Assessment Center Framework

NATIONAL ASSESSMENT CENTER ASSOCIATION

PUBLISHED FEBRUARY 2021

FUNDING PROVIDED BY

THE ANNIE E. CASEY FOUNDATION

SJI State Justice Institute

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Foreword

Assessment Centers were created in the early 1990s with the intent to divert youth from initial or further involvement in the justice system. Throughout the 1990s, communities had support from national organizations like the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Council for Crime and Delinquency on planning, implementing, and evaluating the newly established Assessment Center Model. However, national support came to an end in the late 1990s and early 2000s. Even with the lack of national or federal support, the Assessment Center Model has grown organically over the last 20 years. As of January 2021, there are over 80 Assessment Centers throughout the United States.

The lack of support and guidance over the years has caused Assessment Centers to span operational and quality spectrums. This has created confusion around the model. The National Assessment Center Association (NAC) recognized this gap and, with support from Assessment Center directors, field experts, and youth with lived experience, has updated the Assessment Center Framework. This updated Framework is grounded in research and best practices. The Framework identifies standards for Assessment Centers, criteria needed to achieve those standards, outputs, and suggested quality assurance measures. It also identifies short-, medium-, and long-term outcomes with the intention of creating consistency among Centers across the United States and the ability to identify and advocate for a collective impact among Centers.

Acknowledgements

This Framework was produced by the National Assessment Center Association with the support, expertise, and feedback from the following individuals and organizations:

- **Andrew Misiak;** Committee Chair and Ashtabula County, Ohio Family Resource Center
- **Candice Byrd;** Kansas Department of Corrections
- **Shawne Johnson Coonfare;** Douglas County, Nebraska Juvenile Assessment Center
- **Jaclyn Cirinna;** Lived Experience
- **Dr. Keith Cruise;** Fordham University
- **Eric Fenner;** Casey Family Programs
- **Kim Godfrey Lovett;** Performance Based Standards
- **Karli Keator;** National Center for Youth Opportunity and Justice
- **Subha Lembach;** Franklin, County Ohio Resource Center
- **Sonny Peacock;** Florida Department of Juvenile Justice
- **Sarah Troy;** 18th Judicial District, Colorado Juvenile Assessment Center
- **Michael Umpierre;** Center for Juvenile Justice Reform

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Introduction

The updated Assessment Center Framework is comprised of five Core Components three of which are process components and two structural components.

PROCESS CORE COMPONENTS

1. Single Point of Contact
2. Screening & Assessment
3. Case Management

STRUCTURAL CORE COMPONENTS

4. Staff Support and Development
5. Accountability

While all five of these components and the associated standards apply to all Assessment Centers, it should be noted that this Framework defines and distinguishes between two "tiers" of Assessment Centers. Detailed more in the Core Components, Tier I Centers are those that conduct screening functions *only* and refer out for assessment and Tier II Centers are those that conduct *both* screening and assessment internally. The tier also determines the level and intensity of case management a Center can provide to a youth and family.

The intent is for this Framework to be built upon and updated as diversion and prevention efforts evolve. The National Assessment Center Association (NAC) is committed to continuous improvement and evaluation as it relates to the Assessment Center Framework. The Framework is grounded in best practice, research, and the following Guiding Principles:

Special thank you to the young people who gave feedback from lived experience on this framework!

- Inesha Briggs
- Evelyn Hampton
- Jordan McCrae
- Miguel Garcia
- Tristan Slough

Assessment Center Framework Guiding Principles

- **Community-based**—We promote and advance engaging home, school, and community-based resources as the optimal method for providing support to youth and families as an alternative to child welfare and justice system involvement.
- **Inclusive**—We promote and advance inclusive environments where ALL people can freely express who they are; can fully participate; and feel safe from abuse, harassment, or unfair criticism. We promote and advocate for the availability and access to a broad, flexible array of effective, community-based services and supports for youth and their families that address emotional, social, educational, and physical needs. We promote and advance services that are responsive and inclusive to ALL.
- **Intentionally Equitable**—We promote and advance policies and practices that emphasize transparency, education, and accountability regarding disproportionality and disparate treatment, and develop and implement appropriate remedies.
- **Continuous Staff Development & Support**—We recognize that the work of Assessment Centers cannot take place without a fully equipped and supported workforce. We promote policies and practices that feature thorough onboarding, training, and supervision to ensure competency, learning, and professional development. Additionally, we support policies and practices that advance and sustain workforce effectiveness, resilience, and safety, including efforts that regularly acknowledge staff for their contributions and recognize and reinforce the importance of staff self-care.
- **Youth and Family as Partners**—We promote and advance policies and practices that ensure youth, families, and youth-identified supports are full partners in all aspects of the planning and delivery of their own services and in the planning, implementation, and evaluation of organizational and programmatic operations.
- **Developmentally Appropriate & Strengths-based Approach**—We promote and advance policies and practices that utilize a developmentally appropriate and strength-based approach to identify needs and supports of a youth and family.
- **Individualized**—We promote and advance policies and practices that ensure resources and services provided to the youth and family are individualized and in accordance with their unique strengths and needs. Every young person is different: their development, resilience, supports, risk and protective factors, and how they experience events. Therefore, supports, services, and interventions must be tailored to the youth and family.
- **Research-based, Data-driven & Continuous Evaluation**—We promote and advance policies and practices that are based on data and research about youth development and effective responses to improved outcomes for youth, communities, and families. These policies and practices ensure validated, evidence-based screening and assessment tools are used to fidelity by

Centers. Continuous evaluation and quality improvement mechanisms should be used to track, monitor, and manage the quality, effectiveness, and outcomes.

