

Step 11

Establish a process for referral, screening, and comprehensive assessment

Preparation:

- Have available for reference the team’s work from Step 10, “Define a target population and set eligibility criteria.”
- Review Strategies 3 and 7
- Arrange for team to complete Fundamental Topics “Trauma-Informed Care” and “Mental Health and Co-Occurring Disorders” prior to their work on this step.

Now that you’ve determined which youth your program will serve, you’re ready to design a referral, screening and assessment process that will bring these youth into your program in a timely and effective manner. You’ll also need to make sure that you have the resources necessary to address the issues of youth and families selected for your program.

As you design this process, it’s critical to consider equity: You need to ensure that decisions about referral, screening, assessment, and admission are unbiased and will not limit access to the program for any group of youth. One indicator of fairness would be a direct match in the proportions of race, ethnicity and gender between your overall court population and the JDC. Make certain that all of your instruments are normed and validated for a youth population.

Referral

To design a *referral* process, you will begin with the description of your target population. Then you can determine who can refer potential participants, establish a procedure for the referral to get to the court, and develop a plan to educate your referral sources about your program and about the procedure for making a referral. Use the questions on the following pages as a guide.

Screening

Youth referred to the juvenile drug court will need to be screened before the operations team decides whether to admit them to the program.

“For the first 3 or 4 months of our program we only had three kids. We could not figure out why we could not get more kids in the program. I thought it was looking like our community really did not need a juvenile drug court program...

Then we realized that our admission criteria were so rigid that many kids who could benefit from the program were being screened out. So with the support of the prosecutor and the judge, we expanded the criteria to include more eligible offenses...

Furthermore, as the coordinator, I scouted out the court dockets for juvenile-criminal days to look for potentially eligible drug court offenders. If I found one, I would literally approach them and their families and ask if they would be interested in being considered for drug court. It may sound a little unorthodox, but it was a good starting point... Within 6 months our numbers soared, and we had to decide on how many offenders we could effectively serve at a given time.”

- **Steve Austin**, Director of Programs and Community Corrections, Rappahannock Regional Jail, Stafford, VA

Screening is a relatively brief process that distinguishes youth who might qualify for juvenile drug court based on a number of legal, clinical and social criteria. Screening can also identify the need for further assessment and evaluation.

LEGAL SCREENING includes probation’s initial review to determine if youth meet eligibility criteria: history of involvement with juvenile justice, history of offending, current offense. It also includes review by the district attorney/prosecution to see if youth are legally eligible according to state statute and funder specifications.

The purpose of **CLINICAL SCREENING**, which can be done by probation, the JDC coordinator or the judge, is to determine if each youth is a candidate for JDC based on their substance use history and patterns, their mental health and traumatic stress status and their educational/literacy level. In addition, the substance abuse, mental health and trauma screenings, along with medical and dental health screenings, can uncover ‘red flags’ that indicate the need for additional assessment and evaluation of the youth’s needs.

SOCIAL SCREENING can also be completed by probation or the JDC coordinator to determine the youth and family’s willingness and motivation to participate, and to gather information about the

youth’s relationship with both family and peers.

Assessment

Assessment is a more comprehensive and individualized examination of problems and needs identified in screening, including type and extent of mental health and substance abuse disorders and extent of traumatic stress.

Assessments should be conducted by professionals qualified to carry out an in-depth, strengths-based, bio-psycho-social assessment using evidence-based testing instruments and interview techniques that are trauma-informed, culturally sensitive, and appropriate for adolescents. Review of records, interviews with youth and family, and discussions with other service and agency professionals are combined to get the most holistic picture. Because of the instruments used and the necessary assessor qualifications, assessment requires more extensive time and fiscal resources than screening.

