



Guidance to align evaluations with the needs of court-involved youth

Presented by: Gladylu Burgos, EBA RSC
Dr. Livia S. Jansen VA DJJ BSU and CAP

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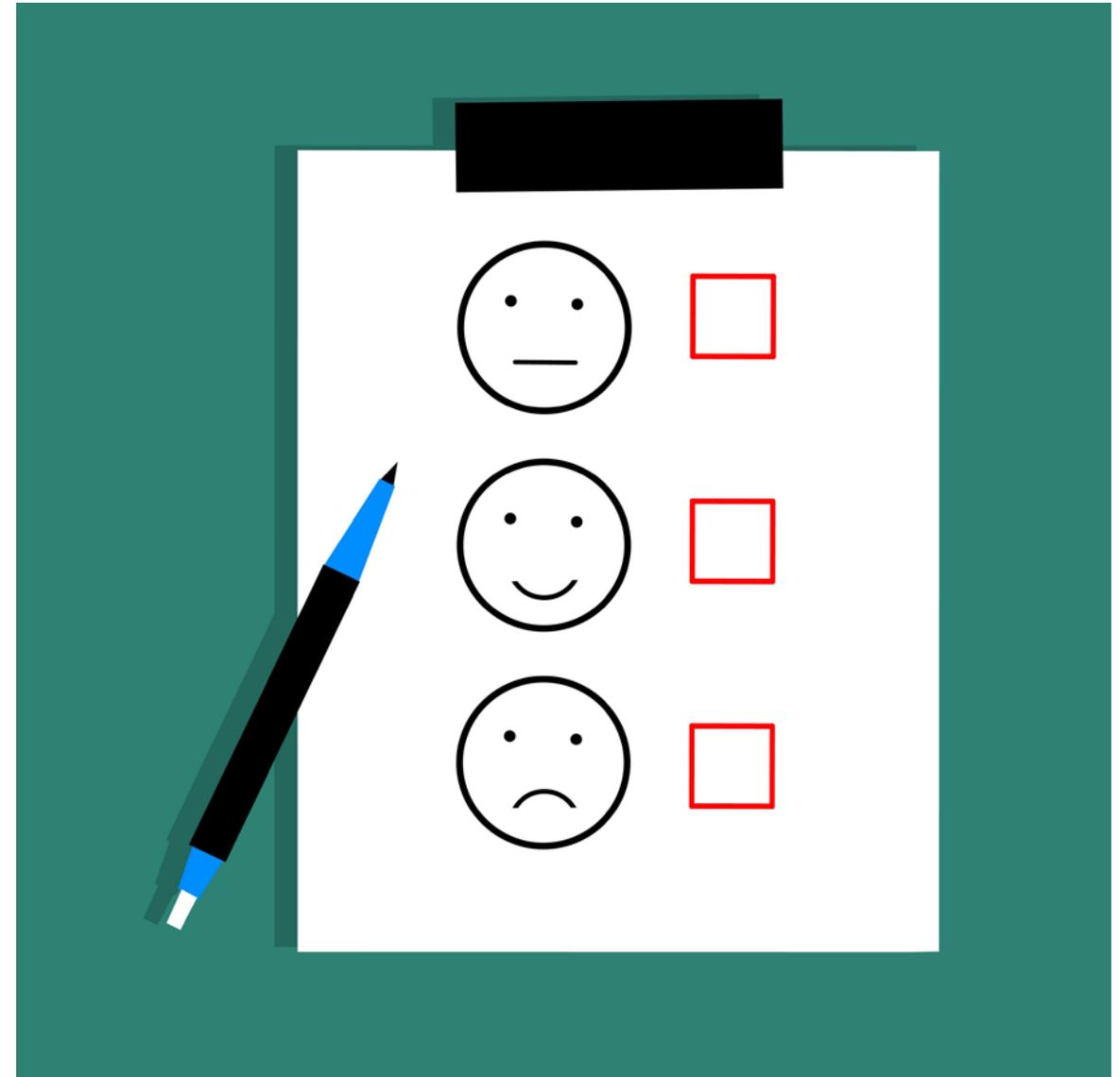
Overview & Agenda

