

Leveraging Risk Assessment for Impactful Case Management



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Upcoming Trainings

- What works for whom? Evidence-Based Best Practices in Juvenile Delinquency Interventions
 - April 12
- Quality Assurance in Action: What do we mean and how do we implement?
 - April 26

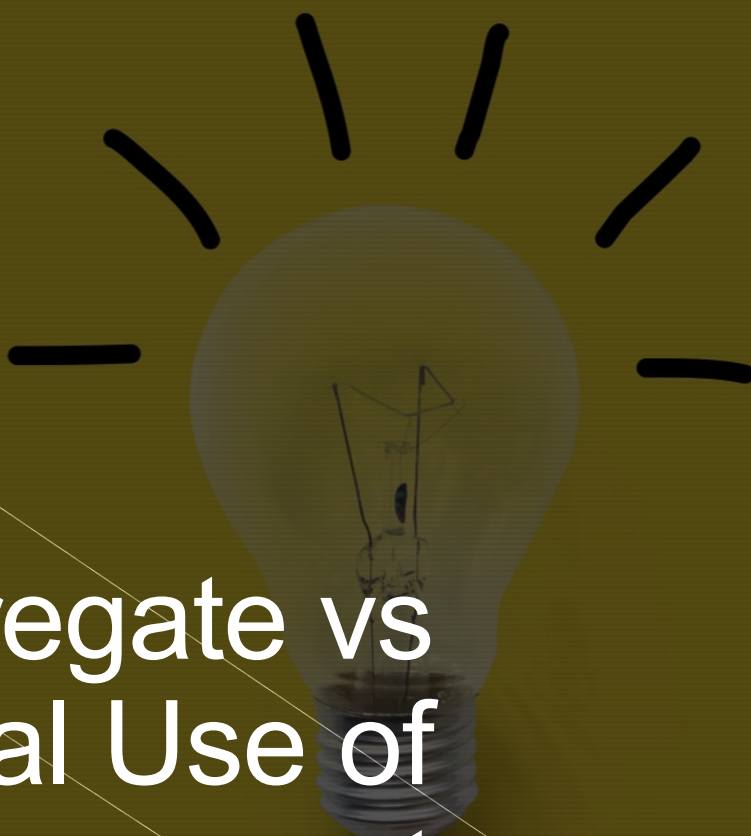


Context & Prior Learning Refreshers

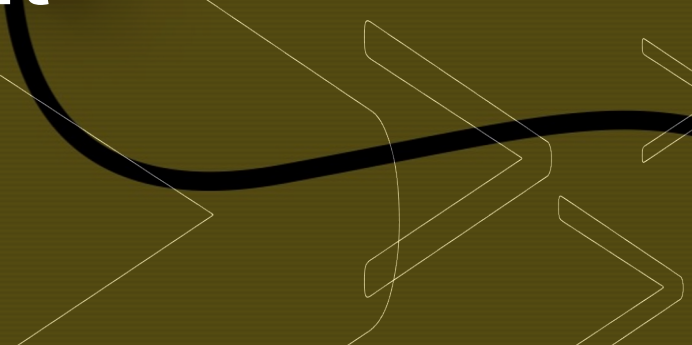
- Juvenile Justice Reform – Oct 2024
- Changes Child Care Fund reimbursement rates based on courts using risk assessments, evidence-based practices for treatment and monitoring quality assurance
 - Risk Screening – use prior to diversion or consent decision
 - Mental Health Screening – use prior to diversion or consent decision
 - Detention Screening – use to assess risk to remain in community, prior to a detention placement/hearing
 - Risk & Needs Assessment – use to inform dispositional decisions
 - Disposition, 6 months, major life event or change in proceedings
- Not admissible in any adjudicatory hearing or subject to subpoena or use for any other purposes

Context & Prior Learning Refreshers

- Why is reform needed/wanted?
- What's the juvenile court's primary role?
- What's the purpose of a criminogenic risk assessment?
 - Why do we use them?
 - What do they tell us?



