

# By a Factor of 3

Why are Court-Involved Juveniles in Durham County Consistently Identified as “Gang Members/Associates” at Higher Rates than Court-Involved Juveniles from Other North Carolina Counties?

*Risk and Needs Assessments and the Clues They Provide*



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## *Abstract*

Durham County juveniles who come into contact with the criminal justice system are identified as gang members or associates at significantly higher rates than their statewide peers. The initial identification process is based on a risk assessment conducted at intake. Further identification occurs as court counselors assess ongoing needs of the juvenile over time. The higher rate of juvenile gang involvement has puzzled Durham policymakers since 2009, especially in light of declining juvenile crime rates locally and statewide. An examination of risk and needs factors in multiple domains offers some insight into these diverging trends. Findings in this report answer some of the questions surrounding juvenile gang membership/association in Durham County, but raise others. The report outlines strategies for Durham County policymakers to identify risk-taking behavior at an early age, and to implement effective prevention/intervention measures that deter Durham County juveniles from gang involvement.

## *Keywords*

gang, risks, needs, assessments, substance abuse, intervention, service provision

## *Acknowledgements*

A special word of thanks to Dr. James (Buddy) Howell, Senior Research Associate for the National Gang Center and expert of the OJJDP Comprehensive Gang Model for his support of this research project. He provided insight throughout the project and wrote the explanation of best practice in risk and need assessment found at the beginning of the report.

Thanks also to Gudrun Parmer, Director of the Durham County Criminal Justice Resource Center, for providing time and space to do the research and for identifying subject matter experts when the need arose.

## *Executive Summary*

Durham County juveniles who come into contact with the criminal justice system are identified as gang members or associates at significantly higher rates than their statewide peers. This phenomenon has existed for at least five years, and has been a topic of concern for Durham County citizens, law enforcement, schools, service providers and other stakeholders across the county.

One of the most reliable ways of determining the percentage of court-involved youth who are also gang involved is examination of data derived from risk assessments given to juveniles when they come into contact with the juvenile justice system and needs assessments as they interface with juvenile court counselors while system-involved. Careful review of this data sheds light on the differences between gang involved Durham County juveniles and their statewide peers. These differences are observable in the form of various risk factor domains, which, when identified, can then be addressed with a continuum of prevention and intervention services. This study involved the examination of 104,392 risk and needs assessments of North Carolina juveniles for five years, from FY 2009-10 through FY 2013-14.

The most conclusive finding of this study is that Durham County subjects are much more likely to have substance abuse issues than their statewide peers. Data shows that 56% of Durham County subjects are identified as having substance abuse issues and/or needing further assessment/treatment compared to 37% of statewide subjects. Rates of substance abuse by household members are also higher for Durham County subjects.

Other significant differences are the number of prior adjudications for serious felonies, runaways from home or placement, and history of victimization by caregivers or others. Minor differences are observed in mental health needs, the number of referrals prior to intake, conflict in the home within the past 12 months and family criminality. Very little difference is found between Durham County subjects and their statewide peers in areas such as school behavior problems, parental supervision, basic physical needs being met, health/hygiene and the age when the first delinquent offence was alleged. A "difference rating table" covering all categories is shown on the following page.

Given the prevalence of substance abuse issues with Durham County court-involved youth who are also gang involved, a strong recommendation of this study is for Durham County to administer an assessment to all third grade students that measures risk taking, indicators of future substance abuse and indicators of mental health issues. One such assessment was developed by Ty Ridenour, a Senior Research Analyst at Research Triangle Institute (RTI). His assessment uses illustrations and other methods to obtain accurate responses from this age group. Intervention services could then be provided to children with any of these issues, as well as their families. Testing at the third grade level and then providing intervention services to those in need is a SAMHSA (Substance Abuse and Mental Health Services Administration) recognized method.

Early identification and intervention of substance abuse issues appears to be a very promising way to reduce the percentage of court-involved juveniles in Durham County who are also gang involved.

## Summary of Assessment Item Findings

<b>Assessment Item Findings</b>		
<i>Note – All data refers to distinct (each individual only counted once), gang involved subjects</i>		
1 = No significant difference	2 = Some difference	3 = Notable difference
<b>Assessment Item</b>	<b>Code</b>	<b>Comments</b>
Age when first delinquent offense alleged	1	NC and DCO subjects are very similar
Number of referrals prior to intake	2	DCO subjects more likely to be classified as gang members after 1 referral
Prior adjudication	3	DCO subjects have more prior adjudications and had more Class A-E felonies
Runaways from home or placement	3	DCO subjects have a much higher percentage of runaway history for both males and females
Known use of alcohol or illegal drugs within the past 12 months	3	DCO subjects are much more likely to have substance abuse issues or to need treatment than statewide peers
School behavior problems during the prior 12 months	1	Slightly fewer DCO subjects experienced school behavior problems in the prior 12 months than their statewide peers
General Academic Functioning	1	Fewer DCO subjects are functioning at or above grade level than their statewide peers, but the difference is minimal
Parental supervision	1	A higher percentage of DCO subjects have parents, guardians or custodians who are willing and able to supervise
History of victimization by caregiver or others	3	DCO subjects have victimization rates almost 10% higher than their statewide peers
Sexual behavior during the past 12 months	1	NC and DCO subjects are very similar
Mental Health	2	Approximately 6% more of DCO subjects need additional mental health assessment than their statewide peers
Basic physical needs/independent living	1	NC and DCO subjects are very similar
Health and hygiene (excluding mental health conditions)	1	Fewer DCO subjects have health and hygiene issues than their statewide peers
Conflict in the home within the past 12 months	2	A greater percentage of DCO subjects have a <b>supportive</b> home environment with no outside intervention needed
Disabilities of parent, guardian or custodian	1	NC and DCO subjects are very similar
Substance abuse within past 3 years by household members (not including the juvenile)	3	A greater percentage of DCO subjects have household members who abuse alcohol or drugs
Family criminality	2	A greater percentage of DCO subjects have a parent/guardian or sibling incarcerated or on parole/probation

## Confirmation of Gang Involvement

Street gangs have been present in Durham County and other North Carolina counties dating back to at least the late 1970s, yet a clear picture of what constitutes gang involvement by juveniles who come into contact with the juvenile justice system remains complex. All North Carolina counties use the same risk assessments at the time of intake and needs assessments for the duration of court supervision to determine whether a juvenile is a gang member or involved with gangs.

## *Best practice in risk and need assessment*<sup>1</sup>

By state directive, juvenile courts across North Carolina use separate instruments for these distinct purposes. The *North Carolina Assessment of Risk* (NCAR) consists of just nine items (risk factors) that together comprise a total risk score that groups offenders into low, medium, and high risk categories. Put simply, a risk factor is a variable that is strongly correlated with the probability of offending.

Early and persistent delinquency involvement is the best predictor of future delinquency, thus risk instruments prominently rely on *static factors* that can no longer be influenced (e.g., age of first arrest or conviction, number of previous arrests, convictions, or incarcerations, runaway episodes etc.). In other words, past behavior is the best indicator of future behavior. The NCAR also includes *dynamic factors* that are malleable (e.g., current peers, substance use, or family relationships), which strengthen the validity of risk classifications. This combination yields the best “actuarial” risk assessments, which attach ***specific statistical weighting*** to different variables associated with the likelihood of future delinquency.

The purpose of risk assessment in juvenile justice systems is to classify offenders in three distinct groups, at low, moderate, and high risk of recidivism, and to assign offenders to the proper level of supervision. The NCAR has strong validation from tests of its predictive validity in four independent validations and also good evidence of high inter-rater reliability<sup>2</sup>. In North Carolina, risk assessments are conducted when an offender is referred to juvenile court, and these are re-administered at the time of any subsequent offense. Therefore, risk levels of offenders are subject to change over time.

Treatment need assessments are structured in a two-step process: an immediate pre-screen, followed by increasingly in-depth assessments, for the purpose of diagnosing complex problems such as mental health issues, and developing comprehensive treatment plans. It is important to draw a clear distinction between preliminary screening and in-depth clinical needs assessment as practiced in the juvenile justice system and related youth service systems.

In the first level, a general or global assessment—often called a pre-screen—is made after collecting information that is readily available from agency records and a short structured interview with the offender, the parents, and often other authorities such as teachers and law enforcement. The focus is on a youth’s *current* or *immediate* emotional, psychological, and behavioral functioning. The dual purposes of the pre-screen are to identify immediate treatment needs and isolate those that require more in-depth assessment and potentially intensive treatment.

The second level of assessment is for the purpose of completing treatment plan development. But this in-depth assessment may require a clinical diagnosis that can support more definitive conclusions about a youth’s presenting behavior. Once this is completed, the risk and need assessments should dovetail in a comprehensive but flexible treatment plan. In sum, comprehensive assessments of

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<sup>1</sup> This section was written by James C. Howell

<sup>2</sup> James C. Howell, Mark W. Lipsey, John J. Wilson. *A handbook for evidence-based juvenile justice systems* (2012)

treatment needs guide the selection of services most likely to reduce recidivism. Therefore, the subsequent assessments may modify the initial one, because circumstances surrounding the offender and behaviors may have changed.

Because both risk and need assessments<sup>3</sup> on a given offender may change over time, it is advisable to view cumulative results presented in this report as **revealing general patterns**. In the North Carolina juvenile justice system—and in other states—services and the level of supervision are tailored to individual offenders, guided by the principle of delivering the right services, to the right youth, at the right time.

Court counselors may classify a subject as gang involved using gang member identification criteria (for example, gang tattoos/markings, gang hand signs/symbols, physical evidence etc.) but the sources for recording gang membership/association can vary (e.g., from reliable sources such as parents, school officials, law enforcement, and self-identification). Self-identification of gang membership has been shown to be mostly reliable based on some large-sample surveys completed by researcher Finn-Aage Esbensen and his colleagues.<sup>4</sup>

However, self-reports are not always reliable. Subjects may be motivated to conceal their gang membership or involvement to avoid further scrutiny or to abide by the gang's code of conduct. Conversely, subjects may overstate their involvement to appear tough or streetwise.

