



**Colorado Reference  
Guide  
Juvenile Screening  
and  
Assessment  
Instruments**

**Behavioral Health  
Trauma  
And  
Risk/Classification**

**July 2013**

Juvenile Screening and Assessment Subcommittee

Juvenile Justice Task Force of the Colorado Commission on Criminal and Juvenile Justice

July 2013

**Agency Representation**

Colorado Department of Human Services:  
Office of Behavioral Health  
Division of Child Welfare

Division of Youth Corrections

Department of Public Safety - Division of Criminal Justice

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

Colorado Judicial Department – Division of Probation Services

Jefferson Center for Mental Health

**This Reference Guide can be accessed from the following websites:**

[www.cdhs.state.co.us](http://www.cdhs.state.co.us)

[www.cdps.state.co.us](http://www.cdps.state.co.us)

[www.coloradofederation.org](http://www.coloradofederation.org)

[www.courts.state.co.us](http://www.courts.state.co.us)

[www.jeffcojac.org](http://www.jeffcojac.org)

[www.jeffersonmentalhealth.org](http://www.jeffersonmentalhealth.org)

## Table of Contents

<b>SECTION 1: BACKGROUND</b> .....	3
<b>SECTION 2: DEFINITIONS</b> .....	6
<b>SECTION 3: JUVENILE SCREENING INSTRUMENTS</b> .....	9
Juvenile Detention Screening and Assessment Guide (JDSAG).....	10
Massachusetts Youth Screening Instrument - 2 (MAYSI-2).....	11
Alcohol Use Disorders Identification Test (AUDIT).....	12
Personal Experience Screening Questionnaire (PESQ).....	13
Problem Oriented Screening Instrument for Teenagers (POSIT).....	14
Teen Addiction Severity Index (T-ASI).....	15
CRAFFT.....	16
Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2).....	17
Substance Use Survey (SUS).....	18
Colorado Juvenile Risk Assessment Pre-Screen (CJRA Pre-Screen).....	19
Trauma Symptom Checklist.....	20
School Refusal Assessment.....	21
<b>SECTION 4: JUVENILE ASSESSMENT INSTRUMENTS</b> .....	22
Colorado Juvenile Risk Assessment (CJRA).....	23
Colorado Child and Adolescent Needs and Strengths Assessment (CANS).....	24
Colorado Client Assessment Record (CCAR).....	25
Safety Assessment.....	26
Colorado Family Risk Assessment.....	27
Adolescent Self-Assessment Profile (ASAP).....	28
Comprehensive Adolescent Severity Index (CASI).....	29
Global Appraisal of Individual Needs (GAIN).....	30
Practical Adolescent Dual Diagnostic Interview (PADDI).....	31
Behavior Assessment System for Children (BASC2).....	32
Child Post-Traumatic Symptom Scale.....	33
<b>APPENDIX A: UTILIZATION OF INSTRUMENTS BY AGENCY</b> .....	34

APPENDIX B: SCREENING INSTRUMENTS MATRIX.....	37
APPENDIX C: ASSESSMENT INSTRUMENTS MATRIX.....	39
JUVENILE SCREENING AND ASSESSMENT SUB-COMMITTEE MEMBERS.....	41

# SECTION 1

## BACKGROUND

## Recommendations for Juvenile Screening and Assessment Instrumentation

The Juvenile Screening and Assessment Committee has primary responsibility for making recommendations to the Juvenile Justice Task Force of the Colorado Commission on Criminal and Juvenile Justice to improve the quality and utility of standardized juvenile screening and assessment instruments and procedures used across the State of Colorado. After careful consideration and study, the Juvenile Subcommittee unanimously concurred that there should NOT be ONE overall assessment tool for all areas affecting children, youth and families, as a single instrument could not address the variety of developmental issues of children and youth nor effectively address diverse family issues.

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

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

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

- 1) The instrument must be directly related to behavioral health, trauma and/or risk classification; and
- 2) The instrument must be age and developmentally appropriate; and
- 3) The instrument must be quantitative; and
- 4) The instrument must be researched-based; and
- 5) The instrument must have empirical evidence that supports its utility.

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

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

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

# SECTION 2

## DEFINITIONS



## *How Do Screening and Assessment Differ?*

The terms “screening” and “assessment” are often used interchangeably, but they are really not the same thing. Screening can serve as a cost-effective method for identifying potential mental health problems that can be applied to all youth entering a system or facility. Assessment, on the other hand, can provide more extensive and individualized identification of mental health needs for only those individuals whose screening results suggest it is warranted (Grisso, 2005; Vincent, Grisso, & Terry, 2007). The confusion about these concepts has stemmed from multiple sources, such as (1) the use of the term “assessment” to refer to any type of measurement of psychological characteristics, (2) a lack of consensual definitions of screening and assessment in the current juvenile justice literature, and (3) test authors’ labeling of instruments as screening or assessment tools without attention to the definition described here (Grisso, 2005).

### *Screening*

Screening has two main purposes (Grisso, 2005). The first purpose is to identify youth at the point of initial system contact who might require an immediate response—for example, those with an immediate need for medication or placement on suicide watch. Second, screening is intended to “sift” through the total number of youth in order to identify those with the higher likelihood of having a problem requiring special attention. It should sort youth into at least two groups: those very unlikely to have the characteristics in question (“screened out”) and those more likely to have the characteristics in question (“screened in”). This is similar to a triage process in medical settings, which helps conserve resources in systems that cannot respond comprehensively to every youth’s needs (Grisso, 2005). Due to the nature of screening, a proportion of youth who are screened in will not actually have the problem in question (i.e., false positives), but this proportion will vary depending on the quality of the tool. For this reason, results on a screening tool are used to signal the need for a more thorough assessment of the problem.