Aggregate vs
Individual Use of
Risk Assessment

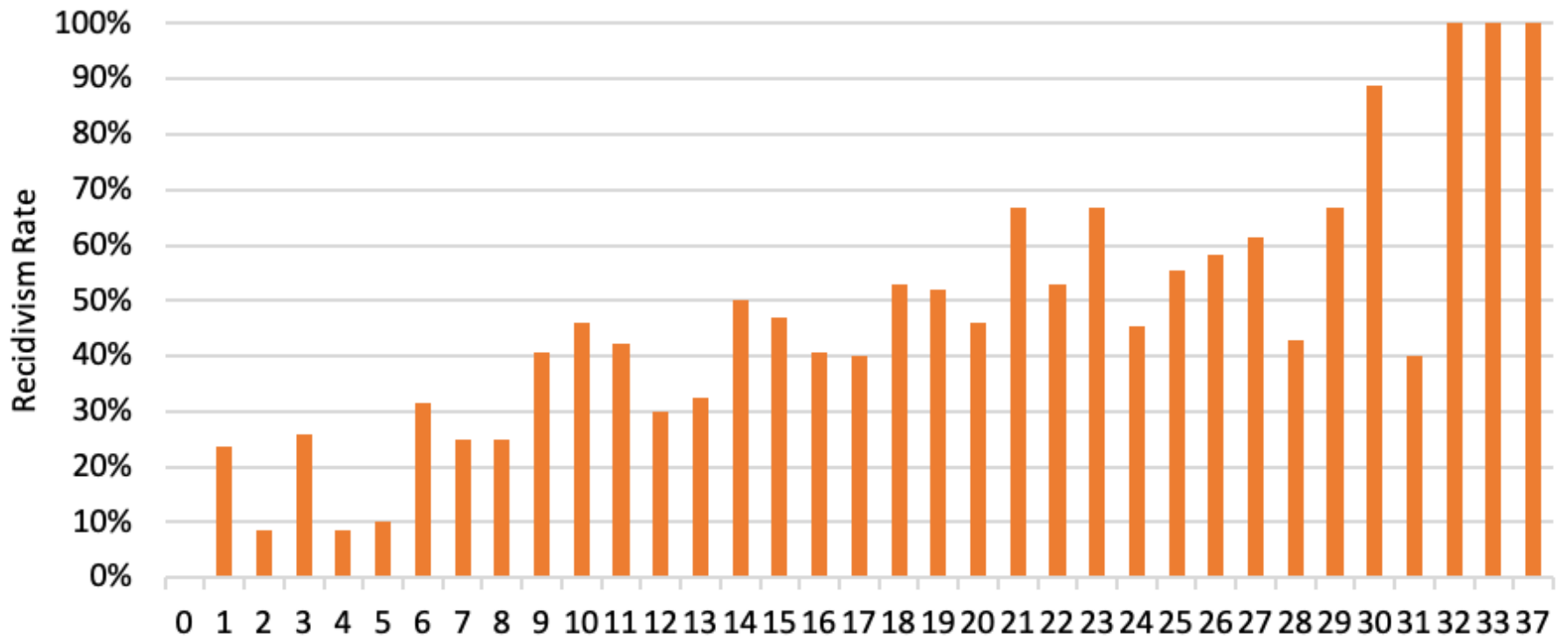




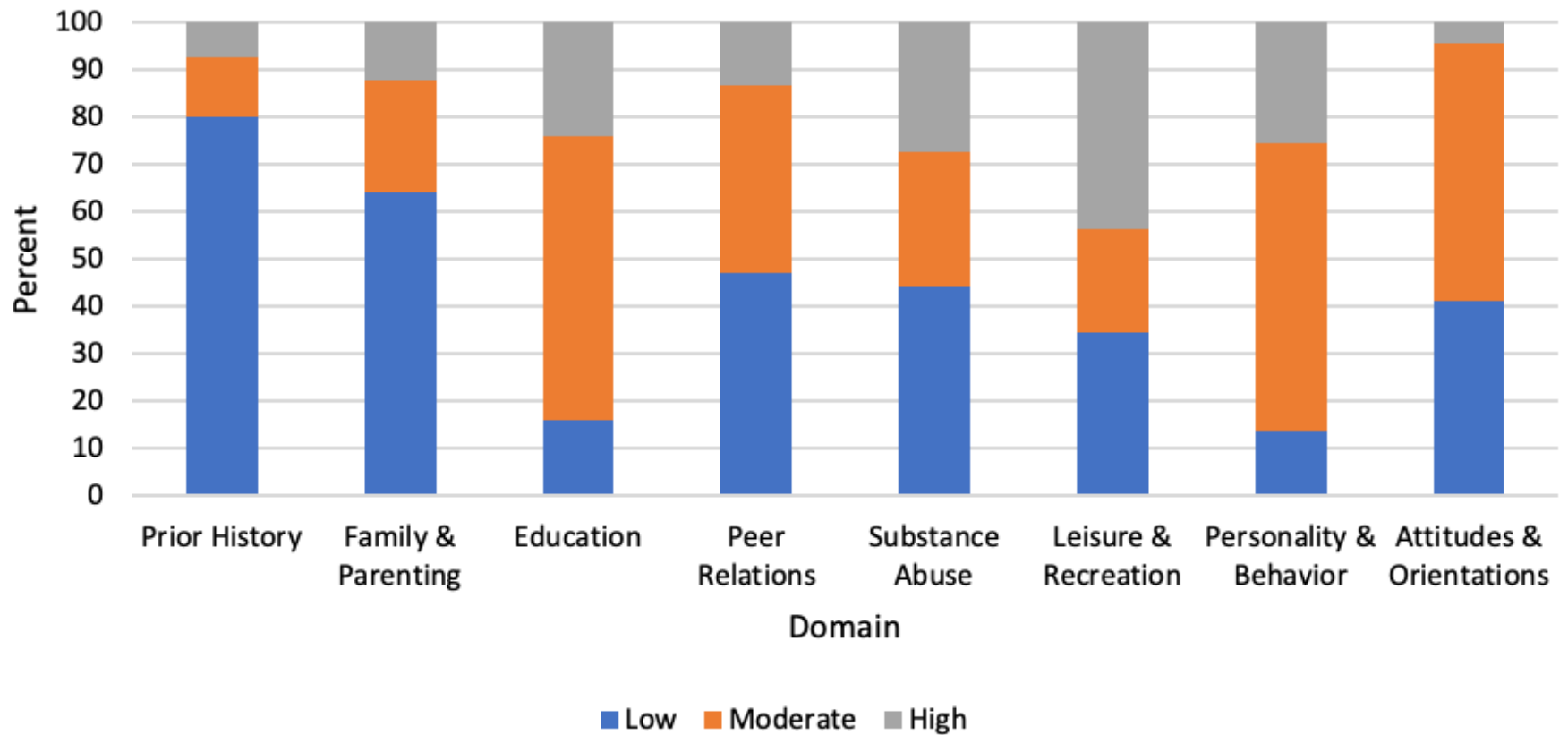
Individual vs Aggregate

- Individual:
 - Mike has a YLS score of 17 and is high risk in substance abuse and education.
- Aggregate (Group):
 - 68% of our clients are male
 - 40% of our clients are high risk in education
 - Does this risk assessment predict recidivism well for our population?
 - Do our education-related programs/interventions impact education risk on the assessment?