Despite noted limitations, risk and needs assessment data remains a reliable method to enumerate juvenile gang involvement among court-referred youth. In addition, Durham Juvenile Court Staff could be trained to apply an explicit definition of a "youth gang." The definition of a youth gang that follows has considerable research support from studies carried out in numerous US regions<sup>5</sup>:

1. The group has five or more members.
  2. Members share an identity, typically linked to a name and often other symbols.
  3. Members view themselves as a gang, and are recognized by others as a gang.
  4. The group associates continuously, evidences some organization, and has some permanence.
  5. The group is involved in an elevated level of criminal activity.
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The diagram below is a simplified version of how court-involved juveniles are identified as gang members or gang involved and entered into NC – JOIN (North Carolina-Juvenile Online Information Network)

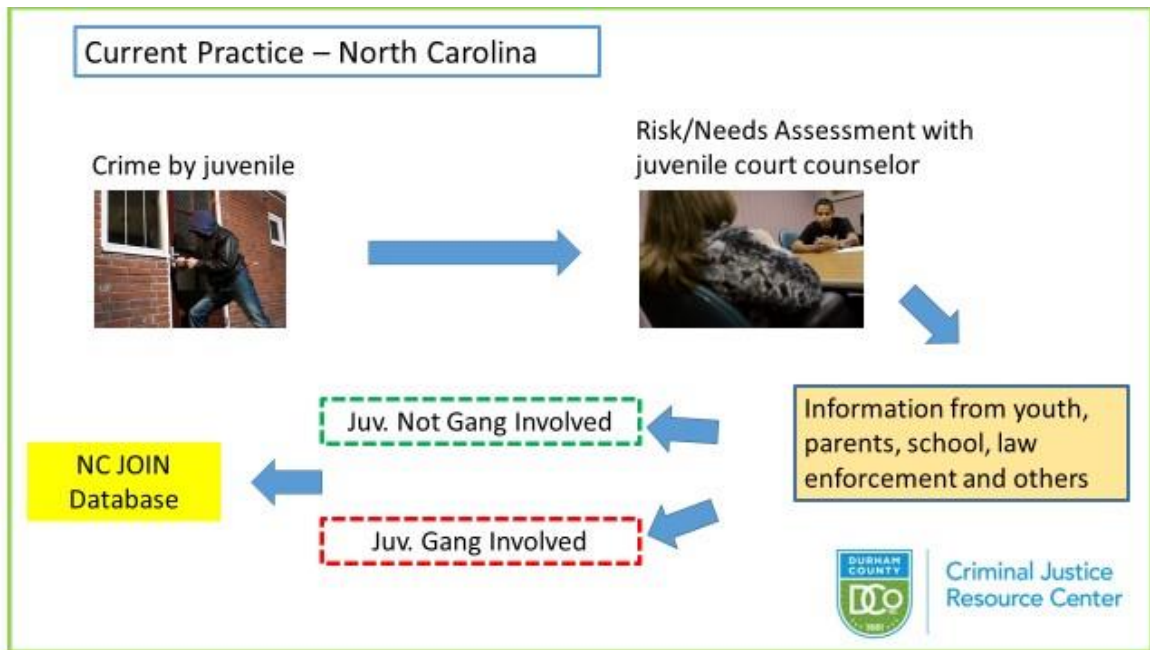
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<sup>3</sup> Copies of these assessments can be found in the Appendix portion of this report

<sup>4</sup> Esbensen, F.A., Winfree, L.T., Jr., He, N., & Taylor, T.J. (2001). Youth gangs and definitional issues: When is a gang a gang, and why does it matter? *Crime & Delinquency*, 47, 105-130.

<sup>5</sup> Howell, J. C., & Griffiths, E. (2016). *Gangs in America's Communities* (2nd Ed.). Thousand Oaks, CA: Sage Publications.





### *Data*

Data for this research was provided by the North Carolina Department of Public Safety (NCDPS) Division of Adult Correction and Juvenile Justice following a request by the author to conduct research. The request underwent a Merit Review and was approved by the NCDPS Human Subjects Review Committee.

The data included a de-identified Excel spreadsheet of risk and needs findings for all court-involved North Carolina juveniles for five fiscal years, 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14. Examined for this report were 104,392 risk and needs assessments for 83,839 distinct juveniles who had complaints filed against them in North Carolina over the 5-year period.

### *Added Value of Risk/Needs Analysis*

The primary purpose of this research is to identify factors that may lead to an increase in gang involvement for court-involved Durham County juveniles, and then to deploy resources that address those factors.

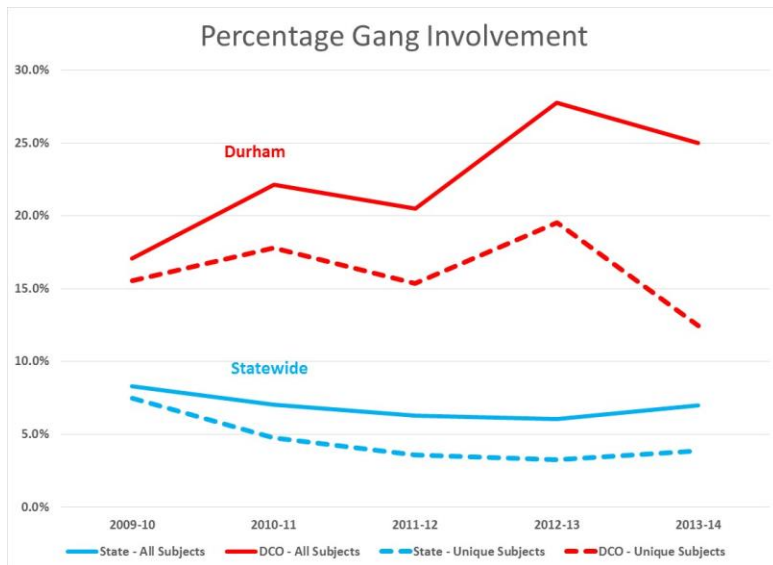
An added value of this research is that it paints a clear picture of factors associated with gang involvement at an early age by children in North Carolina. For example, we can observe from the data the correlation between gang involvement and serious school behavior problems, or the correlation between gang involvement and substance abuse or mental health issues.

The data are not a “snapshot”, but rather a comprehensive examination of risk and needs findings over a 5-year period.

## Gang Involvement Percentages

Analysis of the data indicates that Durham County court-involved juveniles are identified as gang involved at rates of three times greater than their peers statewide over the five-year study period. This is true when examining data of all the youth in the system, and remains consistent when the dataset is narrowed down to unique individuals only.<sup>6</sup> The chart below shows percentages of gang involvement for all subjects statewide and in Durham County (DCO). It also shows gang involvement percentages of unique subjects. Durham County subjects are clearly identified as gang involved at significantly higher rates than their statewide peers over the entire five-year study period.

The chart illustrates that when only unique subjects are plotted, the percentage of gang involvement goes down. This phenomenon indicates that juveniles with multiple complaints filed are more likely to be gang involved than their peers who have only one complaint filed.



The following table provides statewide and Durham County (DCO) for all subjects and for gang involved subjects over the five-year period, as well as percentages for gang involvement.

All NC subjects	104,392
All NC subjects, gang involved	7,261
% all NC subjects, gang involved	7.0%
All DCO subjects	2,563
All DCO subjects, gang involved	575
% all DCO subjects, gang involved	22.4%
Proportional Difference for DCO	X 3.2

<sup>6</sup> Some subjects had multiple complaints filed over the study period. When the term “unique” is used in this report, it stipulates that risk and needs data are counted only once for each subject.

The following table provides statewide and Durham County (DCO) for all **unique** subjects and for unique gang involved subjects over the five-year period, as well as percentages for gang involvement.

All unique NC subjects	88,839
All unique NC subjects, gang involved	4,020
% all unique NC subjects, gang involved	4.8%
All unique DCO subjects	1,915
All unique DCO subjects, gang involved	313
% all unique DCO subjects, gang involved	16.3%
Proportional Difference for DCO	X 3.4

As previously indicated, regardless of whether considering all subjects or only unique subjects, the proportional difference for Durham County juveniles exceeds the statewide percentage by a factor greater than three.

Given that many subjects are in the database more than once, and that examining risk and needs data for all subjects would result in some duplication, **only data on unique subjects will be used for the remainder of this report.**

### *Demographics of Gang Involved Subjects*

The following table provides information on race/ethnicity demographics of gang involved subjects statewide and in Durham County for the five-year period. Data indicates that although there are some differences between Durham County and statewide numbers, these differences are minimal.

Race/Ethnicity of Gang Involved Subjects				
	Black	White	Hispanic	Other
Statewide	69.2%	9.0%	18.3%	3.5%
Durham County	72.5%	3.8%	23.0%	0.6%

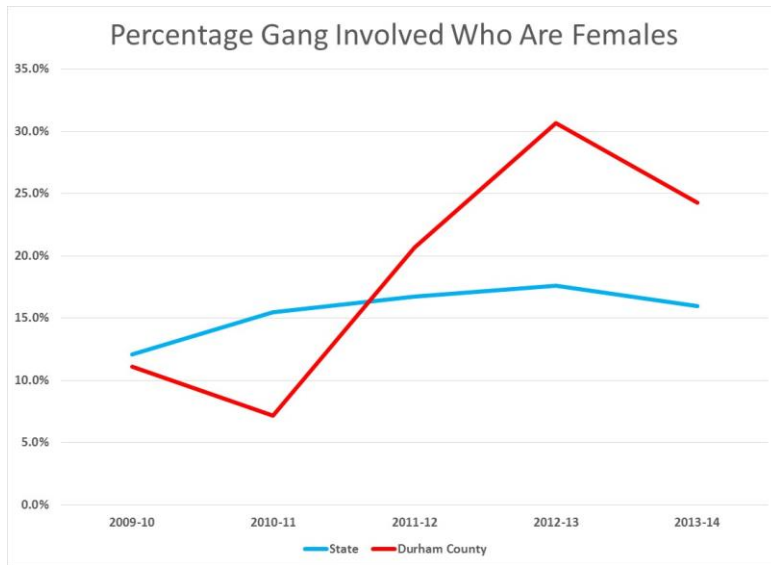
Gender data on gang involved subjects indicates that they are predominately male although national research on gang members of all ages estimates female gang membership to be between 10 and 35% of the gang population.<sup>7</sup> Durham County has an overall higher percentage of females than the statewide average for the study period.

