



# AOC Briefing

February 2011

## **SCREENINGS AND ASSESSMENTS USED IN THE JUVENILE JUSTICE SYSTEM**

### **Evaluating Risks and Needs of Youth in the Juvenile Justice System**

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An overview of screening and assessment instruments, including a summary of issues related to instrument validation, selection, and administration.



ADMINISTRATIVE OFFICE  
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## **AOC Briefing**

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## INTRODUCTION

This briefing provides an overview of screening and assessment instruments that may be administered to youth who come into contact with the juvenile justice system. It describes the types of screenings and assessments that are commonly used and highlights the main issues and concerns related to selecting and using these instruments, such as instrument validation, training, tool administration, and interpretation of results. Two other briefings in this series focus on screening and assessment tools that specifically evaluate risks and mental health.

## TYPES OF SCREENING AND ASSESSMENT INSTRUMENTS USED IN THE JUVENILE JUSTICE SYSTEM

The term “assessments” may be used to refer to *processes* (e.g., competency assessments) or *instruments* (e.g., risk assessment and screening questionnaires). An assessment process may involve a comprehensive evaluation that includes a battery of measurement instruments such as a risk/needs assessment, a mental health evaluation, and an assessment of the youth’s cognitive or intellectual abilities. This briefing discusses the types of assessment instruments that are commonly used to evaluate youth within the juvenile justice system.

Assessment instruments are standardized questionnaires used to screen or evaluate the risks, needs, strengths, and abilities of an individual youth. Many different types of assessments are used in the juvenile justice system, including risk assessments, strengths assessments, behavioral and mental health assessments, and cognitive/intellectual assessments. Some assessment instruments are intended to measure a single concept (e.g., risk of substance abuse, posttraumatic stress disorder), while others are multidimensional and assess multiple content areas such as risks, strengths, and treatment needs. Many of the instruments used by California probation departments are multidimensional assessments.

## **Why Use Standardized Screening and Assessment Instruments?**

The use of standardized screening and assessment instruments offers three main benefits to the juvenile delinquency system. One, it provides structure and consistency to the delinquency system's decisionmaking process and helps to ensure that all youth who enter the system are treated equitably. Two, the information from screening and assessment instruments can help identify a youth's needs early in the process in order to inform treatment and dispositional planning. The results can be used to match the youth with services that will best meet his or her individual needs, allowing for more efficient targeting of limited resources. Three, research suggests that screening and assessment instruments that have been tested and validated are more accurate than subjective or clinical judgments in identifying a youth's needs and level of risk.<sup>1</sup>

### **Screening Versus Assessment**

“Screening” is part of a triage process that generally occurs at point of intake into the system. Screening instruments are brief questionnaires that are administered to all youth at point of intake and can be completed by nonclinical staff. They may be used in making initial decisions regarding a youth's placement and immediate needs, including the need for further evaluation.

“Assessments” are part of an in-depth evaluation of the youth's needs. Assessment instruments are generally longer and more comprehensive than screening instruments and may include an evaluation of a youth's risks, strengths, needs, and abilities. Some assessments (e.g., risk assessments) may be completed by nonclinical staff, while others (e.g., mental health assessments) require clinical training.

Screening and assessment instruments may be administered at different points in the juvenile justice process. The instruments used at each point in the process generally have different purposes, and not all youth will receive every screening or assessment. Intake risk and mental health screenings are often completed at the time of referral to the probation department with the goal of providing an initial assessment of a youth's immediate needs.

Other assessments may be administered upon admission to a juvenile detention center, at time of adjudication, and postadjudication upon admission to programs or detention facilities. These assessments can be used to determine a youth's risk of reoffense, to assess treatment needs, or to make decisions regarding program placement and detention. Some instruments are readministered after a period of time to measure a youth's progress and to reevaluate treatment needs.

The screening and assessment instruments described in this briefing are classified into two broad categories: (1) risk/needs screening and assessment instruments and (2) mental health/substance abuse screening and assessment instruments.

