Practical Guide to Youth Risk and Need Assessments in Latin America and the Caribbean

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Practical Guide to Youth Risk and Need Assessments in Latin America and the Caribbean

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Introduction

Welcome to the Practical Guide to Youth Risk and Need Assessments in Latin America and the Caribbean

This guide is designed for people who work with criminal justice or juvenile justice involved youth. We know that police, judges, correctional personnel, treatment providers, and those working in tertiary prevention programs are all involved in making decisions about processing, housing, managing, and rehabilitating youth. We also know that these decisions can be difficult. This guide is intended to help you identify tools that can assist in your decision-making, both about what types of tools to use and how to use the results of these instruments.

Our goal is to provide you with a guide of detailed information and examples from Latin America and the Caribbean (LAC) on how your colleagues are using Risk/ Need Assessments (RNA). These assessments are tools that can help you to better identify the risk of reoffending and prioritize youth for services designed to reduce their risk level. Throughout this guide, we will refer to risk/need assessment(s) as RNA for ease.

The guidebook is divided into the several sections, including the following:
- Principles of Effective Classification
- RNA Best Practices
- Interview: Suvi Hynynen Lambson & Lina Villegas, Guatemala
- RNA in Practice
- Interview: Daniela Barberi, Bogota
- RNA in Latin America & the Caribbean
- Interview: Kevin Barnes-Ceeney, Jamaica
- Existing RNA Tools
- RNA LAC Screens and Assessments
- Step-by-Step Tips for RNA Selection & Implementation
- Result Driven Decision-Making
- Interview: Tom Hare, Honduras
- Conclusion
- Resources

Tip: This guide is designed as an interactive PDF. Use the links on the left to quickly move between sections. You can always use the link at the bottom of the page to return to the full table of contents.

Please also note that the acronym RNA throughout the text is plural (risk and need assessments) unless it is used in the singular (risk and need assessment) when “an” comes before it.

Introduction

Introduction

Throughout the guide, we will provide you with case studies, examples from the field, and quotes from your colleagues to illustrate how RNA can look in practice. Because this is a practical guide, we focus less on statistics and criminological theory. Instead, we want to give you the information you need to select and implement an RNA for your youth population.

Let us begin with the most basic questions:

What is an RNA?

An RNA is a standardized tool to help determine the likelihood of recidivism, or the odds of getting into trouble again. This could mean being rearrested, reconvicted, or reincarcerated. The focus of this guide is on tools that help to assess and manage the risk of future delinquency and criminal behavior, including violent behaviors. It is important to note that this guide is specifically focused on assessments of reoffending for use in tertiary prevention settings.

The best tools provide a risk score or risk rating (for example, low, medium, high) that is related to the likelihood of reoffending. Youth who are assessed as higher risk are more likely to get into trouble again, while those assessed as lower risk are less likely to get into trouble again. It is important to note that RNA cannot predict who will get into trouble again or not; they can only predict the likelihood of recidivism. This means that among a group of 10 low-risk youth, only one or two will reoffend. And, among a group of 10 high-risk youth, it is likely that 6-7 will get into trouble again. However, we do not know exactly who will get into trouble again without appropriate interventions.

If we want to assess the risk of recidivism, we need to make sure our tools are based on the predictors of recidivism. Yes, after 1,000s of research studies we know that certain behavior and activities relate to the chance of reoffending while others do not. The following are the “Central 8 Risk Factors” which are found to be correlated to reoffending.[1] These represent the types of criminogenic risk factors that should be included on RNA.

Why use RNA?

“...I have to focus my resources where they are most needed in the population, and determine how much and to whom, and with these instruments you are generating some evidence and you will be able to make decisions....”

- Gabriela Sainz, Chile

Introduction

Table 1: Criminogenic Risk Factors

Risk Factor	Examples
Criminal history	• Arrested under age 16 • Number of prior adjudications or convictions
Antisocial personality or temperament	• Impulsive • Egocentric • Low verbal intelligence
Pro-criminal attitudes	• Denying harm • Justifications or rationalizations • Defiant towards authority
Substance abuse	• Use is linked to criminal behavior • Use is interfering with major life areas
Family	• Poor parental supervision • Poor parental relationships • Criminal family member
Antisocial companions	• Friends or acquaintances that engage in criminal activity • Entire peer network is gang involved
School/Employment	• Poor achievement • Missing school
Leisure/recreation	• Excessive unstructured free time • Lack of positive activities

Introduction

Spotlight on Drugs and Alcohol

The relationship between substance use and criminal or delinquent behavior is a complicated one. In this guide, we are specifically focusing on the relationship between substance use and crime. We are not focusing on the underlying causes of substance use. Understanding the severity of a substance use disorder requires a specialized assessment.

When predicting reoffending, RNA typically look at the impact that substance use is having on someone's life and whether substance use was related to their criminal behavior.

Example: Pablo has tried marijuana a few times over the past year and drinks alcohol every weekend. He was arrested for theft but was not under the influence of drugs or alcohol at the time of his arrest and his substance use was not a motivating factor. Although his parents disapprove of his drinking, it has not caused problems at home, in school, or with his involvement in the soccer club at school.

Example: Sofia drinks alcohol and uses marijuana every day. She reports she uses crack when it is available and is willing to try whatever is available. She was arrested for theft and was high at the time of her arrest. Her parents are upset about the negative influence she is having on her younger brother. She has stopped going to school because she is hungover every morning and she no longer spends time with her friends who do not use drugs.

Here we see that substance use has had limited impact on Pablo's life but has had a significant negative impact on Sofia's life. **Sofia's use is a risk factor for her** – her use increases her likelihood of reoffending. **It is not a risk factor for Pablo.** His use appears normative and would not be the focus of an intervention plan.

The best RNA includes both static and dynamic risk factors. Static risk factors are those that predict recidivism, but cannot be changed. For example, the age of first arrest is a static factor. Research tells us that the youth who are arrested at a younger are more likely to reoffend. But, we cannot go back in time and change the age of first arrest.

In contrast, dynamic risk factors predict recidivism and can change. A current drug problem is an example of a dynamic risk factor. Having a substance use disorder is associated with recidivism. But we can change it. By providing effective drug treatment we can reduce the risk of reoffending.

Static vs Dynamic Risk

An important reminder is that many risk factors can be measured as either dynamic or static risk. For example, a drug problem can be measured as a static factor *(age of first drug use)* or a dynamic factor *(problematic drug use, currently)*. Some instruments only use static risk factors. This is fine for classification purposes. But if you want to use an assessment to help with treatment planning, be sure to look for one that uses a mix of static and dynamic risk.

Introduction

How does it help manage youth?

A good RNA tells us the likelihood of reoffending and provides us information about the risk factors that need to be targeted for change. By providing risk and need levels, RNAs can be used to make important decisions about supervision levels and the types of treatment services needed.

The process for conducting a RNA depends on the instrument itself. It generally involves the following three items: (1) a standardized interview with the youth, (2) a review of official records, and often, (3) a brief interview with parents.

RNA typically include sections related to the central 8 risk factors listed in Table 1. Common questions for youth include the following:

- How old were you the first time you were arrested?
- Were you ever sent to detention?
- How many charges were you adjudicated on?
- Have any of your friends been in trouble?
- How do you get along with your parents?
- How do you spend your free time?
- Describe current and previous alcohol and drug use
- How do you feel about your current offenses?
- Do people in your home get into physical fights with each other?
- Have you ever been abused?

As you can see here, RNA focuses on past and current criminal justice characteristics, along with criminal risk factors to assess how likely someone is to get into trouble again.

In addition, some RNA also ask about strengths or protective factors that can help to mitigate criminal risk. These types of factors can help to reduce the likelihood of reoffending by protecting against the influence of existing risk factors. Though not all RNA include strengths, this type of information is important for case planning, especially for youth who present with a number of risks.

The information gained from the interview is used to complete the assessment. Some instruments are scored electronically while others are scored by hand. Either way is fine; the key is to determine a risk/need level.

Spotlight on Strengths

Imagine that Maria has a very chaotic family life. There is a lot of fighting in the home, Maria does not feel close to her parents, and they do not provide much supervision to her. All of these factors put Maria at risk of getting into trouble. But, suppose Maria has an aunt who she spends a lot of time with and is a good influence. Maria's relationship with her aunt might help to lessen the influence of the family dynamics. In this way, Maria has a strength or protective factor that can help to guard against future trouble.

Introduction

Using a standardized RNA and its results is associated with a number of advantages. Depending on the setting, using RNA can help you:

- Identify the likelihood of reoffending
- Determine supervision and custody levels
- Determine treatment needs
- Create case plans and make treatment referrals
- Measure changes in offending risk through reassessment
- Determine changes to supervision or custody levels
- Identify gaps in community or institutional services
- Use limited resources effectively
- Improve public safety

RNA versus clinical assessment

Risk/Need assessments provide several advantages over traditional clinical assessments and serve as the foundation for providing evidence-based practices in correctional settings, including juvenile detention and the community.

Research tells us that only a small percent of all criminal justice involved youth are violent and chronic offenders. Knowing who is more or less likely to reoffend is important to determining how to prioritize limited resources. As we will see, we can improve outcomes when we provide more services to higher risk youth. This means we need to know who is higher risk and who is lower risk so we can better target our efforts. Having standardized tools to measure risk and need is an important first step in improving youth outcomes and reducing reoffending.

Assessing risk and need is not a new practice. However, the approach to assessment has evolved over time. Historically, we have used clinical, unstructured approaches to RNA. This type of approach often involves using a semi-structured interview to learn more about youth and their life circumstances. After the interview, the assessor uses his or her clinical or professional judgment to determine the risk and the types of interventions needed.

One of the problems with unstructured or clinical risk assessments is the lack of formal rules for scoring or interpreting the results. This is a problem because it is often difficult to get clinicians to agree to which factors relate to violent or criminal behavior. There can also be confusion on how much weight should be giving to each factor. As a result, two clinicians might make very different decisions for the same case.

What is a clinical assessment?

A clinical assessment, in this context, is one that is unstructured and based only on professional judgment. This may involve a psychosocial assessment or some other type of individual assessment of evaluation. It may be conducted by social workers, psychologists, other mental health professionals, or other skilled clinicians. Sometimes, this approach is referred to as unstructured professional judgment. Research suggests this approach is less effective than assessments based on actuarial assessments or structured professional judgment. Clinical assessments can be more prone to bias and lead to inconsistent decision-making. For that reason, it is recommended to use standarized RNA tools to guide the professional decision-making process.

Introduction

Research tells us that a structured approach to RNA is better than unstructured or clinical approaches. A standardized approach includes asking questions that are supported by research. Developing a standardized assessment requires testing items to ensure that the included factors are directly related to recidivism.

A structured approach also helps to ensure that the same types of questions are being asked of all youth. And it ensures that the factors are weighted similarly across cases. As a result, structured approaches help to ensure that the same risks and needs will be identified for a youth regardless of who is conducting the assessment. In other words, structured assessments can help to improve consistency in decision-making.

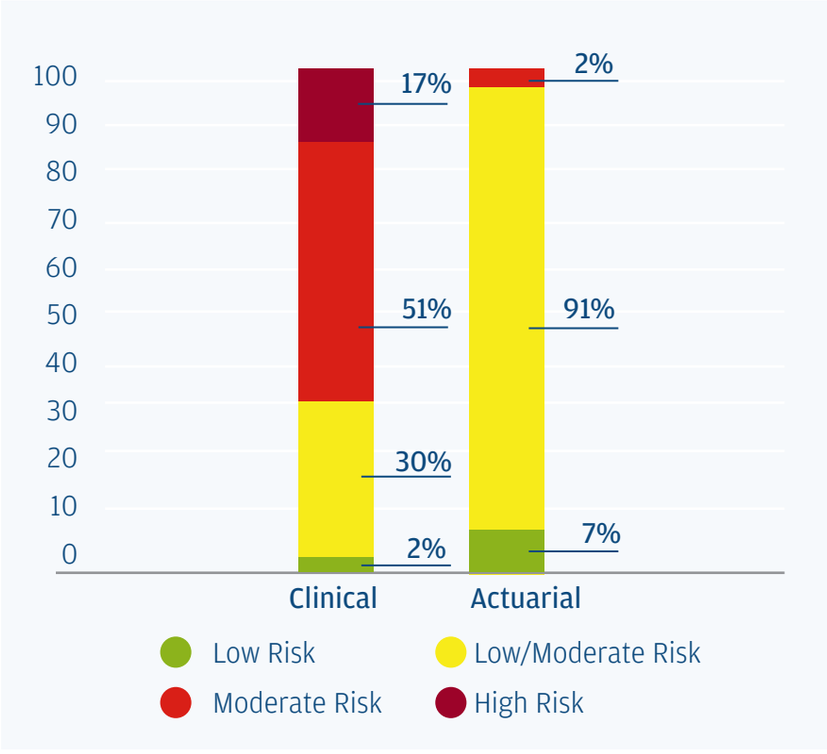


Figure 1: Clinical vs. Actuarial Assessment

More importantly, studies continue to show that structured RNAs are better at prediction than clinical assessments or unstructured judgments. Figure 1 shows results from a study comparing the results of unstructured professional judgment and an actuarial approach.[2]

> "We had another gap too, let's say technical, but a little more like cultural, because for a lot of experienced professionals this, using a structured instrument gave them the feeling that we despised their professional judgment a little bit. So we had to do a whole job with them, change management, explaining to them. We do not despise or distrust your judgment, but professional judgment, even if one is a very good professional... has limitations and is subject to noise... that distort information and diagnostic analyses."
>
> - Rodrigo Pantoja, Chile

Introduction

For this study, supervision officers were asked to read a case study and identify the risk level. As you can see in Figure 1, when officers used an unstructured approach, they were more likely to rate the client as moderate or high risk and there was less agreement regarding the assessment. However, when using an actuarial approach, 91% of the officers rated the same client as low/moderate risk.

It is clear that the assessment of risk was more consistent with an actuarial approach and that officers were more likely to rate someone as higher risk when using a clinical approach. This is a concern because, as we will see, treating low-risk people as high-risk can waste valuable resources and increase recidivism.

Finally, RNA can be completed by a single staff member and does not require a team approach (lawyer, educator, psychologist, and social worker). Most RNAs can be completed and scored by clinical and non-clinical staff, as long as they have received the proper training. In other words, you need training but do not necessarily need a specialized or advanced degree to conduct many of the RNA discussed in this guide.

Because almost anyone can be trained to complete a standardized RNA, social workers, psychologists, educators, and lawyers can spend their time working with youth on other issues that requires more specialized or technical training.

It is important to note that, as with clinical assessments, a standardized RNA is intended to help you make decisions about how to work with someone. These tools are simply that: tools. They are not designed to replace you and your expertise. Instead, they are designed to provide you with important information as you begin the process of working with a justice-involved youth.

RNA and LAC

First, let us understand the facts of youth violence and delinquency. Youth violence in Latin America and the Caribbean poses a significant and persistent concern for the region. The level of violence in this part of the world has been classified as endemic by the World Health Organization, with a homicide rate more than double that of other regions.[3] Violence is particularly prevalent among young people with homicide rates growing exponentially from 2.8 per 100,000 for 10-14 year-olds to 48.2 per 100,000 for 20-24 year-olds, with young men significantly more likely to engage in, and be victims of, violence.[4] Though rates of other types of violent crime are less reliable, estimates suggest that robberies are increasing, with 60% classified as violent, up to 50% of women experience domestic violence, and 80,000 youth die of familial injuries each year.[5] [6] While the reasons for violence in the region are complex, it is often attributable to high levels of inequality, limited educational opportunities, youth unemployment, gang violence, and a culture of masculinity that promotes conflict, along with high rates of victimization among children.[7] [8] [9]

The high rates of violence make security a pressing concern for those living in the region.[10] While violence prevention has traditionally focused on punitive approaches, more recent approaches have focused on crime prevention programs designed to stop or interrupt violence and its transmission.[11] These include early childhood interventions, school-based programs, communication campaigns, youth development programs, gender-based programs, conditional cash transfer programs, and mindfulness programs.[12] [13]

Introduction

In addition to violence prevention, there is growing focus on juvenile justice more generally. A review of the juvenile justice systems in Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Paraguay, and Uruguay in 2014 estimated over 30,000 youth in institutional settings and over 77,000 on some type of community supervision.[14] Though numbers are not readily available for the LAC as a whole, these estimates suggest that a significant number of youth are under some form a correctional supervision. There is also some evidence to suggest many of these youth continue to reoffend. A study in Chile, for example, found 40% of youth recidivated during a 12-month follow-up period. This number increased to 54% over a 24-month follow-up.[15]

The efficacy of existing interventions to reduce violence and crime is not entirely clear; early reviews suggest few programs have been subject to rigorous evaluation [16] [17] [18] and there is some concern that programs do not always reach youth in need of services. [19] [20]

Reducing youth crime requires using effective interventions that are designed to reduce reoffending. Doing this requires the use of empirically supported practices that are accessible and available to those who need them. [21] The Risk, Need, Responsivity (RNR) framework of rehabilitation can offer guidance for countries seeking to develop such practices.[22] Implicit in this model is the use of standardized screening and assessment tools to ensure appropriateness for services. [23] In the next section, we will explore these principles in more detail.