Assessment allows you to:

- Determine youth's potential risk behaviors (to self and others)
- Identify need for and level of substance abuse, traumatic stress and mental health treatment;
- Learn more about connection between youth's traumatic stress, substance use, mental health issues and criminal behavior;
- Identify additional related problems: medical, educational, family relations, educational performance
- Identify strengths of youth and family
- Determine resources needed to address youth and family needs
- Determine if youth's needs are beyond the purview of the juvenile drug court

It's important to establish a set of steps for the screening and assessment process along with a time frame for each step. You'll also need to:

- determine *the order* in which different agencies and entities will review and screen the referral;
- outline each agency's *responsibilities* in the screening and assessment process; and
- design and/or designate the specific tools and instruments that will be used for screening and assessment

To integrate a strengths-based, motivation-building approach into the assessment process, consider "motivational interviewing." You can learn about its key principles and strategies from *Motivational Interviewing: Preparing People for Change (third edition)* Chapters 3 and 23.

Another good resource is SAMHSA's *Treatment Improvement Protocol (TIP) #31: Screening and Assessing Adolescents for Substance Use Disorders*. Revised 2012.



From whom will we accept referrals?

Your primary referral sources will likely be other court agencies – other judges, prosecutors, defense attorneys, etc. Schools, probation, and community agencies, parents might recommend that a referral be made.

Who will receive the referrals made to the drug court?

Possibilities are the program coordinator, the judge, or the prosecutor.

How will referrals be made to the drug court?

Would you prefer to get a referral form? Or is a phone call sufficient? (If you decide to use a form, have a small workgroup design one for the full team to review.)

How will we educate referral sources about our target population and our program?

You might consider presentations at agency staff meetings and training programs.

What is the optimal amount of time from referral to admission to the juvenile drug court?

Keep this time frame in mind as you establish the steps for referral, screening and comprehensive assessment.



Now create a referral, screening and comprehensive assessment “flowchart.” (See the example on page 120.) Number the steps. Note the specific agency or organization at each step, and the time allowed for each to review the case.

Next, for each step in your flowchart, answer these questions:

What methods/tools will we use for screening juveniles for substance use? For traumatic stress? For mental health issues? For other eligibility criteria?

For example, to screen for substance abuse, you might decide to use the adolescent version of the “MAYSI” (Massachusetts Adolescent Screening Instrument). For other screening criteria, you might use a review of records, or an interview.

For each step of the referral, screening and assessment process name the methods and tools that will be used:

If you cannot test for a JDC candidate’s drug of choice DO NOT accept them into the program. (e.g., LSD or steroids) And consider that inhalants have not shown good treatment outcomes. If you can’t test, or you can’t treat the participant’s drug problem then the candidate it is not a good fit for the program. It will not be helpful to the youth to enter the program.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Determine a way to ensure that assessment tools are evidence-based and that they are used with fidelity.

Who on the team will coordinate and oversee the screening and assessment processes to ensure that 1) the tools and methods used are evidence-based, trauma-informed, developmentally appropriate, culturally sensitive, gender-based; 2) instruments and processes are being used with fidelity; and 3) MOU’s (Memoranda of Understanding) are developed with participating agencies?

Screenings are brief, and can be done by a wide range of individuals using inexpensive methods and tools. Assessment tools can be expensive and must be administered by trained, qualified professionals. Access available resources by developing partnerships with other agencies. Initiate MOU’s between agency directors to clarify the staff to engage and their responsibilities, how agencies will share fiscal responsibility, what specifically will happen to maintain confidentiality.

Use risk/needs assessment tools that are considered 3rd or 4th generation, and have been normed and validated on **youth populations**. Courts that have yet to adopt a standardized risk/needs tool are encouraged to contact the NCJFCJ for further guidance, and to review the following publication: *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*, Gina Vincent, 2011 <http://www.modelsforchange.net/publications/328>

If more than one person is involved in conducting assessments, how will information be shared, and who will write the report?

