



Colorado Reference Guide

Juvenile Screening and Assessment Instruments

**Mental Health
Substance Abuse
Abuse/Neglect
And
Risk/Classification**

March 2007

Submitted by the Interagency Advisory Committee on Adult and Juvenile Correctional Treatment
(IACAJCT)

Juvenile Screening and Assessment Subcommittee

March 2007

Agency Representation

Colorado Department of Human Services:
Alcohol and Drug Abuse Division
Child Welfare Services
Division of Mental Health
Division of Youth Corrections

Department of Public Safety - Division of Criminal Justice

Jefferson County Juvenile Assessment Center
1st Judicial District Senate Bill 94

Colorado Judicial Department – Division of Probation Services

This Reference Guide can be accessed from the following websites:

www.cdhs.state.co.us
www.cdps.state.co.us
www.coloradofederation.org
www.courts.state.co.us
www.jeffcojac.org

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SECTION 1

BACKGROUND

Recommendations for Juvenile Screening and Assessment Instrumentation

The Interagency Advisory Committee on Adult and Juvenile Correctional Treatment (IACAJCT) Juvenile Screening and Assessment Subcommittee has primary responsibility for making recommendations to the IACAJCT to improve the quality and utility of standardized juvenile screening and assessment instruments and procedures used by the statewide member agencies of the IACAJCT. After careful consideration and study, the Juvenile Subcommittee unanimously concurred that there should NOT be ONE overall assessment tool for all areas affecting children, youth and families, as a single instrument could not address the variety of developmental issues of children and youth nor effectively address diverse family issues.

One of the most important elements in any service delivery system is the identification of needs, risks and strengths of children, youth and families. The accurate screening and assessment of these individuals and family systems are necessary to develop appropriate, individualized service packages. The use of valid screening and assessment tools will assure that safety risks (either to the public or the youth) are identified accurately and appropriate interventions are implemented, that urgent needs are recognized and dealt with quickly, and that services provided will likely result in positive outcomes. Equally important is that staff performing screening and assessment of any type, or scope, be fully trained, and be able to demonstrate competence in the use and interpretation of the instruments and related procedures. Persons administering these instruments should have a solid background and knowledgebase in their specialty field.

A limited search was conducted through member agencies to identify appropriate instruments that effectively screen and assess juveniles in the areas of mental health, substance abuse, abuse/neglect, and risk/classification. This reference guide includes a list of these instruments. It is neither an exhaustive nor an extensive list. Rather, this list contains a limited menu of instruments from which agencies may select without being overwhelmed by volume.

Specifically, the decision to include each instrument is based on the following:

- 1) The instrument must be directly related to alcohol and/or other drug problems, mental health, risk classification and/or abuse/neglect risk; *and*
- 2) The instrument must be age and developmentally appropriate; *and*
- 3) The instrument must be quantitative; *and*
- 4) The instrument must be researched-based; *and*
- 5) The instrument must have empirical evidence that supports its utility.

All screening and assessment instruments in this reference guide have acceptable reliability and validity data associated with them and all have, to some degree, been independently evaluated. If a member agency is currently using or perhaps considering using an instrument or instruments not currently listed, it shall ensure that the requirements listed above are met.

This reference guide has instruments listed into two categories: Screening and Assessment. It is further divided into the following areas: Mental Health, Substance Abuse, Risk/Classification and Abuse/Neglect Risk. Each instrument listed has the following information included: brief needs description, utilizing agency(ies), targeted population, purpose, administrative details (when to administer, what decisions can be made, skill requirements for staff to administer, training and costs) and a web link, if any. An instrument matrix designed to be used as a quick reference guide is located at the end of this document (Appendix C and Appendix D).

The Juvenile Subcommittee will review and update this guide as needed, but no less than yearly, utilizing the same procedures previously stated. It is the IACAJCT's intent to provide practitioners with a listing of acceptable instruments which are among the best currently available. Instruments may be added and/or deleted to this list.

REQUESTS FOR INSTRUMENT INCLUSION

If a member agency wishes to request additional instruments be added to this list, they shall submit to the Juvenile Subcommittee, the instrument and a completed Request for Instrument Inclusion form (Appendix B). Upon receipt of this information, the Juvenile Subcommittee will conduct a review and inform the agency whether the request has been approved. If such approval is granted, the requested instrument(s) will be added to the list.

SECTION 2

DEFINITIONS

SCREENING

Screening refers to the formal process of testing to identify individuals with particular problems/issues, or those who are at risk for developing problems in certain areas. Screening is used to determine whether an individual warrants further assessment at the current time.

ASSESSMENT

The primary goal of assessment is to determine those characteristics of the individual and his or her life situation that may influence treatment decisions and contribute to the success of treatment. It would determine if immediate intervention is warranted based on the risk. Additionally, assessment procedures are crucial to the treatment planning process, which involves the integration of assessment information concerning the person's problem behavior and other areas of psychological and social functioning. Assessment instruments are aimed at gaining an understanding of the depth of a person's problems.

An assessment might include the following data on a number of dimensions:

- Functional and dysfunctional aspects of psychological patterns;
- Current and historical family and social structures;
- Current and past history of physical, emotional and/or sexual abuse;
- Client and family biological systems including current physical and mental health status;
- Current and past history of client and family alcohol and other drug use/abuse;
- Factors affecting client, family and community safety;
- Leisure time activities;
- Education and vocational history;
- Religious or spiritual life;
- Legal status;
- Risk assessment and identification of criminogenic needs (factors that influence an individual to engage in criminal behavior) as it relates to risk to re-offend or recidivate;
- Life skill acquisition;
- Previous treatment experiences;
- Cultural factors including racial and ethnic background, age, gender, sexual orientation, linguistic abilities;
- Personal strengths and motivation

The results of an assessment are incorporated into the individualized supervision or treatment plan.