## **Risk and Needs Instruments**

Risk screening and assessment instruments measure the likelihood that a youth will reoffend, violate probation, or fail to appear in court. Risk assessments may also include an evaluation of a youth's needs and strengths/protective factors (e.g., youth gets good grades in school, has a supportive caregiver, etc.).

**Risk screening instruments.** Risk screening instruments are brief questionnaires administered at time of intake to determine whether the arrested youth should be released or held in secure confinement, pending the initial court appearance, and also to determine the youth's immediate needs. Risk screening instruments include a list of factors (e.g., youth's prior criminal history, severity of current charge, youth's age) that are scored and combined to form an overall total risk score. The total score classifies a youth's risk level, which is then used to inform detention decisions. These tools can generally be administered by nonclinical staff with appropriate training. Risk screening instruments are often developed locally and take into account local protocols and laws. A report from the Annie E. Casey Foundation provides an excellent in-depth description of how to design, test, and implement risk screening instruments.<sup>2</sup>

**Risk/needs assessment instruments.** These instruments assess a youth's likelihood of reoffending and also assist in determining his or her rehabilitation needs. These questionnaires vary in content and length and, in addition to measuring risk level, often assess a youth's strengths and protective factors. Content areas may include offense history, family functioning, education, youth behavioral functioning, mental health problems, and substance use. Risk/needs assessments may include both static (unchanging) factors—such as age at first arrest, gender, prior arrest history, and offense type—and dynamic (potentially changing) factors—such as youth behavior and peer relationships. There is some variation across assessment instruments in regard to content, length,

and scoring procedures; however, all group youth into categories based on level of risk. Some instruments will also score and classify the level of a youth's needs, protective factors, or strengths.

Risk/needs assessments can be done at various points during the juvenile delinquency court process (at time of referral to probation, at adjudication, etc.) and can be readministered periodically to measure changes in the youth's risk level and to reevaluate the youth's needs over time.

## **JUVENILE SEX OFFENDER RISK ASSESSMENT INSTRUMENTS**

The ability of assessment instruments to predict juvenile sex offender recidivism is currently unclear. A few juvenile sex offender instruments show promise, but the existing research reveals mixed results in the ability of these tools to predict sexual recidivism in juveniles. The JSORRAT-II (Juvenile Sexual Offender Recidivism Risk Assessment Tool-II) is currently the only actuarial assessment for predicting juvenile sex offender recidivism. This tool has been validated for use with male juvenile sex offenders and is currently being used by California probation departments. Other measures such as the J-SOAP-II (Juvenile Sex Offender Assessment Protocol II) and the ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) are not considered to be actuarial risk assessment tools but rather "structured professional judgment tools" or "empirically informed guides." In addition, no juvenile sex offender risk assessments validated for girls are currently available. Given the mixed findings from validation studies on these instruments and the limited research currently available, the results of these tools should not be used as the sole determinant of a youth's risk of sexual reoffense.

Examples of risk/needs assessment instruments include the PACT (Positive Achievement Change Tool),<sup>3</sup> BOT (Back on Track),<sup>4</sup> and the YLS/CMI (Youth Level of Service/Case Management Inventory System).<sup>5</sup> A more complete listing of the validated risk and needs assessment tools that are most frequently used in California is included in the State Commission on Juvenile Justice report *Juvenile Justice Operational Master Plan: Blueprint for an Outcome Oriented Juvenile Justice System*.<sup>6</sup>

There are also assessment instruments designed to assess juvenile sex offenders' risk of recidivism. However, their ability to predict juvenile sex offender recidivism is currently unclear (see sidebar).

## **Mental Health and Substance Abuse Screening and Assessments**

Thorough screening and assessment are important first steps in determining offenders' specific mental health treat-

ment needs. In a survey of California probation departments, several counties noted that they would like to have the tools to better match juveniles with needed services and to predict potential risks.<sup>7</sup> Screenings and assessments facilitate the appropriate matching. Mental health screenings and assessments may also allow some youth to be diverted to mental health services in the community rather than placed in detention.