- **Collaborative**—We promote and advance the collaborative nature of Centers working with stakeholders to integrate best practices, reduce duplication of services, ensure access to effective supports, and, ultimately, prevent or divert from system involvement. These stakeholders include but are not limited to child welfare, juvenile justice, mental health, substance abuse, education, law enforcement, and community-based organizations.

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Process Core Component: Single Point of Contact

Rationale: Youth and families can have multiple needs and problems at one time. When a youth is struggling and behavior becomes a concern, our communities often send them directly to service providers who operate independently and within silos. There is little knowledge of other resources and services youth and families are or have been involved with and, in turn, youth and families end up entering the same services and systems repeatedly and experience "service fatigue."

Assessment Centers provide an opportunity for communities to screen, assess, and understand underlying issues contributing to behaviors in order to provide meaningful connections to services and supports. A single point of contact integrates prevention and early intervention activities with youth and families, community, local police, juvenile justice, child welfare agencies, schools, and service providers.

DEFINITIONS

- **Single Point of Contact:** Centralized, coordinated point of contact for youth who are struggling at home, community, or school or at-risk of systems involvement to identify opportunities for services and supports.
- **Community:** Community is defined as systems, organizations, leaders, youth, and families that represent the community the Assessment Center serves.

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ACCOUNTABILITY

STANDARD	CRITERIA	OUTPUTS	SUGGESTED QUALITY ASSURANCE
Intentional effort has been made to ensure community consensus and cross system collaboration in developing the domain(s), referral sources, and target population to be served by the Assessment Center.	Youth and families are engaged in the consensus, governance, operation, and/or oversight of the Assessment Center.	Assessment Centers demonstrate collaboration and cross-system coordination.	Number of youth and families on advisory/ governance board
	The governance or advisory board accurately reflects the community it serves including the target population.		Governance or Advisory Board is in equal proportion demographically to target population.
	Assessment Centers have clearly defined their domains, points of contact, and target population.		
Youth and families have an accessible, coordinated, and streamlined approach to identify opportunities for services and supports through a participatory process.	Assessment Centers have written agreements, policies, or procedures with one or more of the following that formalize the referral process and outline how the Center serves as a central point of contact: ► **Juvenile Justice:** Law enforcement, courts (including probation & pretrial), prosecutor, judge, child welfare, probation, defense council, youth, and parents. ► **Child Welfare:** Child welfare organization or law enforcement ► **Prevention:** Law enforcement, youth and parents, schools, faith community, etc.	Assessment Centers demonstrate efforts made to ensure their services are accessible.	Number of written agreements in place and updated frequently
	Assessment Centers have sound and objective referral protocols for law enforcement and community to follow to ensure fairness and reduce racial and ethnic disparities.		Percentage of youth served preventatively compared to total youth served
	Assessment Centers provide preventative access through youth, family, community, and school referrals.		

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STANDARD	CRITERIA	OUTPUTS	SUGGESTED QUALITY ASSURANCE
Assessment Centers have a trauma-informed environment and process.	Expectations of the process are communicated in writing and verbally to youth and families in their own language.	Assessment Centers demonstrate to youth and families they are a safe and welcoming place.	Number of locations (physical and virtual) that have signage explaining the processes Number of sites that follow trauma-informed best practices
	An Assessment Center's physical space follows trauma-informed best practices.		
	Youth are not transported to an Assessment Center by law enforcement unless they are arrested and, per local policy, there is imminent need to screen for risk and need OR law enforcement have a youth in-custody and are unable to locate a guardian or suitable adult to release youth to.		
Assessment Centers have a data collection and analysis process to ensure the referral and intake process is equitable, fair, and transparent.	Centers are collecting and analyzing the referrals sources, how often referrals are sent, and the reasons for referrals.	Assessment Centers identify and support an equitable referral process.	Demographics of youth referred compared to community's youth population (by referral source) Percentage and demographics of youth referred vs those who access Center services
	Assessment Centers are analyzing demographics of youth with the referral sources and referral reasons		
	Assessment Centers track and analyze youth/families referred to an assessment Center versus who access (engage in screening/assessment) the Assessment Center.		