"Punishment does not generate change."

- Ricardo Pérez-Luco Arenas, Chile

Principles of Effective Classification

Principles of Effective Classification

Over the past 30 years, a great deal of work has been conducted to determine the best approach to assessment and classification for people involved in the criminal justice system. Based on this research, four core principles of classification have been identified: Risk, Need, Responsivity, and Professional Discretion. These principles provide guidance to agencies as they seek to improve classification and assessment practices. Programs and agencies that use these principles tend to have better outcomes and are more likely to reduce reoffending.

Risk
Who to target for intervention

The Risk Principle

The risk principle states that individuals should be assessed for the risk of recidivism using empirically known predictors of future crime. The risk principle also states that higher risk individuals should receive more intensive supervision and services whereas lower risk individuals should receive lower levels of supervision and services.

When programs violate the risk principle, they can make matters worse. A lot of research shows that overserving low-risk individuals can increase recidivism. And, it means we have less resources available for higher risk individuals – those that need them.

Imagine that you are teaching a math class to high school students. Like any class, some students are struggling, and others are doing really well. Who would you give extra help too? The students that are failing or the students who are passing? By providing extra support to students that are failing or at risk of failing, we can improve their grades. But if we only focus on those that are already successful, we are not using our resources as effectively as we could be.

Principles of Effective Classification

Let us take a look at a criminal justice example. A study was conducted in a midwestern state in the United States to determine the effectiveness of juvenile justice programs. Each youth was assessed on the Youth Level of Service Inventory (YLSI) to determine their risk level. Outcomes were compared between youth that received community-based services, youth who were placed residential treatment, and youth who went to secure institutions. In this study, recidivism was defined as a new conviction and youth were followed for 2.5 to 3.5 years. Let's take a look at the results:

As you can see in Figure 2, low-risk youth had higher rates of recidivism (20%) when they received residential services compared to community-based services (8%). In contrast, very high-risk youth had better outcomes in residential (29%) and institutional (30%) settings. Note that no recidivism rates are reported for low-risk youth in institutions. This is because the study was conducted in a state which does not allow low-risk youth to be placed in prisons.[24]

Why do you think this happened? It is important to recognize that low-risk individuals have protective factors in their life. They might attend school, get along with their family, participate in positive activities, handle frustrations well, have good friends, and avoid drugs and alcohol.

When we overserve low-risk youth, we can cause harm. This is because making a low-risk youth attend intensive services takes him or her away from the very things keeping them low-risk. For example, if they are spending hours in treatment programs, they might lose contact with positive peer influences, have to drop out of extracurricular activities, and feel like they are being treated unfairly. At the same time, we introduce them to youth in these treatment programs and residential facilities who may be more likely to get into trouble and who can teach them new negative behaviors and new ways of thinking that support criminal behavior.

In contrast, higher-risk youth need more help. It is less likely that they have positive supports in their lives. They might have a substance use problem, are likely to have friends who have been arrested, may be gang involved, might have poor family support, and might not care about following the rules at home, school, or in general. These youth need much more support and service if we want to change their behaviors. And, if we fail to address their risk factors, it is likely they will continue to get into trouble.

You should be able to see how important it is that we provide necessary services to higher risk youth while avoiding overserving low-risk youth. Achieving this requires the use of a good RNA, which will help you to distinguish between higher and lower risk youth.

New Conviction by Risk Level by Setting

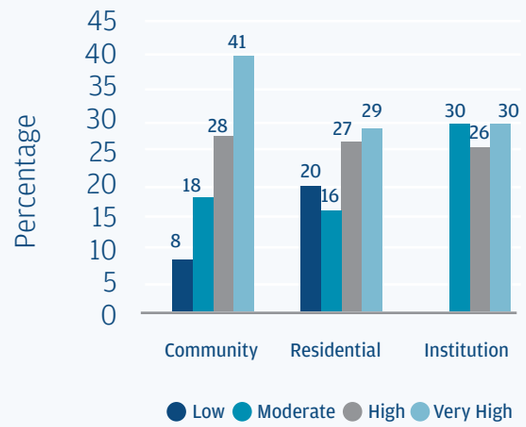


Figure 2: New Convictions by Risk Level by Setting

Low-risk Youth

- Less likely to reoffend
- Fewer criminogenic needs
- Need fewer services and treatment for a shorter time
- Need least restrictive supervision
- Likely to correct own behavior with minimal outside influence

High-risk Youth

- More likely to reoffend
- Have more criminogenic needs
- Need more services and treatment for a longer period of time
- Need more intensive/more structured supervision
- Need consistent use of reinforcers/ punishers to shape behavior

Principles of Effective Classification

Need
What to target for intervention

The Need Principle

If the risk principle tells us who to target for services, the need principle tells us what to target. Specifically, the need principle says we should target the very factors that are driving criminal or delinquent behavior and that can be changed. These are often referred to as criminogenic needs, which are really the same thing as dynamic risk factors. You might remember that dynamic risk factors predict recidivism, but CAN be changed. Examples include drug use disorder, poor family relationships, gang involvement, poor school performance, poor problem-solving skills, and attitudes supportive of criminal or delinquent behavior.

Depending on the dynamic risk factor, it may be useful to conduct a more specialized assessment focusing specifically on that criminogenic need area. For instance, nearly every RNA includes information about substance use, but they do not provide detailed information about the severity of the problem. In these instances, specialized assessments can provide additional information that can help with case planning. See Table A2 in the Appendix section at the back of this guide for some examples.

Research tells us that programs which target criminogenic needs with deliberate interventions are more effective than those that focus on non-criminogenic needs. These are needs that may be related to general functioning and well-being but are not directly related to reoffending.

Examples of non-criminogenic needs include creative abilities like art or music, medical needs, mental health, and sports. Of course, addressing mental and physical health needs is important and it is important that people are healthy and safe. However, simply teaching higher risk youth to be more physically fit or to play sports should not be expected to keep them from getting into trouble now or in the future.

If we want to reduce reoffending, we need to make sure we target the factors that predict it, especially for youth that are more likely to reoffend. Doing this requires the use of an RNA that includes dynamic risk factors, which can serve as the base of a case plan.

Criminogenic Needs

- Impulsivity
- Antisocial peer associations
- Poor family dynamics
- Negative use of leisure time activities
- Alcohol and drug problems
- Criminal thinking
- Poor problem-solving

Examples of Non-Criminogenic Needs

- Anxiety
- Low self esteem
- Art or Music
- Religion
- Sports
- Fear of punishment

What about general functioning?

It is important to address mental health problems, homelessness, food insecurity, and other serious or chronic non-criminogenic needs. If someone is not able to function in a healthy way, we must help to stabilize them first.

For low-risk youth, stabilization might be sufficient and it may be that no other interventions are required.

For moderate and high-risk youth, it is important to remember that criminogenic needs also need to be addressed. If we only address non-criminogenic needs and ignore the factors driving criminal behavior we should not expect to see reductions in recidivism.

Principles of Effective Classification

Responsivity
How to target behaviors and thoughts for change

The Responsivity Principle
Once you know who and what to target for service, you also need to think about how to go about providing these services. The Responsivity principle acknowledges that people are individuals with unique differences and styles of learning. When case planning, it is important to be attentive to these differences and make sure you use strategies that are most likely to be effective.

There are two types of responsivity: General and Specific. General responsivity refers to the type of treatment approach used. The most effective type of treatment approaches are behavioral, cognitive behavioral, social learning, and family-based approaches. In other words, the types of programs that are most likely to reduce reoffending are behavioral in nature.

Behavioral programs teach people to identify risky situations and teaches skills for managing these situations. For example, what would you do if someone offered you drugs? For a lot of us, we might be shocked and just walk away. But this can be a risky situation for someone who struggles with drug use. They might be tempted to accept the drugs and think “one time won’t hurt me.” A behavioral program will teach someone to recognize the risk this type of situation poses and helps them learn how to avoid or escape these situations.[25]

While general responsivity focuses on the type of treatment, specific responsivity focuses on individual barriers to success. These can include internal factors like age, gender, literacy, culture, personality, and mental illness, as well as external factors like program setting, family support, counselor characteristics, transportation, and, in some cases, childcare. For both internal and external factors, it is important that you assess or screen for these factors at intake and address them.

Addressing responsivity factors may mean having separate groups for boys and girls, providing trauma counseling to individuals with Post Traumatic Stress Disorder (PTSD) or abuse histories, arranging for transportation or childcare so clients can come to treatment, making referrals for mental health evaluations, and keeping younger clients separated from older clients. Addressing these issues early on can help to prevent them from becoming problems. This is important because it increases the likelihood of program completion. And successful completion is associated with lower rates of recidivism.

Of course, you cannot easily address specific responsivity factors without an assessment. More recent RNA include responsivity measures as part of the assessment while earlier assessments do not. It is okay to use an RNA that does not include responsivity as long as you supplement the RNA with assessments for factors like mental health, intelligence, or personality. See Table A3 in the Appendix section for examples of responsivity assessments.

Principles of Effective Classification

Professional Discretion
Overrides

Professional Discretion

By now, it should be clear that adopting a standardized RNA provides important information that serves as the foundation for effective interventions, But, as we noted earlier, it is important to remember that you are still the one making decisions. A good RNA should aid you in your decision-making, not replace you.

However, we also know that not every tool is a perfect fit for every case. There will be times that the assessed risk level does not reflect the true risk level. This is often the function of some specialized behavior or unique circumstance. To account for this, many RNA allow for overrides. This occurs when the assessor overrides the assessed risk level. For example, a youth convicted of sex offending might be assessed as low risk on a general risk/need assessment but high risk on a sex offender specific risk assessment. This difference is simply a function of the type of tool being used and what it is designed to predict. General tools are not usually designed to predict sexual reoffending or violent reoffending. If this is an area of concern a specialized assessment should be used, and those results should guide the supervision and case planning process.

As a rule, overrides should occur relatively rarely, though some instruments may offer more specific guidelines on this point. For example, the authors of the Youth Level of Service/Case Management Inventory (YLS/CMI) note overrides should not occur more than 5% of the time. It is good practice to have policies in place for approving overrides. If you are overriding results too often, the instrument you are using might not be a good fit for your population.

Remember, an override can go from lower risk to higher risk or from higher risk to lower risk. It is important to note that you should not override individual items or scoring rules. We are only referring the assessed risk level.

Summary

Using an RNA tool that provides risk, need and responsivity levels is also a core practice for effective programs. A valid RNA can help with placement decisions, treatment decisions, and with early release decisions from institutional settings. Those with a lower risk to reoffend can be assumed to be released back into the community or into less secure institutions with minimal risk to public safety. Those that are higher risk may need additional services prior to release. Similarly, lower risk youth in the community will not need much supervision while higher risk youth should have more intensive supervision. All of this requires the use of a good tool to determine risk.

RNA Best Practices

RNA Best Practices

So, what makes a good tool? The truth is there are a wide range of instruments designed to assess the risk of recidivism and some are better than others. The best RNA tools share a number of important characteristics.

First, the most efficient tools rely on an actuarial or structured professional methods of assessment rather than a clinical assessment of risk. As we discussed earlier, the use of actuarial assessments is associated with improved accuracy over assessments relying on clinical judgment.[26]

Why is this approach better? Actuarial approaches rely on statistical prediction and focus on the probability of reoffending. In other words, this type of assessment tells us the odds that someone will get into trouble again based on years of data of other people with similar behavior and bases the assessment on factors that are scientifically linked to reoffending. This type of approach is structured, data driven, and helps to ensure everyone is assessed based on the same factors, which improves consistency.

Actuarial approaches to assessment are common outside criminal justice. If you have ever bought car insurance, it is likely that the insurance agent asked you a number of questions about the type of car you drive, where you live, your age, and your driving history. All of these factors are related to the likelihood that you will need to file an insurance claim and cost the company money.

Second, the best tools include a mix of static and dynamic factors that are empirically linked to recidivism. As we discussed, these factors include criminal history, peer associations, antisocial attitudes, personality characteristics, family support, employment/education factors, and substance use.[27] Remember, we can change dynamic risk factors but not static factors.

Third, the best RNA includes multiple items per risk factor. Life is complicated and a single item to assess areas like family, school, or drug use is not sufficient.

Fourth, training and oversight is provided to staff to ensure reliability in the assessment process. Training should be provided by those familiar with the assessment process and quality assurance mechanisms should be in place to ensure that the assessment is conducted as designed.

RNA Best Practices

Four Benefits to Using RNA

In addition to the reasons we have already discussed, conducting standardized assessments offer several advantages for programs. Here are four key reasons for assessment:

1. Assessment allows you to see the big picture of your population's needs and trends. A good assessment can provide a snapshot of the characteristics of the population you serve. Assessment data can be used in combination with demographic and criminal justice data, like age, gender, legal status, type of offense, type of sentence to provide important information that can help you to understand the needs of your population more fully. In institutional settings, this information can be important for managing your population effectively.

2. Assessment allows you to be as efficient and cost-effective as possible. We have never known an agency or jurisdiction to say they have too many resources. Having a good assessment allows you to use your resources more efficiently by focusing services on those who need them. For example, there is no reason to provide drug treatment to someone who does not have a substance use problem. Those services should be reserved for youth that need them.

3. Assessment helps identify clients' prevalent needs. You can guess the number of youths with a gang affiliation, but until you document the numbers with an assessment, your ability to get additional funding, and resources is limited. For example, imagine that 60% of your youth are assessed as high risk/need in the area of family. This would suggest that you need family services available or need to hire more social workers. Assessment provides you the data to document these needs.

4. Assessment identifies the level of support, responsibility and training your staff and contract vendors need to work with clients. For example, determining that many of your youth struggle with drug use indicates the need to develop effective drug treatment and to ensure that your staff and providers can address this need.

The good news is an assessment does not have to be time consuming. In fact, many programs find that using a structured approach to assessment can save time. Depending on the instrument, completing an RNA may take 30-60 minutes, far less time than some clinical or psychosocial assessments.

RNA Best Practices

What about Special Populations?

One question that sometimes come up is whether RNA can be used with all youth. To be clear, the RNA we are discussing in this guide are specifically for youth who are involved in the juvenile or criminal justice systems. The tools discussed here would not be appropriate to identify "at-risk" youth or for use with youth not already involved in the justice systems.

It is also important to distinguish between general RNA and violent RNA. General RNA are designed to assess the likelihood of reoffending in general and may or may not be effective at predicting violence. In contrast, violent RNA are specifically designed to assess the risk of violent reoffending. Depending on the population you are serving, you may want to use general, violent, or both types of assessments. Table A1 and A2 in the Appendix section provides examples of both.

There are also specialized tools for youth who have been charged with or adjudicated on sexually-related offenses. As with general and violent recidivism, the best RNA for sexual reoffending follow the guidelines we have been discussing. If your program works with youth who are engaged in sexual offending, we recommend using both a general RNA to predict general reoffending and a sex offense RNA. This is because some youth may be involved in multiple types of offending behaviors while other youth might only be involved in sex offending.

The tools included in this guide are intended for both girls and boys, unless otherwise indicated. Research studies have generally found that these tools are effective across gender and across race and ethnicity. Some specialized RNA have been developed for women. To our knowledge, there are not any specialized RNA for youth that focus on a specific gender or cultural background. However, more research needs to be done in this area and it is possible that specialized assessments will be developed to address gender or cultural differences.