- Review the different types of evaluations available in the continuum
 - Align with the requested need and Subcontractor Agreement
- What does DJJ/ CAP look for in an assessment?
- What to do when you (the Evaluator) don't get a specific referral question? How can you help the referring CSU identify a referral question to help drive the assessment process?
- Learn to align and integrate YASI and criminogenic needs into the evaluation and recommendations.
- Service Completion Data Requirements (new for FY21)



Poll Question

Rank the Referral Questions you have seen from CSU and the RSC Referral Forms? 0-5





Youth need to be
connected to the right
type of evaluation

Right youth • Right service • Right time

EBA Service Names and Definitions* FY21

*Pending final approval

LMHP Evaluations



- **Evaluation Level 1:** This assessment involves a review of records (including the YASI), a clinical interview and mental status examination with the youth. The focus of this assessment is to provide diagnostic impression(s) (if indicated), identify strengths and service/treatment needs and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community.
- **Evaluation Level 2** This assessment involves a review of records (including the YASI), a clinical interview and brief mental status examination with the youth, interview with collaterals, including family (as needed) and the administration, scoring and interpretation of identified testing instruments (this should include broad-band standardized instruments or evidence-based assessment tools measuring both externalizing and internalizing symptoms. Examples may include, but are not limited to, instruments such as the BDI, PAI-A, MACI-II, BYI-2, BASC-3, or PIY.) The focus of this assessment is to provide diagnostic impression(s), if indicated, identify strengths, service/treatment needs and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community.
- **Evaluation Level 3 (Therapeutic Assessment and Intervention)** In depth evaluation and intervention to provide diagnostic impression(s), identify strengths/ needs, assess the youth' motivation, willingness and response to interventions. Assessment will include clinical interviews(with the youth and family), record review, collateral contacts and a battery of testing or evidence-based assessment tools measuring both externalizing and internalizing symptoms (examples may include, but are not limited to, instruments such as the BDI, BYI-2, MACI-II, PAI-A, BASC-3, or PIY). The clinician will meet with the youth (individually or with the family) over a series of 4-5 sessions to focus on symptoms/diagnosis, as well as focused assessment of the youth's strengths, needs, personality, and provide skill-based interventions to target thinking patterns and enhance coping skills, while reviewing the youth's engagement in the process including consistency, willingness to learn and ability to apply skills and interventions.

Psycho-Sexual Evaluation (CSOTP)

Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors; interview youth and family, as appropriate; risk assessment tools as appropriate (e.g., ERASOR, PROFESOR, JSOAP-2, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and youth specific recommendations for treatment interventions, as appropriate. (Approx. 4-6 hours, written report 6 to 9 pages).

Psycho-Sexual Evaluation (Ph.D.)

Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors; psycho-sexual evaluations typically come with an extensive dataset of records to be reviewed before the evaluation interview; interview youth and family, as appropriate; psychological testing and scoring; inventories/questionnaires to assess mental health symptoms and personality features, cognitive/intellectual abilities, academic achievement, memory and processing speed. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Risk assessment tool as appropriate (i.e. ERASOR, JSOAP-2, PROFESOR, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and recommendations for treatment interventions, as appropriate. (Approx. 5-7 hours, written report 8 to 12 pages).

Psycho-Sexual Evaluation with Psychological Testing

Review records of the youth's mental health, substance abuse, trauma history and sexualized behaviors (psycho-sexual evaluations typically come with an extensive dataset of records to be reviewed before the evaluation interview); interview youth and family, psychological testing and scoring to include: inventories/questionnaires to assess mental health symptoms and personality features, cognitive/intellectual abilities, academic achievement, memory and processing speed. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Risk assessment tools as appropriate (i.e. ERASOR, JSOAP-2, PROFESOR, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and recommendations for treatment interventions, as appropriate. Completed by Licensed Psychologist and CSOTP. (Approx. 6-8 hours, written report 8 to 14 pages).

