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Chester County Intake Diversion Program

A Pennsylvania Models for Change
Diversion Demonstration Site

October 2012

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Executive Summary

In 2009, with support from Models for Change, Chester County, Pennsylvania developed an Intake Diversion Program. Through collaboration with experts in the field of juvenile justice including the Juvenile Law Center (JLC), the Council of Juvenile Court Administrators (CJCA), the National Center for Juvenile Justice (NCJJ), and the National Youth Screening & Assessment Project (NYSAP) and insight from probation practitioners and community stakeholders, a data-driven protocol was developed and implemented to divert eligible youth from formal processing to appropriate treatment services. Since its first referral in the fall of 2010, the Intake Diversion Program has assisted more than 230 youth to both avoid deeper involvement in the juvenile justice system and address mental and behavioral health needs. This report lays out the thought and effort that went into the development of the Intake Diversion Program, as well as its process and intermediate results.

In 2005, Pennsylvania created a Mental Health/Juvenile Justice Workgroup in conjunction with a Models for Change initiative funded by the John D. and Catherine T. MacArthur Foundation. The resulting Mental Health/Juvenile Justice Joint Policy Statement describes the appropriate response to youth with mental health needs who may or do become involved in the juvenile court. The Joint Policy Statement sets out a vision of a model system that (1) prevents the unnecessary involvement of youth who are in need of mental health treatment, including those with co-occurring substance abuse disorders in the juvenile justice system; (2) allows for the early identification of youth in the system with mental health needs and co-occurring disorders; and (3) provides for timely access by identified youth in the system to appropriate treatment within the least restrictive setting. Chester County's Intake Diversion Program was developed aligned with this vision. The program presents a protocol that accommodates structured decision making, professional judgment, and the principles of balanced and restorative justice to divert youth away from formal court processing while holding them accountable to victims, ensuring safety, and providing opportunities for competency development and treatment, if appropriate.

The Intake Diversion Program was born out of ongoing Models for Change work in Chester County. The JLC, CJCA and NCJJ were previously working with Chester County to develop diversion principles and improve the coordination of mental health systems and the juvenile court. The CJCA was instrumental in the implementation of the Comprehensive Systems Change Initiative (CSCI) within Chester County. As mental health efforts became a focus of juvenile justice reform and Chester County secured the Special Diversion grant from Models for Change, NYSAP was engaged to assist in the implementation of a standardized mental health screening tool. This group of collaborators along with Chester County Juvenile Probation, representatives from human services, juvenile court, community providers, and family representatives became the Diversion Project Multi-System Implementation Team that drove the development and implementation of the Intake Diversion Program. Efforts were made to build relationships with the Assistant District Attorney (ADA) and community stakeholders, to document policies and procedures in a manual, and to develop mechanisms for collecting meaningful

data. Existing intake procedures were enhanced to include additional opportunities to assess mental health and risk to reoffend and add to the information available to Probation Officers (POs) when making decisions on recommendations for diversion or formal processing.

Chester County's diversion process begins at intake. Intake unit staff are responsible for assessing the severity of the offense, checking for prior referrals or justice system involvement, reviewing information available from the arresting authority, administering screening tools, and referring for additional assessments if necessary. Chester County Juvenile Probation Department administers the North Carolina Assessment of Risk – Pennsylvania version (NCAR-PA) to assess a youth's risk to reoffend. The Massachusetts Youth Screening Instrument, version 2 (MAYSI-2) is used to screen for possible behavioral health needs. Additional assessments and evaluations, including the CANS assessment are available by referral if the PO deems it appropriate. Youth are eligible for diversion depending on their risk to reoffend, the severity of the presenting offense, and other mitigating circumstances, such as mental health needs and substance abuse issues. Youth who are placed on the diversion caseload are informally supervised by a Diversion PO through the development of an informal probation contract or the issuance of a Consent Decree. Please see the *Diversion Policies and Procedures Manual* in the Appendix of this report for a detailed description of procedures.

Data collection forms completed at intake, along with information from MAYSIWARE (i.e., the electronic version of the MAYSI-2) and Chester County's CourtView data management system are synthesized in a database developed by NYSAP in collaboration with Chester County diversion staff. The database is designed to track a variety of intermediate outcomes including number of youth with mental health and/or substance abuse issues identified at intake, number of youth diverted, number of youth referred to appropriate services, and number of youth who have their case closed without an adjudication of delinquency. Please refer to the *Diversion Policies and Procedures Manual* in the Appendix of this report for a comprehensive list of outcomes and the database structure.

This report aims to provide an overview of both the process and intermediate outcomes of the Intake Diversion Program. It includes a narrative by Mary Gaspari, the Diversion Project Coordinator. Ms. Gaspari shares her experience both developing and implementing the new diversion project. She also describes the necessary partnerships and the process that successfully got the project off of the ground. In addition to the story of Chester County's Intake Diversion Program, this report also includes, as an appendix, the *Diversion Policies and Procedures Manual*. This resource, a collaboration of all parties involved, provides a thorough account of the background and rationale for the diversion project. It also outlines the project philosophy, goals, and steps for implementation. The main themes of the report are summarized below:

- The purpose of Chester County's Intake Diversion Program is to screen youth for underlying mental health issues and other risk factors at intake and provide linkage to services when appropriate rather than entrance to the court process.

- To do this, the probation department implemented a well validated and reliable screening instrument with all youth at intake. When an issue was identified in the screening, more extensive assessments were available.
- Most youth (86%) did not score above the PA cutoff criteria on the MAYSI-2 screening instrument that would indicate the need for additional assessments, such as the Child and Adolescent Needs and Strengths assessment (CANS) or referrals for other clinical assessments. However, more than half of the time, POs overrode the screening results and requested more extensive assessments. The youth for whom POs requested the assessment overrides typically had a prior or current involvement with the behavioral health system for substance abuse or mental health.
- From the full project sample of 541 youth, 232 (43%) received a diversion disposition and were placed on the caseload of a Diversion PO.
- Most youth (88%) on the diversion caseload did not score over the PA cutoff criteria on the MAYSI-2 screening instrument, supporting the notion that other factors besides the screening assessment guided the diversion decision.
- Results of the risk to re-offend screen indicate that most youth (81%) were in the low risk of recidivating category. This is what is to be expected for a diversion program.
- Most youth on the diversion caseload (69%) were referred to one or more services. These referrals were primarily to a community service program, individual counseling, or group counseling.
- Nearly 72% of youth placed on the diversion caseload completed their diversion requirements by the end of the data collection period (December 31, 2011). Of those who completed their requirements, 157 (94%) did so without an adjudication of delinquency.

Chester County Intake Diversion Project (Mary Gaspari, Diversion Project Coordinator)

In 2009, 16% of juvenile court cases in Chester County were addressed informally, avoiding adjudications of delinquency with dispositions of Warn/Counsel/Close, Informal Adjustment, or Consent Decree. Five years earlier, in 2004, twice as many cases received these dispositions. In light of the possible negative effects of delinquency adjudications on youth (e.g., limitations to education or employment opportunities) as well as the costs associated with formally processing youth in the juvenile justice system, this decrease in informal processing became a great concern to Chester County Juvenile Probation Department (JPO). To address this issue, Chester County submitted a proposal to the John D. and Catherine T. MacArthur Foundation's Models for Change Initiative and was awarded funds to develop a diversion program at the intake level of JPO. Building upon an existing robust intake process that included structured decision-making, the diversion program was designed to use evidence-based tools, practices, and resources to divert low-risk youth who admit to offenses from becoming more deeply involved in the juvenile

justice system. In the first year of operation, the percentage of cases receiving diversion dispositions (i.e., Warn/Counsel/Close, Informal Adjustment, or Consent Decree) increased to 21%.

Project Development

At the start of this new endeavor, national and local events interfered with immediate progress. In 2009, Chester, along with many other counties, instituted a hiring freeze due to the severe economic downturn. The freeze delayed hiring for the project until April 2010. Throughout the hiring freeze, however, JPO began planning the project, meeting with stakeholders, and developing a structure for the intake diversion program.

In January 2010, the Diversion Project Multi-System Implementation Team convened to direct the project's development and implementation. This team was composed of JPO staff and stakeholders including representatives from human services, court personnel, community providers, family representatives, and Models for Change consultants. Early on, this team created four subcommittees – Processes, Outreach, Training, and Screening & Assessment – to develop and implement specific aspects of the project. These subcommittees completed the lion-share of the project's work, and freed up the Implementation Team to hear recommendations and give preliminary approvals that could then be forwarded to JPO administrators and judges, when necessary.

- The Processes Subcommittee, often acting as an “executive subcommittee,” structured how the intake diversion program would be implemented, including policies and protocols. This subcommittee included high-level decision-makers from the courts and human services systems, as well as family representatives. The group built relationships with court and community stakeholders, developed agreements among members on specific policies, and provided preliminary approval of practices and protocols developed by the other subcommittees for forwarding to the Multi-System Implementation Team and JPO administration.
- The Outreach Subcommittee helped JPO develop stronger relationships with other systems, providers, and school personnel. This subcommittee consisted of JPO, human services, school personnel, and family representatives. It was instrumental in developing protocols for how behavioral health providers would respond to youth involved with JPO. These new protocols resulted in the elimination of long waiting lists for these youth to receive evaluations and/or services. The protocols are included in the project's implementation manual. This group also developed presentations for community organizations, schools, and providers to explain the mission and purpose of the juvenile justice system and the diversion project. These presentations are also included in the project's manual.
- The Training Subcommittee consisted of JPO, human services, and family representatives. This group worked diligently to bring behavioral health and adolescent development trainings to staff from JPO, human services, and the Chester County Youth Center (detention facility), along with behavioral health providers, school personnel, and families. The trainings included topics such as

adolescence and behavioral health, substance use, brain development, autism spectrum disorders, post-traumatic stress disorder, sexuality issues, motivational interviewing, cognitive-behavioral issues, psychotropic medications, and working with adolescents. A specific list of trainings is available in the project manual.

- The Screening & Assessment Subcommittee consisted of JPO, staff from the National Youth Screening & Assessment Project (NYSAP), the National Center for Juvenile Justice (NCJJ), and the Juvenile Law Center (JLC), as well as a consultant to the Pennsylvania Juvenile Court Judges' Commission (JCJC). This group assisted JPO in choosing to implement the MAYSI-2 behavioral health screen and the NCAR-PA, a risk-to-reoffend screen. They developed protocols for the use of these tools that were approved by the Multi-System Implementation Team and JPO administration. They also developed an MS Access database to track performance measures and outcomes for the project. Information on the screening and assessment process, the tools, and the database are included in the project manual.

In April 2010, two grant-funded Diversion POs were hired and joined JPO's existing Intake Unit. The implementation team for the project included these two POs, the project supervisor, a support staff, and JPO's Behavioral Health Coordinator. For the most part, the implementation phase went very smoothly, largely due to the work that went into the project's planning phase in 2009 and to the on-going work of the Implementation Team and its subcommittees.

The Decision to Divert

Each case goes through the Intake Unit Supervisor to the Project Supervisor, who determines if the case is suitable for diversion based on specific charges, circumstances around the incident, additional information provided by the police, and past arrest history. If the Project Supervisor deems the case suitable for diversion, it is assigned to one of the Diversion POs. The PO completes the intake investigation, including the initial interview and contact of the arresting officer, any victims, and the youth's school (if permission is given). At the time of the initial interview, the youth is offered the MAYSI-2 behavioral health screen. After the PO has collected all relevant information, he/she completes the NCAR-PA risk-to-reoffend screen.

After the initial interview, the PO has 30 days to make a disposition recommendation based on structured assessments, the PO's observations, and consultation with the Project Supervisor. If they believe that an informal processing or Warn/Counsel/Close disposition is appropriate, the PO submits the Intake Conference Decision Form to the Project Supervisor who forwards it to the Assistant District Attorney (ADA). The ADA has two weeks to respond to this notification. If the ADA does not agree with the recommendation, JPO can still move forward with the decision, but the ADA can contest this decision in court. If the PO and Project Supervisor think that a Consent Decree is most appropriate, they submit a request to the ADA, since the Commonwealth has the right to deny a Consent Decree.

Once a decision has been made to handle the case without an adjudication, it stays with the Diversion PO until it is closed. The Diversion PO is able to access an array of services and resources based on the risks and needs identified by the structured decision making. Resources range from community services opportunities, earning restitution, and participation in Impact of Crime classes, Girls Circles, Life Skills, MADD presentations, and other educational events. Additionally, youth are able to access behavioral health and/or substance dependency services if needed. If, however, the youth is adjudicated delinquent, the case is transferred to a community-based, regional unit or, in very few cases, to the placement unit.

Immediate Outcomes of the Intake Diversion Project

The Intake Diversion Project began accepting cases for possible diversion on May 1, 2010, and by December 2010, it had accepted its first 100 youth. In the first year of operation, the percentage of cases receiving diversion dispositions (i.e., Warn/Counsel/Close, Informal Adjustment, or Consent Decree) increased to 21%. In addition to increasing the use of diversion dispositions, there have been many other unanticipated benefits to Chester County's juvenile justice system.

The increase in the number of cases diverted from formal processing at intake also increased the awareness and understanding of diversion options for POs at different processing points. As other intake and community-based POs became aware of the diversion options and understood the process, they began requesting information about the use of these dispositions, resulting in more diversion decisions overall. The increase in diversion decisions has also freed up community-based POs to address the needs of youth who are at greater risk of involvement in the juvenile justice system.

Another benefit was the department's adoption of two standardized tools, the MAYSI-2 behavioral health screen and the NCAR-PA, a risk-to-reoffend screen, to add to the use of the Child and Adolescent Needs and Strengths (CANS) Assessment. While the initial training and implementation on the tools was effort-intensive, the tools have provided JPO with an avenue to learn valuable information about a youth's behavioral health functioning

The Intake Diversion Program uses the North Carolina Assessment of Risk—Pennsylvania version (NCAR-PA) to determine a youth's risk to re-offend.

The instrument was developed collaboratively by North Carolina's Department of Juvenile Justice and Delinquency Prevention (DJJDP) and the National Council on Crime and Delinquency (NCCD), and validated by researchers at the University of North Carolina, Chapel Hill (Schwalbe, Fraser, Day, & Cooley, 2006). The NCAR consists of nine items that contribute to a total risk score that is translated into working cutoffs for low, medium, or high risk categories based on local data. Each item is completed using the best available information from case files, interviews with youth and their families, and from other collateral sources, such as school officials and service providers as permitted. For use in Pennsylvania Juvenile Probation settings, minor changes were made to the language of two of the items.

that may never have been shared. For many youth, this resulted in many data-informed referrals to behavioral health treatment options.

The collaborative relationships that were built due to the Diversion Project have also been an added benefit of the project. Early in the project, the Diversion POs built solid working relationships with the project supervisor, the Behavioral Health Coordinator, and the ADA assigned to the juvenile unit. The Diversion POs' relationship with the ADA, specifically, helps the disposition process work smoothly. It allows for open discourse when there is a disagreement on the diversion recommendation. Additionally, the ADA is supportive of the Diversion Project, trusts the expertise of the Diversion POs, and has consistently factored information gleaned from the NCAR-PA into diversion decisions.

Finally, the experience of developing and implementing the new diversion model helped to prepare Chester County for implementation of Pennsylvania's Juvenile Justice System Enhancement Strategy. It encouraged the examination of practices at all levels and provided guidance for making future changes. Many of the components of the Diversion Project that contributed to its success - the commitment of JPO administration and staff, subcommittees with defined tasks who make actionable recommendations, strong involvement of stakeholders, access to experts, development of a manual – can be adapted to fit future initiatives.

The mental health screening instrument selected for the Intake Diversion Program is the Massachusetts Youth Screening Instrument, version 2 (MAYSI-2). The MAYSI-2 is a scientifically valid and reliable brief screening tool for use in the juvenile justice system to identify youth who might have special behavioral health needs. The tool consists of 52 'yes/no' questions concerning whether something has been true for them "in the past few months". The MAYSI-2 is scored on six clinical scales including suicide ideation, depressed-anxious, angry-irritable, somatic complaints, thought disturbance (for boys only), and alcohol/drug use.

Summary of Intermediate Outcomes

The Chester County Intake Diversion Project was developed with funds provided by the John D. and Catherine T. MacArthur Foundation in conjunction with the Models for Change efforts within the State of Pennsylvania. The project intended to enhance an existing intake process by adding standardized screening tools to identify youth appropriate for diversion.

In line with other mental health efforts within the juvenile justice system at the time, Chester County originally envisioned a special needs diversion program focusing on youth with mental health and/or substance abuse problems. Over time, the eligible youth pool grew to include youth with other risk factors, including prior system involvement or involvement in multiple systems. Many of the initial outcome measures were also focused on youth with mental health and/or substance abuse issues. These outcome measures were broadened to include all youth in the sample, due to the shift away from exclusively targeting youth with mental health and/or substance abuse issues. For example, one outcome measure was "the number of youth with a mental health or substance abuse problem who are linked to

one or more services.” This measure was changed to “the number of youth linked to one or more services.”

The data referenced in this summary were collected between May 1, 2010 and December 31, 2011. During this period, information was collected on a sample of 541 youth who represented new cases to the Chester County Juvenile Court; that is, cases without prior referrals. Please see the *Chester County Diversion Project Data Collection Form* in the appendix of this report. It is important to note that youth from outside of the county and those referred for non-payment of fines, fees, or restitution were excluded from the project database. These new cases are referred to as the full project sample throughout this report.

Demographics of the Full Project Sample

The racial composition of the full project sample is 73.6% white, 24.8% African American, 1.5% Asian-Pacific Islander, and 0.2% American Indian. The ages of the youth in the sample range from 10 to 20 with an average age of 16.2 (SD=1.7). Three quarters (75.4%) of the sample of new cases are male, and more than half (55.6%) of the sample is white males. Most of the African-Americans in the sample (73%) are males and all Asian-Pacific Islanders are males.

Standardized Screening Tools

The Intake Diversion Project’s process was guided by Structured Decision Making and relied heavily on standardized screening tools in combination with professional judgment. The three tools used in Chester County’s diversion project included the Massachusetts Youth Screening Instrument, version 2 (MAYSI-2), the North Carolina Assessment of Risk, Pennsylvania adaptation (NCAR-PA), and the Child and Adolescent Needs and Strength Assessment (CANS).

- The MAYSI-2 is a self-report inventory used for youth ages 12-17 to help identify special mental health or substance abuse issues.
- The North Carolina Assessment of Risk (NCAR) is a tool used to measure levels of risk to recidivate for youth. Validated for youth in North Carolina, it was adapted for use in Chester County. This adaptation is referred to as the NCAR-PA.
- The CANS organizes clinical information collected during a behavioral health assessment in a consistent manner, to improve communication among those involved

The Chester County Juvenile Probation Diversion Project Database was designed for ease of data entry, viewing, management and reporting.

It’s development was led by NYSAP in collaboration with all the members of the Models for Change project team and, most especially, the members of the Chester County Office of Juvenile Probation. Early on in the planning phase, NYSAP and the project team saw the need for a user-friendly database that allows for the synthesis of information from disparate sources for users to ‘tell the story’ of the project. The outcome results highlighted in this report are drawn entirely from the project database. It has been the project team’s hope that this database would provide a prototype for other jurisdictions utilizing the Comprehensive Systems Change Initiative (CSCI) model, since, consistent with the model, the flow of information begins with identification/standardized and validated screening, through diversion when possible and/or linkages to appropriate services.

in planning care for a youth. The CANS was used to guide case planning efforts for those youth in this project.

Please refer to the *Diversion Project Policies and Procedures Manual* in the Appendix of this report for additional details on the specific procedures for introducing and completing screening tools and responding to their results.