SECTION 3

JUVENILE SCREENING INSTRUMENTS

Juvenile Detention Screening and Assessment Guide (JDSAG)

Brief Description of the Instrument:

The JDSAG is used statewide by Senate Bill 94 screening teams when a youth is being referred to detention by law enforcement either for a new offense, district court warrant or probation violation. The JDSAG is required for all new admissions to detention and primarily focuses on risk for failure to appear and re-offending rather than overall risk to the community.

Agencies Administering the Tool:

Senate Bill 94 screening teams

Population:

Youth taken into custody by law enforcement

Purpose:

Guides placement decisions at the time of arrest or a probation violation when referred for detention services

When is the Tool Administered:

At the time of arrest for a new offense; a district court warrant; probation violation when referred for detention services

What Decisions Are Made Based on the Results:

Guides decisions regarding the level of placement needed within the detention continuum

Skill Level Required by Staff to Administer the Tool:

Basic interviewing skills and training on the JDSAG in addition to local policy

Training Requirement:

2-4 hours initial training with follow-up on the job

Cost:

Free; staff time only

Link/Contact:

Matt Friesen
DYC Senate Bill 94
CDHS
4255 S Knox Ct
Denver, CO 80236
303 866 7345 FAX: 303 866 7344

Massachusetts Youth Screening Instrument - 2 (MAYSI-2)

Brief Description of the Instrument:

The MAYSI-2 is designed to assist juvenile justice practitioners in identifying youth ages 12 to 17 that may have special mental health needs. It is intended for use at any entry or transitional placement point in the juvenile justice system.

Agencies Administering the Tool:

Diversion; Juvenile Assessment Centers (JAC); SB94 Programs; Probation; NYC; Detention and Commitment Facilities

Population:

Youth ages 12 to 17 years of age who are involved in the juvenile justice system, or are at-risk of involvement

Purpose:

The MAYSI-2 is a screening instrument that assists practitioners in identifying mental health issues and helps determine if the juvenile needs to be further assessed for mental health issues and/or disorders

When is the Tool Administered:

This instrument is self-report and can be completed in a paper-and-pencil version or on a computer. The computer version allows the juvenile to read the questions and hear the questions read to them via headphones.

The instrument may be administered at the JAC, through SB94, at the PSI stage or at intake into probation, upon entry into a detention or commitment facility

What Decisions Are Made Based on the Results:

Depending on the stage in the system, the MAYSI-2 can assist in making decisions on future assessment and evaluation, may be used in probation in developing the supervision plan, assists detention and commitment diagnosticians to develop treatment plans

Skill Level Required by Staff to Administer the Tool:

Basic interviewing skills and training specifically on the MAYSI-2

Training Requirement:

2-4 hours initial training with follow-up on the job

Cost:

Free; staff time only

Link/Contact:

<http://www.maysiware.com/MAYSI2.htm>

Alcohol Use Disorders Identification Test (AUDIT)

Brief Description of the Instrument:

The AUDIT is a screening procedure developed for the World Health Organization by Thomas Babor, Ph.D. that is used to identify drinkers who show evidence of alcohol involvement that has become hazardous or harmful to their health. It is administered quickly and easily. The AUDIT is a simple screening instrument.

Agencies Administering the Tool:

Substance Abuse providers

Population:

Adults and adolescents

Purpose:

Screening is completed to identify harmful drinking patterns

When is the Tool Administered:

The instrument is paper and pencil and has 10 questions, with three on the amount and frequency of drinking, three on alcohol dependence and four on problems caused by alcohol. It can be administered in as little as two minutes

What Decisions are Made Based on the Results:

Identify the need for a more in-depth assessment

Skill Level Required by Staff to Administer the Tool

Para-professional (a trained worker who is not a member of a given profession, but assists the professional)

Training Requirement:

Minimal training is required to administer and a training video is available for a fee

Cost:

The test is copyrighted; however, the tests and manuals are free. There is a charge for the training video

Link/Contact:

http://www.paihdelinkki.fi/english/tests/audit_e.htm

Program on Substance Abuse
World Health Organization 1211
Geneva, Switzerland

or

Thomas F. Babor
Alcohol Research Center
University of Connecticut
Farmington, CT 06030-1410

Personal Experience Screening Questionnaire (PESQ)

Brief Description of the Instrument:

The PESQ was developed by Ken Winters, Ph.D., as a 40-item questionnaire that screens for the need for further assessment of drug use disorders. It provides a "red or green flag problem," severity score, and a brief overview of psychosocial problems, drug use frequency, and faking tendencies.

Agencies Administering the Tool:

Substance Abuse Treatment Providers, Mental Health Providers and may be used by a wide range of health professionals

Population:

12- to 18-year-olds

Purpose:

To provide an indication of the need for a comprehensive drug use evaluation and to briefly screen for select psychosocial problems and faking good and faking bad tendencies. The PESQ should not be used as a replacement for a comprehensive assessment.

When is the Tool Administered:

This is a 40-item questionnaire which takes approximately 10 minutes to administer, and whose scoring takes approximately 3 minutes with scoring instructions to be found in the questionnaire booklet.

What Decisions Are Made Based on the Results:

The need for a comprehensive drug use evaluation and to briefly screen for select psychosocial problems and faking good and faking bad tendencies

Skill Level Required by Staff to Administer the Tool:

Para-professional (a trained worker who is not a member of a given profession, but assists the professional)

Training requirement:

Discuss with author

Cost:

This instrument is copyrighted; cost for the manual and test forms

Link/Contact:

Tony Girard, Ph.D.
Senior Project Director
Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025
310 478 2061

Problem Oriented Screening Instrument for Teenagers (POSIT)

Brief Description of the Instrument:

POSIT was developed by a panel of expert clinicians at the National Institute on Drug Abuse (NIDA) as part of a more extensive assessment and referral system for use with adolescents. The POSIT follow-up questionnaire was derived from items on POSIT to screen for potential change in seven out of the 10 problem areas represented on POSIT.