Gender of Gang Involved Subjects		
	Male	Female
Statewide	85.3%	14.7%
Durham County	81.8%	18.2%

When examined over the 5-year period, data indicates that Durham County does have a higher annual percentage of female gang members or associates than statewide rates for past three years, as illustrated by the chart below. This gender disparity should be tracked for a few more years to see if the

<sup>7</sup> Snethen, G. (2010). Preventing female gang involvement; Development of the joint-interstate care and balance model of model mother/daughter leisure functioning. *Aggression and Violent Behavior, 15, 42-48*

trend continues, and if so, a study should be undertaken to determine why females are more susceptible to gang involvement in Durham County than other North Carolina counties.



### *Number of Referrals Prior to Intake*

Referrals are instances of complaints coming through the intake process. A referral may include multiple complaints (for example breaking and entering and larceny) or multiple larcenies or other offenses that occur at the same time.

Referrals Prior to Intake for Gang Involved Subjects				
	1 <sup>st</sup> referral	1 prior referral	2-3 prior referrals	4+ prior referrals
Statewide	22.4%	20.1%	27.2%	30.2%
Durham County	26.3%	21.6%	29.4%	22.8%

Of interest in the table above is the higher percentage of Durham County subjects that are classified as gang involved after one referral than the statewide percentage. Statewide subjects are more likely to be identified as gang involved after four or more referrals.

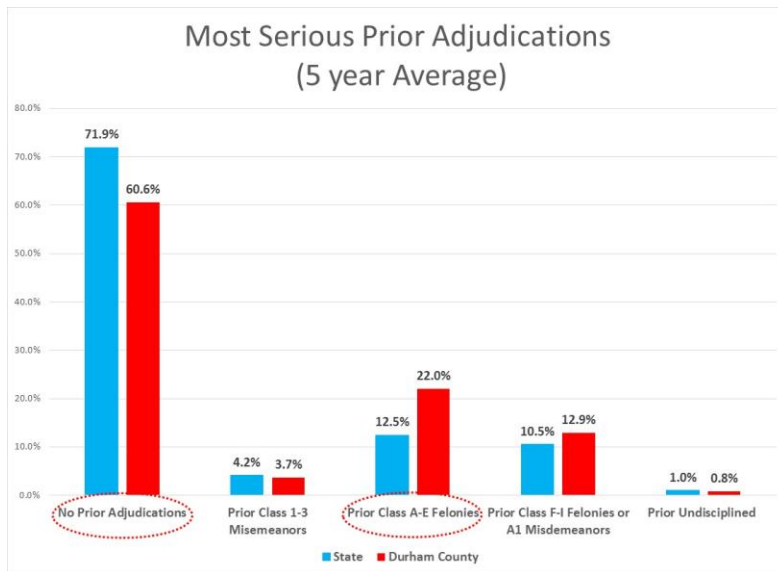
### *Prior Adjudications of Gang Involved Subjects*

Gang involved Durham County subjects are very similar to their statewide peers in the numbers of prior misdemeanors, low-level felonies and undisciplined<sup>8</sup> reports. Differences between the two

<sup>8</sup> According to the NC Department of Public Safety, an undisciplined juvenile is one who, while less than 16 years of age but at least six years of age, is unlawfully absent from school; or is regularly disobedient to and beyond the disciplinary control of the juvenile's parent, guardian, or custodian; or is regularly found in places where it is unlawful for a juvenile to be; or has run away from home for a period of more than 24 hours; or a juvenile who is 16 or 17 years of age and who is regularly disobedient to and beyond the disciplinary control of the juvenile's parent, guardian, or custodian; or is regularly found in places where it is unlawful for a juvenile to be; or has run away from home for a period of more than 24 hours.

cohorts emerge when percentages of “No Prior Adjudications” and “Prior Class A-E Felonies” are examined.

Ten percent fewer Durham County subjects have no prior adjudications than statewide subjects, which appears to indicate that Durham County subjects have more court involvement than others. Furthermore, Durham County subjects have almost twice as many prior Class A-E felonies<sup>9</sup> as their statewide peers, confirming a previous report<sup>10</sup> that gang involved Durham youth are involved in violent crime at a disproportionate level. Studies by J.C. Howell and other noted gang researchers indicate “very strong research support” that “frequency of violent assaults” is a risk factor for recidivism among gang members.<sup>11</sup>



### *Runaways from Home or Placement*

“Runaway” is defined as an absconding from home or any placement and not voluntarily returning within twenty-four (24) hours as evidenced by a complaint, motion for review, or from reliable information. Durham County gang involved subjects have a runaway history 13% higher than their statewide peers.

Runaway History of Gang Involved Subjects	
Gang Involved Subjects with Runaway History	
Statewide	33.3%
Durham County	46.3%

<sup>9</sup> Class A-E felonies are the most serious type of felony

<sup>10</sup> 2012 Youth and Crime Community Indicator Report - Durham

<sup>11</sup> Howell, J.C., Lipsey, M.W., & Wilson, J.J. (2014). *A Handbook for Evidence-Based Juvenile Justice Systems*. Lanham, MD: Lexington Books (p. 155).

Research indicates that many youth who run away from home come from high conflict family environments, which may also include experiences of abuse.<sup>12</sup> Gang involved girls also run away more often, many as a result of victimization history.<sup>13</sup> This appears to be the case based on the gender data shown in the table below.

Data in the following table illustrates that male, gang involved Durham County subjects run away from homes or placements at a significantly higher rate than their statewide peers. This may suggest that these youth come from homes or placements that have high conflict levels in the environment. The higher runaway levels of female, gang involved subjects in Durham County may suggest that victimization is more prevalent in those homes or placements.

Runaway History of Gang Involved Subjects by Gender		
	Gang Involved Males with Runaway History	Gang Involved Females with Runaway History
Statewide	29.7%	54.9%
Durham County	43.0%	61.4%

Based on the disparity of runaway history between Durham County gang involved youth and their statewide peers, it may be prudent for Durham County to review the availability and viability of service provision that addresses family dysfunction, high levels of family conflict, low levels of parental support and maltreatment in the home or placement.

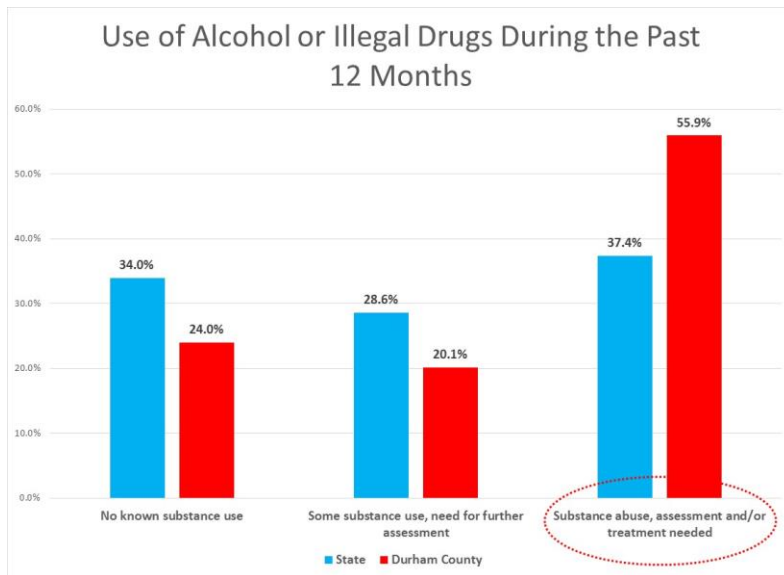
### ***Known Use of Alcohol or Illegal Drugs during the Past 12 Months***

A readily apparent difference between gang involved youth from Durham County and their statewide peers can be observed when substance abuse data is examined. While 34% of gang involved youth in North Carolina report no alcohol or illegal drug use in the 12 months prior to intake, only 24% of Durham County subjects reported no use for the past 12 months. Conversely, more than half of Durham County subjects experience substance abuse requiring treatment or further assessment, while only 37% of statewide subjects report the same.

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<sup>12</sup> National Runaway Switchboard. (2010). *Why they run*. Retrieved from [http://www.1800runaway.org/assets/1/7/Why\\_They\\_Run\\_NRS\\_approved.pdf](http://www.1800runaway.org/assets/1/7/Why_They_Run_NRS_approved.pdf)

<sup>13</sup> De La Rue, L., Espelage, D., Family abuse characteristics of gang-involved, pressured-to-join, and non-gang-involved girls. *Psychology of Violence, 2014, Vol. 4, No. 3, 253-265*



Based on this disparity, it may be advisable for Durham County to evaluate the availability and effectiveness of existing substance abuse service providers. Given the young age of subjects in this study, an evaluation of early-intervention substance abuse programs should also be undertaken.