**Mental health and substance abuse screening instruments.** Screenings generally consist of a brief instrument administered by nonclinical staff to all youth at point of intake. A screening generally takes between 10 and 30 minutes and determines whether further evaluation or assessment is needed. A screening should identify substance use, suicidality, anger, mood and affect, any unusual thoughts or beliefs, and impulse control. These screenings are not meant to provide a diagnosis; rather, the goal is to immediately identify those youth who may need a more in-depth assessment for mental health or substance abuse problems. Instruments intended for screening *should not* be used as assessment tools for placement into diagnostic categories or to make decisions about a juvenile's disposition.

Examples of mental health screening instruments for juveniles include the MAYSI-2 (Massachusetts Youth Screening Instrument–Version 2)<sup>8</sup> and the CAFAS (Child and Adolescent Functional Assessment Scale).<sup>9</sup> Two substance abuse measures that have been validated for screening substance abuse issues in adolescents are the SASSI-A2 (Substance Abuse Subtle Screening Inventory–Adolescent 2)<sup>10</sup> and the CRAFFT<sup>11</sup> screening tool.<sup>12</sup> Some risk/needs instruments also gather basic information about mental health and substance abuse issues.

**Mental health and substance abuse assessment.** These are follow-up evaluations for the subset of youth whose screening results indicate possible mental health or substance abuse issues. An assessment is a more comprehensive evaluation administered by trained clinical staff. It includes data collection using standardized, evidence-based testing instruments; clinical interviewing; and review of past records. A thorough assessment identifies any psychiatric disorders; substance abuse; problem behaviors, such as anxiety, suicidal tendencies, unusual thoughts, anger, and aggression; intellectual and neurological deficits; family characteristics; and strengths. A number of standardized, well-validated clinical tools are designed to assess mental health and substance abuse issues in adolescents, some of which have been developed for use within the juvenile justice system.<sup>13</sup>

## EVALUATING ASSESSMENT TOOLS

As discussed earlier, a number of screening and assessment instruments are available for use in the juvenile delinquency system. In selecting an instrument that will best meet the needs of a particular juvenile justice setting or population, it is important to consider these questions:

**“Reliability” is a measure of how stable and consistent an assessment instrument is in measuring the same thing each time.**

### **Will the Assessment Instrument Provide the Information You Want?**

When one is selecting an assessment instrument, it is important to understand the purpose of the instrument and the information it can and cannot provide to probation agencies or to the court. Not all instruments evaluate the same factors. For example, some risk assessments measure a youth’s strengths and needs, while other risk assessment instruments do not. If information on needs and strengths is desired by probation or the court, then a tool providing that type of information should be selected.

### **Is the Instrument “Evidence Based”?**

The assessment tools used to evaluate youth should be “evidence based,” meaning that research indicates that the instrument has certain established measurement properties, the most important of which are adequate validity and reliability. The use of assessment instruments that are not valid or reliable may result in the inaccurate evaluation of youth and lead to inappropriate decisions regarding level of response, treatment recommendations, dispositional outcomes, and use of resources.

### **What Is Meant by “Validity” and “Reliability”? How Do I Know If an Assessment Instrument Is Valid and Reliable?**

“Reliability” is a measure of how stable and consistent an assessment instrument is in measuring the same thing each time. A reliable assessment instrument will yield similar results on repeated trials, with different test administrators, and under different testing conditions. For example, if an assessment tool is administered to a youth and then readministered an hour

later, the youth's scores should be similar across the two administrations. Assessment scores also should not vary considerably with different test administrators; if two staff members complete an assessment instrument for the same youth, the resulting scores should be approximately the same. While one would expect slight variation in scores across repeated trials and with different raters, the fluctuation should not be notable.

Factors that may lead to low reliability include the following:

- Unclear instructions and poorly written or difficult questions;
- Disparity between raters in how they administer the instrument (possibly because of differences in training or experience);
- Insufficient time to complete the tool; and
- The inability to obtain the information needed to accurately complete the assessment instrument.