It is also important to remember what screening does not do. Specifically, with regard to mental health, screening is not designed to provide clinically valid diagnoses of mental disorders. Screening does not provide clinicians or staff with the causes of mental health problems; it only identifies current symptoms. Mental health screening is not appropriate for long-range treatment or rehabilitation planning. Scores or ratings on mental health screening tools are expected to fluctuate because they target acute problem areas. Put simply, screenings have a short shelf life: 2–4 weeks is a good rule of thumb. Finally, given the inconsistency with which some tools have been titled by the authors, agencies should be reminded that the simple fact that an instrument is called a screening tool does not guarantee that it will serve all juvenile justice programs’ needs for a screening process.

The purpose of assessment, on the other hand, is to gather a more comprehensive and individualized profile of a youth. Thus, assessment is performed selectively with those youth screened in as requiring a more thorough identification. With regard to mental health, the intent of assessment is to verify the presence or absence of mental health needs, possibly make psychiatric diagnoses, determine how disorders manifest in an individual, and provide recommendations for longer range interventions.

## ***Assessment***

Assessment practices differ in several ways from screening procedures. First, the timing of assessment methods is more variable than it is for screening. Assessment may occur soon after first contact in response to screening information to determine whether an emergency situation truly exists, the specific nature of the emergency, and how best to handle it. Or it can occur several weeks later in cases in which no crisis condition is immediately apparent. Second, assessment generally involves specialized staff or clinicians and longer administration times (more than 30 minutes) to include comprehensive testing, interviewing, and obtaining collateral information. Finally, the conclusions generated from assessment procedures are intended to be more stable (i.e., have a longer shelf life) than findings from screening tools, because they can afford to examine a youth's conditions in more detail, including the duration and severity of symptoms, as well as the degree to which they are actually impairing the youth's functioning.

Definitions borrowed from:

Vincent, G.M. (2011) *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*. Washington, DC. Technical Assistance Partnership for Child and Family Mental Health Needs.

## **SECTION 3**

# **JUVENILE SCREENING INSTRUMENTS**

## Juvenile Detention Screening and Assessment Guide (JDSAG)

### **Brief Description of the Instrument:**

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

### **Agencies Administering the Tool:**

Senate Bill 94 screening teams.

### **Population:**

Youth taken into custody by law enforcement.

### **Purpose:**

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

### **Administration:**

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

### **What Decisions Are Made Based on the Results:**

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

### **Skill Level Required by Staff to Administer the Tool:**

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

### **Training Requirement:**

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

### **Cost:**

Senate Bill 94 Contract

### **Link/Contact:**

Matt Friesen  
DYC, Senate Bill 94, CDHS  
4131 S. Julian Way  
Denver, CO 80236  
303.866.7345

## Massachusetts Youth Screening Instrument - 2 (MAYSI-2)

### **Brief Description of the Instrument:**

The MAYSI-2 is a 52-question self-report screening instrument that measures symptoms on seven scales pertaining to areas of emotional, behavioral, or psychological disturbance, including suicide ideation. It is intended for use at any entry or transitional placement point in the juvenile justice system.

### **Agencies Administering the Tool:**

Diversion; Juvenile Assessment Centers (JAC); SB94 Programs; Probation; Division of Youth Corrections (Detention and Commitment Facilities); Substance Use/Mental Health Treatment Providers.

### **Population:**

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

### **Purpose:**

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

### **Administration:**

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

Completed at points of entry into the juvenile justice center, probation, admission to detention, ect...,

### **What Decisions Are Made Based on the Results:**

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

### **Skill Level Required by Staff to Administer the Tool:**

Basic interviewing skills and training specifically on the MAYSI-2 does not require a mental health professional for scoring and interpretation.

### **Training Requirement:**

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

### **Cost:**

Free for paper version; staff time only. Approximately \$300 for software. (MAYSIWARE 4.0)

### **Link/Contact:**

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

## Alcohol Use Disorders Identification Test (AUDIT)

### Description of the Instrument:

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

### Agencies Administering the Tool:

Substance Use/Mental Health Treatment Providers; Wellness Centers.

### Population:

Adults and adolescents

### Purpose:

Screening identifies harmful use and hazardous drinking patterns.

### Administration:

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

### What Decisions are Made Based on the Results:

Identify the need for a more in-depth assessment.

### Skill Level Required by Staff to Administer the Tool

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

### Training Requirement:

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

### Cost:

The test is copyrighted; however, the tests and manuals are free.

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

SAMHSA-HRSA  
Center for Integrated Health Services  
Click on Clinical Practice and screening tools  
202.684.7457

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

## Personal Experience Screening Questionnaire (PESQ)

### Description of the Instrument:

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

### Agencies Administering the Tool:

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

### Population:

12- to 18-year-olds

### Purpose:

To provide an indication of the need for a comprehensive drug use evaluation and to briefly screen for select psychosocial problems and faking good and faking bad tendencies. The PESQ identifies who should be referred for a complete chemical dependency evaluation.

### Administration:

This questionnaire takes approximately 10 minutes to administer and scoring takes approximately 3 minutes. Scoring instructions may be found in the questionnaire booklet.

### What Decisions Are Made Based on the Results:

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

### Skill Level Required by Staff to Administer the Tool:

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

### Training requirement:

Discuss with author.

### Cost:

This instrument is copyrighted; cost for the manual is \$63 and test forms are \$104 for a kit (25).

### Link/Contact:

Susan Weinberg  
Western Psychological Services  
12031 Wilshire Boulevard  
Los Angeles, CA 90025  
310.478.2061  
[www.wpspublish.com](http://www.wpspublish.com)

## Problem Oriented Screening Instrument for Teenagers (POSIT)

### Description of the Instrument:

The POSIT, available in English and Spanish language versions, is a brief screening tool. POSIT is a self-administered 139-item "yes/no" screening questionnaire, designed to identify problems and the potential need for service in 10 functional areas, including substance use/abuse, mental and physical health, family and peer relations, vocational, and special education.