Mean Recidivism Rate by Intial Total Score



Domain Risk Levels

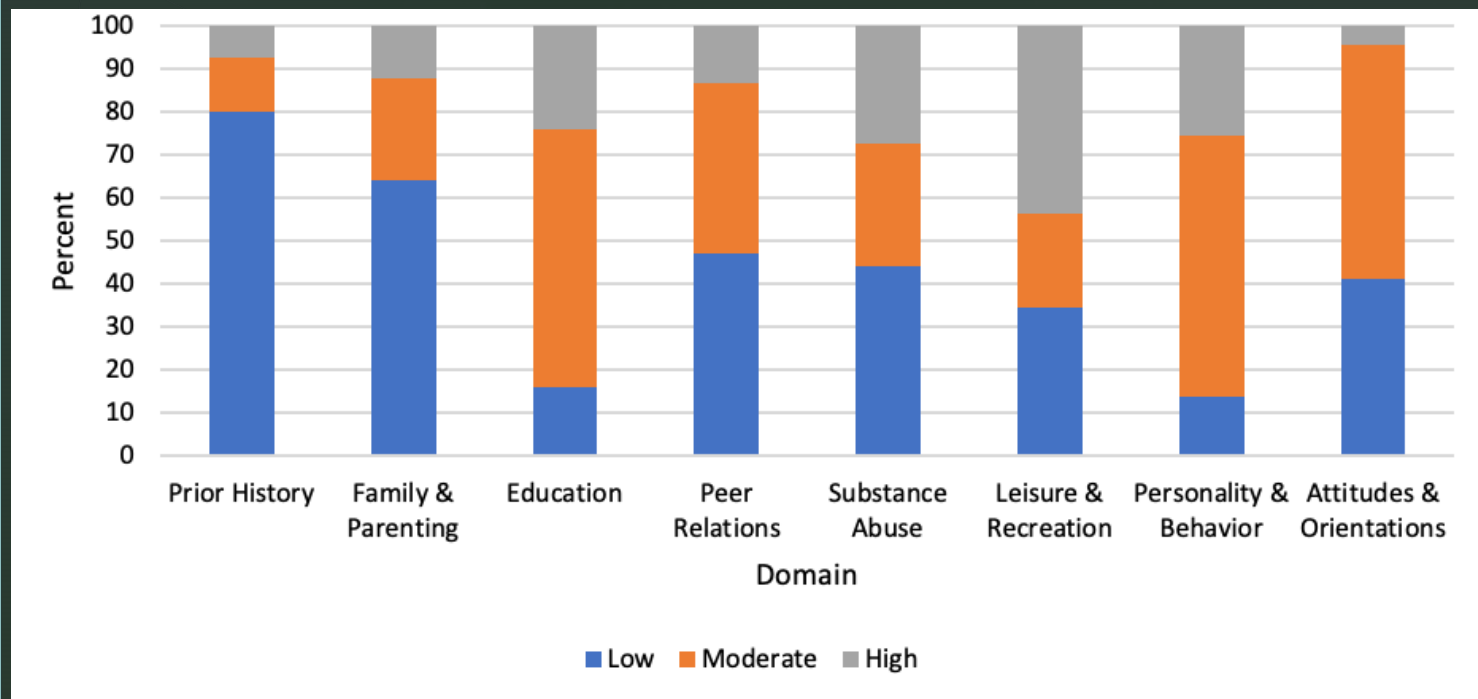


What can we answer with aggregate data?

- Does risk profile drive program assignment?
- How many “spots” do we need in each program?
- Where do we have gaps in programming?
- Can we look upstream at what schools or neighborhoods our clients are coming from?