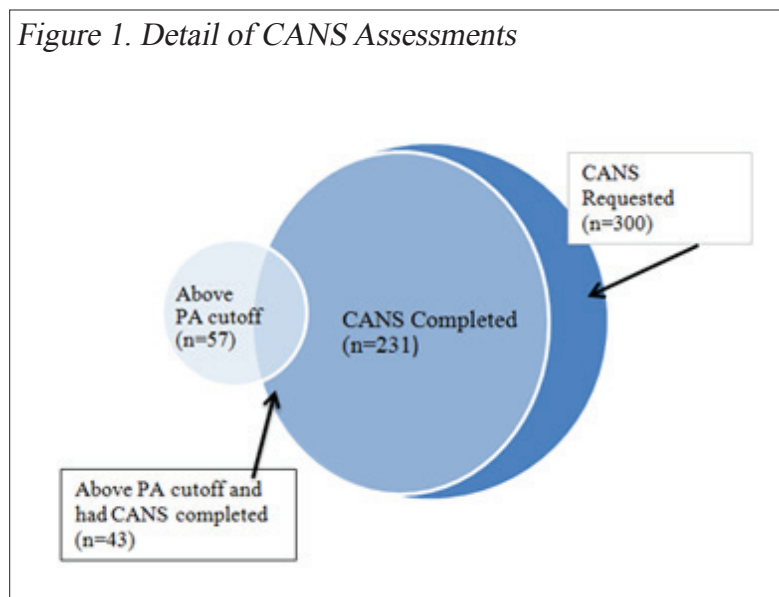
Full Project Sample: MAYSI-2. Of the 541 youth in the full project sample, 412 (76%) were screened using the MAYSI-2 at intake. The most commonly cited reasons for not having completed MAYSI-2 screening included early project implementation issues (42 cases), operational difficulties (17 cases), and youth or family refused (10 cases).

The MAYSI-2 protocol suggests an immediate response from the administrator of the tool if a youth scores above the PA cutoff criteria. Youth scoring above the caution cutoff on the suicidal ideation scale or above the warning cutoff on any two other scales are considered above the PA cutoff criteria; this is the criterion or threshold used by many juvenile justice programs nationwide. Of the 412 youth with MAYSI-2 data, 57 (14%) scored above this threshold.

Full Project Sample:

CANS. The Intake Diversion Project protocol states that the PO can request a CANS assessment if behavioral health and/or other concerns are identified through the MAYSI-2, the initial interview and investigation process, or other sources. During the data collection period, a CANS Assessment was requested for 300 (56%) of the 541 youth in the full

Figure 1. Detail of CANS Assessments



project sample. In response to those 300 requests, a CANS was completed 231 (77%) times. Of the 231 youth with a completed CANS, 217 (93%) also had valid MAYSI-2 data in their file. Further analysis indicates that a CANS was requested for 43 of the 57 youth who had scored above the PA cutoff criteria. Nearly 27% of the 217 youth who had a CANS and MAYSI-2 assessment completed scored above the warning cutoff on any scale on the MAYSI-2. Nearly one-third (30%) of those 217 scored above the warning cutoff on any scale or above the caution cutoff on the suicidal ideation scale of the MAYSI-2.

At the conclusion of the initial intake and investigation, the PO completes the Chester County Diversion Project Data Collection Form. This form includes a section to identify other risk factors. The question asks whether a youth has current or prior involvement in any of the following systems: Children Youth and Families, Special Education, Juvenile

Probation, Substance Abuse, Mental Health, or has a serious physical health problem or intellectual and developmental disability. Almost all (99%) of the 300 youth for whom a CANS was requested had current or prior involvement in one or more of the systems—82% had current or prior involvement in two or more. Over half (54%) of these 300 youth had experiences with the Substance Abuse system, and 51% had current or prior involvement with the Mental Health system.

Full Project Sample: Services.

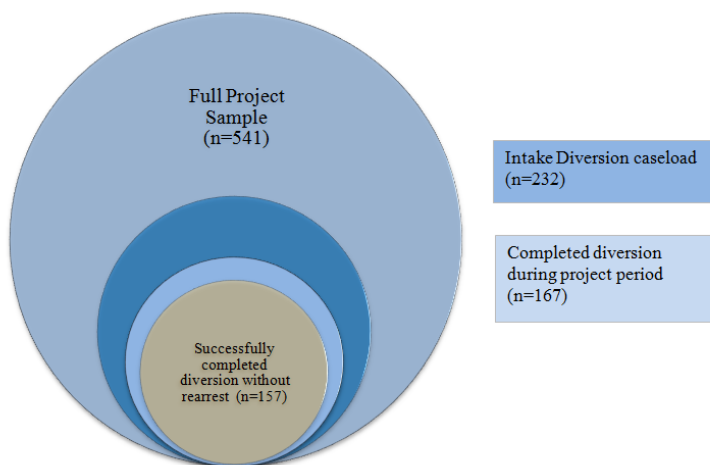
Based on the screening tools, the initial interview and investigation, and mitigating factors, youth were eligible to receive referrals for appropriate services or clinical assessments (e.g., psychiatric, psychological, neurological). More than one-third of the 541 (38%) youth in the total sample received at least one clinical assessment. The most common type of evaluation referred to was Drug and Alcohol (148 conducted). Nearly 40% of youth with MAYSI-2 data (screening completed and valid results) were referred for a clinical assessment, while 32% of youth without MAYSI-2 data were referred for a clinical assessment. Of those youth for whom a CANS was requested, 48% were referred for clinical assessment, while a slightly larger percentage (49%) of youth for whom a CANS was completed received a referral for further assessment. There were no cases reported in which a youth refused an additional assessment, though 11% of cases were missing data for this variable.

Table 1. Youth Referred for Clinical Assessments

| | |
|------------------------------------|-------|
| Youth with MAYSI-2 Data (n=412) | 39.3% |
| Youth without MAYSI-2 Data (n=129) | 31.8% |
| Youth Referred for CANS (n=300) | 47.7% |
| Youth with Completed CANS (n=231) | 49.4% |

Full Project Sample: NCAR-PA. The NCAR-PA was completed for 537 youth out of the total project sample of 541 (99%). This tool consists of nine items with a potential scoring range from 0 - 30. The full project sample has a range from 0 - 19 with a mean total score of 4.6 (SD=3.4). Using the working cut-offs developed from the NCAR pilot data, (see NCAR Pilot Data Report appendix 7) the results indicated that 65% of the full project sample were at a low risk of reoffending, 25% at medium risk and 10% at high risk. Furthermore, the NCAR-PA indicated that white youths (98%) were more likely to have their first delinquent offense at age 12 or above or to have no delinquent activity than African-American youths (89%) ($p=.001$). White youths (94%) were also more likely to have no prior assaults at the time of NCAR-PA completion than African-American youths (80%) ($p=.001$). Lastly, white youths (36%) were more likely to have some level of alcohol or illegal drug use at the time of NCAR-PA completion than African-American youths

Figure 2. Total Intake Referrals (n=541)

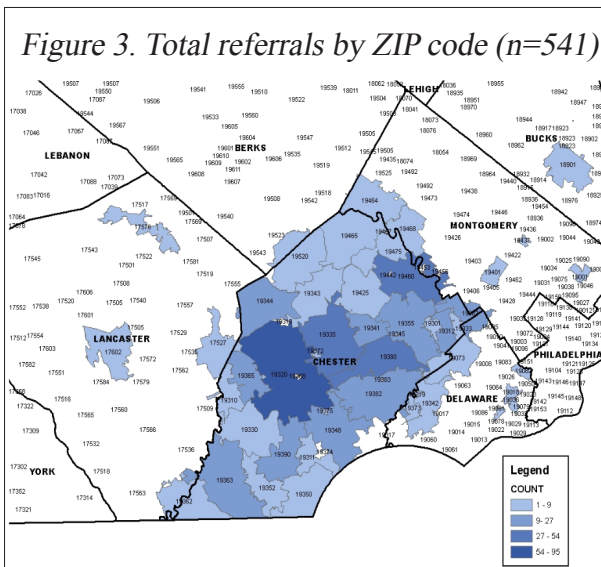


(25%) ($p=.001$). *Note: The NCAR-PA is currently in the process of being validated by using re-arrest data from both the juvenile and adult record searches.*

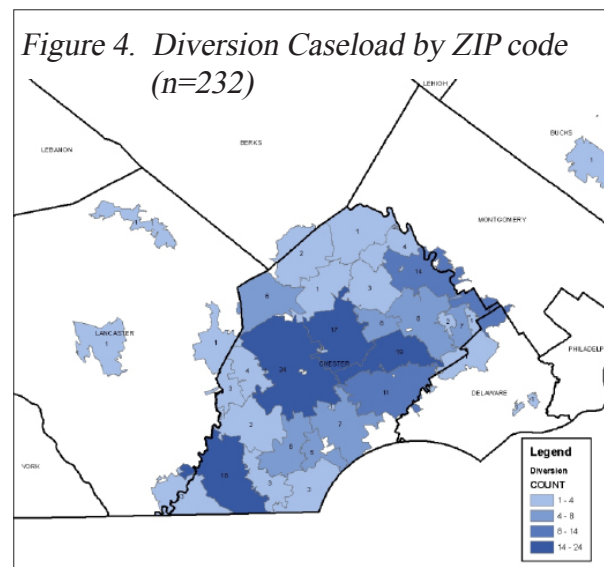
Diversion Caseload

From the full project sample of 541 youth, 232 (43%) received a diversion disposition and were placed on the caseload of a Diversion PO. During the data collection period, the majority of the youth on the Intake Diversion Project caseload were male (80%) and most were white (82%). Nearly 17% of those on the Intake Diversion Project caseload were African American. Approximately 20% of the youth in this subsample self-identified as being of Hispanic ethnicity. The diversion caseload included youth between 10 and 19 years of age, with an average age of 16.1 ($SD=1.8$). The diversion caseload was comprised of youth with fewer prior adjudications as compared to those youth who did not receive diversion. For most (82%) of the 309 youth who were not selected for the diversion caseload, there was at least one valid reason noted. The most commonly cited reason for not being selected for diversion was “Juvenile Probation Officer Rejected,” followed by “District Attorney Rejected”. These rejected cases represented administrative overrides, which accounted for nearly three quarters (71%) of all the youth not selected for diversion.

Diversion Caseload: ZIP Codes. ZIP codes for youth in the entire sample and for those who received a diversion disposition were analyzed separately. The ZIP codes of the youth’s residence were mapped for both populations. The maps below illustrate the results along with a few notable findings.



- A majority of referrals to the Chester County Juvenile Probation came from the ZIP codes of 19320, 19335, and 19380 which are in the central part of the county.
- The ZIP code of 19460 near the border of Montgomery County also provided a large proportion of referrals.
- Several referrals came from neighboring counties.



- Youth placed on the Diversion Caseload were most often from the ZIP Codes of 19320, 19335, 19380, 19460, and 19363.
- Six youth from outside of Chester County were placed on the Intake Diversion caseload
- There were no diversion cases from the ZIP codes of 19374, 19317 or 19358.

Diversion Caseload: MAYSI-2. Most (80%) of the 232 youth cases on the diversion caseload had MAYSI-2 data. Few (12%) of the youth cases on the diversion caseload had MAYSI-2 scores over the PA cutoff criteria as defined earlier in this report. This data supports the notion that other factors besides results of the screening assessment guided the diversion decision.

Diversion Caseload: NCAR-PA.

An NCAR-PA assessment was completed for all of the 232 youth who were placed on the diversion caseload. Using the working cut-offs developed from the NCAR pilot data, the results indicated 81% were low risk for recidivism, 16% were medium risk, and 2% were high risk.

The NCAR-PA variables (total score and risk category) were significantly related to diversion caseload status. Youth on the diversion project caseload had a mean NCAR-PA total score of 3.63 (SD=2.34) while youth not on the diversion caseload had a mean NCAR-PA score of 5.33 (SD=3.82). This is a significant finding ($p=.000$) with a large effect size (Cohen's $d = .54$). This translates into more youth on the diversion project caseload being in the lower NCAR-PA risk category compared to youth not on the project caseload. This particular finding supports information gathered from team discussions with the two Diversion Project Juvenile Probation Officers; that information gleaned from the NCAR-PA was an important factor in the decision to place a youth on the diversion project caseload. Furthermore, these findings indicate that the Intake Diversion Project was aligned with the risk principle, one of the primary principles of the risk need responsivity (RNR) framework. This principle suggests that the highest risk offenders should receive the most intensive interventions to reduce their risk of continued offending. Conversely, low risk cases have a much lower chance of reoffending even in the absence of services; and therefore should be given minimal attention.

Table 2. Risk Level of Youth on Diversion Caseload Using NCAR-PA Working Cutoffs

| Risk Level | No | Yes | Total |
|--------------|-----|-----|-------|
| Low | 166 | 188 | 354 |
| Medium | 94 | 38 | 132 |
| High | 46 | 5 | 51 |
| Missing data | 3 | 1 | 4 |
| | 309 | 232 | 541 |

Diversion Caseload: Referral for Services. A wide variety of resources exist in Chester County and are available to youth who are diverted, as well as those who are formally processed. The services include those provided by the Juvenile Probation Department as well as those available within the community and out of home placement services. It is important to note that youth may receive more than one service. For the 232 youth who received a diversion disposition, 160 (69%) were referred to one or more services. The referrals were primarily to a community service program (94 referrals), individual counseling (72 referrals), and group counseling (34 referrals). Of those 160 youth, only 10 were referred to an evidence based practice from those available, namely Multi-Systemic Therapy (MST), Family Functioning Therapy (FFT), and High Fidelity Wrap Around. Of the 309 youth not on the diversion caseload, 184 (60%) were referred to one or more services.

Examination of the number of service referrals by NCAR-PA risk category for the diversion caseload sample suggests that youth in the higher risk group (medium and high categories combined) received nearly twice as many service referrals as youth in the lower risk group ($p=.004$).

Furthermore, when analyzing both the types and amounts of services received by youth scoring over the PA cutoff on the MAYSI-2 screening, additional patterns emerge which highlighted Chester County's diversion project adherence to principles for effective interventions. Specifically, youth with greater mental health needs received nearly twice as many service referrals than those with lesser needs ($p=.02$), which supports the previously described risk principle. Additionally, these youth were referred to the types of services expected for this population: Multi-systemic Therapy, individual counseling, group counseling, family counseling, and mental health intensive care management. This finding suggests these diversion efforts are aligned with the responsivity principle of the RNR framework. This principle suggests that the selection of interventions should consider offenders' specific characteristics that may affect their response to an intervention (e.g., mental health issues).

Diversion Caseload: Successful Completion. Successful completion of the Intake Diversion Project is defined as a youth completing diversion requirements (e.g., paying all restitution and completing any community service requirements) and having their case closed without an adjudication of delinquency. Nearly 72% of youth placed on the diversion caseload completed their diversion requirements by the end of the data collection period (12/31/11). Of the 167 youth who completed the program, 157 (94%) did so successfully, without delinquency adjudication. Of the 309 youth who did not participate in the diversion program, 28 received a delinquency disposition for a new offense during the same time period.

Diversion Caseload: Supervision and Placement. The length of time spent under supervision was analyzed across several groups of youth for those who received a diversion disposition. For the 167 youth who completed the diversion program during the project period, lengths of supervision ranged from 29 days to 18.9 months, with a mean of 6.2 months ($SD=2.96$ months). The length of supervision was examined for those youth scoring over the warning cutoff on any MAYSI-2 scale and those scoring above the PA cutoff. The length of supervision was not significantly related to either of these two categories of youth. However, when considering those youth for whom a CANS was completed or who had one or more clinical assessments conducted, the lengths of supervision were significantly longer (mean 6.76 months and 7.24 months respectively) than those who did not have a CANS or clinical assessment completed (mean 5.75 months and 5.69 months respectively).

When analyzing supervision lengths across risk levels, the findings suggest additional adherence to the Risk Principle. When combining medium and high risk categories into one higher risk category for the full project sample ($n=541$), the higher risk group (medium and high combined) have significantly more days under supervision than the low risk youth. When narrowing the focus to only those youth on the diversion caseload ($n=232$), the higher risk category (medium and high combined) had more days under supervision than the low risk youth, though not statistically significant. These results illustrate how lower risk youth have received less intensive services, in this case a shorter length of supervision.

Only 4 of the 232 youth on the diversion caseload were placed in detention during the project reporting period, as compared to 20 youth were not selected for the diversion caseload and were placed in detention. The 4 youth served detention lengths ranging from 17 to 28 days with an average of 22.4 days (SD=4.2 days). Five youth on the diversion caseload were placed in one of several out-of-home behavioral placements, such as a Youth Detention Center or Youth Forestry Camp, while two additional youth were placed in a Residential Treatment Facility (RTF). Of those youth not selected for diversion, 20 were placed in an out-of-home behavioral placement and 10 received placement in an RTF.

Conclusion

Summarizing data from May 1, 2010 to December 31, 2011, this report highlights the hard work and commitment of the Chester County Intake Diversion Project Team. Their dedication to the diversion process allowed 157 youth avoid formal processing and the often unintended consequences of adjudication. These youth were also able to take advantage of a myriad of treatment services and programs available to address their needs identified through screening and assessment. As this intake diversion process continues, hundreds of other youth will benefit similarly.

Chester County's experience with data driven decision making while implementing the Intake Diversion Project has prepared them well for the forthcoming Juvenile Justice System Enhancement Strategy (JJSES). The JJSES is a statewide effort in Pennsylvania to use evidence based practices at every stage in the juvenile justice process and collect and analyze data to continuously improve enhancement efforts. Chester County's use of assessment tools to inform diversion decisions and their continued collection of data position them well to improve their own diversion efforts as well as contribute to a larger statewide enhancement strategy.

Chester County PA Juvenile Probation Department

Intake Diversion Program, Policies and Procedures

December 2012

Written in conjunction with Chester County's Intake Diversion Project
supported by the John D. and Catherine T. MacArthur Foundation's
Models for Change Initiative

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Chester County PA Juvenile Probation Department
Intake Diversion Program, Policies and Procedures

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INTRODUCTION

Background, Program Philosophy and Goals

Chester County's Intake Diversion Program is firmly rooted in the Balanced and Restorative Justice principles of the *Pennsylvania's Juvenile Justice System's* mission of public safety, accountability to victims, and competency development for juvenile offenders. The Intake Diversion Program also seeks to promote:

- fundamental fairness for all participants in the juvenile justice system, including youth, families, victims, and communities;
- recognition of the developmental differences between adults and juveniles, as well as individual differences in development, culture, gender, needs, and strengths;
- the understanding that youth have strengths and are capable of growth;
- the rights of individuals and communities to be and feel safe; and
- the understanding that the youth, communities, and the juvenile justice system all have responsibilities to which they must be held accountable.

The Intake Diversion Program employs a Structured Decision Making (SDM) model that:

- 1) identifies critical decision points;
- 2) applies standardized/uniform assessment criteria and methodology: and
- 3) results in decisions falling within pre-determined parameters.

Decisions can move outside of the established parameters, but this requires justification. Mitigating or aggravating circumstances should be clearly documented. The use of Structured Decision Making supports professional judgment – it does not replace it. SDM attempts to promote fairness, consistency, and justice regarding how decisions are made and reduce bias.

Diversion is defined as “*providing opportunities for youth who would otherwise face formal processing in the court system so that they can avoid an adjudication of delinquency or conviction for a summary offense and instead directing them into an alternative program, including treatment when appropriate*”.¹

¹ *Guide to Developing Pre-Adjudication Diversion Policy and Practice in Pennsylvania*. Prepared by the Diversion Subcommittee of the Mental Health/Juvenile Justice State Workgroup of the Models for Change Initiative in Pennsylvania. John D. and Catherine T. MacArthur Foundation. September 2010. p. 7.

Rationale for Diversion:

The Pennsylvania Juvenile Act and Rules of Juvenile Court Procedure provide mechanisms to divert youth away from formal court processing (adjudications of delinquency) within the juvenile justice system. These include informal adjustments (including warn/counsel/close) (42 Pa. C.S. § 6323 and Pa.R.J.C.P. 312) and consent decrees (42 Pa. C.S. § 6340 and Pa.R.J.C.P. 370). Pennsylvania statutes also provide for adjudication alternatives for summary offenses (42 Pa. C.S. § 1520). Thus, both the legislature and the Pennsylvania Supreme Court endorse the fundamental principle that pre-adjudication diversion is appropriate in certain circumstances.

The Chester County Diversion Program is consistent with the principles of Balanced and Restorative Justice, which include holding offenders accountable to victims, providing competency development for offenders, and ensuring community safety.

Youth under consideration for Diversion undergo a thorough background investigation which includes a comprehensive initial interview, a behavioral health screening, and a risk to re-offend assessment. The information collected is used to develop supervision plans that address community safety and reparations to victims and the community, and include competency development activities designed to decrease the likelihood of future recidivism by the youthful offender.

Youth considered for diversion are held accountable to the victims of their alleged misconduct. Full restitution is achieved whenever possible, and victims have an opportunity to provide input into the content of any written agreement or diversion decision, consistent with the provisions of the Pennsylvania Victims Bill of Rights, 18 P.S. §11.201.

