ Arrest Time: _____ (Military hours)

SELECT ONE CHOICE PER SECTION **List Offense:** _____ **SCORE**

Section 1: Most Serious Current Offense

(See reverse for examples of offenses in each category)

- Category A: "Very Violent" offense against persons17
- Category B: Other "Assaultive/Violent" offense against persons14
- Category C: Felony narcotics7
- Category D: Other felonies6
- Category E: Major misdemeanors against persons5
- Category F: Other misdemeanors.3
- Category G: Violation of probation or Contempt of Court order2

Section 2: Additional Current Offenses

- Two or more additional current felony offenses3
- One additional current felony offense2
- One or more additional misdemeanors OR violation(s) of probation/parole1
- One or more status offenses OR no additional current offense0

Section 3: Prior Criminal History

- Two or more arrests for a Cat. A or Cat. B offense6
- One arrest for a Cat. A or Cat. B offense4
- Two or more prior arrests for any other felonies3
- One prior felony arrest2
- One or more misdemeanor arrests1
- No prior arrests0

Section 4: History of Failure to Appear

- Two or more warrants/detention orders for F.T.A. in past 12 months3
- One warrant/detention order for F.T.A. in past 12 months.....1
- No warrant/detention order for F.T.A. in past 12 months0

Section 5: History of Escape/Runaway (within past 12 months)

- One or more documented escapes from secure confinement or custody.....4
- Two or more instances of absconding from non-secure, court-ordered placements3
- Three or more runaways from home1
- No history within the past 12 months0

Section 6: Aggravating Factors (+1 pt. each - Do not add more than +2 pts.) See List Below.

Section 7: Mitigating Factors (-1 pt. each - Do not subtract more than -2 pts.) See List Below.

Total Indicated Score _____

Indicated Decision: ____ 0 - 9 Release ____ 10 - 14 Alternative ____ 15+ Secure

CHECK ALL THAT APPLY:

Aggravating Factors (At time of Intake):

- ____ A. Juvenile has significant mental health issues
- ____ B. Juvenile has significant substance abuse issues
- ____ C. Minor under influence of drugs or alcohol
- ____ D. Juvenile is a considerable flight risk
- ____ E. Juvenile has been released from detention w/in past 30 days supervision
- ____ F. Juvenile is currently on probation

Mitigating Factors (At time of Intake):

- ____ A. Juvenile is less than 12 years of age
- ____ B. Juvenile has no prior record
- ____ C. Juvenile's involvement in offense was minimal
- ____ D. Guardian able/willing to provide appropriate

Detention Assessment Instrument (DAI)

Offense Categories and Included Offenses (Included attempts or principals)

Category A: Very Violent Felonies Against Persons

Solicitation for Murder, 1st Degree Murder, 2nd Degree Murder, Manslaughter, Aggravated Rape, Forcible Rape, Aggravated Kidnapping, 2nd Degree Kidnapping, Aggravated Burglary, Armed Robbery, Assault by Drive-by Shooting, Aggravated Crime against Nature, Carjacking, Terrorism, Disarming of a Peace Officer, Aggravated Assault upon a Peace Officer with a Firearm, Aggravated Assault with a Firearm

Category B: Other Assaultive/Violent Acts Against Person

Aggravated Battery, 2nd Degree Battery, Mingling Harmful Substances, Sexual Battery, Intentional Exposure to AIDS Virus, Simple Kidnapping, Aggravated Criminal Damage to Property, 1st Degree Robbery, Simple Robbery, Illegal Use of Weapons or Dangerous Instrumentalities, Stalking, Aggravated Flight from an Officer, Aggravated Incest, Simple Rape, 2nd Degree Sexual Battery, Aggravated Arson, Purse Snatching, Aggravated 2nd Degree

Category C: Felony Narcotics

Distribution or Possession of Schedule I, II, III, IV, or V drugs

Category D: Other Felonies

All other felony charges not specifically enumerated in Categories A, B, or C

Category E: Major Misdemeanors Against Persons

Aggravated Assault, Battery of a Police Officer (Without Injury), Battery of a School Teacher, Battery of a Child Welfare Worker, Simple Battery of the Infirm, Domestic Abuse Battery, Assault on a School Teacher, Assault on a Child Welfare Worker, Negligent Injuring, Vehicular Negligent Injuring, False Imprisonment

Category F: Other Misdemeanors

All other misdemeanor charges not specifically enumerated in Category E

Category G: Violations of Probation or Contempt of Court Orders

Specific charges for "Violation of Probation" usually arrested by Department of Juvenile Services, or Office of Juvenile Justice, or Contempt of Court Orders

MANDATORY OVERRIDES:

- A. Use/Possession of firearm during current offense
- B. Escapee from secure custody
- C. Taken into custody via extradition or is a fugitive from another jurisdiction
- D. Juvenile is on E.M.P. at time of offense or is already in Secure Custody
- E. Juvenile is currently on parole
- F. Arrested on "JU" or court docketed contempt order (excluding Traffic or FINS) or arrested on an Officer's Warrant
- G. Juvenile identified as a Code 6J (serious habitual offender) by the Jefferson Parish Sheriff's Office

ADMINISTRATIVE OVERRIDES:

- A. Parent, guardian, or responsible relative cannot be located
- B. Parent, guardian refuses/unable to take custody of juvenile
- C. The juvenile is DETAINED/RELEASED for REASON:

Administrative Override Approval: (Supervisor Signature Only) _____

Actual Decision: JPSO Release Judge Release Alternative Secure

Procedures for Administering Screening and Assessment Tools

Massachusetts Youth Screening Inventory-2 (MAYSI-2)

Administration

An important first step in administering the MAYSI-2 is introducing the process to youth. Youth should receive a description of the purpose of the MAYSI-2, how the results will be used to help staff understand the youth better, who will or will not see the answers, what other purposes the results may be used for, and that answering is voluntary. (See Appendix 1 for script.) Staff administering the MAYSI-2 should also check for special needs of youth in completing the procedure. The MAYSI-2 will be administered at several points in the juvenile justice system in the following manner:

(a) Juvenile Assessment Center (JAC): Upon initial contact with law enforcement, the MAYSI-2 will be administered to all youth brought to the Juvenile Assessment Center.

(b) Pre-Dispositional Investigation (PDI): After adjudication for either a Families in Need of Services or delinquent offense, the MAYSI-2 will be administered to all pre-disposition youth who either have not been administered the MAYSI-2 OR whose MAYSI-2 results are greater than 30 days old.

Scoring

Scoring is automated through the use of MAYSWARE. Scores consist of seven scales for boys and six scales for females. Scales are Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance (Boys only), and Traumatic Experiences. In order of severity, scores fall into Normal, Caution, and Warning categories that are indicated automatically by MAYSWARE.

Interpretation

Critical cases are identified (flagged) when youth score within the CAUTION range on Suicide Ideation AND/OR within the WARNING range on any two other scales. Youth who score in the WARNING range are asked additional questions to clarify their responses in particular scales. These questions are called "Second Screens". Use of the MAYSI-2 Second Screening forms provides a simple way for staff to perform follow-up screening. The forms provide standard questions that can be asked regarding MAYSI-2 items that youths have endorsed on scales exceeding the WARNING cutoff. Within MAYSWARE, if the youth receive WARNING scores on any of the scales, then Second Screening forms for those scales will appear after the main report. Following the Second Screening forms is a Summary Form that the MAYSI-2 user can select if there will be a follow-up with the youth and a space for the user to explain the follow-up decision. Staff can print out these forms and complete them by hand or can enter the youths' responses directly into the form within MAYSWARE then print the form.

Reporting

(a) Juvenile Assessment Center (JAC): Results are recorded and reported using MAYSWARE generated forms, including the Second Screening and Summary forms. These forms are maintained according to JAC policies.

(b) Pre-Dispositional Investigation (PDI): MAYSI-2 results should be recorded under a separate heading with the title, Results of MAYSI-2, in the following manner:

1. Critical Cases: "The MAYSI-2 was administered on <<date>> and results indicated a CRITICAL case based on <<CAUTION on the Suicide Ideation scale>> and/or <<WARNING on the <<Scale 1>>, <<Scale 2>>, and/or <<Scale 3>>>>. These results indicate the need for further mental health assessment and <<the youth is currently scheduled for an appointment at Jefferson Parish Human Services Authority on <<date>>>> or <<the youth is currently receiving services from <<mental health treatment provider>>>>, or, <<an evaluation is being requested to determine the youth's needs for mental health treatment.>>."

Example: "The MAYSI-2 was administered on May 13, 2009 and results indicated a CRITICAL case based on WARNING on the Depressed-Anxious and Alcohol/Drug Use scales. These results indicate the need for further mental health assessment and the youth is scheduled to attend an appointment with Jefferson Parish Human Services Authority's Child and Family Services Unit on June 1, 2009."