The key point here is to make sure there is a match between your population and the type of reoffending you want to predict.

Special populations and RNA: Key Points to Remember

- Use recidivism focused RNA for youth already involved in the juvenile or criminal justice system
- Use tools that are specifically designed to predict the behavior you are targeting (general, violent, sexual reoffending)
- Unless indicated, the tools in this guide are designed for boys and girls
- Make sure the assessment you use is designed for the age range of the youth you serve

Interview: Suvi Hynynen Lambson & Lina Villegas, Guatemala

Interview with Suvi Hynynen Lambson (Principal Research Associate) & Lina Villegas (Senior Research Associate), Center for Court Innovation

Can you tell me a little about yourself?

We are researchers for the Center for Court Innovation. Suvi has an MPA from NYU and has been at the Center for 11 years. Most recently, her work has focused on the use of risk-need assessments in the misdemeanor and drug court setting, evaluating drug courts in Latin America and the Caribbean, and procedural justice. Lina has her PhD in Sociology from The New School. In her 3 years at the Center and she is currently working on developing a RNA for Native American populations in the United States and evaluating restorative justice programs in schools. We worked together on developing a RNA for adolescents in conflict with the law in Guatemala.

Can you tell us about your work developing a youth risk needs assessment (RNA) in Guatemala?

The project actually didn't start off as one where we would be developing a youth risk assessment. We were originally tasked with providing restorative justice practices to youth in the judicial system in Guatemala City (USAID funded project, we were subcontractors under another organization). But once the Center started providing technical assistance to the *juzgado* [court], they expressed interest in using an RNA to help them reduce incarceration for adolescents in conflict with the law. There was a judge in trial court who was especially interested in using it in her courtroom and was willing to pilot an RNA tool. We started off by gathering information that they already collected through clinical assessments on the adolescents who came into the juzgado and conducted an analysis on what their needs profile might be. We researched various instruments, but due to the nature of the population, Spanish translation, and proprietary nature of the instruments (and cost) they opted to have us develop an instrument for them. The instrument we eventually developed was based on existing instruments that had been validated with youth in the United States, but adapted to the Guatemalan context by using information from the needs identified in previously collected data.

We had feedback at every step of the instrument development and the multidisciplinary team in the juzgado worked with us to make sure that the questions were formatted in a way that made sense. Every single question was workshopped with the team. Researchers from the Center traveled to Guatemala to provide training on RNR theory and the assessment in order to help build understanding and buy-in at all levels for the instrument. We conducted a pilot period with the RNA with about 100 youth, made some adjustments and developed draft scoring for the instrument, and then sent it back to them for their use. Unfortunately, due to politics and cutting off of funding, we were unable to validate or complete the work on the project. However, the juzgado continued to use the RNA and had plans to expand to five other jurisdictions.

Was it easy to get buy-in and support?

We needed time to build relationships. We spent time listening, discussing, and working with someone (the judge) who was ready to change. Not every member of the implementing team felt the same way and one offered quite a bit of resistance to implementation. We decided that rather than force that one member to use the assessment in the pilot phase, the two other social workers would pilot the assessment and then provide feedback on it. Although the third social worker left, piloting it in their court made it more appealing for people in other court. They were able to see what it looked like to actually use the RNA and how it could be used. One concern they had initially was that the instrument was very

Interview: Suvi Hynynen Lambson & Lina Villegas, Guatemala

repetitive of questions the social workers were already asking in their clinical assessments, so we helped them strategize a way that they could ask the assessment questions and then ask further questions for their own assessment without repeating the information. Another big issue was that they did not have resources to address the needs, but hoped that by identifying them, they would then be able to present a case for more access to resources.

How do you know it works?

The multidisciplinary team continued to use it even after the program ended. They found it helpful. We stopped [our work] in September 2018, but they continued working on the treatment matrix and determining what to do with the different risk levels and needs flags. It helped them recognize the actual needs of adolescents, and that services should be targeted towards that.

Any advice you would give an agency thinking about using a RNA?

It is very important to have very good training for everyone involved in administering the tool, using the tool, and those who will be providing the resources to address the needs.

- The tool has to be developed with the people you are working with and for the target population. Be prepared to adjust it based on feedback.

- The tool should be developed in a way that the questions being asked build rapport with the person you are interviewing.

- Ask questions specific to the cultural context – the major concern was about gangs in Guatemala with the youth and that is a different population from ones that would be asked in other places.

RNA in Practice

RNA in Practice

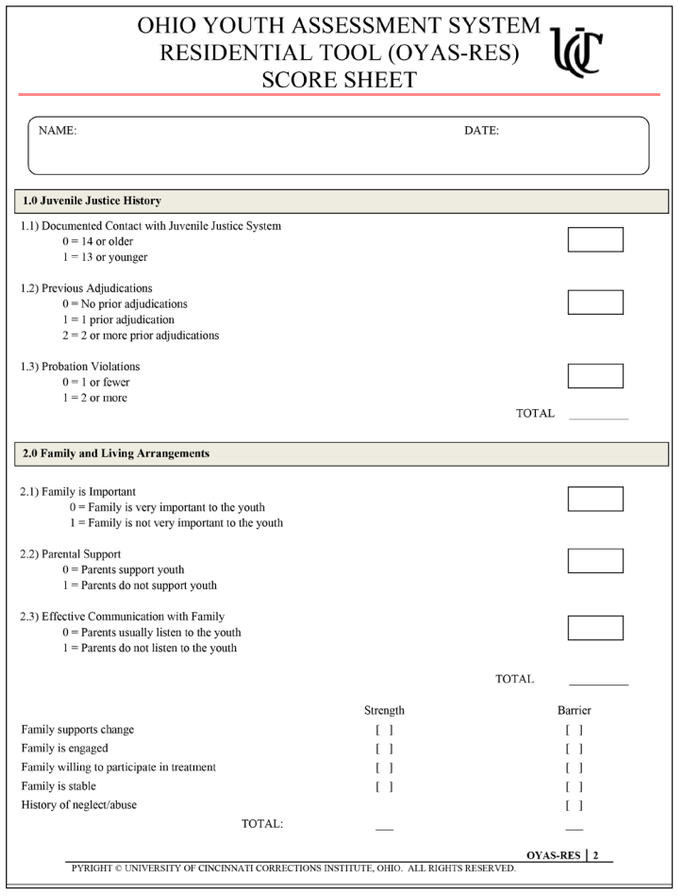
Now that we have reviewed the benefits of using an RNA, let us take a look at some practical considerations.

As you will see, there are a wide range of tools available for use when working with justice-involved youth. Each will have specific guidelines and you should always follow the guidelines for the instrument you are using. This helps to ensure the RNA is being used as designed.

Figure 3 is an image of the first page of the **Ohio Youth Assessment System Residential Tool (OYAS-RT).** This instrument was designed by researchers at the University of Cincinnati in 2009 and is part of a system of RNA for youth ages 10-17 at different points in the criminal and juvenile justice systems.[28] For example, there is a separate tool for youth assessed in the community versus youth assessed in detention.

The OYAS-RT is designed for youth in residential placement. As you can see, this assessment includes static (juvenile justice history) and dynamic items (family and living arrangements). Notice that the family section also includes items about potential strengths and barriers.

Conducting this assessment, or other RNAs, requires a clear understanding of its protocols and interpretation. In this section, we will take a closer look at general issues of training, conducting, scoring, and interpreting a standardized assessment.



OHIO YOUTH ASSESSMENT SYSTEM
RESIDENTIAL TOOL (OYAS-RES)
SCORE SHEET

NAME: DATE:

1.0 Juvenile Justice History

1.1) Documented Contact with Juvenile Justice System
0 = 14 or older
1 = 13 or younger

1.2) Previous Adjudications
0 = No prior adjudications
1 = 1 prior adjudication
2 = 2 or more prior adjudications

1.3) Probation Violations
0 = 1 or fewer
1 = 2 or more

TOTAL

2.0 Family and Living Arrangements

2.1) Family is Important
0 = Family is very important to the youth
1 = Family is not very important to the youth

2.2) Parental Support
0 = Parents support youth
1 = Parents do not support youth

2.3) Effective Communication with Family
0 = Parents usually listen to the youth
1 = Parents do not listen to the youth

TOTAL

	Strength	Barrier
Family supports change	[ ]	[ ]
Family is engaged	[ ]	[ ]
Family willing to participate in treatment	[ ]	[ ]
Family is stable	[ ]	[ ]
History of neglect/abuse		[ ]
TOTAL:	___	___

OYAS-RES | 2

Figure 3: OYES-RES Score Sheet. Source: Image printed with permission from University of Cincinnati Corrections Institute.

RNA in Practice

Training and Certification

The training and certification process will vary for each RNA. Some tools may require a certain level of education or experience. For example, the Psychopathy Checklist-Revised (PCL-R),[29] designed to assess psychopathy requires that users have a doctoral degree, or are a licensed clinician, or are certified by a professional organization in a relevant area. The good news is that most RNA tools do not require licensed clinicians. Most of the tools described in this guide can be conducted by professionals that completed a specialized training and do not require a specific level of education of experience.

The length of training for these instruments can vary. A typical training generally takes 16 to 20 hours. Many instruments require that training be provided by certified trainers. However, most RNA also offer training for trainers; in this way, programs can build internal training capacity and not be reliant on external trainers.

Training usually includes an overview of the research related to the instrument and focuses on how to score and interpret the instrument. Usually, this involves a review of the individual items and several exercises that allow you to practice completing the assessment. Depending on the tool, you may also receive some information about interviewing skills and the use of an interview guide, along with some discussion of case planning.

Becoming certified to complete an RNA usually requires successfully completing the training and passing a certification test. The test may include both content and application of the scoring, though this varies by instrument.

Although not always required, it is good practice to have regular booster sessions to ensure users continue to correctly score the assessment. Like the initial training, booster sessions can vary in length but should be designed to review common scoring problems and to practice assessment skills.

Scoring Example from the OYAS-RES

Previous Adjudication
0=No prior adjudications
1=1 prior adjudication
2= 2 or more prior adjudications

The scoring criteria for this item reflects the idea that having zero, one, or two or more prior adjudications predicted reoffending differently, with two or more prior adjudications contributing two points to the overall risk score.

RNA in Practice

Conducting an Assessment

Some tools, that only include static risk factors like age of first arrest, current conviction type, and number of previous convictions, may be able to be completed with a file review. However, most RNAs require a semi-structured interview with the youth to gather important information about their risk and need factors. This is because it is difficult to gather information about dynamic risk factors from a file. Remember, dynamic factors change over time and relying on information in the youth's file may result in an inaccurate assessment.

It is generally good practice to interview youth alone, separate from their parents. This increases the likelihood of getting truthful information about how the youth spends their time and how they view their behavior. Because these types of assessments should not be used for police investigations, the law does not usually require a parent be present during this type of interview. However, you should be mindful of your local policies and laws.

It is often recommended that an interview guide be used to help ensure that you stay focused on the type of information needed to score the assessment. Some assessments come with interview guides. In other cases, it is possible to develop a guide to be used within your program or agency. Interview guides should be viewed as exactly that – a guide that helps you determine which questions to ask.

When conducting an interview, it is often important to use active listening skills and to use open-ended questions. This will help you to get the detail you need for successfully completing the assessment.

In addition to an interview with the youth, conducting an RNA may also include a review of collateral information. This may include school records, prior treatment records, or prior supervision records. This can also include brief interviews with parents, teachers, or other people with important information about the youth being assessed. The exact details will depend on the tool you use. The goal, however, remains the same: to get accurate information for a valid assessment.

RNA in Practice

Scoring RNA: How it Works

Once you have gathered the information required for the assessment, the next step is to score or rate the assessment items. As with training and conducting assessments, the exact details will vary depending on the tool you are using.

The RNA you use should have a scoring guide or manual that provides information on how to score each item on the assessment. This makes for a good RNA because it helps to ensure reliability of the assessment. Generally, the scoring criteria will be reviewed during the training process, and it is recommended that assessors refer to these criteria whenever scoring an instrument.

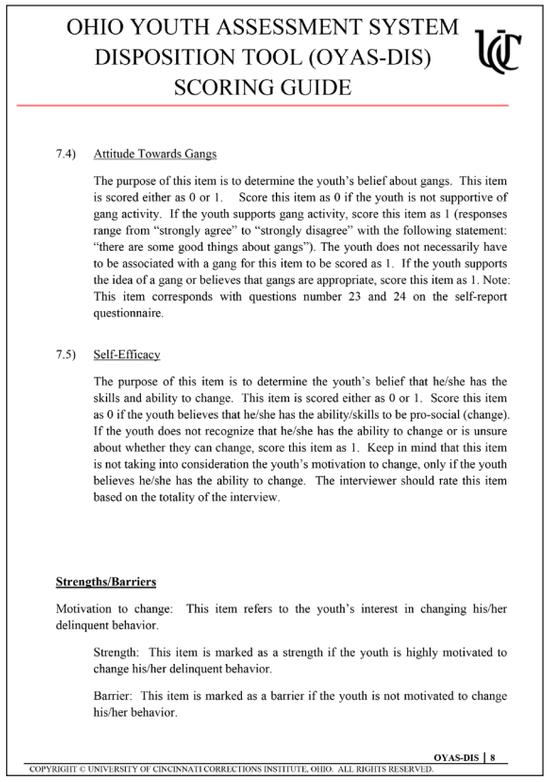
Scoring guides usually provide a great deal of information like the example from the OYAS-RES. It is always important to follow the guides closely as the rating of some items is not always very intuitive.

Failing to score an instrument according to its guidelines could result in unreliable and invalid assessments. So, the first step in scoring requires using the guidelines.

As you might recall, the OYAS is a system of assessments, with different tools for youth in different correctional settings. Figure 4 is an example of scoring criteria for items on the OYAS Disposition Tool (OYAS-DIS). As you can see, the guide explains the purpose of each item, defines the scoring criteria, and offers examples. It also includes information to identify when a factor can be considered a strength or a barrier for case planning.

To complete an assessment, the assessor needs to apply the information gathered during the interview process to decide how to rate each item on the tool. The number of items varies by the instrument used and each tool takes a different approach to the numerical scoring or rating. Some, like the Youth Level of Service/Case Management Inventory (YLS/CMI) 2.0 score each item as a 0 or 1, where 1 means the item poses a risk and a 0 means the item does not pose a risk for the assessed youth.

Some tools, like the OYAS, use weighted scoring to reflect differences in the statistical relationship between a given item and recidivism.



OHIO YOUTH ASSESSMENT SYSTEM
DISPOSITION TOOL (OYAS-DIS)
SCORING GUIDE

7.4) Attitude Towards Gangs

The purpose of this item is to determine the youth's belief about gangs. This item is scored either as 0 or 1. Score this item as 0 if the youth is not supportive of gang activity. If the youth supports gang activity, score this item as 1 (responses range from "strongly agree" to "strongly disagree" with the following statement: "there are some good things about gangs"). The youth does not necessarily have to be associated with a gang for this item to be scored as 1. If the youth supports the idea of a gang or believes that gangs are appropriate, score this item as 1. Note: This item corresponds with questions number 23 and 24 on the self-report questionnaire.

7.5) Self-Efficacy

The purpose of this item is to determine the youth's belief that he/she has the skills and ability to change. This item is scored either as 0 or 1. Score this item as 0 if the youth believes that he/she has the ability/skills to be pro-social (change). If the youth does not recognize that he/she has the ability to change or is unsure about whether they can change, score this item as 1. Keep in mind that this item is not taking into consideration the youth's motivation to change, only if the youth believes he/she has the ability to change. The interviewer should rate this item based on the totality of the interview.

Strengths/Barriers

Motivation to change: This item refers to the youth's interest in changing his/her delinquent behavior.

Strength: This item is marked as a strength if the youth is highly motivated to change his/her delinquent behavior.

Barrier: This item is marked as a barrier if the youth is not motivated to change his/her behavior.

OYAS-DIS | 8

Figure 4: OYAS-DIS Scoring Guide Source: Image printed with permission from University of Cincinnati Corrections Institute.