Family Involvement and Engagement:

The Juvenile Probation Department recognizes that families play a crucial role in helping a youth successfully fulfill the requirements of his or her court supervision. We also understand that each family is unique, with its own set of strengths and challenges. There is no one specific strategy that will work with all families to engage them more effectively in this process. The following are offered as general recommendations for increasing meaningful family involvement in a youth's supervision and treatment:

- Family members are treated with respect and dignity by juvenile justice system professionals.
- Families are considered to play an essential role in ensuring successful outcomes for each youth.
- Family members have a single point of contact within the local juvenile justice system on whom they can rely to provide open, honest, and up-to-date communication regarding their child.
- Starting at the initial contact, Probation Officers regularly provide relevant information to families:

- Families are kept informed of any developments specific to their child, including arrest, detention, intake, meetings, hearings, disposition, and placement.
 - This information is provided in a variety of means which respect the families' culture, experience, and needs.
 - General information is made available to family members – such as brochures, resources, or other materials – that describes the mission, goals, and expectations of the juvenile justice system.
- Probation Officers actively seek to involve family members, and value and utilize their views, insights, and experiences regarding each youth.
 - Families are included in all planning activities and decisions associated with the supervision, care, and treatment of their child.
 - Efforts are made to assist families in overcoming barriers to active participation.
 - Their input is reflected in the plan, since they have valuable knowledge of their child that is important in decision-making.
 - These plans address the self-identified needs of the family in order to support their child.
- Families are referred to community-based resources, including:
 - natural community supports;
 - behavioral health services;
 - local and state-level family peer advocacy projects;
 - other resources as deemed appropriate.
- When a youth is in out-of-home placement:
 - Regular communication and visitation are encouraged, and efforts are made to assist with transportation needs of family members.
 - Aftercare planning for a youth in placement includes a 'family plan' that is developed in partnership with the family.²
- Professional training courses or other resources available to professional staff include information on family systems, communications skills, and family involvement.

Multi-System Approach:

Chester County is an active participant in the PA Department of Public Welfare's System of Care Initiative. The Juvenile Probation Department has been working together with all of the county's child-serving systems to ensure that families receive the most appropriate plans and services to utilize their strengths and address their needs regardless of their point of entry into these systems. This Diversion Project is building on the foundation of cooperation and collaboration that has been laid in the county for this effort.

The Diversion Team has four subcommittees that continue to work on various aspects of this program. These subcommittees are:

- ***Diversion Processes*** – The purpose of this subcommittee is to develop written policies and protocols for this project, specifically regarding diversion for youth with "special

² *Family Involvement in Pennsylvania's Juvenile Justice System*, Prepared for Models for Change-Pennsylvania, Mental Health Association in Pennsylvania, Pennsylvania Council of Chief Juvenile Probation Officers-Balanced and Restorative Justice Implementation Committee's Family Involvement Workgroup, John D. and Catherine T. MacArthur Foundation, 2009, p. 16.

needs". It has worked with the District Attorney's office and others to implement the grant that was awarded by the MacArthur Foundation, and include as much as possible the terms of the Principles of Pre-Adjudication Diversion in Pennsylvania that were developed by the Diversion Subcommittee of the PA Mental Health and Juvenile Justice Workgroup and endorsed by 11 state associations and state agencies. This team has been instrumental in helping to develop the written protocols, policies, and procedures, as well as this manual, for the program.

- ***Screening and Assessment*** – The purpose of this subcommittee is to finalize the work that JPO has been doing with the National Youth Screening & Assessment Project (NYSAP), the National Center for Juvenile Justice (NCJJ), and the Juvenile Court Judges' Commission (JCJC) on how to flag youth at Intake for further assessment for special needs, and to collect, manage, and report on the data. This team is building on the work the county did during the Models for Change Mental Health & Juvenile Justice grant, when we addressed our number one goal of earlier identification of youths entering the juvenile justice system with special needs and tracking these youths through improved data collection, management, and analysis. NYSAP, NCJJ, and JCJC have helped us add a formal screening and assessment process and a data management system that pulls data from several sources and can provide case-specific and aggregate outcomes.
- ***Training*** – This team has been developing and implementing trainings for JPO staff and others on issues related to youth involved with the juvenile justice system who have special needs. They work together with other systems to provide trainings that include staff and stakeholders from all of the child-serving systems so that they are learning together about topics that can benefit the youths and families with whom they work together.
- ***Outreach*** – This team focuses on helping JPO build stronger relationships with provider agencies and the County's Behavioral Health system, as well as schools and the community. This has helped us develop better understandings of the different types of services and resources available in the community and how they can be used most effectively. Additionally, this group works to help providers and the community better understand the needs and requirements of the juvenile justice system. The team developed protocols for the county's core providers of behavioral health services that have expedited access to these services for JPO-involved youth. The team also works to build relationships with schools, community resources, and natural supports to help these youth become involved with organizations and activities in their schools and communities. The team helps schools and community groups understand the collateral consequences of adjudications of delinquency. They also work to increase JPO-involved families' access to Family Group Decision Making and similar services. Key issues

include: availability of and access to services, involvement of the schools, and increasing use of natural, community-based supports.

PROJECT PROCEDURES

Diversion Process and Recommended Guidelines:

Chester County's Diversion Process begins at intake. Intake unit staff:

- review all incoming allegations to assess offense severity;
- check for prior referrals and other justice system involvement;
- review any additional comments or information provided by the arresting authority that might suggest special needs such as mental health, substance abuse, dependency, special education, developmental, or other issues;

Please note that caution should be exercised when evaluating “special needs” as one of the factors in determining the appropriate case processing track. ‘Special needs’ should only be considered a mitigating factor that can enable a case to be diverted. Current and prior delinquent offense history is the leading factor, along with the risk to re-offend screening, to evaluate when an adjudication of delinquency is considered. Special needs should not be used to justify an adjudication to ensure services are provided, since the consequences of an Adjudication of Delinquency are significant.

- administer scientifically valid and reliable screening and assessment instruments to evaluate risk of re-offending and to identify potential behavioral health issues;
- refer for administration of the Child & Adolescent Needs and Strengths (CANS) global assessment to more specifically determine needs when indicated by screening protocol.

Cases referred to Chester County Juvenile Probation will proceed upon one of the following dispositional tracks (*see Diversion Process Flowchart in Appendix 1*)

- **Primary Diversion Track** – First-time offenders with non-violent misdemeanor charges.

Youth with no priors who are referred for a non-violent offense and whose most serious charge is a misdemeanor will be eligible for consideration for primary diversion (e.g., consent decree, informal adjustment, dismiss with referral to other system), unless it is

determined that aggravating circumstances exist to the degree where an adjudication (Formal Probation or Placement) is the most appropriate dispositional track.

- **Secondary Diversion Track** – First time, and possibly subsequent, offenders referred for primarily misdemeanor-only charges.

Youth whose most serious charge has a felony-level grading will require mitigating circumstances to be considered for diversion.

Mitigating circumstances can allow youth with prior offenses and/or felony charges to be considered for diversion. These circumstances can include, but are not limited to, mental health, substance abuse, or dependency issues, and/or an estimated low risk to reoffend based on results of the NCAR-PA screen or the Youth Level of Service risk to re-offend assessment. Upon completion of the background investigation and the risk of reoffending and behavioral health tools, youth who present as low risks to re-offend and/or have significant mitigating circumstances, such as a clear linkage between their behavioral health issues and their referring offense, can be recommended for diversion.

While each case will be considered on an individual basis, youth referred for felony-level sexual assault charges or charges associated with serious bodily injury will generally not be considered for diversion.

- **Adjudication Track** – Youth with felony-level charges involving sexual assault or serious bodily injury, youth who decide to proceed to a formal adjudication hearing, and youth deemed not appropriate for the Diversion Track (based on the results of the background investigation and assessments) will follow this dispositional track.

Eligibility for Diversion from Adjudication of Delinquency:

Chester County is committed to working with youths who enter the juvenile justice system according to the particular circumstances and needs each youth brings to this system. Principles of justice and fairness, however, dictate that we develop guidelines for implementation of our policies and procedures. For diversion from adjudication of delinquency, we follow the guidelines listed above for the three dispositional tracks – primary diversion, secondary diversion, and adjudication. Along with these guidelines, we consider both aggravating and mitigating circumstances that could have affected the course of events. We do not consider race, ethnicity, gender, socio-economic circumstances, family background, or other conditions over which a youth has no control when considering whether he/she is a suitable candidate for diversion.

Standardized Screening and Assessment

Procedures for Standardized Screening

The Chester County Juvenile Probation Department has established an extensive Intake information-gathering and analysis process for youths when they first become involved with the Juvenile Court System. The department has added scientifically validated screening tools to this process. These tools are used at key decision-making points to assist staff in gaining a better understanding of the scope of each youth's and family's strengths and needs and the level of supervision that each youth requires according to the particular risk that he or she poses to victims and the community. Their use can promote consistency, equity, and fairness within and across individual case processing. These screening and assessment instruments are designed to assist and support professional judgment, not to replace individualized decision-making regarding a particular youth.

All information obtained through the screening and assessment process is subject to the provisions of PA Act 109 of 2008. This Act prohibits the use of information obtained during screening, assessment, and evaluation in any evidentiary proceeding under the PA Juvenile Act or adult criminal proceedings.

Screen for Juvenile Risk of Re-Offending

The North Carolina Risk Assessment—Pennsylvania version (NCAR-PA) is being used to assist Juvenile Probation Officers in determining the particular risk a youth poses to re-offending and to community and victim safety. The instrument was developed collaboratively by North Carolina's Department of Juvenile Justice and Delinquency Prevention (DJJDP), the National Council on Crime and Delinquency (NCCD), and researchers at the University of North Carolina, Chapel Hill (Schwalbe, Fraser, Day, & Cooley, 2006).

The NCAR consists of nine items that culminate into a total risk score that is translated into Low, Medium, or High risk categories. This is a tool with mostly stable items (e.g., age of the youth when first delinquent offense was alleged in a complaint) based on the juvenile record. There are a few dynamic items (e.g., known use of alcohol or illegal drugs during past 12 months). This tool is not a comprehensive assessment; therefore, it is considered a screening tool that can help sort youth into categories.

To tailor the tool for use in the PA JPO setting, very minor changes were made to the language of two of the items. The term '*status offenses*' was added to Item 2. On the NCAR-PA, this item reads '*number of dependent (status offenses) or delinquent referrals to Intake*'. This term was also added to Item 3b to read '*prior dependency adjudication (status offenses only)*'.

Those administering the NCAR tool are instructed to complete each item using the best available information. Information is gathered from case files, interviews with juveniles, interviews with

parents, and from collateral sources, such as school officials and other service providers. Each risk factor includes between two and five response options. Response options are either historical (from records) or they measure past behavior. It takes about five to ten minutes for a probation officer to rate the items and compute the total score. The item scores are later entered into the project database and the scoring is verified.

The NCAR-PA tool was piloted in order to collect data that could be used to develop cutoffs specific to Chester County. This pilot was conducted from June to mid-December 2010. The final sample included 127 youths. Prior to the beginning of the pilot period, the tool was reviewed by NYSAP and a JCJC representative. This review took place at the Chester County Probation Department on May 25, 2010 and included the following:

1. NYSAP went over each item on the tool and the item definitions with staff.
2. An example scenario was distributed and staff scored the NCAR items individually from the information given in the scenario.
3. NYSAP and staff went over the NCAR item answers together for the example scenario and came to consensus on the correct responses and risk level.
4. NYSAP answered any questions surrounding the NCAR and protocol around using the tool.

At the end of the pilot period, the NCAR-PA data were analyzed by NYSAP and *working* cut-offs were recommended. A total score of 10 was suggested for the *working* higher risk cutoff, since it differentiates the top 10% of scorers. A total score of 6 was the suggested *working* cutoff for the medium risk group. This score discriminated the upper 25% of scorers. NYSAP recommended that these cut-offs be re-examined after additional cases have accrued. This cut-off may also be adjusted following validation against actual re-offense data. (See Appendix 7 for the full pilot data report).

Mental Health Screening

The screening instrument selected for use on this project is the Massachusetts Youth Screening Instrument, version 2 (MAYSI-2). The MAYSI-2 is a scientifically valid and reliable brief screening tool for use in the juvenile justice system to identify youth who might have special behavioral health needs. This tool consists of 52 ‘yes/no’ questions concerning whether something has been true for them “*in the past few months*”. The MAYSI-2 is scored on six clinical scales, including suicide ideation, depressed-anxious, angry-irritable, somatic complaints, thought disturbance (for boys only), and alcohol/drug use (see table below). The traumatic experiences scale is included in the MAYSI-2 for research purposes and was not normed as a scale for clinical use.

| | |
|----------------------------|--|
| Alcohol/Drug Use | Pattern of frequent use of alcohol or drugs, with risk for substance abuse |
| Angry-Irritable | Experiences frustration, lasting anger, and moodiness |
| Depressed-Anxious | Experiences a mix of depressed and anxious feelings |
| Somatic Complaints | Experiences bodily aches and pains associated with emotional distress |
| Suicide Ideation | Thoughts and intentions to harm oneself |
| Thought Disturbance | Has unusual beliefs or perceptions suggestive of thought |

The electronic version of the tool, MAYSIWARE, is administered to youths using a laptop computer. It generally takes the youth 5-10 minutes to complete the MAYSI-2 on the computer. The youth sees the questions on the screen and can use headphones to hear them read by the software's narrator. MAYSIWARE allows for administration in English or Spanish, depending on the youth's language needs. The software automatically scores the instrument according to the established scales.

The MAYSI-2 administration process is outlined in detail below.

Initial training on the administration and use of the MAYSI-2 was provided in the spring of 2010 by the National Youth Screening & Assessment Project (NYSAP) in conjunction with the PA Juvenile Court Judges' Commission (JCJC). This training entailed the following:

1. NYSAP reviewed the components of the standardized MAYSI-2 training module including:
 - mental disorders among youths in juvenile justice programs;
 - the reason for mental health screening in juvenile justice programs and how screening works;
 - The MAYSI-2:
 - history and description;
 - meanings of MAYSI-2 scales and scores;
 - administration of the MAYSI-2;
 - using the scores to make decisions;
 - introduction to MAYSIWARE.
2. These staff were also trained on how to introduce the tool to youth in a consistent manner (see Appendix 4).

3. Staff administering the screen using MAYSIWARE software were trained on how to set up the MAYSI-2 component of the program in preparation for screening, how to generate individual reports, and how to use the second screening forms.

Over the lifetime of the grant-funded project, support was provided by NYSAP and JCJC as needed. During the project period, technical support was provided by NYSAP and Chester County Juvenile Probation's information technology staff. NYSAP's recommended quality assurance measures are located in Appendix 2.

Step-by-Step Screening Process

1. When a youth comes to the Juvenile Probation Office for an initial intake interview regarding a written allegation received from a local police department, a county magisterial district justice, or another county or state, typically the youth and parent(s) or guardian(s) meet with the assigned Juvenile Probation Officer (PO). At that time, the PO explains the department's receipt of the charges filed against the youth, the process that this department follows regarding case management, the principles of Balanced and Restorative Justice, the adjudication process, and possible dispositions. Miranda Warnings are administered, and the youth and family are given time to discuss privately whether the youth should provide a statement of admission regarding the incident in question.
2. If the youth decides to provide a statement admitting to the offense, the PO proceeds with the interview process to collect youth and family background information. During this process, the PO introduces the MAYSI-2 behavioral health screen. This introduction describes the purpose of the screen, how the results will be used to help staff understand the youth better, who will or will not see the answers, for what other purposes the results may be used, and that answering is voluntary (See Appendix 4 for script). Staff administering the MAYSI should also check for special needs (difficulty reading and/or hearing, etc.) of youth in completing the procedure. Once the youth and family agree to complete the screen, it is administered while the PO is interviewing the parents separately. The following are the steps to this administration:
 - a. Description of the instrument to the youth and family – use of standard script (See Appendix 4 for script).
 - b. Agreement of youth and family to complete the screen.
 - c. The PO takes the youth out of the interview room to a designated JPO staff member, who is the MAYSI-2 administrator (See Quality Assurance MAYSI-2 Screening Appendix 2), and requests that the youth be set up to take the MAYSI-2:
 - i. Primarily on a laptop computer located in a quiet area of the office;

- ii. Primarily in English, but can be administered in Spanish, if requested.
- d. MAYSI-2 administrator monitors the youth in a semi-private and quiet area while he/she is answering the questions.
- e. MAYSI-2 administrator examines the results of the screen to see if there are any immediate concerns and/or if the scores meet the ***critical case criteria***. Critical cases are identified, or flagged, when youth score over the Caution Cutoff on Suicide Ideation and/or over the Warning Cutoff on any two other scales.

- i. **Immediate concerns**

- 1. **For Suicidal Ideation caution or warning:**

- a. MAYSI-2 administrator informs PO and supervisor of MAYSI-2 results.
 - b. The PO and Supervisor do a second screening by speaking to the youth to clarify their answers and the youth's current feelings.
 - i. If there is still concern about the youth's suicidal ideation, the Supervisor contacts County Crisis Response Team
 - ii. The PO informs parents/guardians of the crisis situation and the notification of the Crisis Response Team
 - iii. The Crisis Response Team arrive at the Juvenile Probation Office, provide an assessment, and respond appropriately (can include involuntary hospitalization if necessary).

- 2. **For any other cautions or warnings (other than Suicidal Ideation):**

- a. If the youth's responses to the second screening questions indicate a crisis situation that needs immediate attention, even though there are no cautions or warnings for Suicidal Ideation, the PO and Supervisor should take the following steps:
 - i. The Supervisor contacts the County's Crisis Response Team.
 - ii. The PO informs parents/guardians of the crisis situation and the notification of the Crisis Response Team.
 - iii. The Crisis Response Team arrive at the Juvenile Probation Office, provide an assessment, and respond appropriately (can include involuntary hospitalization if necessary).

ii. For any other cautions or warnings, but no need for immediate action:

1. The designated MAYSI-2 administrator informs the PO that the MAYSI-2 screen has been completed.

The PO then:

2. excuses him/herself from the parents/guardians and receives the screen results;
3. asks the youth any follow-up questions (second screening) without the parents/guardians present, and records the youth's responses on the printed paper report.
4. Speaks to the youth about any warnings or cautions that did not go away after the second screening,
5. tells the youth that the parents/guardians will be informed about these concerns,
6. escorts the youth back to the interview room where the parents/guardians are waiting,
7. discusses the results with the youth and family:
8. provides mental health and/or drug and alcohol provider information, including evaluation information, to the family, if appropriate or necessary.
9. offers the services of the JPO Behavioral Health Coordinator to assist the parents/guardians in making an appointment for an evaluation, if needed:
 - a. contacts the Behavioral Health Coordinator, if the parents accept, to set up any needed appointments that day:
 - b. If the Behavioral Health Coordinator is not available at the time of the initial interview, the JPO can request that she contact the family to help set up the appointment if the family has not already done so.

iii. If no cautions or warning are indicated:

1. The designated MAYSI-2 administrator checks the MAYSI-2 report, and if there are no cautions or warnings, he/she escorts the youth out to the JPO lobby and instructs him/her to wait there for the PO.
2. The MAYSI-2 administrator places a copy of the MAYSI-2 report in the PO's mailbox.
3. The PO checks this report before he/she escorts the youth back to the interview room.
4. The PO informs the youth and parents/guardian that the screen did not identify any areas of concern.

3. The initial interview is completed.
4. Paper copy of the MAYSI-2 results are placed in the JPO case file or a separate MAYSI-2 Intake file
 - a. This paper copy to be destroyed 30 days after administration by Diversion Project staff
5. Upon completion of the Juvenile Probation Department's Intake initial interview and investigation process, the PO completes the NCAR-PA (North Carolina Assessment of Youth Risk of Reoffending—PA version).
 - a. The Intake data collection form is completed, including the NCAR-PA items
 - b. If no behavioral health issues are identified through the MAYSI-2 (no immediate concerns and/or critical case criteria are not met), the initial interview and investigation process, or other manner, the PO does not request a CANS assessment or further evaluation, and normal case processing occurs as described in the Diversion Protocol document.
 - c. If behavioral health and/or other concerns are identified through the MAYSI-2, the initial interview and investigation process, or other manner, the PO can request a CANS assessment and/or other evaluation, as needed.
 - d. The results of the NCAR-PA risk to reoffend tool will be used to assist the PO in determining the case processing track, as well as the level of supervision most appropriate to the youth's behavior needs. (*See case processing tracks in JPO Diversion Protocol.*)
6. Intake data collection form is submitted to designated Intake support staff for data collection purposes
 - a. If CANS assessment is requested, the support staff forwards the data form to CANS Coordinator.