2. Non-Critical Cases: "The MAYSI-2 was administered on <<date>> and results did not indicate a critical case."

Case Management

(a) **Juvenile Assessment Center (JAC):** MAYSI-2 results assist in targeting assessments and, in turn, developing case plans for arrested youth. Plans include written referrals to community agencies for the purpose of obtaining services to reduce delinquent behaviors with monthly follow-up calls to ensure services are utilized. As a reminder, MAYSI-2 results are only valid for 30 days, so follow-up for MAYSI-2-flagged needs past that period may not be applicable. However, needs identified by the Juvenile Inventory for Functioning (JIFF) will continue to be monitored according to existing Juvenile Assessment Center policy. Case managers will incorporate motivational interviewing techniques when discussing case planning with assessed youth

(b) **Pre-Dispositional Investigation (PDI):** MAYSI-2 results indicate to probation officers whether a mental health evaluation is necessary for adjudicated youth. MAYSI-2 results flagged as a "Critical Case" and indicated by Second Screens are to be considered in need of a mental health evaluation, unless they are already under psychiatric care.

Disposition of Results

(a) **Juvenile Assessment Center (JAC):** MAYSI-2 results for arrested youth will be maintained by case managers to target assessment areas and develop case plans and monitor cases for compliance. A copy of MAYSI-2 Scoring Summary and any Second Screening(s) will accompany youth who are detained for use by detention staff. Interpretation or explanation of results should be performed by staff trained in administration of the MAYSI-2.

(b) **Pre-Dispositional Investigation (PDI):** A copy of the MAYSI-2 Scoring Summary and any Second Screening(s) will be provided to the requesting probation officer by the JAC.

Additional Procedures

(a) MAYSI-2 results reflect a two-week period prior to the screening and are considered valid for 30 days afterwards. Re-administer the screen after 30 days as indicated in section 1(b).

(b) Training may be provided upon request to any agency regarding implementation, use, administration, and indications of the MAYSI-2 mental health screen.

(c) To request a MAYSI-2 for youth attending a pre-dispositional investigation, a copy of the PDI letter to the parent/guardian shall be provided to JAC case managers to schedule the MAYSI-2 during the PDI.

Training Overview

Training will consist of initial training using the MAYSI Manual for new employees and ongoing (every six months) booster training for existing employees. Training will utilize the National Youth Screening and Assessment Project-created MAYSI-2 PowerPoint training module and will consist of an overview of MAYSI-2 development, validation, scoring, and dissemination.

Quality Assurance

A sample of scored MAYSI-2's will be reviewed weekly by the Juvenile Assessment Center Supervisor. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the MAYSI-2 and/or to ascertain policy revisions.

Procedures for Administering Screening and Assessment Tools

Juvenile Inventory for Functioning (JIFF)

Administration

The JIFF will be administered by case managers in the Juvenile Assessment Center while youth are in the custody of law enforcement. Custody is the result of a recent arrest and is prior to adjudication or any formal court involvement. The JIFF is a self-report inventory that assesses youths' daily functioning across domains, mental health problems, and strengths. The youth version of the software uses a 3rd grade reading level that graphs youth's results across functioning areas and generates a service plan for each youth. Case managers use computer-generated needs to select and prioritize goals for intervention and assigns community-based services for each goal. The JIFF program provides case tracking and management and provides individual and aggregate reports. Administration time is typically 25 minutes for the interview and 30 minutes to develop the case plan. Staff members introduce the instrument to the youth using the script in Appendix 2.

After the youth has completed the interview, the case manager will review the answers and ask the youth if he/she would like to elaborate on any issue. Information provided will assist the case manager in developing more appropriate case plans, goals, and service recommendations.

Scoring

Scoring consists of a computer-generated report that contains 10 broad domains. Reports provide case managers with both protective and risk factors impacting youths' behaviors presented in graphic form that is easy to identify areas in need of immediate response.

Interpretation

The JIFF software includes 45 pre-programmed goals common to most youths. Case managers can add goals as they become necessary based on additional information available at the time of arrest. For example, the nature and conditions of the arrest and/or results from the MAYSI-2 may require additional goals to be identified. Goals are prioritized as Immediate, High, Medium, or Low. If time permits, case managers are encouraged to engage the youth, and when available parents/guardians, in selecting goals or choosing services.

Reporting

The computer program generates a list of all youth responses that indicate problems or poor functioning. Case managers select goals for services, or add goals if needed, to develop the service plan. Service plans are reviewed with the youth and caregiver whenever possible to make sure the goals are accurate and services are accessible. A copy of the service plan will be provided to the caregiver for youth released to their parents. A copy will be maintained in the youth's file for monitoring.

Case Management

Case managers will contact the youth and/or the caregiver once every 30 days to monitor compliance to the service plan, offer assistance in obtaining services, and obtain a status report on the youth and family. Monitoring will be provided for six months and will be provided to youth not engaged by other agencies. The case manager will document the status of the case on progress notes in the youth's file. Cases are followed for six months or until the case is supervised by another agency, such as Office of Community Services, Office of Juvenile Justice, or Department of Juvenile Services. Case managers will incorporate motivational interviewing techniques into case planning.

Disposition of Results

Case plans will be maintained in the Juvenile Assessment Center. A copy may be provided to the detention center for detained youth, a copy shall be given to the caretaker, and a copy may be provided to the Juvenile Court or probation officer upon request.

Additional Procedure

(a) The timeframe used as a reference for youth taking the assessment is six (6) months. Youth will be asked to answer questions based on their experiences in the last six months.

(b) Re-assessment will be required only after three (3) months has passed since the previous assessment.

Juvenile Inventory for Functioning (JIFF)

Training Overview

Training will consist of initial training using the JIFF instruction guide for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of JIFF development, validation, scoring, and dissemination.

Quality Assurance

A sample of scored JIFF's will be reviewed weekly by the Juvenile Assessment Center Supervisor. Scoring, case planning, and case monitoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the JIFF and/or to ascertain policy revisions.

Procedures for Administering Screening and Assessment Tools

Structured Assessment for Violence Risk in Youth (SAVRY)

Administration

Each person administering the SAVRY must have completed formal training in the use of the instrument. This includes a training workshop with a Master Trainer, two vignette practice cases, and two actual probation cases. The SAVRY is currently administered by probation officers on youth at the pre-disposition/post-adjudication phase, every six months, or at a change in supervision status. Information is gathered with a semi-structured risk interview and Pre-Dispositional Investigation (PDI) Script. (See pages 15-26) Questions on the PDI Script are intended to guide probation officers' questions to get the information needed to rate SAVRY items. The questions do not necessarily need to be repeated verbatim to youth and parents. As probation officers become more comfortable with the SAVRY, questions can be used as a guide rather than a script. Probation officers should interview parents and youth separately whenever possible using techniques consistent with Motivational Interviewing, whenever possible. The SAVRY MUST also be completed based on information about the youth, including, but not limited to, school records, psychological or mental health records, and child welfare documentation or previous placement records.

Before interviewing youth, tell him/her the information is being collected to provide better services to prevent them from coming back into the juvenile justice system. The information is not being collected to give them more legal charges. Use this or a similar statement to reduce defensiveness.

Scoring

Thirty (30) items fall into four categories - Historical Risk Factors, Social/Contextual Risk Factors, Individual/Clinical Risk Factors, and Protective Factors. Risk items are coded Low, Moderate, or High and protective factors are coded "Absent" or "Present". Coding is based on established criteria validated through scientific research. Additional risk factors and other protective factors can be included in the coding. Probation officers should also rate for the Early Initiation of Delinquency. Items that are considered critical are to be coded as a Critical Item on the rating sheet.

(a) To score the SAVRY items, obtain data from multiple sources to build validity. If sources conflict, base ratings on the most credible source of information. The Summary Risk Rating on the rating form is for violence and is coded Low, Moderate, and High. Probation officers should add and score a Summary Risk Rating for Delinquency as Low, Moderate, and High.

(b) Every part of the SAVRY scoring sheet should be completed to consider the test results valid, including the Early Initiation of Delinquency item and the addition of the officer's Summary Risk Rating for Delinquency.

Interpretation

Use the Service Referral Matrix (Appendix 3) and SAVRY Items and Need Areas Worksheet (Appendix 4) to determine which services are needed. Consider the rating levels (Low, Moderate, High) of each item within each Need Areas, as well as protective factors. Generally speaking, the more risk factors rated as High and the fewer protective factors, the higher the risk level in that Need Area.