Dr. David VandeVusse, a Senior Psychologist at the Criminal Justice Resource Center in Durham, notes that many Durham youth “self-medicate”, substituting drugs (usually marijuana) and alcohol for the medication that has been legally prescribed for them. Clients tell him that the prescribed medicine (for example, a prescription to address attention deficit disorder) makes them feel “zoned out and unnatural”, and that there is a stigma associated with taking these prescribed medication. They report that there is no peer stigma attached to using alcohol or marijuana, and that these substances work better for them than the prescribed medication.<sup>14</sup>

### *School Behavior Problems during the Prior 12 Months*

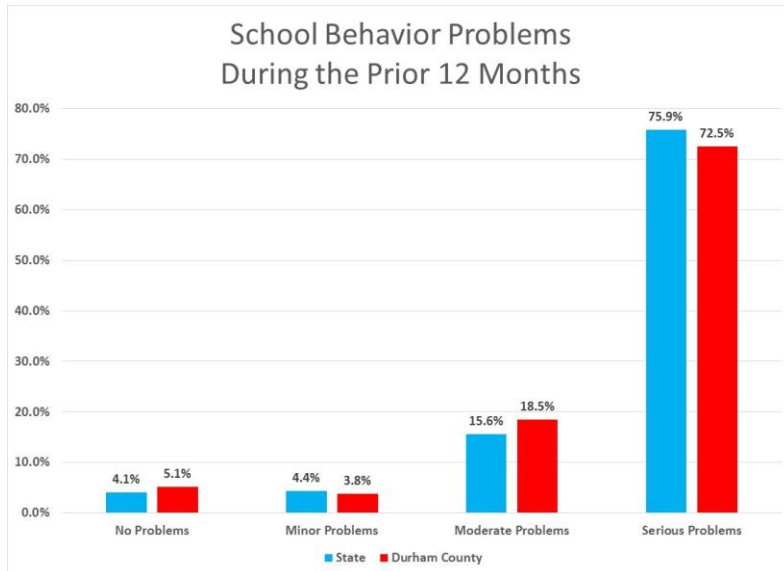
The risk assessment instrument identifies school behavior problems at the time of intake (the needs assessment instrument looks at school behavior/adjustment over time). At the time of intake, school behavior problems are categorized as follows:

- No problems (enrolled, attending regularly)
- Minor problems (attending with problems handled by teacher/school personnel, **or** 1-3 unexcused absences/truancy)
- Moderate problems (4-10 unexcused absences/truancy, **or** 1 or more in-school suspensions **or** 1 short-term suspension – up to 10 days)

<sup>14</sup> Based on a conversation with Dr. VandeVusse on September 2, 2015

- Serious problems (more than 1 short-term suspension, **or** 1 or more long-term suspension, **or** more than 10 unexcused absences, **or** expelled/dropped out

Data indicates that there is minimal difference in school behavior problems between gang involved Durham subjects and their statewide peers. Approximately 75% of each cohort experienced serious problems at school in the 12 months prior to intake. This is certainly a concern for all of North Carolina, but does not appear to be a factor in the difference in percentages of gang involvement between Durham County and statewide subjects.



The needs assessment picks up on rates of school behavior problems as the juvenile progresses through the system.<sup>15</sup> Data on school behavior problems at the time of needs assessments is very similar to the data taken at the time of intake (risk assessment) for both Durham County subjects and their statewide peers. This indicates that, as far as school behavior is concerned, there is not much change while the juvenile is under court supervision.

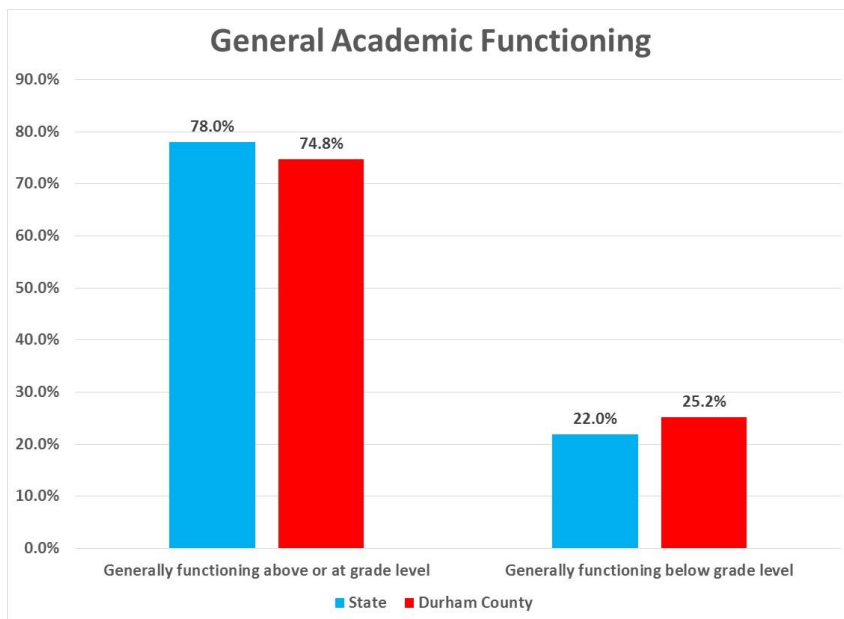
### *General Academic Functioning*

In spite of the high percentage of gang involved subjects experiencing serious behavior problems at school, the three fourths of the cohort is generally functioning at or above grade level. The difference between Durham County subjects and their statewide peers is minimal, with 75% of Durham County subjects at or above grade level compared with 78% statewide.

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<sup>15</sup> As noted earlier in this report, the Juvenile Needs Assessment is an instrument used over the time of court involvement to examine a youth’s needs in the various areas of his/her life. The assessment is given any time that the Court Counselor believes that either changes have occurred or a significant amount of time has passed since the previous assessment



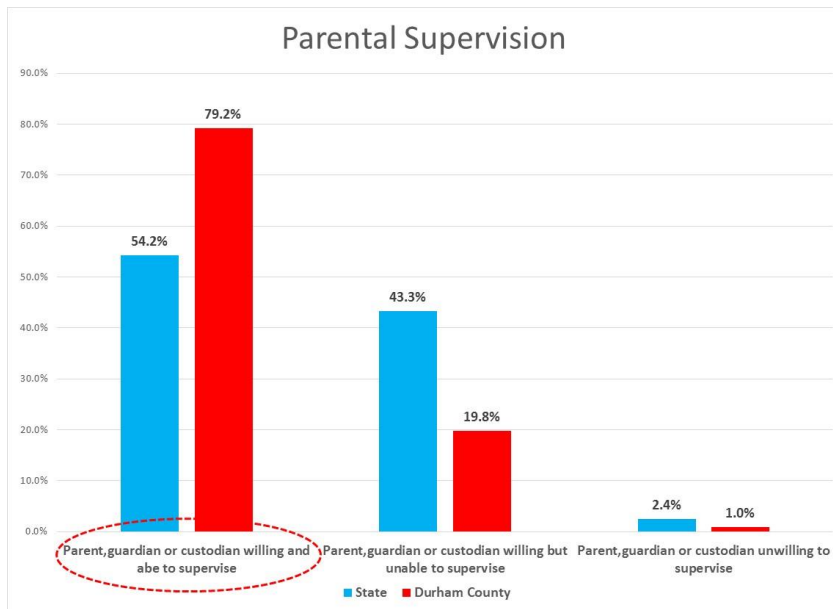


### *Parental Supervision*

Given the elevated levels of gang involvement by Durham County subjects, a hypothesis might be that parental supervision is lacking at higher levels in Durham County than statewide levels. That does not appear to be the case. Data indicates that a significantly higher percentage of parents, guardians or custodians of gang involved Durham subjects are “willing and **able** to supervise” than parents, guardians or custodians of peers statewide (79% to 54%). There is also a wide disparity in the percentage of parents “willing, but **unable** to supervise” (Durham County 29% and statewide 43%).

This is a complex matter that is difficult to assess, particularly in Durham, given the plethora of family strengthening resources such as SOC Child and Family Teams. More in-depth assessments are commonly required to determine the actual supervision capacity of parents/guardians.

In addition, the risk instrument question only asks about the willingness of a parent, guardian or custodian to supervise a child, but does not address how effective (or ineffective) that supervision is. Additionally, even the most willing supervision does not guarantee that the child will follow or respond effectively to that supervision.



### *Juvenile Parent Status*

There is no significant difference in parental status of gang involved subjects from Durham County and their statewide peers. Data indicates that 98.7% of Durham County gang involved subjects are not parents compared to 98.3% of all statewide gang involved subjects.

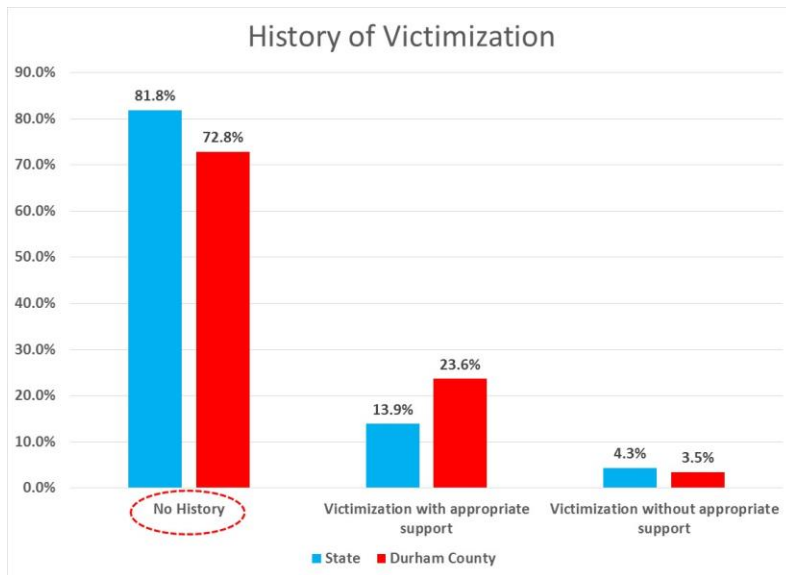
### *History of Victimization by Caregiver Or Others*

The risk assessment instrument categorizes *History of Victimization by Caregiver or Others* in the following manner:

- a. No history or evidence of physical, sexual, or emotional abuse or neglect or other criminal victimization
- b. Victimization with appropriate support; History or evidence of physical, sexual or emotional abuse or neglect or other criminal victimization with appropriate response to protect against subsequent victimization
- c. Victimization without support; One or more incidents of victimization; check all that apply to the youth: \_\_physical abuse, \_\_sexual abuse, \_\_emotional abuse, \_\_neglect, \_\_criminal victimization, \_\_other

These data indicate that Durham County gang involved youth have a victimization history rate almost 10 percent higher than gang involved youth statewide. The history may include physical, sexual or emotional abuse, neglect or other criminal victimization.

Of the Durham County youth who were victimized, 85% received appropriate support and appropriate response to protect against additional victimization. These rates are very similar to the statewide victimization support rates.



The difference between Durham County and the rest of the state becomes more apparent when victimization is broken down in terms of gender. The table below illustrates that 24% of gang involved males and 40% of gang involved females have a history of victimization, much higher than rates for the statewide cohort. Research indicates that girls who experience physical or sexual abuse at home may believe that being in a gang offers protection.<sup>16</sup>

Percentage Victimization of Gang Involved Youth by Gender		
	Male	Female
Statewide	15.4%	34.6%
Durham County	24.2%	40.4%

The risk and needs profiles give no indication as to whether these youth are victimized by a parent or other caregiver such as the foster care provider or shelter. Further study should be undertaken to find out precisely where the victimization occurs and why Durham County youth experience this at much higher rates than other youth in North Carolina.

