Policy Brief on Risk Assessment Procedures in North Carolina’s Department of Juvenile Justice and Delinquency Prevention

Introduction:

The purpose of standardized risk assessment procedures is to accurately predict the likelihood that a youth will re-offend. Over the past few decades, risk assessments have evolved into a combination of actuarial and clinical methods. Actuarial refers to a simple assessment of the concrete and unchanging facts of the case, while the clinical method involves a more subjective evaluation. Although primarily actuarial, risk assessments provide mechanisms to standardize the individualized clinical approach [1][2]. While specific risk assessments vary from state to state, most juvenile justice systems employ some version of this structured professional judgement.

Understanding the predictive abilities of standardized risk assessments is important for several reasons. Firstly, empirical evidence supporting the risk assessment as an accurate predictor of juvenile re-offences guarantees youth a fair and equal opportunity to receive the same treatment as another youth with similar case characteristics. With a standardized assessment employed, the judge can make an informed decision about the case with the added assurance that the information they received was derived through a logically sound and empirically supported process. Moreover, such an assessment procedure can help service-providers best address youths’ treatment needs. Conversely, if the risk assessment does not accurately predict the
chances of a future criminal act, youth are left defenseless against a potentially biased and inaccurate ruling.

The North Carolina Department for Juvenile Justice and Delinquency Prevention (NC-DJJDP) employs The Child and Adolescent Needs and Strengths-Juvenile Justice Version (CAN-JJ) risk assessment. The CANS-JJ is a measure specifically created for youth who are at risk of delinquency or who have already come into contact with the juvenile justice system. The CANS-JJ measures variables identified as being important for determining placement and service needs in specific areas (e.g., delinquency, violence, substance use, etc.) to better inform juvenile court decisions [3]. The instrument codes psychosocial variables into nine overarching domains, each with their own set of sub-variables. In addition to identifying the youth’s risk and protective factors (factors that decrease the likelihood of re-offending), it also provides indices specifically measuring youth’s overall functioning. The main drawback of the CANS-JJ is the limited data on its predictive reliability and validity; however, adult versions of the CANS have yielded reliable results in both clinical and research settings [3].

**Purpose of Current Study:**

The goals of the current study are to empirically examine the predictive validity of NC-DJJDP’s risk assessment. Specifically, statistical analyses will be performed to evaluate the risk assessment’s ability to distinguish youth on three outcomes (1) out of home placements, (2) provision of mental health services, and (3) the success of diverted cases. This policy brief accompanies a more comprehensive literature review developed under the supervision of Dr. Iselin, in conjunction with the Duke School Research Partnership Office.
Method:

Measure:

The CANS-JJ comprises nine risk domains that are summed to reach one cumulative risk score. These domains include:

- Age of first offense
- Number of undisciplined or delinquent referrals to intake
- Prior adjudications
- Prior assaults
- Runaways (from home or placement)
- Known use of alcohol or illegal drugs over the past year
- School behavior problems over the past year
- Peer relationships
- Parental supervision

Juveniles receiving a risk score between 0 and 7 are considered to be low risk. Medium risk encompasses scores between 8 and 14. High risk includes scores 15 and higher.

Sample:

The sample included risk assessment scores of 53,758 youth who entered the North Carolina juvenile justice system since 2002. Participants were approximately 14 years old (SD = 1.71, Range = 6 to 20 years) at the time of their first risk assessment. Sixty-six percent were males (n = 35,713) and 34% were females (n = 18,040).

The majority of the sample was African American (46.0%, n = 24,715). Approximately 42% was White (n = 22,648) and 7% was Hispanic/Latino (n = 3,657).

Findings:

We found significant differences between the mean risk scores of youths on each grouping variable measured.

- The average risk score was significantly higher for youth who received out-of-home placements (Average score = 6.18 out of 30), than for those receiving in-home placements Average risk score= 5.02 out of 30).
• The average risk score was highest for youth who received mental health treatment \((\text{Average risk score} = 5.42 \text{ out of } 30)\), and lowest for those who received prevention programs \((\text{Average risk score} = 3.80 \text{ out of } 30)\). The average risk score for youth receiving non-mental health treatment fell in the middle \((\text{Average risk score} = 4.24 \text{ out of } 30)\).

• The average risk score was lower for youth who successfully completed diversion programs \((\text{Average risk score} = 3.80 \text{ out of } 30)\), versus those who did not \((\text{Average risk score} = 5.38 \text{ out of } 30)\).

**Discussion:**

The above results were expected in that youth who received higher average risk scores were more likely to receive more intensive treatment (out-of-home placement, and/or mental health treatment). Moreover, the higher the average risk score, the less likely the youth was to complete a diversion program successfully. It is important to note that all of the average risk scores fell within the low risk range. This could be due to the fact that the scores included in the analysis were scores from a juvenile’s first intake, and therefore will be lower than risk scores taken from future assessments (either due to reassessment or a second offense).

The findings of this research are important because they show that there is a correlation between higher risk scores and more intensive treatment, and less successful diversion. Although further research is required, these findings suggest that the risk assessment instrument employed by the NC-DJJDP, the CANS-JJ, garners a risk score that is ultimately predictive of the kind of treatment and outcome that the juvenile will experience.
Policy Recommendations:

Research Findings: There is compelling evidence that suggests that important information regarding an adolescent’s likelihood to recidivate is gathered not only at intake, but also at later points in the justice system [4].

Recommendation 1: Continue implementing a structured system for reassessment of risk and needs.

Research Findings: There are mixed findings regarding the ability of risk assessments to accurately predict recidivism across different races. Several studies conclude that risk assessments are less accurate when evaluating racial and ethnic minorities [5][6].

Recommendation 2: Examine additional domains that might be more predictive for racial/ethnic minority youth.

Research Findings: There is evidence suggesting that by pooling offenders together and evaluating risk profiles instead of an individual’s cumulative risk score it is possible to more accurately pinpoint predictors of recidivism [7].

Recommendation 3: Examine outcomes using risk profiles.

Future Research Recommendations:

- Examine risk scores from later intakes, testing how these outcomes might be affected by risk scores that fall within the medium and high-risk range.
• Examine the effects of both gender and race on how well risk scores predict placement, mental health services, and success of diversion.
• Examine sexual re-offences.
• Conduct a longitudinal study to assess long-term predictive validity.
• Examine the prediction of future criminal acts across different service levels using more current data
• More research on diverted cases is needed.

Conclusion:
Risk assessments have advanced substantially since their inception. Originally a purely clinical measure, risk assessments have evolved to achieve a compromise between clinical and actuarial methods of case evaluation. Combining these two methods has become most court systems’ preferred form of assessment. Despite this advancement, empirical research on the predictive validity of such measures is still in the early phases, and the full practical and academic potential of the information obtained by these tools has not yet been realized. Beyond empirical comparisons of the most widely used juvenile risk measures, scholars are starting to examine how certain risk and need factors—or a combination thereof—can inform policy initiatives and treatment interventions to more effectively reduce the chance of future criminality. Standardized risk assessments provide juvenile offenders with certain protections against the system, while simultaneously supplying the juvenile justice systems with the information necessary to identify and execute more effective policy and treatment initiatives.
References