Agencies Administering the Tool:

Can be utilized by school personnel, juvenile and family court personnel, medical and mental health care providers, and staff in Substance Use Disorder Treatment Programs

Population:

12- to 19-year-olds

Purpose:

POSIT was designed to identify problems and potential treatment or service needs in 10 areas, including substance abuse, mental and physical health, and social relations

When is the Tool Administered:

POSIT is a self-administered 139-item "yes/no" screening questionnaire, which takes 20-30 minutes to administer, and two scoring systems are available. The original system presented in the Adolescent Assessment-Referral System (AARS) manual and the newer scoring system available from NIDA. Scoring takes two seconds for computerized scoring; 2-5 minutes when using the scoring templates placed over the paper and pencil versions of the POSIT and POSIT follow-up questionnaires.

What Decisions Are Made Based on the Results:

Need for further assessment

Skill Level Required by Staff to Administer the Tool:

Requires no special qualifications to use

Training Requirement:

N/A

Cost:

Pricing information available at PowerTrain, Inc. 301 731 0900

Link/Contact:

Computerized POSIT and POSIT follow-up:
PowerTrain, Inc.
8201 Corporate Drive Suite 1080
Landover, MD 20785
301 731 0900

Adolescent Assessment-Referral System Manual, Stock #BKD-59
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800 729 6686

Dr. Elizabeth Rahdert
NIDA/NIH
5600 Fishers Lane, Room 10A-10
Rockville, MD 20857 301 443 0107

Teen Addiction Severity Index (T-ASI)

Brief Description of the Instrument:

The T-ASI is an assessment tool that was developed in 1991 by Kaminer, Bukstein and Tarter as a semi-structured, age appropriate modification of the Addiction Severity Index. It yields 70 ratings in seven domains: Psychoactive Substance Use, School or Employment Status, Family Function, Peer-Social Relationships, Legal Status and Psychiatric Status. The T-ASI consists of 154 items and can be administered by a trained technician or mental health professional in 20 – 45 minutes. It can be scored in 10 minutes.

Agencies Administering the Tool:

Substance Abuse Providers and Mental Health Clinicians

Population:

Adolescents, co-occurring clients

Purpose:

Measures 6 areas believed to be affected if an adolescent is abusing drugs or alcohol

When is the Tool Administered:

At intake or after admission to a program

What Decisions Are Made Based on the Results:

Guides the development of an effective treatment plan

Skill Level Required by Staff to administer the Tool:

Trained technician or mental health professional

Training Requirement:

Author recommends training, but not required

Cost:

No cost

Link/Contact:

<http://adai.washington.edu/instruments/pdf/TASI.pdf>

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860 679 4344
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Web: <http://www.uhc.edu>

CRAFFT

Brief Description of the Instrument:

This is a brief screening instrument for alcohol and other drug use in adolescents. It is a 6-item test with yes-no answer choices. Its title is an acronym for the main concepts in each item, which spell out CRAFFT. The items are as follows:

1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself (**A**lone)?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your **F**riends or family ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Agencies Administering the Tool:

The CRAFFT is often used in physicians' offices, but can be used by all levels of behavioral health care providers.

Population:

Adolescents

Purpose:

Screening for alcohol and substance abuse

When is the Tool Administered:

This test takes about 3 minutes to complete and can be administered as an interview or a self-report. Each positive answer to an item counts as 1 point. The optimal cut off score for identifying substance use, abuse and dependence has been set at two. Others have found that a cut-off score of three is optimal for identifying substances other than alcohol or cannabis.

What Decisions Are Made Based on the Results:

Possible referral for further assessment

Skill Level Required by Staff to Administer the Tool:

Behavioral Healthcare providers

Training Requirement:

N/A

Cost:

N/A

Link/Contact:

The questions from the CRAFFT are printed above.
The CRAFFT study web site is: http://www.slp3d3.com/rwj_1027.

SECTION 4

JUVENILE ASSESSMENT INSTRUMENTS

Colorado Juvenile Risk Assessment (CJRA)

Brief Description of the Instrument:

A risk assessment instrument used to measure juvenile offender risk and protective factors in twelve separate domains. Clinical information obtained through a structured motivational interview is entered into the computerized system, to produce an individualized scoring profile designed to depict dynamic and static criminogenic risk and protective factors that can be used for Service Plan development.

Agencies Administering the Tool:

The Division of Youth Corrections; Select SB 94 Programs

Population:

Male and female detained and committed juvenile populations

Purpose:

To better identify risk and protective factors for detained juvenile offenders; for all juvenile offenders committed to the Division of Youth Corrections, in order to better meet the overall Division Mission to achieve justice and to protect and serve the Colorado community.

When is the Tool Administered:

The CJRA is administered to juvenile offenders upon entry into select SB94 Juvenile Assessment Centers and at the point of initial commitment to the Division of Youth Corrections. Additionally, a CJRA reassessment is administered at key decision points throughout the DYC commitment continuum (i.e., change in classification/security level, move in placement, Parole Board and Community Review Board hearing, discharge from DYC, client manager and interdisciplinary team discretion).

What Decisions Are Made Based on the Results:

Results are used to increase understanding of risk to recidivate, individualized criminogenic need areas and prescribed targets for service intervention. Findings are used in conjunction with ancillary evaluation and classification instrument outcomes to determine placement options, residential and community-based treatment needs, security level requirements and length of stay predictions.