(a) The dynamic SAVRY items fall into several "Need Areas", (e.g., Family Problems, Education, Disruptive Behavior Problems) which are essential for service planning. Need Areas are determined by identifying the most critical needs associated with violence and delinquency risk. Use the SAVRY Items and Need Areas Worksheet in Appendix 4. Services for each Need Area are listed in the Service Referral Matrix and Case Plan. The SAVRY items that fall within each Need Area are listed.

(b) Services indicated are only guidelines for recommendations and should not be reported word for word. Recommendations should consider services already in place or already complete. For example, if school achievement and performance is a major need area for the youth, but they are currently in an alternative school setting, receiving tutoring and doing well, then a new service is not needed.

(c) In order to maintain quality control, probation supervisors should check and approve every SAVRY Rating Sheet and case plan to ensure the assigned services are aligned with the identified needs. Approval is documented by the supervisor's signature on the pre-dispositional report and SAVRY Rating Sheet.

(d) When recommending services, probation officers should discuss current services, highlight progress or lack of progress and what additional services are needed, if any.

Reporting

(a) PDI Report: Report results under RESULTS OF SAVRY FINDINGS on the PDI Report. Each Social/Contextual and Individual/Clinical Risk Item rated as High or Moderate, and any present Protective items should be listed under this heading. The most critical top two or three Need Areas from the Service Referral Matrix should be targeted for services and recommended in the pre-dispositional report. The most salient or critical need area should be listed and addressed first. If there are no moderate or high risk need areas, state this. In such cases, any services recommended should be those that focus on increasing protective factors.

These top two or three Need Areas should be updated as the youth progress or shows more salient needs across the duration of probation.

(b) Include a summary statement about risk and protective factors to target need for treatment. This statement summarizes the risk factors present and how they relate to delinquency/violence risk. This summary statement may be included in the existing summary statement. Be sure to include how needs identified by the SAVRY will be addressed. See below example SAVRY section of the Report to the Court:

RESULTS OF SAVRY FINDINGS:

The following items were definitely present:

Social/Contextual Factors:

11. Peer Delinquency	Moderate
14. Poor Parental Management	High

Individual/Clinical Risk Factors:

18. Risk Taking/Impulsivity	High
19. Substance-Use Difficulties	Moderate

23. Poor Compliance	Moderate
---------------------	----------

Protective Factors:

P1 Strong Social Support	Present
P4 Positive Attitude Toward Authority	Present

	NEED AREA	NEED LEVEL	SERVICES RECOMMENDED
1.	Family	Moderate	Active Parenting for Teens to address poor parental management.
2.	Substance Abuse	Moderate	JPHSA Substance Abuse Unit for assessment and treatment.
3.	Disruptive Behavior Problems	Moderate	Moral Reconciliation Therapy to address risk taking/impulsivity and peer delinquency.

Summary Risk Rating for Violence:

Low

Information collected on John Doe indicated he has not engaged in either delinquent or violent behavior in the past. He typically handles conflict appropriately and has few behavioral problems in school. He has some delinquent friends, with whom he occasionally smokes marijuana. His parents are not available due to their work schedule and, as a result, he is rarely disciplined for his behaviors. He was previously terminated from informal FINS for failing to comply with his Informal Family Services Plan Agreement. Currently, he does have several positive adults whom he feels connected to and can speak with when he has a problem. He said he wants to do well on probation so he can continue with school.

Case Management

The Summary Risk for Delinquency and Summary Risk for Violence ratings are used to determine probation supervision level in accordance with probation policies. The supervision level should be consistent with the higher of the two summary risk ratings. Treatment referrals shall be made to change identified needs of the youth. Referrals shall use, whenever possible, evidence-based programs to give youth and families the greatest opportunity for improvement.

(a) The following information reflects supervision levels established by existing probation policy. This information is superseded by any revisions to existing probation supervision policy.

- Low Risk (Delinquent & FINS) --- 1 face-to-face contact per month
- Moderate Risk (Delinquent) ----- 2 face-to-face contacts per month
- Moderate Risk (FINS) ----- 1 face-to-face & 1 phone contact per month
- High Risk (Delinquent) ----- 4 face-to-face contacts per month
- High Risk (FINS)----- 2 face-to-face contacts per month

(b) Case plans are documented in the pre-dispositional report and are to be reviewed with the youth and guardian each month to ensure youth is completing appropriate services. Probation officers should document services received and whether or not identified needs are being addressed properly.

(c) When SAVRY Summary Risk Scores are not consistent with probation recommendations as a result of the nature and severity of the referral offense, probation officers should maintain the SAVRY Summary Risk Scores and explain in writing the rationale for increased or decreased levels of supervision or services. This should be explained in the Risk Classification section of the pre-dispositional report as follows.

Example: The SAVRY Summary Risk Rating indicated this youth is at Moderate Risk for re-offending. However, due to the nature and severity of the charge, it is recommended that this youth be supervised at a more intense level. Therefore, this youth is recommended for the Intensive Supervision Probation program. He will be re-assessed at a later date to determine his suitability for reduction in supervision level, if appropriate.

Disposition of Results

The SAVRY is a valid assessment instrument for risk for recidivism and Rating Forms are to be kept confidential and not reviewed by anyone not trained in use of the SAVRY. Due to state-wide implementation of the SAVRY, SAVRY results shall be provided to the Office of Juvenile Justice during case staffings for placement following existing staffing policy.

Additional Procedure

(a) SAVRY results are valid for approximately six months. Generally speaking, reassessment is required every six months, after a major life-changing event, or at a change in supervision status, including termination from probation. Re-assessments should be completed by looking at the original SAVRY ratings for the youth, considering any new information, and rating Social/Contextual, Individual/Clinical, and Protective factors based on the time since the last SAVRY was completed.

(b) At the discretion of the probation supervisor, SAVRY's are not required for youth recommended for transfer of supervision levels or termination with less than 30 days since their last SAVRY.

(c) To determine whether or not a youth should receive a different supervision level, a SAVRY should be administered. The highest Summary Risk rating for either Delinquency or Violence will be the basis for re-assignment to a different supervision level.

(d) When making treatment referrals, probation officers should inform parents/guardians and youth that more services may be required upon completion of first round of services depending on whether behaviors warrant.

Structured Assessment for Violence Risk in Youth (SAVRY)

(e) Re-administration of the SAVRY is not required for deferred probationers since they will be considered Low risk for delinquency and violence. However, a SAVRY is required if the youth has a major life-changing event or is being recommended for an increased supervision level. Also, if a SAVRY has been completed for a deferred probation case or the probation officer believes it is necessary to complete a SAVRY, and the SAVRY Summary Risk Rating for Delinquency or Violence is Moderate or High, the youth should be placed on the respective probation supervision level according to the relevant probation policy.

(f) Probation officers are encouraged by the Court to move for early termination more frequently if youth have completed services and risk indicators have decreased based on re-assessment.

Training Overview

Training will consist of initial training using a 12-hour SAVRY training for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of Motivational Interviewing techniques, SAVRY development, validation, scoring, and dissemination. In addition, SAVRY training will consist of two standardized written vignettes and two actual cases scored and reviewed by a Department of Juvenile Services SAVRY Trainer.

Quality Assurance

SAVRY's will be reviewed weekly by the Department of Juvenile Services' Probation Supervisors and, when necessary the Department SAVRY Trainer. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the SAVRY and/or to ascertain policy revisions.

Structured Assessment for Violence Risk in Youth (SAVRY)

REPORT TO THE COURT OUTLINE

(Revised 10/7/09)

FINS REPORT
 DELINQUENCY REPORT

SUPPLEMENT ATTACHED
 EVALUATION ATTACHED

I. Sources of Information Used:

List of persons and agencies interviewed and records reviewed to obtain the information contained in this report:

____ Youth Interview
____ Mother Interview
____ Father Interview
____ School Records
____ School Personnel
____ Law Enforcement Records
____ OCS/Child Protection Worker
____ OCS Records
____ Victim Interview
____ Past Mental Health Records - From? _____
____ Other Relative Interview: Relationship _____
____ Other Service Providers

II. Demographics:

Name _____ Date _____ Court Section _____
DOB _____ Age _____ Docket No. _____
Address _____ PH _____
Probation Officer _____ SS# _____
Hispanic/Latino () Yes () No () Unknown
Race (select all that apply): () White () Black/Af-Amer. () Asian () American Indian or Alaska Native () Native Hawaiian/ Pacific Islander () Unknown

Physical Description _____ is approximately _____ ' _____ " tall and weighs _____ pounds.
He/she has a _____ complexion, _____ hair and _____ eyes.
Birthmarks, scars, tattoos, piercings, or other distinguishing marks (list type and location): _____

(Whenever possible, conduct interviews with the child alone, then the parent alone, then together.)