- Are there geographic trends in risk profiles?

Risk → Programming (Example)

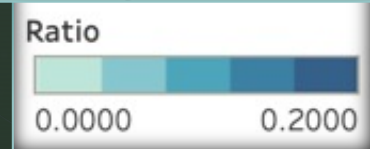
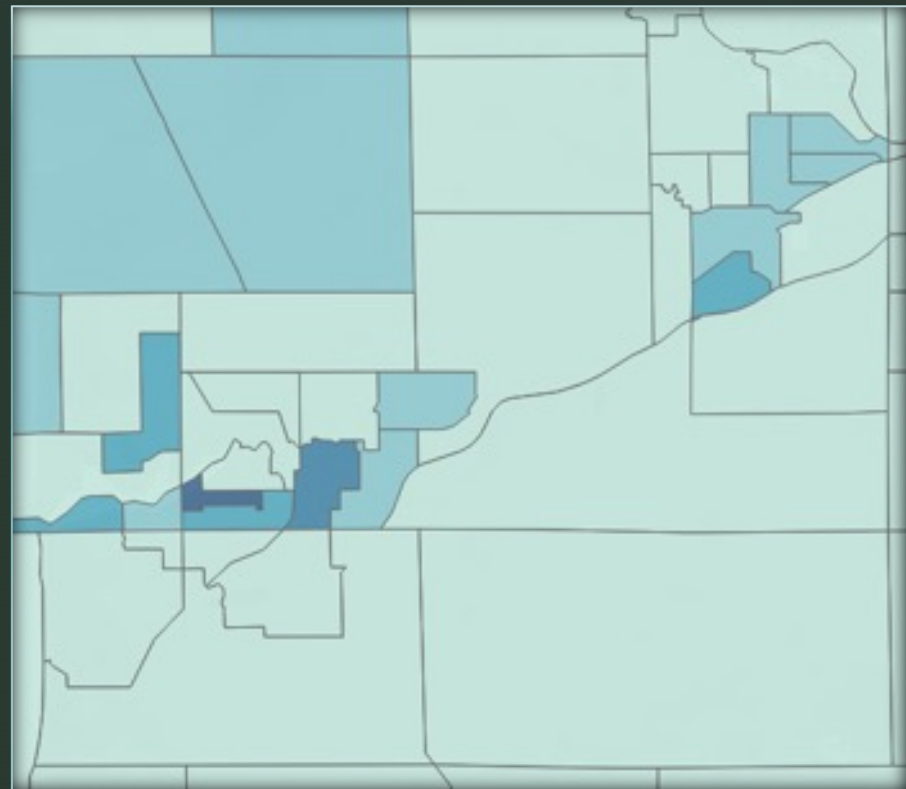
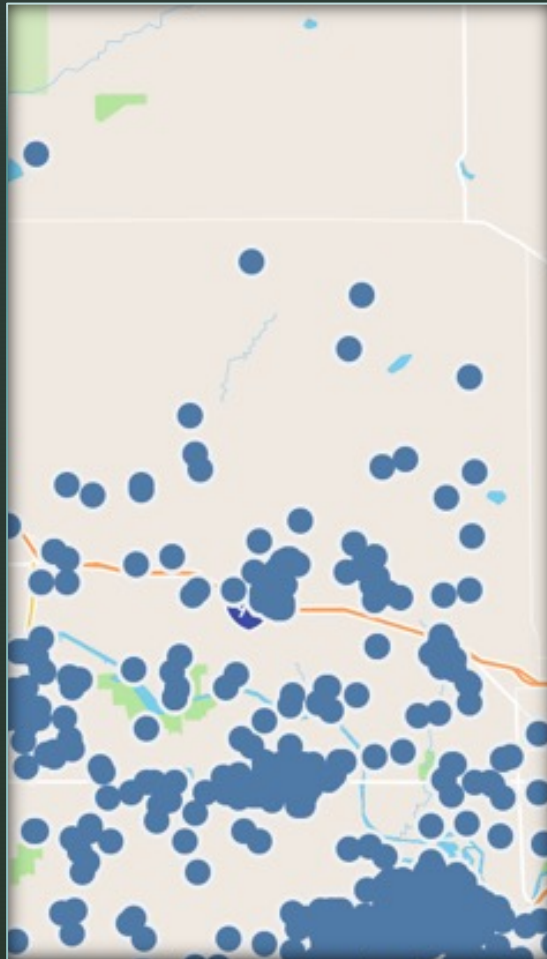
- Program A focuses on substance abuse education.
 - What does it mean for our success if 45% of clients in the program are low risk on substance abuse?