Skill Level Required by Staff to Administer the Tool:

A 16-hour training certification course, which includes an 8-12 hour instruction in the interpretation and utility of CJRA results, basic understanding of computerized data entry and training in the application of motivational interviewing skills

Training Requirement:

Initial 8-12 hour training certification course; Annual 4-hour recertification course

Cost:

Public domain instrument; Website hosting cost until incorporated into the Trails system

Link/Contact:

<http://www.wsipp.wa.gov/>

Joseph Anderson, Director of Assessment
Division of Youth Corrections
7862 W. Mansfield Parkway, Building 56
Denver, CO 80235
303 987 4659 FAX: 303 9874632
Joseph.anderson@state.co.us

Colorado Client Assessment Record (CCAR)

Brief Description of the Instrument:

The CCAR has been required on all admissions and discharges to the Colorado public mental health system since 1978. It has undergone several major revisions and its use has broadened across systems. In 2006, the instrument was revised significantly, making it more user-friendly and strengths-based. It is used to count admissions for monitoring performance contracts with service providers and, when matched with services data, provides information for studies and reports. Additional uses include single variable studies such as ethnicity, income, and diagnosis; identifying trends across years; and measuring outcomes. It provides information on everything from simple counts published annually, to allocation formulas for incentives awards. Linked with services data, it can provide information on cost-benefit and other more complex kinds of research questions.

Agencies Administering the Tool:

Community Mental Health Centers (CMHCs) and Clinics; Behavioral Healthcare Organizations (BHOs) and their external providers; Mental Health Institutes at Ft. Logan and Pueblo; County departments of human/social services; Division of Youth Corrections (DYC); Used by Department of Health Care Policy and Financing for contracting with Behavioral Healthcare Organizations (BHOs)

Population:

Children, adolescents, and adults served through the public mental health system, including those with Medicaid; youth referred for residential treatment by county departments of human/social services; youth committed to the Division of Youth Corrections

Purpose:

Collect demographic and mental health functioning information; Measure mental health outcomes and count admissions for monitoring performance contracts; Identify level of care required by youth referred to residential treatment ; Used for single variable studies such as ethnicity, income, and diagnosis; Examine trends for periods ranging from quarterly to several years; Federal reporting

When is the Tool Administered:

Admission, discharge, and when significant client changes occur; Referral to and discharge from residential treatment for children and adolescents; Commitment to the DYC; Updated annually for clients

What Decisions Are Made Based on the Results:

Guides treatment planning; Determines level of care required by youth referred for residential treatment planning; Data is used in budgeting, legislative information, and policy decisions

Skill Level Required by Staff to Administer the Tool:

State-sponsored training on the instrument is required

Training Requirement:

State-sponsored training

Cost:

No charge to administer the instrument

Link/Contact:

http://www.cdhs.state.co.us/dmh/de_CCAR.htm

Safety Assessment

Brief Description of the Instrument:

Set of 15 questions intended to determine if a child is at imminent risk of harm (present or impending danger) from the caregivers being assessed.

Agencies Administering the Tool:

All County Departments of Human Services in Colorado

Population:

Parents and children in families being assessed for child abuse and/or neglect by a Colorado county Department Of Human Services

Purpose:

To assess for immediate safety concerns that place children at imminent risk for harm by their caregivers.

When is the Tool Administered:

All Child Protection cases accepted by county departments of human/social services for assessment of child abuse and/or neglect are required by Human Services regulations to have the Safety Assessment administered within seven working days. If *present danger* is determined, a Protective Plan must immediately be implemented with the family to provide protective capacities to control for the safety concerns, unless the child is being placed into out-of-home care. If *impending danger* is determined, a Safety Plan must be implemented within 30 days to control for the safety concerns.

What Decisions Are Made Based on the Results:

The most typical decision made as the result of the findings from the Safety Assessment is whether to remove the child(ren) from their home and, if the children have been in out-of-home care, whether or not to return the children to the home from which they were removed. The findings determine whether there is present or impending danger; if it is possible to safely implement an immediate Protective Plan, or a Safety Plan within 30 days that will allow the child to safely remain in the home. The findings from the Safety Assessment begin to give structure to the type of intervention that the case will need.

Skill Level Required by Staff to Administer the Tool:

Social Caseworkers in county departments of human services typically administer the Safety Assessment. Caseworkers are required to have a minimum of a B.A. or B.S. in a human services related field

Training Requirement:

There is minimum mandatory training of about three hours in length regarding the application of the Safety Assessment that every caseworker receives as part of New Caseworker Core Training. This is part of the approximately ten hours of training on the Colorado Assessment Continuum, of which the Safety Assessment is one instrument that all new caseworkers receive.

Cost:

No cost; the instrument was developed through the use of monies in the public domain

Link/Contact:

<http://www.cdhs.state.co.us/>

Risk Assessment for Abuse or Neglect

Brief Description of the Instrument:

Small set of questions intended to determine the risk level for future potential for harm to a child from the caregivers being assessed.

Agencies Administering the Tool:

All County Departments of Human Services in Colorado, a similar instrument is used in many other states. This instrument, which originated in Michigan, has been validated for use in Colorado

Population:

Parents and children in families being assessed for and/or receiving ongoing services by a Colorado county Department Of Human Services because of child abuse and/or neglect

Purpose:

To determine risk for future abuse or neglect of a child by a caregiver

When is the Tool Administered:

Within 30 working days of a case being accepted by a county department of human services for assessment of alleged child abuse and/or neglect, and periodically throughout the life of the case while it remains open with the county department

What Decisions Are Made Based on the Results:

A typical decision made as the result of the findings from the Risk Assessment is whether to continue services through the county department of human services beyond an initial 30 days of investigation and assessment

Skill Level Required by Staff to Administer the Tool:

Social Caseworkers in county departments of human services typically administer the Safety Assessment; Caseworkers are required to have a minimum of a B.A. or B.S. in a human services related field.