### ***Sexual Behavior During Past 12 Months***

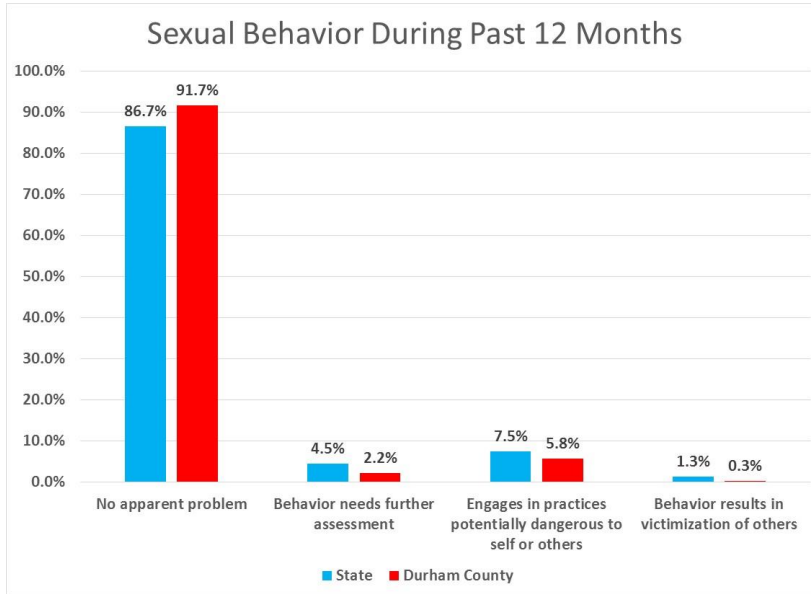
The risk assessment instrument categorizes *Sexual Behavior During the Past 12 Months* in the following manner:

- a. No apparent problem
- b. Behavior that needs further assessment such as \_\_use of pornography, \_\_obscene phone calls, \_\_voyeurism, \_\_uses sexually explicit language or gestures, \_\_other

<sup>16</sup> Miller, Jody, "The Girls in the Gang: What We've Learned from Two Decades of Research," in ed. R.C. Huff, *Gangs in America III*, Thousand Oaks, Calif.: Sage Publications, 2002: 175-198.

- c. Engages in sexual practices that are potentially dangerous to self or others
- d. Youth’s sexual adjustment/behavior results in victimization of others or may use sexual expression/behavior to attain power and control over others

The vast majority of gang involved subjects in the study had no apparent problems with sexual behavior during the past 12 months. Durham County subjects ranked slightly better than their statewide counterparts in all four categories, but the differences are negligible.



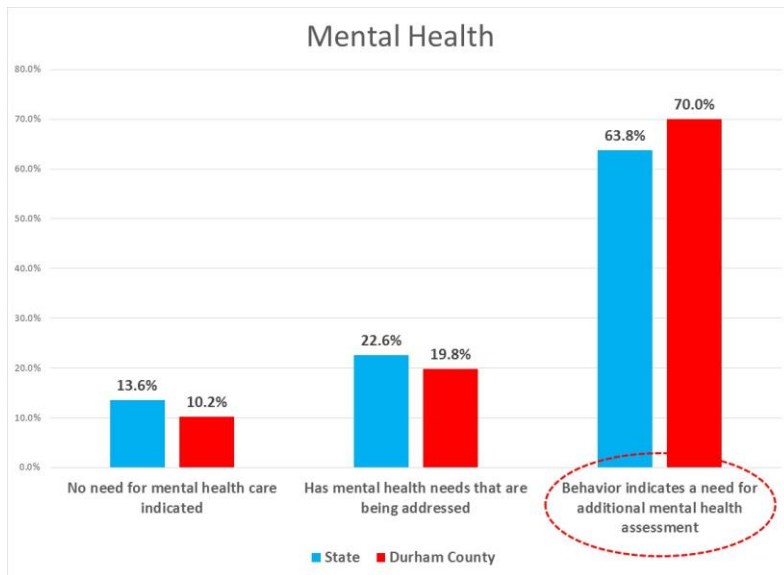
### *Mental Health*

Needs assessment results indicate that gang involved youth from Durham County exhibit behavior that indicates a need for additional mental health assessment more frequently than their statewide peers.

According to the assessment instrument, the behavior may include one or more of the following:

\_\_withdrawn, \_\_confused, \_\_risk taking/impulsive, \_\_self-mutilation, \_\_hallucinations, \_\_eating problems, \_\_sad, \_\_anxious, \_\_angry, \_\_runs away, \_\_fights, \_\_restless, \_\_other

Although the difference is only about six percentage points, it is noteworthy. Data also indicates that fewer Durham County subjects (percentage-wise) have mental health needs that are being addressed, but it is unclear whether this means that there is lack of diagnosis, lack of mental health resources or some other factor.



Local mental health experts,<sup>17</sup> when consulted separately, all agreed that some of the top mental health issues manifested by Durham County youth include the following:

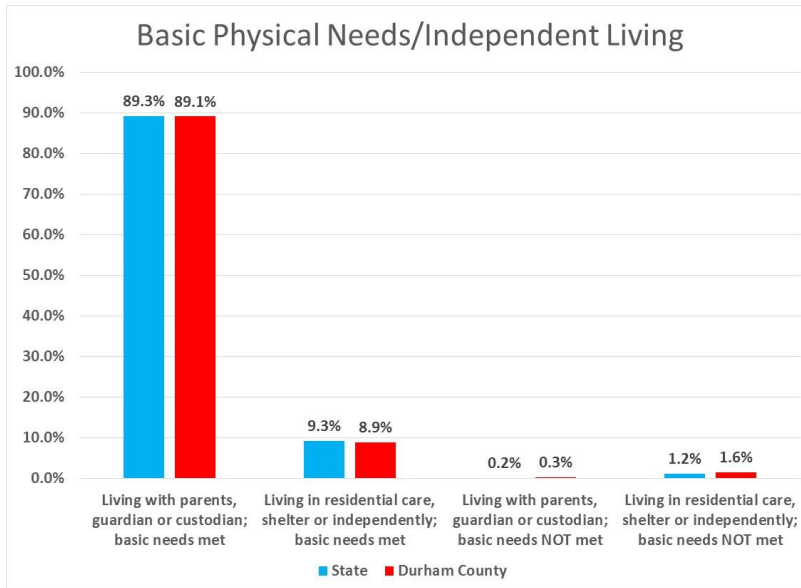
- Forms of depression and anxiety that are often highly treatable
- Impulse control issues related to attention deficit disorder that has gone untreated
- Significant history of trauma and post-traumatic stress syndrome, often due to disruptive family situations
- Major self-medicating/substance abuse issues, often as a preferred substitute for prescribed medication
- Disruptive mood dysregulation disorder, a condition in which a child is chronically irritable and experiences frequent, severe temper outbursts that seem grossly out of proportion to the situation at hand

### ***Basic Physical Needs/Independent Living***

Data indicates that 90% of gang involved youth in Durham County and in North Carolina are living with parents, guardians or custodians with basic needs (such as food, shelter and protection) being met. Approximately 9% of both cohorts are living in temporary residential care or shelter with these basic needs being met.

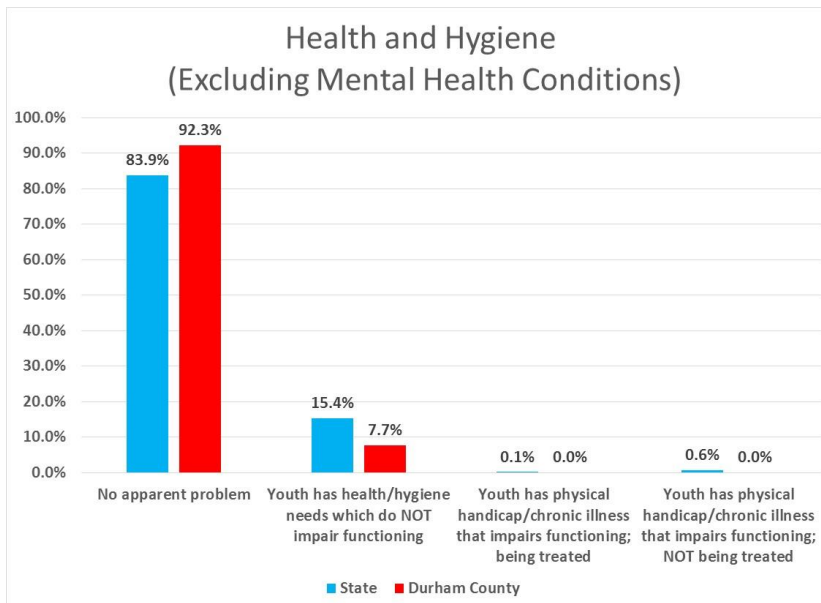
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<sup>17</sup> These include Dr. David VandeVusse (Senior Psychologist at the Criminal Justice Resource Center), Jennifer McRant (Clinical Social Worker at the Criminal Justice Resource Center) and Ann Oshel (Director of Community Relations for Alliance Behavioral Healthcare); contacts took place on September 2, 2015



### *Health and Hygiene (Excluding Mental Health Conditions)*

Needs assessment data indicates that more gang involved Durham County subjects have NO apparent problems than their peers statewide. This seems to indicate that Durham County subjects are in better health and hygienic condition than the statewide cohort and the conclusion would be that health and hygienic factors do not play a role in higher levels of gang involvement in Durham County.