Test Your Knowledge: Definitions

Disruptive Behavior on School Property
One item on the YLS/CMI is "disruptive behavior on school property." How would you define this? There is a good chance that you would define disruptive behavior as getting into fights, arguing with teachers, or causing problems. And you would be right. But how do you define school property? For some people, this might be anyone in the school or on school grounds, for others this might be only in the school building. Others might define it differently. The official scoring for this item defines school property as outside the school building. That means it includes behavior on the school grounds, but not inside the building itself. This is because another item assesses behavior inside the school building.

RNA in Practice

Once each item is rated, the total number of points is added up to get a risk score. Depending on the tool, you may be able to do this by hand, though some require a computerized database. In either case, the risk score should be translated to a risk level.

Figure 5 illustrates the results for a youth assessed on the OYAS-DT. This individual had a total score of 15 points, which translates to medium risk. This suggests that he can be supervised in the community but is in need of some treatment services and will likely benefit from some structure in the early days of his supervision.

Other tools like the **Structured Assessment of Violence Risk in Youth (SAVRY)** do not use numerical scoring. Rather than assigning numbers, assessors rate each risk factor as high, moderate, or low risk based on standardized criteria. Rather than receiving a numerical total, the assessor bases the final rating on the overall assessments. In either case, it is important that results be used to guide the level of supervision and types of services provided to youth.

Interpreting the Results

Once an assessment is completed, it is important that the results are used to guide decision-making. This means understanding how to interpret them.

A good RNA will give you an overall risk rating. Some tools will give you a general risk rating whereas others might provide information about general risk and violent risk. The best tools will also give you ratings for the individual domains or subcomponents.

RNA should provide a risk rating ranging from low or very low to high or very high. The exact number of categories and the labels for each category will depend on the instrument. Let us imagine for a minute that your tool has three categories: low, medium, and high. What exactly does this mean? Remember that our risk ratings correspond to the probability or likelihood of getting into trouble again. This means a low-risk individual has a low probability of getting into trouble again, whereas a high-risk person is more likely to get into trouble again.

Risk assessment ratings tell us about the likelihood of reoffending. These ratings are based upon national and local research that can help us correlate recidivism rates to risk scores and ratings. However, it is important to remember, a risk assessment only tells us the probability of future trouble, they cannot tell us, with certainty, who will reoffend.

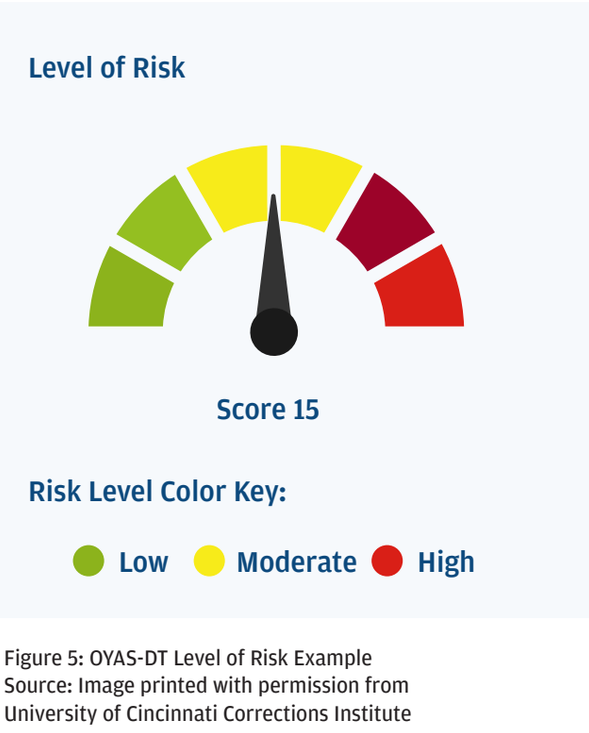


Figure 5: OYAS-DT Level of Risk Example
Source: Image printed with permission from University of Cincinnati Corrections Institute

RNA in Practice

Risk ratings should be used to make decisions about the level of supervision and services while subcomponent or domain ratings can provide important information about treatment needs. Remember, those that are at higher risk to get into trouble again should receive more intensive services and supervision in prison or the community.

Jail or detention should never be the automatic response to crime, even for high-risk youth. Instead, incarceration should be reserved for youth who cannot be adequately supervised and treated in the community.

RNA: An Example

Let us take a look at an example of the type of information an RNA can provide. For example, the Youth Level of Service/Case Management Inventory (YLS/CMI) is an earlier version of the YLS/CMI 2.0 that has been used in Chile, Brazil, and Peru. It is designed to be used with youth between the ages of 12 and 18. The assessment has been widely validated in a number of countries and provides an overall risk level, along with information about criminogenic needs.

Figure 6 is an example of the type of information that is provided by the assessment. In this instance, John was assessed as moderate risk, indicating he is at an increased risk of getting into trouble again but not as high risk as some youth.

The risk level provides important information about how we should supervise him. However, it does not tell us what types of services he needs. For that, we can look at his criminogenic needs.

Overall Assessment Based on YLS/CMI 2.0 Total Risk/Need Level

The graph below displays the YLS/CMI 2.0 Total Score and indicates the classification level associated with that score (using defined cut-off scores).

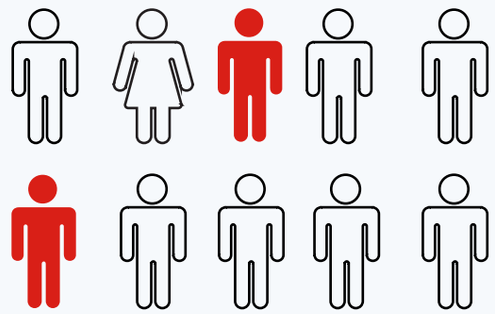
Total Score

The Total Risk/Need Level is **Moderate** with a score of 15. The following table shows the cut-off scores used to determine Total RIsk/Need Level.

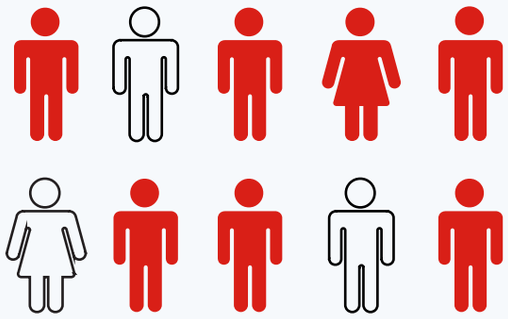
Range	Risk Level
0-9	Low
10-21	Moderate
22-31	High
32-42	Very High

Figure 6: YLS/CMI Risk Profile Example. Source: Copyright © 2011 Multi-Health Systems Inc. All rights reserved. Reproduced with Permission from MHS.

Low-Risk Group



High-Risk Group



Risk and Probabilities
The truth is some low-risk people will get into trouble again but not all high-risk people will get into trouble. For example, in a group of 10 low-risk people, it is possible that one or two will reoffend as indicated by the shaded figures above. And in a group of 10 high-risk people, we would expect 6 or 7 to reoffend. But, within our groups, we cannot say for certain who will or will not reoffend.

RNA in Practice

As we can see in Figure 7, John is high risk in the areas of education/employment and moderate risk in the areas of leisure/recreation, personality/behavior, and attitudes and orientation. He does not need substance abuse treatment or family counseling as he is low-risk/low-need in each of these areas.

Combined, the information about John's risk level and need areas can be used to create a case plan that is individualized to him and will address the areas that contribute to his reoffending risk.

Remember referral to treatment should be based on individual needs. In some places, all youth who are involved in the juvenile justice system receive family counseling regardless of their need level. And, in some cases, any youth with a drug related offense, such as drug trafficking is referred to substance abuse treatment even if they do not use drugs or alcohol. In both cases, this would be a violation of the need principle. In the case of the substance use treatment, this could have serious consequences – imagine what happens when we put a drug dealer into drug treatment with drug users. We might end up connecting them to new customers.

Assessment of Risks and Needs

The graph below displays the risk level for each area of assessment (using defined cut-off scores).

The following table shows the standard cut-off scores used to determine risk level for each are of assessment.

Area of Assessment	Low	Moderate	High
1. Offenses/Dispositions	0	1-2	3-5
2. Family/Parenting	0-2	3-4	5-6
3. Education/Employment	0	1-3	4-7
4. Peer Relations	0-1	2-3	4
5. Substance Abuse	0	1-2	3-5
6. Leisure/Recreation	0	1	2-3
7. Personality/Behavior	0	1-4	5-7
8. Attitudes/Orientation	0	1-3	4-5

Figure 7: YLS/CMI Risk Profile Example. Source: Copyright © 2011 Multi-Health Systems Inc. All rights reserved. Reproduced with Permission from MHS.

RNA in Practice

Reliability and Validation

A key point to remember is that RNA can vary in their effectiveness. It is important to use validated and reliable assessments. This will give you confidence in the results. In this section, we will talk about reliability and validity and how to determine whether an assessment is indeed valid and reliable.

Reliability refers to the idea that an assessment will provide consistent results across assessors. Although there are different types of reliability, we are going to focus on inter-rater reliability (IRR) as this is a critical issue for RNA, especially tools that rely on manual scoring.[30]

Remember that one reason to use RNA is to bring consistency to assessment and decision-making. But, in some cases, assessors may not rate items consistently. This type of disagreement can result in ineffective assessments.

Interrater reliability provides a measure of the level of agreement between assessors. The higher the level of agreement, the more reliable the tool is considered to be.

A validated assessment is one that accurately predicts recidivism. Having a validated instrument ensures that we are accurately distinguishing between those who are more likely to reoffend and those that are less likely to reoffend.

A validation study will examine the relationship between risk score or risk level and recidivism rates. Typically, a validation study will use a large sample of youth who have been assessed and track their outcomes for a minimum of 12 months. Researchers will then analyze the statistical relationship between their risk scores, risk level (low, moderate, and high) and recidivism.

We can use results from a validation study of the SAVRY, an RNA designed to predict violent recidivism which has been used in Peru, St. Kitts and Nevis, and Guyana among other countries. For this study,[31] researchers followed youth for three years and defined recidivism as a new conviction. As you see in Figure 8, among low-risk youths, only 3% of youths had a new violent offense compared to 26% of moderate-risk youths and 56% of high-risk youths.

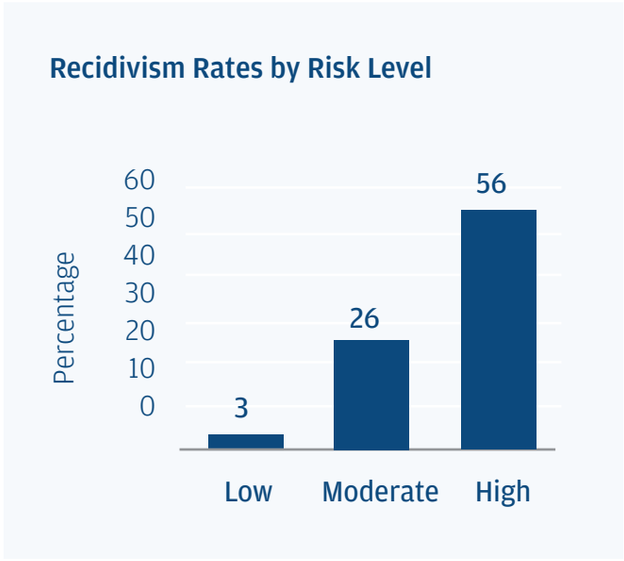


Figure 8: Recidivism Rates by Risk Level

RNA in Practice

You might notice that the results look like a staircase, with the recidivism rates increasing as the risk level increases. The difference in recidivism rates was significant and we can conclude that the SAVRY accurately predicted reoffending.

When conducting validation studies, researchers may choose to use a variety of statistical tests, but the most common are Pearson's r (r) or the area under the curve (AUC). A r represents a correlation and can range from 0.0 to 1.0. An AUC ranges from .500 to 1.000. A r=0.0 or AUC =.500 means there is no relationship between the risk score and recidivism whereas r=1.0 or AUC=1.00 means there is a perfect relationship.

Of course, it is not likely to find a perfect relationship and instead, results often fall in between the endpoints. Generally, an assessment is considered valid if the results are significant and r >.24 or the AUC >.700.[32] (For more information on the use of these statistics, see Rice & Harris, 1995[33]). In either case, results from a valid assessment can be illustrated with the staircase like we saw in Figure 8).

To summarize, using a validated RNA can improve decision-making by identifying the risk and need level of youth. When we match services to assessed risk and needs, we can expect our outcomes to improve.

RNA: Key characteristics

Although not all assessments are the same, a good assessment should have the following characteristics:

- Rely on empirically supported risk factors
- Include a combination of dynamic and static factors
- Include multiple items per risk/need subcomponent
- Provide a risk level
- Identify treatment targets (moderate to high-risk needs) for case planning
- Has been empirically validated

Now that we have had a chance to review these general concepts, let us take a closer look at the state of RNA in Latin America and the Caribbean.

"The validation process gives you a lot of information that allows you to improve (and assure) quality."

- Gabriela Sainz, Chile

Interview: Daniela Barberi, Colombia

Interview with Daniela Barberi, Leader of the Casa Libertad Reentry Program, Secretary of Security, Coexistence and Justice for the Bogotá Mayor's Office, Colombia

Can you tell us about your work in Colombia?

I am the leader of the only governmental reentry program in Colombia named "Casa Libertad". The program is voluntary, which means that it is not officially part of the justice system, but it is rather a complement to the needs of people who were incarcerated. The program was born in 2015 but over time it has "changed hands" multiple times and has not shown results, so I am virtually rebuilding it from scratch right now. This is why I wanted to add an RNA tool, but the lack of resources killed my idea.

The current Colombian reentry program has 4 lines of implementation: **individual** (psychological support and access to basic civil rights), **family** (support families of those who are close to being release and then after release), **productive** (strengthen occupational profile, try to get jobs for the population, and strengthen self-employment and entrepreneurship), and **community** (promote social inclusion of the reentry population and restorative practices to rebuild community relationships).

I believe Chile is the only one that has a structured reentry/ probation system. But as far as I know, in South America, only Colombia and Uruguay have this type of reentry program (that hopefully, over time, will officially become part of the justice system).

How can agencies with limited resources adopt RNA?

For LATAM countries it is complicated to buy international RNA tools because the prices (usually in American dollars) and the change of currency makes the access to them virtually impossible.
One option is to get help from NGOs or international cooperation to be able to pay for the tool and related-trainings. But some of these groups prioritize other activities above RNA tools.

Why is it important to use RNA?

In very simple words, RNA are objective tools (based on statistical analysis) that help decision-makers identify what are the key factors (and which ones are not key) that need special attention and that should be prioritized for resources.

Are RNAs common in Latin America? If not, why?

The usage of RNA tools in LATAM is not common. This is because of a combination of multiple factors (that might change among specific countries), but in general it is a combination of a language barriers and a very limited knowledge on the existence of these tools, what these tools should be use for, and how to properly use them. Also because criminology is not a field in LATAM, justice issues are left to lawyers and "legal" psychologists. This leaves a huge gap of knowledge about evidence-based practices including RNA tools.

Recommendations for LAC agencies interested in adopting RNA?

LATAM countries need to keep in mind that international RNA tools are developed and based on international-foreign samples that will not reflect LATAM context and their specific need/risks cultural factors. Even though it is understandable that a LATAM country wants to implement an international tool because it is already developed and ready to use, the further recommendation would be to identify what that international is not accurately measuring, and then build their own tools (that will include and reflect their own context, and result in more predictive power).

RNA in Latin America & the Caribbean

RNA in America & the Caribbean

RNA is becoming more of a best-practice in LAC. In recent years, criminal justice agencies from Mexico to Chile have used youth RNAs and have won the support of criminal justice administrators. Table A1 in the Appendix provides an overview of RNA that have been tested or used in LAC.

Tools that have been adopted in LAC include those designed to predict violence, general, and sexual reoffending. As we discussed earlier, violence RNA is specifically designed to predict violent behaviors whereas general RNA are designed to predict a wider range of behaviors, which may or may not include violence.

In this section, we will discuss some of the existing and emerging RNA used in LAC.

The YLS/CMI

The YLS/CMI contains 42 items across 8 subcomponents (see Table 2). Apart from the criminal history section, all of the items are dynamic and can be used to guide case-planning. As we saw in the prior section, the YLS/CMI provides risk/need levels for each subcomponent, along with an overall rating. It also includes space to indicate strengths, or protective factors, for each subcomponent.