### Agencies Administering the Tool:

Can be utilized by school personnel, juvenile and family court personnel, medical care providers, and staff in Substance Use/Mental Health Treatment Programs.

### Population:

12- to 19-year-olds

### Purpose:

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

### Administration:

POSIT takes 20-30 minutes to administer, and two scoring systems are available. The original system presented in the Adolescent Assessment-Referral System (AARS) manual and the newer scoring system available from NIDA. Scoring takes two seconds for computerized scoring; 2-5 minutes when using the scoring templates placed over the paper and pencil versions of the POSIT and POSIT follow-up questionnaires.

### What Decisions Are Made Based on the Results:

Need for further assessment.

### Skill Level Required by Staff to Administer the Tool:

Requires no special qualifications to use.

### Training Requirement:

N/A

**Cost:** There is no cost.

**Link/Contact:** Computerized POSIT and POSIT follow-up:

PowerTrain, Inc.  
8201 Corporate Drive Suite 1080  
Landover, MD 20785 301.731.0900

Dr. Elizabeth Rahdert  
NIDA/NIH  
5600 Fishers Lane, Room 10A-10  
Rockville, MD 20857 301.443.0107

Adolescent Assessment-Referral System Manual, Stock #BKD59  
National Clearinghouse for Alcohol and Drug  
P.O. Box 2345  
Rockville, MD 20847-2345  
800.729.6686



## Teen Addiction Severity Index (T-ASI)

### Brief Description of the Instrument:

The T-ASI is an assessment tool that was developed in 1991 by Kaminer, Bukstein and Tarter as a semi-structured, age appropriate modification of the Addiction Severity Index. It yields 70 ratings in 7 domains: Psychoactive Substance Use, School or Employment Status, Family Function, Peer-Social Relationships, Legal Status and Psychiatric Status. The questionnaire is accompanied by an instruction manual.

### Agencies Administrating the Tool:

Substance Use/ Mental Health Treatment Professionals

### Population:

Adolescents; clients with co-occurring disorders.

### Purpose:

To provide information on an adolescent prior to entry into inpatient care or other care facility for substance use-related problems.

### Administration:

The T-ASI consists of 154 items and can be administered by a trained technician or mental health professional in 30 – 50 minutes including scoring. This is a face-to-face interview.

### What Decisions Are Made Based on the Results:

Possible referral for further assessment and treatment.

### Skill Level Required by Staff to Administer the Tool:

Behavioral Healthcare providers

### Training Requirement:

Administrators will require training in interviewing youth with substance use problems.

### Cost:

This instrument is copyrighted, and there is no cost for use ONLY if approved in writing by Dr. Kaminer. Training is recommended and available by the primary author. Further information is available from:

Dr. Yifrah Kaminer, M. D.  
University of Connecticut Health Center  
School of Medicine  
263 Farmington, CT 06030-2103 Instrument  
Tel: 860.679.4344

Email: [kaminer@uchc.edu](mailto:kaminer@uchc.edu)  
Web: <http://www.uchc.edu>  
URL: <http://adai.washington.edu/instruments/pdf/TASI.pdf>

## CRAFFT

### Brief Description of the Instrument:

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

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

### Agencies Administering the Tool:

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

### Population:

Adolescents

### Purpose:

Screening for alcohol and substance abuse.

### Administration:

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

### What Decisions Are Made Based on the Results:

Possible referral for further assessment.

### Skill Level Required by Staff to Administer the Tool:

Behavioral Healthcare providers

### Training Requirement:

N/A

### Cost:

N/A

### Link/Contact:

The questions from the CRAFFT are printed above.

## Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)

### Brief Description of the Instrument:

The SASSI-A2 is used to identify high or low probability of substance dependence and substance abuse disorders for clients 12-18 years of age. The SASSI-A2 also provides clinical insight into family and social risk factors, levels of defensive responding, and consequences of substance misuse.

### Agencies Administering the Tool:

Substance abuse treatment programs, correctional facilities, probation/parole, behavioral health facilities, courts, child protective services, educational facilities, private practices, etc.

### Population:

Adolescents ages 12-18.

### Purpose:

To collect data used to help identify substance abuse disorders and identify multiple risk factors relating to substance abuse disorders, including family and social factors.

### Administration:

This instrument is self-report and can be completed in a paper-and-pencil version or on a computer. There is an option for an audio tape for individuals with reading difficulties. The SASSI-A2 takes about 15 minutes to administer and score.

### What Decisions Are Made Based on the Results:

Necessity to investigate into further substance abuse or provide treatment delivery.

### Skill Level Required by Staff to Administer Tool:

Individual must have the appropriate level of training or be under the supervision of an individual with the appropriate training.

### Training Requirement:

No training is required for psychologists, social workers, certified addiction counselors, and any other human service practitioner whose certification and/or professional training includes assessment training. For individuals who do not have the professional training, the SASSI-A2 can still be administered without training if under appropriate supervision. For individuals who are not human service practitioners and do not have the appropriate supervision, must complete the two sessions of training required for administration.

### Cost:

Paper and Pencil	SASSI Software	SASSI Online
Starter Kits: \$125-\$260	Starter Kits: \$215-\$720	\$4-\$11 per questionnaire
Administered	Test sets: \$10-\$165	Computer Tests: \$10-\$65

### Link/Contact:

[www.sassi.com](http://www.sassi.com)

Training Contact for Colorado:  
Doris Kruse 720.849.2922

## Substance Use Survey (SUS)

### **Brief Description of the Instrument:**

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

### **Agencies Administering the Tool:**

Juvenile Assessment Centers, Diversion, Probation, Substance Abuse Providers, Division of Youth Corrections

### **Population:**

Adolescents ages 12-17 years old.

### **Purpose:**

Assesses a juvenile for alcohol and other drug use.

