PURPOSE

The purpose of this manual is to establish guidelines for the use of valid and reliable screening and assessment practices for the Jefferson Parish Department of Juvenile Services. These procedures can be used in whole or in part and are subject to revision.

BACKGROUND

Through the John D. and Catherine T. MacArthur Foundation’s Models for Change Initiative, a study was completed in December, 2007 by the LSU Health Sciences Center to determine the usage of valid and reliable screening and assessment tools in the Jefferson Parish juvenile justice system. The survey revealed a baseline of less than 15% of youth were administered such instruments. It is the goal of the Jefferson Parish Children & Youth Planning Board, with the technical and financial assistance from the John D. and Catherine T. MacArthur Foundation’s Models for Change initiative to expand the use of valid and reliable screening/assessment instruments in Jefferson Parish. As a result of concentrated effort by Jefferson Parish stakeholders with support of the Models for Change National Resource Bank partners, the use of valid and reliable screening and assessment tools has dramatically increased. As of the writing of this manual, every youth entering the Jefferson Parish juvenile justice system receives multiple screening and assessment tools to determine a range of risk and protective factors. This manual describes the procedures and establishes the policies that govern the administration and use of these tools.
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Definitions

**Assessment**: A more comprehensive and individualized examination of the psychosocial needs and problems identified during an initial screen, including the type and extent of mental health and substance abuse disorders, other issues associated with the disorders, and recommendations for treatment intervention. Typically requires individualized data collection, often including psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the assessor. Assessment is usually required for a smaller subset of youths who have been screened or otherwise identified to be in need of more extensive evaluation (Grisso & Underwood, 2003).

**Detention Assessment Instrument (DAI)**: A locally-validated instrument administered to arrested youth that is designed to determine risk to reoffend and likelihood of failing to appear for court hearings within a 60-day period. The instrument was developed as part of the Annie E. Casey Foundation’s *Juvenile Detention Alternatives Initiative*, a nation-wide detention reform effort. The DAI has undergone external validation through funding from the John D. and Catherine T. MacArthur Foundation’s *Models for Change* Disproportionate Minority Contact Action Network.

**Juvenile Inventory For Functioning (JIFF)**: A brief computerized interview that screens for potential mental health problems, assists in determining youth’s functioning across domains, designs a service plan that can address each of the domains in need of attention, and can be used to assess outcomes (Hodges, 2007).

**Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)**: A scientifically valid and reliable brief screening tool for use in juvenile justice contacts with youths to identify signs of mental/emotional disturbance (Grisso & Barnum, 2006).

**Pre-Dispositional Investigation (PDI)**: In accordance with Louisiana Children’s Code Article 890, probation officers conduct pre-dispositional investigations for the purpose of making recommendations for disposition and determining special conditions of probation. The report contains circumstances regarding the commission of the offense, impact on the victim, child’s current physical
description, and an assessment of the youth’s identified behavioral problems and potential for rehabilitation (McGough & Triche, 2007).

**Risk and Protective Factors:** Identified through 20 years of research on delinquent behavior, risk factors are circumstances that, when present, may increase youths’ likelihood of engaging in delinquent behavior. These factors can be static or dynamic. Static risk factors are unchangeable. Dynamic factors can change over time and are targets for intervention. Protective factors are any circumstances that promote healthy youth behaviors and decrease the chance that youth will engage in delinquent behaviors. Risk factors and protective factors are often organized into five categories: Individual, family, school/work, peer group, and community.

**Screening:** A relatively brief process designed to identify youth who warrant immediate attention, intervention, or more comprehensive review. Screening is a “triage” process employed with a large number of youth that identifies the need for further evaluation (Grisso & Underwood, 2003).

**Structured Assessment for Violence Risk in Youth (SAVRY):** A valid and reliable professional risk assessment that guides intervention planning for violence risk assessment using risk and protective factors (Borum, Bartel, & Forth, 2006).

**Validity and reliability:** Validity refers to the extent to which a measure reflects the concept it is intended to measure. Reliability refers to the extent to which scores obtained on a measure are reproducible in repeated administrations provided that all relevant measurement conditions are the same (Rossi, Freeman, & Lipsey, 1999).
1. **Administration:** The DAI is administered by Juvenile Intake Center (JIC) Correctional Officers and Rivarde Detention Center staff on all youth brought to the JIC or detention center by parish law enforcement agencies to determine their suitability for placement in detention, release to an alternative placement, or release to a parent/guardian. The JIC administers the DAI between the hours of 8:00 a.m. and midnight Monday through Sunday. Rivarde Detention Center staff administers the DAI at all other times. The decision to detain is based on two criteria: risk to the community and risk of failure to appear for court hearings. The DAI may also be utilized to assist the Court in determining whether youths present these risk factors after the Continued Custody Hearing. In such cases, the DAI may be re-scored using revised or updated information as available.

2. **Scoring:** Consists of seven items each containing scaled scores for each criteria in the item. Points may be added or subtracted for aggravating and mitigating circumstances. Over-rides may be Mandatory or Administrative. See pages 6-7 for a copy of the DAI. Further details regarding scoring of the DAI can be found in the DAI Manual.

3. **Interpretation:** Total points range from 0 to 35, with 0-9 recommending Release, 10-14 recommending Alternative placement, and 15+ recommending Detention.

4. **Reporting:** Scores are recorded on the DAI form. Every item should be completed on the DAI for results to be valid.

5. **Case Management:** Youth who receive a score of greater than 10 (recommending Alternative Placement or Detention) shall be transported by Correctional Officers to the Rivarde Detention Center for further disposition. Youth who are indicated for Alternatives will be immediately referred to the Detention Probation Officer and Alternatives to Detention Probation Officer to determine the most appropriate Alternative to Detention.

6. **Disposition of Results:** DAI scoring sheets will be given to the Juvenile Intake Center supervisor and a copy to the Rivarde Detention Center intake staff. The DAI is not validated for use beyond immediate detention screening and should not be used to determine overall risk for delinquency.

7. **Training Overview:** Training will consist of initial training using the DAI Manual for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of DAI development, validation, scoring, and dissemination.

8. **Quality Assurance:** A sample of scored DAI’s will be reviewed weekly by the Detention Home Manager, the Juvenile Intake Center Commander, and the Data Collection Coordinator. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the DAI, and/or to ascertain policy revisions.
JEFFERSON PARISH JUVENILE
DETENTION ASSESSMENT INSTRUMENT

Juvenile- Last Name: ___________________________ First Name: ___________________________ DOB: __/__/____

Ethnic and Race Data Source: □ Juvenile Self-Identification □ Identification by Observer or other Source Hispanic/Latino: Yes or No


Gender: _____ Intake Date: __/__/____ Intake Time: ________(Military hours) Screener: _______________________

If arrested at school or while in secure custody, list specific name of that location: __________________________________________

Completed as Part of Detention Decision: □ Completed as Follow-Up: □

Arresting Agency: ___________________________ Arrest Date: __/__/____ Arrest Time: ________(Military hours)

MANDATORY OVERRIDES: □ A. Use/possession of firearm during current offense
□ B. Escapee from secure custody
□ C. Taken into custody via extradition, or is a Fugitive from another jurisdiction
□ D. Juvenile is on an ATD at time of arrest
□ E. Juvenile is currently on Parole
□ F. Arrested on “JU” or court docketed contempt order (excluding Traffic or FINs) or arrested on an Officer’s Warrant
□ G. Juvenile identified as a Code 61 (Serious habitual offender) by the JPSO
□ H. Juvenile is already in Secure Custody

ADMINISTRATIVE OVERRIDES: □ A. Parent, guardian or responsible relative cannot be located
□ B. Parent or guardian is unable to take custody of juvenile
□ C. The juvenile is DETAINED/RELEASED for below REASON*:
□ D. Parent or guardian refuses to take custody of juvenile

ADMINISTRATIVE OVERRIDE SUPERVISOR APPROVAL: __________________________________________________________

<table>
<thead>
<tr>
<th>SECTION 1. Most Serious Current Offense</th>
<th>LIST OFFENSE:</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECT ONLY ONE CHOICE PER SECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See reverse for examples of offenses in each category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category A: “Very Violent” offense against persons</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Category B: Other “Assaultive/Violent” offense against persons</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Category C: Felony narcotics</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Category D: Other felonies</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Category E: Major misdemeanors against persons</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Category F: Other misdemeanors</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Category G: Violation of probation or Contempt of Court order</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2. Additional Current Offenses
- Two or more additional current felony offenses | 5 |
- One additional current felony offense | 4 |
- One or more additional misdemeanors OR violation(s) of probation/parole | 3 |
- One or more status offenses OR no additional current offense | 0 |

SECTION 3. Prior Criminal History
- Two or more arrests for a Cat. A or Cat. B offense | 6 |
- One arrest for a Cat. A or Cat. B offense | 4 |
- Two or more prior arrests for any other felonies | 3 |
- One prior felony arrest | 2 |
- No prior arrests | 0 |

SECTION 4. History of Failure to Appear
- Two or more warrants/detention orders for F.T.A. in past 12 months | 3 |
- One warrant/detention order for F.T.A.; in past 12 months | 1 |
- No warrant/detention order for F.T.A.; in past 12 months | 0 |

SECTION 5. History of Escape/ Runaway (within past 12 months)
- One or more documented escapes from secure confinement or custody | 4 |
- Two or more instances of absconding from non-secure, court-ordered placements | 3 |
- Three or more runaways from home | 1 |
- No history within the past 12 months | 0 |

Total Indicated Score

Indicated Decision: _____ 0 - 9 Release _____ 10 - 14 Alternative _____ 15+ Secure

Rev.1-26-11
Juvenile Name:__________________________ Date of Birth:_______/_______/_______ Today's Date:_______/_______/_______

OFFENSE CATEGORIES AND INCLUDED OFFENSES
(Includes attempts or principals)

Category A: VERY VIOLENT FELONIES AGAINST PERSONS
Solicitation for Murder, 1st Degree Murder, 2nd Degree Murder, Manslaughter, Aggravated Rape, Forcible Rape, Aggravated Kidnapping, 2nd Degree Kidnapping, Aggravated Burglary, Armed Robbery, Assault by Drive-by Shooting, Aggravated Crime against Nature, Carjacking, Terrorism, Disarming of a Peace Officer, Aggravated Assault upon a Peace Officer with a Firearm, Aggravated Assault with a Firearm, Trafficking of Children for Sexual Purposes, Home Invasion, Negligent Homicide, Vehicular Homicide, First Degree Feticide, Second Degree Feticide, Third Degree Feticide

Category B: OTHER ASSAULTIVE/VIOLENT ACTS AGAINST PERSONS
Aggravated Battery, 2nd Degree Battery, Mingling Harmful Substances, Sexual Battery, Intentional Exposure to AIDS Virus, Simple Kidnapping, Aggravated Criminal Damage to Property, 1st Degree Robbery, Simple Robbery, Illegal Use of Weapons or Dangerous Instrumentalities, Stalking, Aggravated Flight from an Officer, Aggravated Incest, Simple Rape, 2nd Degree Sexual Battery, Aggravated Arson, Purse Snatching, Extortion, Aggravated 2nd Degree Battery, 2nd Degree Robbery, Human Trafficking

Category C: FELONY NARCOTICS
Distribution or Possession of Schedule I, II, III, IV, or V drugs

Category D: OTHER FELONIES
All other Felony charges not specifically enumerated in Categories A, B, or C

Category E: MAJOR MISDEMEANORS AGAINST PERSONS
Aggravated Assault, Battery of a Police Officer (Without Injury), Battery of a School Teacher, Battery of a Child Welfare Worker, Simple Battery of the Infirm, Domestic Abuse Battery, Assault on a School Teacher, Assault on a Child Welfare Worker, Negligent Injuring, Vehicular Negligent Injuring, False Imprisonment

Category F: OTHER MISDEMEANORS
All other Misdemeanor charges not specifically enumerated in Category E

Category G: VIOLATIONS OF PROBATION OR CONTEMPT OF COURT ORDERS
Specific charges for “Violation of Probation”; usually arrested by the Department of Juvenile Services, O.J.J. or Contempt of Court Orders

| Actual Decision: | ______ Release | ______ Alternative | ______ Secure Detention |

Rev.1-26-11
1. **Administration:** An important first step in administering the MAYSI is introducing the process to youth. Youth should receive a description of the purpose of the MAYSI, how the results will be used to help staff understand the youth better, who will or will not see the answers, what other purposes the results may be used for, and that answering is voluntary. (See Appendix 1 for MAYSI script.) Staff administering the MAYSI should also check for special needs of youth in completing the procedure. The MAYSI will be administered at several points in the juvenile justice system in the following manner:

   (a) **Juvenile Assessment Center:** Upon initial contact with law enforcement, the MAYSI will be administered to all youth brought to the Juvenile Assessment Center.