Case Assignment:

When caseload numbers permit, cases that appear upon initial inspection to be possible “Secondary Track” diversion cases will be targeted for the Diversion Probation Officer caseload.

The criteria for initially assigning cases to these officers will include:

- **Seriousness and location of offense** (home, school, community). An example of this case is an assault (even if a felony) within the home or in a school setting, particularly an alternative school for juveniles with behavioral health issues, can be candidates for initial assignment to the diversion probation officers.
- **History of behavioral health issues within the family** (prior involvement of family members or notification from arresting authorities). Chester County has modified the police allegation form to include a section for arresting officers to comment on their knowledge, if any, of behavioral health issues with the juvenile or within their family. It is important to note that an initial assignment of a case to the diversion unit does not automatically lead to a diversion disposition recommendation. Assignment to the diversion caseload simply means that these cases initially appear as potentially good candidates for diversion. Conversely, being assigned to a regional probation officer does not preclude a juvenile from being recommended for diversion.

The sequence of screening and evaluation to determine an appropriate case processing track is summarized in the below Case Processing Screening Guide:

| Case Processing Screening Guide | | | | | |
|---------------------------------|-----------------------|-------------------------|--|--|---|
| Most Serious Current Offense | Prior Offense History | NCAR-PA Screening Score | Case Processing Options | Behavioral Health Screening & Assessment | |
| | | | | MAYSI-2 Score | CANS |
| Felony | Priors | High | Adjudication | <p>If MAYSI-2 score meets critical case threshold, follow referral protocol for Crisis Services or for CANS.</p> <p>For scores in the Caution or Warning range, identified needs should be addressed as part of the case plan, or need for follow-up response if dismissed & referred to other agency.</p> | Behavioral health needs and services identified by CANS should be addressed in the case plan. |
| | | Moderate | Adjudication | | |
| | | Low | Adjudication, but may consider Consent Decree, if mitigating circumstances exist | | |
| | No Priors | High | Adjudication, but may consider Consent Decree, if mitigating circumstances exist | | |
| | | Moderate | Consent Decree, if mitigating circumstances exist | | |
| | | Low | Consent Decree or Informal Probation, if mitigating circumstances exist | | |
| Misdemeanor | Priors | High | Consent Decree, if mitigating circumstances exist | | |
| | | Moderate | Consent Decree or Informal probation, if mitigating circumstances exist | | |
| | | Low | Consent Decree or Informal Probation, if mitigating circumstances exist | | |
| | No Priors | High | Consent Decree or Informal Probation | | |
| | | Moderate | Informal Probation or dismissed & referred to other agency | | |
| | | Low | Informal Probation or dismissed & referred to other agency | | |

| | | |
|-------------------|---------------------|--------------|
| Primary Diversion | Secondary Diversion | Adjudication |
|-------------------|---------------------|--------------|

Management of Diversion Cases: The steps involved in the management of diversion cases are outlined below:

- Once a case is assigned, an initial interview will be scheduled within 30 days.
- The complete background investigation (initial interview, screenings and assessments, collection of school records, prior district justice involvement investigation, and home visit) will be completed within 60 days of case assignment. (*see Screening and Assessment Protocol for additional details*)
- The Juvenile Probation Officer (PO) will discuss the case with his/her supervisor to determine which of the three dispositional tracks will be followed.
- For youths who are considered candidates for diversion when the background investigation has been completed and who have admitted to the facts of the case, the PO will consult with any victims associated with the pending case, and with approval of their supervisor, submit a request to the District Attorney's office for either informal adjustment or consent decree. As per the Juvenile Act (42 Pa. C.S. § 6323 (b) 3) and

Rules of Juvenile Court Procedure (Pa. R.J.C.P. 312 (A) 3), a juvenile must admit to the facts of the case to be considered for informal adjustment.

- There will be separate Diversion request forms for Primary and Secondary Diversion requests.
 - Primary Track Diversion Requests will not include risk or behavioral health information. The assigned PO will address identified risk and behavioral health needs in the case supervision plans.
 - Secondary Track Diversion Requests will include summary information from all assessments and subsequent evaluations as well as any mitigating circumstances that might exist.
- The Assistant District Attorney (ADA) will respond in writing (can be e-mail) within two weeks of the diversion request submission.
 - For informal probation requests denied by the ADA, the ADA will note whether or not a consent decree would be approved.
 - When a case is initially denied for diversion the ADA and PO will discuss the case within 10 days of the written denial.
 - For cases submitted for informal probation consideration, this discussion will have one of the following outcomes:
 - Agreement is reached on processing the case informally or formally.
 - No agreement is reached. The Juvenile Probation Department will decide to move forward with diversion. The ADA will decide if a motion will be filed requesting review by the court of the department's decision. If a motion is filed the court shall conduct a hearing.
 - For cases submitted for a Consent Decree approval, if no agreement can be reached, the cases will proceed along the Adjudication track.
 - Once a decision for diversion has been reached:
 - For informal probation cases, the PO will meet with the juvenile and his/her family to plan, develop, and sign an informal probation contract and case supervision plan.

- The agreed-upon conditions included in this contract will address Balanced and Restorative Justice goals, as well as behavioral health treatment goals, if appropriate.
 - As per the PA Juvenile Act, informal probation can not exceed 6 months unless extended by the court (maximum 3 additional months). The signing date of the informal contract will be the effective date of the initial 6 month period of supervision.
- For Consent Decrees, a hearing will be scheduled.
 - Prior to the hearing, a planning meeting between the family/guardians, juvenile, and the PO will be held to review the consent decree terms and develop a supervision plan.
 - If the Consent Decree is granted, after the hearing the PO meets with the youth and family to review the terms and conditions and to sign the supervision contract.
- If the juvenile successfully completes the terms of supervision:
 - Informal probation – the case shall be dismissed and prosecution barred.
 - Consent Decree – the case will be closed and the family will be provided with an expungement packet
- If the juvenile does not successfully complete the terms of supervision:
 - Informal probation – a petition shall be filed and a hearing scheduled.
 - Consent Decree – a hearing will be scheduled to occur before the Consent Decree is due to expire. If the Consent Decree has already expired, the case must be closed.
- The Juvenile Probation Department will utilize an array of graduated responses to address violations before determining that the informal probation or consent decree has not been successful and before scheduling a court hearing. (see Continuum of Interventions, Sanctions, and Rewards Appendix 3)

Expungement process

JPO developed a standard case closing letter that includes information about expungement and whom to contact to begin this process. An ‘expungement packet’, including instructions on how to apply, has been developed.

OUTCOME MEASUREMENT

The list of outcomes to be used for this program was developed by Chester County Juvenile Probation in consultation with the National Youth Screening and Assessment Project and Council of Juvenile Correctional Administrators. (See Chester Diversion Project Database Outcomes List in Appendix 10) A Microsoft Access database was developed to facilitate the management and reporting of these outcome data. The goal of this work was to allow for the synthesis of information from several disparate sources for users to ‘tell the story’ of the project and to expand the knowledge base about the nature and prevalence of mental health and co-occurring substance use disorders among youths in contact with the juvenile justice system. This database ties into the Comprehensive Systems Change Initiative (CSCI) model in that the flow of information begins with identification through standardized and validated screening, through diversion, when possible, and/or linkages to appropriate services. It is also in line with the PA Council of Chief Juvenile Probation Officers and Juvenile Court Judges’ Commission initiatives focused on outcome-based management and data-driven decision-making. The information and data collected through the Diversion Program are entirely consistent with Pennsylvania’s Juvenile Justice System Enhancement Strategy and the emphasis upon the adoption of evidence-based policies and practices.

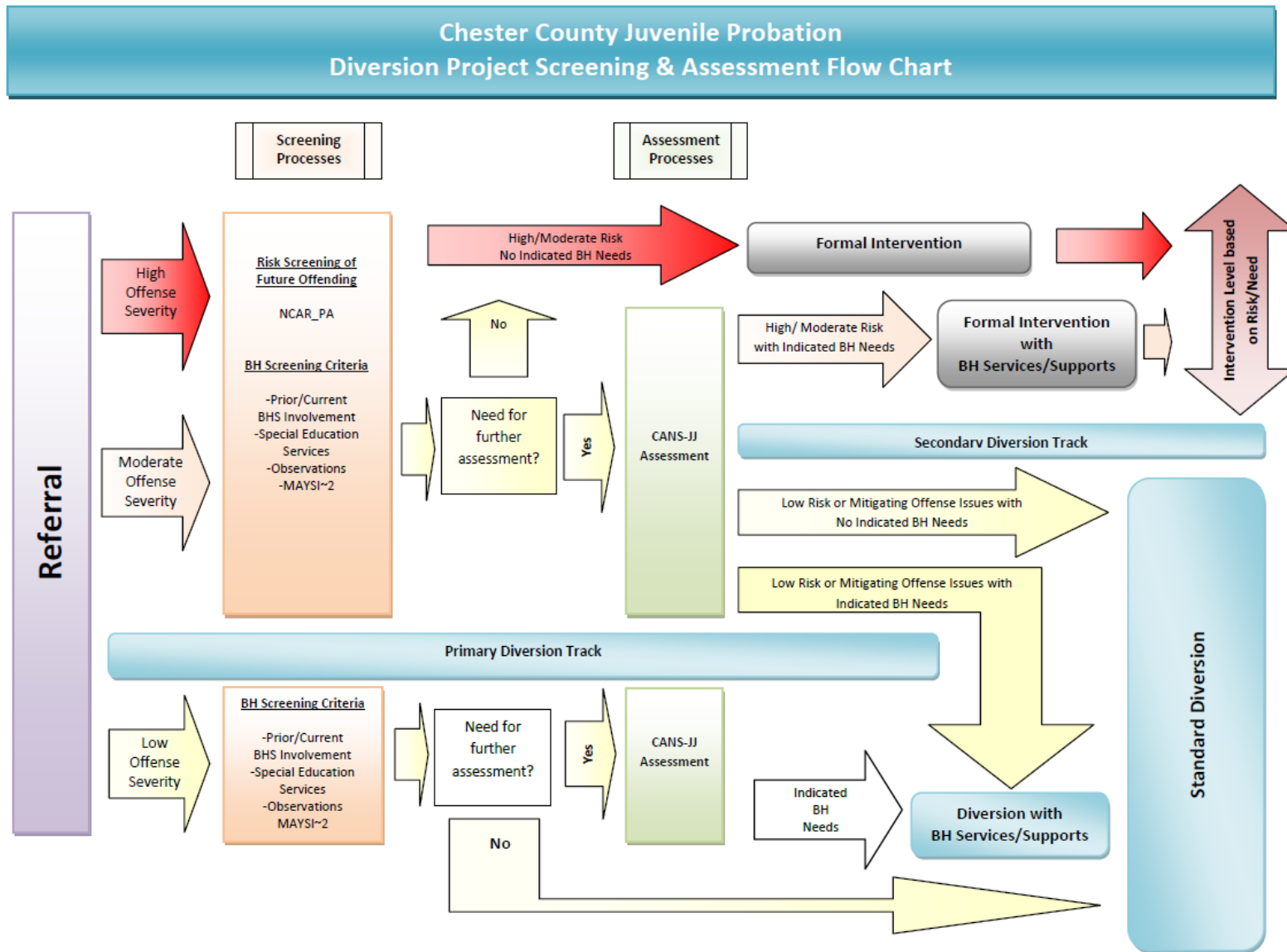
The database draws from three data sources—the project’s intake data collection form (see Intake Data Collection Form Appendix 9), MAYSIWARE, and the County’s CourtView data management system. The design of the program reflects the flow of the data collection process. Data recorded on the data collection form are generally entered first, followed by the importing of MAYSI-2 data from MAYSIWARE and information from CourtView. Pulling data in from the last two sources minimizes time spent on hard copy file management and data entry.

Several canned reports are available in the project database. Additional reports can be generated within the database at any time. The canned reports include:

- MAYSI-2 summary
- Bar chart of percent over caution cutoffs on the MAYSI-2 by gender
- Bar chart of percent over caution cutoffs on the MAYSI-2 by gender for national intake probation sample
- NCAR-PA total score frequency distribution (overall)
- NCAR-PA total score frequency distribution by gender and by race
- Bar chart of NCAR-PA total score distribution (percent of cases with each total score)
- Outcomes summary

The Chester County Juvenile Probation Office's Diversion Project Data Manager oversees the maintenance of the project database. Core maintenance tasks are overseen by the Diversion Project Coordinator and include data entry and regular importing of data from MAYSIWARE and CourtView. The Data Manager and Behavioral Health Coordinator enter information from intake data collection forms as they are completed. The database is backed up by the Data Manager on a weekly basis. Data are exported from MAYSIWARE on a weekly basis. These files are saved on the shared drive located at S:\MAYSI DATA\ and the extract is always named MAYSIExp.csv. Back-up copies of the MAYSIWARE exports are also saved on a secure flash drive that is maintained by the Data Manager. The CourtView extract is generated every two weeks from within the system by running the 'MAYSI Export' report under 'Ad Hoc' reports in CourtView. The extract is then saved at S:\MAYSI DATA\ and is always named CVExtract.xls. (See Appendix 11 for the Project Database Structure and Appendix 12 for a CourtView-Project Database Crosswalk between the CourtView extract and the database fields). At 60 and 90 days, the Behavioral Health Coordinator reviews the records and updates the services section of the database for a given youth.

APPENDIX 1: Diversion Process Flowchart



APPENDIX 2: MAYSI-2 Quality Assurance Methods

Quality Assurance—MAYSI-2 Screening

Effective implementation of valid and reliable screening instruments requires not only consistently applied initial training, but also ongoing monitoring and follow-up training for quality assurance. Over time, procedures and practices used to perform screening could ‘drift’ due to time constraints, staff turnover, and lack of sufficient oversight of the process.

Administration of the tool:

4. Staff who administer the MAYSI-2 should have completed training in administering the tool, either original training by NYSAP and/or re-training by staff who have been trained using NYSAP materials (PowerPoint module).
5. These staff should also be trained on how to introduce the tool to youth in a consistent manner.
6. When MAYSIWARE software is used, administrators should also be trained in how to set up the MAYSI-2 component of the program in preparation for screening and how to generate individual reports. Booster training should be provided periodically, preferably on an annual basis.

Meeting the screening objectives in the site’s implementation protocol

1. Check periodically to make sure that the site is screening the target group of youth stated in their protocol’s objectives (e.g., the MAYSI-2 will be administered to *all* adjudicated youth who either have not been administered the MAYSI or whose MAYSI results are greater than 30 days old). This can be done by using MAYSI data to determine the number of youth who were actually screened during the period of interest (numerator) and dividing this value by the total number of youth who were eligible for screening during that period (denominator). Sites should be able to obtain information on the latter from their case tracking system. The vast majority of eligible youth should have been screened if there is good fidelity to the site’s screening protocol.
2. Periodically check a sample of youth to see whether they are receiving the mental health screen on the same date that they are admitted to the facility. This can be done by checking ADMISSIONDATE and ADMINDATE in MAYSIWARE.
3. Periodically check to see that the youth who met the site’s cutoff criteria actually received the appropriate “responses” by staff according to the facility’s policies.

APPENDIX 3: Continuum of Interventions, Sanctions and Rewards

Chester County Juvenile Probation Department--June 22, 2010

Chester County JPO believes in applying a range of timely and graduated interventions that are appropriate for the level of violation(s) as well as past response to/effectiveness of previous interventions as a means to address technical violations of probation prior to formal court action.

| Level of Involvement | | | |
|--|---|--|--|
| | Informal/Diversion | Formal Probation | Pre-placement/Aftercare |
| <u>Low Technical Violation</u> Missed check in calls Minor school issues Missing counseling appointments Not following household rules Curfew violation No show for CSP | <ul style="list-style-type: none"> ▪ Have youth explain why behavior was wrong ▪ Have youth recommend appropriate consequence ▪ Inform parent of behavior and consequence ▪ Increase check in calls-no voice mail messages ▪ Increase office visits & tell youth to bring calendar to review week's activities ▪ Establish earlier curfew ▪ Restrict privileges that might be contributing to poor behavior (in cooperation with parents, e.g. use of computer, car etc.) ▪ Assign essay or poster on specific topic (related to poor behavior) ▪ Tutoring ▪ Apology letter ▪ Community Service – additional hours or programs | <ul style="list-style-type: none"> ▪ Have youth explain why behavior was wrong ▪ Have youth recommend appropriate consequence ▪ Inform parent of behavior and consequence ▪ Increase check in calls-no voice mail messages ▪ Increase office visits & tell youth to bring calendar to review week's activities ▪ Establish earlier curfew ▪ Restrict privileges that might be contributing to poor behavior (in cooperation with parents, e.g. use of computer, car etc.) ▪ Assign essay or poster on specific topic (related to poor behavior) ▪ Tutoring ▪ Apology letter ▪ Community service- additional hours or programs | <ul style="list-style-type: none"> ▪ Have youth explain why behavior was wrong ▪ Have youth recommend appropriate consequence ▪ Inform parent of behavior and consequence ▪ Increase check in calls-no voice mail messages ▪ Increase office visits & tell youth to bring calendar to review week's activities ▪ Establish earlier curfew ▪ Restrict privileges that might be contributing to poor behavior (in cooperation with parents, e.g. use of computer, car etc.) ▪ Assign essay or poster on specific topic (related to poor behavior) ▪ Tutoring ▪ Apology letters |

* Needs Court Order

| Level of Involvement | | | |
|---|--|--|--|
| | Informal/Diversion | Formal Probation | Pre-placement/Aftercare |
| <u>Medium Technical Violation</u> Missing office visits Positive urine test- (THC) Runaway (less than 24 hours) Leaving jurisdiction without permission Truancy Multiple school disciplinary issues Multiple missed CSP projects Failure to pay restitution/fines/ costs | <ul style="list-style-type: none"> ▪ AA/NA meetings ▪ Family therapy ▪ Home service as a consequence (clean bathrooms, windows, mow lawn, rake leaves, etc.) Letter of completion-signed by parent. ▪ Community Service Program ▪ Community service- additional hours or programs ▪ Community Service work crew ▪ Counseling ▪ Life Skills ▪ Job Skills ▪ Girls' Circle ▪ Workforce Investment Programs ▪ Fines ▪ Wage attachment ▪ Urine testing ▪ Increased Urine testing ▪ Drug Court observation ▪ Drug and Alcohol Counseling ▪ Adolescent Substance Abuse Program (ASAP) ▪ License suspension | <ul style="list-style-type: none"> ▪ AA/NA meetings ▪ Family therapy ▪ Home service as a consequence (clean bathrooms, windows, mow lawn, rake leaves, etc.) Letter of completion-signed by parent. ▪ Community Service Program ▪ Community service- additional hours or programs ▪ Community Service work crew ▪ Counseling ▪ Life Skills ▪ Job Skills ▪ Girls' Circle ▪ Workforce Investment Programs ▪ Fines ▪ Wage attachment ▪ Civil Judgment (min 18 years old for non adjudicated youth who do not owe outstanding restitution, min 21 years old for youth who have been adjudicated and owe restitution) ▪ Urine testing ▪ Increased Urine testing ▪ Drug Court observation ▪ Drug and Alcohol Counseling ▪ Adolescent Substance Abuse Program (ASAP) ▪ License suspension | <ul style="list-style-type: none"> ▪ AA/NA meetings ▪ Family therapy ▪ Home service as a consequence (clean bathrooms, windows, mow lawn, rake leaves, etc.) Letter of completion-signed by parent. ▪ Community Service Program ▪ Community service- additional hours or programs ▪ Community Service work crew ▪ Counseling ▪ Life Skills ▪ Job Skills ▪ Girls' Circle ▪ Workforce Investment Programs ▪ Fines ▪ Wage attachment ▪ Civil Judgment (min 18 years old for non adjudicated youth who do not owe outstanding restitution, min 21 years old for youth who have been adjudicated and owe restitution) ▪ Urine testing ▪ Increased Urine testing ▪ Drug Court observation ▪ Drug and Alcohol Counseling ▪ Adolescent Substance Abuse Program (ASAP) ▪ License suspension |