### **Administration:**

The tool is administered when the youth attends their first appointment with the Probation officer, Diversion officer, or at intake at the Division of Youth Corrections or a Juvenile Assessment Center.

### **What Decisions Are Made Based on the Results:**

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

### **Skill Level Required by Staff to Administer the Tool:**

Basic interviewing skills and training specific to the SUS.

### **Training Requirement:**

2 days of training

### **Cost:**

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

### **Link:**

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

## The Colorado Juvenile Risk Assessment (CJRA) Pre-Screen

### Brief Description of the Instrument:

The CRA pre-screen is a 23-item risk assessment screening instrument designed to predict probability of re-offense by designating youth as low, moderate, or high risk for engaging in future criminal activity. The pre-screen instrument includes items that are a sub-set of the CJRA full assessment, and information gathered during the pre-screen administration process can be carried forward to the full assessment.

### Agencies Administering the Tool:

The Division of Youth Corrections; Select SB 94 Programs; State Probation Departments; select Collaborative Management Programs

### Population:

Juveniles detained, committed and who are supervised in the community by local probation departments.

### Purpose:

To better identify risk and protective factors for juvenile offenders.

### Administration:

The CJRA Pre-Screen is administered to juvenile offenders upon entry into select SB94, Juvenile Assessment Centers and at the Pre-sentence investigation stage and/ or at probation intake and at the point of initial commitment to the Division of Youth Corrections. Additionally, a CJRA reassessment is administered every six months or if circumstances warrant a reassessment for those juvenile's on probation or at key decision points.

### What Decisions Are Made Based on the Results:

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

### Skill Level Required by Staff to Administer the Tool:

Probation requires a 16-hour training class with additional follow up requirements. The DYC requires a 16-hour training certification course. The training class provided by probation and the one required by DYC includes instruction in the interpretation and utility of CJRA results, basic understanding of computerized data entry and training in the application of motivational interviewing skills.

### Training Requirement:

A 16-hour training class for juvenile probation officers and the initial training certification course and annual 4-hour recertification course for DYC. These requirements cover the CJRA Pre-Screen as well as the CJRA Full Assessment.

**Cost:** Public domain instrument

**Link/Contact:** <http://www.wsipp.wa.gov/>

Joseph Anderson  
Division of Youth Corrections  
4131 S. Julian Way  
Denver, CO 80236  
303.866.7691 FAX: 303.866.7383  
Joseph.anderson@state.co.us

Susan Colling  
Division of Probation Services  
1300 Broadway Suite 110  
Denver, CO 80203  
720.625.5767 FAX: 720.625.5933  
Susan.colling@judicial.state.co.us

## Trauma Symptom Checklist

### **Brief Description of the Instrument:**

Evaluate acute and chronic posttraumatic symptomatology for children who have experienced or been a witness to traumatic events. The instrument evaluates responses to six individual clinical scales (Anxiety, Depression, Anger, Posttraumatic Stress, Sexual Concerns, and Dissociation). This is a 54-item self-report questionnaire.

### **Agencies Administering the Tool:**

DYC; Caretakers

### **Population:**

Adolescents, ages 8-16 years

### **Purpose:**

Evaluate acute and chronic posttraumatic symptoms in youth and identify what follow-up is necessary.

### **Administration:**

Administered at intake to DYC commitment. Item responses are hand-scored.

### **What Decisions Are Made Based on the Results:**

Diagnose symptoms and aid in treatment planning.

### **Skill Level Required by Staff to Administer the Tool:**

Minimal, can be administered by caretaker.

### **Training Requirement:**

No training required

### **Cost:**

Approximately \$1.50 per individual administration.

### **Link/Contact:**

John Briere, Ph.D.  
Psychological Trauma Program  
LAC+USC Medical Center  
2010 Zonal Avenue, room 1P51  
Los Angeles, CA 90033  
info@johnbriere.com

## School Refusal Assessment

### **Brief Description of the Instrument:**

The School Refusal Assessment seeks to understand the reason behind a child not attending school. The tool has 24 questions related to a youth's school attendance with a form for the parent/guardian and the child to answer. The two sets of responses are reviewed for consistency and rated by the administrator. The tool is answered and scored with paper and pencil.

### **Agencies Administering the Tool:**

Juvenile Assessment Centers.

### **Population:**

Youth ages 10 to 17 who are not attending school regularly.

### **Purpose:**

Discover the reason a child is not attending school and address next steps with the family.

### **Administration:**

At the point of contact with the Juvenile Assessment Center.

### **What Decisions Are Made Based on the Results:**

Guides decisions regarding the school engagement plan for the youth.

### **Skill Level Required by Staff to Administer the Tool:**

Minimal skill required

### **Training Requirement:**

2 hours to learn the rating scale and explanation of the tool.

### **Cost:**

No charge to administer the instrument.

### **Link/Contact:**

Christopher A. Kearney  
Director of the Clinic  
University of Nevada Las Vegas  
Child School Refusal and Anxiety Disorder Clinic  
chris.kearney@unlv.edu

## **SECTION 4**

# **JUVENILE ASSESSMENT INSTRUMENTS**



## Colorado Juvenile Risk Assessment (CJRA) - Full Assessment

### Description of the Instrument:

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

### Agencies Administering the Tool:

The Division of Youth Corrections; Select SB 94 Programs; State Probation Departments

### Population:

Juveniles detained, committed and who are supervised in the community by local probation departments.

### Purpose:

To better identify risk and protective factors for juvenile offenders; for all juvenile offenders committed to the Division of Youth Corrections, in order to better meet the overall Division Mission to achieve justice and to protect and serve the Colorado community. The CJRA Full Assessment is used for case planning purposes while a juvenile is on probation or on parole from NYC. The full assessment identifies high need areas and allows the probation officer/case manager to properly select appropriate intervention strategies.