Training Requirement:

Mandatory training (approx. three hours); included in Caseworker Core Training. This is part of the approximately ten hours of training on the Colorado Assessment Continuum, of which the Risk Assessment is one instrument that all new caseworkers receive.

Cost:

No cost; the instrument was developed using monies in the public domain.

Link/Contact:

<http://www.cdhs.state.co.us/>

North Carolina Family Assessment Scale (NCFAS) and North Carolina Family Assessment Scale –Reunification (NCFAS-R)

Brief Description of the Instrument:

The original NCFAS has five family functioning domains, each consisting of several factors that are rated for level of family functioning for each individual factor and for the overall domain. The more recently validated NCFAS-R has seven family functioning domains (the same five as the NCFAS plus two more geared to predict success reunification), each consisting of several factors that are rated for level of family functioning for each individual factor and for the overall domain. The rating scale is intended to make this a “strength-based” assessment tool.

Agencies Administering the Tool:

County Departments of Human Services in Colorado are required to administer the NCFAS on all child protection cases that are open in the agency beyond 60 days and/or receive ongoing child protection services beyond the initial 30 days of investigation and assessment. The NCFAS-R will become the required version of this instrument for all Colorado county departments of human services as soon as the two additional domains are included in the Trails Case Management System. Other states increasingly use the NCFAS and/or NCFAS-R. (The NCFAS-R was recently rated at the best child welfare assessment instrument in the United States as the result of a study of 85 top rated child welfare assessment instruments by the University of California at Berkeley.)

Population:

Families in which children have been subjected to child abuse and/or neglect; the instrument, field-tested in North Carolina is found to be valid and reliable with families being served through Youth Services

Purpose:

To assess for the most important service needs of the family in order to prioritize what most needs to be included in the case plan for the family. Because the rating scale allows for family strengths to be identified as readily as family problems, the instrument also assists in building on family strengths in a case plan as well as addressing serious problems.

When is the Tool Administered:

Within 60 days of a case being opened for investigation and assessment in county departments of human services

What Decisions Are Made Based on the Results:

Services to include in the initial and subsequent case plans for a family as the case moves through the child welfare system; the most important decision made as the result of application of the NCFAS-R is whether or not, and when, a child will be returned to the home from which he/she was removed due to child abuse and/or neglect

Skill Level Required by Staff to Administer the Tool:

Social Caseworkers in county departments of human services typically administer the NCFAS or NCFAS-R. Caseworkers are required to have a minimum of a B.A. or B.S. in a human services related field.

Training Requirement:

Mandatory training (approx. four hours); included in Caseworker Core Training. This is part of the approximately ten hours of training on the Colorado Assessment Continuum, of which the Risk Assessment is one instrument that all new caseworkers receive.

Cost:

No cost; the instrument was developed using monies in the public domain.

Link/Contact:

<http://www.cdhs.state.co.us/>

Adolescent Self-Assessment Profile (ASAP)

Brief Description of the Instrument:

This instrument provides a differential assessment of an adolescent's substance use along with other risk factors that can contribute to the development and maintenance of a substance use disorder. It provides measurements of different aspects of an adolescent's life and drug use via 20 basic scales and 15 supplemental scales.

Agencies Administering the Tool:

Division of Youth Corrections, Substance Abuse Providers, Probation Departments

Population:

Adolescents

Purpose:

To provide a differential assessment of the adolescent's psychosocial adjustment and substance use involvement, benefits, and disruption to provide a basis for differential treatment planning

When is the Tool Administered:

This is a 225-multiple-choice questionnaire, which can either be self-administered, or administered in interview form, depending upon the reading level of the adolescent. Completion of the instrument takes between 20 and 50 minutes; it can be used for, during, and after treatment assessment to determine changes in perception of the adolescent's psychosocial and substance use problems.

What Decisions Are Made Based on the Results:

Identifies significant treatment domains

Skill Level Required by Staff to Administer the Tool:

Certified Addictions Counselors (CAC), psychologists, social workers, physicians, licensed professional counselors

Training Requirement:

Required; taught by the author

Cost:

The ASAP is copyrighted and there is a fee for its use

Link/Contact:

Center for Addiction Research and Evaluation
5460 Ward Road, Suite 140
Arvada, CO 80002
303 4211261 FAX: 303 4671985

Comprehensive Adolescent Severity Index (CASI)

Brief Description of the Instrument:

The CASI was developed in 1995 by Myers, McLellan, Thomas and Pettinati. It is a comprehensive, semi-structured, clinical assessment and outcomes interview for use with adolescents. It consists of 10 independent modules:

- Health
- Family
- Stressful Life Events
- Legal Status
- Sexual Behavior
- AOD Use
- Mental Health Functioning
- Peer Relationships
- Education and
- Use of Free Time

Each module also measures the adolescent's perception of the existence of the problem, as well as its severity. The instrument also contains items that measure the client's strength. The instrument is recommended by the National Institute on Alcoholism and Alcohol Abuse.

Agencies Administering the Tool:

A variety of behavioral health care clinicians and Para-professional (a trained worker who is not a member of a given profession, but assists the professional)

Population:

Adolescents

Purpose:

Comprehensive, in-depth assessment of the severity of an adolescent's substance use and other related areas

When is the Tool Administered:

The CASI is available in regular interview format or in a computer-administered format. It takes approximately 45-90 minutes to administer. Scoring takes approximately 15 minutes, using a scoring key.