III. Juvenile Interview:

Neighborhood:

In your neighborhood (or where you live) is there a lot of crime and drugs? () Yes () No

Tell me more about that: _____

What services are available in the community, including any services extended family can provide:

Family:

How do you feel after you do something you know is wrong even if you don't get caught?

Have you done things in the past that got you in trouble with the law (reassure them you're not going to arrest them and probe about past offenses if they don't mention it)? What were they? _____

If your parents live separately, how often do you see your other parent? _____

Do you feel you see both parents often enough? () Yes () No

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Can you tell me about that? _____

Do your parents (or guardians) know where you are and what you are doing most all the time? () Yes () No

Do your parents/guardians discipline you or enforce rules in the same way? () Yes () No

Tell me more about that. How do they discipline you (restriction, sent to room, remove privileges, physical punishment): _____

What things do you do with your family regularly? (e.g., eat dinner, go to sporting events, watch movies, etc.) _____

When you were growing up, were there a lot of physical fights in your family? () Yes () No

Did people in your family hurt each other a lot? _____

When you were young – before you were 12 years old – did a parent or someone who was taking care of you ever abuse you or physically hurt you on purpose? () Yes () No

Tell me more about that: _____

Before you were 12 years old – were there times when no one provided food, clothes or a room for you? () Yes () No

Tell me more about that: _____

Has a parent or guardian ever been in trouble with the law? () Yes () No

Tell me more about that: _____

When you were growing up, did you live in foster homes or group homes or did you live away from your parents? () Yes () No

If yes, how old were you the first time this happened? _____

If no, have you ever been separated from your family for a long time? () Yes () No

How old were you the first time this happened? _____

What happened? _____

What do you like about living in your family? _____

What don't you like about living in your family? _____

Peers:

Do you spend much time with people your age? () Yes () No

If Yes, who: _____

Have any of your friends ever been in trouble with the law? () Yes () No

If Yes, what kind of trouble? _____

Have any of your friends ever been in trouble at school or done other things that would have gotten them in trouble if they were caught?

() Yes () No

If Yes, what kind of trouble? _____

What do other kids in your school or neighborhood think about you? _____

Individual:

When people get beat up or taken advantage of, they usually had it coming? () Yes () No

Is threatening or force the best way to get what you want? () Yes () No

If yes, when it is best to use. If no, explain what how you get what you want: _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

What do you usually do when something or someone makes you really angry? _____

Do other people think you have a problem with your temper? _____

How many times have you been in a physical fight or attack where the other person got hurt with cuts, bruises, broken bones, or worse, or could easily have gotten hurt? _____

If you have been in fights, who usually starts the fights? _____

How old were you the first time you got into a serious fight? _____ What happened? _____

Have you been in a fist fight in the last six months? (Yes () No

Do you get bullied, teased, or picked on by others? () Yes () No

What happens? _____

School:

How important is school to you? _____

Has a teacher ever told you to do something that you disobeyed on purpose? () Yes () No

If yes, tell me more about that: _____

Do you have any career goals? What are they: _____

Mental Health/ Drug Use:

Have you ever tried to hurt yourself or end your life on purpose? () Yes () No

If Yes, what happened? _____

Have you ever had problems with using alcohol or drugs in the past? () Yes () No

If Yes, what kind of problems (gone to school or work high, relationship problems, trouble with the law, etc.? _____

Do you currently use drugs or alcohol? () Yes () No

If Yes, which drugs do you use? _____

Have you ever thought about getting help to stop using drugs and alcohol? () Yes () No

When really bad things happen, do you deal with them better than others? () Yes () No

What do you do when you feel stressed? _____

Do you do things other people think are dangerous? () Yes () No

If yes, what do you do? _____

Do you often have trouble staying focused when sitting in class or doing something that is not very fun? () Yes () No

Are you easily distracted? () Yes () No

Do you frequently feel restless and have trouble keeping your body still? () Yes () No

If yes, tell me more about that: _____

Has a doctor, counselor, or therapist ever told you that you have ADHD (Attention Deficit Hyperactivity Disorder) or any other mental health problem? () Yes () No

If so, what did they tell you? _____

Over the past six months or so, has anything made you feel stressed or overwhelmed? () Yes () No

If Yes, what happened? _____

How have you been handling that? _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

How does it work out when people try to help you or how do you think it will work out? If it doesn't work out, why doesn't it work out? _____

Coping Skills:

Is there an adult in your life that you go to when you need help, or that you would go to if you needed help? () Yes () No

What about that person that makes you feel that they might help you? _____

Are you able to talk your way out of bad situations? () Yes () No

If Yes, how do you do it? _____

Can you think of a time when something you did made a problem for someone else or made them to feel badly? () Yes () No

If Yes, what happened? _____

Extracurricular Activities/Hobbies:

Have you ever played organized sports or been involved in school or neighborhood clubs or organizations? () Yes () No

If yes, which ones? _____

What do you like to do for fun? _____

IV. Parent Interview:

Family Strengths and Weaknesses:

What do you like about your family? _____

What do you not like about your family? _____

How does your child behave at home? _____

How does your child respond when told to do something at home? _____

What types of punishments and rewards do you use with your child in your home? Do you think they work? Does your child react to these punishments and rewards? _____

Has your child ever witnessed aggressive behavior or violence in your home or the homes of your family and friends? () Yes () No

If yes, please explain: _____

Who usually disciplines the youth? _____ Method of discipline typically used: _____

Juvenile's Personality Traits:

Does your child have problems with any authority or important figures in his/her life? () Yes () No

If Yes, please explain: _____

How does your child react to difficult situations? _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Does your child get angry easily? () Yes () No

If yes, what does he/she do? _____

Has your child ever threatened to hurt someone? () Yes () No

If yes, what happened? _____

Does your child believe crime and violence are acceptable? () Yes () No

If yes, please explain? _____

Does your child tend to become aggressive or violent because of harmless situations? () Yes () No

If yes, please explain: _____

Does your child react or behave without thinking ahead or considering the consequences? () Yes () No

If yes, please explain: _____

Does your child engage in risky or dangerous behaviors? () Yes () No

If yes, please explain: _____

Does your child understand the need for treatment to help with his/her difficulties? () Yes () No

If yes or no, please explain: _____

Does your child have a positive attitude toward people trying to help? () Yes () No

Please explain: _____

OCS/Child Welfare Involvement:

Is OCS currently involved with your child? () Yes () No

Has a child welfare agency ever been involved with your child? () Yes () No

Date of first OCS investigation: _____

Number of previous investigations by OCS, if any: _____

Date of first confirmed/substantiated OCS investigation, if any: _____

Has your child ever been placed out of the home by OCS? () Yes () No

If yes, date of first placement: _____ Placement Type: _____

Is youth currently in an OCS placement? () Yes () No

If yes, where? _____

(Confirm using OCS records whenever possible)

Employment History:

Does your child currently have a job? () Yes () No

If yes, where? _____

Has he/she ever worked? () Yes () No

If yes, how did he/she like work? How would you describe your child as an employee? Did/does he/she get along with employers/bosses? _____

If no, why hasn't your child worked? Does he/she want to work? _____

Are there any reliable adults in his/her life that he/she trusts and turns to for support and help? () Yes () No

Please explain: _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Does your child turn to these adults in times of stress or trouble? () Yes () No

Please explain answer: _____

Do you approve of your child's friends? () Yes () No

If no, why not? _____

Does your child currently use drugs or alcohol? () Yes () No

If Yes, please explain: _____

Has your child ever had problems caused by drug or alcohol use? () Yes () No

If Yes, what problems has your child had related to drug or alcohol use? (For example, gone to school or work high, relationship problems, trouble with the law, etc.)? _____

Have your child ever received help to stop using drugs or alcohol? () Yes () No

If yes, please explain: _____

What are good things about your child? What is he/she good at? _____

V. Legal History:

Present Legal Involvement:

_____ is appearing in Court today for a Dispositional Hearing relative to a charge of Enforcement Agency:

() JPSO () GPD () KPD () HPD () WPD () OTHER: _____

Item #: _____

Date/Time of Arrest: _____

Location of Arrest: _____

Summary of Narrative: _____

Juvenile's version of the incident: _____

Impression of juvenile's empathy: Remorseful/Defiant/Indifferent/Other: _____

Disposition of companion cases arising out of this offense: _____

Did child spend time in detention? () Yes () No

If yes, where? _____ For how many days? _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Offense History:

History of Delinquency and Violence

_____ has the following charges on record with the Jefferson Parish Department of Juvenile Services:

DATE	CHARGE	DISPOSITION

Prior charges for violent offenses? () Yes () No

Age at first non-violent incident/offense? _____ Age at first violent incident/offense? _____

VI. Victim Impact Statement:

Date referred to Restitution Officer: _____

Report any loss victim incurred: _____

Amount of monetary restitution recommended: _____

Amount of community service hours recommended: _____

VII. Developmental/ Medical/ Social History:

Place of birth: _____ Religion: _____

Birth: () Full term with no complications () Other () Explain: _____

Developmental Milestones: Age talked _____; age walked _____; age toilet training completed _____; age bed wetting ended _____; history of childhood enuresis/encopresis, if applicable, _____.