Psycho-Sexual Evaluations (no changes)



Psychological Evaluations

Psychological Evaluation Level 1

This level of assessment involves a review of records, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnose(s), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning. Instruments are selected to address differential diagnostic issues. (For example, a continuous performance test and an ADHD rating scale may be used to determine whether there is sufficient evidence to support a diagnosis of ADHD). At a minimum, the assessment will include psychological instruments measuring cognitive, personality and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. **Completed by a Licensed Psychologist or LMHP directly supervised by a Licensed Psychologist.**

Psychological Evaluation Level 2

Completed for youth involved in numerous systems, long history of/or complex mental health challenges and/or significant intellectual/cognitive processing impairments. Evaluation involves an extensive record review, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnosis (diagnoses), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning. The assessment, as indicated, will include psychological instruments measuring cognitive, personality and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. (i.e. Instruments are selected to address differential diagnostic issues. Achievement testing may be added to help identify processing difficulties suggestive of a specific learning disorder. Screening for neuro-psychological functioning may be indicated if the youth has a history of head trauma). **Completed by Licensed Psychologist**

How can the evaluator help the PO identify a referral question?

Suggestions to give PO's on developing a referral question?

Referral questions can be used to tailor the assessment for specific needs (e.g. trauma), but all should be comprehensive in nature.



What does DJJ really look
for in an evaluation?

