



EBP Corner

Special points of interest:

- Evidence Based Principles in DYC
- Principle 1: Assessing Actuarial Risk and Needs
- How Does DYC Implement Principle 1?
- Examples of Assessing Risk and Need in DYC

Evidence Based Principles in DYC

The 8 Evidence-Based Principles for Recidivism Reduction were developed by the National Institute of Corrections and the Department of Justice as guidelines for correctional organizations to implement effective practices and interventions for clients.

The Principles rely on an integrated approach to focus on evidence-based practices and programs, organizational change, and professional collaboration.

For DYC, these 8 Principles are integrated into daily operating procedures for facilities, regions, and other work offices, and influence how we engage with clients and providers to ensure that the goal of reducing recidivism is achieved.

National Institute of Corrections. (2004). Implementing evidence-based practices in community corrections: The principles of effective intervention. Washington, D.C.: U.S. Department of Justice, Crime and Justice Institute.

Principle 1: Assessing Actuarial Risk and Needs

Assessing risk and needs on an ongoing basis allows for more effective supervision and treatment for clients in the least restrictive environment. In addition, effective assessment ensures we are treating areas that are proven to reduce recidivism.

Screening and assessment tools that focus on dynamic and static risk factors, as well as identify positive protective factors for clients guides case decisions, influences working relationships between providers and clients, and enhances future reassessments to determine appropriate security and supervision levels.



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Important Questions to Remember about Assessing Risk

Does the assessment tool we're using measure for criminogenic risk and need?

How are staff trained to conduct the assessment interview?

What quality assurance is in place to ensure that assessments are conducted appropriately?

How is the assessment information captured and used in the development of treatment plans and/or case plans?

How does DYC Implement Principle 1?

Formal assessment starts once a youth is committed to DYC. This includes Colorado Juvenile Risk Assessment (CJRA), UCLA-PTSD Index, Juvenile Automated Substance Abuse Evaluation (JASAE), health screens, and mental health screens. Beyond this formal process, DYC integrates assessment processes throughout the continuum of care to ensure each youth's needs are being met effectively.

Client Managers complete CJRA reassessments for youth at specific time frames to identify improvements in risk areas, as well as ongoing needs. In addition, client managers, behavioral health staff, facility staff, and providers engage youth and families through Multi-Disciplinary Team (MDT) meetings to identify risk, needs, protective factors, and make transition plans.

Senate Bill 94 providers and Juvenile Assessment Centers (JACs) complete the CJRA as part of determining the need for placement/detention or services.

Facilities routinely use several assessments to identify possible risk and vulnerability. In addition, facilities maintain ongoing assessment of individual needs.



Examples of Assessing Risk and Need in DYC

Colorado Juvenile Risk Assessment (CJRA)

UCLA-PTSD Index

Juvenile Automated Substance Abuse Evaluation (JASAE)

Multi-Disciplinary Team (MDT)

Sexually Aggressive Behavior/Vulnerability to Victimization Assessment Instrument (SAB/VV)

Mental Health Screening & Assessment (MAYSI)

Staff Impression Rating Scale (SIRS)

Collaborative Review Teams (CRT)

Questions about EBP?

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