Originally created in Canada, the YLS/CMI has been validated in a number of countries. One question that often arises is whether assessments developed in the US or Canada translate to other cultures. The good news is that the emerging evidence suggests yes. For example, research conducted in Chile, Spain and the UK have all found that the assessment works as designed.[34]

Although the research is positive, it is important for jurisdictions to test and adapt existing instruments to the local context. Of course, this is true even for instruments developed in LAC. We will see in the next section that an important element of adopting an RNA is to test it with your population.

The IMC

The IMC is designed for youth between the ages of 8 and 17 and designed to predict violence. It is based on the Youth Services Elegibility Tool (YSET), which was originally developed in Los Angeles, California and designed to identify at-risk gang members. As with the YSET, the IMC relies on a semi-structured interview with the youth and measures factors like antisocial tendencies, parental supervision, risk taking, and critical life events.

Though not originally designed for tertiary prevention programs, it has been used in a number of countries including El Salvador, Guatemala, Jamaica, and Mexico and is currently being tested with justice involved youth in Honduras.

If you are working with individuals who have engaged in sexual offending, you should use a specialized tool for sexual reoffending assessment in addition to a general RNA.

Table 2: YLS/CMI Eight Subcomponents

Subcomponent	No. of items
Prior and current offenses, adjudications	5
Family circumstances and parenting	6
Education/employment	7
Peer relations	4
Substance abuse	5
Leisure/recreation	3
Personality and behavior	7
Attitudes/orientation	5
Total number of items	42

RNA in Latin America & the Caribbean

The SAVRY

Perhaps one of the most referenced violence RNA in LAC is the SAVRY. As noted earlier, the SAVRY, was developed in the United States. It is designed for youth between the ages of 12 and 18 and has been widely validated with an average AUC=0.71 across 8 studies and found to be effective when assessing youth for violent recidivism.[35]

The SAVRY is a structured professional judgment tool that includes 24 items across three domains including historical [static] risk factors, social/contextual risk factors, and individual risk factors. It also includes six protective factors. Table 3 identifies the items included in each of these domains.

Table 3: SAVRY Domains and Items

Risk Domains	Items
→ Historical	• History of violence • History of nonviolent offending • Early initiation of violence • Past supervision/intervention failures • History of self-harm or suicide attempts • Exposure to violence in the home • Childhood history of maltreatment • Parental/caregiver criminality • Early caregiver disruption • Poor school achievement
→ Social & Contextual	• Peer delinquency • Peer rejection • Stress and poor coping • Poor parental management • Lack of personal/social support • Community disorganization
→ Individual/ Clinical	• Negative attitudes • Risk taking/impulsivity • Substance-use difficulties • Anger management problems • Attention deficit/hyperactivity difficulties • Poor compliance • Low interest/commitment to school
→ Protective factors	• Prosocial involvement • Strong social support • Strong attachments and bonds • Positive attitudes toward intervention and authority • Strong commitment to school • Resilient personality traits

Source: https://www.stoeltingco.com/structured-assessment-of-violence-risk-in-youth-savry.html

RNA in Latin America & the Caribbean

Each of the risk factors is scored as low, moderate, or high risk and the determination of overall risk is based on the professional judgment of the assessor.

Other RNA tools used in LAC include the HCR-20, used to predict violence with young adults (age 18+) and the Jamaican Risk Assessment-Youth Violence (JRA-YV), developed specifically for Jamaica.

Adopting the SAVRY in Peru

"In Peru, the administrative legislation Nº 292-2016-CE-PJ approved the application of the SAVRY and has been in use since November, 2016. Its use in the country requires an analysis of the results... to formulate diverse and multidisciplinary reports before a sentence is issued or ruled and for the obtainment of the [individual treatment plan.]."
[see Burneo (2017) page 7 for origimal quote].

Interview: Kevin Barnes-Ceeney, Jamaica

Interview with Kevin Barnes-Ceeney, Ph.D., University of New Haven

Can you tell me a little about yourself?

I am an assistant professor working in the Department of Criminal Justice at the University of New Haven in the United States. In recent years I have been working on projects St Kitts and Nevis, St. Lucia, Guyana, and Jamaica. My focus is on community corrections, risk assessment and case management, and rehabilitative programming. I am also interested in ways we can nurture individual and community-level resiliency and build on existing strengths and support. I began my career working in homeless shelters in London, before training as an alcohol counselor, and working as an alcohol worker for the Inner London Probation Service. I then worked as a Probation Officer in Wales, UK, managing people who were assessed as posing a high risk of harm to the public.

Can you tell us about your work implementing a youth risk needs assessment (RNA) and case management in Jamaica?

This work was with the third phase of the Citizen Security and Justice Programme, known as CSJP III, a national crime and violence prevention initiative. The first two phases of CSJP did strong work developing inter-departmental and organizational capacities and delivering primary prevention and community engagement activities. However, in 2015, aware of best practices in recidivism reduction, CSJP recognized the need to implement a risk-based, case management approach for interventions in 50 historically resilient communities and develop a more robust system of monitoring and evaluation. Supported by the Inter-American Development Bank, I worked with CSJP staff for three years assisting with the implementation of a risk assessment and case management system for adults and young people.

When I came in the CSJP team had chosen two empirically validated risk assessment instruments to implement for assessing the risks and needs of youth and adults. However, these instruments were not working out so well. First, the youth tool was developed mainly to focus on identifying potential gang involvement among 10-15 year olds rather than violence. Second, there was a cost per completed risk assessment. Third, the process required batches of forms to be sent to the US for analysis, which resulted in a delay getting assessment results. Because of this, we decided to develop a tool that would work in the Jamaican context.

I started off conducting two-day training sessions with more than 60 case management staff to help design the tool. I introduced the topics of risk and protective factors, risk assessment, and evidence-based practices. In addition, the training sessions explored the values that case managers bring to their work, and interview skills. Time was also spent discussing whether each risk and protective factor was applicable to the Jamaican context. In the end, for youth offending we developed the Jamaican Risk Assessment: Youth Version (JRA:YV) a 13-item questionnaire which examines (1) Violence History, (2) Friends and Family, (3) Anger, Impulsivity, and Thinking Skills and (4) Protective Factors. By the end of the project more than 9,000 risk assessments were completed on juveniles and adults across Jamaica.

Was it easy to get buy-in and support?

It is a privilege working alongside staff in Jamaica. First, there is a well-educated and committed workforce. Second, you have staff that is willing to discuss problems and challenges as they arise. Third, a strong foundation existed of knowledge about, and relationships with, resilient communities. Identifying existing strengths is a key starting point to building buy-in and support. You then need to continually listen and work with staff. After I completed the initial training block, I co-facilitated all other workshops with local staff.

Interview: Kevin Barnes-Ceeney, Jamaica

We also involved all levels of staff in the decision-making process. We would often have 30-40 staff in consultation meetings, with interactive activities built in to ensure that all voices are heard.

How do you know it works?

We validated both risk assessment instruments. First, the CSJP Monitoring and Evaluation Team compiled a sample of the first 1,000 clients. This gave us a good overview of the needs and strengths of clients, and the gaps in services. We then matched prior criminal history data to each client. It was challenging to get criminal histories. We are ever thankful to the member of the Jamaica Constabulary Force who trawled through manila files to match clients with offending histories. We found that the relationship between self-reported violence and the overall risk score was significant. An independent evaluation found that 47% of active clients reduced their overall risk level. Although murders in Jamaica increased during the time period, homicides increased just 11% in the CSJP target communities where risk assessment and case management was adopted compared to a 47% increase in non-CSJP communities. Given that the target communities have an average homicide rate of 163 murders per 100,000 people, risk assessment and case management services have the potential to change life trajectories for many people.

Those results are impressive? How did the CSJP use the results?

The Monitoring and Evaluation team were critical. It is important to have ongoing feedback as RNA rolls out. This helps you plan services to ensure emergent needs are addressed. Building service capacities takes time, but having timely feedback ensures that limited resources can be directed to the most pressing challenges. Data also helps in the development of strong quality assurance mechanisms. This ensures you can check that everyone is on the same page when assessing different risk domains. CSJP III came to an end in 2020. Unfortunately, the Government changed their focus to largely school-based primary prevention approaches. The risk assessment instruments live on, with staff in community agencies currently being trained in administration of the tools. We also have more than 60 former CSJP staff with experience of risk assessment and case management, many of whom are now working in government.

Any advice you would give an agency thinking about using a RNA?

Identify existing strengths first. Ensure that any partners are willing to listen and be responsive to local contexts. Local contexts also include colonial histories. Make sure training includes conducting interviews with dignity and respect. Empathy is key. Start small. Ten clients risk-assessed and case managed well is better than 100 clients poorly assessed. Scale up slowly. Interventions need to fit with emergent needs. Develop a culture of curiosity as data emerges.

Existing RNA Tools

Existing RNA Tools

Although a number of countries have begun to adopt standardized assessments, the truth is that the state of RNA in LAC is still in its infancy. The map in the Appendix identifies countries where we have found evidence of RNA being used or tested with adolescent populations.

This section is intended to provide you more information about existing RNA and some points to consider as you select tools for your jurisdiction, agency, or program.

It is important to note that all the instruments we discuss have been validated multiple times, but they may not have been validated in your country. It is also important to note that there is not one perfect or best instrument. Rather, all tools have pros and cons that will vary by the jurisdiction and population being served.

Table 4 in the following page, displays four commonly used assessments, including those used in the US, Canada, and LAC.

As you can see, each is designed for use with male and female adolescents. The SAVRY as we have noted, is designed to predict violent recidivism, while the OYAS, YASI, and YLS/CMI predict general recidivism.

Existing RNA Tools

All these instruments have been validated, though only the SAVRY and YLS/CMI have been adopted in LAC. This does not mean the OYAS and YASI are a bad fit for LAC; simply that they have not been used in the region yet. Of course, an important consideration is the language it is published in. To our knowledge, the OYAS and YASI have not been published in Spanish. However, in our experience, most developers are willing to work with agencies and may be able to help you with the translation of materials.

Each of these instruments requires a semi-structured interview, along with gathering other materials. Though the total length of time to complete the assessment varies, all of these are expected to take about 45-60 minutes total.

All of the tools we have listed here require specialized training. Typically, those trainings are 16-24 hours

Table 4: Comparing Four RNA

	OYAS	SAVRY	YASI	YLS
Predicts	General recidivism	Violent recidivism	General recidivism	General recidivism
Validated	Yes	Yes	Yes	Yes
Age	10-17	12-18	12-18	12-18
Gender	M/F	M/F	M/F	M/F
Time (in minutes)	45	Interview + 10-15	30-60	Interview + 15-20
Adopted in LAC	No	Yes	No	Yes
Language	English	English & Spanish	English	English & Spanish
Cost	Pay for training	Pay per use	Pay per use	Pay per use
Training required	Yes	Yes	Yes	Yes
Pen/Paper available	Yes	Yes	No	Yes
Computerized version	Yes	Yes	Yes	Yes

Existing RNA Tools

and must be delivered by a certified trainer. Many tools allow for a train the trainer process so that you can build internal capacity for training.

Of course, cost is always a consideration. One advantage of the OYAS is that you only pay for the training costs; not the cost of the instrument itself. This makes the OYAS very cost-effective for a lot of agencies. In contrast, the SAVRY, YASI, and YLS/CMI all have a cost per instrument associated with them. More details about the cost of assessments can be found on the publisher websites (see resources for more details).

Finally, an important consideration is the administration of the tool itself. The OYAS, SAVRY and YLS/CMI offer both pen/paper and computerized versions of the assessments. Using electronic versions helps to reduce the number of errors and usually provides a nice visual summary of the results. However, this often requires internet access and, depending on the instrument, may require that you send your data to the publisher for scoring. An important question to ask with computerized systems is whether you will have access to your data for research and quality assurance purposes.

As you can see, there are a number of considerations to make when selecting and implementing a RNA. Table A2 in the Appendix provides details about additional assessments that might be useful for your program.

In the next section, we will walk you through the steps for selecting, implementing, and evaluating RNA.

Spotlight: Points to Consider in Selecting an RNA

1. What is it designed to predict?
2. Has it been validated?
3. Is it valid for the type of youth we work with (age, gender, etc.)?
4. Has the tool been adopted in jurisdictions similar to mine?
5. What language is it available in?
6. What is the cost of the instrument?
7. What type of training or certification is required?
8. Is a pen/paper version available?
9. Is a computerized version available?
10. Does the computerized version require internet access?
11. Does the computerized version allow me to access our data?

Step-by-Step Tips for RNA Selection & Implementation

Step-by-Step Tips for RNA Selection & Implementation

This section focuses on the process to select, implement, and validate an RNA for your jurisdiction. You will see that we organized it in steps 1 through 7. Ideally you should complete the steps in order to help ensure successful implementation. We have provided a checklist of steps for you in the Appendix of this guide.

Step 1 -Organizational Readiness

Assessing if individual stakeholders are ready to make a change is essential prior to spending the time and resources on an RNA. Though we do not expect everyone to support a new practice, we would recommend that you have at least support from key stakeholders and decision makers before starting. For example, is the Director onboard?

There are a number of important points to consider when determining whether you have adequate support. These include staff perceptions, staff support, leadership ability, communication, and agency resources, among others. If you are not confident your program is ready for adopting an RNA, stop and take the time to develop buy-in before continuing.

Know the Local Laws
In some countries, there is existing legislation around the assessment and evaluation process, particularly as it relates to early release from prison. For example, in El Salvador, individuals in prison must be evaluated by a Criminological Technical Team, which consists of a lawyer, educator, social worker, and psychologist. Each member of the team is required to complete an assessment of the individual. Once the assessments have been completed, the team decides whether to recommend the individual for early release or movement to a less restrictive prison. Because this is legislatively mandated, changes to the assessment process will have to be made with care to ensure all legal requirements are met.

Step-by-Step Tips for RNA Selection & Implementation

Step 2 – Form a Working Group

We know everyone is busy and probably the last thing you want to do is to have to be part of another standing meeting. However, introducing an RNA into your agency will require support from a number of different people and establishing a decision-making group that meets on a regular basis during the developing and implementation of the RNA is essential. The group should consist of a maximum of 10 people, who have decision-making capacity. Ideally, this will include a cross-section of the staff and stakeholders, including staff who will be responsible for conducting assessments.

Items to Agree Upon

- What is the goal of the RNA?
- How will you educate stakeholders about RNA?
- How will the RNA be used?
  - Pretrial release decision
  - Diversion decision
  - Prison programming decision
  - Community supervision decision
  - Identify external technical assistance if needed
- Who will be assessed?
- Who will conduct assessments?
- How will assessment information be shared with partners?
- Will the RNA be used to reassess inmates for progress change?
- What resources are available to extract and analyze the RNA data?

Step-by-Step Tips for RNA Selection & Implementation

Step 3 – RNA Selection

Not all assessment instruments are equal and choosing the right one for your jurisdiction will depend on several factors. As reviewed in the prior section, there are a number of considerations to take into account. In addition to the tools listed in Table A1, you may also consider tools listed in Table A2. Although, to our knowledge, these have yet to be tested in LAC, they are validated instruments that enjoy a great deal of empirical support.

Items to think about before choosing an assessment screen include the following:

We do not recommend that you develop your own RNA tool unless you have the resources, time, and expertise to validate it. Very few jurisdictions have this capability. The instruments in Tables A1 and A2 in the Appendix have been validated (the assessment predicts recidivism) and assessed for reliability (the results from the assessment are consistent over time). However, you will still need to validate it on the youth under your supervision.

Next, review the instruments and determine what you want to measure: violence, recidivism, gang affiliation, or something else. You should also decide whether you want an instrument that has a case plan built into it.