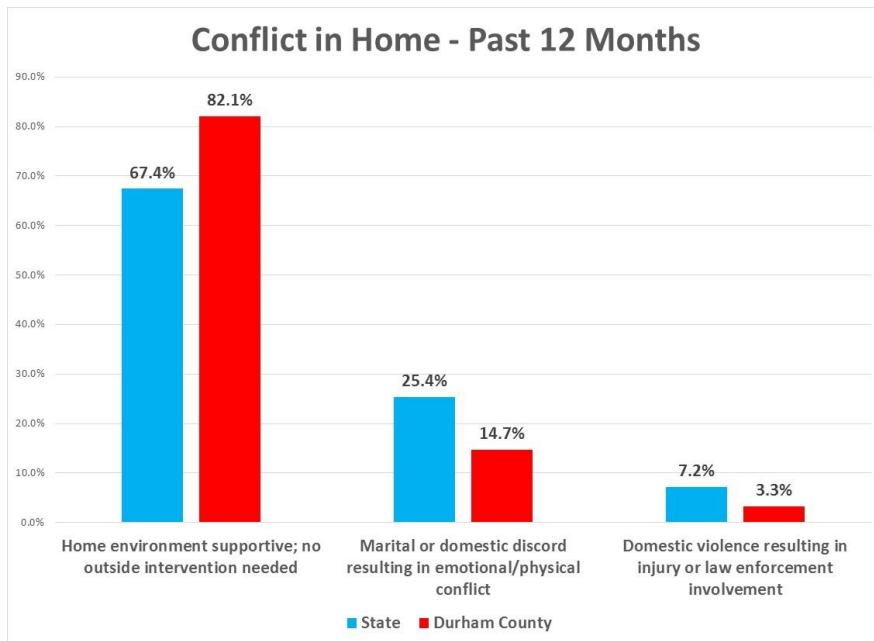
## Family Needs Assessment Questions

Juvenile Court counselors are required to ask questions about the juvenile’s primary family for the purpose of developing a treatment plan for the juvenile and family. The primary family is the juvenile’s natural family or the family unit that the juvenile is living with on a permanent basis. If the juvenile is placed away from home, the questions are to be asked about the “family” to which the juvenile will be returning.<sup>18</sup>

The following assessment items are from the Family Needs section.

### Conflict in the Home within the Past 12 Months

One of the more surprising findings of this study is that significantly more Durham County subjects have a supportive home environment and fewer Durham County subjects are exposed to domestic violence than their statewide peers. This seems to dispel the common belief that the majority of Durham County gang involved juveniles need outside intervention to assist family functioning, however, family strengthening programs have been plentiful in Durham for many years.



In an effort to verify these findings, the same factors were examined for all Durham County and North Carolina juveniles (not just those classified as gang involved) and data show similar and consistent percentages as those shown in the graph above.

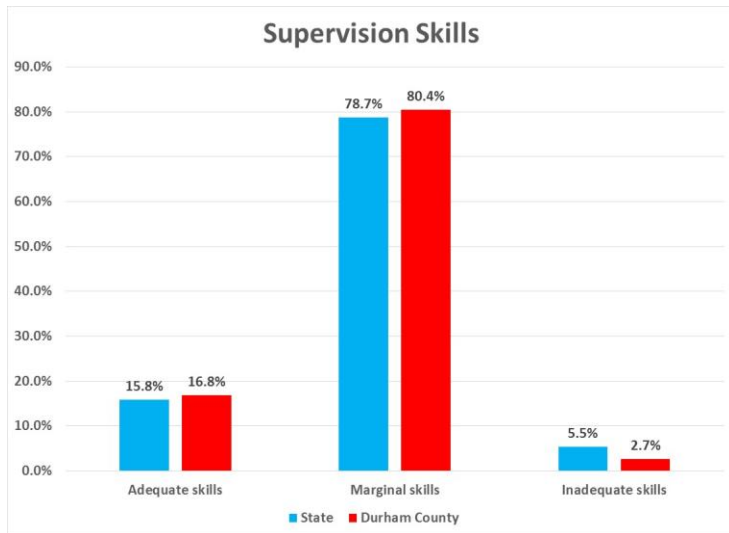
There is no question that many gang involved juveniles in Durham County experience domestic discord in their primary family, but the available data indicates that eight out of ten youth in this cohort live in supportive home environments.

<sup>18</sup> This information is taken from the instructions printed on the assessment form

### *Supervision Skills of Parents*

Predictably, a large percentage (80%) of gang involved youth have parents who only have marginal supervision skills. A relatively small percentage (5%) of these parents have inadequate skills related to raising adolescents.<sup>19</sup>

Scores in this category are very similar for Durham County subjects and their statewide peers, and there is no evidence that parental supervision skills contribute to the higher percentage of court-involved Durham youth who are gang involved.



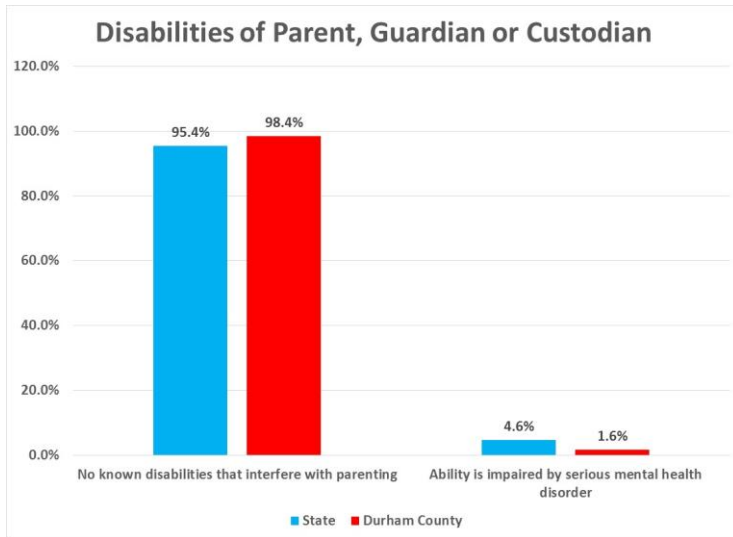
### *Disabilities of Parent, Guardian or Custodian*

Fewer than 5% of parents, guardians or custodians of gang involved youth in North Carolina have their caregiving ability impaired by a serious mental health disorder. There is minimal difference between Durham County subjects and their statewide peers.

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<sup>19</sup> Earlier discussion focuses on the *willingness* of parents or caregivers to supervise. This section focuses on *supervision skills*.

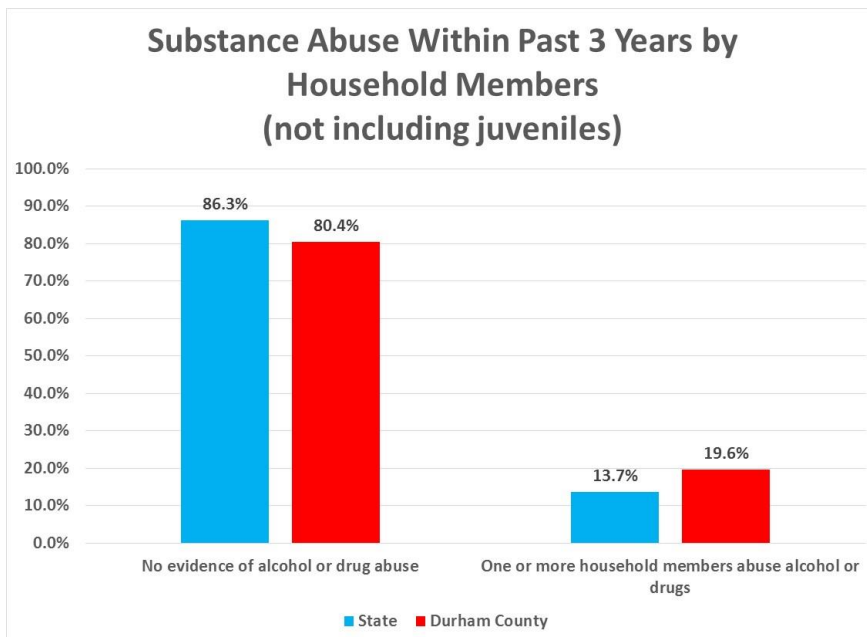




***Substance Abuse within Past 3 Years by Household Members (not including the juvenile)***

One fifth of court-involved Durham County juveniles who are classified as gang involved have one or more household members who abuse alcohol or drugs. This is a rate 6% higher than their statewide peers.

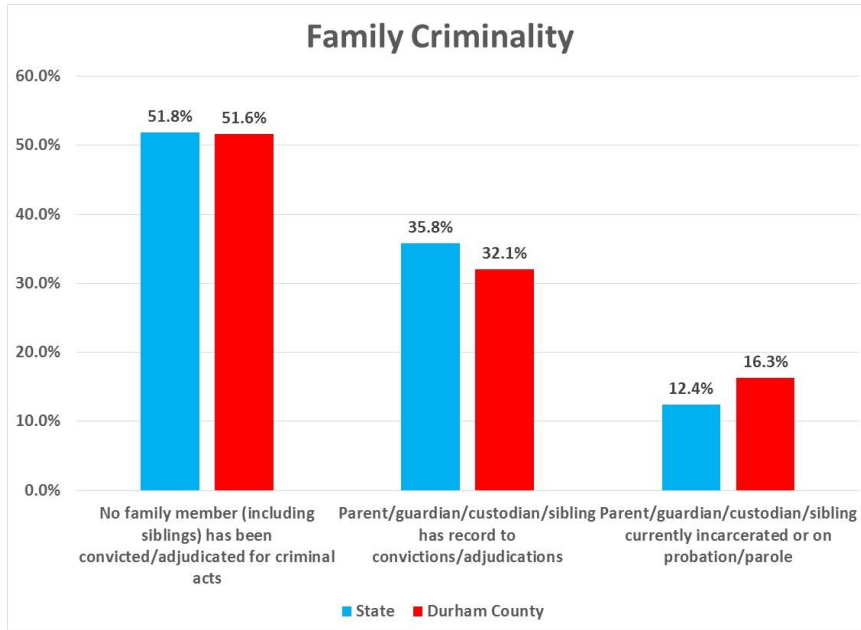
This finding seems to support the “generational theory”, as data presented earlier in this report indicates that Durham County subjects have significantly higher rates of substance abuse than subjects statewide.



## Family Criminality

An important finding in the family criminality category is that a greater percentage of Durham County subjects have a parent, guardian, custodian or sibling who is currently incarcerated or on probation/parole.

