

THE JUVENILE JUSTICE REVIEW

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The Assessment Process by Michelle Schindler

In 1998, many Lancaster County officials and staff as well as representatives from many other public and private organizations throughout the community participated in the Lancaster County Juvenile Justice Needs Assessment facilitated and led by Karen Chinn, INC. in association with SINCLAIR HILLE & ASSOCIATES, INC. Through the interviews conducted with these persons and the documentary materials they provided, the Project Team was able to gain valuable insight into the nature and operation of juvenile services in Lancaster County. Recommendation 1 of the Study was to develop an Assessment Center.

At that time, when law enforcement officers picked up juveniles, they had to drive around trying to determine the appropriate means of dealing with the offender. To maximize the effectiveness of the juvenile justice system and ensure that appropriate decisions are made, an Assessment Center was recommended. The theory was that this would ensure that children are handled appropriately and reduce down-time for officers. A critical recommendation was that a diagnostic assessment was crucial due to the wide range of individual situations and social/psychological factors which contribute to a youth's well-being. Moreover, such a process was believed to be a basis for the initial placement decision.

The theory behind the assessment process was that most systems of treatment have multiple and decentralized points of entry. This approach leads to fragmentation of services and intensifies the dilemmas inherent in implementing a comprehensive case management system. Too



often, youth enter the same system repeatedly, but through different "doors". In this situation, it may take months, if at all, for service providers to realize that one youth is receiving similar or the same services from two or more providers. In some cases, however, it may not be feasible for a system's single point of entry to be an actual "physical" point of entry. Rather, a "virtual" option could be employed in which information gathered at one location, could be shared with other service providers, via a system wide multi-agency management information system. An assessment center could be the coordination point for youth involved with the juvenile justice and other treatment providers in the community.

It was believed that a juvenile justice system equipped with the resources and knowledge to match

juveniles with appropriate treatment programs while holding them accountable can have a positive and lasting impact on the reduction of delinquency. Identifying and providing community-based alternatives to confinement is often preferable and cost-effective. Developing effective case management and management information systems (MIS) would be integral to this effort.

Some critics said, and some may still believe, that assessment centers, through a net widening effect, may lead to an overwhelming burden on the juvenile justice system, especially if the assessment center is considered by law enforcement to be a "quick drop-off point" or a less stigmatizing way of bringing a youth into the juvenile justice system or treatment realm. Procedures for use of the assessment center must be clearly established at the outset to ensure that a "net widening" effect does not occur.

On February 7, 2002, Lancaster County's first Assessment Center opened. Through the years, components of the process have been tried. Some successful, some not. Different Leadership has occurred over the years. One thing has always held true for the Assessment Center: The goal is to work collaboratively, efficiently and effectively for the youth and families of our community.



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Early Assessment Process by Sara Kliewer and Vicky Thompson

The Centralized Risk/Needs Assessment Project was fully implemented in Lancaster County on January 1, 2009. One of the most critical first steps is to systematically assess the needs of youth who come in contact with the Juvenile Justice System at the earliest point of contact with the system. This project is designed to provide this targeted information on key factors to the County Attorney.

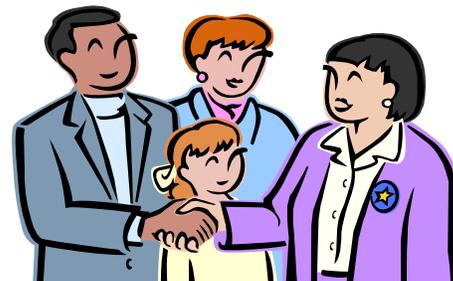
The process of the Centralized Risk/Needs Assessment Project is as follows: (a) the CEDARS Assessment Specialist receives citations from the County Attorney's office; (b) once a citation is received, the Assessment Specialist then attempts to contact the youth and a parent/guardian via telephone; (c) once contacted, the Nebraska Youth Screen (NYS) interview is conducted with both the parent/guardian and the youth (if age 12 or older); (d) the Assessment Specialist then reviews the information gathered and provides feedback to the County Attorneys. This feedback consists of a summary of the interview, NYS scores, and intervention recommendations. These recommendations can include but are not limited to: dismissal of charges; writing a letter of apology to the victim; Victim-Offender Mediation; participation in an educational group such as Developmental Assets offered through CEDARS Juvenile Diversion Services (JDS), Survival Skills offered through the YWCA; individual or family counseling; and in/outpatient drug/alcohol treatment.