Medical History: _____

Present Medical/Physical Problems: _____

If female, is she pregnant? () Yes () No (If yes, PO shall refer her or any other pregnant female in the household to the Nurse-Family Partnership Program.)

Current Medications & Dosage: _____

Medical Insurance:

Do parents have medical insurance? () Yes () No

If Yes, type of medical insurance: () Private () Medicaid/LaCHIP *(If No, refer to LACHIP)

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Name of Insurance Company: _____

Policy No.: _____

Medical Provider:
Name:
Address:
City/State/Zip:
Phone #:

Traumatic Experiences/Events: _____

Has child ever been in placement or lived outside the home? () Yes () No

If yes, explain: _____

Marital Status of Biological Parents:

() Legal () Non-legal () Married () Never Married () Divorced () Separated () Widowed

Deceased? () Mother/Date: _____ () Father /Date: _____

If married, how long? _____ If separated, when? _____ If divorced, how long? _____

Who has legal custody of juvenile? _____

Father's Name: DOB: _____

Address: () SAJ () Other: _____

Phone: () SAJ () Other: _____ Work No. _____

Place of Employment: _____ Occupation: _____

Income: \$ _____ () Monthly () Weekly () Hourly () Yearly

Educational level attained: _____ SS#: _____

Remarried: () Yes () No. Number of marriages: _____

List pertinent information regarding father or spouse if remarried: _____

Mother's name: _____ DOB: _____

Address: () SAJ () Other: _____

Phone: () SAJ () Other: _____ Work No. _____

Place of Employment: _____ Occupation: _____

Income: \$ _____ () Monthly () Weekly () Hourly () Yearly

Educational level attained: _____ SS#: _____

Remarried: () Yes () No. Number of marriages: _____

List pertinent information regarding father or spouse if remarried: _____

() Step-father () Step-mother () Legal guardian/relationship: _____

Name: _____ DOB: _____

Address: () SAJ () Other: _____

Phone: () SAJ () Other: _____ Work No. _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

Place of Employment: _____ Occupation: _____

Income: \$ _____ () Monthly () Weekly () Hourly () Yearly

Educational level attained: _____ SS#: _____

Remarried: () Yes () No. Number of marriages: _____

BROTHERS	Age	ADDRESS/ OCCUPATION
SISTERS	Age	ADDRESS/ OCCUPATION
OTHERS IN HOUSEHOLD	Age	ADDRESS/ OCCUPATION

Family Economic Status

Self-Rating: () Good () Adequate () Deprived

Supplemental Income Reported:

() SSI Amount: \$ _____

() Welfare Amount: \$ _____

() Child Support Amount: \$ _____

() Food Stamps Amount: \$ _____

() Other Amount: \$ _____

Family Mental Health History: (disease, mental illness, criminality, alcoholism, substance abuse, physical impairment, etc. () Yes () No

If yes, include who has the problem, type of problem and relationship to the juvenile's delinquency: _____

VIII. Educational History:

Child's School: _____ Grade Level: _____

() Presently attending () Not attending /Reason: _____

Number of suspensions: _____

Reasons for suspensions: _____

Presently passing? () Yes () No

Subjects presently failing: _____

Grades failed: _____

Reasons: _____

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

PREVIOUS SCHOOLS	GRADES ATTENDED	REASON FOR LEAVING

Has child ever been in special education? () Yes () No

If yes, where? _____

Classification: _____

Year first classified as special education: _____

Date of most recent evaluation (I.E.P.): _____

IX. Mental Health Evaluation/ Treatment History:

Has he/she ever been evaluated by:

Psychologist: () Yes () No

Psychiatrist: () Yes () No

School Board: () Yes () No

If yes, where and by whom: _____

Reason for referral or evaluation: _____

Results of MAYSI-2 (If available): _____

Did MAYSI-2 indicate a 'Critical Case'? () Yes () No

If Yes, what scales were above Caution? _____

What scales were above Warning? _____

What response was taken? _____

Has he/she ever been in therapy? () Yes () No

If so, where and with whom? _____

Has he/she ever been hospitalized for mental/emotional reasons? () Yes () No

If yes, where? _____

When? _____

Reason for hospitalization: _____

Why was child discharged? _____

Aftercare recommendations: _____

X. Protective Factors

Does parent(s)/guardian(s) attend church? () Yes () No

If Yes, does the parent(s)/guardian(s) want the child to attend church? () Yes () No

(If Yes, PO shall make church attendance a condition of probation.)

Does parent(s)/guardian(s)' church or neighborhood have a youth group program? () Yes () No

(If Yes, PO shall make participation in a youth group a condition of probation.)

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

XI. Results of SAVRY Findings

(Complete SAVRY Coding Sheet and include Early Initiation of Delinquent Behavior)

The following risk/needs factors were identified as definitely present:

Social/Contextual Factors

Factor # and Name	Rating (Mod/High)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Individual/Clinical Factors

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Protective Factors (Present)

	NEED AREA	NEED LEVEL	SERVICES
1.		Mod/High	
2.		Mod/High	
3.		Mod/High	

(List highest and/or most critical three risk/Need Areas from the Service Referral Matrix that is either HIGH or MODERATE and the services recommended. If there are all low, write, "Results of the SAVRY showed Low in all Need Areas. No services are recommended at this time.")

According to results from the SAVRY, this juvenile presents as Low / Medium / High risk for violence at this present time. (See Section XIII for Risk for Delinquency.)

SAVRY Summary Statement (May be included in Summary Statement):

Structured Assessment for Violence Risk in Youth (SAVRY)

(continued)

XII. Summary Statement

XIII. Risk Classification (FINS and Delinquents)

The initial SAVRY Summary Risk Score indicated the juvenile is at Low/Moderate/High risk for future delinquency and will minimally require one / two monthly contacts
OR referral to the department's Intensive Supervision Probation program.

XIV. Recommendations

After taking into consideration all the available information presented to the Office of Probation of the Department of Juvenile Services, the following are the recommendations made to this Honorable Court, including any special conditions of supervision:

- A. _____ be sentenced to the Office of Juvenile Justice for an appropriate period of time and the sentence be suspended;
- B. That he/she be placed on active period of probation for an appropriate period of time; and,
- C. He/she is to comply with all the general conditions, and the following special conditions, of probation (write numbers of Condition of Probation indicated for Report.)

Probation Supervisor

Probation Officer

Available Services and Indicators for Use

Treatment Indicators for Use

The below table contains a list of services available for juvenile justice youth through community and contract providers. There are other services available; however, they are used less often. The table contains a list of Service Referral Matrix Need Areas and SAVRY Social/Contextual and Individual/Clinical items for quick reference. Also, the table contains a list that the service is not used for. Referrals should be made for the top two or three most critical need areas. Note: Research has shown that Low Risk offenders should have minimal contact with the juvenile justice system; therefore, no services are indicated for youth assessed to be Low Risk.

SERVICE	USED FOR	NOT USED FOR
Individual Therapy (Cognitive Behavioral Therapy and/or Motivational Interviewing)	Disruptive behaviors, poor school achievement, neglect, stress and poor coping, peer rejection, peer delinquency, risk taking/impulsivity, poor compliance, low interest in school, negative attitudes, substance abuse, promiscuity, employment/career development, community disorganization, grief, trauma, sexual abuse, attention deficit. Most useful for more 16-year-olds and older youth working toward independent living and resiliency skills beyond immediate high conflict families and/or high risk neighborhoods.	Tutoring; Less mature 16 year olds and younger youth – use family therapy.
Family Therapy	Disruptive behaviors, school achievement, low interest in school, negative attitudes, poor coping, poor parental management, negative attitudes, poor compliance, low interest in school, substance abuse, mental health issues, and negative peers. Indicated for less mature 16 year olds and younger youth based on research.	
Functional Family Therapy	Same as Family Therapy plus families with multiple siblings, youth with mental health or substance abuse involvement, and/or at risk of removal from the home.	Lack of transportation as the predominant need; families needing social support services
Ecological-Based Family Therapy	Same as Family Therapy plus families with multiple siblings, youth with social services needs, and/or at risk for removal from the home.	Lack of transportation as the predominant need, mental health or substance abuse treatment
Active Parenting For Teens	Poor parental management, lack of personal support, community disorganization	
Sexual Perpetrator Treatment (Cognitive Behavioral Therapy-based)	Individual therapy focused on sexual perpetrators using a standardized treatment program.	Intensive sexual perpetrator treatment