Parental incarceration almost always has a negative effect on juveniles. Research indicates that reactive behavior includes fighting, substance abuse, antisocial behavior and gang activity.<sup>20</sup>



## Recommendations

Readers are reminded that recommendations proposed in this research are **not** geared towards reducing gang crime or gang involvement in general. The [Updated Gang Assessment for Durham \(2014\)](#) provides a list of 16 recommendations focused on the areas of law enforcement, Durham Public Schools and service provision. Rather, the following recommendations relate **specifically** to risk and needs assessment findings that may shed light on why a higher percentage of court-involved juveniles in Durham County are identified as gang involved than the statewide percentage for court-involved juveniles.

1. **Administer an assessment to all third graders in the Durham County school system that identifies those students most likely to engage in substance abuse and anti-social behavior**<sup>21</sup>

<sup>20</sup> Bilchik, S., Seymour, C., & Kreisher, K. (2001). Parents in Prison. *Corrections Today*, 63, 7, 108-112.

The primary recommendation of this report is that Durham County stakeholders take immediate steps to address elevated levels of substance abuse observed in court-involved juveniles who are also identified as gang involved.

Ideally, the propensity towards substance abuse for these subjects should be identified at the earliest age possible, and interventions are introduced at that time. An example of early identification is the *Assessment of Liability and Exposure to Substance use and Antisocial behavior (ALEXSA)* profile that has been developed for third grade students by Ty Ridenour, Senior Research Analyst at Research Triangle Institute, International (RTI). ALEXSA is an illustration-based, computerized child report assessment for early manifestations and predictors of substance abuse and antisocial behavior. The SAMHSA (Substance Abuse and Mental Health Services Administration) recognized assessment has 30 questions (many with illustrations to assist with comprehending the question) and takes approximately 20 minutes for a third grader to complete.<sup>22</sup>

If funds are needed to complete the assessments, data contained in this report would be useful to incorporate into a grant application.

**2. Introduce effective preventive interventions to elementary school students who are identified by assessments as likely to develop substance abuse issues, or who show a propensity towards risky behavior.**

Preventative strategies should be developed for the most “elevated” predictors of problem behavior. According to Ty Ridenour, these strategies should be “*developed or selected in collaboration with community leaders (community coalitions) to reduce the most prevalent risk factors and to strengthen needed protective factors*”<sup>23</sup>. Preventive interventions should focus on the strongest correlates of preadolescent substance use in urban communities such as Durham. These correlates often include *parental monitoring, parental substance abuse, number of friends, and modal grade*.<sup>24</sup>

**3. Evaluate the availability and effectiveness of substance abuse and mental health providers that court-involved juveniles are referred to.**

The North Carolina DPS has begun evaluating court services across the state, including the capacity of service providers to deliver the prescribed service intensity, and recidivism rates.

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<sup>21</sup> This recommendation is already underway according to Wanda Boone, Executive Director of *Together for Resilient Youth* (TRY). At an August 25, 2015 meeting between this author and Wanda Boone, she indicated that Durham Public Schools (DPS) is “on board”, and a Memorandum of Understanding between TRY, RTI and DPS is being developed.

<sup>22</sup> This is not an endorsement of the ALEXSA assessment. Rather, it is an example of assessments that have previously administered to this age group.

<sup>23</sup> Ridenour TA, Feinberg ME. Using Correlational Analyses to Improve Prevention Strategies based on Survey Data from Youth. *Evaluation and program planning*. 2007;30(1):36-44. doi:10.1016/j.evalprogplan.2006.10.007.

<sup>24</sup> Ibid; the correlates listed were found by researchers to be common in “urban” communities which would probably be inclusive of Durham, North Carolina

**4. Partner with Durham County Department of Social Services to identify the most common causes of victimization by caregivers, and then work to resolve these issues.**

A close review of circumstances surrounding juvenile (especially female) victimization in Durham County should be undertaken. Additionally, there should be an inventory of emergency shelter locations available to all juveniles who have been victimized by caregivers or others.

**5. Provide Durham intake workers with additional training.**

Durham intake workers could be provided additional training on a standardized gang definition, locations of gang activity and to be particularly careful in judging possible gang association; for example, taking into account residence of the court referred youth, known gang associates, and perhaps sibling gang involvement.

# *Appendix*

**NORTH CAROLINA ASSESSMENT OF JUVENILE RISK OF FUTURE OFFENDING**

Juvenile Name (F, M, L)		DOB:
County of Residence:		
Juvenile Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		
Juvenile Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date Assessment Completed:	Completed by:	

**Instructions:** Complete each assessment item R1 to R9 using the best available information. Check the numeric score associated with each item response and enter it on the line to the right of the item. Total the item scores to determine the level of risk and check the appropriate risk level in R10. Identify the most serious current offense in R11. Assessment items R1-R5 are historical in nature and should be answered based on the juvenile's lifetime. Items R6 and R7 should be evaluated over the 12 months prior to the assessment. R8-R9 should be evaluated as of the time of the assessment. Use the Comments section at the end as needed for additional information or clarification.

- |     |   | Score                      |
|-----|---|----------------------------|
| R1. | <b>Age when first delinquent offense alleged in a complaint:</b> Check appropriate score and enter the actual age   |                            |
|     | a. Age 12 or over or no delinquent complaint  | 0 <input type="checkbox"/> |
|     | b. Under age 12   | 2 <input type="checkbox"/> |
|     | Actual age: _____   | _____                      |
| R2. | <b>Number of undisciplined or delinquent referrals to Intake</b> (Referrals are instances of complaints coming through the Intake process. A referral may include multiple complaints; for example, breaking or entering and larceny, or multiple larcenies or other offenses that occur at one time.)  |                            |
|     | a. Current referral only  | 0 <input type="checkbox"/> |
|     | b. 1 Prior referral   | 1 <input type="checkbox"/> |
|     | c. 2-3 Prior referrals  | 2 <input type="checkbox"/> |
|     | d. 4+ Prior referrals   | 3 <input type="checkbox"/> |
|     | _____   | _____                      |
| R3. | <b>Most serious prior adjudication(s).</b> Enter the actual number of prior adjudications for each class of offense shown in b through e then check the score for <u>only</u> the <b>most serious</b> offense for which there has been a prior adjudication. <b>The maximum possible score for this item is 4.</b>  |                            |
|     | a. No Prior Adjudications   | 0 <input type="checkbox"/> |
|     | b. Prior Undisciplined # of adjudications:  | 1 <input type="checkbox"/> |
|     | c. Prior Class 1-3 misdemeanors # of adjudications:   | 2 <input type="checkbox"/> |
|     | d. Prior Class F-I felonies or A1 misdemeanors # of adjudications:  | 3 <input type="checkbox"/> |
|     | e. Prior Class A-E felonies # of adjudications:   | 4 <input type="checkbox"/> |
|     | _____   | _____                      |
| R4. | <b>Prior Assaults:</b> "Assault" is defined as any assaultive behavior, whether physical or sexual, with or without a weapon as evidenced by a prior delinquent complaint. Record the number of complaints for each assault category shown. Then check the score for the assault category with the highest numerical score. <b>The maximum possible score for this item is 5.</b> |                            |
|     | a. No assaults  | 0 <input type="checkbox"/> |
|     | b. Involvement in an affray # of complaints:  | 1 <input type="checkbox"/> |
|     | c. Yes, without a weapon # of complaints:   | 2 <input type="checkbox"/> |
|     | d. Yes, without a weapon, inflicting serious injury # of complaints:  | 3 <input type="checkbox"/> |
|     | e. Yes, with a weapon # of complaints:  | 4 <input type="checkbox"/> |
|     | f. Yes, with a weapon inflicting serious injury # of complaints:  | 5 <input type="checkbox"/> |
|     | _____   | _____                      |
| R5. | <b>Runaways (from home or placement):</b> "Runaway" is defined as absconding from home or any placement and not voluntarily returning within twenty-four (24) hours as evidenced by a complaint, motion for review, or from reliable information. Check appropriate score.  |                            |
|     | a. No   | 0 <input type="checkbox"/> |
|     | b. Yes  | 2 <input type="checkbox"/> |
|     | Actual number of runaway incidents: _____   | _____                      |
| R6. | <b>Known use of alcohol or illegal drugs during past 12 months:</b> Do not include tobacco in scoring this item. Check appropriate score.   |                            |
|     | a. No known substance use   | 0 <input type="checkbox"/> |
|     | b. Some substance use, need for further assessment  | 1 <input type="checkbox"/> |
|     | c. Substance abuse, assessment and/or treatment needed  | 3 <input type="checkbox"/> |

**R7. School behavior problems during the prior 12 months:** Check appropriate score.

- a. No problems (Enrolled, attending regularly) 0
- b. Minor problems (attending with problems handled by teacher/school personnel, or 1-3 unexcused absences/truancy) 1
- c. Moderate problems (4 to 10 unexcused absences /truancy, or 1 or more in-school suspensions or 1 short-term suspension – up to 10 days) 2
- d. Serious problems (more than 1 short-term suspension, or 1 or more long-term suspension, or more than 10 unexcused absences or expelled/dropped out.) 3

**R8. Peer relationships:** Check appropriate score. Put check in the line following appropriate information

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

**R9. Parental supervision:** (Score the current responsible parental authority) Check appropriate score.

- a. Parent, guardian or custodian willing and able to supervise 0
- b. Parent, guardian or custodian willing but unable to supervise 2
- c. Parent, guardian or custodian unwilling to supervise 3

<b>R10.</b>	<b>TOTAL RISK SCORE</b>	<b>0</b>
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Check Risk Level:     Low risk (0-7)     Medium Risk (8-14)     High Risk (15+)

**R11.** Completed before or after adjudication: (check) before  after   
Most serious offense alleged /adjudicated in current complaint/petition: \_\_\_\_\_

Statute number: \_\_\_\_\_

Class offense:  A-E Felony     F-I Felony, A1 Misdemeanor     Class 1-3 Misdemeanor  
 Undisciplined

Note: Risk level is to be considered along with the current offense.