To maximize reliability, instruments with previously established reliability should be selected, and staff conducting the assessments should be properly trained on the tool and should administer it the same way every time. For more information on the different types of reliability and the methods used for assessing reliability, readers are encouraged to explore additional publications on this topic.<sup>14</sup>

“Validity” of an assessment tool refers to the degree to which the assessment actually measures what it is supposed to measure—for example, does a risk assessment instrument accurately classify youth based on their risk to reoffend? Does a mental health assessment instrument really measure a youth's mental health functioning? It is important to note that just because an assessment tool *appears* to measure a youth's reoffense risk, mental health needs, or substance abuse, this does not necessarily mean the instrument actually *is* an accurate measure of the concept that it claims to measure. Assessment tools should first be tested through research studies and shown to be accurate measures before they are used to make decisions about youth in the juvenile justice system.

**“Validity” is the  
degree to which an  
assessment instrument  
measures what it is  
supposed to measure.**

It is also important to use assessment instruments that have been tested and validated on a group that is similar to the population with which you plan to use it. For example, an instrument shown to predict recidivism in a population of delinquent boys may not be suitable for use with delinquent girls, if that instrument was not also validated (tested) on girls. Similarly, if the population to be assessed is ethnically diverse, using an instrument that was validated only on a Caucasian population would be inappropriate. For certain types of measures, particularly risk assessments, local validation of the tool is often recommended.<sup>15</sup> Assessment instruments also need to be developmentally appropriate; therefore, instruments validated only on adults should not be used to assess juvenile populations.

Validity may also be compromised when an assessment instrument is used for a purpose for which it was not designed. For example, using a validated intelligence test to assess a youth's mental health needs would be an invalid use of the tool since the tool was not designed to measure mental health needs.

To maximize validity in assessments, juvenile justice systems should:

- Use assessments that have been tested and shown to be valid measures;
- Select assessment instruments that have been tested on a population that is demographically similar to the local population on which they will be used;
- Take into consideration factors such as a youth's gender, ethnicity, age, and sexual orientation when selecting an instrument and interpreting the results;
- Use assessment instruments to measure what they were designed to measure (e.g., do not use a mental health screening tool to measure a youth's risk of recidivism); and

## **ASSESSMENTS IN THE CALIFORNIA JUVENILE DELINQUENCY SYSTEM**

Results from survey data collected in 2008 by the State Commission on Juvenile Justice indicate that most counties are now using validated risk and needs tools to assess youth in the juvenile justice system. Specifically, 83 percent of responding counties indicated that they were currently using or had recently acquired a validated risk assessment tool, and 79 percent indicated that they were using a validated needs assessment tool. Precise information about other types of assessment tools being used by counties (e.g., mental health and substance abuse assessments) is not currently available.

- Select assessment instruments that have been validated for juveniles—*instruments validated only on adult populations should not be used to assess juvenile populations.*

In addition to being valid, reliable, and standardized, instruments should be culturally relevant, and administrators of instruments should be culturally competent. This means overcoming any barriers in language, cognition, and concepts to understanding culture-related beliefs, values, and attitudes, all of which can affect validity.<sup>16</sup> Training on a specific instrument will detail for which populations that instrument is appropriate.

The concepts of validity and reliability can be complex, and an in-depth discussion of these measurement properties is beyond the scope of this briefing. For those readers who are interested in a detailed discussion about how to evaluate the validity, reliability, and other psychometric properties of screening and assessment instruments, see Thomas Grisso's *Mental Health Screening and Assessment in Juvenile Justice*.<sup>17</sup>

### **Is the Necessary Information Available?**

If the information needed to complete the assessment tool is difficult to collect or is of questionable accuracy, the result may be missing data and inaccurate completion of the instrument. It is also important to consider whether or not the information needed to complete the assessment is available in a timely manner. This is of particular concern for intake screening; information that is difficult to collect may slow the process of evaluating youth to determine their immediate needs (e.g., deciding whether a youth should be placed in secure confinement or released, identifying potential mental health concerns).