   (b) **Pre-Dispositional Investigation:** After adjudication for either a Families in Need of Services or delinquent offense, **the MAYSI will be administered to all pre-disposition youth who either have not been administered the MAYSI OR whose MAYSI results are greater than 30 days old.**

2. **Scoring:** Scoring is automated through the use of MAYSIWARE. Scores consist of seven scales for boys and six scales for females. Scales are Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance (Boys only), and Traumatic Experiences. In order of severity, scores fall into normal, Caution, and Warning categories that are indicated automatically by MAYSIWARE.

3. **Interpretation:** Critical cases are identified (flagged) when youth score within the CAUTION range on Suicide Ideation AND/OR within the WARNING range on any two other scales. Youth who score in the WARNING range are asked additional questions to clarify their responses in particular scales. These questions are called, “2nd Screens”. Use of the MAYSI-2 Second Screening forms provides a simple way for staff to perform follow-up screening. The forms provide standard questions that can be asked regarding MAYSI-2 items that youths have endorsed on scales exceeding the WARNING cutoff. Within MAYSIWARE, if the youth receive WARNING scores on any of the scales, then Second Screening forms for those scales will appear after the main report. Following the Second Screening forms is a Summary Form that the MAYSI-2 user can select if there will be a follow-up with the youth and a space for the user to explain the follow-up decision. Staff can print out these forms and complete them by hand or can enter the youths’ responses directly into the form within MAYSIWARE then print the form.

4. **Reporting:**

   (a) **Juvenile Assessment Center (JAC):** Results are recorded and reported using MAYSIWARE-generated forms, including the Second Screening and Summary forms. These forms are maintained according to JAC policies.

   (b) **Pre-Dispositional Investigation (PDI):** MAYSI results should be recorded under a separate heading with the title, **Results of MAYSI-2**, in the following manner:

   1. **Critical Cases:** “**The MAYSI-2 was administered on <<date>> and results indicated a CRITICAL case based on <<CAUTION on the Suicide Ideation scale>> and/or <<WARNING on the <<Scale 1>>, <<Scale 2>>, and/or <<Scale 3>>.** These results
MAYSI-2

indicate the need for further mental health assessment and <<the youth is currently scheduled for an appointment at JPHSA Mental Health on <<date>>> or <<the youth is currently receiving services from <<mental health treatment provider>>, or, <<an evaluation is being requested to determine the youth’s needs for mental health treatment.>>.”

Example: “The MAYSI-2 was administered on May 13, 2009 and results indicated a CRITICAL case based on WARNING on the Depressed-Anxious and Alcohol/Drug Use scales. These results indicate the need for further mental health assessment and the youth is scheduled to attend an appointment with Jefferson Parish Human Services Authority’s Child and Family Services Unit on June 1, 2009.”

2. Non-critical Cases: “The MAYSI-2 was administered on <<date>> and results did not indicate a critical case.”

5. Case Management:

(a) Juvenile Assessment Center: MAYSI results assist in targeting assessments and, in turn, developing case plans for arrested youth. Plans include written referrals to community agencies for the purpose of obtaining services to reduce delinquent behaviors with monthly follow-up calls to ensure services are utilized. As a reminder, MAYSI results are only valid for 30 days, so follow-up for MAYSI-flagged needs past that period may not be applicable. However, needs identified by the Juvenile Inventory for Functioning (JIFF) will continue to be monitored according to existing Juvenile Assessment Center policy. Case managers will incorporate motivational interviewing techniques when discussing case planning with assessed youth.

(b) Pre-Dispositional Investigation: MAYSI results indicate to probation officers whether a mental health evaluation is necessary for adjudicated youth. MAYSI results flagged as a “Critical Case” and indicated by 2nd Screens are to be considered in need of a mental health evaluation, unless they are already under psychiatric care.

6. Disposition of Results:

(a) Juvenile Assessment Center: MAYSI results for arrested youth will be maintained by case managers to target assessment areas and develop case plans and monitor cases for compliance. A copy of MAYSI Scoring Summary and any Second Screening(s) will accompany youth who are detained for use by detention staff. Interpretation or explanation of results should be performed by staff trained in administration of the MAYSI.

(b) Pre-Dispositional Investigation: A copy of the MAYSI Scoring Summary and any Second Screening(s) will be provided to the requesting probation officer by the JAC.

7. Additional Procedures:

(a) MAYSI-2 results reflect a two-week period prior to the screening and are considered valid for 30 days afterwards. Re-administer the screen after 30 days as indicated in section 1(b).
(b) Training may be provided upon request to any agency regarding implementation, use, administration, and indications of the MAYSI-2 mental health screen.

(c) To request a MAYSI for youth attending a pre-dispositional investigation, a copy of the PDI letter to the parent/guardian shall be provided to JAC case managers to schedule the MAYSI during the PDI.

8. **Training Overview**: Training will consist of initial training using the MAYSI Manual for new employees and ongoing (every six months) booster training for existing employees. Training will utilize the National Youth Screening and Assessment Project-created MAYSI-2 Power Point training module and will consist of an overview of MAYSI development, validation, scoring, and dissemination.

9. **Quality Assurance**: A sample of scored MAYSI’s will be reviewed weekly by the Juvenile Assessment Center Supervisor. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the MAYSI, and/or to ascertain policy revisions.
1. **Administration:** The JIFF will be administered by case managers in the Juvenile Assessment Center while youth are in the custody of law enforcement. Custody is the result of a recent arrest and is prior to adjudication or any formal court involvement. The JIFF is a self-report inventory that assesses youths’ daily functioning across domains, mental health problems, and strengths. The youth version of the software uses a 3rd grade reading level that graphs youth’s results across functioning areas and generates a service plan for each youth. Case managers use computer-generated needs to select and prioritize goals for intervention and assigns community-based services for each goal. The JIFF program provides case tracking and management, and provides individual and aggregate reports. Administration time is typically 25 minutes for the interview and 30 minutes to develop the case plan. Staff members introduce the instrument to the youth using the JIFF portion of the script in Appendix 1.

After the youth has completed the interview, the case manager will review the answers and ask the youth if he/she would like to elaborate on any issue. Information provided will assist the case manager in developing more appropriate case plans, goals, and service recommendations.

2. **Scoring:** Scoring consists of a computer-generated report that contains 10 broad domains. Reports provide case managers with both protective and risk factors impacting youths’ behaviors presented in graphic form that is easy to identify areas in need of immediate response.

3. **Interpretation:** The JIFF software includes 45 pre-programmed goals common to most youths. Case managers can add goals as they become necessary based on additional information available at the time of arrest. For example, the nature and conditions of the arrest and/or results from the MAYSI may require additional goals to be identified. Goals are prioritized as Immediate, High, Medium, or Low. If time permits, case managers are encouraged to engage the youth and, when available, parents/guardians, in selecting goals or choosing services.

4. **Reporting:** The computer program generates a list of all youth responses that indicate problems or poor functioning. Case managers select goals for services, or add goals if needed, to develop the service plan. Service plans are reviewed with the youth and caregiver whenever possible to make sure the goals are accurate and services are accessible. A copy of the service plan will be provided to the caregiver for youth released to their parents. A copy will be maintained in the youth’s file for monitoring.

5. **Case Management:** Case managers will contact the youth and/or caregiver once every 30 days to monitor compliance to the service plan, offer assistance in obtaining services, and obtain a status report on the youth and family. Monitoring will be provided for six months and will be provided to youth not engaged by other agencies. The case manager will document the status of the case on progress notes in the youth’s file. Cases are followed for six months or until the case is supervised by another agency, such as Office of Community Services, Office of Juvenile Justice, or Department of Juvenile Services. Case managers will incorporate motivational interviewing techniques into case planning.
6. **Disposition of Results**: Case plans will be maintained in the Juvenile Assessment Center. A copy may be provided to the detention center for detained youth, a copy shall be given to the caretaker, and a copy may be provided to the Juvenile Court or probation officer upon request.

7. **Additional Procedure**:

   (a) The timeframe used as a reference for youth taking the assessment is six (6) months. Youth will be asked to answer questions based on their experiences in the last six months.

   (b) Re-assessment will be required only after three (3) months has passed since the previous assessment.

8. **Training Overview**: Training will consist of initial training using the JIFF instruction guide for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of JIFF development, validation, scoring, and dissemination.

9. **Quality Assurance**: A sample of scored JIFF's will be reviewed weekly by the Juvenile Assessment Center Supervisor. Scoring, case planning, and case monitoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the JIFF, and/or to ascertain policy revisions.
Structured Assessment for Violence Risk in Youth (SAVRY)

1. **Administration**: Each person administering the SAVRY must have completed formal training in the use of the instrument. This includes a training workshop with a Master Trainer, two vignette practice cases, and two actual probation cases. The SAVRY is currently administered by probation officers on youth at the pre-disposition/post-adjudication phase, every 6 months, or at a change in supervision status. Information is gathered with a semi-structured risk interview and Pre-Disposition Investigation (PDI) Script. (See Pages 30-44) Questions on the PDI script are intended to guide probation officers’ questions to get the information needed to rate SAVRY items. The questions do not necessarily need to be repeated verbatim to youth and parents. As probation officers become more comfortable with the SAVRY, questions can be used as a guide rather than a script. Probation officers should interview parents and youth separately whenever possible using techniques consistent with Motivational Interviewing, whenever possible. The SAVRY MUST also be completed based on information about the youth, including, but not limited to, school records, psychological or mental health records, and child welfare documentation or previous placement records. Collection of this information is simplified by using the Report to the Court Outline contained in Appendix 2.