Timely – Accurate – Comprehensive- Align

YASI: The Wheel

Full Assessment Risk

Overall

High



Static Risk

High



Dynamic Risk

Very High



Full Assessment Protective

Overall

Low



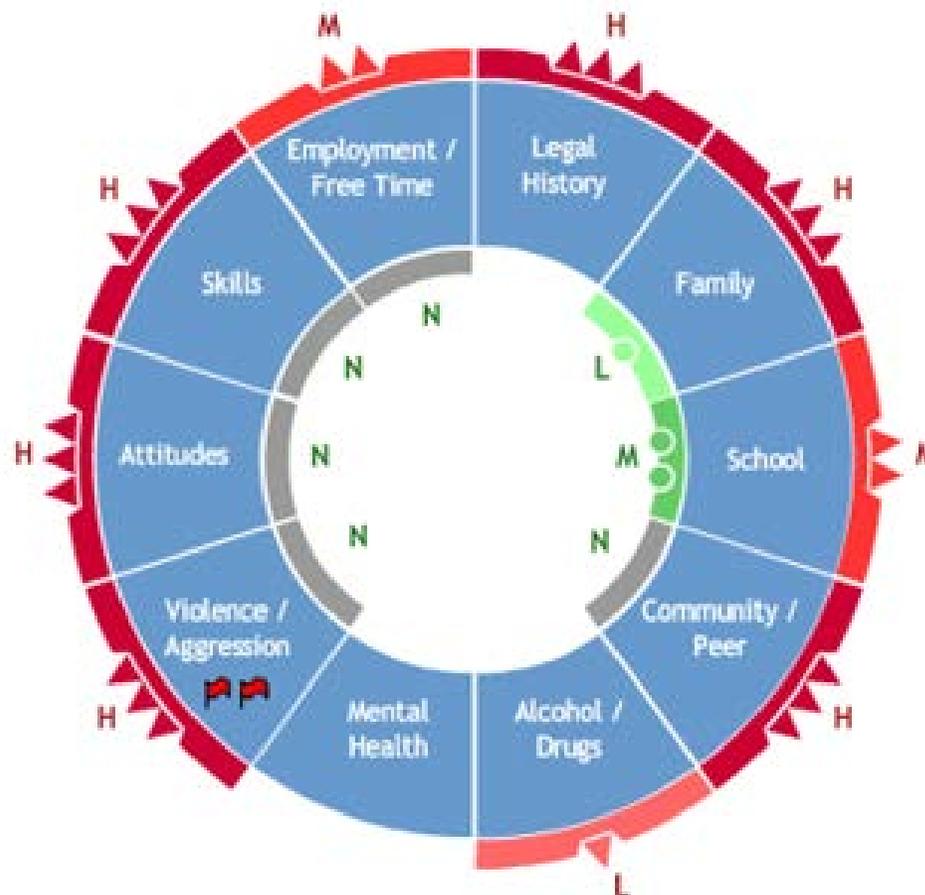
Static Protective

None



Dynamic Protective

Moderate



Alignment with
YASI and
Criminogenic
Needs

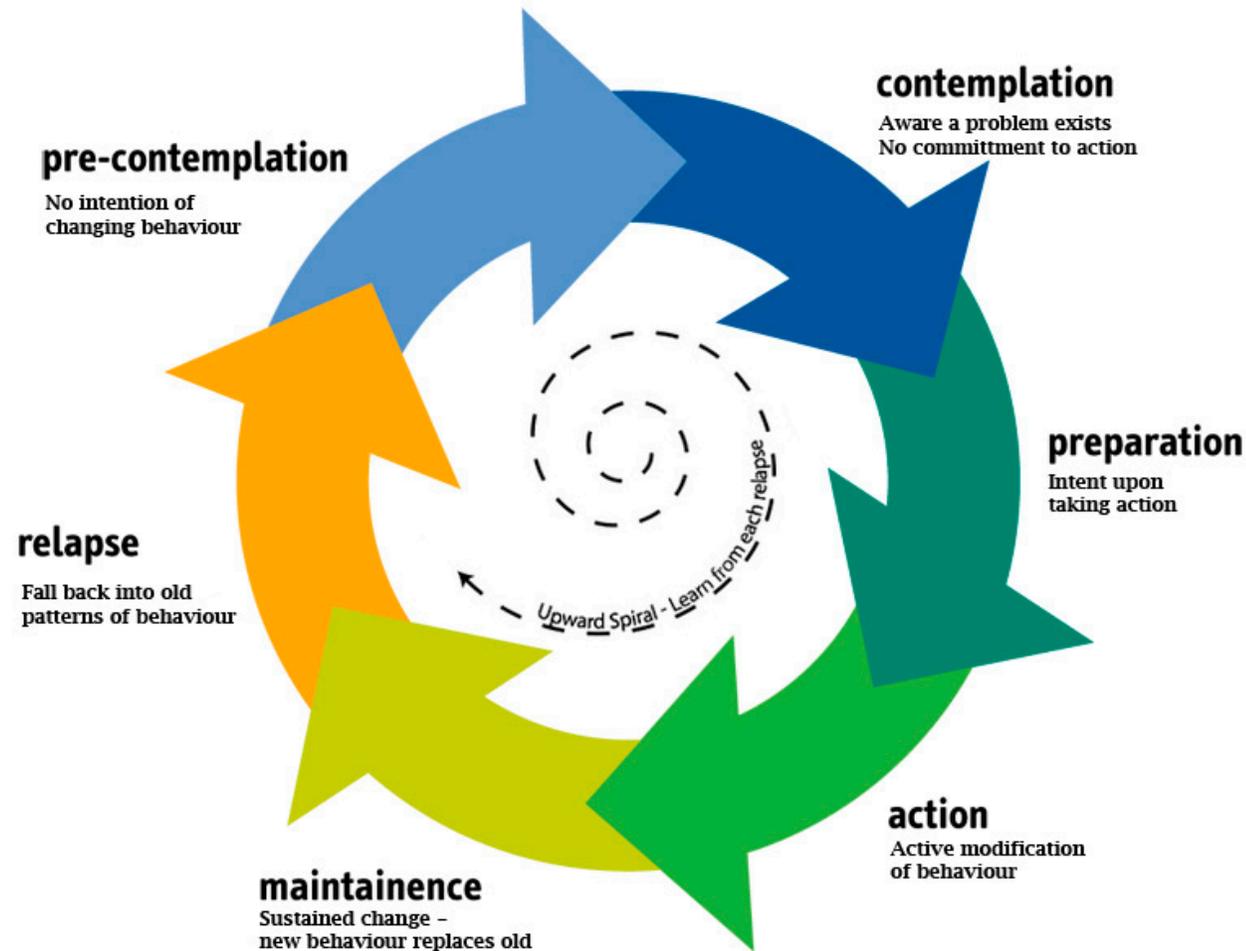


*When a youth's mental status suggest that the youth is presenting a danger to self or others then the referral source needs to be notified immediately.

Mental Health is **not** a risk factor on the DJJ risk assessment tool (YASI). It is important to note it as a responsivity factor.*

Other responsivity factors include:

- transportation
- childcare
- low intelligence
- reading and writing limitations
- motivation (no desire to change/participate in programs)
- language, ethnicity, and cultural barriers.



Transtheoretical Model of Change
Prochaska & DiClemente

Stages of Change

A good evaluation should reflect the youth's perspective/insight about problem areas and to what degree the youth may be motivated to make changes.

GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE



Safety



Trustworthiness
and
transparency



Peer support and
mutual self-help



Collaboration
and mutuality



Empowerment,
voice, and choice



Cultural,
historical, and
gender issues

Criminogenic needs, protective factors, Trauma

- Assessments and evaluations need to be trauma informed.
- Capture the trauma-related symptoms and how the traumatic experiences may have contributed to the development of a maladaptive core belief system that drives some of the misconduct.
- It is important to, not only address the trauma experience but, "connect the dots" in describing the core belief system that has developed as a result of the hurtful experiences.



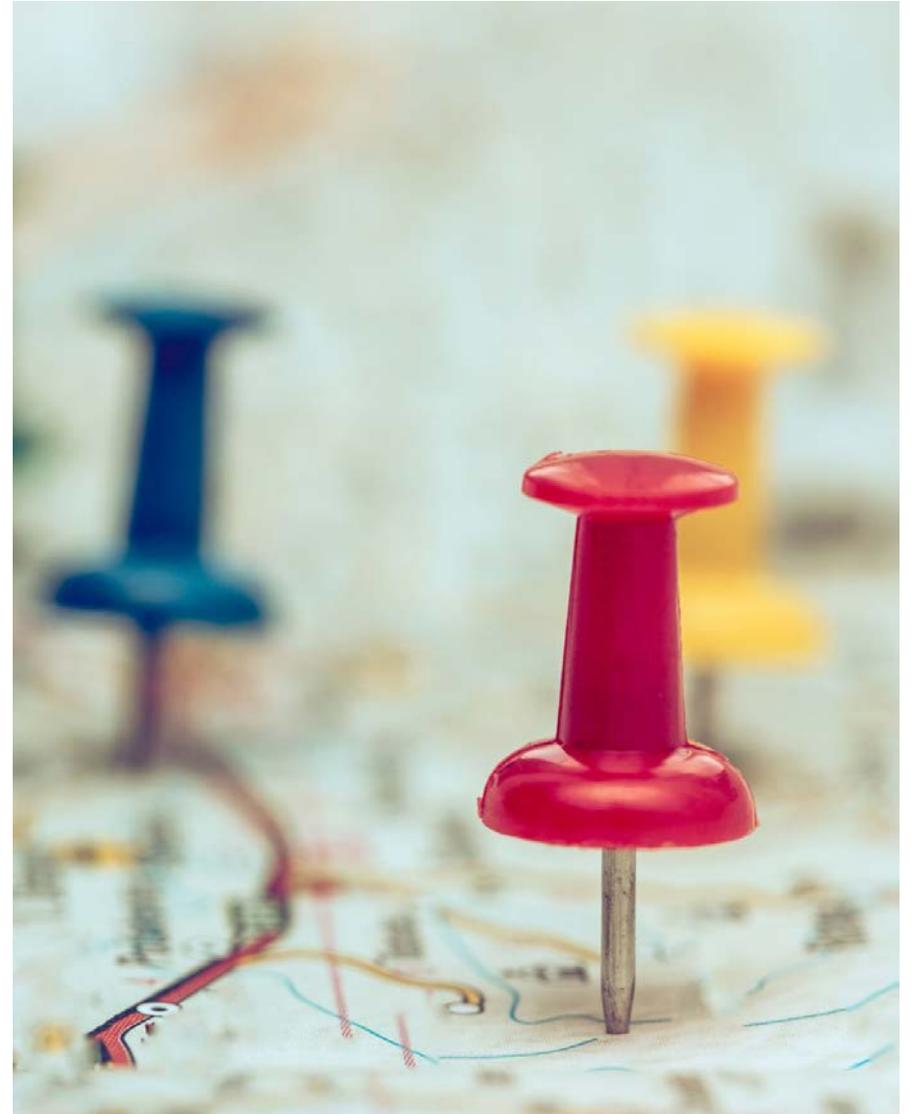
Identify and build on protective factors

- Strength-based approach
- Include family and natural supports
- Address all aspects of the youth's life domains.