### **Can Courts or Probation Agencies Change or Remove Items From an Existing Validated Instrument?**

The content of validated instruments should not be altered. Any changes to assessment tools (e.g., deleting items or rewording questions) will compromise the validity of the tool and may result in a youth's inaccurate assessment.

### **What Financial and Staff Resources Are Required?**

Assessment costs include the actual cost of the tools themselves, financial resources for training staff and other juvenile justice partners, and the staff resources needed to administer assessments.

**Cost of assessment instruments.** The cost of assessment instruments varies: some tools may be free; others may require software purchase or license fees. Some publishers of assessment tools charge a flat fee for usage of the tool; others charge per case. Information on cost generally must be obtained directly from the instrument's publisher.

**Staff resources and training.** Staff must be appropriately qualified to administer the instruments. Some assessment and screening instruments may be completed by intake personnel after they receive training on how to administer the tool, while other instruments can be administered only by those who have clinical training and experience. Using an assessment tool without having the appropriate training may lead to errors in completion of the instrument and differences in how various staff members score the tool, which in turn may lead to the inaccurate assessment and misclassification of youth.

The staff time needed to complete the assessment tools should also be considered and factored into the total cost of assessments. Screening and assessment instruments vary in the length and time needed to administer them.

## **What Information Should the Court Receive About Screening and Assessment Tools?**

Courts should receive information and training on the instruments being used by probation, including education on the content of the instrument, what the tool measures, how it is scored, and what the score classifications mean (e.g., what makes a youth fall into a “low-risk” or “high-risk” category?). This background information will make it easier for juvenile justice professionals to accurately interpret and apply the results. To make fully informed dispositional and treatment decisions, courts should also receive summary-level findings from risk and mental health assessments and findings of any reassessments when applicable.

Assessment and screening tools often contain questions that may be considered to be sensitive or confidential in nature. Some assessment questions capture information that may cause concern for possible self-incrimination by a youth (drug use, prior assaultive behaviors, etc.). Given that this information is sometimes collected before a youth's case has been adjudicated by the court, it is important to ensure that procedures are in place to prevent the information from being misused. Information that falls under confidentiality protections in a clinical setting may not receive that same level of protection once it ends up in a youth's probation or court file. Probation departments should have policies about how and with whom the assessment results will be shared, how the scores will be used to make decisions, and where the information will be stored.

Results from mental health screenings should not be used for adjudicative or dispositional purposes. These tools are not intended to provide diagnostic information, and the results are valid only for a short period of time (two to four weeks). The in-depth mental health assessments may be used for dispositional purposes; however, confidentiality and privacy issues still need to be considered.

Most assessment tool manuals contain guidelines for how the data should be used and how to prevent misuse of the assessment results.

## NOTES

<sup>1</sup>D. A. Andrews, J. Bonita & J. S. Wormith, "The Recent Past and Near Future of Risk and/or Need Assessment" (2006) 52(1) *Crime & Delinquency* 7–27.

<sup>2</sup>Annie E. Casey Foundation, *Juvenile Detention Risk Assessment: A Practice Guide to Juvenile Detention Reform* (2006), [www.daihelpdesk.org/Pages/PracticeGuides.aspx](http://www.daihelpdesk.org/Pages/PracticeGuides.aspx) (as of Jan. 3, 2011).

<sup>3</sup>Florida Dept. of Juvenile Justice, *PACT System: Assessment & Case Management*, [www.djj.state.fl.us/pact/index.html](http://www.djj.state.fl.us/pact/index.html) (as of Jan. 3, 2011).

<sup>4</sup>Washington State Inst. for Public Policy, *Assessing Risk for Re-Offense: Validating the Washington State Juvenile Court Assessment* (Mar. 2004), [www.wsipp.wa.gov/rptfiles/04-03-1201.pdf](http://www.wsipp.wa.gov/rptfiles/04-03-1201.pdf) (as of Jan. 3, 2011).