   Before interviewing youth, tell him/her the information is being collected to provide better services to prevent them from coming back into the juvenile justice system. The information is not being collected to give them more legal charges. Use this or a similar statement to reduce defensiveness.

2. **Scoring**: Thirty (30) items fall into four categories-Historical Risk Factors, Social/Contextual Risk Factors, Individual/Clinical Risk Factors, and Protective Factors. Risk items are coded Low, Moderate, or High and protective factors are coded “Absent” or “Present”. Coding is based on established criteria validated through scientific research. Additional risk factors and other protective factors can be included in the coding. **Probation officers should also rate item 3a Early Initiation of Delinquency.** Items that are considered critical are to be coded as a Critical Item on the rating sheet.

   (a) To score the SAVRY items, obtain data from multiple sources to build validity. If sources conflict, base ratings on the most credible source of information. The Summary Risk Rating on the rating form is for violence and is coded Low, Moderate, and High. **Probation officers should add and score a Summary Risk Rating for Delinquency as Low, Moderate, and High.**

   (b) Every part of the SAVRY scoring sheet should be completed to consider the test results valid, including item 3a and the addition of the officer’s Summary Risk Rating for Delinquency.

3. **Interpretation**: Use the Service Referral Matrix (Appendix 3) and SAVRY Items and Need Areas Worksheet (Appendix 4) to determine which services are needed. Consider the rating levels (L, M, H) of each item within each Need Area, as well as protective factors. **Generally speaking**, the more risk factors rated as High and the fewer protective factors, the higher the risk level in that need area.

   (a) The dynamic SAVRY items fall into several “Need Areas”, (e.g., Family Problems, Education, Disruptive Behavior Problems) which are essential for service planning. Need...
Areas are determined by identifying the most critical needs associated with violence and delinquency risk. Use the SAVRY Items and Need Areas Worksheet in Appendix 4. Services for each Need Area are listed in the Service Referral Matrix and Case Plan. The SAVRY items that fall within each need area are listed

(b) Services indicated are only guidelines for recommendations and should not be reported word for word. Recommendations should consider services already in place or already complete. For example, if school achievement and performance is a major need area for the youth, but they are currently in an alternative school setting, receiving tutoring and doing well, then a new service if not needed.

(c) In order to maintain quality control, probation supervisors should check and approve every SAVRY Rating Sheet and case plan to ensure the assigned services are aligned with the identified needs. Approval is documented by the supervisor’s signature on the pre-dispositional report and SAVRY rating form.

(d) When recommending services, probation officers should discuss current services and highlight progress or lack of progress, and what additional services are needed, if any.

4. Reporting:

(a) PDI Report: Report results under RESULTS OF SAVRY FINDINGS: on the PDI Report. Each Social/Contextual and Individual/Clinical Risk Item rated as High or Moderate, and any present Protective items should be listed under this heading. The most critical top two (2) or three (3) need areas from the Service Referral Matrix should be targeted for services and recommended in the pre-dispositional report. The most salient or critical need area should be listed and addressed first. If there are no moderate or high risk need areas, state this. In such cases, any services recommended should be those that focus on increasing protective factors.

These top two or three need areas should be updated as the youth progress or shows more salient needs across the duration of probation.

(b) Include a summary statement about risk and protective factors to target need for treatment. This statement summarizes the risk factors present and how they relate to delinquency/violence risk. This summary statement may be included in the existing summary statement. Be sure to include how needs identified by the SAVRY will be addressed. See below example SAVRY section of the Report to the Court:

RESULTS OF SAVRY FINDINGS:

The following items were definitely present:

Social/Contextual Factors:
11. Peer Delinquency Moderate
14. Poor Parental Management       High

   Individual/Clinical Risk Factors:
   18. Risk Taking/Impulsivity       High
   19. Substance-Use Difficulties    Moderate
   23. Poor Compliance              Moderate

Protective Factors:
P1 Strong Social Support           Present
P4 Positive Attitude Toward Authority Present

<table>
<thead>
<tr>
<th>NEED AREA</th>
<th>NEED LEVEL</th>
<th>SERVICES RECOMMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family</td>
<td>Moderate</td>
<td>Active Parenting for Teens to address poor parental management.</td>
</tr>
<tr>
<td>2. Substance Abuse</td>
<td>Moderate</td>
<td>JPHSA Substance Abuse Unit for assessment and treatment.</td>
</tr>
<tr>
<td>3. Disruptive</td>
<td>Moderate</td>
<td>Moral Reconation Therapy to address risk taking/impulsivity and peer delinquency.</td>
</tr>
<tr>
<td>Behavior Problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary Risk Rating for Violence: Low

Information collected on John Doe indicated he has not engaged in either delinquent or violent behavior in the past. He typically handles conflict appropriately and has few behavioral problems in school. He has some delinquent friends, with whom he occasionally smokes marijuana. His parents are not available due to their work schedule and, as a result, he is rarely disciplined for his behaviors. He was previously terminated from informal FINS for failing to comply with his Informal Family Services Plan Agreement. Currently, he does have several positive adults whom he feels connected to and can speak with when he has a problem. He said he wants to do well on probation so he can continue with school.

5. **Case Management**: The Summary Risk for Delinquency and Summary Risk for Violence ratings are used to determine probation supervision level in accordance with probation policies. The supervision level should be consistent with the higher of the two summary risk ratings. Treatment referrals shall be made to change identified needs of the youth. Referrals shall use, whenever possible, evidence-based programs to give youth and families the greatest opportunity for improvement.

   (a) The following information reflects supervision levels established by existing probation policy. This information is superseded by any revisions to existing probation supervision policy.
   
   Low Risk (Delinquent & FINS) ---- 1 face-to-face contact per month
   Moderate Risk (Delinquent) ------ 2 face-to-face contacts per month

 15
SAVRY

Moderate Risk (FINS) 1 face-to-face & 1 phone contact per month
High Risk (Delinquent) 4 face-to-face contacts per month
High Risk (FINS) 2 face-to-face and two phone contacts per month

(b) Case plans are documented in the pre-dispositional report and are to be reviewed with the youth and guardian each month to ensure youth is completing appropriate services. Probation Officers should document services received and whether or not identified needs are being addressed properly.

(c) When SAVRY Summary Risk Scores are not consistent with probation recommendations as a result of the nature and severity of the referral offense, probation officers should maintain the SAVRY Summary Risk Scores and explain in writing the rationale for increased or decreased levels of supervision or services. This should be explained in the Risk Classification section of the pre-dispositional report as follows:

Example: The SAVRY Summary Risk Rating indicated this youth is at Moderate Risk for re-offending. However, due to the nature and severity of the charge, it is recommended that this youth be supervised at a more intense level. Therefore, this youth is recommended for the Intensive Supervision Probation program. He will be re-assessed at a later date to determine his suitability for reduction in supervision level, if appropriate.

6. **Disposition of Results:** The SAVRY is a valid assessment instrument for risk for recidivism and Rating Forms are to be kept confidential and not reviewed by anyone not trained in use of the SAVRY. Due to state-wide implementation of the SAVRY, SAVRY results shall be provided to the Office of Juvenile Justice during case staffings for placement following existing staffing policy.

7. **Additional Procedure:**

   (a) SAVRY results are valid for approximately six months. Generally speaking, re-assessment is required every six months, after a major life-changing event, or at a change in supervision status, including termination from probation. Re-assessments should be completed by looking at the original SAVRY ratings for the youth, considering any new information, and rating Social/Contextual, Individual/Clinical, and Protective factors based on the time since the last SAVRY was completed.

   (b) At the discretion of the probation supervisor, SAVRY’s are not required for youth recommended for transfer of supervision levels or termination with less than 30 days since their last SAVRY.

   (c) To determine whether or not a youth should receive a different supervision level, a SAVRY should be administered. The highest Summary Risk rating for either Delinquency or Violence will be the basis for re-assignment to a different supervision level.
(d) When making treatment referrals, probation officers should inform parents/guardians and youth that more services may be required upon completion of first round of services depending on whether behaviors warrant.

(e) Re-administration of the SAVRY is not required for deferred probationers since they will be considered Low risk for delinquency and violence. However, a SAVRY is required if the youth has a major life-changing event or is being recommended for an increased supervision level. Also, if a SAVRY has been completed for a deferred probation case or the probation officer believes it is necessary to complete a SAVRY, and the SAVRY Summary Risk Rating for Delinquency or Violence is Moderate or High, the youth should be placed on the respective probation supervision level according to the relevant probation policy.

(f) Probation officers are encouraged by the Court to move for early termination more frequently if youth have completed services and risk indicators have decreased based on re-assessment.

8. **Training Overview**: Training will consist of initial training using a 12-hour SAVRY training for new employees and ongoing (every six months) booster training for existing employees. Training will consist of an overview of Motivational Interviewing techniques, SAVRY development, validation, scoring, and dissemination. In addition, SAVRY training will consist of two standardized written vignettes and two actual cases scored and reviewed by a Department of Juvenile Services SAVRY Trainer.

9. **Quality Assurance**: SAVRY’s will be reviewed weekly by the Department of Juvenile Services’ Probation Supervisors and, when necessary the Department SAVRY Trainer. Scoring will be reviewed to determine the need for additional training or corrective action discussions with employees that score the SAVRY, and/or to ascertain policy revisions.
The below table contains a list of services available for juvenile justice youth through community and contract providers. There are other services available; however, they are used less often. The table contains a list of Service Referral Matrix Need Areas and SAVRY Social/Contextual and Individual/Clinical items for quick reference. Also, the table contains a list that the service is not used for. Referrals should be made for the top two or three most critical need areas. Note: Research has shown that Low Risk offenders should have minimal contact with the juvenile justice system; therefore, no services are indicated for youth assessed to be low risk.