**COMMENTS:**

## NORTH CAROLINA ASSESSMENT OF JUVENILE NEEDS

Juvenile Name (F, M, L)		DOB:
County of Residence:		
Juvenile Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		
Juvenile Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date Assessment Completed:	Completed by:	

**Instructions:** Complete each needs assessment item using the best available information. Check the score associated with the most appropriate item choice and enter the number on the line to the left of the item. Items that are of a current nature should be considered as of the time of the assessment unless a time period for consideration is noted. Assessment items that are historical in nature (Y6 and F5) should be answered based on the juvenile or family member's lifetime. Total the points for all items to determine the total need score and then check the appropriate needs level (low, medium or high). Complete the information source checklist. Finally, identify at least three priority needs for constructing a case plan and appropriate service interventions. Give additional information as needed in the Comments section.

### YOUTH NEEDS

Score \_\_\_\_\_

**Y1. Peer Relationships**

- 0  a. Peers usually provide good support and influence.
- 2  b. Youth is rejected by pro-social peers.
- 3  c. Youth sometimes associates with others who have been involved in delinquent/criminal activity but this is not a primary peer group.
- 4  d. Youth regularly associates with others who are involved in delinquent/criminal activity.
- 5  e. Youth is a gang member  or associates with a gang .
- Name of gang \_\_\_\_\_

**Y2. School Behavior/Adjustment**

- 0  a. No problems. Youth is attending regularly , graduated , or has GED .
- 1  b. Minor problems. Work effort , or disciplinary problems  that were handled by classroom teacher/school personnel or 1-3 unexcused absences/truancy .
- 3  c. Moderate problems. Youth has 4 to 10 unexcused absences , or received 1 or more in-school suspensions , or 1 short-term suspension (i.e. less than 10 days) .
- 4  d. Serious problems. Youth has dropped out of school , or been expelled , or received more than one short-term suspension , or one long-term suspension (10 days or more) , or has more than 10 unexcused absences .

**Y3. General Academic Functioning**

- 0  a. Generally functioning above or at grade level , or is placed in appropriate Exceptional Children's program .
- 3  b. Generally functioning below grade level. Needs an educational evaluation , or has identified Exceptional Children's needs that are unserved .

Check Assessed Exceptional Children's needs: Autism , Behaviorally Emotionally Disabled , Deaf/Blind , Gifted/Talented , Hearing Impaired , Mentally Disabled , Multi-handicapped , Orthopedically Impaired , Other Health Impaired , Pregnant Student , Specific Learning Disabled , Speech/Language Impaired , Traumatic Brain Injury , Visually Impaired

**Y4. Substance Abuse within past 12 months. Do not consider tobacco in this item.**

- 0  a. No known substance use.
- 1  b. Some substance use, need for further assessment.
- 3  c. Substance abuse, assessment and/or treatment needed.

Check all that apply: Denial  Refusal of treatment   
 Unmet need for treatment  Prior treatment failures  Currently in treatment

Describe substance abuse noted above by type: (check all that apply, leave blank if none)

Cocaine  Amphetamines  Opiates  Inhalants   
 Alcohol  Cannabinoids  Other



**Y5. Juvenile Parent Status**

- 0  a. Juvenile is not a parent.  
1  b. Juvenile is a parent, but does *not* have custody of child.  
2  c. Juvenile is a parent  or an expectant parent  but has adequate childcare support.  
4  d. Juvenile is a parent  or an expectant parent  but inadequate childcare support.  
Number of children \_\_\_\_\_

**Y6. History of Victimization by Caregiver Or Others**

- 0  a. No history or evidence of physical, sexual, or emotional abuse or neglect or other criminal victimization.  
2  b. Victimization with appropriate support. History or evidence of physical, sexual, or emotional abuse or neglect or other criminal victimization with appropriate response to protect against subsequent victimization.  
3  c. Victimization without support. One or more incidents of victimization; failure to protect against subsequent victimization.  
Check all that apply to the youth: physical abuse , sexual abuse , emotional abuse , neglect , criminal victimization , other \_\_\_\_\_

**Y7. Sexual Behavior During Past 12 Months**

- 0  a. No apparent problem.  
2  b. Behavior that needs further assessment such as use of pornography , obscene phone calls , voyeurism , uses sexually explicit language or gestures  or other \_\_\_\_\_.  
3  c. Engages in sexual practices that are potentially dangerous to self or others .  
4  d. Youth's sexual adjustment/behavior results in victimization of others . May use sexual expression/behavior to attain power and control over others .

**Y8. Mental Health**

- 0  a. No need for mental health care indicated.  
1  b. Has mental health needs that are being addressed.  
3  c. Behavior indicates a need for additional mental health assessment  or treatment .  
Check all behaviors that apply:  
Withdrawn  Self mutilation  Sad  Runs away   
Confused  Hallucinations  Anxious  Fights   
Sleep problems  Eating problems  Angry  Restless   
Risk-taking/impulsive  Other \_\_\_\_\_  
Diagnosis (from MH professional) \_\_\_\_\_

**Y9. Basic Physical Needs/Independent Living**

- 0  a. Youth is living with parents, guardian or custodian. Basic needs for food, shelter and protection are met.  
1  b. Youth is in temporary residential care or shelter  or living independently with basic needs for food, shelter and protection being met .2  c. Youth is living with parents, guardian or custodian. Basic needs are not being met. Food needs not met , shelter needs not met , protection needs not met .3  d. Youth is living independently. Basic needs are not being met. Food needs not met , shelter needs not met , protection needs not met .

**Y10. Health & Hygiene (exclude Mental Health Conditions)**

- 0  a. No apparent problem.  
1  b. Youth has medical , dental , health/ hygiene education  needs which do not impair functioning. **Youth uses tobacco products** .2  c. Youth has physical handicap  or chronic illness  that limits functioning and the condition is being treated.  
3  d. Youth has physical handicap  or chronic illness  that limits functioning and the condition is not being treated. Youth does not comply with prescribed medication  or has an unmet need for prescribed medication .

Juvenile Name (F, M, L)	DOB:
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**FAMILY NEEDS:** Answer the following questions about the juvenile's primary family. The primary family is the juvenile's natural family or the family unit that the juvenile is living with on a permanent basis. If the juvenile is placed away from home, the questions should be answered about the "family" to which the juvenile will be returning. Make any needed clarifying comments in the comment section.

- F1. Conflict in the Home Within Past 12 Months**
- 0  a. The home environment is relatively supportive; there are no problems that require outside intervention.
- 2  b. Marital or domestic discord resulting in emotional or physical conflict (without serious injury) with spouse, partner, and/or child(ren) . Family members avoid contact with each other .
- 4  c. Domestic violence resulting in injury or the involvement of law enforcement and/or domestic violence programs . Restraining orders/criminal complaints  substantiated abuse .
- Check if there is a history of domestic discord  or domestic violence .

- F2. Supervision Skills**
- 0  a. Adequate skills. Parent makes rules for youth and generally enforces them; parent attempts to keep track of the child's activities and uses discipline when needed; youth respects parent for the most part.
- 2  b. Marginal skills. Parent may make rules, but has difficulty enforcing them  or youth often engages in inappropriate activities without parent's knowledge  or parent does not react with necessary sanctions when rules are broken  or parents say they are having difficulty controlling the juvenile .
- 4  c. Inadequate. Parent supports juvenile's delinquency/independence or excuses it  or parent refuses responsibility for youth  or abandons youth .

- F3. Disabilities of Parent, Guardian or Custodian**
- 0  a. Parent, guardian or custodian has no known disabilities that interfere with parenting.
- 2  b. Parent, guardian or custodian's ability to provide for youth is impaired by serious mental health disorder  or a serious health problem  or other disability .

- F4. Substance Abuse Within the Past 3 Years By Household Members (Do not include juvenile.)**
- 0  a. No evidence of alcohol or drug abuse.
- 3  b. One or more household members abuse alcohol or drugs.
- Indicate all that apply: Parent is abuser  Sibling is abuser
- Other household member is abuser  Unmet need for treatment  Denial
- Refusal of treatment  Prior treatment failures  Job loss
- DWI  Other conflict with the law  Abusive/destructive behavior
- Describe substance use/abuse noted above by type (check all that apply, leave blank if none)
- Cocaine  Amphetamines  Opiates
- Alcohol  Cannabinoids  Other \_\_\_\_\_

- F5. Family Criminality**
- 0  a. No family member (including siblings) has been convicted/adjudicated for criminal acts.
- 1  b. Parents, guardian or custodian and/or siblings have record of convictions/adjudications.
- Parent, guardian or custodian conviction  Sibling conviction/adjudication
- 3  Parent, guardian or custodian and/or siblings are currently incarcerated, or are on probation or parole (give relationship and status) \_\_\_\_\_ or are known gang members .

<b>0</b>	<b>Total Needs Score</b>
----------	--------------------------

- Check Needs Level:**  Low (0-12)  Medium (13-22)  High (23+)
- Sources of information: Check all that apply
- Juvenile  Mother  Father  Other Caregiver
- Sibling  Other relative  School  Victim
- Neighbor  Law Enforcement  DSS  Mental Health
- Others \_\_\_\_\_

**ASSESSMENT OF JUVENILE RISK OF FUTURE OFFENDING and  
ASSESSMENT OF JUVENILE NEEDS**

**SUMMARY AND RECOMMENDATION**

<b>Juvenile Name (F, M, L)</b>	
<b>SS#:</b>	<b>DOB:</b>
<b>Date of Assessment and Recommendation</b>	

**Total Risk Score** \_\_\_\_\_ **Low Risk (0-7)**      **Medium Risk (8-14)**      **High Risk (15+)**  
**Total Needs Score** \_\_\_\_\_ **Low Needs (0-12)**      **Medium Needs (13-22)**      **High Needs (23+)**

After completing each Needs Assessment item, review the findings and determine the youth's priority needs i.e., those behaviors which must be addressed by service interventions to deter future delinquent behavior. Then enter the priority needs in the boxes below (enter the priority needs item reference; i.e., Y1 , Y2 or F3, etc.) and briefly describe the service intervention recommended. The Needs Assessment plus the Risk Assessment provide the basic information for constructing the case plan.

<b>Priority Needs</b>	<b>Services Recommended</b>
1.	
2.	
3.	
Other:	

**Comments:**