What Decisions Are Made Based on the Results:

Identifies a focus for providing effective treatment services

Skill Level Required by Staff to Administer the Tool:

A trained professional should administer the instrument

Training Requirement:

Yes; specific administration/scoring course required; cost of training is \$2000 as of 2006

Cost:

The instrument is copyrighted; the pencil-and-paper version is available free of charge

Link/Contact:

System Measures, Inc.
P.O. Box 506
Spring Mount, PA 19478
610 287 2786
Email: myershagen@erols.com

Global Appraisal of Individual Needs (GAIN)

Brief Description of the Instrument:

Designed in 1999 by Dr. Michael Dennis of Chestnut Health Systems, the GAIN is designed to measure the recency of problems, breadth, and frequency of problems and service utilization related to substance use. It consists of a series of measures designed to integrate research and clinical assessment. The GAIN has 99 scales and subscales, which include measurement of diagnosis, treatment motivation, relapse potential, mental health and risk/protective factors. It can be used as a self-administered questionnaire, a clinician-administered interview, assessment, diagnostic test, treatment planning, or outcome evaluation.

Agencies Administering the Tool:

Student Assistance programs, juvenile justice, criminal justices mental health clinics and substance abuse providers

Population:

Adolescents and adults

Purpose:

Provides progressive and integrated series of measures and computer applications designed to support a) initial screenings, brief interventions and referrals, b) standardized biopsychosocial clinical assessments for diagnosis, placement and treatment planning, c) monitoring of changes in clinical status

When is the Tool Administered:

The GAIN consists of 1,606 items, set up as modules. It takes 60 – 120 minutes to administer. It can be obtained in the following formats: pencil-and-paper self-administered, interview (structured), computer self-administered (forthcoming) and computer-assisted interview (by staff)

What Decisions Are Made Based on the Results:

The full GAIN provides a diagnosis, placement and treatment planning.

Skill Level Required by Staff to Administer the Tool:

Para-professionals and other behavioral health care clinicians

Training Requirement:

Training is mandatory.

Cost:

This instrument is available through Chestnut Health Systems at <http://www.chestnut.org/li/gain>. It is copyrighted, and training in its use is mandatory and available. There is a fee for each instrument used.

Link/ Contact:

Michael Dennis, PhD.
Senior Research Psychologist
Chestnut Health Systems
720 West Chestnut
Bloomington, IL 61701
309 827 6026
Email: mdennis@chestnut.org

Practical Adolescent Dual Diagnostic Interview (PADDI)

Brief Description of the Instrument:

This instrument was developed in 2000 by Estroff and Hoffman as a comprehensive diagnostic assessment interview for adolescents. It documents both DSM-IV substance abuse/dependence diagnoses and major mental health conditions. The PADDI focuses most on the mental health conditions most likely to interfere with recovery from substance abuse or dependence. The interview questions are intended to be objective, simple and easy to understand.

Agencies Administering the Tool:

Substance Abuse Treatment Providers, Mental Health Centers, private practices, courts and juvenile justice

Population:

Adolescents/Clients with co-occurring mental health and substance use disorders

Purpose:

Ideal for performing a dual diagnosis work-up as part of an initial clinical assessment

When is the Tool Administered:

Initial intake; a clinician-administered interview, which can be scored within 5 minutes of a 20-40 minute interview

What Decisions Are Made Based on the Results:

Identifies both substance abuse/dependence diagnoses and major mental health conditions to be addressed in treatment

Skill Level Required by Staff to Administer the Tool:

Technicians and paraprofessionals can administer the instrument with minimal training and supervision.

Training Requirement:

Minimal training and supervision; professionals can use the PADDI without special training.

Cost:

The PADDI is copyrighted by Norman G. Hoffmann, Ph.D. and may not be adapted or photocopied. It can be ordered from the Change Companies in packets of 25 forms for \$67.50 (the manual is an additional \$20).

Link/Contact:

The Change Companies
5221 Sigstrom Drive
Carson City, NV 89706
888 889 8866
FAX: 775 885 0643
Email: Info@changecompanies.net
Web: <http://www.changecompanies.net>

Colorado Young Offender - Level of Service Inventory (CYO-LSI)

Brief Description of the Instrument:

The CYO-LSI is an 84 question semi-structured risk/ needs assessment. The instrument is staff-guided and takes 45-60 minutes to administer the initial assessment. The results provide an overall risk score that is predictive of recidivism, supervision failure and institutional misconduct. The results also assist in supervision needs and case management resources. Change scores can also be provided through reassessment.

Agencies Administering the Tool:

Colorado Judicial Department – Probation

Population:

Adolescents ages 12-17 years old

Purpose:

To determine the risk and needs of a juvenile for use in determining supervision level and referrals for treatment.

When is the Tool Administered:

The tool is administered either at the Pre-sentence investigation or at intake when the juvenile meets with their probation officer.

What Decisions Are Made Based on the Results:

Supervision level and treatment/ service referrals.

Skill Level Required by Staff to Administer the Tool:

Basic interviewing skills and training specific to the CYO-LSI

Training Requirement:

2 day training required; booster training as necessary

Cost:

No cost

Link/Contact:

<http://www.j-sat.com/docs/cyoLSI.pdf>

Susan Colling
Juvenile Programs Coordinator
Division of Probation Services
1301 Pennsylvania, #300
Denver, CO 80203
303 837 2354
Email: Susan.colling@judicial.state.co.us

Substance Use Survey (SUS)

Brief Description of the Instrument:

The SUS is a 60 item self administered substance abuse assessment tool. There are seven different scale measurements that measure an adolescent's use of drugs, current mental health concerns motivation for treatment and the degree of defensiveness in self-report.