Setting	Purpose	Type
Pretrial release/ supervision	•Risk of failure to appear •Risk of new crime	Pretrial risk assessment
Diversion/Sentencing	•Risk to reoffend •Risk of violent reoffending •Treatment targets (dynamic risk)	General RNA Violent RNA Sexual offending RNA
Community supervision	•Risk to reoffend •Risk of violent or sexual reoffending	General RNA Violent RNA Sexual offending RNA
Program placement/ case planning	•Risk to reoffend •Treatment targets (dynamic risk) •Responsivity	Comprehensive RNA General RNA Responsivity assessments
Level of treatment/care	Treatment-specific factors (substance use disorder	Specialized assessments
Reentry	•Risk to reoffend •Risk of violent or sexual reoffending	General RNA Violent RNA Sexual offending RNA

Adapted from Jannetta, J (2017). Selecting the appropriate risk assessment tool (Policy Brief Number 2017-02). Washington DC: The Public Safety Risk Assessment Clearinghouse

Step-by-Step Tips for RNA Selection & Implementation

As part of your decision-making process, you should consider how you want to use the results. Are you making decisions regarding pre-trial release or are you using an assessment for case planning purposes? Depending on the purpose of the assessment, you will want to focus your search on different types of assessments.

Once you identified some RNA that meet your needs, you should start thinking about your agency's resources and staff expertise to implement the RNA. Certain items to focus on include:

Cost: We know that cost is always a factor and that you may feel pressure to select an RNA that is in the public domain and free instead of selecting a proprietary instrument. Before you do this, reach out to the company and ask them what the best purchase deal is they can give you. This may depend on how many RNA you plan to purchase and the cost of training. You may also need to consider the cost of on-going training and support, including technical support if using a computerized version.

Staff Qualifications: Does one need to have medical, mental health, or substance abuse training to administer the screen? What degree is required for training? Depending on the instrument, we would recommend that staff psychologists or social workers administer the assessment during the intake interview.

Staff Resources: Does the facility or agency have the availability and accessibility to access information to score the instrument? For example, file information on prior arrests and incarcerations. Ideally, the assessment will be conducted with youth participation. However, it is still helpful to have available the following information: criminal history, inmate file information, and official documents. You also need to determine how many staff need to be certified to conduct the RNA.

Time: We know your staff are busy and how much time the assessment takes is an important question. Assessments take time, but the good news is that it should substitute for many of the assessments currently being done.

Training: How much training is involved to administer the assessment? Will they need a booster training for recertification?

Currently being used: Ideally the goal would be for all jurisdictions within your country, state, or department to use the same RNA. This will help with pooling resources for training, and that everyone will be using the same RNA language.

Language: Is the tool available in the languages you need for your population?

Format: Are there computerized versions of the RNA? Who has access to your assessment data?

Step-by-Step Tips for RNA Selection & Implementation

Step 4 – Staff Training

Ideally, training will be provided to all staff and supervisors. It might also be useful to train local partners on the assessment, especially if you make referrals to their programs.

The nature of the training may vary depending on the type of staff being trained. But, at a minimum you should fully train supervisors and the individuals that will be responsible for completing the assessments. Even if supervisors will not be doing assessments on a daily basis, it is important that they understand how to conduct an assessment and can provide meaningful feedback and support to staff about the assessment process.

Executive staff should be knowledgeable about the purpose of the assessment and the practical matters for conducting assessments and using the results. This will help to ensure staff have the administrative support they need to conduct valid assessments.

Other staff and local providers should understand how to interpret the results. They may not need to be fully trained on the assessment (though we would always recommend this), but they should have a clear understanding of the theory and logic of the assessment, the process of conducting an assessment, and how to utilize the results for case planning and decision-making. This will help to ensure that the RNA is used to its fullest potential.

At this stage, you should also start thinking ahead to building internal capacity for training and coaching. This is especially true for larger agencies or those that experience a lot of staff turnover. One way to build capacity is to plan for a Training for Trainers (T4T). This type of training is designed to prepare your staff for training other staff on the assessment. We recommend asking about the possibility of T4T when selecting a tool.

Step-by-Step Tips for RNA Selection & Implementation

Step 5 – Pilot the RNA

Piloting an RNA prior to full implementation is highly recommended and considered a best practice. A pilot period will allow you to assess whether the RNA you selected is a good fit for your program. In other words, it can help you to determine if it is culturally sensitive, provides meaningful feedback regarding the youths' risk and needs, and fits in with your organizational culture.

By piloting the RNA, you can identify problems early on and adjust the implementation plan or fine tune the assessment process.

It is important to select the right site for piloting the RNA. Ask yourself the following questions:

Site Selection Criteria

- ☐ Does the site have a leader supportive of RNA?
- ☐ Does the site currently use any evidence-based practices?
- ☐ Is the site committed to making changes in how they assess their population?
- ☐ Can data on the youth be easily assessable for analysis?
- ☐ Is the leader willing to commit a staff member to facilitate RNA implementation?
- ☐ Does the site have the capacity for self-evaluation of the RNA process and outcomes?
- ☐ Is there buy in from political leadership?
- ☐ Does the site have the capacity to sustain the effort?

In the ideal world, we would want you to be able to answer yes to all those questions. But, in reality, just having a supportive leader, willing staff, and a commitment to serving as a pilot will go a long way in ensuring a successful pilot program. Once you have identified a site, you can begin planning for the pilot.

Length: At a minimum, a pilot should last one month. This may need to be longer for programs that do not receive a lot of youth for services. This is because you want to make sure that you have enough time to conduct at least 30 assessments as part of the pilot program. Fewer than 30 assessments may make it difficult to determine the whether the assessment is a good fit for your program. Regardless of the length you decide on, be sure to have a set starting and ending date.

Inclusion criteria: As part of this process, you should determine who will be assessed as part of the pilot program. Will it be everyone referred to your program? All new intakes? Current participants? It will be important that you have a plan in place to ensure a smooth pilot period.

Step-by-Step Tips for RNA Selection & Implementation

Data collection: Once you begin piloting the RNA, it will be important to collect data. This includes the assessment results, along with process measures that can help you determine whether the RNA is a good fit for your organization. Examples of process measures include the number of youths assessed, the number of completed and incomplete assessments, reasons for incomplete assessments, the length of time to complete assessments, and the results. You should also collect demographics to determine whether the assessment works well across important individual characteristics like race, age, and "gender." Your workgroup may also suggest other important factors to track as part of this project.

Feedback: An important part of the pilot process is receiving feedback from those conducting the assessment, those receiving results, and those being assessed. Focus groups or interviews with your stakeholders can provide meaningful information about the fit of the assessment and may help to identify changes to the process.

Data analysis: An important stage of the pilot involves analyzing the data as described below in step 6.

Decision-making: At the end of the pilot process, you can decide about next steps. This could include:

- Fully implement the RNA as planned
- Revise the implementation plan
- Calibrate the assessment to reflect local context
- Try something different

To be clear, any adjustments to the assessment itself should be done in collaboration with researchers and with permission of the tool's developers. Depending on the number of cases in your pilot study and the type of data you collected, you may be able to use the pilot data to help you with this process. We recommend consulting with a local university for help with planning a pilot study that will meet your needs.

The importance of data and feedback

Collecting information about the assessment process and results will help you determine whether you should fully implement the RNA. Large numbers of incomplete assessments, a failure to complete assessments on time, or staff dissatisfaction with the assessment process may all be indicators of the need to adjust your assessment process or select a new tool.

Step-by-Step Tips for RNA Selection & Implementation

Step 6 – Analyze the Data

Once you have completed the pilot period, you can determine whether you are ready to fully implement the RNA. To help in your decision-making you should consider:

- Feedback from stakeholders
- The distribution of risk scores on assessed cases
- The identification of dynamic risks
- Correlations between risk scores/levels and important demographics (age, gender, age of first arrest, etc.)
- The length of time, on average, to complete the assessment
- Reasons assessments were not completed

Let us take a closer look at how some of these findings can help in your decision-making.

Imagine that you have adopted a new RNA and have planned for it to be completed within the first 14 days of intake. You can track the time between the intake date and the assessment date to learn if this is realistic. In Table 5, we see that only 28% of the assessments were completed within 14 days.

This tells us that our implementation plan is not working as we had designed, though it does not tell us why our process is not working. Stakeholder interviews and focus groups will help to determine why most assessments were completed 31+ days after intake and allow you to adjust the assessment process accordingly.

It is also important to consider whether the RNA provides a range of scores or risk levels. Figure 9 shows what looks like a normal curve. Though not a perfect normal curve, this figure tells us that the risk scores range from 2 to 10 and the majority of the scores fall between 4 and 8, with an average score of 6. This means that we can feel confident that this instrument will help to distinguish between youth who are at low, moderate, or high risk to reoffend.

Table 5: Days to Assessment Completion

Days to Completion	N	Percent
< 6 days	5	2%
6-14 days	70	26%
15-30 days	78	29%
31+ days	120	44%
Total	273	100%

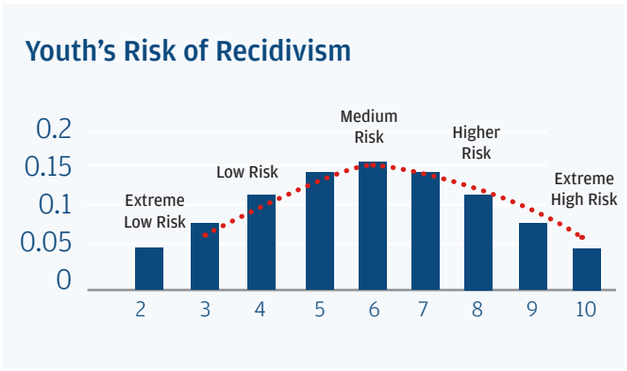


Figure 9: Normal distribution of RIsk Levels

Step-by-Step Tips for RNA Selection & Implementation

However, imagine a case where most of your cases were assessed as low risk like in Figure XX. Nearly 90% of the cases in this urban setting were assessed as low or low/moderate risk.[36] Findings like this would suggest that the instrument is not very sensitive to the population you are working with. In other words, implementing this assessment would not offer much guidance regarding how we should work with someone. We cannot vary services if everyone is rated the same.

We can also consider whether there are significant differences in risk ratings across gender or offense type. For example, in Table 10 we see results from a study of the YLS. As indicated, males and females scored relatively similar on the assessment.[37] Although more analyses needs to be completed to make sure this is a validated assessment, it suggests that the assessment will provide useful information for both girls and boys.

Table 6: Mean Risk Score by Gender

	Mean Score	Standard Deviation	Maximum Score
Males	14.6	8.74	42
Females	15.2	7.92	42
Overall	14.73	8.58	42

Agencies should take care to make sure a newly adopted RNA is not "over-assessing" specific groups of people such as females or racial minorities. Evidence of this would suggest the need for additional research on the instrument.

Determining Cut-Point Scores

Norming an instrument to the local population can help to make sure the RNA is working well with your agency. Norming involves adjusting the cut-off scores to reflect the distribution of risk scores among your youth. In other words, perhaps the published guidelines indicate that youth with zero to eight points are low risk. But, in your population, youth with zero to 12 points are low risk.

Norming an RNA would allow you to adjust these points appropriately. Each jurisdiction must make decisions determining what scores or "cut-points" will be used to assign youths to available programs, sanctions, and treatments. It is important that this type of activity in collaboration with researchers who can help you determine whether adjustments need to be made.

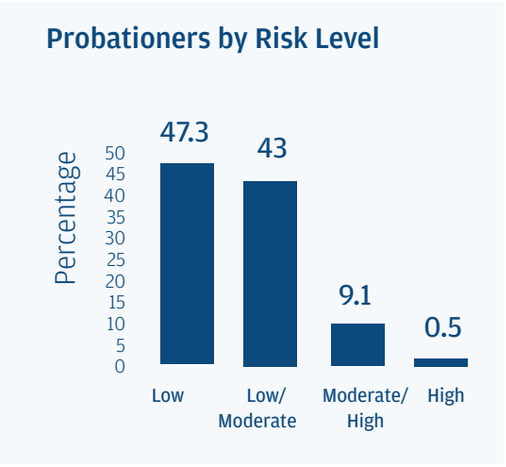


Figure 10: Distribution of Risk Levels

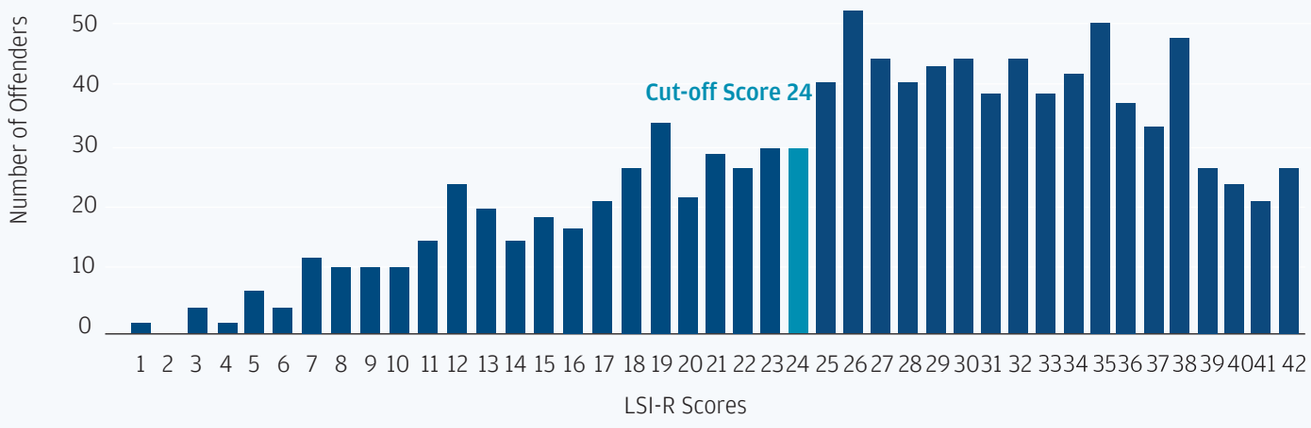
Step-by-Step Tips for RNA Selection & Implementation

In Figure 11 we see the results of a study of the Level of Service Inventory (LSI-R) in Minnesota. Researchers analyzed assessment results of 875 individuals that were conducted over a six-month period. As we can see, the assessed risk scores somewhat resemble a normal curve. Though it is not a perfect curve, it was determined that the current cutoff score of 24 was a good fit for their agency.[38]

This is because 34% of individuals scored lower than 24 and 66% scored 24 or above. When the researchers examined risk levels, they found that about a third were low or low moderate risk, a third were moderate risk, and just under a third were high/moderate or high risk. As a result, there was no need to change the cut-off score.

Due to limited resources, it is essential that jurisdictions establish cut-points, the threshold of risk/need identified by an assessment that is required to assign offenders to intensive interventions, to ensure that resources are spent on youth that are most likely to benefit. Cut-points must be jurisdiction-specific for they must consider a number of local factors such as the actual number of people in a given risk/needs category, existing service capacity (institutional and community-based), and available resources inclusive of staff, space, and bed capacity.

Figure 11: Distribution of LSI-R Scores



What about outcome data?
Depending on the length and nature of your pilot program, you may also have some outcome data available. This could include non-compliance, violations, new arrests, or other indications of negative outcomes. If you have outcome data, you can conduct a preliminary validation study which will help to ensure the instrument is truly distinguishing between lower and higher risk individuals.

Step-by-Step Tips for RNA Selection & Implementation

Step 7 – Implement the RNA

Once you have determined RNA is a good fit, you should begin using it as part of your program or agency practice. It is often helpful to have written policy about who should be assessed and when they should be assessed. This will help to ensure that there is consistency in your use of RNA.

Reassessments should generally be completed every six to 12 months.

These guidelines should be based both on the pilot results and the needs of your program. Important points to address include the following:

- What is the target population for the instrument?
- When should the assessment be conducted?
- Who is responsible for conducting assessments?
- What are the policies for overrides?
- Who receives assessment results?
- Where are assessment results stored?
- How often do you reassess?
- How will you ensure assessments are being completed correctly?

We generally recommend that youth be assessed during the intake process or within 30 days of intake. This is because the results should be used to drive decision-making and case plans. Ultimately, the assessment should be completed before intervention or supervision decisions are made.

In some jurisdictions, especially large jurisdictions, it may not be possible to fully assess all youth because of limited resources. In those instances, you may want to use a screener tool for everyone and then complete the full assessment on youth who are identified as potentially moderate or high risk. A screener tool is often an abbreviated version of a full RNA.

It is also important to plan for reassessment. Remember that one advantage of today's RNA is that they include dynamic risk factors. In addition to providing information for case planning, dynamic risk factors allow us to measure change. This means that reassessments can be conducted to adjust case plans and to measure progress in a program.