* Needs Court Order

| Level of Involvement | | | |
|--|--|--|--|
| | Informal/Diversion | Formal Probation | Pre-placement/Aftercare |
| <u>High Technical Violation</u> Failure to comply with recommended treatment Positive Urine test-Narcotics VOP EHM/GPS Runaway (more than 24 hours) Assault on family member | <ul style="list-style-type: none"> ▪ Increase level of supervision ▪ Intensive Community Service ▪ MST ▪ Respite ▪ Supervisor Review Level I ▪ Extended Supervision ▪ Family Group Decisions Making ▪ Mental Health PO case management ▪ Family Based Counseling ▪ Intensive Case Management ▪ Intensive Out Patient (IOP) ▪ System of Care referral ▪ Community Based Purchased Services* ▪ Day Treatment (May be placed through JPO or school district) ▪ Supervisory Review Level II ▪ Tressler Weekend Alternative Program (WAP)* ▪ Wilderness Camp* ▪ Residential D&A ▪ Residential MH | <ul style="list-style-type: none"> ▪ Increase level of supervision ▪ Intensive Community Service ▪ MST ▪ Respite ▪ Supervisor Review Level I ▪ Extended Supervision ▪ Family Group Decisions Making ▪ In House Detention Program ▪ Electronic Home Monitor* ▪ GPS ▪ Mental Health PO case management ▪ Family Based Counseling ▪ Intensive Case Management ▪ Intensive Out Patient (IOP) ▪ System of Care referral ▪ Community Based Purchased Services* ▪ Day Treatment (May be placed through JPO or school district) ▪ Supervisory Review Level II ▪ Tressler Weekend Alternative Program (WAP)* ▪ Wilderness Camp* ▪ Day/Evening Reporting Center ▪ Detention*+ ▪ Residential D&A ▪ Residential MH ▪ Residential Delinquency* ▪ Private Secure Placement* ▪ State Secure* | <ul style="list-style-type: none"> ▪ Increase level of supervision ▪ Intensive Community Service ▪ MST ▪ Respite ▪ Supervisor Review Level I ▪ Extended Supervision ▪ Family Group Decisions Making ▪ In House Detention Program ▪ Electronic Home Monitor* ▪ GPS ▪ Mental Health PO case management ▪ Family Based Counseling ▪ Intensive Case Management ▪ Intensive Out Patient (IOP) ▪ System of Care referral ▪ Community Based Purchased Services* ▪ Day Treatment (May be placed through JPO or school district) ▪ Supervisory Review Level II ▪ Tressler Weekend Alternative Program (WAP)* ▪ Wilderness Camp* ▪ Day/Evening Reporting Center ▪ Detention*+ ▪ Residential D&A ▪ Residential MH ▪ Residential Delinquency* ▪ Private Secure Placement* ▪ State Secure* |

* Needs Court Order

Rewards

- ☐ Verbal praise/acknowledgement
- ☐ Call to parent
- ☐ Certificate
- ☐ Reference letter
- ☐ Personalized letter or card from Judge or Master
- ☐ Increase curfew
- ☐ Dismissal of nonpayment fines (with Supervisor approval)
- ☐ Excuse from office visit
- ☐ Early release from probation
- ☐ Participation in special event or program

APPENDIX 4: Script for Introducing the MAYSI-2

Suggested Script to Discuss MAYSI-2 with Youth:

“I am going to ask you to sit down at this computer to answer some questions about things that sometimes happen to people. It should only take you about 10 minutes to complete the questions on the computer. You will see the questions on the screen and you will hear them read to you. For each question, please answer yes or no whether that question has been true for you **in the past few months**. (*Consider picking a holiday or date approximately two months prior so they have a reference point.*) Please answer these questions as well as you can. You might also see that a couple of the questions will ask if something has **EVER** happened to you. If your answers tell me that you might need some special help right away, I might have to share that with your parents or a mental health person. Please let me know if there is any question that is not clear, and I will explain it. Do you understand? Do you have any questions? Let’s begin.”

Additional information if the youth asks:

I might also have to do that if you tell me you are going to hurt yourself or someone else. Your answers cannot be used in court when it decides about your charges, and won’t ever be seen by the court unless the court gives me a special order.

APPENDIX 5: Chester County Juvenile Probation MAYSIWARE Data Summary

The MAYSI-2 was piloted from June 25th to September 28th, 2010. Data collected during this period were analyzed by NYSAP and a summary report was generated for the pilot sample. This sample consisted of scores from 74 youth. (See Appendix 5 for MAYSI-2 summary report). About 15% of this sample met the critical case criteria. It is important to note that this value does not factor in information gained from second screens. In other words, the denominator in this proportion includes youth who may not have met the criteria after second screening ('false positives').

Time it took for youth to take the MAYSI-2

Total sample (across single file) → Mean=4.2 minutes, standard deviation=1.5, range=2.4 to 11.2 minutes

Age

Mean = 15.6 years

Standard Deviation = 1.7

Range = 10–18 years

Table 1: Gender

| | Frequency | Percent |
|--------|-----------|---------|
| Male | 54 | 73.0 |
| Female | 20 | 27.0 |
| Total | 74 | 100.0 |

Table 2: Race

| | Frequency | Percent |
|------------------|-----------|---------|
| African American | 21 | 28.4 |
| White | 49 | 66.2 |
| Asian | 1 | 1.4 |
| Middle Easter | 1 | 1.4 |
| Other | 2 | 2.7 |
| Total | 74 | 100 |

Table 3: Percent of cases with any Caution or Warning—total sample

| | |
|-------------|---|
| Any Caution | 54.1% of cases scored in the caution range ("clinically significant range") of at least one MAYSI-2 scale |
| Any Warning | 25.7% of cases scored in the warning range (top 10% of youth taking the MAYSI-2) of at least one MAYSI-2 scale |

Table 4: Means, standard deviations, and percents for Caution & Warning for all scales-total sample

| MAYSIWARE Scale | Mean | SD | % Caution | % Warning | Explanation of Results |
|------------------------------|------|-----|-----------|-----------|--|
| Alcohol/Drug Use (n=74) | 1.28 | 1.6 | 5.4 | 2.7 | 5.4% of cases scored in the caution range; 2.7% scored in the warning range of the alcohol/drug use scale |
| Angry-Irritable (n=74) | 2.88 | 3.1 | 29.7 | 12.2 | 29.7% of cases scored in the caution range; 12.2% scored in the warning range of the angry-irritable scale |
| Depressed-Anxious (n=74) | 1.57 | 2.1 | 27.0 | 8.1 | 27% of cases scored in the caution range; 8.1% scored in the warning range of the depressed-anxious scale |
| Somatic Complaints (n=74) | 2.42 | 1.8 | 40.5 | 8.1 | 40.5% of cases scored in the caution range; 8.1% scored in the warning range of the somatic complaints scale |
| Suicide Ideation (n= 74) | 0.45 | 1.1 | 12.2 | 4.1 | 12.2% of cases scored in the caution range; 4.1% scored in the warning range of the suicidal ideations scale |

| | | | | | |
|--|------|-----|-------|-------|--|
| Thought Disturbance (n=54→males only) | 0.39 | 1.0 | 16.7 | 11.1 | 16.7% of cases scored in the caution range; 11.1% scored in the warning range of the thought disturbance scale |
| Traumatic Experiences (n=74) | 1.18 | 1.3 | ----- | ----- | |

Table 5: Percent of cases with any Cautions or Warnings by gender

| | Males (n= 54) | Females (n= 20) |
|--------------|---|---|
| Any Caution* | 48.1% of males scored in the caution range of at least one MAYSI-2 scale | 70% of females scored in the caution range of at least one MAYSI-2 scale |
| Any Warning | 20.4% of males scored in the warning range of at least one MAYSI-2 scale | 40% of females scored in the warning range of at least one MAYSI-2 scale |

* There were no statistically significant differences between boys and girls on the % in Caution range on one or more scales.

Table 6: Percent of Youth Scoring in Caution and Warning ranges by gender

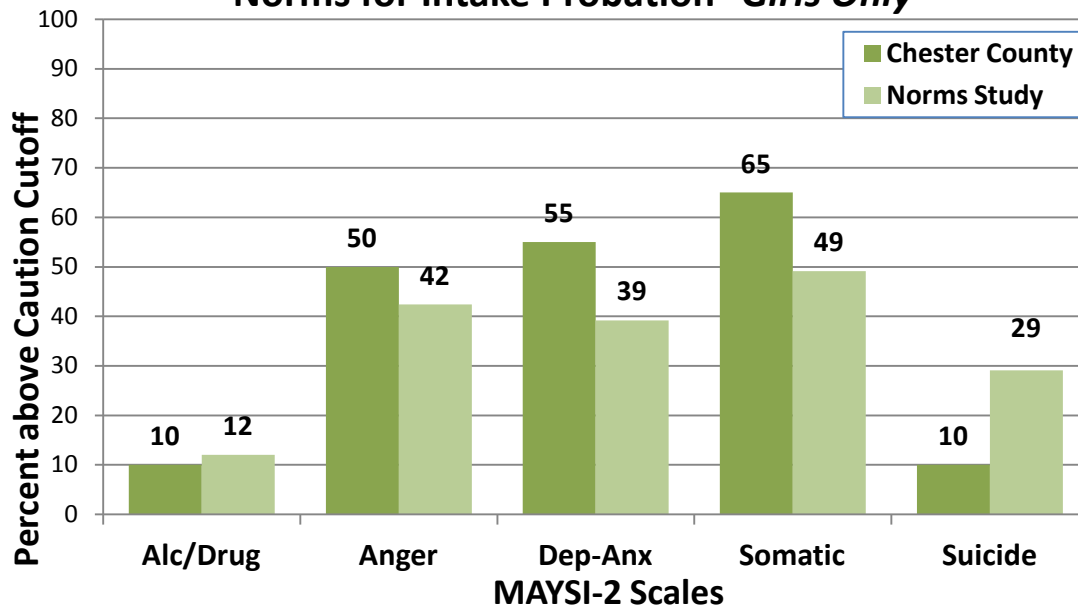
| | % Caution | | | % Warning | |
|---------------------|-------------------------|---------------------------|---------------------|-------------------------|---------------------------|
| | Males (n=54) | Females (n=20) | | Males (n=54) | Females (n=20) |
| Alcohol/Drug Use | 3.7 | 10.0 | Alcohol/Drug Use | 1.9 | 5.0 |
| Angry-Irritable | 22.2* | 50.0* | Angry-Irritable | 11.1 | 15.0 |
| Depressed-Anxious | 16.7* | 55.0* | Depressed-Anxious | 7.4 | 10.0 |
| Somatic Complaints | 31.5* | 65.0* | Somatic Complaints | 5.6 | 15.0 |
| Suicide Ideation | 13.0 | 10.0 | Suicide Ideation | 3.7 | 5.0 |
| Thought Disturbance | 16.7 | ----- | Thought Disturbance | 11.1 | ----- |

* The differences between boys and girls on these scales are statistically significant (p values are less than or equal to .05)

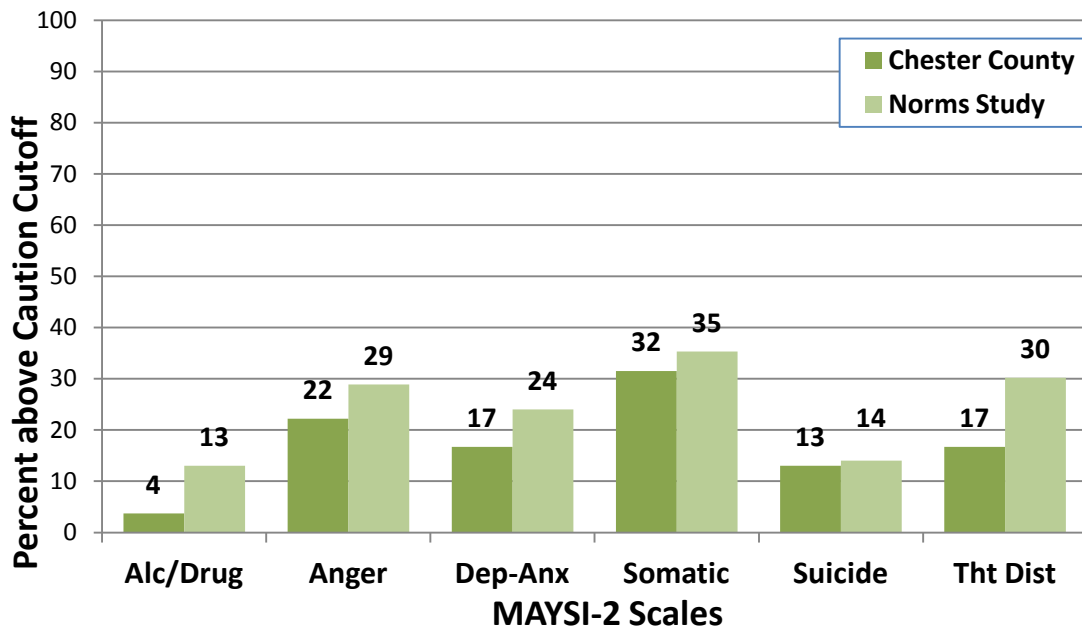
Table 7: Percent ‘screened in’ by gender using current criteria

| Formula | Males (n=54) | Females (n=20) | Total (n=74) |
|--|-------------------------|---------------------------|-------------------------|
| Over the Caution cutoff on Suicide Ideation OR over the Warning cutoff on any two scales (PA criteria) | 14.8% | 15% | 14.9% |

Comparison of Chester County, PA Data to National Norms for Intake Probation--*Girls Only*



Comparison of Chester County, PA Data to National Norms for Intake Probation--*Boys Only*



APPENDIX 6: Supervisory Review Protocol

SUPERVISORY REVIEW PROTOCOL

PURPOSE

The Supervisory Review is one response on a continuum available to the Probation Officer for a juvenile's non-compliance with the terms of supervision. Probation Officers should be familiar with the entire continuum and utilize those responses that will best impact the problem behavior based on the severity of the violation and the juvenile's developmental level. The Supervisory Review should not be used as a first response to non-compliance. This response should be utilized only after other interventions have proven unsuccessful at modifying the juvenile's behavior and a Court Review is being considered.

SCOPE

The Supervisory Review is limited to juveniles who pose minimal community protection or safety issues. Following the failure of other interventions to alter the juvenile's behavior, the Probation Officer should consult with the Casework Supervisor and determine if a Supervisory Review is the appropriate course of action or if the case should be scheduled for a Court Hearing.

Example: The Supervisory Review may be used as a tool for a juvenile who has been repeatedly warned by his parents and Probation Officer to stop using drugs, but has disregarded these warnings, has a pattern of missing counseling sessions, and has positive urine screenings. Interventions such as, but not limited to, additional office visits, more frequent urine screenings, attendance at educational programs, added counseling sessions, attendance at Drug Court, and additional community service hours have failed to stem the juvenile's behavior. A Supervisory Review can be scheduled to review progress to date, set definite goals and time lines and to give ultimatums regarding consequences for continued drug use.

PROCEDURE

The Juvenile Court Master (if available) will be the Hearing Officer for Informal Probation Supervisory Reviews.

A JPO Supervisor or Deputy Chief will be the Hearing Officer for Consent Decree Supervisory Reviews.

Rationale for above: Juveniles on informal probation have not been to court. Having the Hearing Master review their cases is the most direct manner of providing the "court experience." For Consent Decree cases, having the review in front of the same Hearing Master who placed the juvenile on the Consent Decree has the potential to undermine the Hearing Master's authority.

The review will be conducted in a manner that closely approximates the *Court experience*. Written notification of the Supervisory Review will be mailed to parents and the juvenile. The family will be directed to come to the office one hour prior to the scheduled review. Reports will be submitted to the hearing officer twenty four hours prior to the hearing. The following will all be discussed with the family prior to entering the hearing room:

- existing supervision plan
- case history
- written reports
- evidence
- allegations of violation
- the proposed amended supervision plan or other possible outcomes of the review.

In accordance with the pre-adjudication drug testing policy, urine testing will occur prior to the review when appropriate.

The family will be brought to the hearing room and seated at the defense table. The probation officer will sit at the prosecution table and introduce the juvenile and the family to the hearing officer. The probation officer will then present:

- the reason for the hearing,
- the existing supervision plan,
- the allegations of violation of the current supervision plan, and
- any evidence in support of the allegations of violation.

The juvenile and family will be given the opportunity to comment, assert a defense, and present evidence to explain the behavior or challenge the violation.

The hearing officer will then determine the amount of rebuttal testimony he wishes to hear from the parties.

OUTCOME

The Hearing Officer will comment on the testimony presented:

1. Has the juvenile violated the supervision terms?
2. He might comment on the actions of the juvenile, family, or probation officer.
3. He might offer an opinion as to whether the violations would justify formal court action.

The hearing officer will request the recommendation from the Probation Officer, which will include a review of the amended supervision plan. The amended supervision plan will be specific as to what actions will be taken to address the behavior giving rise to the violation. The amended plan will also be definite as to the timeline and the consequence for the juvenile's failure to successfully complete those actions by the times specified in the plan. The Hearing Officer may recommend additional modifications to the supervision plan.

It will be reiterated to the juvenile and family that the review is intended to be a last resort prior to scheduling the case for Court review. Following the Supervisory Review, the Probation Officer will make any modifications to the amended supervision plan that resulted from the hearing, and review the new supervision plan with the juvenile and the family. Prior to leaving the probation office, each party will receive a time-stamped copy of the new supervision plan.

APPENDIX 7: Report on Pilot Data for the North Carolina Assessment of Risk, PA version (NCAR-PA)

Report on Pilot Data for the North Carolina Assessment of Risk, PA version (NCAR-PA) Chester County Juvenile Court Intake Diversion Project Chester County, PA

**Prepared by the National Youth Screening & Assessment Project
January 7, 2011**

The purpose of this brief report is to provide results of the NCAR pilot in Chester County, PA to a) assess the feasibility (i.e., how many items on this tool could be completed based on the information availability) of using this tool for diversion decisions and b) generate norms on the NCAR for the Chester County Juvenile Probation population that will enable the selection of working cut-offs for Moderate and High risk on this tool.

DATA COLLECTION PROCEDURES

The NCAR was completed for a sample of 167 youth cases from Chester County, PA (data return received 12/15/10). For the purposes of these analyses, 40 youth cases were eliminated due to the NCAR having been completed prior to the project database start date of June 25, 2010. This exclusion left 127 youth cases for these analyses. The NCAR was completed by probation staff based on all available information for the youth, including information from the youth and a parent. There was no missing information for any of the NCAR items.

The racial composition was 68.3% White, 29.4% Black, and 2.4% other. The age range for the sample was 11-18 years, with a mean age of 15.75 years. The sample was 71.7% male.

DESCRIPTION OF THE NCAR

The NCAR is a brief tool designed to evaluate risk for recidivism among juvenile offenders post-adjudication. It consists of nine items that culminate into a total risk score that is translated into Low, Medium, or High risk categories. This is a tool with mostly stable items based on the juvenile record and there are few dynamic items. This tool is not a comprehensive assessment; therefore, we would consider it to be a screening tool that can help sort youth into categories. As with any screening tool, we expect a relatively high false positive rate but a low false negative rate. In other words, among youth identified as high risk, a fair percentage will still be unlikely to commit an offense in the future. Conversely, the tool will be considerably more accurate at identifying Low risk youth, who are unlikely to commit a serious offense in the future. Court counselors are instructed to “complete each assessment item using the best available information”. Information is gathered from case files, interviews with juveniles, interviews with parents, and from collateral sources such as school officials and other service providers.

The instrument was developed collaboratively by North Carolina’s Department of Juvenile Justice and Delinquency Prevention (DJJDP) and researchers at the University of North Carolina, Chapel Hill (Schwalbe, Fraser, Day, & Cooley, 2006). NYSAP modified the language in a few items to be consistent with legal terms used outside of North Carolina, without changing the content of the items.

Research has indicated that the NCAR has fairly good inter-rater reliability based on one estimate (Schwalbe, Fraser, Day, & Arnold, 2004), and it seems to predict who will re-offend equally well across gender and race/ethnicity groups (Schwalbe et al., 2006). The only exception was White females. It should be noted that this tool has been studied with youth who have already been adjudicated and are on probation.