Treatment Indicators for Use

SERVICE (cont.)	USED FOR (cont.)	NOT USED FOR (cont.)
Aggression Replacement Training	Disruptive behaviors, aggression, conflict resolution, anger management problems, poor school achievement, stress and poor coping, impulsivity/risk taking, problem solving, negative attitudes, peer delinquency, peer rejection, lack of personal support, poor compliance, low empathy or remorse.	Family-oriented behaviors
Baby Think It Over	Pregnancy prevention, parent education, risk taking/impulsivity, low empathy/remorse	Aggressive or violent youth
Trauma-Focused Cognitive-Behavioral Therapy	History of witnessing violence, exposure to violence in the home, childhood history of maltreatment, and other behaviors tied to experiencing significant trauma.	Youth without significant traumatic experiences
JPHSA Substance Abuse Treatment	Youth who have submitted a positive drug screen after disposition are referred to JPHSA Substance Abuse for further assessment and evidence-based treatment.	Youth already engaged in FFT, EBFT, or MST. Consult with in-home therapist on how to address substance use
JPHSA Mental Health	Youth determined to be in need of mental health treatment by past history or by a psychological or psychiatric evaluation. Current level of functioning should be impaired at home, school, or socially.	
Multi-Systemic Therapy	In-home family therapy that is more intensive than Functional Family Therapy or Ecological-Based Family Therapy. Youth who receive Medicaid and need services beyond FFT or EBFT. Poor parental management, peer delinquency, stress and poor coping, lack of personal/social support, risk taking/impulsivity, anger management problems, poor school attendance or behaviors, poor compliance, anger management problems, at risk of removal from the home.	Youth who do not have Medicaid, behaviors not related to major psychiatric disorder, behaviors not primarily related to sexual offending, pending charges resulting in incarceration longer than 30 days.
Project LAST	An ecological-based grief and trauma treatment program specializing in African-American school-age youth who have experienced significant loss/grief and have post-traumatic stress. Stress and poor coping, lack of personal support, and possibly anger management problems, attention deficit, and low interest/commitment to school if these are related to recent or substantial trauma or grief.	Youth who are actively suicidal or who are not experiencing symptoms of grief or loss.

Available Services and Indicators for Use

Overview of Evidence-Based Programs

Functional Family Therapy (FFT)

Functional Family Therapy is a family-based treatment for a wide range of clinical problems including conduct disorder, substance abuse, and violent behaviors. This treatment has shown to be effective for adolescents at risk for out of home placement. It is designed for families with adolescents between the ages of 10 and 18. Often these families have histories of treatment failure or have had difficulty accessing services. Functional Family Therapy conducts an average of 8 to 12 sessions but can conduct up to thirty sessions. Functional Family Therapy clinicians work to achieve a balanced alliance with all family members and then identify specific behavior change strategies for families. They seek to provide a culturally sensitive treatment with goals which are obtainable and reasonable for each family. Finally, all treatment ends with generalization skills to assist family members in transferring new coping skills to additional environments (Bauer, 2009). In national studies, Functional Family Therapy has consistently demonstrated reduction of status offenses, delinquent, anti-social behaviors for youth that are mid to high risk of further delinquency.

Ecological-Based Family Therapy (EBFT)

This program is the Fr. Flannigan's Boys Town model for in-home services. Reflecting a methodological shift in service provision in the New Orleans area, this program is a standardized program that utilizes in-home, wrap-around services to reduce risk and improve protective factors. Services include immediate responsiveness to a variety of emotional, behavioral, social, educational, and financial needs of at-risk families. Although not currently considered an evidence-based practice, it is a promising approach based on sound ecological and methodological principles. It is currently undergoing external empirical effectiveness studies. This model is currently being utilized for youth on probation who possess extensive family-related risk factors.

Multi-Systemic Therapy (MST)

Previously used for selected sub-groups of youth, this intensive, family-based intervention is aimed at juvenile offenders with serious antisocial behaviors who are at imminent risk of out of home placement. MST therapists collaborate with the family to determine the factors in youths' "social ecology" that are contributing to the identified problems and design strategies for addressing these problems. Ultimately, the goal of MST is to empower families to cope with the challenges of raising children with emotional problems and to empower youth to cope with family, peer, school, and neighborhood difficulties (Henggeler, 1997). More recently, MST has been approved for funding through Medicaid. As a result, referrals have been expanded to include juvenile justice children. Data collected from juvenile justice treatment referrals have indicated 77% of juvenile justice involved youth are covered by Medicaid who would be eligible to receive MST.

Moral Reconciliation Therapy (MRT)

MRT is a 16-step program that utilizes peer-driven processes to guide youth through sequential development of moral stages. The stages include loyalty, trust, acceptance, and many other concepts relating to moral development. MRT was initially developed in detention centers and has been expanded to include high-risk adolescents with a range of associated risks including substance abuse, disruptive behaviors, poor conflict resolution, family conflicts, and negative peers. Group sessions are held weekly and can range from 16 to 32 sessions, depending on the amount of effort demonstrated by participants (Little & Robinson, 1997)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Recognizing the need for a program to address the growing need for treatment for trauma-related risk factors, TF-CBT was selected from agencies solicited to provide EBPs. In addition to ongoing stressors related to the 2005 hurricane season, the 2007 CYPB community assessment identified that many youth do not have access to services that address grief, exposure to violence, and trauma, which tend to be characteristic of this population. TF-CBT is widely used throughout this area and is currently utilized for youth on probation that have experienced trauma. A study by University of New Orleans Department of Education revealed nearly 85% of youth at one public school in Jefferson Parish screened positive for a traumatic event in their lives. With a large percent of juvenile arrests stemming from schools, this treatment approach is critical to addressing trauma in the juvenile justice population.

Cognitive Behavioral Therapy and Motivational Interviewing (CBT, MI)

CBT (Burns, Hoagwood, & Mrazek, 1999) and MI (Miller & Rollnick, 2002) have been introduced to community-based organizations through the provision of trainings provided by the Louisiana State University Health Sciences Center. These evidence-based practices provide low-cost options for community providers. They also provide an overarching therapeutic approach when providing a broad range of interventions in individual and family therapy. To insure viability of these approaches, Juvenile Services Therapeutic Contracts require use of CBT and/or MI with all individual and family sessions not utilizing another EBP, documentation of model adherence on progress notes, an agency "resident expert" on the model, and weekly supervision meetings to insure program fidelity. In addition to expanding to treatment providers, MI training will be provided to probation officers within the Department of Juvenile Services to target their work with traditionally resistant clients and improve

Aggression Replacement Therapy (ART)

Assessments performed by Probation Officers frequently indicate the need for anger management and violence prevention programs for probationers. To address the identified gap in services that address conflict resolution, aggression control, emotional regulation, and anger management, ART is currently provided to juvenile probationers. ART is a standardized program that addresses conflict resolution, anger control, and moral development (Glick, 1999). It consists of 36 sessions meeting three times per week for 12 weeks.

Project LAST (Loss and Survival Team)

A developmentally- and culturally-specific intervention aimed at grief and loss symptoms of school-aged youth. This program was developed to respond to the needs of children and families who witnessed or have been victims of violence. Since its initial development, the program has expanded to include school-aged youth experiencing grief, loss, and trauma resulting from a variety of traumatic experiences. The intervention involves an ecological perspective based on cognitive-behavioral therapy and narrative therapy interventions. The program is theoretically-grounded and has shown positive effects in a pilot study and a subsequent randomized comparison group study (Salloum, 2006).

NOTE: Jefferson Parish continues to build a portfolio of evidence-based practices. As a result, the above list may not be an exhaustive list of available services. Every effort will be made to disseminate available resources to juvenile justice professionals and these resources will be included in future revisions of this manual.

Available Services and Indicators for Use

Flow from Screening & Assessment to Services

ASSESSMENT POINT	ASSESSMENTS PERFORMED	DECISIONS	ACTIONS
Juvenile Assessment Center (Post-Arrest)	DAI	Detain, Alternative, Release	Detain, Alternative, Release
	MAYSI-2	Refer for Mental Health Assessment	Refer for Suicide Assessment, Community Services, or Detention Response
	JIFF	Refer for Community Services	Refer for Community Services, Case Monitoring, Coordinate with Youth-Serving Agencies
Pre-Disposition Investigation	SAVRY	Probation Supervision Level, Determine Intervention Targets	Recommend Probation Level, Make Treatment Referrals
	MAYSI-2	Probation Supervision Level, Determine Intervention Targets	Refer for Mental Health Evaluation(s)
Every 6 months or change in supervision level, including termination	SAVRY	Change Supervision Level and Re-assess Treatment Needs	Change Supervision Level, Refer for Additional Services, or Recommend Probation Termination

Collection of Outcomes

Collection of outcomes will be accomplished in several ways. First, data captured from SAVRY administrations will show changes in risk, risk/needs, and protective factors of youth who have received treatment/interventions. Second, SAVRY data, along with long-term recidivism data will be collected using the Department of Juvenile Services Probation Data Sheet (Green Sheet) (See pages 33-35).