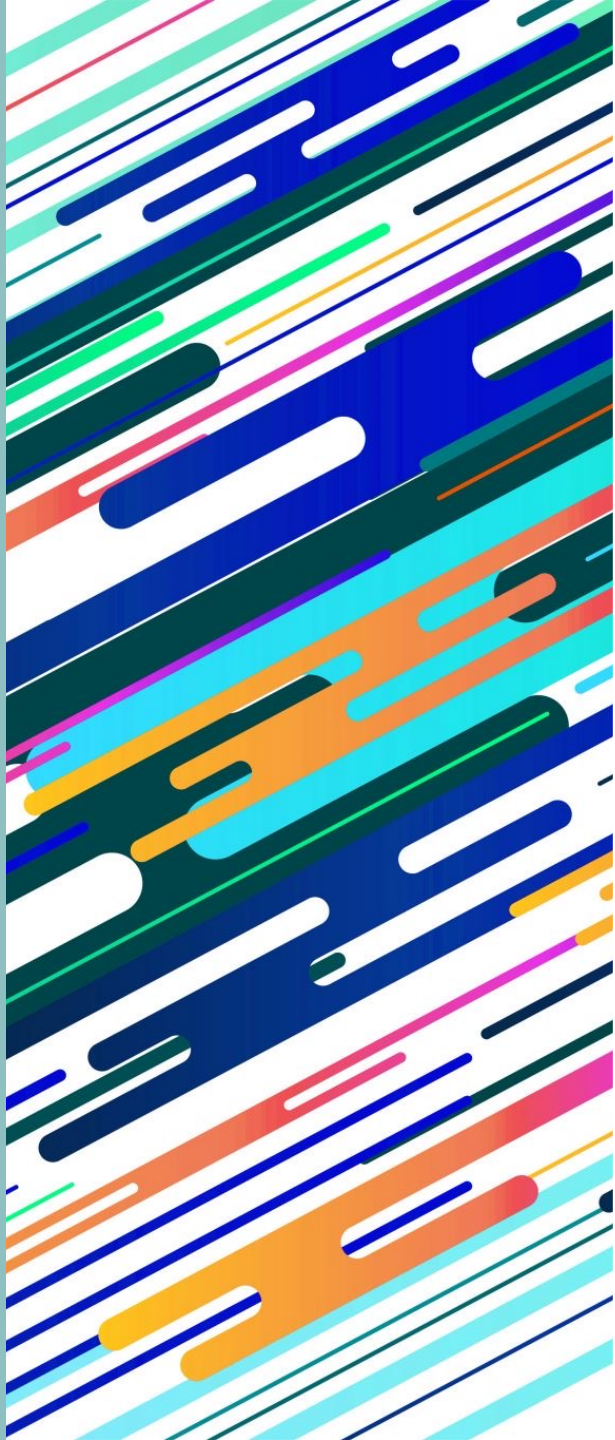


Risk → Programming (Example)

- Education is one of our county's highest areas of risk.
 - 15% Low Risk
 - 60% Moderate Risk
 - 25% High Risk
 - Of those High Education Risk clients, 90% have been suspended or expelled in the last school year
- If our court-run school is for clients who are high risk in education, we should plan on ~20% of our clients being assigned to the court-run school.
 - If we average 1000 clients per year, we should plan for room for 200 students in this program.
 - 80% of our High Education Risk clients who recidivated had new offenses in the May - August. We need to create some sort of spring/summer supplemental programming.


Can we look “upstream”?






Thinking about risk
assessment, goals,
and case plans for
individuals...