### Administration:

The CJRA is administered to juvenile offenders upon entry into select SB94 Programs, Juvenile Assessment Centers, at the Pre-sentence investigation stage and/ or at probation intake and at the point of initial commitment to the Division of Youth Corrections. Additionally, a CJRA reassessment is administered every six months or if circumstances warrant a reassessment for those juvenile's on probation or at key decision points.

### What Decisions Are Made Based on the Results:

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

### Skill Level Required by Staff to Administer the Tool:

Probation requires a 16-hour training class with additional follow up requirements. The NYC requires a 16-hour training certification course. The training class provided by probation and the one required by NYC includes instruction in the interpretation and utility of CJRA results, basic understanding of computerized data entry and training in the application of motivational interviewing skills.

### Training Requirement:

A 16-hour training class for juvenile probation officers and SB94, and the initial training certification course and annual 4-hour recertification course for NYC.

**Cost:** Public domain instrument

**Link/Contact:** <http://www.wsipp.wa.gov/>

Joseph Anderson  
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4131 S. Julian Way Denver, CO 80236  
303 866 7691 FAX: 303 866.7383  
[Joseph.anderson@state.co.us](mailto:Joseph.anderson@state.co.us)

Susan Colling  
Division of Probation Services  
1300 Broadway Suite 110 Denver 80203  
720 625 5767 FAX: 720 625 5933  
[Susan.colling@judicial.state.co.us](mailto:Susan.colling@judicial.state.co.us)

## Child and Adolescent Needs and Strengths Assessment (C.A.N.S.)

### Brief Description of the Instrument:

The C.A.N.S. is a nine section assessment tool used to determine the needs for a youth in a multitude of domains. Each section contains questions to be answered based off self-report motivational interviewing with the youth and the family. The tool is used for case planning and service delivery for youth on the brink of entering the juvenile justice system. The tool is paper form only and scored by hand.

### Agencies Administering the Tool:

Juvenile Assessment Centers and Senate Bill 94 screening teams.

### Population:

Youth ages 6 to 17 years old who are involved in or are at-risk of involvement in the juvenile justice system.

### Purpose:

Assesses the needs of youth to assist in case planning and service delivery.

### Administration:

At the point of contact with the Juvenile Assessment Center.

### What Decisions Are Made Based on the Results:

Guides decisions regarding the level of intervention for the youth.

### Skill Level Required by Staff to Administer the Tool:

Motivational Interviewing skills and training with the tool.

### Training Requirement:

2 day training with a C.A.N.S. instructor.

Cost: Free

### Link/Contact:

Skip Barber  
Executive Director  
Colorado Association of Families and Children's Agencies  
1120 Lincoln St., Suite 701  
Denver, CO 80203  
Phone 720.570.8402  
Fax 720.570.8408  
[skipbarber@earthlink.net](mailto:skipbarber@earthlink.net)

\*Due to the diversity of domains covered with the C.A.N.S. it has been used widely among Residential Child Care Facilities (RCCF). In Colorado, there was a push to make it more focused on Trauma diagnoses for youth; which led to the development of the Colorado C.A.N.S. The Colorado C.A.N.S. differs from the C.A.N.S. both in the mandatory trauma domain as well as a difference in the age range the assessment is administered to.

## Colorado Client Assessment Record (CCAR)

### Brief Description of the Instrument:

The Colorado Client Assessment Record (CCAR) is a clinical instrument designed to assess the behavioral health status of an individual in treatment. The tool can be used to identify current clinical issues and to measure progress during treatment. The CCAR consists of an administrative section and an outcomes section. The administrative section contains questions related to an individual's characteristics (e.g., social security number, date of birth, gender, etc.) while the outcomes section contains questions related to daily functioning on 25 clinical domains.

### Agencies Administering the Tool:

Community Mental Health Centers (CMHCs) and Clinics; Behavioral Healthcare Organizations (BHOs) and their external providers; Mental Health Institutes at Ft. Logan and Pueblo; Residential treatment providers (Residential Child Care Facilities (RCCFs) providing mental health services and Psychiatric Residential Treatment Facilities); Division of Youth Corrections (DYC); Used by Department of Health Care Policy and Financing for contracting with Behavioral Healthcare Organizations (BHOs).

### Population:

Children, adolescents, and adults served through the public mental health system, including those with Medicaid; youth referred for residential treatment; and youth committed to the Division of Youth Corrections.

### Purpose:

Collect demographic and mental health functioning information; Measure mental health outcomes and count admissions for monitoring performance contracts; ; Used for single variable studies such as ethnicity, income, and diagnosis; Examine trends for periods ranging from quarterly to several years; Federal and State reporting.

### Administration:

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

### What Decisions Are Made Based on the Results:

Assists in assessing individuals and treatment planning; Data is used in budgeting, legislative information, and policy decisions.

### Skill Level Required by Staff to Administer the Tool:

State-sponsored training on the instrument is required.

### Training Requirement:

State-sponsored training.

### Cost:

No charge to administer the instrument.

### Link/Contact:

<http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581450335>

## Safety Assessment

### Brief Description of the Instrument:

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

### Agencies Administering the Tool:

All County Departments of Human Services in Colorado

### Population:

Families being assessed for child abuse and/or neglect by a Colorado County Department of Human Services.

### Purpose:

To assess for current harm or impending danger to children by their caregiver(s).

### Administration:

All Child Protection referrals accepted by county departments of human/social services for assessment of child abuse and/or neglect are required by Human Services regulations to have the Safety Assessment administered as a part of the assessment, and documented in Trails within 30 calendar days.

### What Decisions Are Made Based on the Results:

If present or impending danger is determined, caregiver protective capacity shall be assessed, and if caregivers are unable to protect the child(ren), a Safety Plan must immediately be implemented to control for the safety concerns. If a safety plan is not feasible, the child(ren) may be removed from the home.

