



OJJDP-FUNDED RESEARCH IN BRIEF

Risk Assessment and Behavioral Health Screening Project

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Juvenile probation offices that implemented risk-needs assessment instruments and the risk-need-responsivity approach reduced formal supervision and recidivism; however, mental health services were used more often than risk-reduction services and had little influence on recidivism.

Research Overview

The Risk Assessment and Behavioral Health Screening Project examined whether comprehensive implementation of a risk-needs assessment (SAVRY) in juvenile probation offices coupled with a behavioral health screening protocol (the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) for mental health and CRAFFT for substance use) would improve case management (e.g., disposition decisions, service allocation) and youth outcomes (e.g., recidivism, violations). The study also examined whether behavioral health services (e.g., substance use or mental health counseling, inpatient) appeared to reduce recidivism depending on characteristics of the youth receiving treatment (e.g., behavioral health issues, risk level).

Research Design

The study was a pre-post study comparing groups of youth processed in juvenile court over the year prior to implementation of the screening and assessment protocol and risk-need-responsivity approach to similar youth processed over the year following implementation. The study was conducted in all juvenile probation offices in Rhode Island and four pilot counties with independent probation departments in Arkansas. The research team used propensity-score matching to compare pre-implementation and post-implementation samples of adjudicated youth on dispositions, placement rates, probation violations, and recidivism across all probation sites for a 12-month period from the dates of adjudication. Recidivism was defined as new petitions for a delinquency offense.

Research Findings

Implementing the SAVRY led to greater rates of youth being handled informally (e.g. unsupervised probation) rather than having formal juvenile records in two sites. Recidivism rates were significantly reduced in two sites and did not increase in any site.

However, the findings on connections between mental health and substance use screening, services, and outcomes were mixed. All but one probation office did not appear to match youths' dynamic risk factors to services addressing these needs. Similarly, youth with potential mental health issues were no more likely to receive mental health-related services than their peers. Instead, probation offices tended to rely on mental health services as the primary treatment option, with the only exception being the office with the most diverse service resources. Whether youth received mental health services did not appear to influence whether youth recidivated. There was some evidence that substance use treatment did reduce recidivism, but only for youth whose screening indicated they had substance use problems.

Policy/Practice Implications

The findings from this study suggest that implementation of risk-needs assessment in probation can result in more youth being handled informally, but factors of the implementation likely influence this result. The factors that appeared to be associated with more positive findings include: (1) the risk-needs assessment is paired with training and policies consistent with risk-need-responsivity,

.Source: Gina M. Vincent and Rachael Perrault. 2018. *Risk Assessment and Behavioral Health Screening (RABS) Project*, OJJDP 2014-JF-FX-0001 and the MacArthur Foundation MACFDN/11-99672-000-USP. NCJ 251912
<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=274134>

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(2) the assessment is conducted predisposition, (3) there is strong supervisory oversight and judge buy-in, and (4) there is an array of service options to address essential risk factors rather than pure reliance on mental health services, regardless of a youth's need for them. This study's conclusions are somewhat limited by poor data quality and low adherence to the policy for administering the SAVRY, MAYSI-2, and CRAFFT to youth in a few of the study sites.

Resources

- **OJJDP.gov:**
<https://www.ojjdp.gov/research/youth-risk-assessment-and-behavioral-health-screening-study.html>
- **Final Technical Report:**
<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=274134>
- **Guidebook for Risk Assessment Implementation:**
<http://www.modelsforchange.net/publications/346>