Result Driven Decision Making

Result Driven Decision Making

An important principle is that RNA results should guide decision making to make sure that we provide services to those in need and avoid doing harm. As we have seen, RNA can be used at multiple points in the juvenile and criminal justice systems. You may want to use RNA results to help make decisions about supervision decisions, case planning and case management, and treatment referrals. RNA data can also be helpful for evaluating your services.

Supervision Decisions

RNA can be useful in court settings as the results can provide important information to judges and magistrates. As a general rule, youth who are assessed as low risk should be diverted out of the juvenile or criminal justice system whenever possible.

However, we should never rely on RNA results to justify the incarceration of youth. Risk level should be just one part of the decision to incarcerate, and we should keep youth in the community whenever possible.

RNA can be helpful in determining:

- Pretrial and release decisions,
- Community supervision and residential placement
- Responses to non-compliance
- Conditions of supervision

Depending on your local practices, RNA may also be helpful for determining early release among incarcerated youth.

For youth on community supervision, RNA results can be useful for determining the level of supervision. Higher-risk youth should have more frequent contact with community supervision officers and, in some cases, may need additional types of contact. Lower risk youth, in contrast, should have relatively minimal contact with officers.

Do: Use RNA results to divert youth out of the justice systems and out of prison.

Don't: Use RNA results to justify incarceration. Even some high-risk youth can be supervised effectively in the community.

Result Driven Decision-Making

Case Planning & Case Management

Case planning and case management are important elements of supervision, especially for moderate and high-risk youth. The research tells us that supervision alone is rarely likely to change behavior for youth with a number of risk factors. Case planning and case management can help to ensure we provide needed interventions.

The first step of case planning is conducting an RNA. Once you have the results, you can make important decisions about the level of supervision and the types of interventions to provide. A good case plan will target criminogenic needs, along with any critical non-criminogenic needs like housing or medical care. It will also identify strengths to help us work with youth more effectively and barriers that may need addressing. As we have seen, examples of barriers include literacy, a lack of motivation, or poor family support.

When developing a case plan, you should identify and prioritize the high risk/need areas. If someone has several high risk/need areas, you may have to choose which to target first. Creating too many goals can be overwhelming and may lead to failure.

Often, it can be helpful to determine whether areas overlap or if targeting one need area may impact other areas. For example, imagine that a youth started using drugs two years ago. Since that time, they started spending more time with other youth who use drugs, started having problems at school because of their drug use, and is having conflict at home. In this case, targeting substance use first might also have an impact on peer associations, family, and school.

When deciding among high risk/need areas, it may also be helpful to consider:
- Level of motivation
- Intrinsic control
- Availability of services
- Court orders

You should work collaboratively with youth to make sure the case plan is meaningful to them. However, remember the focus should be on criminogenic needs, especially for higher-risk youth who are more likely to reoffend. Focusing on non-criminogenic needs, at the exclusion of criminogenic needs, means we are not likely to reduce their risk of reoffending.

Remember that to reduce recidivism, we need to match case plans to assessment results.

"Risk assessments have two functions, not one: estimate the risk, but also, according to risk, propose a type of treatment. So, if you only use it for one function, you're missing out on the most important and richest part of the instrument"

- Andrea Burneo Vigo, Peru

What if?
Imagine your doctor telling you that you need to quit smoking, stop eating red meat, exercise 5 times a week, and lose 15 pounds in the next month. Chances are you would feel like it is impossible to do all these things at the same time, which increases the odds that you will not follow through on these goals. But, if your doctor recommends cutting down on smoking, reducing the amount of red meat you eat, and exercising three times a week, you might feel this is manageable. And doing these things might also result in weight loss, even though it was not identified as a goal.

Result Driven Decision-Making

Treatment Referrals

Depending on your program or agency, you may need to make treatment referrals. Obviously, you should refer youth to programs that offer services related to their criminogenic needs. As we saw earlier, we should not fit a single group or program to target every criminogenic need. Instead, you should be specific in your referrals to make sure they match to the important need areas.

A good practice when making referrals is to provide results of the assessment to the treatment agency. This does not mean you have to provide the entire assessment, but treatment providers should receive information about risk and need levels. Of course, you should consider local regulations concerning sharing of information. Where possible, this will allow providers to match services in accordance with the risk and need principal.

In addition to treatment needs, you might also consider the following in making treatment referrals:

- Location
- Type of treatment provided
- Cost
- Ability to address responsivity factors

Sometimes, you may find that you do not have any local providers offering the types of groups or services needed by the youth you are working with. In this case, you should consider taking a formal look at your assessment data to see how often there is a mismatch between assessed needs and available services. This type of information can be helpful when seeking funding to build capacity or improve services.

Evaluation

In addition to assisting you with supervision and treatment decisions, RNA results can provide important feedback about the client progress and the effectiveness of your services.

Conducting reassessments can help with adjusting individual case plans and treatment referrals. It may be that a reassessment results in a higher risk rating or no change. This could mean that the intervention is not the best fit for the youth or that the youth's risk has increased. In either case, this likely requires making an adjustment to the case plan.

You can also aggregate intake and reassessment results to examine the trend in change scores. Assuming the RNA are completed correctly and that services offered are effective, you should see an overall reduction in risk level upon reassessment. Given the link between risk assessment results and recidivism, this would also provide preliminary evidence that your services are likely to reduce recidivism.

To be clear, looking at changes in intake and reassessment scores is not as rigorous as an outcome evaluation. However, this is a fast and easy way to determine whether your program is having an effect on risk and need levels. We recommend you work with a local university of researcher to assist with this process.

"RNA can help determine the effectiveness of your interventions."

-Daniela Barberi, Colombia

Interview: Tom Hare, Honduras & El Salvador

Interview: Tom Hare, Honduras & El Salvador

Can you tell me a little about yourself?

Originally from Nebraska, I spent most of my early career in Central America and Argentina and am now at the University of Notre Dame's Pulte Institute for Global development where we link the expertise of researchers and practitioners to confront development challenges. I studied at the University of Central America (UCA) in San Salvador for a semester, where I fell in love with the culture, people and pupusas. That experience led me to want to better understand the challenges that Central Americans face daily, and to work to leverage the great strength and perseverance that Salvadorans, Guatemalans and Hondurans possess to rise above those challenges.

Can you tell us about your work implementing a youth risk needs assessment (RNA) in Honduras and El Salvador?

In Honduras, we were asked by USAID to find a way to both distinguish between primary and secondary risk of violence involvement, and track that risk among participants over the course of a workforce development (WFD) program. That resulted in the Violence-Involved Persons Risk Assessment (VIPRA) to measure both risk of victimization and perpetration. There were other tools available, but not validated for the target age group (16-29) and not specific to distinguishing general violence risk levels. We surveyed the existing tools, utilized scales with strong reliability, and validated them using both general and incarcerated populations in Honduras. In El Salvador, we were asked by Catholic Relief Services and the UCA to conduct a peer review on a tool they were developing to measure risk of recidivism. Our development processes were very similar, and we were able to strengthen both their tool and ours through the collaboration.

Was it easy to get buy-in and support?

It took some time for the implementing partners in the WFD program in Honduras to see the value of the VIPRA. Initially, the program did not have a violence reduction focus, so there was resistance to anything that had to do with measuring violence. However, after they saw how useful it was to show change in psycho-emotional characteristics versus whether or not someone got a job alone, they were sold. The program and we were also asked to start tracking migration intentions, and we were able to quickly modify the VIPRA to include migration questions and then analyze how individual characteristics relate to migration intentions. The WFD program now even implements the tool without having to do so.

How do you know it works?

The validation process was thorough and rigorous and results were peer reviewed and published (see Additiona Resources). We also reviewed and revised as we collected more data.

Any advice you would give an agency thinking about using a RNA?

Start with existing tools to see if you can borrow lessons-learned and not re-invent the wheel. This will also help with comparability across programs and geographies. However, be sure to validate any scales or tools that have not been used for a specific population previously. Also be sure to know how the data will be used and that those using the data know that these tools only provide a probability, and are not predicting an outcome.

Photo caption: Tom Hare collecting VIPRA data in Honduras.

Conclusion

Conclusion

This guide was designed to provide you with an overview of the importance for using RNA and to offer tips for selecting and implementing RNA in your jurisdiction or program. For those who are new to RNA, we hope it has helped you understand how using RNA is a foundational element for criminal and juvenile justice systems hoping to reduce recidivism. We also hope you are inspired to adopt RNA as a core practice for your program. For those who already use RNA, we hope you found some new ideas and helpful information to further support the use of RNA throughout your system.

As we discussed in the Guide, we purposely did not endorse any specific instruments and instead provided you with examples of RNA used throughout LAC. As you saw, some jurisdictions use widely recognized tools, while others developed and validated their own RNA. Whether you choose to adopt an existing instrument or develop a new one will depend on your program's resources and needs. The common denominator is a commitment to improving the assessment process.

Remember implementing a RNA is an evidence-based practice and doing so will allow you to focus your resources on treating and supervising youth who are assessed as higher-risk. The truth is adopting a RNA will take time and patience, and it may take many months to work out all the challenges. Do not let this deter you. There is a lot of support out there from other jurisdictions and researchers, near and far, to help you on this journey.

Finally, if interested in adopting and implementing a RNA, we encourage you to do so. Nothing is perfect in the real world, and you do not need to wait for the "perfect" time or until you have all the key components in place to move ahead. It is okay to start small and take one step at a time. But we hope you will take that first step.

More information about RNA can be found in the resources at the end of this guide.

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Glossary of Terms

Actuarial Assessment
Statistically based assessment designed to predict the probability of a behavior occurring.

Criminogenic Need
Dynamic risk factors predictive of reoffending.

Dynamic Risk Factors
Empirically supported predictors of reoffending that can be changed.

General Responsivity
Sometimes called the treatment principle and supports the use of behavioral, cognitive behavioral, and social learning approaches to correctional interventions.

High-Risk Youth
Youth assessed as having a higher likelihood to reoffend; should receive more intensive services and supervision.

Low-Risk Offenders
Youth assessed as having a low likelihood to reoffend; should receive minimal levels of supervision and only necessary interventions.

Need Principle
Correctional interventions are more effective when they are deliberate, structured, and target criminogenic needs.

Non-Criminogenic Needs
General, social, and health factors that may need addressing but are not related to reoffending.

Norming
Process of tailoring the scoring categories on a risk assessment to the local population using empirical data.

Overrides
Adjusting a risk level rating upward or downward based on clinical, legal, or social criteria. As a general rule should not occur more than 5-10% of the time.

Recidivism
Generally, getting into trouble again or reoffending. May include technical violations, new arrests, new charges, new conviction, new adjudication, or new placement.

Reliability
Consistency of a measure.

Glossary of Terms

Responsivity Principle
Correctional interventions are most effective when they match youth characteristics to facilitator characteristics to treatment characteristics.

Risk
The likelihood of recidivating.

Risk Principle
Correctional interventions are more successful when the match the level of service (treatment and supervision) to the level of risk.

Risk/ Need Assessments
Tools designed to identify the risk level and criminogenic need level of an individual who is involved in the criminal or juvenile justice system.

Specific Responsivity
Individual characteristics that may serve as barriers to being successful in a correctional intervention. Examples include internal factors, like age, race, personality, motivation, and mental health and external factors, like family support, program setting, transportation, and facilitator characteristics.

Static Risk Factors
Empirically supported factors that predict risk but cannot be improved.

Strengths & Protective Factors
Factors that may serve to guard against criminogenic risks and help to protect against future crime or delinquency.

Structured Professional Judgment
The use of empirically supported factors to make a determination about risk and needs using formal guidelines and rating criteria. More structured than clinical judgment; more flexible than actuarial approaches.

Validity (Predictive)
Accuracy of a measure or tool. Predictive validity means that a measure or risk assessment accurately predicts the behavior or outcome it is designed to predict.

Appendix: Mapping the Testing & Use of Youth RNA in LAC

BACK TO INTRODUCTION

Appendix: Table A1. Examples of Risk/Need Assessments used in LAC

Instrument	Type of Recidivism	Age Range	Primary Source of Information	Items	Factors evaluated	Training and Qualifications requirements	Language	Documented Use and Information in LAC and the Caribbean
ASSET and ASSETPlus (Youth Justice Board, Board, 1999; Youth Justice Board, 2004)	General Recidivism	10-17	Structured interview	–	1) Life Plans 2) Social life 3) Family 4)Life 5) Education 6) Employment 7) Aubstance use 8)Lifestyle 9)Physical health 10) Emotional and mental health 11) Perception 12) Motivation to change	Program Professional	English and Spanish	**Chile:** Facultad de Ciencias Sociales, Universidad de Chile (FACSO) (2016); Fondo Nacional de Seguridad Pública (2018)
IGI-J: Inventario de Gestión e Intervención para Jóvenes (Garrido et al., 2006) **(YSL/CMI Spanish adaptation)**	General Recidivism	12-18	Semi-structured interview	42	1) Delinquent History 2) Parental Education 3) Academic history 4) Employment 5) Peer groups 6) Substance abuse 7) Free time 8) Personality and behavior	Trained professional	Spanish	**Peru*** **Chile:** FACSO (2016); Ministerio de Justicia y Derechos Humanos (2018)
IMC: Instrumento de Mediación de Comportamiento **(YSET Honduran adaptation)**	General Recidivism	8-17	Semi-structured interview	–	1) Anti-social tendencies 2) Weak parental supervision 3) Critical life events 4) Impulsive risk taker 5) Neutralization of blame 6) Delinquency with peers	Trained professional	Spanish	**Honduras:** Céspedes and Bertand (2019); Creative Associates International (2020)
IRNC: Inventario de Riesgos y Necesidades inogénicas Chesta, 2009) **(YSL/CMI Chilean adaptation)**	General Recidivism	12-18	Semi-structured interviews	42	1) Delinquent activity, current and previous 2) Family situation and role of parent 3) Education and employment 4) Relationships with peers 5) Use of free time 6) Personality and behavior 7) Attitudes and tendencies	Mental Health professional	Spanish	**Chile:** Chesta and Alarcón (2019); FACSO (2016); Pérez-Luco, Lagos, and Báez (2012)

*Information about RNA provided by local experts.

BACK TO APPENDIX

Appendix: Table A1. Examples of Risk/Need Assessments used in LAC

Instrument	Type of Recidivism	Age Range	Primary Source of Information	Items	Factors Evaluated	Training and Qualifications	Language	Documented Use and Information in LAC and the Caribbean
LSI-R: Level of Service Inventory (Andrews and Bonta, 1995)	General Recidivism	Youth and Adult	Semi-Structured interview	54	1) Criminal history 2) Education/Employment 3) Financial 4) Family/Marital 5) Accommodation 6) Leisure/Recreation 7) Companions 8) Alcohol/Drug Problem 9) Emotional/Personal 10) Attitudes/Orientation	Trained professional	English	**Belize:** Pierce (2007)
OASys: Offender System (Home Office, 2006)	General Recidivism	18+	Interview and case review	-	1) Criminal history 2) Current offenses 3) Dynamic risk factors (socioeconomic, substance abuse, mental health, attitude, and behavior)	Training in offender behavior theories and assessment related skills	English and Spanish	**Chile***
SIED-AJ: Sistema Integrado de Evaluación Diferenciada para Adolescentes y Jóvenes (Badilla, Cortés, Lorca, and Vázquez, 2015)	General Recidivism	14-18	Interview	39	1) Criminal history 2) Personal traits 3) Motivations to change 4) Substance use 5) Family 6) Peer group 7) Connections	Professional in Corporación OPCION	Spanish	**Chile***
YLS/CMI: Youth Level of Service/Case Management Inventory (Hoge and Andrews, 2011)	General Recidivism	12-18	Semi-structured Interview	42	1) Previous and current infractions 2) Familial situation 3) Education and employment 4) Relationship with peers 5) Substance abuse 6) Use of free time 7) Behavior and personality 8) Attitudes/tendencies	Mental Health Professional	Spanish and English	**Chile*** **Brazil:** Maruschi (2013) **Peru:** Burneo Vigo (2017)

*Information about RNA provided by local experts.