Data includes demographics, intermediate data, such as drug screen results, treatment/service completion (intensity and duration), probation violations, probation completion, and long-term recidivism. Lastly, computerized assessments, such as the MAYSI-2 and JIFF, will provide key data on arrested and detained youth. Data are also used to track the progress of youth, success of assessment and treatment planning, and ensure appropriateness of service linkages. Repeat measures of the SAVRY will serve as an in-house measure of the effectiveness of services. Green Sheets are not required for youth who will be transferred back to Department of Juvenile Services supervision at some point. For example, youth who are placed in residential care, transferred to interstate compact, or otherwise transferred and will return.

Quality Assurance

Effective implementation of valid and reliable screening and assessment instruments require not only consistently applied initial training, but also ongoing monitoring and follow-up training for quality assurance. Over time, procedures and practices used to perform screenings and assessments and to make treatment referrals become tainted due to time constraints, staff turnover, and lack of sufficient oversight of the process. To minimize the impact of these factors, Jefferson Parish Department of Juvenile Services staff engaged in screening and assessment procedures will undergo semi-annual refresher trainings on screening and assessment practices. In addition, quality assurance will focus on indicators of timeliness, access, and quality of service delivery with minimal thresholds for each. Corrective action plans will be required for any findings below threshold levels to ensure proper delivery of screening and assessment practices.

Juvenile Assessment Center and Probation supervisors will be responsible for ensuring day-to-day compliance to screening and assessment procedures. Lastly, this manual shall be reviewed annually for revisions.

Department of Juvenile Services Probation Data Sheet

Instructions: Fill in the blanks and/or circle applicable items on every case file transferred to the Records Clerk after termination of probation. For items requiring additional space write on the back of this form or attach additional information to this form. Please contact Dr. John Ryals, Evaluation/Treatment Supervisor at 504-364-3750 x241 for further information. Do not include Deferred Dispositions.

Note: Data should be tallied on a scratch sheet throughout the probationary period and summed up on this form at the end of probation. Probation Officers transferring cases to different levels of supervision should complete as much information as possible.

I. Juvenile Data

Juvenile Name: _____ **DOB:** _____ **Age:** _____ **Gender: M / F P.O.#:** _____

Ethnicity: Hisp./Non-Hisp.

Race: White/ Af.-American/ Asian/ Native American/Nat. Hawaiian or Pacific Islander

School: _____ **Probation Start Grade:** _____

Address: _____ **Zip Code:** _____ **Census Tract:** _____

Original Charge Amended? Yes / No
If Yes, what was original charge? _____

Most Serious Statute Adjudicated on: _____ **Adjudication Date:** _____

Type of Charge: FINS / Delinquent

Probation Officer Disposition Recommendation: 1-Informal FINS, 2-Deferred, 3-Active, 4-Secure, 5-Dismiss

Initial Probation Term: _____ months. **Probation Start Date:** _____ **Probation End Date:** _____

Total No. of Months on Probation: _____ **OJJ Commitment at Disposition?** Yes / No
If Yes, # months _____

Medical Insurance Type? None / Medicaid / Private

Amount of Monthly Public Assistance (SSI and/or Food Stamps): \$ _____

Biological Parents Marital Status: Never Married / Divorced / Married / Separated / Widowed

Initial Probation Level: Regular-Low Risk / Regular-Moderate Risk / Intensive

Ending Probation Level: Regular-Low Risk / Regular-Moderate Risk / Intensive / COPS

Initial SAVRY Delinquency Risk Level: Low / Medium / High

Ending SAVRY Delinquency Risk Level: Low / Medium / High

II. Screening and Assessment

Level of Needs: Please circle the score for each SAVRY item. Exclude Historical Items.

Date	SAVRY#1	SAVRY#2	SAVRY#3	SAVRY#4	SAVRY#5	SAVRY#6
Item 11	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 12	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 13	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 14	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 15	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 16	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 17	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 18	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 19	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 20	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 21	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 22	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 23	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
Item 24	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H

Probation Data Sheet

Item 21	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
P1.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
P2.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
P3.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
P4.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
P5.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
P6.	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs	Pres/Abs
DelRisk	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H
DelRisk	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H	L / M / H

Results of most recent MAYSI:

Date: _____ Critical Case? Y/N _____ Scales above "Warning": _____
 Scales above "Caution": _____

Drug Screens Conducted: (Add additional screens on back or print list and attach to this sheet if needed)

Date	Positive/ Negative	Substance Positive (Circle Applicable Substances)
1. _____	P / N	AMPH / BENZ / COC / OPIA / THC
2. _____	P / N	AMPH / BENZ / COC / OPIA / THC
3. _____	P / N	AMPH / BENZ / COC / OPIA / THC
4. _____	P / N	AMPH / BENZ / COC / OPIA / THC

Mental Health Evaluations Performed: Yes / No

If Yes, for last evaluation(s) completed:

Psychological: Axis I: _____ Psychiatric: Axis I: _____
 Axis II: _____ Axis II: _____
 IQ: _____ Dev. Disabled? Y/N _____ Medications Recommended? Yes / No _____

Out of Home Placement Recommended? Y/N _____

III. Treatment Provided (PO only complete "Reason")

Reason:	Treatment Program? (e.g., FFT, MRT, ART, etc.)	Start Date	End Date	#Sessions Attended	#Session No Show	Completed?
1. _____	_____	_____	_____	_____	_____	Y / N
2. _____	_____	_____	_____	_____	_____	Y / N
3. _____	_____	_____	_____	_____	_____	Y / N
4. _____	_____	_____	_____	_____	_____	Y / N
5. _____	_____	_____	_____	_____	_____	Y / N

Probation Data Sheet

IV. Sanctions

Contempt(s) of Court Orders During Probation: (continue on back if needed)

Date	Sanction (e.g., EMP, Number of Days Detained, CSW, etc.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

V. Outcomes During Probation

1. Number of school suspensions (in school or out): _____
2. Grade upon termination?: _____ or _____
3. GED/Youth Challenge/Job Corps/Not Enrolled
4. Number of delinquent charges on probation? _____
5. Number of status referrals while on probation? _____
6. Amount of restitution paid? _____
7. Number of CSW hours completed? _____

VI. Reason Probation Needed (Circle)

1. Completed Terms of Probation
2. Revoked for Technical Violations
3. Revoked for Subsequent Delinquent Offense
4. Aged Out of System
5. Unable to Benefit Further/Exhausted Services
6. Transferred to Different Jurisdiction
7. Transferred to Adult Criminal Justice System
8. Transferred to OJJ for Non-Secure Placement

VII. Post-Probation Data

ARRESTS:	6 months	12 months	18 months	24 months
Date:	_____	_____	_____	_____
Charge:	_____	_____	_____	_____
Result:	_____	_____	_____	_____

VIII. School Performance After Termination Date

Six Months:

Number of school suspensions (in school or out): _____
Grade upon end of period?: _____ or _____
GED/Youth Challenge/Job Corps/Not Enrolled

18 Months:

Number of school suspensions (in school or out): _____
Grade upon end of period?: _____ or _____
GED/Youth Challenge/Job Corps/Not Enrolled

12 Months:

Number of school suspensions (in school or out): _____
Grade upon end of period?: _____ or _____
GED/Youth Challenge/Job Corps/Not Enrolled

24 Months:

Number of school suspensions (in school or out): _____
Grade upon end of period?: _____ or _____
GED/Youth Challenge/Job Corps/Not Enrolled

References

- Bauer, D. (2009). "Description of Agency and Specific Program Qualifications." Report submitted from the Jefferson Parish Human Services Authority to the Jefferson Parish Department of Juvenile Services on July 2, 2009.
- Borum, R., Bartel, P., & Forth, A. (2006). "SAVRY-Structured Assessment of Violence Risk in Youth Professional Manual." Psychological Assessment Resources: Lutz, FL.
- Grisso, T. & Barnum, R. (2006). "Massachusetts Youth Screening Instrument. Version 2. User's Manual and Technical Report-2006 Revised Edition." Professional Resources Press: Sarasota, FL.
- Grisso, T. & Underwood, L. (2003). "Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System." National Center for Mental Health and Juvenile Justice Research Brief.
- Hodges, K. (2007). "Comprehensive Screening Tools for Children and Adolescents." Power point presentation prepared for the New York Coalition of Special Act Schools.
- Little, G. L., & Robinson, K. D. (1997). "Juvenile MRT: How to Escape Your Prison." Memphis, TN: Eagle Wing Books.
- McGough, L. S. & Triche, K. (2007). "Louisiana Children's Code Handbook 2007-2008." Eagan, MN: Thompson-West.
- Rossi, P. H., Freeman, H. E., & Lipsey, M. W. (1999). "Evaluation: A systematic approach (6th ed.)." Thousand Oaks, CA: Sage.
- Salloum, A. (2006). "The Project LAST (Loss and Survival Team): Elementary Age Grief and Trauma Intervention Manual." University of South Florida School of Social Work.