What's the difference
between case goals
and the court order?





Why are goals so
important in a
juvenile probation
setting?

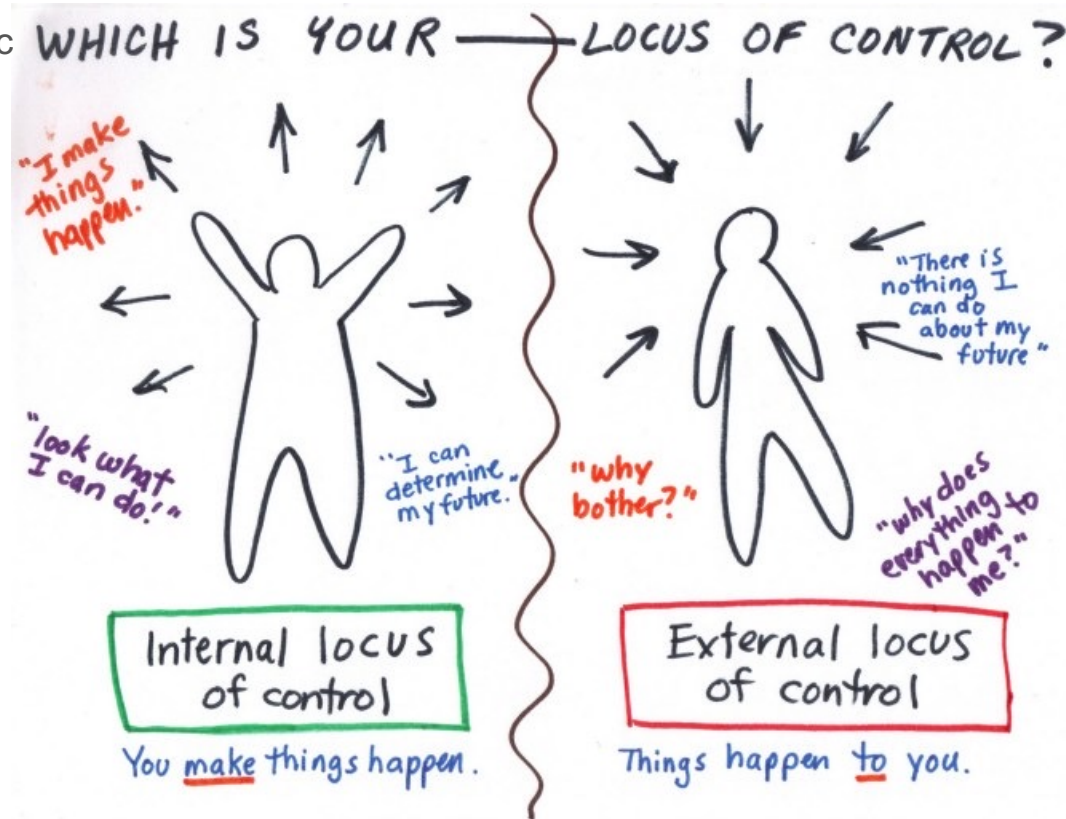
Feed Multiple Birds With One Scone!

- Risk assessment identifies factors that are contributing to likelihood to recidivate
 - Evidence-based programs reduce identified criminogenic risks
- Trauma makes long-term thinking and making plans difficult
 - Model & teach how to set goals, break down into steps, and stay accountable to progress
- Helps shift locus of control from external to internal
 - Builds momentum and confidence in ability to make changes



Associated with:

- Higher academic achievement,
- Better interpersonal relations,
- Lower smoking rates,
- Lower chronic disease rates
- Greater motivation and self control



Associated with:

- Higher stress levels,
- Lower effort to address health,
- Lower level of psychological adjustment
- Greater overall sense of life satisfaction in unsupportive /nonresponsive environments