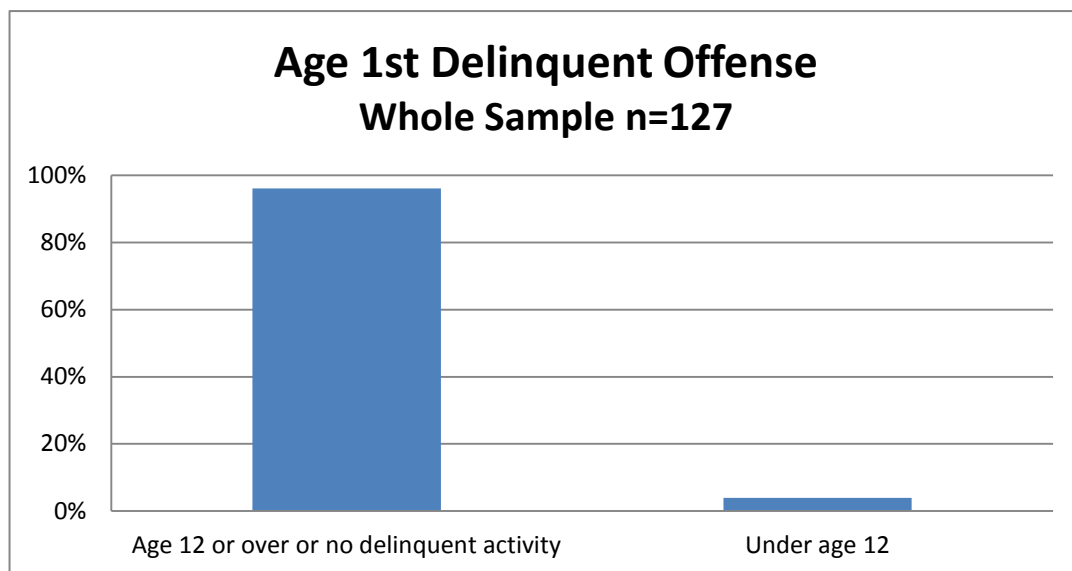
To tailor the tool for use in the PA JPO setting, very minor changes were made to the language of two of the items. The term ‘status offenses’ was added to Item 2. On the NCAR-PA, this item reads ‘number of dependent (status offenses) or delinquent referrals to Intake’. This term was also added to Item 3b to read ‘prior dependency adjudication (status offenses only)’.

INDIVIDUAL ITEM RESULTS FOR WHOLE SAMPLE

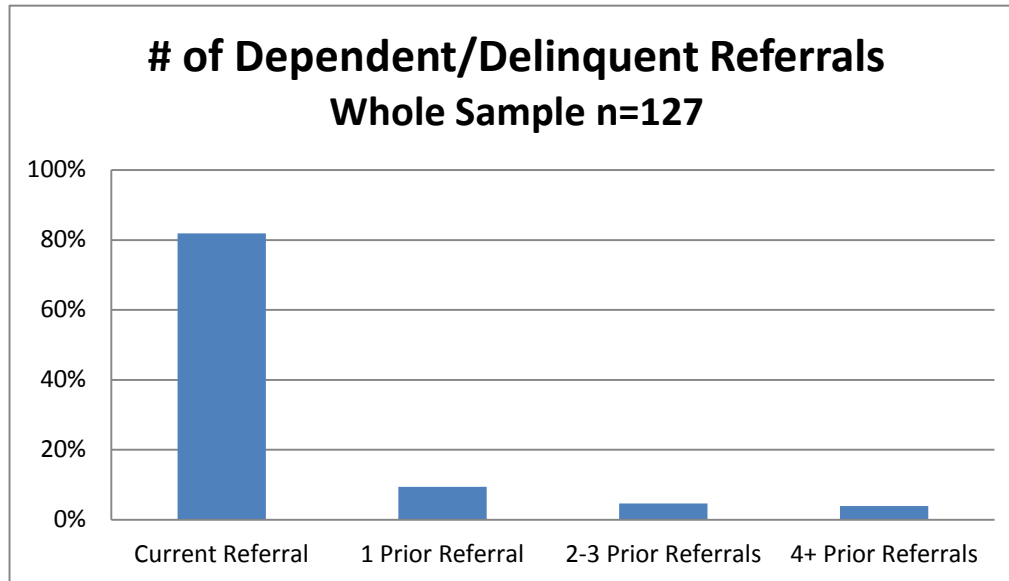
The following bar graphs provide the percent of youth endorsing each response on the individual NCAR items. There was no missing data, implying that the NCAR was feasible for staff to complete.

It should be noted that most youth scored in the lower range on almost all 9 items.