### Skill Level Required by Staff to Administer the Tool:

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

### Training Requirement:

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

### Cost:

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

### Link/Contact:

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

## Colorado Family Risk Assessment

### **Brief Description of the Instrument:**

Small set of questions intended to determine the likelihood of abuse or neglect to occur in the future.

### **Agencies Administering the Tool:**

All County Departments of Human Services in Colorado. This instrument, which originated in Michigan, has been validated for use in Colorado.

### **Population:**

Families being assessed for child abuse and/or neglect by a Colorado county Department of Human Services.

### **Purpose:**

To determine the likelihood for future abuse or neglect of a child by a caregiver.

### **Administration:**

To be administered during the assessment, and documented in the Trails system within 30 calendar days of a referral being accepted by a county department of human services for assessment of alleged child abuse and/or neglect.

### **What Decisions Are Made Based on the Results:**

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

### **Skill Level Required by Staff to Administer the Tool:**

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

### **Training Requirement:**

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

### **Cost:**

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

### **Link/Contact:**

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

## Adolescent Self-Assessment Profile (ASAP)

### Brief Description of the Instrument:

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

### Agencies Administering the Tool:

Division of Youth Corrections, Substance Abuse Providers and Probation Departments.

### Population:

Adolescents ages 12-17

### Purpose:

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

### Administration:

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

### What Decisions Are Made Based on the Results:

Identifies significant treatment domains.

### Skill Level Required by Staff to Administer the Tool:

Certified Addictions Counselors (CAC II, III), psychologists, social workers, physicians, licensed mental health professional and licensed addictions counselor.

### Training Requirement:

Required; taught by the author.

### Cost:

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

### Link/Contact:

Center for Addiction Research and Evaluation  
5460 Ward Road, Suite 140  
Arvada, CO 80002  
303.421.1261 FAX: 303.467.1985

## Comprehensive Adolescent Severity Index (CASI)

### Description of the Instrument:

The CASI was developed in 1995 by Myers, McLellan, Thomas and Pettinati. It is a comprehensive, semi-structured, clinical assessment and interview with adolescents. It consists of 10 independent modules; Health, Family, Stressful Life Events, Legal Status, Sexual Behavior, AOD Use, Mental Health Functioning, Education and Free Time. Each module measures the adolescent's perception of the existence of the topic as a problem, as well as its severity. The instrument also contains items that measure the client's strengths. The instrument is recommended by the National Institute on Alcoholism and Alcohol Abuse.

### Agencies Administering the Tool:

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

### Population:

Adolescents ages 12-17

### Purpose:

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

### Administration:

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

### What Decisions Are Made Based on the Results:

Identifies a focus for providing effective treatment services.

### Skill Level Required by Staff to Administer the Tool:

A trained professional should administer the instrument.

### Training Requirement:

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

### Cost:

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

### Link/ Contact:

Email: [myershagen@erols.com](mailto:myershagen@erols.com) System Measures, Inc.  
610.287.2786 P.O. Box 506  
Spring Mount, PA 19478

## Global Appraisal of Individual Needs (GAIN)

### Description of the Instrument:

Designed in 1999 by Dr. Michael Dennis of Chestnut Health Systems, the GAIN consists of 1,606 items, set up as modules. It takes 60 – 120 minutes to administer and is designed to measure the recency of problems, breadth, and frequency of problems and service utilization related to substance use. It consists of a series of measures designed to integrate research and clinical assessment. The GAIN has 99 scales and subscales, which include measurement of diagnosis, treatment motivation, relapse potential, mental health and risk/protective factors. It can be used as a self-administered questionnaire, a clinician-administered interview, assessment, diagnostic test, treatment planning, or outcome evaluation.

### Agencies Administering the Tool:

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

### Population:

Adolescents and adults

### Purpose:

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

### Administration:

It can be obtained in the following formats: pencil-and-paper self-administered, interview (structured), computer self-administered (forthcoming) and computer-assisted interview (by staff).

### What Decisions Are Made Based on the Results:

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

### Skill Level Required by Staff to Administer the Tool:

Para-professionals and other behavioral health care clinicians.

### Training Requirement:

Training is mandatory.

### Cost:

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

### Link/ Contact: Michael Dennis, PhD.

Senior Research Psychologist Chestnut Health Systems  
720 West Chestnut  
Bloomington, IL 61701  
309.827.6026  
Email: [mdennis@chestnut.org](mailto:mdennis@chestnut.org)



## Practical Adolescent Dual Diagnostic Interview (PADDI)

### Brief Description of the Instrument

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

### Agencies Administering the Tool:

Clinical Professionals or trained paraprofessionals.

### Population:

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

### Purpose:

Focus on the mental health conditions most likely to interfere with recovery from substance abuse or dependence.

### Administration:

The PADDI is a clinician-administered interview, which can be scored within 5 minutes of a 20 – 40 minute interview. Professionals can use the PADDI without special training. Technicians and paraprofessionals can administer the instrument with minimal training and supervision.

### What Decisions Are Made Based on the Results:

Identifies a focus for providing effective treatment services.

### Skill Level Required by Staff to Administer the Tool:

Professionals can use the PADDI without special training. Technicians and paraprofessionals can administer the instrument with minimal training and supervision. Final interpretation of findings requires a qualified professional.

### Training Requirement:

An online continuing education course featuring the use of the PADDI and data derived from clinical and juvenile justice populations can be accessed online.

### Cost:

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

### Link/Contact:

The Change Companies  
5221 Sigstrom Drive  
Carson City, NV 89706  
Tel: 888.889.8866

Fax: 775.885.0643  
Email: [Info@changecompanies.net](mailto:Info@changecompanies.net)  
Web: <http://www.changecompanies.net>

## Behavior Assessment System for Children (BASC 2) Second Edition

### Brief Description of the Instrument:

A comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS) and Structured Developmental History (SDH). Together they help clinical and school personnel better understand the behaviors and emotions of children and adolescents.