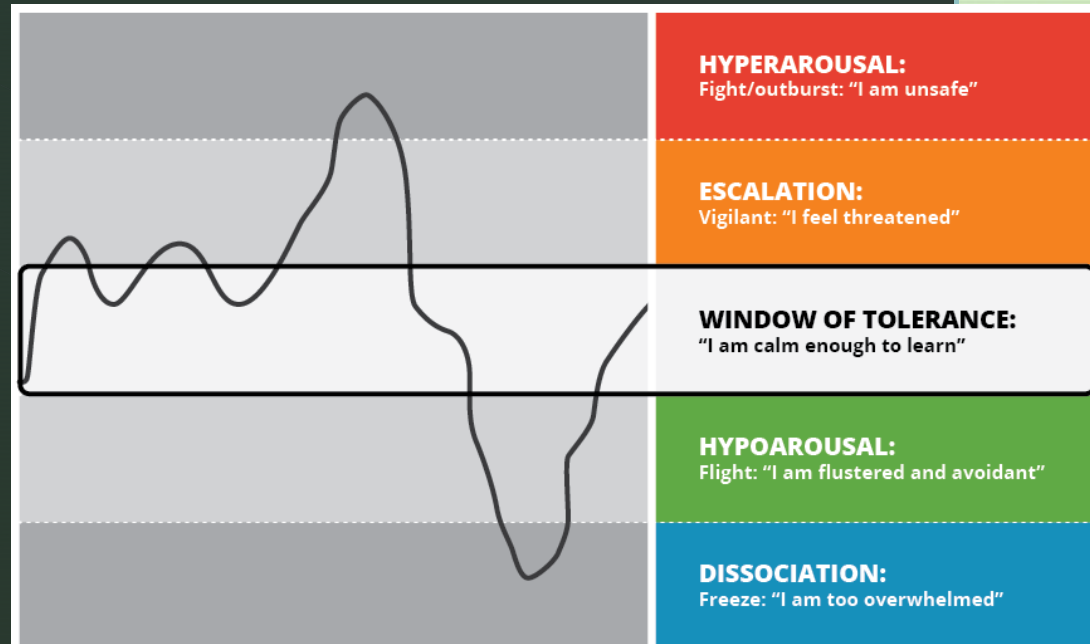
Individual Case Planning

- Set goals for where **we (all parties, centering the juvenile's goals)** want to make progress

- Pay attention to:
 - Highest areas of risk/need
 - Responsivity factors to consider (match, motivation, mountains)
 - Protective factors to maintain or scaffold from

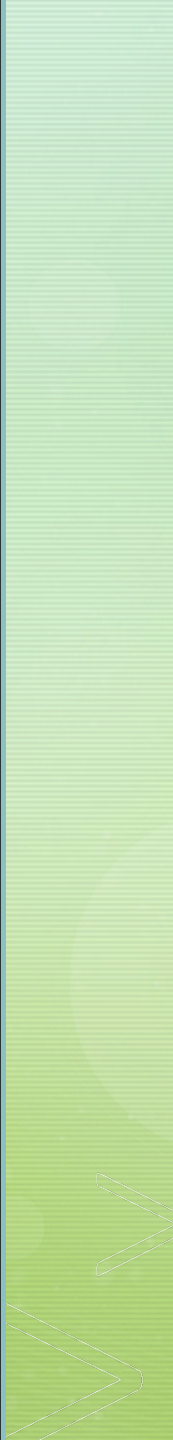
Individual Case Planning

- Limit the number of focus areas at one time (max 4)
- Why? Meet juveniles “where they’re at”
 - Remember the cabbage soup diet?!
 - “Window of Tolerance”





Individual Case Planning

- Supervision and treatment intensity should align with risk
 - Greater control over this under the new reform rules!
 - Goals focus on quality over quantity
 - Outputs vs Outcomes – what *change* are we looking for?
 - Align with evidence-based programming that matches those focus areas
 - Align dosage and timeline with best practice recommendations
- 



Developing Good Goals

- Tied to Risk/Need, Responsivity, or Protective Factors
- Have a specific behavioral or situational change focus, not a transactional or time-only focus
 - Focus on the result of the change, not just the process
- Break down the goal into steps or strategies, responsible parties, and completion timelines
- Look for quick wins to build momentum

Framed Differently – SMARTIE goals

- **Strategic** (or **Specific**) – focuses on the particular risk, need, or responsibility factor to be addressed
- **Measurable** - via reduction in risk and other shorter-term outcomes (not outputs)
- **Ambitious** – Challenging enough that accomplishing it results in “felt progress”
- **Realistic** – Not so challenging that it doesn’t consider capacity/feasibility or is too long term, is an area that is changeable
- **Time-Bound** – has a clearly defined timeline and end point
- **Inclusive** – the client was included in developing the goal or plan, done with not unto
- **Equitable** – meets the client “where they are” rather than where external standards think they ought to be, moves them toward a goal they desire

Evidence-Based Best Practices in Juvenile Justice Treatment

- RNRP Principle Driven
- Skill Based - cognitive-behavioral, Multi-systemic approach
- Dosage is risk driven –
 - 5-8 hrs. per week treatment time on criminogenic factors
 - Greater intensity for greater risk
 - 4-6 months intensive focus
- Include external supports as much as possible
- Linked to community aftercare

Example Case

- Risk

- Score of 15 - Moderate Risk Overall
- High risk in Peers, Family, & Leisure
- Moderate risk in Education & Personality