<table>
<thead>
<tr>
<th>Service</th>
<th>Used For</th>
<th>Not Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Therapy (Cognitive Behavioral Therapy and/or Motivational Interviewing)</td>
<td>Disruptive behaviors, poor school achievement, neglect, stress &amp; poor coping, peer rejection, peer delinquency, risk taking/impulsivity, poor compliance, low interest in school, negative attitudes, substance abuse, promiscuity, employment/career development, community disorganization, grief, trauma, sexual abuse, attention deficit. Most useful for more 16-year-olds and older youth working toward independent living and resiliency skills beyond immediate high conflict families and/or high risk neighborhoods.</td>
<td>Tutoring; Less mature 16 year olds and younger youth – use family therapy.</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>Disruptive behaviors, school achievement, low interest in school, negative attitudes, poor coping, poor parental management, negative attitudes, poor compliance, low interest in school, substance abuse, mental health issues, and negative peers. Indicated for less mature 16 year olds and younger youth based on research.</td>
<td></td>
</tr>
<tr>
<td>Functional Family Therapy (FFT)</td>
<td>Same as Family Therapy plus families with multiple siblings, youth with mental health or substance abuse involvement, and/or at risk of removal from the home.</td>
<td>Lack of transportation as the predominant need; families needing social support services.</td>
</tr>
<tr>
<td>Ecological-Based Family Therapy (EBFT)</td>
<td>Same as Family Therapy plus families with multiple siblings, youth with social services needs, and/or at risk for removal from the home.</td>
<td>Lack of transportation as the predominant need, mental health or substance abuse treatment.</td>
</tr>
<tr>
<td>Active Parenting For Teens</td>
<td>Poor parental management, lack of personal support, community disorganization</td>
<td></td>
</tr>
</tbody>
</table>
## Treatment Referral Indicators

<table>
<thead>
<tr>
<th>Service (cont.)</th>
<th>Used For (cont.)</th>
<th>Not Used For (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression Replacement Training (ART)</td>
<td>Disruptive behaviors, aggression, conflict resolution, anger management problems, poor school achievement, stress &amp; poor coping, impulsivity/risk taking, problem-solving, negative attitudes, peer delinquency, peer rejection, lack of personal support, poor compliance, low empathy or remorse.</td>
<td>Family-oriented behaviors</td>
</tr>
<tr>
<td>Baby Think It Over</td>
<td>Pregnancy prevention, parent education, risk taking/impulsivity, low empathy/remorse</td>
<td>Aggressive or violent youth</td>
</tr>
<tr>
<td>Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)</td>
<td>History of witnessing violence, exposure to violence in the home, childhood history of maltreatment, and other behaviors tied to experiencing significant trauma.</td>
<td>Youth without significant traumatic experiences</td>
</tr>
<tr>
<td>JPHSA Substance Abuse Treatment</td>
<td>Youth who have submitted a positive drug screen after disposition are referred to JPHSA Substance Abuse for further assessment and evidence-based treatment.</td>
<td>Youth already engaged in FFT, EBFT, or MST. Consult with in-home therapist on how to address substance use</td>
</tr>
<tr>
<td>JPHSA Mental Health</td>
<td>Youth determined to be in need of mental health treatment by past history or by a psychological or psychiatric evaluation. Current level of functioning should be impaired at home, school, or socially.</td>
<td></td>
</tr>
<tr>
<td>Multi-Systemic Therapy (MST)</td>
<td>In-home family therapy that is more intensive than Functional Family Therapy or Ecological-Based Family Therapy. Youth who receive Medicaid and need services beyond FFT or EBFT. Poor parental management, peer delinquency, stress and poor coping, lack of personal/social support, risk taking/impulsivity, anger management problems, poor school attendance or behaviors, poor compliance, anger management problems, at risk of removal from the home.</td>
<td>Youth who do not have Medicaid, behaviors not related to major psychiatric disorder, behaviors not primarily related to sexual offending, pending charges resulting in incarceration longer than 30 days.</td>
</tr>
<tr>
<td>Project LAST</td>
<td>An ecological-based grief and trauma treatment program specializing in African-American school-age youth who have experienced significant loss/grief, and have post-traumatic stress. Stress and poor coping, lack of personal support, and possibly anger management problems, attention deficit, and low interest/commitment to school if these are related to recent or substantial trauma or grief.</td>
<td>Youth who are actively suicidal or who are not experiencing symptoms of grief or loss.</td>
</tr>
<tr>
<td>Service (cont.)</td>
<td>Used For (cont.)</td>
<td>Not Used For (cont.)</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Positive Parenting Program (Triple-P)</td>
<td>Poor parental management, lack of personal support, community disorganization</td>
<td></td>
</tr>
<tr>
<td>Common Sense Parenting (CSP)</td>
<td>Poor parental management, lack of personal support, community disorganization</td>
<td></td>
</tr>
<tr>
<td>Moral Reconation Therapy (MRT)</td>
<td>Disruptive behaviors, aggression, conflict resolution, anger management problems, stress &amp; poor coping, impulsivity/risk taking, negative attitudes, peer delinquency, poor compliance, low empathy or remorse.</td>
<td></td>
</tr>
<tr>
<td>Dialectical Behavior Therapy (DBT)</td>
<td>Used most effectively for youth with chronic emotional regulation difficulties, such as those requiring multiple hospitalizations due to frequent disruptive emotional crises or repeated self-harming behaviors. Disruptive behaviors, conflict resolution, anger management problems, poor school achievement, stress &amp; poor coping, impulsivity/risk taking, problem-solving, negative attitudes, poor compliance, low empathy or remorse.</td>
<td></td>
</tr>
<tr>
<td>Coordinated System of Care (CSoC)</td>
<td>Used for youth with serious mental illnesses who are at risk of removal from their homes as a result of their behaviors. CSoC provides wraparound services to youth and families and is not, in itself a treatment. Rather, CSoC coordinates a wide range of interventions. Disruptive behaviors, aggression, conflict resolution, anger management problems, poor school achievement, stress &amp; poor coping, impulsivity/risk taking, problem-solving, negative attitudes, peer delinquency, peer rejection, lack of personal support, poor compliance, low empathy or remorse. Youth who do not have a serious mental illness and who are not at risk of removal from their homes.</td>
<td></td>
</tr>
<tr>
<td>Victim-Offender Mediation (VOM)</td>
<td>Disruptive behaviors, conflict resolution, impulsivity/risk taking, problem-solving, negative attitudes, lack of personal support, poor compliance, low empathy or remorse.</td>
<td></td>
</tr>
</tbody>
</table>
OVERVIEW OF EVIDENCE-BASED PROGRAMS

**Active Parenting of Teens:** This program is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence. Family, school, and peer bonding are important objectives. The program includes a parent and teen component. The parent component uses the curriculum from Active Parenting of Teens. This curriculum uses a family systems approach in which families attend sessions and learn skills. Each of the sessions includes time during which parents and youth meet in separate groups and time during which all family members meet together. Modules address parent-child communication, positive behavior management, interpersonal relationships for adolescents, ways for families to have fun together, enhancement of the adolescent's self-esteem, and factors that promote school success. Youth are taught about the negative social and physical effects of substance use, they learn general life skills and social resistance skills, and they are provided opportunities to practice these skills. Parents are taught skills to help reinforce their teen's skills training. The program is offered in six weekly 2-hour sessions. Typical groups consist of 5 to 12 families. Sessions use videos, group discussion, and role-plays, plus high-energy activities for the teens. Two leaders are needed, one for the parent portion and one for the teen portion, with one of the two leaders also leading the parents and teens combined. (See Popkin, 1989, adapted from the National Registry of Evidence-Based Programs and Practices [NREPP] website).

**Aggression Replacement Therapy (ART):** Assessments performed by probation officers frequently indicate the need for anger management and violence prevention programs for probationers. To address the identified gap in services that address conflict resolution, aggression control, emotional regulation, and anger management, ART is currently provided to juvenile probationers. ART is a standardized program that addresses conflict resolution, anger control, and moral development (Glick, 1999). It consists of 36 sessions meeting three times per week for 12 weeks.

**Cognitive-Behavioral Therapy and Motivational Interviewing:** (CBT, MI): CBT (Burns, Hoagwood, & Mrazek, 1999) and MI (Miller & Rollnick, 2002) have been introduced to community-based organizations through the provision of trainings provided by the LSUHSC. These evidence-based practices provide low-cost options for community providers. They also provide an overarching therapeutic approach when providing a broad range of interventions in individual and family therapy. To insure viability of these approaches, Juvenile Services therapeutic contracts require use of CBT and/or MI with all individual and family sessions not utilizing another EBP, documentation of model adherence on progress notes, an agency ‘resident expert’ on the model, and weekly supervision meetings to insure program fidelity. In addition to expanding to treatment providers, MI training will be provided to probation officers within the Department of Juvenile Services to target their work with traditionally resistant clients and improve the quality of their contacts with youth and families.

**Common Sense Parenting (CSP):** Adapted from the Teaching Family Model and the Boys Town Family Home Program, Common Sense Parenting (Griffith, 2009a) is a group-based parent-training class designed for parents of youths aged 6–16 who exhibit significant behavior and emotional problems. The objective of the program is to teach positive parenting techniques and behavior management strategies to help increase positive behavior, decrease negative behavior, and model appropriate
alternative behavior for children. The program consists of six weekly 2-hour sessions involving a group of 10–12 parents led by certified trainers who work from a detailed trainer’s manual. Program participants work from a parent manual that provides information on CSP skills, parenting advice, scenarios, skill cards for quick reference, and a personal parenting plan workbook. Between class sessions, participants are assigned readings from the parent manual and homework activities from the workbook to supplement the training received in class and help parents become more familiar with the newly taught skills. (Adapted from the OJJDP Model Programs Guide website).

**Dialectical Behavior Therapy (DBT):** Dialectical Behavior Therapy (Bohus, Haaf, Simms, Limberger, Schmahl, & Unckel, 2004) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatic emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual. (Adapted from the NREPP website).

**Ecological-Based Family Therapy (EBFT):** This program is the Fr. Flannigan’s Boys Town model for in-home family services. Reflecting a methodological shift in service provision in the New Orleans area, this program is a standardized program that utilizes in-home, wrap-around services to reduce risk and improve protective factors. Services include immediate responsiveness to a variety of emotional, behavioral, social, educational, and financial needs of at-risk families. Although not currently considered an evidence-based practice, it is a promising approach based on sound ecological and methodological principles. It is currently undergoing external empirical effectiveness studies. This model is currently being utilized for youth on probation who possess extensive family-related risk factors. (See http://care.boystown.org/about-boys-town/continuum for more information).

**Functional Family Therapy (FFT):** Functional Family Therapy is a family-based treatment for a wide range of clinical problems including Conduct Disorder, substance abuse, and violent behaviors. This treatment has shown to be effective for adolescents at risk for out of home placement. It is designed for families with adolescents between the ages of 10 and 18. Often these families have histories of treatment failure or have had difficulty accessing services. Functional Family Therapy conducts an average of 8-12 sessions but can conduct up to thirty sessions. Functional Family Therapy clinicians work to achieve a balanced alliance with all family members and then identify specific behavior change strategies for families. They seek to provide a culturally sensitive treatment with goals which are obtainable and reasonable for each family. Finally, all treatment ends with generalization skills to assist family members in transferring new coping skills to additional environments (Bauer, 2009). In national studies, Functional Family Therapy has consistently demonstrated reduction of status offenses, delinquent, anti-social behaviors for youth that are mid-to-high risk of further delinquency.
**Moral Reconation Therapy** (MRT): MRT is a 16-step program that utilizes peer-driven processes to guide youth through sequential development of moral stages. The stages include loyalty, trust, acceptance, and many other concepts relating to moral development. MRT was initially developed in detention centers and has been expanded to include high-risk adolescents with a range of associated risks including substance abuse, disruptive behaviors, poor conflict resolution, family conflicts, and negative peers. Group sessions are held weekly and can range from 16 to 32 sessions, depending on the amount of effort demonstrated by participants (Little & Robinson, 1997).

**Multi-Systemic Therapy** (MST): Previously used for selected sub-groups of youth, this intensive, family-based intervention is aimed at juvenile offenders with serious antisocial behaviors who are at imminent risk of out of home placement. MST therapists collaborate with the family to determine the factors in youths’ “social ecology” that are contributing to the identified problems and design strategies for addressing these problems. Ultimately, the goal of MST is to empower families to cope with the challenges of raising children with emotional problems and to empower youth to cope with family, peer, school, and neighborhood difficulties (Henggeler, 1997). More recently, MST has been approved for funding through Medicaid. As a result, referrals have been expanded to include juvenile justice children. Data collected from juvenile justice treatment referrals have indicated 77% of juvenile justice-involved youth are covered by Medicaid who would be eligible to receive MST.