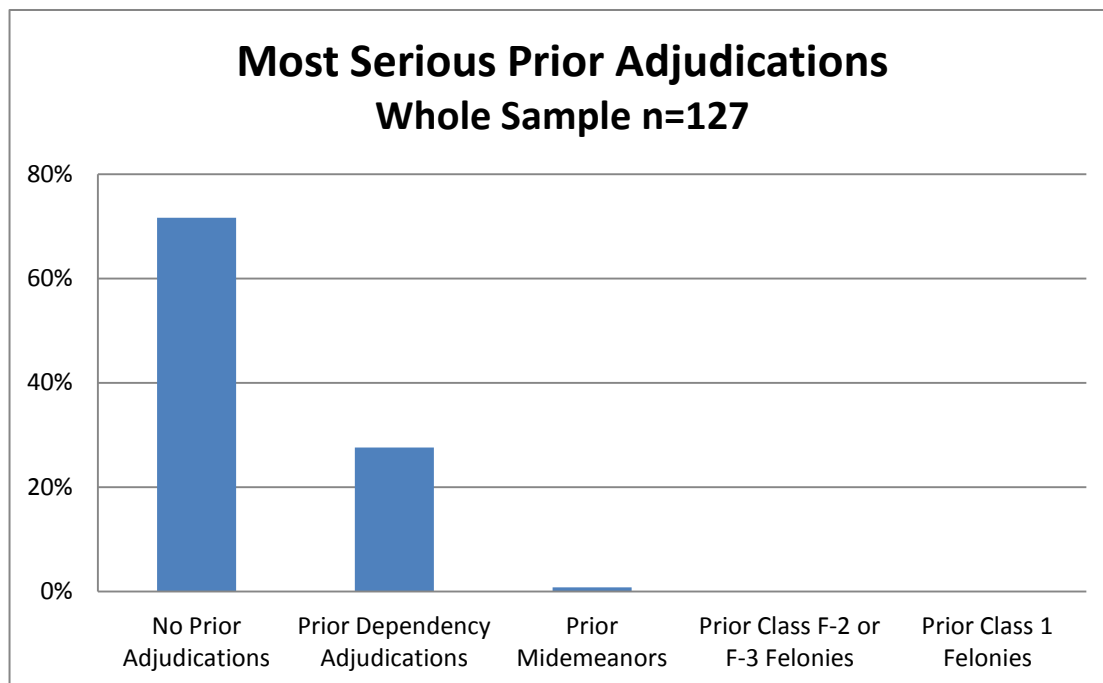
NCAR ITEM 1



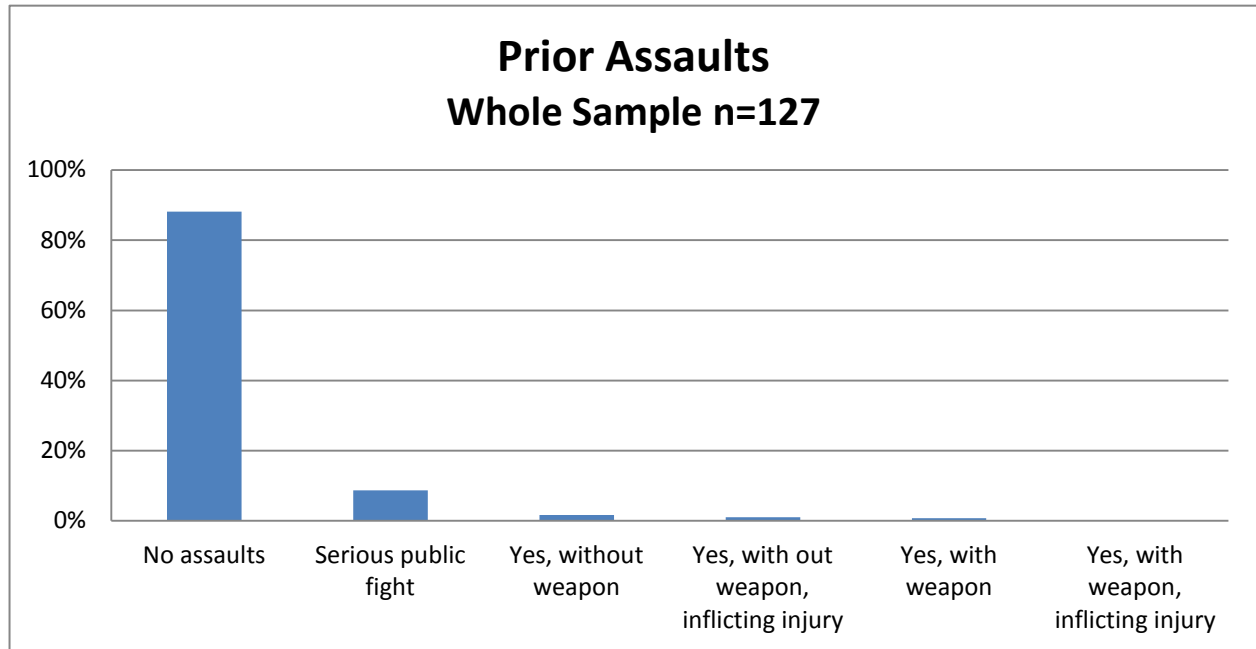
NCAR ITEM 2



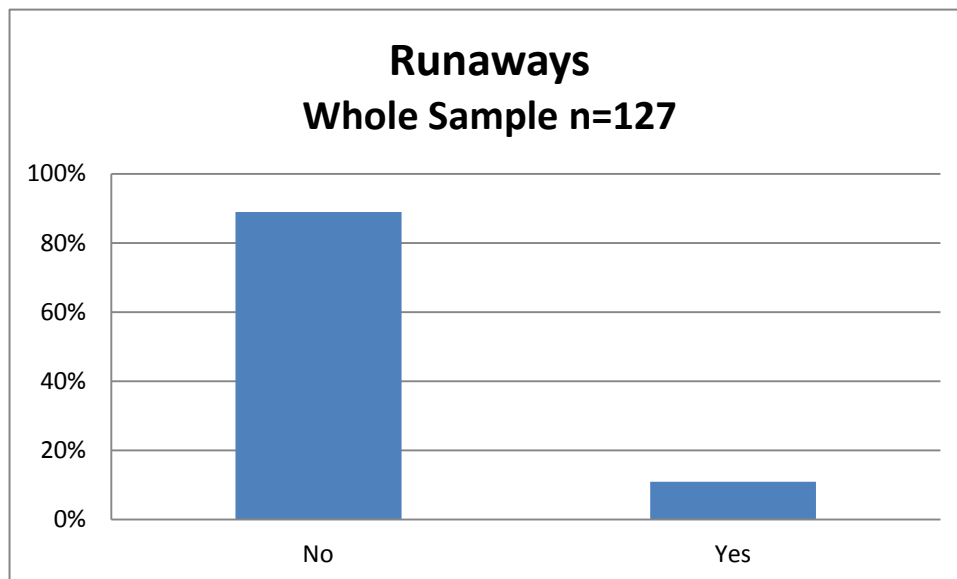
NCAR ITEM 3



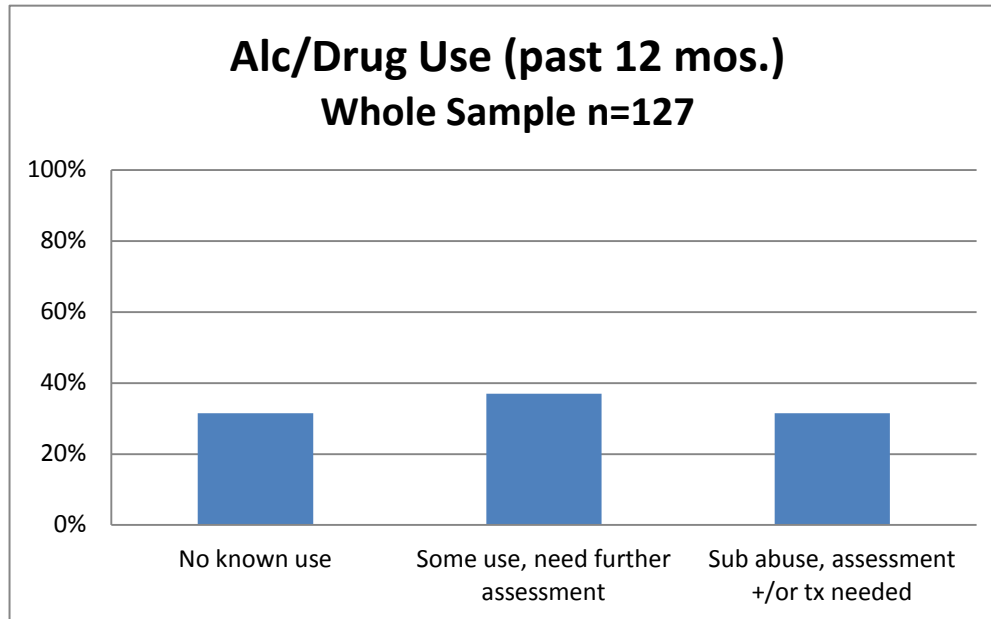
NCAR ITEM 4



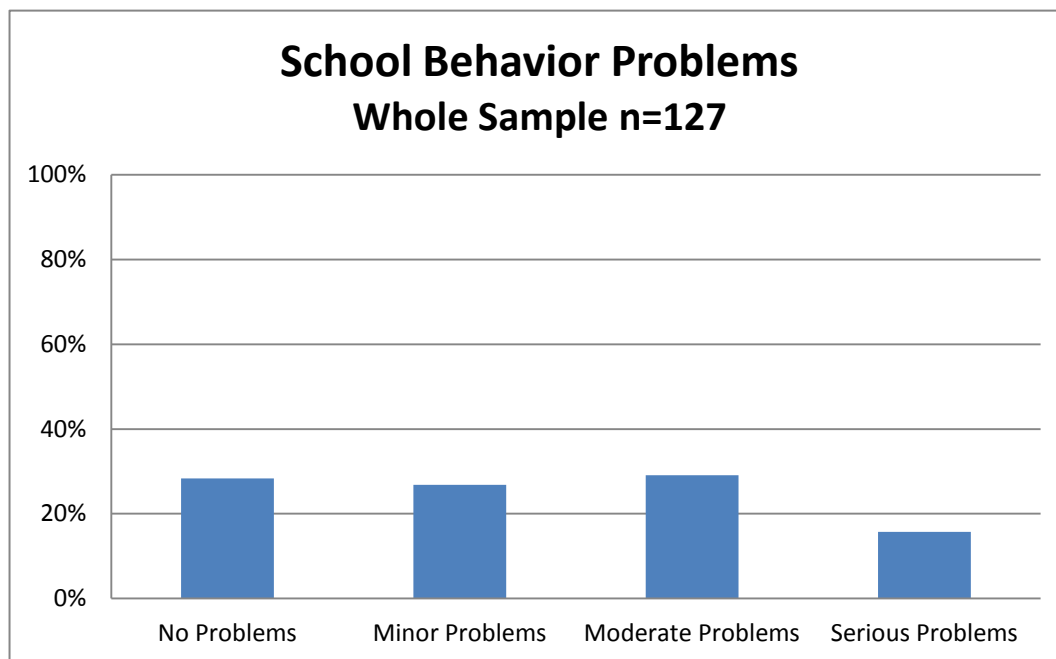
NCAR ITEM 5



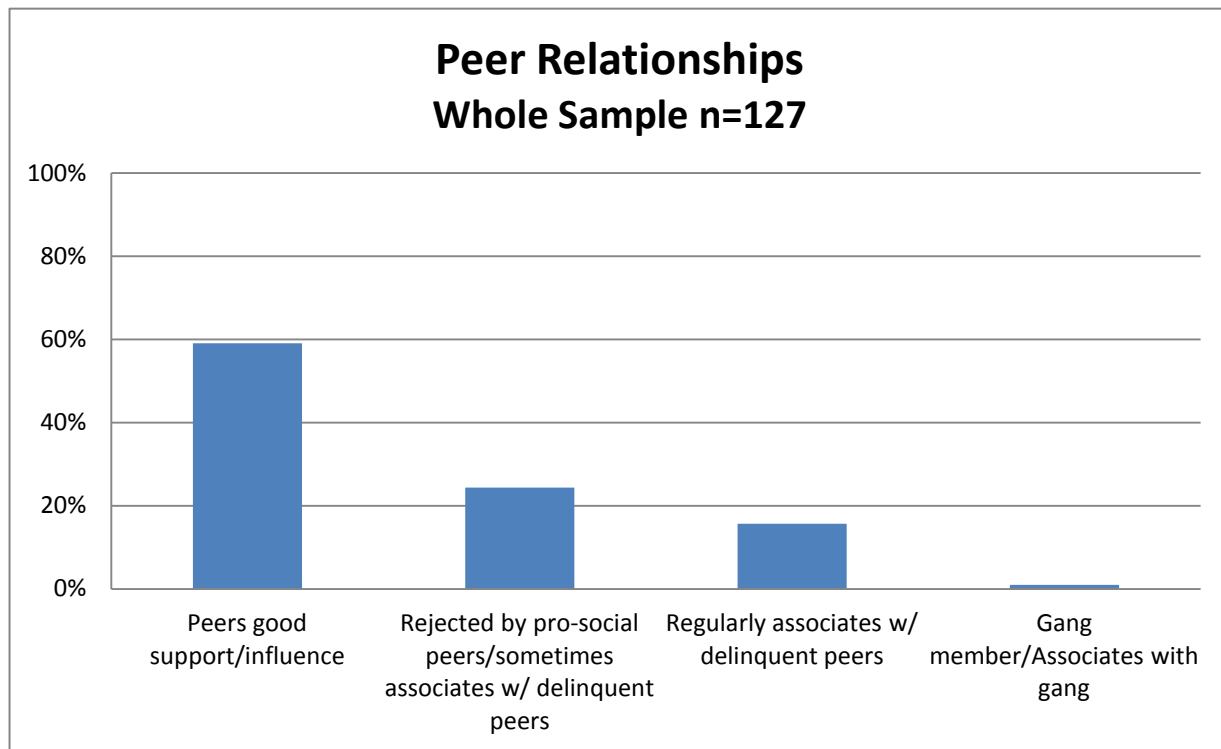
NCAR ITEM 6



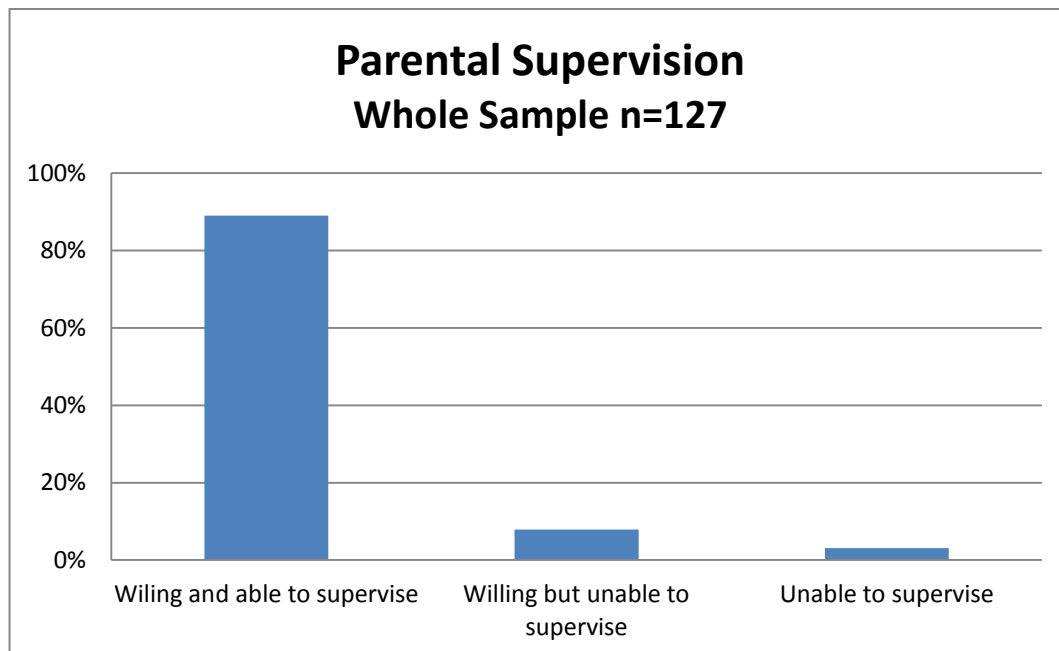
NCAR ITEM 7



NCAR ITEM 8



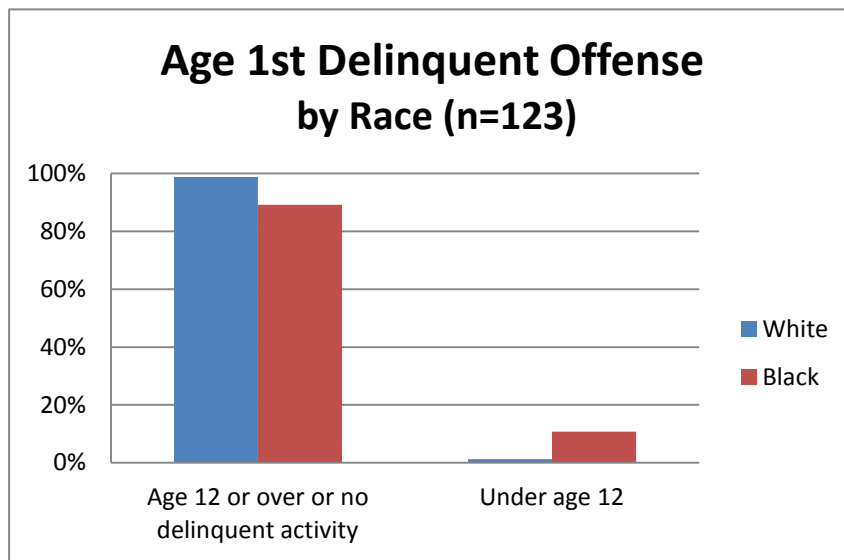
NCAR ITEM 9



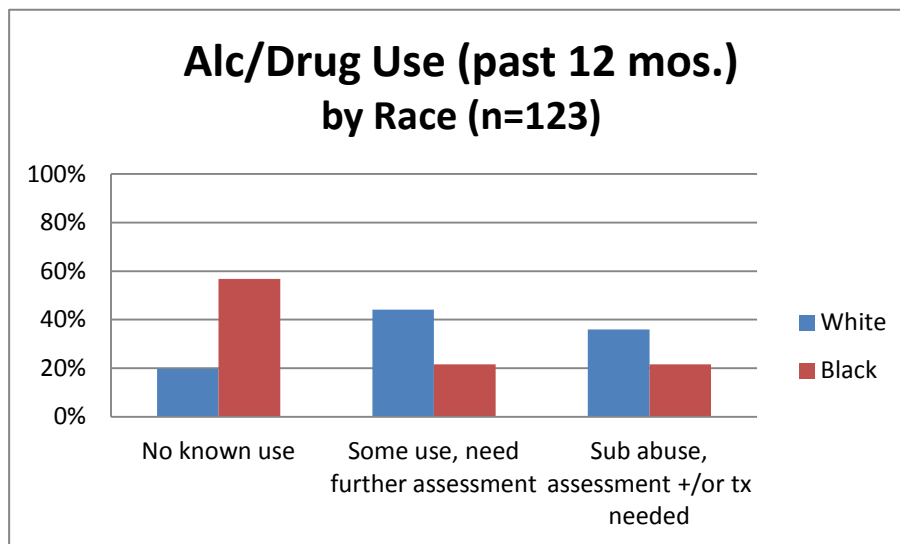
RESULTS BY RACE

We also examined scores by race to determine whether or not some items seem to be biased, or were more likely to be rated high, for a particular race. The other intent was to generate racial norms on the NCAR for this population. For the purposes of these comparisons, we removed the 3 “other” cases and compared only White and Black youth. Additionally, one youth was missing information on race. There were only a few items that were significantly different between White and Black youth, including Items 1, 6, and 9.

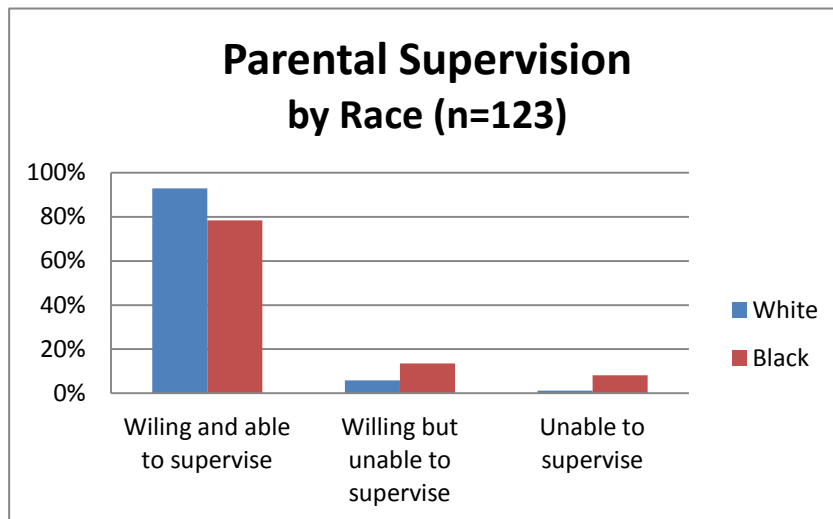
NCAR Item 1



NCAR Item 6



NCAR Item 9

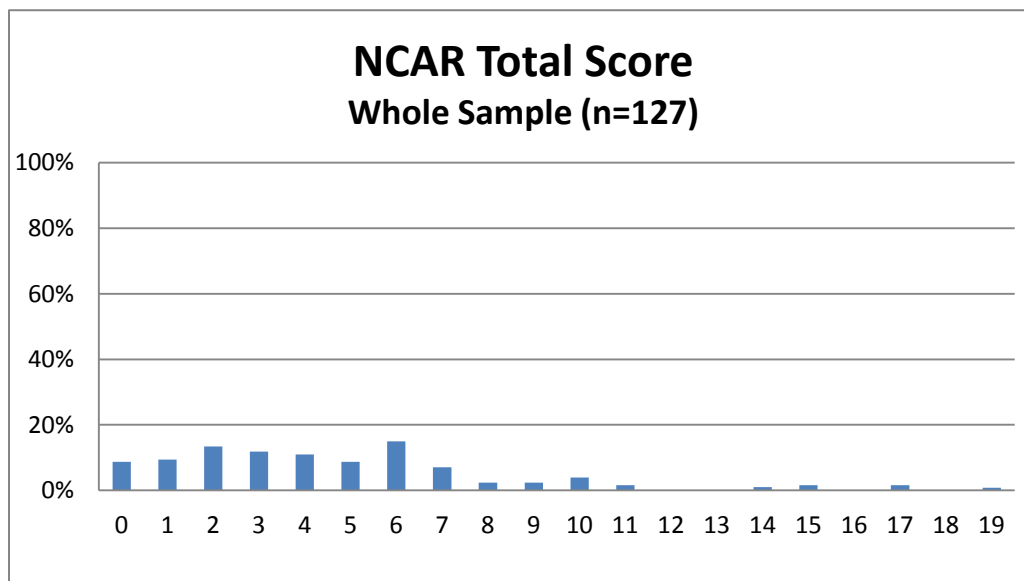


RESULTS BY GENDER

We also examined scores by gender to determine whether or not some items seem to be biased, or were more likely to be rated high, for a particular gender. There were no significant differences on any of the NCAR items between males and females.

NCAR TOTAL SCORE

NCAR total scores were calculated for the sample (n=127) based on the summation of individual items. Total scores for the entire sample ranged from 0 to 19 (highest score possible on NCAR is 30), with an average of 4.7 ($SD= 3.8$). The largest percentage of youth had a total score of 2 (13.4%) or 6 (15%). A total score of 6 separated the upper 25 percent of youth.



Total scores did not differ significantly by race (analyses only included White and Black youth, as there were too few youth in other race categories for meaningful comparison). Scores for Whites ranged from 0 to 15 and scores for Blacks ranged from 0 to 19.

White (n = 86) – Mean NCAR Total = 4.45 (*SD* = 3.2)

Black (n = 37) – Mean NCAR Total = 5.54 (*SD* = 4.8)

Total scores did not differ significantly by gender. Scores for males ranged from 0 to 19 and score for females ranged from 0 to 17.

Males (n = 91) – Mean NCAR Total = 4.82 (*SD* = 3.6)

Females (n = 36) – Mean NCAR Total = 4.44 (*SD* = 4.1)

CONCLUSIONS

- **Overall total scores are low.** Previous research on the NCAR with a large, diverse sample of adjudicated youth on probation reported the average overall risk score was 7.4. The Chester County Juvenile Probation Office sample's total score averaged 4.72 with a score of 6.0 discriminating the upper 25% of scorers. A score of 10 differentiates the upper 10% of the sample. Previous recommended cutoffs on the NCAR are listed below with the percentage of the Chester County sample scoring in the same range:

| Previous NCAR Cutoffs Sample Scoring | % of Chester County JPO |
|---|--------------------------------|
| ○ Low Risk - Less than 8 | 85% |
| ○ Medium Risk - 8-14 | 11% |
| ○ High Risk - 15-30 | 4% |

- **Check accuracy of item ratings.** Despite the differences between this sample and previous research, overall the NCAR scores seem low. This leads to questions regarding the accuracy of some item ratings. Examination of the accuracy of scoring and availability of information for making item ratings is warranted. For example, pre-adjudication youth under consideration for diversion are unlikely to confess to drug/alcohol use (Item 6) and it may be difficult to uncover information to the contrary. Likewise, it is difficult to get accurate information about parenting unless interviewing the youth without the parents present.
- **Some appreciable group differences.** Few of the NCAR item scores differed significantly by Race; however, NCAR total scores did not differ significantly by Race. Additionally, NCAR item and total scores did not differ significantly by gender.
- **Suggested working cut-off.** An NCAR-PA total score of 10 is suggested for the *working* higher risk cutoff as it differentiates the top 10% of scorers. A total score of 6 is the suggested *working* cutoff for the medium risk group. This score discriminated the upper 25% of scorers. However, these cut-offs should be re-examined after additional cases have accrued. This cut-off may also be adjusted following validation against actual re-offense data.

References

- Schwalbe, C., Fraser, M., Day, S. & Arnold, E. (2004). North Carolina Assessment of Risk (NCAR): Reliability and predictive validity with juvenile offenders. *Journal of Offender Rehabilitation*, 40, 1-22.
- Schwalbe, C., Fraser, M., Day, S., & Cooley, V. (2006). Classifying juvenile offenders according to risk of recidivism: Predictive validity, race/ethnicity, and gender. *Criminal Justice and Behavior*, 33, 305-324.

APPENDIX 8: Policy and Quality Assurance Guidelines for Use of Risk Screening in Diversion

Policy and Quality Assurance Guidelines for Use of Risk Screening in Diversion Chester County, PA

DESCRIPTION OF RISK SCREENING TOOL

The North Carolina Assessment of Risk- Pennsylvania Version (NCAR-PA) is a brief risk tool designed to identify youth at the highest likelihood of re-offending. The NCAR-PA is being used to assist the Chester County Probation office with determining the level of risk a youth poses to public safety. The full NCAR-PA consists of eleven items that culminate into a total risk score that is translated into Low, Medium, or High risk categories. This tool is not a comprehensive assessment. Instead, it can be considered a screening tool that sorts youth into categories based on the likelihood that they will re-offend. It does not identify the “cause” of a youth’s risk for re-offending and therefore should not be used to set the best course of treatment.

The NCAR was created and validated for use by North Carolina’s DJJDP, the NCCD, and researchers at UNC, Chapel Hill. It has been independently validated in the peer-reviewed literature (Schwalbe, 2004). The Chester County Probation office tested the NCAR-PA on a sample of 127 youths to identify cut-offs that would be appropriate for the local jurisdiction.

ADMINISTRATION AND USE

- A. A locally-validated screening tool for likelihood of re-offending will be completed on all youth who are determined to be “eligible” for diversion from formal processing based on the nature of their current offense. The following eligibility criteria will be observed. Any deviation from these criteria will require review with supervisory personnel and written explanation placed in the youth’s case file.
 - **Primary Diversion Track** – First-time offenders with non violent misdemeanor charges.
 - **Secondary Diversion Track** – First time, and possibly subsequent offenders, referred for primarily misdemeanor only charges. Youth whose most serious charge has a felony level grading will require mitigating circumstances to be considered for diversion. Mitigating circumstances can allow youth with prior offenses and/or felony charges to be considered for diversion. These circumstances can include, but are not limited to, mental health, substance abuse, dependency issues, and/or an estimated low risk to reoffend based on results of the NCAR-PA screen. Upon completion of the background investigation, risk of reoffending and behavioral health screens, youth who present as low risks to re-offend and/or have significant mitigating circumstances, such as a clear linkage between their behavioral health issues

and their referring offense, can be recommended for diversion. While each case will be considered on an individual basis, youth referred for felony-level sexual assault charges or charges associated with serious bodily injury will generally not be considered for diversion.

- **Adjudication Track** – Youth with felony-level charges involving sexual assault or serious bodily injury, youth who decide to proceed to a formal adjudication hearing, and youth deemed not appropriate for the Diversion Track (based on the results of the background investigation and assessments) will follow this dispositional track.

Chester County is committed to working with youths who enter the juvenile justice system according to the particular circumstances and needs each youth brings to this system. Principles of justice and fairness, however, dictate that we develop guidelines for implementation of our policies and procedures. For diversion from adjudication of delinquency, we will follow the guidelines listed above for the three dispositional tracks – primary diversion, secondary diversion, and adjudication. Along with these guidelines, we will consider both aggravating and mitigating circumstances that could have affected the course of events. We will not consider race, ethnicity, gender, socio-economic circumstances, family background, or other conditions over which a youth has no control when considering whether he/she is a suitable candidate for diversion.

- B. Personnel completing the NCAR-PA should rate each item using all available information. Information should be gathered from case files, interviews with youth, interviews with parents, and from collateral sources, such as school officials and other service providers. Every item is to be rated based on the item descriptions provided in the test manual. Personnel should use the test manual every time they complete the screen.
- C. The NCAR-PA score and risk level will be recorded on the youth intake form and returned to the supervisor to make a decision regarding the final eligibility for diversion. In general, the higher the risk, the greater the need for intervention. General guidelines are provided in the Case Processing Screening Guide on page 15 of the Chester County Diversion Program Manual. These serve as guidelines and do not replace professional judgment; however, if a case processing recommendation falls outside of the guidelines supervisory review and approval will be required and written justification provided in the youth's case file.

- D. For youth who are diverted and eventually sent to programming, the risk level of the youth should be used to determine the intensity of the program they complete. In general, the higher the risk the greater the hours of contact/programming.
- E. Results of the risk screening tool are not to be shared with the judge or other court personnel prior to adjudication for youth who are sent for formal processing.
- F. Scores from a risk screening tool have a shelf-life of about 6 months. If a risk tool is more than 6 months old it should not be used to make decisions about a) the likelihood that a youth will re-offend, or b) the intensity of intervention needed.

STAFF TRAINING

All intake juvenile probation officers are expected to complete training in rating the NCAR-PA and the policy about how scores from the NCAR-PA are to be used. Training should be received from an expert or a peer master trainer. The training should cover information about youth development and offending trajectories, the distinction between screening and assessment, concepts and limits of risk assessment, how to rate the NCAR-PA items specifically, and the office policy about how the NCAR-PA is to be administered and used. Staff will complete scoring on the NCAR-PA on a minimum of two standardized case vignettes and are expected to rate most items correctly before they use the NCAR-PA on live cases.

After the formal training session, staff should complete a minimum of two more NCAR-PA under supervision – either on live cases or by completing standardized case vignettes designed by the office.

BOOSTER TRAINING

The office will hold booster trainings on the NCAR-PA a minimum of two times per year (approximately every 6 months). The booster trainings will involve a case presentation that all staff will rate on the NCAR-PA independently. The scores will be compared and discussed.

QUALITY ASSURANCE GUIDELINES

This section was prepared by NYSAP to aid JJ agencies using a risk screening instrument in some basic quality assurance checks. The suggestions here are by no means exhaustive. Instead, the most important aspects of quality assurance are provided. We hope this section will be a useful starting point.

Staff Training

Staff who complete the NCAR-PA should have received training in using the tool from an expert or peer master trainer. The training should review information about youth development and offending trajectories, the distinction between screening and assessment, concepts and limits of risk assessment, how to rate each NCAR-PA item, and

the policy around how scores will be used. Training should also include practice ratings of a minimum of two standardized case vignettes. Staff are expected to rate at least 90% of items correctly before they use the NCAR-PA on live cases.

After the formal training session, staff should complete a minimum of two additional NCAR-PAs under the supervision of an expert or master trainer. These cases can be either standardized practice cases or live cases. Staff are expected to rate at least 90% of items correctly before they continue to use the NCAR-PA on live cases.

Booster training should be provided periodically, preferably on a bi-annual basis. Booster trainings should involve a case presentation that all staff will rate on the NCAR-PA independently. This will be followed by comparison and discussion of the scores. Staff members who do not rate at least 90% of the items correctly should receive additional training or supervision.

Quality Assurance Methods for Supervisors

1. Check the validity of staff ratings: Supervisors should monitor the completion of the risk screening tool to ensure staff are rating items properly and are not leaving items blank unless absolutely necessary. Supervisor(s) must sign off on all NCAR-PA as they are completed, after reviewing the ratings for accuracy. In addition, supervisors should obtain print outs from the Project Database quarterly to determine if some staff persons are routinely assigning a single risk level (meaning some staff may be rating almost all the youth Low risk and some may be rating almost all youth as High risk. This could be a sign that they are not completing the tool properly).
2. Check the validity of staff decisions: Supervisors should approve/sign off on case plans for youth who are diverted and handled in house. Low risk youth should receive very little supervision and less services (unless there is a mental health problem).

Staff members who demonstrate difficulties in any of the areas above should receive additional training or supervision.

Data Checking and Reporting

4. Check fidelity to the administration policy: Check periodically (e.g., every 6 months) to make sure that the target group of youth stated in the site's protocol received the risk screening tool (example: the risk screen will be completed on all youth upon entering probation intake that are eligible for diversion to assist in the diversion decision). Specifically, examine the risk screen data collected at the site. Determine the number of youth who were actually screened during the period of interest (numerator) and divide this value by the total number of youth who were eligible for screening during that period (denominator). The vast majority of eligible youth should have been screened if there is

good fidelity to the site's screening protocol. However, if for some reason a youth is not screened, it is important to track why the screen was not administered so this may be corrected in the future.

5. Check fidelity of the data entry: Check the fidelity of NCAR-PA data entry periodically (e.g. every 3 months). This can be done by selecting a random sample of intake data collection forms and checking the accuracy of NCAR-PA the data that was entered into the Chester County Diversion Project Database.
6. Missing item data: Obtain a print out of item scores from the Project Database every 3 to 4 months to look for missing items on the risk screen. Blank items should be avoided. If particular staff are consistently leaving items blank, they should be questioned about this to determine if they need more training. If any specific items are frequently missing across the board (regardless of the staff that fill it out) it may be necessary to adjust the policy for information gathering.
7. Appropriate use of risk level in decisions: Every 3 to 6 months, examine the number of youth who fell into each risk category (low, moderate, high) and what happened to them. Generally speaking, one would expect most of the low risk youth to have been diverted. Also, among those that were diverted, the higher the risk level the more services a youth should have received.

Chester County Diversion Project Data Collection Form

PO SHOULD FILL OUT THIS SECTION.

FID: _____

Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female

NAME: _____

PO Name: _____

Race:
☐ African American/Black
☐ Caucasian/White
☐ Other _____

☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native

Hispanic/Latino Origin:
☐ Yes ☐ No

Number of dependent adjudications _____

Intake Information

(PO SHOULD FILL OUT THIS SECTION.)

Intake Referral Date: ____/____/____

Youth's age at Intake: _____ years

Current Intake #(s): _____ (For Database: This is the unique incident identification number.)

SCREENING

Risk Factors to Reoffending (from the NCAR) Complete items 1 to 9 using the best available information. Circle the numeric score associated with each item response and then enter it on the line to the left of the item.