BACK TO APPENDIX

Appendix: Table A1. Examples of Risk/Need Assessments used in LAC

Instrument	Type of Recidivism	Age Range	Primary Source of Information	Items	Factors Evaluated	Training and Qualifications	Language	Documented Use and Information in LAC and the Caribbean
YSET: Youth Services Eligibility Tool (Hennigan, Maxson, Sloane, Kolnick, and Vindel, 2014)	General Recidivism	8-17	Interview	–	1) Antisocial tendencies 2) Parental supervision 3) Critical life events 4) Impulsivity 5) Neutralization of faults 6) Delinquency within peers 7) Negative influence from peers 8) Substance abuse, 9) Gang influence	Trained Professional	English and Spanish	**El Salvador:** Creative Associates International (2020); Dinio and Werbel (2016) **Honduras:** Creative Associates International (2020) **Guatemala:** Creative Associates International (2020) **México:** Dinio and Werbel (2016) **Jamaica:** Dinio and Werbel (2016)
HCR-20: Historical Clinical Risk Management -20 (Douglas, Ogloff, Nicholls, and Grant, 1999)	Violent Recidivism	18+	Structured interview coded by scale	40	1) Historical (static factors) 2) Mental health (attitude and behavior) 3) Plans for the future	Professional for interview administration	English and Spanish	**Peru*** **Colombia:** Tapias-Saldaña (2011) **Argentina:** Mayer, Hare and Folino (2018); Singh, Condemarín and, Folino (2013)
JRA-YV: Jamaican Risk Assessment-Youth Version (Barnes-Ceeney, 2018)	Violent Recidivism	10-17	In-depth interview	13	1) Violence history 2) Friends and family 3) Anger and impulsivity 4) Protective factors and support system	Basic experience social work theories and practice	English	**Jamaica:** Graham, Nelson and Smith-Parkin (2020)
SAVRY: Structured Assessment of Violence Risk in Youth (Borem, Bartel, and Forth, 2003)	Violent Recidivism	12-18	Semistructured interview	30	1) History 2) Social context 3) Individual 4) Protective factors	Professional for interview administration	English and Spanish	**Peru:** Bedregal and Zúñiga (2020); Burneo Vigo (2017), **St. Kitts and Nevis:** Williams, Hoffman, Sabet, Caligan and Feenstra (2018) **St. Lucia:** Williams et al. (2018) **Guyana:** Williams et al. (2018)

*Information about RNA provided by local experts.

BACK TO APPENDIX

Appendix: Table A1. Examples of Risk/Need Assessments used in LAC

Instrument	Type of Recidivism	Age Range	Primary Source of Information	Items	Factors Evaluated	Training and Qualifications	Language	Documented Use and Information in LAC and the Caribbean
VIP-RA : Violence-Involved Persons Risk Assessment (Hare et al., 2018)	Violent Recidivism	16-30	Survey via tablet and follow-up interview questions	22	1) Individual 2) Relationship 3) Community (school/ workplace, neighborhood, social/physical environment) 4) Societal (norms policies economic and social (in)equality)	Trained enumerator on the project, cases and interview administration	Spanish	**Honduras:** Hare, Guzman, and Miller-Graff (2018)
VRAI-P : Riesgo en Adolescentes Infractores-Perú (Luengo et al., 2015)	Violent Recidivism	14-19	Two questionnaires, paper or digital format and professional questionnaire filled out based on background information	30	1) History (violent behavior, domestic violence, childhood abuse, social rejection 2) Psychosocial (prosocial involvement, delinquency in peer groups, parental practices, social support) 3) Individual factors (attitude towards intervention, academic or work engagement, resilience)	Professional needed to administer questionnaire	Spanish	**Peru:** Gómez-Fraguela, Cutrín and Maneira (2019); Luengo, Cutrín, and Maneria (2015); Luengo, Fraguela, Fernández, Triñanes, Torres, Romero, Boo and Mosteiro (2017)
CAS-R : Control de Agresión Sexual (Rossoni et al., 2013)	Sexual offense	Youth	60-minute interview	–	1) Behavior 2) Emotion 3) Cognition	Professionals in Corporación OPCIÓN	Spanish	**Chile***
ERASOR 2.0: Estimate of Risk of Adolescent Sexual Offense Recidivism (Worling and Curwen, 2000)	Sexual offense	12-18	Interviews from mulitple sources	23	1) Interests and sexual behavior 2) History of sexual aggression 3) Psychosocial functioning 4) Familial environment 5Treatment	Any program professional	English and Spanish	**Chile:** Muñoz, Arenas, Cárdenas, and Saffirio (2021); Muñoz, Álvarez, and Pérez-Luco (2016)

*Information about RNA provided by local experts.

BACK TO APPENDIX

Appendix: Table A1. Examples of Risk/Need Assessments used in LAC

Instrument	Type of Recidivism	Age Range	Primary Source of Information	Items	Factors Evaluated	Training and Qualifications	Language	Documented Use and Information in LAC and the Caribbean
SVR-20: Sexual Violence Risk-20 (Boer, Hart, Kropp Webster, 1998)	Sexual offense	18+	Interview	20	1) Biological and contextual nature 2) Previous sex crimes 3) plans for the future	Evaluation professional	English and Spanish	**Colombia:** Survey Data, Tapias-Saldaña (2011)
FARIC (Instituto Nacional Penitenciario, 2019)	General and Violent Recidivism	18-29	Interviews	--	1) Previous and current behavior 2) Anti-social cognition 3) Family 4) Education 5) Crime 6) Community Environment 7) Social abilities 8) Motivation to crime 9) Free time 10) substance use	Any professional	Spanish	**Peru*;** Instituto Nacional Penitenciario (2019); Meza Chacón (2019)

BACK TO APPENDIX

Appendix: Table A2. Examples of Existing Validated Risk/Need Assessments

Instrument	Type of Assessment	Age Range	Primary Source of Information	Items	Factors evaluated	Training and Qualifications	Language	Predictive Validation
CJRA: Colorado Juvenile Risk Assessment (Full)	General Recidivism	Youth	Structured interview	107	1) Criminal History 2) Demographic 3) Education 4) Use of Free time 5) Employment 6) Alcohol and Drugs 7) Mental Health 8) Attitudes/Behaviors 9) Aggression 10) Skills	16-hour training course	English	Colorado Office of Children Youth and Families (2008)
LS-CMI: Level of Service/Case Management Inventory (Andrews, Bonta, Wormith, 2004)	General Recidivism	Youth and adults	Semi-structured interview	43	1) Criminal history 2) Education/Employment 3) Family 4) Leisure/Recreation 5) Companions, 6) Alcohol/Drug use 7) Pro-criminal Attitude/ Orientation 8) Antisocial pattern	3-day training and exam	English	Wormith, Hogg, and Guzzo (2015)
OYAS-DIS: Ohio Youth Assessment System—Disposition Instrument	General Recidivism	12-18	Structured interview, review of case information	32	1) Juvenile justice history 2) Family& living arrangements 3) Peers and social support network 4) Education and employment 5) Prosocial skills 6) Substance abuse, mental health, and personality 7) Values, beliefs, and attitudes	2-day training program, and post-exam	English	Campbell, D'Amato, Papp (2019); McCafferty (2015)
PACT: Positive Achievement Change Tool (Florida Department of Juvenile Justice, 2005)	General Recidivism	Adolescent	Semi-structured interview		1) Criminal history, 2) Social history, 3) Mental health and attitudes /behaviors	Non-clinical staff member	English	Early, Hand, and Blankenship (2012)

BACK TO APPENDIX

Appendix: Table A2. Examples of Existing Validated Risk/Need Assessments

Instrument	Type of Assessment	Age Range	Primary Source of Information	Items	Factors evaluated	Training and Qualifications requirements	Language	Predictive Validation
START: AV: Short-Term Assessment of Risk and Treatability: Adolescent Version (Webster, Martin, Brink, Nicholls, Demarais, 2004)	General Recidivism	12-18	Semi-structured interview	23	1) Social skills 2) Emotional state 3) Substance use 4) Support from caregivers and other adults 5) Support from peers 6) Parenting and home environment	20-hour training program	English	Viljoen, Cruise, Nicholls, Desmarais and Webster (2012)
YASI: Youth Assessment and Screening Instrument (Orbis, 2007)	General Recidivism	10-25	Interview	91	1) Legal History 2) Family 3) School 4) Community and peers 5) Alcohol and drugs 6) Mental Health 7) Aggression 8) Attitudes 9) Skills, (social/ cognitive 10) Employment and Free time	2-day training session	English and Spanish	Scott, Brown and Skilling (2019)
J-SOAP-II: Juvenile Sex Offender Protocol-II (Pretenky and RIghtland, 2003)	Sexual Offense	12-18	Ideally multiple previous records interviews, and questionnaires	28	1) Sexual Impulse 2) Interests and sexual behaviors 3) Stability in community 4) Intervention	Experience in assessment of youth who commit sexual offenses; familiarty with manual	English	Viljoen, Cruise, Nicholls, Desmarais and Webster (2012)
MEGA (Miccio-Fonseca, 2006)	Sexual Offense	4-19	Extensive case file review (interview if possible)	75	1) Neuropsycological 2) Family/relationships 3) Antisocial behavior 4) Past incidents 5) Coercion 6) Stratagem of behavior 7) Predatory relationships	Training in the official instrument procedure	Englilsh	Ramusseen (2017)

BACK TO APPENDIX

Appendix: Table A3. Examples of Responsivity Assessments

Instrument	Name	Evaluates	Age Range	Primary Source of Information	Items	Factors Evaluated	Language	Documented use in LAC
DASH-13 (Worling, 2013)	Desistance for Adolescents who Sexually Harm	Social resources and desistance	12-18	Checklist in face-to-face interview form	13	1) Pro-social sexual interests 2) pro-social sexual attitudes, 3) pro-social sexual environment, 4) aware consequences of sexual reoffending 5) environmental control of situations that coincide with risk to reoffend, 6) hope for healthy sexual future 7) completing intervention of sexual crimes	English and Spanish	**Chile:** FACSO (2016); Muñoz, Alvarez, and Pérez-Luco (2016)
FER-R (Alarcón, 2011)	Ficha de Evaluación de Riesgos y Recursos	Resources	12-18	At least three interviews, survey	60	Criminogenic factors: Formed by the Index of social inconformity Protective Factors: Personal active resources, Cognitive and social competition, Family resources)	Spanish	**Chile:** Alarcón, Wenger, Chesta, Salvo (2012); FACSO (2016) Pérez-Luco, Lagos, and Báez (2012)
IRS-F: (Zambrano, Muñoz and Andrade, 2014)	Inventario de Recursos Socio-comunitarios-focales	Social Networks	12-18	Focused interview	64	Focus on: Friends, peers and partners 1) Main integrative/pro-social networks 2) Main disintegrative social networks	Spanish	**Chile:** FACSO (2016); Muñoz, Pincheira, Zambrano, Pérez-Luco (2017)
JI-R: (Jesness, 2004)	Jesness Inventory -Revised	Personality	Adolescents	Self-report questionnaire	160	1) Social maladjustment, 2) Value orientation 3) Immaturity 4) Autism 5) Alienation 6) Manifest Aggression 7) Withdrawal-Depression 8) Social anxiety 9) Emotional repression 10) Denial 11) Conduct Disorder 12) Oppositional Defiant Disorder	English Spanish Portuguese	**Brazil:** Costa, Komatzu and Bazon (2017) **Chile:** Costa, Wenger, Bazon and Andrés-Pueyo (2021)

BACK TO APPENDIX

Appendix: Table A3. Examples of Responsivity Assessments

Instrument	Name	Evaluates	Age Range	Primary Source of Information	Items	Factors Evaluated	Language	Documented use in LAC
MACI: (Millon, 1993)	Millón Adolescent Clinical Inventory	Personality	13-19	Self-report questionnaire	160	1) Personality 2) Expressed concerns 3) Clinical symptoms	English and Spanish	**Argentina:** Mayer, Folino,(Millon, 1993) and Hare (2014) **Chile:** Vinet and Alarcón (2003); Vinet, Herrera, and Oñate (2014); Zúniga, Vinet, and León (2011)
CESMA: (Berrios, Chesta, Lagos, Alarcón and Perez-Luco, 2014)	Cuestionario de Exploración de salud mental para adolescentes	Mental Health	12-18	Guided interview	19	1) Alcohol 2) Drugs 3) Anxiety 4) Depression 5) Post-traumatic stress 6) Self-harm	Spanish	**Chile:** Alarcón, Pérez-Luco, Wenger, Salvo, Chesta (2017); Wenger, FACSO (2016)
PCL-YV (Forth et al., 2003)	Psychopathy Checklist Youth Version	Mental Health	12-18	Semi-structured interview	20	1) Interpersonal 2) Emotional 3) Lifestyle 4) Antisocial conduct	English and Spanish	**Chile:** Zúñiga, Vinet, and León (2011); Singh et al. (2013) **Argentina:** Folino, Lescano, Folino (2015); Castillo and Folino (2009); Folino and Castillo (2006); Gutiérrez, Wiese. Castillo, and Folino (2012); Mayer, Hare and Folino (2018); Mayer, Folino, and Hare (2014); Wiese, Aramayo Criniti, Catanesi and Folino (2019)

BACK TO APPENDIX

Appendix: Checklist for Implementation

Step 1. Assessing for organizational readiness

- ☐ Stakeholders
- ☐ Administrators
- ☐ Staff

Step 2. Form a working group

- ☐ Include a maximum of 10 people
- ☐ Include a cross-section of staff, including those who will be responsible for conducting the assessment
- ☐ Arrive at a group decision on the following:
  - What is the goal of the RNA?
  - How will you educate stakeholders about RNA?
  - How will the RNA be used?
  - Pretrial release decision
  - Diversion decision
  - Prison programming decision
  - Community supervision decision
  - Identify external technical assistance if needed
  - Who will be assessed?
  - How will assessment information be shared with partners?
  - When will reassessment occur?
  - What resources are available to extract and analyze the RNA data?

Step 3. Select an RNA

- ☐ Factors to consider include:
  - Target population
  - Purpose of assessment
  - Legal status/Setting
  - Prior validation
  - Cost
  - Staff qualifications
  - Staff resources
  - Time
  - Training
  - Current assessments in use
  - Language
  - Format

Step 4. Staff Training

- ☐ Supervisors
- ☐ Case managers/psychologists/intake
- ☐ Other staff
- ☐ Local partners
- ☐ Plan for Training for Trainers

Step 5. Pilot the RNA

- ☐ Identify pilot site that
  - Has a supportive leader
  - Uses evidence-based practices
  - Is committed to adopting an RNA
  - Has easily accessible data available for analyses
  - Is willing to serve as a pilot
- ☐ Design pilot
  - Identify a start and end date
  - Identify the target population
  - Identify the procedures to be used
- ☐ Pilot RNA
  - Collect data on youth demographics
  - Collect data on RNA results
  - Track how many assessments were completed
  - Assess the length of time for assessment
  - Get feedback from stakeholders, staff, and clients, on the assessment process
- ☐ Data analysis (see step 6)
- ☐ Decide whether to
  - Implement the RNA as planned
  - Revised implementation plan
  - Calibrate the assessment to reflect local context
  - Try something different

Step 6. Analyze Data

- ☐ Assess distribution of risk scores
- ☐ Adjust cut-off scores as needed
- ☐ Consider stakeholder, staff and client feedback

Step 7. Implement the RNA

- ☐ Develop formal policy regarding RNA
- ☐ Policy may include:
  - Target population
  - Timing of assessment
  - Identify positions responsible for conducting assessments
  - Policies for overrides
  - Distribution of assessment results
  - Storage of assessment results
  - Procedures for reassessment
  - Quality assurance

BACK TO APPENDIX

Additional Resources on RNA

General Recidivism

Asset and AssetPlus

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Website: https://yjresourcehub.uk/assessment.html

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IRNC

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Email: customerservice@mhs.com

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Website: https://storefront.mhs.com/collections/ls-cmi
Email: customerservice@mhs.com

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START-AV

Protect International Risk and Safety Services
Website: https://protect-international.com/product/short-term-assessment-risk-treatability-adolescent-version-startav-manual/
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Violent Recidivism

HCR-20

Website: http://hcr-20.com/
Email: info@hcr-20.com

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SAVRY

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Download at: https://intranet2.ciudaddelnino.cl/wp-content/uploads/2020/05/1_CESMA_2019.pdf

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