Agencies Administering the Tool:

Colorado Judicial Department – Probation
Diversion – 6th and 17th Judicial Districts
Division of Youth Corrections – committed youth

Population:

Adolescents ages 12-17 years old

Purpose:

Assesses a juvenile for alcohol and other drug use

When is the Tool Administered:

The tool is administered when the youth attends their first appointment with the probation officer, diversion officer, or at intake at the Division of Youth Corrections.

What Decisions Are Made Based on the Results:

The decision to refer the juvenile for substance use treatment and the level of treatment that may be necessary.

Skill Level Required by Staff to Administer the Tool:

Basic interviewing skills and training specific to the SUS

Training Requirement:

2 days of training

Cost:

Instrument is owned by Center for Addictions Research and Evaluation (CARE); Judicial pays an annual license fee for use by specific departments.

Link:

Dr. Kenneth Wanberg, Director
Center for Addiction Research and Evaluation
5460 Ward Road, Suite 140
Arvada, CO 80002

NOTE: *Additional tools may be specific to individual agencies and do not have single page descriptions*

APPENDIX A

REQUEST FOR INSTRUMENT INCLUSION

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

Juvenile Screening and Assessment Subcommittee

REQUEST FOR INSTRUMENT INCLUSION (page 1)

Screening Instrument

Assessment Instrument

Agency Name: _____

Contact Person: _____ Title: _____

Phone Number: _____ E-mail _____

Address: _____
Street City Zip

Name of Instrument: _____

Purpose: _____

Is the Agency currently using the instrument? Yes No

If you answered yes, what is the target population you are administering this tool?

Brief Description of the Instrument: _____

Target Population:

When is the Instrument Administered:

What Decisions Are Made Based on the Results:

Skill Level Required by Staff to Administer the Instrument:

Training Requirements:

Cost:

Link (if available):

Applications submitted to the Juvenile Screening And Assessment Subcommittee of the ICAJCT for review must include the application form and any supporting documentation. Please check the criteria LISTED ON THE NEXT PAGE to ensure these requirements pertain to the instrument you are requesting for inclusion. Supporting documentation on the criteria must also be submitted. If any of the criteria are not included in the request, your request cannot be reviewed by the Juvenile Subcommittee and will be returned. One request is required for each instrument submitted for review.

REQUEST FOR INSTRUMENT INCLUSION (page 2)

Please illustrate how the instrument you wish to use meets the criteria listed below:

Criteria:

- The instrument must be directly related to alcohol and/or other drug problems, mental health, risk classification and/or abuse/neglect risk; *and*
- The instrument must be age and developmentally appropriate; *and*
- The instrument must be quantitative; *and*
- The instrument must be researched-based; *and*
- The instrument must have empirical evidence that supports its utility.

APPENDIX B

UTILIZATION OF INSTRUMENTS BY AGENCY

**IAC Juvenile Screening and Assessment Subcommittee
Screening and Assessment Instruments used in the Juvenile Justice System
January 2007**

JDSAG	MAYSI - 2	CYO-LSI	SUS1A	CJRA	CCAR	ASAP
SB94	SB94-18 th			DYC- committed		
	JAC-18 th					
	Diversion- 6 th , 17 th & 8 th	Diversion- 6 th , 11 th & 17 th	Diversion- 6 th & 17 th			
	Probation	Probation	Probation			
	DYC- detained & committed		DYC - committed		DYC - committed	DYC - committed
					Div. of MH & MH Centers	
					CW-RTC	
			ADAD			ADAD

Other instruments specific to one agency:

18th JD: **CRAFFT**

ADAD: **CASI** (Comprehensive Adolescent Severity Inventory)
POSIT (Problem Oriented Screening Instrument for Teenagers)
PADDI (Practical Adolescent Dual Diagnostic Interview)
T-ASI (Teen Addiction Severity Index)
PESQ (Personal Experience Screening Questionnaire)
GAIN (Global Appraisal of Individual Needs)

DYC: **SIRS-R** (used for detained & committed youth)
Behavioral Observation
Religious Assessment
Life Skills
Sentence Completion
Recreational Assessment
Family Assessment

SCREENING INSTRUMENTS MATRIX

Screening Instruments Matrix

Tool	Agency	Population	Purpose	When Delivered	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
CRAFFT	18th Judicial District JAC	Juvenile populations between 12-17	D/A screen	Upon Intake	Further Assessment and Evaluation	Minimal	None	Under negotiation
MAYSI -2	Probation; DYC; some Diversion and SB94 programs	Juvenile populations between 12-17	MH screen	Various stages along the continuum	Further Assessment and Evaluation	Basic Interviewing and training on MAYSI II	2-4 hour initial training with follow-up on the job initial training	Staff Time
SIRS-R	DYC	Detained/Committed populations between 10-21	Imminent Risk Screen	At intake; Upon transfer to all state-owned facilities; At any point in time based on determined need	Further Assessment and Evaluation; Placement on suicide precaution monitoring	Basic Interviewing and training on SIRS-R	1 hour initial training with follow-up on the job training	Staff Time
T-ASI	ADAD	Adolescents	Assessment; Provide basic information on an adolescent prior to entry into inpatient care for substance use-related problems	Prior to admission; face to face interview	Measures 8 domains: demographic, chemical use, school status, employment/support status, family relationships, legal status and psychiatric status including treatment experience	Trained technician or mental health professional	Requires training in interviewing youth with SA problems	No charge but there is a charge for the training
PESQ	ADAD	Adolescents	Provide at a screening level; an indication of the need for a comprehensive drug use evaluation	At intake	Need for further assessment	Appropriate for use by a range of health professionals	Contact author	\$70.00-manual and 25 tests; \$25.20-\$29.50 per package of 25 tests
AUDIT	Substance Abuse provides	Adults and adolescents	Screening is completed to identify harmful drinking patterns	At Intake	In Depth assessment needed	Para-professional	Minimal	No charge
POSIT	ADAD; school personnel, juvenile and family court personnel, medical and mental health care providers.	Adolescents, 12-19	Identify potential problem areas that require further assessment.	At intake	Identifies problems and potential treatment or service needs in 10 areas, including substance abuse, mental and physical health and social relations.	No special qualifications	Very clear and straight forward.	Pricing information available at PowerTrain, Inc. 301-731-0900.