Score: _____ Item: _____

1. Youth's age when first delinquent offense alleged in a complaint

- 0 – Age 12 or over or no delinquent complaint
 2 – Under age 12

2. Number of status offenses or delinquent referrals to Intake

- 0 – Current referral only
 1 – One prior referral
 2 – 2-3 prior referrals
 3 – 4+ prior referrals

3. Most serious prior adjudication(s)

- 0 – No prior adjudications
 1 – Prior status or summary offenses at the district justice level
 2 – Prior misdemeanors
 3 – Prior Class F2 or F3 felonies
 4 – Prior Class F1 felonies

4. Prior assaults (Choose highest score, but fill in # of complaints for all)

- 0 – No assaults
 1 – Involvement in a serious public fight _____ # of written allegations
 2 – Yes, without a weapon _____ # of written allegations
 3 – Yes, without a weapon, inflicting serious injury _____ # of written allegations
 4 – Yes, with a weapon _____ # of written allegations
 5 – Yes, with a weapon, inflicting serious injury _____ # of written allegations

5. Runaways (from home or placement) – not voluntarily returning within 24 hours

- 0 – No
 2 – Yes

Actual number of runaway incidents _____

6. Known use of alcohol or illegal drugs during past 12 month (not tobacco)

- 0 – No known substance use
 1 – Some substance use, need for further assessment
 3 – Substance use – assessment and/or treatment needed

Score: _____ Item: _____

7. School behavior problems during the prior 12 months

0 – No problems
 1 – Minor problems (problems handled by teachers/school personnel; or, 1-3 unexcused absences)
 2 – Moderate problems (4-10 unexcused absences; or, 1+ in-school suspensions; or, 1 short-term suspension – up to 10 days)
 3 – Serious problems (>1 short-term suspension; or, 1+ long-term suspension; or, >10 unexcused absences; or, expelled or dropped out)

_____ **8. Peer relationships** *Put a check in the line next to the information that applies.*

0 – Peers usually provide good support and influence
 1 – Youth is rejected by pro-social peers _____ **or**, youth sometimes associates with others who have been involved in delinquent/criminal activity but is not primary peer group _____
 3 – Youth regularly associates with others who are involved in delinquent/criminal activity
 5 – Youth is a gang member _____ **or**, associates with a gang _____.

_____ **9. Parental supervision**

0 – Parent, guardian, or custodian willing and able to supervise
 2 – Parent, guardian, or custodian willing but unable to supervise
 3 – Parent, guardian, or custodian unwilling to supervise

Total Risk of Future Offending Score: _____

COMMENTS:

Identification of Other Risk Factors

PO SHOULD FILL OUT THIS SECTION.

Current or prior involvement in any of the systems listed below? (Check All That APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> CYF | <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intel. & Dev. Disability |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Serious Physical Health Problem | |

Were any of the following issues identified as concerns?

- ☐ Youth's personal functioning (social, developmental)
- ☐ Family functioning (youth's interactions or relationships with family members)
- ☐ Youth's educational and vocational functioning (attendance, behavior, achievement)
- ☐ Culture (language, identity, etc.)
- ☐ Youth's behavioral and emotional needs (mental health, substance use)
- ☐ Youth's risk of harm to self (suicide, self mutilation, other self harm)
- ☐ Youth's judgment and decision-making (impulsivity, chronic poor decisions, etc.)
- ☐ Caregivers' needs (physical, mental, substance use, developmental, safety)

If MAYSI-2 was not administered, reason why:

- ☐ Youth/Family declined screening
- ☐ Current MH involvement
- ☐ Youth from outside of county
- ☐ Youth denied charges
- ☐ Behaviors were observed requiring further MH assessment
- ☐ Recent MAYSI-2 completed (within past 30 days)
- ☐ Other-Specify: _____

Post-Screening Questions

PO SHOULD FILL OUT THIS SECTION.

Youth received diversion? ____YES ____NO

If youth *DID NOT* receive diversion, reason why:

- ☐ Youth from outside of County
 - ☐ Youth denied charges
 - ☐ DA rejected
 - ☐ Seriousness of charge
 - ☐ JPO rejected
 - ☐ Other- Specify: _____
-

Youth required immediate crisis intervention? ____YES ____NO

If YES, date of crisis intervention: ____/____/____ *(should be same as intake interview date)*

Youth required inpatient psychiatric care? ____YES ____NO

If YES, date of referral for psychiatric care: ____/____/____

PO recommended further evaluation or assessment ____YES ____NO

If multi-system involvement, will youth be involved in the “system of care”? ____YES ____NO

If no, reason why _____

Is a CANS assessment requested? ____YES ____NO

Date of CANS Assessment: ____/____/____

Was there a Level II Case Review? ____YES ____NO

EVALUATION INFORMATION

FILE REVIEWER SHOULD FILL OUT THIS SECTION.

Was a Drug & Alcohol evaluation conducted? ____YES ____NO

If YES, date of Drug & Alcohol evaluation: ____/____/____

If YES, reason for Drug & Alcohol evaluation: *(Check all that apply)*

- ☐ Elevated score on screen
- ☐ Current charges
- ☐ Juvenile’s current behavior
- ☐ Historical information/Juvenile’s record
- ☐ Information from family member

Was a treatment need indicated from Drug & Alcohol evaluation? ____YES ____NO

Was a ☐ **Psychiatric** or ☐ **Psychological** evaluation conducted? ____YES ____NO

If YES, date of Psychiatric/Psychological evaluation: __/__/__

If YES, reason for Psychiatric/Psychological evaluation: (Check all that apply)

- ☐ Elevated score on screen
- ☐ Assessment (CANS) results
- ☐ Juvenile's current behavior
- ☐ Historical information/Juvenile's record
- ☐ Information from family member

DSM-IV diagnosis (from evaluation or youth/family report): (Check all that apply)

- ☐ ADHD
- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ PTSD
- ☐ Obsessive/Compulsive Disorder
- ☐ Reactive Attachment Disorder
- ☐ Eating Disorder
- ☐ Tourette Syndrome
- ☐ Oppositional Defiant Disorder
- ☐ Intermittent Explosive Disorder
- ☐ Conduct Disorder
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Schizophrenia
- ☐ Mental Retardation/Intellectual Disability
- ☐ Autism Spectrum Disorder
- ☐ Pervasive Developmental Disorders
- ☐ Schizoaffective Disorder
- ☐ Schizophreniform Disorder
- ☐ Psychotic Disorder
- ☐ Other: _____

Has youth been involved in any Behavioral Health treatment? ____YES ____NO

Was a **Forensic** evaluation conducted? ____YES ____NO

If YES, date of Forensic evaluation: __/__/__

Was a **Sex Offense Specific** evaluation conducted? ____YES ____NO

If YES, date of Sex Offense Specific evaluation: __/__/__

Was a **Neurological** evaluation conducted? ____YES ____NO

If YES, date of Neurological evaluation: __/__/__

Was an **Educational** evaluation conducted? ____YES ____NO

If YES, date of Educational evaluation: __/__/__

Was any **Other** evaluation conducted? ____YES ____NO

If YES, please SPECIFY: _____

If YES, date of Other evaluation: __/__/__

Youth refused Clinical Assessment? ____YES ____NO

SERVICES

(To be completed for youth in the Diversion Project)

FILE REVIEWER SHOULD FILL OUT THIS SECTION.

To be completed at 60 and 90 days after Intake Data form is submitted.

Juvenile/Family referred to other services:

(Specify Type(s) of Service and Date of Referral)

COMMUNITY-BASED SERVICES:

JPO In-House Services *(Please Identify)*

- ☐ Specialized Probation
- ☐ Community Service Program

date of referral: __/__/__

date of referral: __/__/__

Evidence-Based Practices *(Please Identify)*

- ☐ Multi-Systemic Therapy
- ☐ Functional Family Therapy
- ☐ High-Fidelity Wraparound (YFT)
- ☐ Life Skills
- ☐ Family Group Decision Making
- ☐ Evening Reporting Center (ERC)
- ☐ Girls' Circle
- ☐ Mother/Daughter Circle

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

Other *(Please Identify)*

- ☐ Family-based Services
- ☐ Mental Health Intensive Care Management
- ☐ Individual Counseling __ MH __ D/A
- ☐ Group Counseling __ MH __ D/A
- ☐ Family Counseling
- ☐ Medication Management
- ☐ Electronic Home Monitor (EHM)
- ☐ Community Management Services
- ☐ CSF Intensive
- ☐ Cognitive Behavioral Therapy (CBT)

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

- ☐ Other: (specify) _____

date of referral: __/__/__

OUT-OF-HOME PLACEMENT:

- ☐ Detention
- ☐ Behavioral (includes YDCs, YFCs, etc.)
- ☐ Mental Health (RTF or Hospitalization)
- ☐ Drug and Alcohol
- ☐ Weekend Program
- ☐ Girl's Respite at CCYC
- ☐ Other: (specify) _____

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

date of referral: __/__/__

APPENDIX 10: Chester Diversion Project Database Outcome List

Youth with MH and/or SA problems are identified at intake

- # of youth screened at intake for MH & SA problems using standardized tool
- # of youth who refuse screening at intake
- # of youth who meet the critical case threshold for MH and/or SA
- # of youth for whom a CANS is completed
- # of youth referred for clinical assessment (e.g., psychiatric, psychological, neurological)
- # of youth who refuse clinical assessment

Youth with MH and/or SA problems are entering the diversion program

- # of youth with MH and/or SA problems who are identified for the diversion program (specify warn and dismiss, informal adjustments, consent decrees)
- # of youth with MH and/or SA problem who enter the diversion program

Youth with MH and/or SA problems are being linked with appropriate services

- # of youth with MH and/or SA problems who enter the diversion program and are linked to EB or other services

Youth with MH and/or SA problems are *successfully diverted* from an adjudication of delinquency

- # of youth with MH and/or SA problems who *successfully complete* the diversion program, i.e., *have their cases closed without an adjudication of delinquency*
- # of youth with MH and/or SA problems who successfully complete the diversion program and who are not rearrested within X months of completion

Youth with MH and/or SA problems that are in the diversion programs are *successfully terminated from supervision within X months*

- Length of time under supervision of youth with MH and/or SA problems who participate in the diversion program
- # youth with MH and/or SA problems who participate in the diversion program who violate their supervision conditions
- # and length of detention stays of youth with MH and/or SA problems who participate in the diversion program
- # of youth with MH and/or SA problems who participate in the diversion program who are placed in RTF's or YDCs

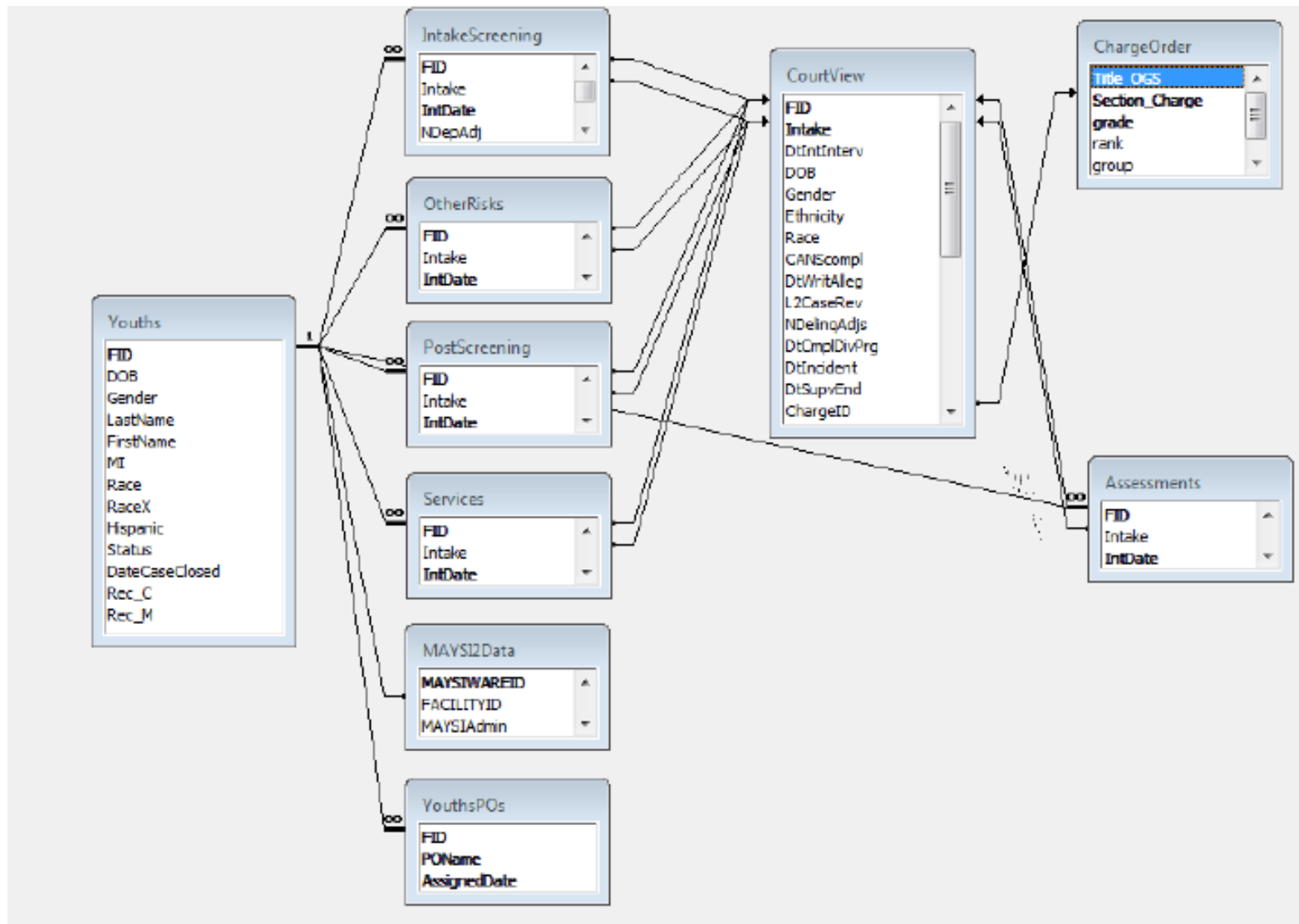
Diverted youth are held accountable to their victims in developmentally-appropriate ways

- # of youth who fulfill the terms of their diversion that pertain to this area (accountable to their victims in developmentally appropriate ways)

Youth identified as having MH and/or SA problems at intake *that are not eligible for diversion...*

- # of youth with MH and/or SA problems *who do not participate in the diversion program* who are re-arrested

APPENDIX 11: Project Database Structure



APPENDIX 12: CourtView—Project Database Crosswalk

| ACCESS DATABASE REQUEST | COURTVIEW TABLE | COURTVIEW DATA NAME/CODE | COURTVIEW DATA LABEL | Format of Output |
|---|-----------------|--------------------------|---|---------------------|
| FID (family identifier) | | | first 8 characters of CASE number | 12345-01 |
| Date of intake interview | IDNTLOG | LOG_DATE | Most current identlog entry where LOG_CD="INCJJP" (Initial Interview Conducted) | mm/dd/yyyy |
| DOB [mm/dd/yyyy] | IDNT | DOB | DOB | mm/dd/yyyy |
| Gender [M/F] | PHYS | GNDR_CD | Gender | M, F or blank |
| Race | PHYS | RACE_CD | CV CODE SEND ASIAN A BLACK B BLACK HISPANIC B Caucasian W HISPANIC H INDIAN I MULATTO MR MULTIRACIAL MR UNKNOWN/UNREP. U WHITE W | A, B, W, etc. |
| Ethnicity | PHYS02 | ETHN_CD | CV CODE SEND AMERICAN INDIAN AMIND CUBAN CUBAN HISPANIC LATINO HISLAT JORDANIAN JORDAN NON-HISPANIC NONHIS UNKNOWN UNK | AMIND, NONHIS, etc. |
| Date of written allegation [mm/dd/yyyy] | CASEPR09 | REF_DT | Date referred from the juvenile's most current case in CourtView | mm/dd/yyyy |
| CANS is completed? | IDNTLOG | LOGCD_ID | Most current identlog entry where LOG_CD="CANCJP" (CANS completed) (if exists, send 1, otherwise, send 0) | 0/1 |
| Delinquent adjudication? | | | number of petitions that resulted in an adjudication of delinquency where a petition number exists and the decision code on at least one of the charges on the case either starts with ADJ or is TRADJ (which is "out-of-county adjudication") | # |
| Conducted level 2 case review? | IDNTLOG | LOGCD_ID | Most current identlog entry where LOG_CD="CCRCJP" (Clinical Case Review Completed) (if exists, send 1, otherwise, send 0) | 0/1 |

| ACCESS DATABASE REQUEST | COURTVIEW TABLE | COURTVIEW DATA NAME/CODE | COURTVIEW DATA LABEL | Format of Output |
|---|-----------------|--------------------------|---|-------------------|
| Date of completion of diversion program [same as indication of fulfillment of diversion contract] | IDNTLOG | LOG_DATE | Note: only identifies DIV program Most current identlog entry where LOG_CD="DIVJP" (Diversion Program) | mm/dd/yyyy |
| Date of incident (relates to rearrest) [we need to know period during which this is to be tracked...1 year after] | PTYCHRG | OFFENSE_DT | Offense date From juvenile's most current case in CourtView | mm/dd/yyyy |
| Date supervision ended | DSP | DSP_DT | DISP DATE (where Disposition Code = "CLOSED") from juvenile's most currently closed case, if none then leave this blank | mm/dd/yyyy |
| Most serious allegation (SEE FIELDS BELOW): | | | "Description" field on Party Charge Maintenance screen | |
| TITLE | ACTNCD | DSCR | PARSE OUT TITLE VALUE FROM THIS FIELD From the first charge on the juvenile's most current case | 18, 75, etc. |
| SECTION | ACTNCD | DSCR | PARSE OUT SECTION VALUE FROM THIS FIELD From the first charge on the juvenile's most current case | |
| SUBSECTION | ACTNCD | DSCR | PARSE OUT SUBSECTION VALUE FROM THIS FIELD From the first charge on the juvenile's most current case | |
| GRADE | ACTNCD | DSCR | PARSE OUT GRADE VALUE FROM THIS FIELD From the first charge on the juvenile's most current case | M, M1, etc. |
| Date youth placed in detention | INCUSTRK | START_DT | CUSTODY START DATE Most current record from the juvenile's most current case where Custody Code starts with "Detained for ..." | mm/dd/yyyy |
| Date youth released from detention | INCUSTRK | END_DT | CUSTODY END DATE Most current record from the juvenile's most current case where Custody Code starts with "Detained for ..." | mm/dd/yyyy |
| Indication of placement | PLACEFAC | PLACE_CD | Looking at the juvenile's most current out-of-home placement episode, and then the most current facility within that placement: ADMINJP non purch. comm. resource CBJP commun based DANJP D/A non JPO funded | CBJP, DANJP, etc. |

| ACCESS DATABASE REQUEST | COURTVIEW TABLE | COURTVIEW DATA NAME/CODE | COURTVIEW DATA LABEL | Format of Output |
|-----------------------------------|-----------------|---|--|------------------|
| | | | FBJP facility based FCJP foster care PPJP placement prevention RTFJP RTF MH res pgm YDC_JP youth development ctr. YFC youth forestry camp | |
| Indication of warn & dismiss | PTCGDSP | CG_DSP_CD WHERE CG_DSP_CD=3JP (WARN/COUNSEL/DISMISS) ADJUSTMENT) | Looking at the dispositions of the charges on the juvenile's most current case for "3JP – Warned, Counseled, Case Closed" | 0/1 |
| Indication of consent decree | PTCGDSP | CG_DSP_CD WHERE CG_DSP_CD=8JP (CONSENT DECREE) | Looking at the dispositions of the charges on the juvenile's most current case for "8JP – Consent Decree" | 0/1 |
| Indication of informal adjustment | PTCGDSP | CG_DSP_CD WHERE CG_DSP_CD=4JP (INFORMAL ADJUSTMENT) | Looking at the dispositions of the charges on the juvenile's most current case for "4JP – Informal Adjustment" | 0/1 |
| Was MAYSI screen offered? | LOGCD | MAYOJP | Most current identlog entry where LOG_CD="MAYOJP" (MAYSI offered) (if exists, send 1, otherwise, send 0) | 0/1 |
| Was MAYSI screen completed? | LOGCD | MAYCJP | Most current identlog entry where LOG_CD="MAYCJP" (MAYSI completed) (if exists, send 1, otherwise, send 0) | 0/1 |
| Was NCAR screen offered? | LOGCD | NCAROJP | Most current identlog entry where LOG_CD="NCAROJP" (NCAR offered) (if exists, send 1, otherwise, send 0) | 0/1 |
| Was NCAR screen completed? | LOGCD | NCARCJP | Most current identlog entry where LOG_CD="NCARCJP" (NCAR completed) (if exists, send 1, otherwise, send 0) | 0/1 |