<sup>5</sup>A. W. Flores, L. F. Travis III & E. J. Latessa, *Case Classification for Juvenile Corrections: An Assessment of the Youth Level of Service/Case Management Inventory (YLS/CMI)* (Center for Crim. Justice Research, Univ. of Cincinnati, May 2003), [www.uc.edu/ccjrl/Reports/ProjectReports/NIJYLSI.pdf](http://www.uc.edu/ccjrl/Reports/ProjectReports/NIJYLSI.pdf) (as of Jan. 3, 2011).

<sup>6</sup>State Com. on Juvenile Justice, *Juvenile Justice Operational Master Plan: Blueprint for an Outcome Oriented Juvenile Justice System* (2009), <http://67.199.72.34/php/Information/JJOMPAAppendix.pdf> (as of Jan. 3, 2011), p. 49; appen. § 1, p. 19, table 3.

<sup>7</sup>E. Cohen & J. Pfeifer, *Costs of Incarcerating Youth with Mental Illness, Final Report* (Chief Probation Officers of Cal. & Cal. Mental Health Directors Assn., 2008), [www.cdcr.ca.gov/COMIO/docs/Costs\\_of\\_Incarcerating\\_Youth\\_with\\_Mental\\_Illness.pdf](http://www.cdcr.ca.gov/COMIO/docs/Costs_of_Incarcerating_Youth_with_Mental_Illness.pdf) (as of Jan. 3, 2011).

<sup>8</sup>T. Grisso & L. A. Underwood, *Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners* (Off. of Juvenile Justice & Delinquency Prevention, U.S. Dept. of Justice, 2004), [www.ncjrs.gov/pdffiles1/ojjdp/204956.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/204956.pdf) (as of Jan. 3, 2011).

<sup>9</sup>K. Hodges, *Child and Adolescent Functional Assessment Scale* (Eastern Michigan Univ., 2000).

<sup>10</sup>SASSI Inst., *Estimates of the Reliability and Criterion Validity of the Adolescent SASSI-A2* (2001).

<sup>11</sup>CRAFFT is an acronym consisting of the first letters of key words in the six screening questions.

<sup>12</sup>Center for Adolescent Substance Abuse Research, *The CRAFFT Screening Tool*, [www.ceasar-boston.org/clinicians/crafft.php](http://www.ceasar-boston.org/clinicians/crafft.php) (as of Jan. 3, 2011).

<sup>13</sup>Nati. Clearinghouse on Families & Youth, *Assessment and Screening Tools for Measuring Mental Health, Substance Abuse, and Independent Living Skills in Adolescents*, [www.ncfy.com/publications/assessment-screening](http://www.ncfy.com/publications/assessment-screening) (as of Jan. 3, 2011).

<sup>14</sup>M. S. Litwin, *How to Measure Survey Reliability and Validity* (Sage Publications, 1995); T. Grisso, G. Vincent & D. Seagrave, eds., *Mental Health Screening and Assessment in Juvenile Justice* (Guilford Press, 2005).

<sup>15</sup>J. Miller & J. Lin, "Applying a Generic Juvenile Risk Assessment Instrument to a Local Context: Some Practical and Theoretical Lessons" (2007) 53(4) *Crime & Delinquency* 552–580.

<sup>16</sup>Wen-Shing Tseng, D. Matthews & T. S. Elwyn, *Cultural Competence in Forensic Mental Health* (Routledge, 2004), p. 25.

<sup>17</sup>Grisso et al., *supra* note 14.

## **SCREENINGS AND ASSESSMENTS USED IN THE JUVENILE JUSTICE SYSTEM**

Three briefing papers addressing instruments used to evaluate the risks and needs of youth in the juvenile justice system

- Evaluating Risks and Needs of Youth in the Juvenile Justice System
- Juvenile Mental Health Screenings and Assessments
- Juvenile Risk and Needs Screenings and Assessments



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