Appendix 1- MAYSI-2 Administration Script

1. Introduce the test by saying:

"I'd like you to answer some questions about what may be happening in your life or how you may be feeling right now. It should only take you about 10 minutes to complete the questions on the computer. You will see the questions on the screen and you will hear them read to you. For each question, answer "yes" or "no" as to whether the question has been true for you in the last few months. *(Pick a holiday or date approximately two months prior so they have a reference point.)* You may also see a couple of the questions will ask if something has EVER happened to you. Be as truthful as you can so that we can get the right assistance for things like family issues, school, friends, work, or other areas you choose. Please let me know if there is any question that is not clear, and I will explain it."

2. Give the confidentiality warnings by saying:

"Your answers to these questions are confidential. Nothing that you reveal can be used against you in any juvenile or criminal court hearing. Results of this test may be shared with <<your probation officer>> and/or <<the detention center>>. Do you understand? Do you have any questions? Let's begin."

If administering the paper/pencil version of the instrument, point to the right side of the answer sheet, and instruct the child to circle "Y" for "yes" and "N" for "no". Advise the child that there are more questions to be completed on the back of the page. If administering through MAYSIWARE, the software will instruct the youth.

Appendix 2- JIFF Administration Script

1. Introduce the test by saying,

“You’ve come to the Juvenile Assessment Center because you got in trouble with the police. We will talk about the issues that brought you here. But, we’re also interested in seeing whether there are any ways in which we can help make things better for you. One way we do this is by asking everybody who comes to see us to take the JIFF – a computer program that asks you questions about your experiences in your life and about your interests. Most kids really like it. If there is an area where we can help you, like at school, at home, or with friends we want to know about that. It also asks your opinions about things, like what you want to do [or be] in the future. The JIFF helps us know better how to help kids and their families. We ask that you answer the questions as truthfully as you can so we can get the right assistance.

The interview takes about 25 minutes to complete and actually begins by telling you how it works. For most questions, you just select your answer, like “yes” or “no” and many allow you to type in a personal answer if you choose. If you have any questions as you do the interview, let me know. After you finish it, you can also ask any questions that you might have.

Some of the questions might be uncomfortable and if you do not want to answer a question, you are allowed to skip that question by clicking the question mark (?) button twice. If you skip too many questions your interview will not be counted – and this would mean that you would have to start the interview over from the beginning.

I will stay nearby in case you have a question or want any help with the interview, but I will give you your privacy while you answer the questions.”

2. Give the confidentiality warning by saying,

“The interview is not intended to get you into trouble – our hope is to know how to help you better. Nothing you say can be used against you in any juvenile or criminal court hearing. Results of this test (but not your specific answers) will be shared with your parent/guardian so they will know how to help you if you need it.

Do you understand? Do you have any questions? Let’s begin.”

Appendix 3 – Service Referral Matrix

SAVRY RISK/NEED AREA: Report TOP THREE MOST CRITICAL Risk/Need Areas on Report to the Court with treatment indicated.							
	Disruptive Behavioral Problems	Mental Health/ Emotional Stability	Substance Abuse: Alcohol or Other Drugs	Family	Education/ Employment	Peer/ Pro-Social Activities	Community
Relevant Items	17, 18, 20, 21, 22, 23	5, 13, 20, 22	19	6, 7, 8, 14	10, 22, 24	11, 12, 15	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.						
MOD	Refer for individual/family therapy to target specific behaviors and Active Parenting for Teens, ART, MRT, or school-based interventions for behavior management.	Obtain current MAYSI-2 report from Juvenile Assessment Center or refer for MAYSI-2 if more than 30 days since last MAYSI-2. If MAYSI-2 report shows "Warning" for any two (2) scales, refer for psychological, and, if indicated, psychiatric evaluation.	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 DJS 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 disciplinarian, 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

Appendix 3- Service Referral Matrix (cont.)

	Disruptive Behavioral Problems	Mental Health/ Emotional Stability	Substance Abuse: Alcohol or Other Drugs	Family	Education/ Employment	Peer/ Pro-Social Activities	Community
Relevant Items	17, 18, 20, 21, 22, 23	5, 13, 20, 22	19	6, 7, 8, 14	10, 22, 24	11, 12, 15	16
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.	Refer to Juvenile Services Substance Abuse Policy 3.3 for referral to an appropriate level of treatment. Drug test youth minimally every month.	Refer for Functional Family Therapy (FFT), 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 completion of 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.

Appendix 4 - SAVRY Items and Need Areas Worksheet

SAVRY ITEM #	ITEM LABEL	LOW	MOD	HIGH	CRITICAL
	Disruptive Behavior Problems				
17	Negative Attitudes				
18	Risk Taking/Impulsivity				
20	Anger Management Problems				
21	Low Empathy/Remorse				
22	Attention Deficit/Hyperactivity Difficulties				
23	Poor Compliance				
	Mental Health/Emotional Stability				
5	Self-Harm or Suicide Attempts (current)				
13	Stress and Poor Coping				
20	Anger Management Problems				
22	Attention Deficit/Hyperactivity Difficulties				
	Substance Abuse				
19	Substance Abuse Difficulties				
	Family				
7	Childhood History of Maltreatment (H) (think current)				
6	Exposure to Violence in the Home (H) (think current)				
8	Parental/Caregiver Criminality (H) (think current)				
14	Poor Parental Management				
	Education/Employment				
10	Poor School Achievement (H) (think current)				
22	Attention Deficit/Hyperactivity Difficulties				
24	Low Interest/Commitment to School				

Appendix 4 - SAVRY Items and Need Areas Worksheet (cont.)

SAVRY ITEM #	ITEM LABEL	LOW	MOD	HIGH	CRITICAL
	Peer/Pro-Social Activities				
11	Peer Delinquency				
12	Peer Rejection				
15	Lack of Personal/Social Support				
	Community				
	Consider protective factors				
16	Community Disorganization				

LEGEND: Shaded areas indicate Protective Factors. (H)=Historical (Mostly Unchangeable) Factors. ONLY CONSIDER THESE IN PLANNING IF PROBLEM PERSISTS

ACKNOWLEDGMENTS

This document was made possible through the tireless efforts of the John D. and Catherine T. MacArthur Foundation's Models for Change Initiative, members of the National Resource Bank, the Jefferson Parish Children and Youth Planning Board Evidence-Based Practices Committee, the Jefferson Parish Juvenile Court Judges and Court Probation Officers, the Jefferson Parish Department of Juvenile Services Probation Officers and Supervisors, and state-wide stakeholders in juvenile justice reform. Each of these entities made significant contributions to the development of this manual.

Special thanks go to the following MacArthur Foundation Models for Change National Resource Bank partners for their professional contributions and continued support of implementing screening and assessment instruments in Jefferson Parish:

National Youth Screening and Assessment Project

Dr. Tom Grisso
Dr. Gina Vincent
Valerie Williams

National Center for Mental Health and Juvenile Justice

Dr. Joseph Coccozza
Jennie Schufelt

Louisiana State University Health Sciences Center
School of Public Health

Dr. Debra DePrato (MfC State Lead)
Dr. Stephen Phillippi

Children's Center for Law and Policy

Shauna Epps

Copies may be obtained from John S. Ryals, Jr., Ph.D., Co-Chairman, Jefferson Parish Children and Youth Planning Board, MacArthur Models for Change Reform Committee. Office Phone: 504-364-3750 extension 241, Fax: 504-364-3577, Email: JRyals@jeffparish.net

The Institute for Public Health and Justice (IPHJ) is the Lead Entity for the John D. and Catherine T. MacArthur Foundation's Louisiana Models for Change Initiative. IPHJ is a research, education and outreach institute within the LSU Health Sciences Center in New Orleans. Its mission includes disseminating and sustaining the successful outcomes of the Initiative.

For more information, contact:
Institute for Public Health and Justice
S59-LSU Law Center
Baton Rouge, LA 70803-1000
Phone: 225-578-7646