Currently, the County Attorney is proceeding in one of four ways: (a) no charge, (b) referral to JDS, (c) referral of younger offenders to

Child Guidance, and/or (d) filing of the citation in Juvenile Court. If the citation is sent to JDS, staff review the recommendations made by the Assessment Specialist and do their best to support and guide the youth and family in following through with services. A more in-depth assessment is completed by JDS using the Youth Level of Service/Case Management Inventory (YLS/CMI). This assessment guides the development of a service plan to address a youth's needs based upon the level of risk for re-offending. The service plan incorporates the strengths of the youth and family. If a juvenile offender progresses further into the Juvenile Justice System in Lancaster County, Juvenile Diversion and Probation staff collaborate to share assessment information regarding needs, services, and progress made by a juvenile while receiving services. This helps guide the development of any further service needs for a youth and family. Overall, the Centralized Risk/Needs Assessment Project will identify services already available in the community to respond to the needs of youth and families, and eventually may help identify gaps or services needed that do not currently exist in our community to help address the needs of juvenile offenders.

Many of the parents/guardians interviewed with the NYS have expressed gratitude and relief for having had the opportunity to talk with the CEDARS Assessment Specialist. They report multiple attempts and approaches to helping their child, but are somewhat discouraged because they feel they have run out of options. The Assessment Specialist is able to provide resource referrals

and give suggestions for services parents may not have been aware of or have accessed. Parents/guardians also report this project has helped ease apprehension about the unfamiliarity of the Juvenile Justice process. Parents/guardians feel encouraged to provide suggestions and recommendations regarding the needs of their child. Feedback from parents/guardians is most often if not always included in the Recommendation Form sent to the County Attorney. Accommodations are also made for non-English speaking youth and their families to help provide them with adequate services while engaging them in the process. Most importantly, the youth being interviewed have expressed gratitude to the Assessment Specialist – they understand they may need help with certain aspects of their lives but have been unsure of where to go, who to ask, and/or how to ask. In some ways, the Assessment Specialist serves as a voice or advocate on behalf of the child. Implementing this project continues to be beneficial not only for the County Attorneys by giving them more information to help make a decision, but for the families as well.



Young Child Assessments by Cheryl Turner

Child Guidance Center in collaboration with the Lancaster County Attorney and Region V systems has developed an assessment process to allow young juveniles ages 7 to 11; who have been charged with a criminal act; the opportunity to complete a comprehensive assessment process in lieu of court involvement. Juveniles are referred to CGC by the

county attorney after review of the Cedars Early Assessment Process information. The county attorney sends a letter of information and referral to the families providing them with contact information for this voluntary process. Families have five business days with which to contact CGC and arrange an appointment. Once the assessment has been

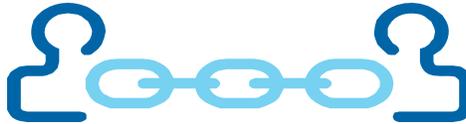
completed the families are often referred to outpatient services, community services, or the prevention professional partner wrap-around program. Families that are successful in this program will find that their young children will avoid the court processes.

LINCS by Kristin Nelson

In January 2007, LB 157 (Safe Haven) was introduced into the Nebraska Legislature. An amended version was signed into law on February 13, 2008. The intent of the legislation was to protect helpless children who are in immediate danger and provide a safe place for a child to be dropped off. It did not specify an age limit and, as a result, from September 13, 2008 to November 22, 2008, 36 children were dropped off at local community hospitals by caregivers in need of help. The average age of the children was 13. On November 21, 2008, was signed into law amending the original Safe Haven law by changing the age limit to 30 days of age.