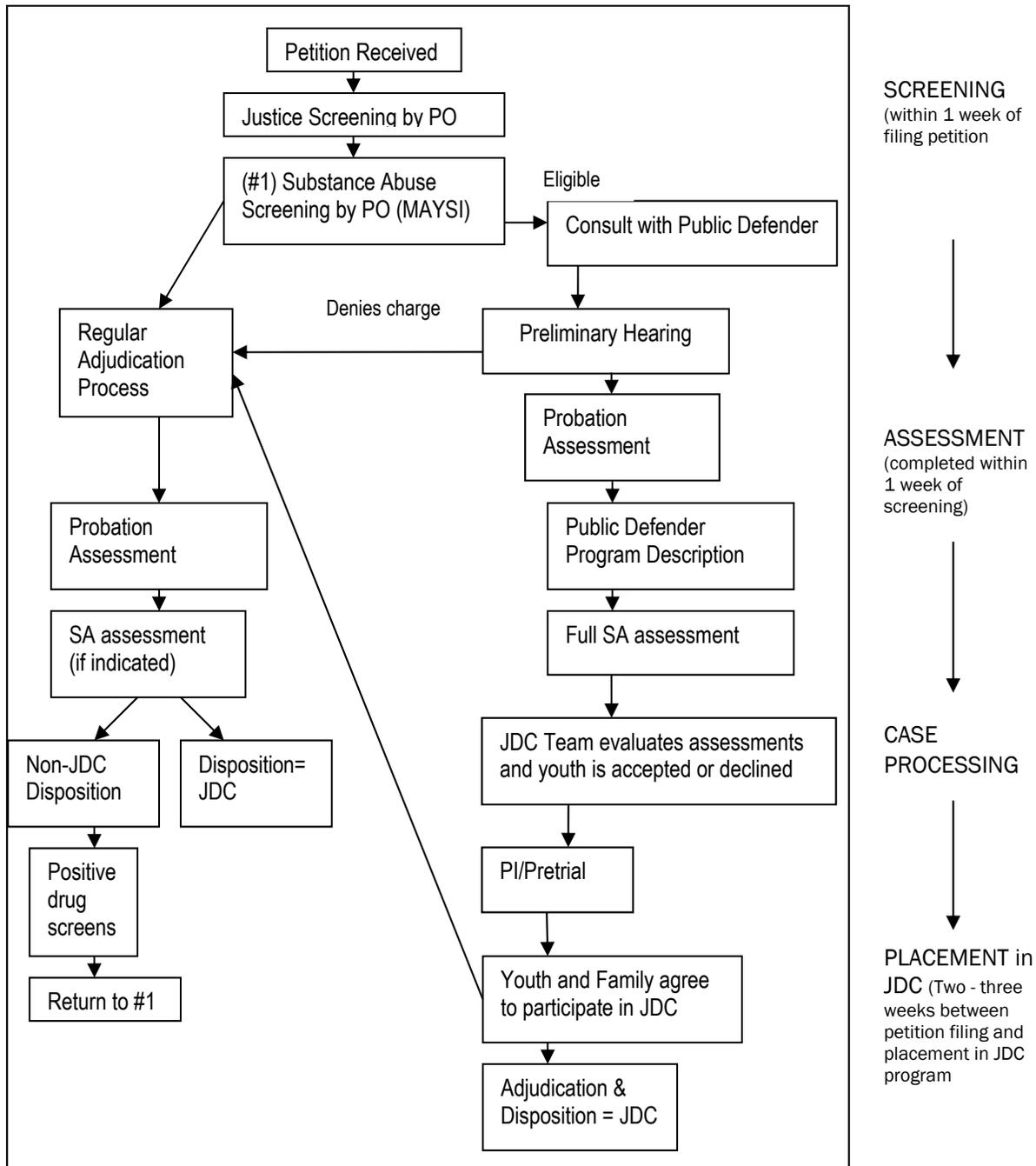
At what point in the process will we engage the youth and family in discussing the program? If their participation is voluntary, when will we give them the opportunity to ‘opt in’ or ‘opt out’? Who will have this discussion with the youth and family, and how will it be conducted?

How will we ensure that our referral, screening, assessment and JDC admission process is unbiased?

Examine the tools and instruments used for referral, screening and assessment to make certain that they are culturally sensitive. (See Fundamental Topic: Cultural Proficiency)

What steps can we take to ensure that our JDC population “looks like” our overall justice population?

Sample Case Flow Chart



Sample Referral, Screening and Comprehensive Assessment Flowchart