- Responsivity

- Parents have limited transportation and restricted income
- Client struggles to read and gets embarrassed with reading/writing based group activities

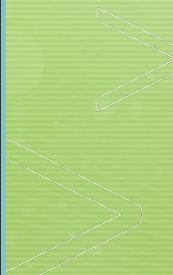
- Protective Factors

- Strong relationship with prosocial older sister
- Interested in art, wants to do well in school

	Prior Offenses/Dispositions	Family & Parenting	Education	Peer Relations	Substance Abuse	Leisure & Recreation	Personality & Behavior	Attitudes & Orientation		
High	(3,4,5)	(5,6)	(4,5,6)	(4)	(3,4,5)	(2,3)	(5,6,7)	(4,5)	(35-41)	Very High
Moderate	(1,2)	(3,4)	(1,2,3)	(2,3)	(1,2)	(1)	(1,2,3,4)	(1,2,3)	(23-34)	High
Low	(0)	(0,1,2)	(0)	(0,1)	(0)	(0)	(0)	(0)	(9-22)	Moderate
Subscale Score	0	5	2	4	0	3	1	0	(0-8)	Low
									Total Score:	15



Example Case

- Goals:
 - Engage in regular, structured involvement in a positive prosocial activity with non-criminogenic peers (Leisure & Peers)
 - Work on building communication skills, coping strategies, and empathy with family through engaging in weekly individual therapy (Family; secondary: Education, Peers, Personality)
 - Clarify and clearly communicate with parents about expectations at home (including incentives and consequences) by developing and implementing a behavior agreement (Family)
- 



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Example Case

- Goals:
 - **Engage in regular, structured involvement in a positive prosocial activity with non-criminogenic peers**
 - SMARTIE?
 - RNRP Focus –
 - Leisure/Recreation & Peer Relations – identify specific items if it's helpful
 - Behavioral or situational change sought:
 - Create structure in free time
 - Find hobbies and interests
 - Find prosocial peers with common hobbies and interests
 - Practice prosocial peer relationship skills

Example Case

- **Goals:**
 - **Engage in regular, structured involvement in a positive prosocial activity with non-criminogenic peers**
 - **Strategies or Action Steps:**

Strategy/Step	Responsible Party	Completion Timeline
Brainstorm list of potential activities, identify qualities sought in activities, timing of options, sign up process, etc.	Client & PO	Week 2 Contact 2 – Weds 4pm
Make a plan for transportation and program costs	Client, PO, & Parent	Week 3 Contact 1
Research possible activities	Client & PO	Week 3 Contact 1
Choose an activity and sign up	Client	End of Week 3
Check in weekly regarding progress & adjust where needed	Client & PO	Define success Week 3 Contact 2 Check in on progress/concerns during Weekly Contacts

*Can we find a way for sister to get involved with the activity somehow?

Come to a show/performance/event?



Look Across The Goals

- Stack the wins! Are we staggering milestones in a way that helps maintain motivation?
- Are we staying within the “window of tolerance”?
- How many goals/areas need to be addressed in order to reduce risk to an acceptable level? (There is no set definition here!)

What if?

• What if things don't go well? What do we do if the client has a misstep of some kind?

• Probation Officers/Case Worker/Therapist:

- Explain and model resilience and growth mindset
 - Plan for the “what ifs” as much as possible, as early as possible
 - Discuss potential barriers or risks.
 - Plan for how to mitigate the risks. Role play if it helps!
 - Make a proactive plan for how to “reset” if there is a misstep

What if?

What if the client isn't making progress?

Probation Officers/Case Worker/Therapist:

- Assess

- What isn't working and why.
- Ask the client! Helps with locus of control!
- Assess responsivity
 - What has worked for the client before?
 - What motivates them?
 - What demotivates them?

- Adjust

- Meet closer to where the client is now
- Make the steps smaller
- Increase the level of supports
- Stay transparent and proactive. No surprise consequences/sanctions!

What if?

When do we go to i

Accepting responsibility & taking direct action to repair harm, done with, builds connection

Detention = Harm F

What is the difference between accountability and sanctions or punishments?

- What's the goal of those?
- What is the goal of a reward or incentive?

Method of enforcing rules, done unto, typically involves isolation

What motivational tools are at your disposal?

When is the court done with a case?

- Focus on a goal of risk reduction
 - What amount of reduction is realistic and feasible?
 - Evidence says the best programs = 30% average reduction in risk
- Don't paint the team into a corner with the court order
- Transition away from court supervision
 - Step up expectations well in advance
 - Step down supervision frequency
 - Increase/transition to community supports
 - Step down court supports



Questions & Discussion