Neither legislation was intended for parents who were having a difficult time parenting defiant, unruly children or for older youth with behavioral problems affecting their homes, schools and communities. However,

LB 157 highlighted that many families were struggling with their children and in need of additional support. In response to that need, LB 603 was introduced and signed into law on May 22, 2009. The legislation provided additional services, support and professional development resources directed towards helping Nebraska families dealing with children's behavioral health issues. Funds were appropriated to expand existing regional Professional Partner programs and support other services for children.



As a result, in July 2009, Region V Systems, in collaboration with key community stakeholders, including the County Attorney's

office, implemented LINCS (Linking Individuals/Families in Need of Community Supports). LINCS offers assessment, services and supports to families that have acknowledged a need for assistance with their children who are demonstrating difficulties in their homes, schools and communities. The voluntary program also responds to youth with serious/complex needs who are at risk of becoming state wards through application of the wraparound approach including primary prevention, intervention and coordination designed to address the behavioral health needs of youth and their families. The primary goal of LINCS is to reduce formal juvenile justice involvement while generating community support and service for the youth and their families.

Committee Meetings

Juvenile Substance Abuse Action Coalition
Disproportionate Minority Contact Committee
Truancy Run Response Committee

2nd Thursday of the Month from 9:30 to 11:00 a.m. at the Independence Center
2nd Thursday of the Month from 12:00 to 1:00 p.m. at the Lincoln Police Department
4th Wednesday of the Month from 12:00 to 1:00 p.m. at the Human Services Office

Juvenile Probation Office - Risk Assessment Process by Lori Griggs

Since 2006, the Juvenile Probation Office has been using the Youth Level of Service Inventory during the pre-disposition report process to incorporate the youth's risk and needs into the court report recommendations. A 2 to 3 hour interview with the youth and family is conducted to fully investigate risk factors in that youth's life and identify specific issues that need to be addressed in order to reduce the risk of further law violations.

This instrument contains eight domains with each domain compiling a score and then the youth is given an overall score of risk to re-offend. The eight domains are:

Prior Offenses	Substance Abuse
Family	Leisure/Recreation
Education	Personality
Peers	Attitudes

Within each domain, officers also search for strengths that could assist that youth with building a program or new approach to their life and thus, reduce their risk of recidivism. Probation Officers rely on the results of this

risk instrument to begin to identify the appropriate level of supervision and case planning.

If youth score in the high risk range and are also deemed appropriate for probation, the youth are assigned to supervision officers with lower caseload ratios (Community Based Intervention) and the probation case plan is driven by the risk factors identified in the Pre-Disposition Report. Officers work intensively with the youth and family to create a probation plan which adequately addresses the risks identified. Cognitive thinking groups and team meetings are utilized to maintain close supervision over the juvenile and ensure progress on their goals.

If youth score in the low risk range and are placed on probation, the youth are assigned to probation officers with higher caseloads (Community Based Resources) and these officers utilize community referrals to assist with the supervision of that youth.

The YLS instrument is also used by Juvenile

Diversion and the Office of Juvenile Services so all 3 levels of juvenile intervention programming (Diversion, Probation, OJS) are familiar with the various risks in each domain and the causes of youth scoring high or low. This is the first time all 3 agencies have used the same risk assessment tool. We are finding this to be extremely beneficial as youth transfer from one agency to the next.

If youth in the probation office are ordered to complete an OJS evaluation, the probation officer communicates with the OJS representative regarding the YLS risk assessment tool and work together to come to similar conclusions on appropriate recommendations. Since both state agencies have been formally trained on the YLS instrument, we are able to jointly score the instrument during those times that both OJS and Probation are making recommendations to the Court.