Create a road map with the recommendations

- Understanding a youth's criminal thinking patterns is important in treatment planning. It can provide a metaphorical "road map" for the treatment provider.
- Family system issues are especially important factors for youth who will be remaining in the community to receive services.
- Be aware of services available in the community (<https://www.evidencebasedassociates.com/vamap/>)



Items to include in the written report

- Purpose of Evaluation (referral question)
- Dates of interviews
- Data reviewed: reports, collateral contacts, YASI
 - Include dates the reports were written
 - Dates of Collateral interviews
- Background section of the report will include a review of the relevant mental health, substance use and trauma history along with criminogenic risk and protective factors
- Testing batteries and questionnaires
- Detailed Summary
 - Results/ Interpretation of the testing tools
 - Case conceptualization
- Clear answer to the referral question(s)

Recommendations

- Prioritized to address the referral question and criminogenic need
- Support the youth's developmentally appropriate, prosocial functioning in the community.
- When possible: naturally supported, family -focused and community based
- Descriptive and individualized
- Describe not only the service, but what the service should address.
 - This allows the PO to meet that need, even if the listed service is not available in the community.

EBA Ongoing Reminders



Timeliness

Send reports by **Need by** date
Likely needed 72 hours before
court*



Send Securely

Send directly the PO/ CSU
Send to RSC with/for billing



Billing

Due on the 5th with the report
Document Feedback session



Timely Service Initiation

EBA Contract Language

- Referral Process/ Purchase of Services.
 - PRIME CONTRACTOR shall issue a referral packet and POSO to PROVIDER, which shall notify PROVIDER of the need for Services. The POSO will describe which Services are requested and shall include Dosage Guidelines.
 - Prior to commencing the delivery of Services, and **within three (3) days of receipt of a referral packet or POSO** from PRIME CONTRACTOR, PROVIDER shall notify the PRIME CONTRACTOR and designated DJJ staff of the available Service start date and PROVIDER assigned staff, as appropriate.

Contact the referring PO early in the process if you cannot reach a family to schedule.

Include the EBA RSC for additional Support

Service Completion Data Needed

We* are
evaluating the
following:

1. **Quantity/Instance:** *How many juveniles are receiving services?*
2. **Efficiency of Referral Process/Service Initiation:** *How quickly are services being offered?*
3. **Completion & Progress:** *Once in service, are those services being completed? Did they make progress?*
4. **Intervention Targets/Service Matching:** *Are youth receiving the appropriate services?*
5. **Behavior Change:** *How do youth change while in the system?*
6. **Cost/Cost Effectiveness:** *How much do services cost? Which services are the most cost-effective (or produce the most return on investment)?*
7. **Recidivism:** *What are the measures of success for interventions designed to effect behavior change (excluding monitoring programs and evaluations and assessments)?*

*DJJ, Child Trends, EBA

Service Completion Form/ Discharge Form

- Data Collection Started in 2018
- Forms must be submitted to EBA by the 15th of each month for all youth discharged the prior month.
- Form is located on the EBA website.
- **For FY21** DJJ request service completion data for all evaluations, assessments and feedback sessions

DJJ Category	Service	Service Start Date	Service plan complete	Service Plan Date	Actual Service Completion Date	Final Actual Dosage	Unit	Service Completion Status



Service Completion for Assessments

- The **start date** should reflect when the work to conduct the assessment began (e.g., conducting research, gathering information from the youth or family, collecting data about the youth from other providers specifically for the assessment/evaluation).
 - So, if conducting an assessment/evaluation which requires multiple steps, over multiple days, the service start date should be the first date the work began.
 - Scheduling an appointment or interview ***should not*** be the start date (e.g., just because an evaluation was scheduled, it doesn't mean the service actually began).
- The **completion date** is when the written report is completed/ signed and received by the RSC and DJJ.
- As such, the assessments and evaluations can measure their completion status and progress. (Complete, not complete, never began etc.)



Want to learn more about YASI?

View Resources: <https://www.evidencebasedassociates.com/data-storage/>

View Recording of prior training:

https://us02web.zoom.us/rec/share/xetwdqqozkRLYo3Sth3HZe06HJq9aaa8gHUX_KcPxU6Fn1s8hNqM9tIID_Osj17I?startTime=1588858629000

Attend the YASI Training: July 31, 2020

https://register.gotowebinar.com/register/337086483751996171?mc_cid=c6fba28f11&mc_eid=4d5f839da5



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SUPPORTING FAMILIES, STRENGTHENING COMMUNITIES.

**Next First Friday Call:
August 7th at 10 AM**