**Positive Parenting Program (Triple-P):** Positive Parenting Program is a comprehensive parent-training program with the purpose of reducing child maltreatment and children’s behavioral problems (Triple-P America. 2009). It is built upon a public health approach and as such was designed to treat large populations. The Triple P system has five intervention levels of increasing intensity and narrowing population reach. Programs utilizing Triple P for Jefferson Parish are certified to provide Level 4 for families with youth between 10 and 16 years of age. The five core principles taught to parents are:

- Ensure a safe and engaging environment.
- Promote a positive learning environment.
- Use assertive discipline.
- Maintain reasonable expectations.
- Take care of oneself as a parent.

(Adapted from OJJDP Model Programs Guide)

**Project LAST (Loss and Survival Team):** A developmentally- and culturally-specific intervention aimed at grief and loss symptoms of school-aged youth. This program was developed to respond to the needs of children and families who witnessed or have been victims of violence. Since its initial development, the program has expanded to include school-aged youth experiencing grief, loss, and trauma resulting from a variety of traumatic experiences. The intervention involves an ecological perspective based on cognitive-behavioral therapy and narrative therapy interventions. The program is theoretically-grounded and has shown positive effects in a pilot study and a subsequent randomized comparison group study (Salloum, 2006).

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** Recognizing the need for a program to address the growing need for treatment for trauma-related risk factors, TF-CBT was selected from agencies solicited to provide EBPs. In addition to ongoing stressors related to the 2005 hurricane season, the 2007 CYPB community assessment identified that many youth do not have access to
services that address grief, exposure to violence, and trauma, which tend to be characteristic of this population. TF-CBT is widely used throughout this area and is currently utilized for youth on probation that have experienced trauma. A study by UNO Department of Education revealed nearly 85% of youth at one public school in Jefferson Parish screened positive for a traumatic event in their lives. With a large percent of juvenile arrests stemming from schools, this treatment approach is critical to addressing trauma in the juvenile justice population.

Victim-Offender Mediation: Victim offender mediation (Umbreit, 1994) is a process that provides interested victims an opportunity to meet their offender, in a safe and structured setting, and engage in a mediated discussion of the crime. With the assistance of a trained mediator, the victim is able to tell the offender about the crime's physical, emotional, and financial impact; to receive answers to lingering questions about the crime and the offender; and to be directly involved in developing a restitution plan for the offender to pay back his or her financial debt. The goals of victim offender mediation include:

- Support the healing process of victims, by providing a safe and controlled setting for them to meet and speak with the offender on a strictly voluntary basis.
- Allow the offender to learn about the impact of the crime on the victim and to take direct responsibility for their behavior.
- Provide an opportunity for the victim and offender to develop a mutually acceptable plan that addresses the harm caused by the crime.

(Adapted from the National Institute of Justice website.)
<table>
<thead>
<tr>
<th>Assessment Point</th>
<th>Assessments Performed</th>
<th>Decisions</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Assessment Center (Post-Arrest)</td>
<td>DAI</td>
<td>Detain, Alternative, Release</td>
<td>Detain, Release With Follow-up</td>
</tr>
<tr>
<td></td>
<td>MAYSII-2</td>
<td>Refer for Mental Health Assessment</td>
<td>Refer for Suicide Assessment, Community Services, or Detention Response</td>
</tr>
<tr>
<td></td>
<td>JIFF</td>
<td>Refer for Community Services</td>
<td>Refer for Community Services, Case Monitoring, Coordinate with Youth-Serving Agencies</td>
</tr>
<tr>
<td>Pre-Disposition Investigation (Post-Adjudication)</td>
<td>SAVRY</td>
<td>Probation Supervision Level, Determine Intervention Targets</td>
<td>Recommend Probation Level, Make Treatment Referrals</td>
</tr>
<tr>
<td></td>
<td>MAYSII-2</td>
<td>Need for Mental Health Assessment</td>
<td>Refer for Mental Health Evaluation(s)</td>
</tr>
<tr>
<td></td>
<td>SAVRY</td>
<td>Change Supervision Level &amp; Re-assess Treatment Needs</td>
<td>Change Supervision Level, Refer for Additional Services, or Recommend Probation Termination.</td>
</tr>
</tbody>
</table>
COLLECTION OF OUTCOMES

Collection of outcomes will be accomplished in several ways. First, data captured from SAVRY administrations will show changes in risk, risk/needs, and protective factors of youth who have received treatment/interventions. Second, SAVRY data, along with long-term recidivism data will be collected using the Probation Outcome Monitoring Sheet (See Appendix 5). Data includes demographics, intermediate data, such as drug screen results, treatment/service completion (intensity and duration), probation violations, and probation completion, and long-term recidivism. Lastly, computerized assessments, such as the MAYS1-2 and JIFF, will provide key data on arrested and detained youth. Examples of how data can be used to inform practice can be found in the Jefferson Parish Youth Outcomes Study (Childs, Ryals, Frick, & Phillippi, 2011) and in published research (Childs, Ryals, Frick, Lawing, Phillippi, & Deprato, 2013).

Data are also used to track progress of youth, success of assessment and treatment planning, and ensure appropriateness of service linkages. Repeat measures of the SAVRY will serve as an in-house measure of the effectiveness of services.

Outcome Monitoring Sheets are required for all youth placed on probation, including deferred disposition cases, except for youth who will be transferred back to DJS supervision at some point. For example, youth who are placed in residential care, transferred to interstate compact, or otherwise transferred and will return.

QUALITY ASSURANCE

Effective implementation of valid and reliable screening and assessment instruments require not only consistently applied initial training, but also ongoing monitoring and follow-up training for quality assurance. Over time, procedures and practices used to perform screenings and assessments and to make treatment referrals become tainted due to time constraints, staff turnover, and lack of sufficient oversight of the process. To minimize the impact of these factors, Jefferson Parish Department of Juvenile Services staff engaged in screening and assessment procedures will undergo semi-annual refresher trainings on screening and assessment practices. In addition, quality assurance will focus on indicators of timeliness, access, and quality of service delivery with minimal thresholds for each. Corrective action plans will be required for any findings below threshold levels to ensure proper delivery of screening and assessment practices.

Juvenile Assessment Center and Probation supervisors will be responsible for ensuring day-to-day compliance to screening and assessment procedures. Lastly, this manual shall be reviewed annually for revisions.
REFERENCES


References


APPENDIX 1 – MAYSİ-2 and JIFF Administration Script

“You’ve come to the Juvenile Assessment Center because you got in trouble with the police. One of the things we do here is find out if you are having any problems we can help with. We do this by asking you to answer some questions on the computer.

There are two sets of questions. One takes about 10 minutes and asks you about how you may be feeling right now and in the past. The second one asks you questions about experiences in your life, your interests, and what you want to do in the future. It takes a little longer. If there is an area where we can help you, like at school, at home, or with friends, we want to know about that.

It helps to be as truthful as you can when you are completing both of these sets of questions so that we can get the right assistance for you. If there is any question that is not clear, just ask me and I will explain it. After you finish these, you can also ask any questions that you might have. I will stay nearby in case you have a question or want any help with the interview, but I will give you your privacy while you answer the questions.

These questions are not intended to get you into trouble – our hope is to know how to help you better. Your answers to these questions are confidential. Nothing that you tell us can be used against you in any juvenile or criminal court hearing. Results of the first program, the one about your feelings, may be shared with <<your probation officer>> and/or <<the detention center>>. For the second one, about experiences in your life and your interests, we will be using the results to tell your parent/guardian things you might need to help you, but we will not tell them your actual answers.

Do you understand? Do you have any questions? Let’s begin.”

“Here’s the first one. It’s called the MAYSİ. You will see the questions on the screen and you will hear them read to you. For each question, answer ‘yes’ or ‘no’ as to whether the question has been true for you in the last few months. (Pick a holiday or date approximately two months prior so they have a reference point.) You may also see a couple of the questions that will ask if something has EVER happened to you.

Here’s the second one. It is called the JIFF and it helps us know better how to help kids and their families. For most questions, you just select your answer, like ‘yes’ or ‘no’ and many allow you to type in a personal answer if you choose. Some of the questions might be uncomfortable. If you do not want to answer a question, you are allowed to skip that question by clicking the question mark (?) button twice. If you skip too many questions your interview will not be counted – and this would mean that you would have to start the interview over from the beginning.”

*Note: If administering the paper/pencil version of the MAYSİ-2, point to the right side of the answer sheet, and instruct the child to circle ‘Y’ for ‘yes’ and ‘N’ for ‘no’. Advise the child that there are more questions to be completed on the back of the page.*
I. SOURCES OF INFORMATION USED:

List the persons and agencies interviewed and records reviewed to obtain the information contained in this report:

- Youth Interview
- OCS/Child Protection Worker
- Mother Interview
- OCS Records
- Father Interview
- Victim Interview
- School Records
- Past Mental Health Records-From?
- School personnel
- Other relative interview: Relationship:
- Law Enforcement Records
- Other Service Providers

II. DEMOGRAPHICS:

NAME: ___________________________ DATE: ___________ COURT SECTION: ___
DOB: _______________ AGE: ___________ DOCKET NO.: ___________ -JU-
ADDRESS: _______________ PH: _______________ SEX:
PROBATION OFFICER: ______________________ SS#: XXX-XX-_______
HISPANIC/LATINO: ( ) Yes ( ) No ( ) Unknown
RACE (select all that apply): ( ) White/Caucasian ( ) Black/African-American ( ) Asian
( ) American Indian or Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Unknown

Physical Description: _______________ is approximately ____’____” tall and weighs ____ pounds. He/she has a ________ complexion, ________ hair, and ________ eyes. Birthmarks, scars, tattoos, piercings, or other distinguishing marks (list type and location): ______________________

Whenever possible, conduct interviews with the child alone, then the parent alone, then together.
The numbers in brackets refer to the SAVRY risk/protective factor(s) that the question is associated with.
Appendix 2

III. **JUVENILE INTERVIEW:**

**Neighborhood:**

In the neighborhood where you live is there a lot of crime and drugs? ( ) Yes ( ) No [16]

If Yes, what?______________________________________________________________________________________________

Is there anyone in your extended family or in your community who can help you out when you need it? ( ) Yes ( ) No  If Yes, who is it, and what do they do to help?__________________________________________ [P2]

**Family:**

If your parents live separately, how often do you see your other parent? ________________

Do you feel you see both parents often enough? ( ) Yes ( ) No

Can you tell me about that?________________________________________________________________________________________

How well do you get along with your parents? With your brothers and sisters?__________________________[15]

Do your parents (or guardians) know where you are and what you are doing most all the time? ( ) Yes ( ) No [14]

Do your parents/guardians discipline you or enforce rules in the same way? ( ) Yes ( ) No

Tell me more about that. How do they discipline you (restriction, sent to room, remove privileges, physical punishment):__________________________________________________________

What things do you do with your family regularly? (e.g., eat dinner, go to sporting events, watch movies, etc.)________________________________________________________________________________________

When you were growing up, were there a lot of physical fights in your family? ( ) Yes ( ) No [6]

Did people in your family hurt each other a lot? ________________________________________________