### Agencies Administering the Tool:

School personnel, mental health treatment providers

### Population:

Children and adolescents

### Purpose:

Designed to evaluate psychological problems as well as evaluate various aspects of behavior and personality including positive (adaptive) as well as negative (clinical) dimensions.

### Administration:

Each assessment may be used independently, given at intake, treatment planning sessions or as a tool to monitor progress. Each assessment may be completed with a professional present or independently. Administration is 20-25 minutes. Scoring is 5 minutes. Spanish version is available.

### What Decisions Are Made Based on the Results:

Designed to assist in differential diagnosis, treatment planning, determine progress made during treatment, assignment for educational classification.

### Skill Level Required by Staff to Administer the Tool:

Experienced clinician or school personnel.

### Training Requirement:

Requires no formal training.

### Cost:

Details and pricing available at Pearson Education, Inc., <http://pearsonassessments.com>

### Link / Contact:

<http://pearsonassessments.com>

Authors:

Randy W. Kamphaus Ph. D

Cecil R. Reynolds Ph.D.

## Child Post Traumatic Stress Disorder (PTSD) Symptom Scale (CPSS)

### Brief Description of the Instrument:

The CPSS is used to measure PTSD severity. It is made up of 17 items in part 1 and 7 items in part 2. It takes approximately 20 minutes to administer as an interview measure (by a clinician) and 10 minutes to complete as a self-report. Tool is available in Spanish, Korean, Russian and English.

### Agencies Administering the Tool:

The tool can be administered by clinicians and physicians.

### Population:

Children and adolescents ages 7-18

### Purpose:

The CPSS can help determine if a client is experiencing PTSD symptoms and can be helpful in treatment planning.

### Administration:

This is a self-explanatory self-report tool or can be administered as an interview. There are no specific administration instructions. The original article, (Foa et al., 2001) a clinical cutoff score of greater or equal to 11 was established by inspecting the distribution of total scores for children with high and low PTSD symptoms. This yielded a 95% sensitivity and 96% specificity. However, clinical experience suggests that a cutoff of 15 is more appropriate for determining PTSD. The total score on items 1-17 results in the overall score.

### What Decisions Are Made Based on the Results:

Treatment planning.

### Skill Level Required by Staff to Administer the Tool:

Behavioral Healthcare providers

### Training Requirement:

Clinical training

### Cost:

N/A

### Link/Contact:

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**APPENDIX A**  
**UTILIZATION OF INSTRUMENTS BY**  
**AGENCY**

## Screening and Assessment Instruments used in the Juvenile Justice System

July 2013

JDSAG	MAYSI – 2	SUS1A	CJRA	CCAR	ASAP
SB94	SB94-18th				
	JAC-18th				
	Diversion- 6th, 17th & 8th	Diversion- 6th & 17th			
	Select State Probation Departments	State Probation Departments	State Probation Departments		
	DYC – detained & committed youth	DYC- committed	DYC- detained and committed youth	DYC – committed youth	DYC - committed
				MH Centers and Clinics, Colorado MH Institute-Pueblo	
				Residential Treatment Providers	

# INSTRUMENTS MATRIX

## Screening Instruments Matrix

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
JDSAG	Senate Bill 94: Statewide	Youth taken into custody by law enforcement	Guides placement decisions at the time of arrest and provides data for program evaluation	Time of arrest for a new offense; district court warrant; probation violation; when referred for detention services	Guides decisions regarding the level of placement needed within the detention continuum	Basic interviewing skills and training on the JDSAG in addition to local policy	2-4 hour initial training with follow-up on the job initial training	Staff time only and Senate Bill 94 Contract
CRAFFT	Often used in physician's offices, but can be used by all levels of behavioral health care providers	Juvenile populations between 12-17	D/A screen	Upon intake	Further Assessment and Evaluation	Behavior Healthcare Providers	None	None
MAYSI-2	Diversion; Juvenile Assessment Centers (JAC); SB94 Programs, Probation, Division of Youth Corrections. Substance Use/Mental Health Providers	Juvenile populations between 12 - 17	MH and Substance Use screen	Various stages along the continuum	Further Assessment and Evaluation	Basic Interviewing and training on MAYSI II	2-4 hour intimal training with follow-up on the job initial training	Free for paper version, Staff Time only. Approximately \$300 for software
CJRA Pre-Screen	DYC; SB94; Probation	Detained and Committed Juveniles between 10-17	Assess risk level to reoffend	Upon Intake or at the Pre-sentence Investigation stage	Further Assessment and Evaluation	16 hour training certification course, basic understanding of computerized data entry and motivational interviewing skills	Initial course and 4 hour annual refresher course (DYC only)	Public Domain instrument
T-ASI	Substance Use/Mental Health Treatment Providers	Adolescents	Assessment; Provide basic information on an adolescent prior to entry into inpatient care for substance use-related problems	Prior to admission; face to face interview	Possible referral for further assessment and treatment	Trained technician or mental health professional	Requires training in interviewing youth with SA problems	No charge but there is a charge for the training