LINCOLN, NEBRASKA

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WE'RE ON THE WEB!
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The underlining mission of Lancaster County's Juvenile Justice System is:

"To provide individualized supervision, care, and treatment in a manner consistent with public safety to those youth under age 18 at the time of referral who violate the law. Further, the Juvenile Justice System shall recognize and encourage prevention efforts through the support of program and services designed to meet the needs of those youth who are identified as being at-risk or violating the law and those whose behavior is such that they endanger themselves or others".

Youth Services Center Screening by Michael Renn

The Youth Assessment Center provides a variety of screening and assessment services for Lancaster County Juvenile Justice and the community. Child Guidance Center has contracted with Lancaster County to provide licensed mental health practitioners and licensed drug and alcohol counselors at the Youth Assessment Center, to assess youth involved with the Juvenile Justice System. For more information regarding the described assessments, please contact Mike Renn, Mental Health Coordinator, at 441-5615.

Screening

This process is utilized for community referrals (i.e. parents/families, youth, school) and juvenile justice agencies (i.e. probation, county attorney). Upon completion of the "screening" interview, the Youth Assessment Center could develop intervention plans, make a referral to community services providers to access appropriate services and/or recommendations for further evaluation for the youth and family.

Process of determining the presence of suicidality, mental health, behavioral and/or substance abuse risk factors. This information may be obtained using *subjective* and *objective* measures.

Subjective: A brief clinical interview with the youth. This information will be documented in a progress note and does not include a "formal" report.

Objective: Using specific screening instruments to identify presence of risk factors.

- SSI (Simple Screening Instrument – Substance use)
- MAYSI-2 (Massachusetts Youth Screening Instrument)
- DPS (Diagnostic Predictive Scale)
- SRI (Suicide Risk Inventory)

Juvenile Justice Assessments

These assessments are completed with youth who are currently detained at the Youth Services Center and are involved with Juvenile Probation.

These assessments provide a "snap shot" look at juvenile's current behavioral, mental health, and/or social functioning.

Information gathered includes:

- running away
- law violations
- family environment
- peer relationships
- school
- treatment/therapy involvement
- medications
- drug/alcohol use (SSI)
- employment
- mental health concerns (MAYSI)
- risk of future violence (SAVRY)

Recommendations may include:

- level of supervision in community
- can the youth be managed in the community and what resources will be necessary.
- consultation with current treatment providers
- expeditor services/Graduated sanctions available
- community resources
- further evaluation (i.e. PTA, Drug/Alcohol evaluation, CCAA)

*JJA can provide information for the Detention Hearing or could be utilized as a general information gathering tool to provide updated information to Juvenile Court for the Adjudication Hearing.

*Can also identify potential barriers (i.e. parents' refusal for youth to return home, insurance/financial, high risk to community)

****JJA does not provide mental health/substance abuse diagnosis, treatment recommendations.**

Pre-Treatment Assessment (PTA)

Provides a *comprehensive* Biopsychosocial Assessment through clinical interview with youth/parents, review of collateral information, and clinical assessment utilizing MAYSI-2, SSI, SASSI (if needed) to identify appropriate methods of intervention and mental health/substance use needs.

Includes Mental Health/Substance Abuse Diagnosis and treatment needs.

Information includes:

- Presenting problem and Goals
- Social History
- Family Dynamics
- Mental Health history
- Academic and intellectual history
- Medical History
- Nutrition and Pain score
- Legal History
- Offender issues
- Trauma/Victim issues
- Substance Abuse history
- Personal assets and liabilities

****This does not include a Sex Offense Specific (SOS) Risk Assessment**

Drug/Alcohol Evaluation (D&A)

- This evaluation includes the same information as the PTA, with more in-depth assessment of substance abuse issues.
- The evaluations follow the standardized format, utilizing the CASI (Comprehensive Adolescent Severity Inventory).
- Typically, this evaluation is completed on youth who have law violations for substance use/possession or a reported substance use history as evidenced by self report, parent report, probation report, and/or positive UA.
- This evaluation will provide substance use/mental health diagnosis and treatment recommendations.