When you were young – before you were 12 years old – did a parent or someone who was taking care of you ever abuse you or physically hurt you on purpose? ( ) Yes ( ) No [7]

Tell me more about that:______________________________________________________________________________________________

Before you were 12 years old – were there times when no one provided food, clothes or a room for you? ( ) Yes ( ) No  Tell me more about that: ____________________________________________ [7]

Has a parent or guardian ever been in trouble with the law? ( ) Yes ( ) No [8]

Tell me more about that:_____________________________________________________________________________________________
When you were growing up, did you live in foster homes or group homes or did you live away from your parents? ( ) Yes ( ) No [9]
If yes, how old were you the first time this happened? __________
If no, have you ever been separated from your family for a long time? ( ) Yes ( ) No
How old were you the first time this happened? __________
What happened? ________________________________________________________________

Peers:
Who do you hang out with? Are your friends the same age as you? [11]
_______________________________________________________________________________
Have any of your friends ever been in trouble with the law? ( ) Yes ( ) No [11]
If Yes, what kind of trouble? ______________________________________________________
Have any of your friends ever been in trouble at school or done other things that would have gotten them in trouble if they were caught? ( ) Yes ( ) No [11]
If Yes, what kind of trouble? ______________________________________________________
What do other kids in your school or neighborhood think about you? ________________ [12]

Individual:
How do you feel after you do something you know is wrong even if you don’t get caught? [21]
________________________________________________________________________________________
Have you done things in the past that got you in trouble with the law (reassure them you’re not going to arrest them and probe about past offenses if they don’t mention it)? What were they? How old were you? [1, 2, 3, 3a]
________________________________________________________________________________________
When people get beat up or taken advantage of, do you usually think they had it coming? [17]
( ) Yes ( ) No If Yes, why? ____________________________________________________________
Is threatening or force the best way to get what you want? ( ) Yes ( ) No [17]
If yes, when it is best to use? If no, explain how you get what you want: ______________
What do you usually do when something or someone makes you really angry? ________ [20]
Do other people think you have a problem with your temper? ________________________ [20]
How many times have you been in a physical fight or attack where the other person got hurt with cuts, bruises, broken bones, or worse, or could easily have gotten hurt? ________________________________ [1]

If you have been in fights, who usually starts the fights? ________

How old were you the first time you got into a serious fight? ________________________________ [3]

What happened? __________________________________________________________________________ 

Have you been in a fist fight in the last six months? ( ) Yes ( ) No [1]

Do you get bullied, teased, or picked on by others? ( ) Yes ( ) No [12]

What happens? __________________________________________________________________________

School:

How important is school to you? ________________________________ [24, P5]

Has a teacher ever told you to do something that you disobeyed on purpose? ( ) Yes ( ) No

If yes, tell me more about that: __________________________________________________________________________ [17]

Do you have any career goals? What are they: __________________________________________________________________________

Mental Health/Drug Use:

Have you ever tried to hurt yourself or end your life on purpose? ( ) Yes ( ) No [5]

If Yes, what happened? __________________________________________________________________________

Have you ever used alcohol or drugs in the past? ( ) Yes ( ) No [19]

If Yes, what drugs? How old were you when you started using them? How often did you use them? Any problems (gone to school high, accidents or injuries, problems at home, trouble with the law, etc.)? __________________________________________________________________________

Do you currently use drugs or alcohol? ( ) Yes ( ) No   If Yes, which drugs do you use? [19]

_______________________________________________________________________________

Have you ever thought about getting help to stop using drugs and alcohol? ( ) Yes ( ) No [23]

When really bad things happen, do you deal with them better than others? ( ) Yes ( ) No [13]

What do you do when you feel stressed? __________________________________________________________________________

Over the past six months or so, has anything made you feel stressed or overwhelmed? [13]

( ) Yes ( ) No   If Yes, what happened? __________________________________________________________________________

How have you been handling that? __________________________________________________________________________

Do you do things other people think are dangerous? ( ) Yes ( ) No [18]
If yes, what do you do?___________________________________________________________

Do you often have trouble staying focused when sitting in class or doing something that is not very fun? 
( ) Yes ( ) No [22]

Are you easily distracted? ( ) Yes ( ) No

Do you frequently feel restless and have trouble keeping your body still? ( ) Yes ( ) No
If yes, tell me more about that: ___________________________________________________

Has a doctor, counselor, or therapist ever told you that you have ADHD (Attention Deficit Hyperactivity Disorder) or any other mental health problem? ( ) Yes ( ) No
If so, what did they tell you? ______________________________________________________

How does it work out when people try to help you or how do you think it will work out? If it doesn’t work out, why doesn’t it work out? ________________________________________________________________________ [23]

Coping Skills:
Is there an adult in your life that you go to when you need help, or that you would go to if you needed help? ( ) Yes ( ) No [P2]

What about that person that makes you feel that they might help you?____________________

Are you able to talk your way out of bad situations? ( ) Yes ( ) No  If Yes, how do you do it? ____________________________________________________________________________________

Can you think of a time when something you did caused a problem for someone else or made them feel bad? ( ) Yes ( ) No  If Yes, what happened? ________________________________ [21]

IV. PARENT INTERVIEW:
Family Strengths and Weaknesses:
How does your child behave at home? _______________________________

How does your child respond when told to do something at home?____________________ [14]

What types of punishments and rewards do you use with your child in your home? Do you think they work? Does your child react to these punishments and rewards?]  _____________ [14]

Who usually disciplines the youth? ________________ [14]

Are there any reliable adults in his/her life that he/she trusts and turns to for support and help? 
( ) Yes ( ) No  Please explain: ____________________________________________________________________________________ [15]

Does your child turn to these adults in times of stress or trouble? ( ) Yes ( ) No [15, P3]
Please explain answer: ____________________________________________________________________________________
Has your child ever witnessed aggressive behavior or violence in your home or the homes of your family and friends? ( ) Yes ( ) No  If yes, please explain: ___________________________  

DCFS/Child Welfare Involvement  

Is DCFS currently involved with your child? ( ) Yes ( ) No 

Has a child welfare agency ever been involved with your child? ( ) Yes ( ) No 

   Date of first DCFS investigation: ________________________________  
   Number of previous investigations by DCFS, if any: ______  
   Date of first confirmed/substantiated DCFS investigation, if any: ___________________________  

Has your child ever been placed out of the home by DCFS? ( ) Yes ( ) No 

If yes, date of first placement: ________________Placement Type: ___________________________  

How long was your child placed?___________________________________________________  

Is youth currently in a DCFS placement? ( ) Yes ( ) No  If yes, where?___________________  

(Confirm using DCFS records whenever possible)  

Juvenile’s Personality Traits:  

Does your child have problems with any authority or important figures in his/her life? 

( ) Yes ( ) No  If yes please explain: ___________________________  

How does your child react to difficult situations? ___________________________  

How does your child cope with stress? ___________________________  

Does your child ever seem to feel guilty when he/she does something wrong? ( ) Yes ( ) No 

If yes, what does he/she do when feeling guilty? ___________________________  

Does your child get angry easily? ( ) Yes ( ) No  If yes, what does he/she do? ________________  

Has your child ever threatened to hurt someone? ( ) Yes ( ) No  

If yes, what happened? _____________________________________________  

Does your child believe crime and violence are acceptable? ( ) Yes ( ) No  

If yes, please explain? _____________________________________________  

Does your child tend to become aggressive or violent because of harmless situations? 

( ) Yes ( ) No  If yes, please explain: ___________________________  

Does your child react or behave without thinking ahead or considering the consequences? 

( ) Yes ( ) No  If yes, please explain: ___________________________  

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Appendix 2

Does your child engage in risky or dangerous behaviors? ( ) Yes ( ) No [18]
If yes, please explain: __________________________________________________________

Do you approve of your child’s friends? ( ) Yes ( ) No If no, why not? [11]

Does your child currently use drugs or alcohol? ( ) Yes ( ) No [19]
If Yes, please explain: __________________________________________________________

Has your child ever had problems caused by drug or alcohol use? ( ) Yes ( ) No [19]
If Yes, what problems has your child had related to drug or alcohol use? (gone to school high, accidents or injuries, problems at home, trouble with the law, etc.)? ________________

Have your child ever received help to stop using drugs or alcohol? ( ) Yes ( ) No [19]
If yes, please explain: __________________________________________________________

Does your child understand the need for treatment to help with his/her difficulties? [23]
( ) Yes ( ) No If yes or no, please explain: __________________________________________

Does your child have a positive attitude toward people trying to help? ( ) Yes ( ) No [P4, 23]
Please explain: _________________________________________________________________

What are good things about your child? What is he/she good at? ________________

What do you need from probation to help your child stay out of trouble? What kind of services would be helpful? _________________________________________________________________

V. LEGAL HISTORY:

A. Present Legal Involvement:
__________________________ is appearing in Court today for a Dispositional Hearing relative to a charge of ________________________________

Enforcement Agency: ( ) JPSO ( ) GPD ( ) KPD ( ) HPD ( ) WPD ( ) OTHER: ______
Item #: _______________________
Date/Time of Arrest: ______________
Location of Arrest: ______________________________

Summary
of

Narrative: ________________________________________________________________
____________________________________________________________
____________________________________________________________

Juvenile’s version of the incident: ________________________________________________
Impression of juvenile’s empathy: Remorseful / Defiant / Indifferent / Other: [21]
Attitude of the parent toward the child’s offense (Angry / Indifferent / Other): _________________________
Did the child spend time in detention? ( ) Yes ( ) No If yes, where? ________________________________
For how many days? _______________________
Was the child placed on an ATD? ( ) Yes ( ) No If Yes, what ATD? Any violations?_______________
Disposition of companion cases arising out of this offense:
Co-defendant:___________________________Charge(s):________________________________________ Outcome
of legal involvement, if any (Diversion, dismissal, probation, etc.): ________________________________
Co-defendant:___________________________Charge(s):________________________________________ Outcome
of legal involvement, if any (Diversion, dismissal, probation, etc.): ________________________________
Co-defendant:___________________________Charge(s):________________________________________ Outcome
of legal involvement, if any (Diversion, dismissal, probation, etc.): ________________________________
B. Offense History:
History of Delinquency and Violence
___________________ has the following charges on record with the Jefferson Parish Department of
Juvenile Services:

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHARGE</th>
<th>DISPOSITION</th>
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Age at first non-violent incident/offense? _____ Age at first violent incident/offense? _____
Prior charges for violent offenses? ( ) Yes ( ) No
Has the child ever been referred to Diversion relative to the current charge or a previous charge? [4]
( ) Yes ( ) No
If yes, did the child successfully complete Diversion? ( ) Yes ( ) No If no, why not? ________________
Has the child been on probation in any other parish or state? ( ) Yes ( ) No [4]
If yes, for what charge(s) and what was the outcome? __________________________________________
Has the child ever been involved in the Informal FINS program? ( ) Yes ( ) No [4]
If yes, when? __________________________ Intake Officer’s name___________________________
What goals were established for the child and family?____________________________________
What services did the child receive?____________________________________________________
Did the child successfully complete the program? ( ) Yes ( ) No
If no, why not?________________________________________________________________________