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
SASSI-A2	Substance Use Treatment Providers, Correctional Facilities, Probation/Parole, Behavioral Health Facilities, Courts, Child Protective Services, Educational Facilities, Private Practices	Adolescents ages 12 – 18	Identify Substance Use Disorders	At Intake	Necessity to investigate into further substance abuse or provide treatment delivery	Appropriate training	Two sessions of training required for non-professionals	Paper and Pencil Starter Kit \$125-\$260 and Test Kit \$10-\$165; SASSI-A2 Software Starter Kit \$215-\$720 and Tests \$10-\$65; Online \$4-\$11 per questionnaire
SUS	Probation: NYC; Diversion; Juvenile Assessment Centers, Substance Abuse Providers	Adolescents 12-17	To determine risk and needs associated with substance use	At intake	Treatment and program referrals; NYC determines further assessment	Minimal with training	Training specific to the tool; boosters available	Staff time
PESQ	Substance Use/Mental Health Treatment Providers, and may be used by a wide range of health professionals	Adolescents 12-18	Provide at a screening level; an indication of the need for a comprehensive drug use evaluation	At Intake	Need for further assessment	Para-professional	Contact author	\$104 – manual and 25 tests; \$63 per package of 25 tests
AUDIT	Substance Abuse/Mental Health Treatment providers; Wellness Centers	Adults and adolescent	Screening is completed to identify harmful drinking patterns	At Intake	In Depth assessment needed	Para-professional	Minimal	The test is copyrighted; however, the tests and manuals are free. There is a charge for the training video
POSIT	ADAD; School Personnel, Juvenile and Family Court Personnel, Medical and Mental Health Care Providers	Adolescents, 12-19	Identify potential problem area that requires further assessment	At Intake	Identifies problems and potential treatment or services needs in 10 areas, including substance abuse, mental and physical health and social relations	No special qualification	Very clear and straight forward	Pricing information available at PowerTrain, Inc. 301-731-0900
Trauma Symptom Checklist	NYC; Caretakers	Adolescents, 8-16	Evaluate Post Traumatic Symptoms	Upon entrance to NYC	Diagnose post traumatic symptoms and aid in treatment planning	Minimal Skill required	No training required	Approximately \$1.50 per individual administration
School Refusal Assessment	Juvenile Assessment Centers	Adolescents, 10-17 who are not attending school regularly	Discover reasoning for not attending school	At Intake	School engagement planning for the youth	Minimal skill required	2 hour training to learn rating school and explanation of the tool	Free



## Assessment Instruments Matrix

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs Associated to administer tool
CJRA	DYC, SB94 Programs, Probation	Detained and Committed Juveniles	Identify risk and protective factors	Upon entry to SB94 Programs, at detention and commitment to DYC and at the PSI or intake into probation	Understand risk to recidivate, individual criminogenic needs, and targets for service intervention	16 hour training course	Initial 8-12 hour training certification course, annual 4 hour recertification course (DYC only)	None
C.A.N.S.	Juvenile Assessment Center; SB94 Programs	Adolescents 6-17	To determine needs and aid in service delivery	At Intake	Guides level of intervention for youth and what needs need to be met	Motivational Interviewing Skills and training in tool	2 day Training with C.A.N.S. instructor	Free
Colorado Family Risk Assessment	DHS/Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 30 days of case opening	Determine case services and target appropriate level of service	Minimum of a B.A or B.S in a Human Services related field	2-4 hours of training	None
Safety Assessment	DHS/Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 7 calendar days of a Child Protection Investigation; prior to reunification or case closure	A plan developed to assure safety of the child	Minimum of a B.A or B.S. in a Human Services related field	2-4 hours of training	None
GAIN	Student Assistance Programs; Juvenile Justice, Mental Health clinics and Substance Abuse Providers	Adolescents and adults	Identify substance abuse issues	At Intake	Guides decisions in diagnosis, placement and treatment planning	Para-Professionals and other Behavioral Health Care Clinicians	Training with instructor	Copyrighted and a fee required for each instrument used
PADDI	Clinical Professionals and Paraprofessionals	Adolescents with co-occurring mental health and substance use disorders	Address possible mental health issues that would affect substance abuse treatment	Upon Intake with a clinician	Treatment planning	Clinicians; Para-professionals and Technicians may administer with supervision	Professionals can use the tool without special training	Packets of 25 forms are \$67.50 and the manual is \$20

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs Associated to administer tool
CCAR	DMH, Community Mental Health Centers, NYC, Residential Treatment Providers, Mental Health Institutes	DYC Committed youth, Youth in Residential Treatment, Individuals receiving publically funded mental health services	MH Assessment and Demographic Information	Upon commitment to NYC; Admission of youth to Residential Treatment; At admission, discharge, and annual updated for individuals receiving publically funded Mental Health Services	Assessment of MH functioning	Better to have a degree for purposes of dx	Training on the instrument (typically 3 hours)	Staff time
ASAP	NYC; Substance Use Providers; Probation Departments	Adolescents	Assess for treatment needs rule in Treatment level	Prior to treatment, a self-report instrument and may be either self-administered or administered through an interview structure	Substance abuse treatment needs	CACII or CACIII (CAC I under supervision), Psychologists, Social Workers, Physicians, Licensed Mental Health Professionals	Attend Differential Diagnosis class through ADAD, must be CAC II or III	The ASAP is copyrighted and there is a fee for its use
BASC2	School personnel; Mental Health Treatment Providers	Children, Adolescents	Evaluate psychological problems	At intake, Treatment Planning Sessions or as a tool to monitor progress	Assist in differential diagnosis, treatment planning, determine progress and educational classification	Experienced clinician or School Personnel	No formal training	Pricing available at Pearson Education online
CASI	A variety of Behavioral Health Care Clinicians and Para-Professionals	Adolescents	Provide comprehensive, in-depth assessment of the severity of an adolescent substance use and other related areas	At admission to treatment program for the severity measurement; Face to face interview	Provides an in-depth assessment of the severity of an adolescent substance use and related problems to help determine length of time in program	Trained professional	Specific administration/scoring course required; cost of training is \$2000 as of 2006	The instrument is copyrighted; the pencil and paper version is available free of charge
Child Post Traumatic Stress Disorder Symptom Scale	Clinicians and Physicians	Adolescents, ages 7-18	Determine if a client is experiencing PTSD symptoms	Administered during an interview. No specific administration instructions	Treatment planning	Behavioral Healthcare Providers	Clinical Training	Free

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