ASSESSMENT INSTRUMENTS MATRIX

Assessment Instruments Matrix - Page 1

Tool	Agency	Population	Purpose	When Delivered	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
JDSAG	Senate Bill 94: Statewide	Youth taken into custody by law enforcement.	Guides placement decisions at the time of arrest and provides data for program evaluation	Time of arrest for a new offense; district court warrant; probation violation; when referred for detention services	Guides decisions regarding the level of placement needed within the detention continuum	Basic interviewing skills and training on the JDSAG in addition to local policy	2 – 4 hour initial training with follow-up on the job initial training	Staff time only
CYO-LSI	Probation; Some Diversion and SB94 programs	Juveniles on probation	To determine risk and needs	PSI stage or w/in 30 days of supervision if PSI is waived; reassessed every 6 months	Supervision planning, treatment and program referrals	Minimal with training	Training specific to the tool; boosters available	none
SUS	Probation; NYC; some Diversion programs	Juveniles on probation & committed youth	To determine risk and needs associated with substance use	PSI stage or w/in 30 days of supervision if PSI is waived; upon commitment	Treatment and program referrals; NYC determines further assessment	Minimal with training	Training specific to the tool; boosters available	Staff time
Risk Assessment for Abuse or Neglect	DHS/ Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 30 days of case opening	Determine case services and target appropriate level of service	Minimum of a B.A. or B.S. in a human services related field	2-4 hours of training	none
Safety Assessment and Plan	DHS/ Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 7 calendar days of a Child Protection investigation; prior to reunification or case closure	A plan developed to assure safety of the child	Minimum of a B.A. or B.S. in a human services related field	2-4 hours of training	none
North Carolina Family Assessment Scale (NCFAS)	DHS/ Social Services	Children have been subjected to child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 60 days of child protection investigation; completion of core service	Determine ongoing services for reunification or maintenance when depart is working w/the family	Minimum of a B.A. or B.S. in a human services related field	2-4 hours of training	none

Assessment Instruments Matrix - Page 2

Tool	Agency	Population	Purpose	When Delivered	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
ICCI; Behavioral Observation; Religious Assessment; Life Skills; Sentence Completion; Recreational Assessment; Family Assessment	DYC	Committed population between 10-21 years of age	Classification	All new commits to the Division of Youth Corrections	Classification of risk; Placement selection	Bachelor Degree; CAC I; CYO-LSI training	4-year college degree or higher; Coursework and experience in Drug & Alcohol assessment & counseling; Completion of CYO-LSI training course	Staff Time
CCAR	DMH, Community Mental Health Centers, DYC, CW-RTC, Mental Health Institutes	DYC Committed population & population in other systems between 10 -21	MH Assessment and demographic information	Upon commitment to DYC; In mental health, at admission, discharge, and annual updates	Assessment of MH functioning	Better to have a degree for purposes of dx	Training on the instrument (typically 3 hours)	Staff time
ASAP	DYC	Committed youth	Assess for Treatment needs rule in Treatment level	Upon Commitment	Substance abuse treatment needs	CAC II or CAC III	Attend Differential Diagnosis class through ADAD, must be CAC II or III	Free; Staff time:2 hours including face-to-face administration and scoring time
1Adolescent Self-Assessment Profile (ASAP)	ADAD	Adolescents	Differential assessment .provide assessment of substance use involvement, benefits, and disruption. Can be used during and after to measure level of change	Prior to treatment; a self-report instrument and may be either self-administered or administered through an interview structure	Used for Treatment planning, measure disruption caused by substance use, and measure risk factors and an in-depth assessment of involvement in SA	Certified addictions counselors psychologists, social workers, physicians, licensed professional counselors	Training is required	\$50 for fewer than 100, \$100 for 100 to 299, \$200 for 300 to 500, negotiate if need more than 500
CASI	ADAD	Adolescents	Provide comprehensive, in-depth assessment of the severity of an adolescent substance use and other related areas	At admission to treatment program for the severity measurements; Face to face interview	Provides an in-depth assessment of the severity of an adolescent substance use and related problems to help determine length of time in program	Trained professional	Training in interviewing troubled youth with substance use problems	Contact author

Assessment Instruments Matrix - Page 3

Tool	Agency	Population	Purpose	When Delivered	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
GAIN	ADAD	More research on over 12 years old. Limited experience administering the GAIN to adolescents 12-13.	Series of measures and computer applications for screenings; brief interventions and referrals; standardized biopsychosocial clinical assessments monitoring changes in clinical status, services	Wide range of functional assessments that can be administered throughout a treatment episode; Initial is done at intake.	Level of care,	Para-professionals and other behavioral health care clinicians	Extensive training is required	expensive
PADDI	ADAD	Adolescents	Diagnostic assessment; assessing for substance use disorders; detect major depressive , manic, and mixed episodes; panic attacks, anxiety and phobias; conduct disorder, oppositional defiant disorder; paranoia and several others.		It's a diagnostic assessment interview that will guide treatment planning	Professionals can use the PADDI without special training.	Technicians and paraprofessionals can administer the instrument with minimal training and supervision	\$67 for a packet of 25

**Interagency Advisory Committee for Adult and Juvenile Correctional Treatment
(IACAJCT)**

**Juvenile Screening and Assessment Sub-Committee Membership
March 2007**

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