VI. VICTIM IMPACT STATEMENT (Delinquent Cases Only):
___________________________________________________________________________________
Amount of monetary restitution recommended:______________________________________________
Number of community service hours recommended:___________________________________________

V. DEVELOPMENTAL / MEDICAL / SOCIAL HISTORY:
Place of birth (City, state, hospital if known):________________________________________________
Birth: ( ) Full term with no complications ( ) Other ( ) Explain: ________________________________
Developmental Milestones: Age talked;____ age walked;____, age toilet training completed;_____ age
bed wetting ended;____, history of childhood enuresis/encopresis, if applicable,____.
Medical History: _______________________________________________________________________
Present Medical/Physical Problems: _______________________________________________________
Current medications, dosages, and what the medications are prescribed for:____________________
If female, is she pregnant? ( ) Yes ( ) No. (If yes and under 28 weeks pregnant, refer her to the Nurse-Family
Partnership Program.) _________________________________________________________________
If male, has he fathered any children? ( ) Yes ( ) No _______________________________________
Medical Insurance:
Do parents have medical insurance? ( ) Yes ( ) No (If No, refer to LACHIP.)
If Yes, type of medical insurance: ( ) Private ( ) Medicaid/LaCHIP
Name of Insurance Company:______________________________________________________________
Policy No.:____________________________________________________________________________
Medical Provider:
Name:
Address:____________________________________________________________________________
Traumatic Experiences/Events:

Has child ever been in placement or lived outside the home? ( ) Yes ( ) No

If yes, explain:

Marital Status of Biological Parents:
( ) Legal ( ) Non-legal ( ) Married ( ) Never Married ( ) Divorced ( ) Separated ( ) Widowed

Deceased? ( ) Mother ( ) Father Date:______________

If married, how long? ________________________________

If separated, when? ________________________________

If divorced, how long? ________________________________

Who has legal custody of juvenile? ________________________________

Father's Name: ___________________________________ DOB: __________________________

Address: ( ) SAJ ( ) Other: __________________________

Phone: ( ) SAJ ( ) Other: ____________________________ Work No. __________________________

Place of Employment: ____________________________ Occupation: __________________________

Income: $____________ ( ) Monthly ( ) Weekly ( ) Hourly ( ) Yearly

Educational level attained: ____________________________ SS#: XXX-XX-______ Remarried: ( ) Yes ( ) No. Number of marriages: ______

List pertinent information regarding father or spouse if remarried: ____________________________

Mother's name: ___________________________________ DOB: __________________________

Address: ( ) SAJ ( ) Other: __________________________

Phone: ( ) SAJ ( ) Other: ____________________________ Work No. __________________________

Place of Employment: ____________________________ Occupation: __________________________

Income: $____________ ( ) Monthly ( ) Weekly ( ) Hourly ( ) Yearly

Educational level attained: ____________________________ SS#: XXX-XX-______ Remarried: ( ) Yes ( ) No. Number of marriages: ______

List pertinent information regarding mother or spouse if remarried: ____________________________

( ) Step-father ( ) Step-mother ( ) Legal guardian/relationship: __________________________

Name: ___________________________________ DOB: __________________________

Address: ( ) SAJ ( ) Other: __________________________

Phone: ( ) SAJ ( ) Other: ____________________________ Work No. __________________________

Place of Employment: ____________________________ Occupation: __________________________

Income: $____________ ( ) Monthly ( ) Weekly ( ) Hourly ( ) Yearly

Educational level attained: ____________________________ SS#: XXX-XX-______ Remarried: ( ) Yes ( ) No. Number of marriages: ______

List any pertinent information regarding this individual: ____________________________
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<thead>
<tr>
<th>BROTHERS</th>
<th>AGE</th>
<th>ADDRESS/OCCUPATION</th>
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<th>ADDRESS/OCCUPATION</th>
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Supplemental Income Reported:

( ) SSI Amount: $_________________________

( ) Welfare Amount: $___________________

( ) Child Support Amount: $________________

( ) Food Stamps Amount: $________________

( ) Other__________ Amount: $____________

Family Economic Status:

Self-Rating: ( ) Good ( ) Adequate ( ) Deprived

Family Physical and Mental Health History: (disease, mental illness, criminality, alcoholism, substance abuse, physical impairment, etc.) ( ) Yes ( ) No.

If yes, include who has the problem, type of problem and relationship to the juvenile’s delinquency:

Maternal Family: __________________________________________

Paternal Family: __________________________________________

VI. EDUCATIONAL HISTORY:

Child’s School: ___________________________ Grade Level: ________

Address of School: __________________________________________
Presently attending ( ) Not attending  Reason: _______________________________________

Number of suspensions: ____________________________________________________________

Reasons for suspensions: ___________________________________________________________

Presently passing? ( ) Yes ( ) No

Subjects presently failing: __________________________________________________________

Grades failed: ________________________________________________________________

Reasons: ____________________________________________________________

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<tr>
<th>PREVIOUS SCHOOLS</th>
<th>GRADES ATTENDED</th>
<th>REASON FOR LEAVING</th>
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</table>

Has child ever been in special education? ( ) Yes ( ) No
If yes, where? _____________________________________________

Classification: ____________________________________________

Year first classified as special education: ______________________

Date of most recent evaluation (I.E.P.): _______________________

VIII. EMPLOYMENT HISTORY:

Does the child currently have a job? ( ) Yes ( ) No

If yes, where? ____________________________________________

Has he/she ever worked? ( ) Yes ( ) No

If yes, how did the child like work? What kind of an employee is the child? Did/does he/she get along with employers/bosses? ____________________________________________

If no, why hasn’t the child worked? Does he/she want to work? ________________________

IX. MENTAL HEALTH EVALUATION/TREATMENT HISTORY:

Has he/she ever been evaluated by:

Psychologist: ( ) Yes ( ) No  Psychiatrist: ( ) Yes ( ) No  School Board: ( ) Yes ( ) No

If yes, where and by whom: ____________________________________________

Reason for referral or evaluation: ____________________________________________

Has he/she ever been in therapy? ( ) Yes ( ) No.

If so where: ________________________ With Whom: ________________________
What did therapy address?

Has he/she ever been hospitalized for mental/emotional reasons? ( ) Yes ( ) No
If yes, where? ________________________________
When? ________________________________
Reason for hospitalization: ________________________________
Why was child discharged?: ________________________________
Aftercare recommendations: ________________________________
Results of MAYSI-2 (If available):
Did MAYSI-2 indicate a ‘Critical Case”? ( ) Yes ( ) No
If Yes, what scales were above Caution? ________________________________
What scales were above Warning? ________________________________
What response was taken? ________________________________

X. PROSOCIAL ACTIVITIES:
Religion Affiliation: ________________ Church attended, if any: ________________
Does parent(s)/guardian(s) attend church? ( ) Yes ( ) No  If Yes, how often? ________________
Does the parent(s)/guardian(s) want the child to attend church? ( ) Yes ( ) No
If Yes, PO shall make church attendance a condition of probation.
Does parent(s)/guardian(s)’ church or neighborhood have a youth group program? ( ) Yes ( ) No
If Yes, PO shall make participation in a youth group a condition of probation.
Extracurricular Activities/Hobbies:
Have the child ever played organized sports or been involved in school or neighborhood clubs or organizations? ( ) Yes ( ) No  If yes, which ones? How involved was the child in these activities?
___________________________________________________________________________
What does the child like to do for fun? _____________________________________________

XI. RESULTS OF SAVRY FINDINGS (FINS and Delinquents):
(Complete SAVRY Coding Sheet and include 3a Early Initiation of Delinquent Behavior)
The following risk/needs factors were identified as definitely present and are contributing to delinquent behaviors:
(List highest and/or most critical three (3) risk/need areas from the Service Referral Matrix that is either HIGH or MODERATE, and the services recommended. If they are all low, write, “Results of the SAVRY showed Low in all Need Areas. No services are recommended at this time.”)

According to results from the SAVRY, this juvenile presents as Low / Medium / High risk for violence at this present time. (See Sections XIII and XIV for Risk for Delinquency.)

SAVRY Summary Statement: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

XII. SUMMARY STATEMENT (Include summary of youth’s conduct and/or caretaker(s) conduct contributing to misbehaviors, services needed for the youth or family, and of actions to be taken by the youth and family to adjust behaviors: ________________________________________________________________
XIII. **RISK CLASSIFICATION (FINS):** The initial SAVRY Summary Risk Score indicated the juvenile is at Low / Medium / High risk for future delinquency and will minimally require one face-to-face contact monthly / one face-to-face and one phone contact monthly / two face-to-face contacts monthly.

XIV. **RISK CLASSIFICATION (Delinquent):** The initial SAVRY Summary Risk Score indicated the juvenile is at Low / Medium / High risk for future delinquency and will minimally require one / two monthly contacts OR referral to the department's Intensive Supervision Probation program.

XV. **RECOMMENDATIONS:** After taking into consideration all the available information presented to the Office of Probation of the Department of Juvenile Services, the following are the recommendations made to this Honorable Court, including any special conditions of supervision:

A. ______________________ be sentenced to the Office of Juvenile Justice for an appropriate period of time and the sentence be suspended (Delinquent cases only);
B. That he/she be placed on active period of probation for an appropriate period of time; and,
C. He/she is to comply with all the general conditions, and the following special conditions, of probation.
SAVRY RISK/NEED AREA:
Report TOP THREE MOST CRITICAL Risk/Need Areas on Report to the Court with treatment indicated.

<table>
<thead>
<tr>
<th>Disruptive Behavioral Problems</th>
<th>Mental Health / Emotional Stability</th>
<th>Substance Abuse: Alcohol or Other Drugs</th>
<th>Family</th>
<th>Education / Employment</th>
<th>Peer / Pro-Social Activities</th>
<th>Community</th>
</tr>
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<tbody>
<tr>
<td>Relevant Items</td>
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<td>16</td>
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<tr>
<td>LOW</td>
<td>Low Risk indicates low probability of future violence and/or delinquent behavior. Enhance protective factors by actively recognizing strengths and strategically building upon pre-existing strengths. Remember, increased exposure to the juvenile justice system increases risk of low risk juveniles.</td>
<td>17, 18, 20, 21, 22, 23</td>
<td>5, 13, 20, 22</td>
<td>19</td>
<td>6, 7, 8, 14</td>
<td>10, 22, 24</td>
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</table>

MOD

Refer for individual/family therapy to target specific behaviors and, Active Parenting for Teens, ART, MRT, or school-based interventions for behavior management.

Obtain current MAYSI-2 report from Juvenile Services Substance Abuse policy. Juveniles with moderate score and no positive drug screens will be monitored accordingly.

If MAYSI report shows “Warning” for any two (2) scales, refer for psychological, and, if indicated, psychiatric evaluation.

If diagnosed with mental illness, refer to JPHSA Access Unit, psychiatric rehabilitation provider, or MST.

Referred for Juvenile Services Substance Abuse Policy 3.3 for referral to an appropriate level of treatment. Drug test youth minimally every month.

Consider family-based conflict resolution therapy or family therapy, such as Active Parenting for Teens or family therapy. Use FFT with high ratings on disruptive behaviors or mental health. Use EBFT for cases needing more social support or for youth 12 years old or younger.

Consider family-based family therapy, EBFT, or MST. If services ineffective, consider psychological evaluation to determine if out of home placement is necessary.

Obtain educational evaluations, if available. Recommend tutoring through Volunteer Coordinator or school-based program.

Monitor school behavior and attendance weekly with disciplinarian, teacher, or school counselor.

Consider daily behavior checklist or Check In/Check Out with parent/guardian assistance.

Referred for Functional Family Therapy, EBFT, or MST. If services ineffective, consider psychological evaluation to determine if out of home placement is necessary.

Refer for mentoring through Mentor Coordinator.

HIGH

Indicates possible need for psychological evaluation if mental health scale is moderate. Use individual/family therapy, FFT, EBFT, MST, MRT, CBT or ART.

Referred for Juvenile Services Substance Abuse Policy 3.3 for referral to JPHSA Access Unit, psychiatric rehabilitation provider, or MST.

Referred for Functional Family Therapy, EBFT, or MST. If services ineffective, consider psychological evaluation to determine if out of home placement is necessary.

Engage juvenile in school-related services. After hour treatment may interfere with completion of homework, so be judicious in referring. If necessary, consider MST. Also, consider adult ed., YCP, and/or alternative schools.

Consider intensive services, such as MRT, ART, or individual therapy targeted to social skills enhancement. Increase leisure activities and social skills. Utilize mentoring and consider after-school activity.

Engage parent/guardian in housing assistance programs, when available. Refer to peer referral programs, such as in MRT and ART.

Acronyms

- FFT=Functional Family Therapy
- EBFT=Ecological-Based Family Therapy
- MST/RHD=Multi-Systemic Therapy through Resources for Human Development
- MRT=Moral Reconciliation Therapy
- ART=Aggression Replacement Therapy
- MAYSI-2=Massachusetts Youth Screening Inventory-2
- JPHSA=Jefferson Parish Human Services Authority
- YCP=Youth Challenge Program
- FBO=Faith-Based Organization
## SAVRY Items and Need Areas Worksheet

<table>
<thead>
<tr>
<th>SAVRY ITEM #</th>
<th>ITEM LABEL</th>
<th>Low</th>
<th>Mod</th>
<th>High</th>
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<tr>
<td>17</td>
<td>Negative Attitudes</td>
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<td>18</td>
<td>Risk Taking/Impulsivity</td>
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<td>Anger Management Problems</td>
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<td>Low Empathy/Remorse</td>
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<td>22</td>
<td>Attention Deficit/Hyperactivity Difficulties</td>
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<tr>
<td>23</td>
<td>Poor Compliance</td>
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<td><strong>Mental Health/Emotional Stability</strong></td>
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<td>Self-Harm or Suicide Attempts (current)</td>
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<td>20</td>
<td>Anger Management Problems</td>
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<td>22</td>
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<td><strong>Substance Abuse</strong></td>
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<td>19</td>
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<td>7</td>
<td>Childhood History of Maltreatment (H) (think current)</td>
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<td>6</td>
<td>Exposure to Violence in the Home (H) (think current)</td>
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<td>8</td>
<td>Parental/Caregiver Criminality (H) (think current)</td>
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<td>14</td>
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<td><strong>Education/Employment</strong></td>
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<td>10</td>
<td>Poor School Achievement (H) (think current)</td>
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<td>22</td>
<td>Attention Deficit/Hyperactivity Difficulties</td>
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<td>24</td>
<td>Low Interest/Commitment to School</td>
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<td><strong>Peer/Pro-Social Activities</strong></td>
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<td>15</td>
<td>Lack of Personal/Social Support</td>
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<td><strong>Community</strong></td>
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<td></td>
<td>Consider protective factors</td>
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<td>16</td>
<td>Community Disorganization</td>
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**LEGEND:** Shaded areas indicate Protective Factors. (H)=Historical (Mostly Unchangeable) Factors. ONLY CONSIDER THESE IN PLANNING IF PROBLEM PERSISTS
APPENDIX 5 – Probation Outcome Monitoring Sheet

Probation Outcome Monitoring Sheet (Rev.7/30/12)

Instructions: Fill in the blanks and/or circle applicable items on every case file transferred to the Records Clerk after termination of probation. For items requiring additional space write on the back of this form or attach additional information to this form. Please contact Dr. John Ryals, Evaluation/Treatment Supervisor at 504-364-3750 x241 for further information. Do not include Deferred Dispositions.

Data should be tallied on a scratch sheet throughout the probationary period and summed up on this form at the end of probation. Probation Officers transferring cases to different levels of supervision should complete as much information as possible. If information is not available, indicate that in the appropriate section.

I. JUVENILE DATA

Juvenile Name: _________________________ DOB:________ Age: ___ Gender: M/F P.O.: __________
Ethnicity: Hisp./Non-Hisp. Race: White/Af.-American/Asian/Native American/Nat. Hawaiian or Pacific Islander
School: ________________________________ Probation Start Grade: ____
Juvenile’s Home Address: __________________________________________ Zip Code: _____ Census Tract: _______
Original Charge Amended? Yes / No If Yes, what was original charge? _________________________
Most Serious Statute Adjudicated on (Enter Statute Number): ________________________ Adjudication Date: ______________
Type of Charge: (circle one) FINS / Delinquent
PO’s Disposition Recommendation: 1-Inf. FINS 2-Deferred 3-Active Probation 4-Secure 5-Ddismiss
Initial Probation Term: _____ mos. Total No. Mos. on Probation: ______ Termination Date: _____
Medical Insurance Type? None / Medicaid / Private
Biological Parents Marital Status: Never Married / Divorced / Married / Separated / Widowed
Initial Probation Level: Regular-Low Risk / Regular-Moderate Risk / FINS High / Intensive / COPs
Ending Probation Level: Regular-Low Risk / Regular-Moderate Risk / FINS High / Intensive / COPs / Drug Court
First SAVRY Delinquency Risk Level: Low / Medium / High Ending SAVRY Delinquency Risk Level: Low / Medium / High

II. REASON PROBATION ENDED: (Circle only one choice)
1. Successfully Completed Terms of Probation
2. Revoked for Technical Violations
3. Revoked for Subsequent Delinquent Offense
4. Aged Out of System
5. Unable to Benefit Further/Exhausted Services
6. Transferred to Different Jurisdiction
7. Transferred to Adult Criminal Justice System
8. Transferred to OJJ for Non-Secure Placement

III. SCREENING & ASSESSMENT

Level of Needs: Please circle the score for each SAVRY item. Exclude Historical Items.

<table>
<thead>
<tr>
<th>SAVRY#1</th>
<th>SAVRY#2</th>
<th>SAVRY#3</th>
<th>SAVRY#4</th>
<th>SAVRY#5</th>
<th>SAVRY#6</th>
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<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Item 11</td>
<td>L / M / H</td>
<td>L / M / H</td>
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<tr>
<td>Item 12</td>
<td>L / M / H</td>
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<td>Item 13</td>
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<td>Item 14</td>
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</table>
### Appendix 5

#### Item 17
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#### Item 18
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#### Item 19
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#### Item 20
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#### Item 21
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#### Item 22
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#### Item 23
L / M / H  
L / M / H  
L / M / H  
L / M / H  
L / M / H  
L / M / H

#### Item 24
P1. Pres/Abs  
P2. Pres/Abs  
P3. Pres/Abs  
P4. Pres/Abs  
P5. Pres/Abs  
P6. Pres/Abs

DelRisk  L / M / H  
L / M / H  
L / M / H  
L / M / H  
L / M / H

---

### Results of most recent MAYSI-2:

Not Available  **OR**  Date: __________  Critical Case? (Circle one) Yes or No

### Drug Screens Conducted:

(Add additional screens on back or print list and attach to this sheet if needed)

Number of drug screens conducted: _______  Number of POSITIVE drug screens: _______

### Mental Health Evaluations Performed:

If Yes, for last evaluation(s) completed:

(Only write first diagnosis for each Axis word-for-word from evaluation.)

- Psychological:  Axis I: _____________  
- Psychiatric:  Axis I: _____________
- Axis II: _____________  
- IQ: ______  
- Medications Recommended? Yes / No  
- Developmentally disabled? Yes / No  
- Out of Home Placement recommended? Yes / No

### IV. TREATMENT PROVIDED

TREATMENT PROVIDED  (Circle all that apply)  

#### Treatment Program

<table>
<thead>
<tr>
<th>Treatment Program</th>
<th>#Sessions Attended</th>
<th>Completed? (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Active Parenting of Teens</td>
<td></td>
<td>Yes / No</td>
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<tr>
<td>2. Aggression Replacement Training</td>
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<td>Yes / No</td>
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<tr>
<td>3. Ecological-Based Family Therapy</td>
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<td>Yes / No</td>
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<td>4. Functional Family Therapy</td>
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<td>Yes / No</td>
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<tr>
<td>5. Individual/Family Therapy – Office-based</td>
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<td>Yes / No</td>
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<tr>
<td>6. JPHSA Mental Health</td>
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<td>Yes / No</td>
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<tr>
<td>7. JPHSA Substance Abuse Therapy</td>
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<td>Yes / No</td>
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<tr>
<td>8. Moral Reconciliation Therapy</td>
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<td>Yes / No</td>
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<td>9. Project LAST</td>
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<td>Yes / No</td>
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<tr>
<td>10. Trauma-Focused Cognitive Behavioral Therapy</td>
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<td>Yes / No</td>
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<tr>
<td>11. Sexual Perpetrator Treatment</td>
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<td>Yes / No</td>
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<tr>
<td>12. Other:</td>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

### V. OUTCOMES DURING PROBATION TERM:

1. No. school expulsions or ROSY’S: _____
2. Grade upon termination?: _____  **OR**  GED/Youth Challenge/Job Corps/Not Enrolled
3. No. delinquent arrests on probation? _____
4. No. status referrals while on probation? _____
5. Amount of restitution paid? _____
6. No. CSW hours completed? _____
7. Increase in pro-social activity? (circle all that apply)  
   - Organized Sports/Church Groups/Mentoring/Other: _____________________
ACKNOWLEDGMENTS

This document was made possible through the tireless efforts of the John D. and Catherine T. MacArthur Foundation’s Models for Change Initiative, members of the National Resource Bank, the Jefferson Parish Children & Youth Planning Board Reform Committee, the Jefferson Parish Juvenile Court Judges and Court Probation Officers, the Jefferson Parish Department of Juvenile Services Probation Officers and Supervisors, and state-wide stakeholders in juvenile justice reform. Each of these entities made significant contributions to the development of this manual.

Special thanks go to the following MacArthur Foundation Models for Change National Resource Bank partners for their professional contributions and continued support of implementing screening and assessment instruments in Jefferson Parish:

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                                          Valerie Williams

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                                                      Jennie Schufelt

Louisiana Institute of Public Health and Justice  Dr. Debra DePrato  
                                                  Dr. Stephen Phillippi

Children’s Center for Law and Policy  Shauna Epps

Copies may be obtained from John S. Ryals, Jr., Ph.D., Evaluation/Treatment Supervisor, Jefferson Parish Department of Juvenile Services. Office Phone: 504-364-3750 extension 241, Fax: 504-364-3577, E-mail: JRYals@jeffparish.net.