DESCRIPTION

Assessment Centers serve as a bridge to services and supports from multiple agencies through the creation of an actual or virtual single point of contact. Having a single point of contact increases

> ***"Any programs that want to build relationships with youth that are authentic and can get to the heart of the issues that youth might be facing in their lives, needs to prioritize outreach and be PROACTIVE with community outreach."***
>
> **—Tristan**

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efficiency and improves timely access to appropriate and effective services and supports. Ideally, Assessment Centers do not also serve their community as a service provider. This ensures the recommended support and services are individualized and allows them to remain neutral and unbiased when making recommendations and referrals.

To serve as a single point of contact in any community requires community consensus and cross-system collaboration in developing the domain(s), referral sources, and target populations to be served by the Assessment Center. Community is defined as systems, organizations, leaders, youth, and families that represent the community the Assessment Center serves. Community, as defined, should be responsible for ensuring the Assessment Center is sustainable; ideally through a collaborative funding model to show multiple contributors and where dependency is not on one funding source. Lastly, community consensus should be reached on the most appropriate structure (i.e., nonprofit vs government) of an Assessment Center. No matter the structure, Assessment Centers should include representatives from community, as defined, on their governance board or in an ongoing advisory capacity. Educational opportunities should be provided on a regular basis to ensure group cohesion and purpose as it relates to single point of contact.

Community consensus should also be reached on who should be referred to an Assessment Center and at what decision point. A referral process should be objective and intentional to decrease the likelihood of disproportionality and disparate treatment. For example, allowing partners to refer any youth to an Assessment Center creates subjectivity and lends itself to potential bias of the referring party. Conversely, creating strict referral criteria, such as disorderly conduct in school, can unfairly target one demographic population and fails to acknowledge youth struggling but exhibiting internalizing behaviors. Without intentional, equitable criteria and regular training for referring parties, Assessment Centers could fail to carry out the intended purpose as defined by their community.

Continuous Quality Improvement: Centers should have a data collection and analysis process that allows them to better understand the information and data gathered from the referral process. Centers should analyze who is referring, how often, and why. This can help Centers understand where outreach needs to occur to build awareness of the Assessment Center.

Intentional Equity: Analyzing demographics of youth with the referral source and reason can give Centers information on potential disproportionality and disparate treatment of one or more populations. Identification of disproportionately can be a result of bias within the

> ***"When you are prioritizing being a part of the community that you're working to serve, you are going to know that community and you are going to know when they are not being treated fairly."***
>
> **—Tristan**

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> *"If the only time I see you is in the school or justice building and you say you're a neutral party, how am I to believe you?"*
>
> —Tristan

referral source or within processes and procedures. Proper and frequent analysis can help Centers identify this early on and take measures to remedy.

To support an inclusive intake process, there are different ways Assessment Centers can accept referrals and begin their process. Whenever possible Centers should seek to engage youth and families on a voluntary basis by allowing them to set appointments with Assessment Center staff. For those Centers accepting appointments, families should be informed by the referring party that the referral is being made. Assessment Centers should reach out to the youth and family to explain the Assessment Center process and what to expect. This information should not only be explained by staff, but also available on websites and posted in office spaces for youth and families to review.

Depending on an Assessment Center's target population and capacity, law enforcement officers may transport youth to a Center. Police interaction, specifically transporting youth in police or other emergency vehicles, is traumatizing and should be the last option of accessibility to an Assessment Center. If a charge needs to be filed, in lieu of arrest officers should be encouraged to issue a citation, release youth to a caregiver, and facilitate making an appointment with the Assessment Center. This allows Centers to utilize the more equitable access options discussed below. Youth should only be transported to an Assessment Center by law enforcement if arrested and, per local policy, there is imminent need to screen for risk and need or if law enforcement has a youth in-custody and are unable to locate a guardian or suitable adult to release youth to. If youth are transported to a Center by a law enforcement officer, youth should not be restrained (i.e., handcuffs or shackles) unless there are serious safety concerns.

The location and accessibility of Assessment Centers is crucial. Centers should be accessible to all youth and families within the target population in their community. Centers should be mindful that their location can easily create an association they may not desire or one that can impact the trust of a youth or family. For example, if a Center is co-located in a police station or court system, youth and families may automatically think the Center is THE police or court. Similarly, if a Center is co-located in a school. Mistrust of systems may inadvertently be associated with the Center and cause youth and families to be reluctant to participate. To increase access, Assessment Centers should follow best practice around youth and family engagement. This includes allowing youth and families to choose the day and time and the location as well as having flexible office hours. To equitably increase access would require Assessment Centers to implement one or more of the following:

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- Mobile staff
- Tele-screening & assessment
- Co-located staff in locations such as schools, community centers, etc.
- Satellite sites

The physical space of an Assessment Center is important and should be intentional. Centers are encouraged to create a youth-centered, trauma-informed environment with items such as art, age-appropriate activities and technology, food and drink, weighted blankets, fidget toys, etc. The physical space should be representative of the community to include language and art. Centers should arrange furniture through a trauma-informed lens. For example, door and window locations could trigger past experience related to trauma. Centers should consider creating spaces in each location that allow for privacy and confidentiality. Coinciding with best practice on trauma-informed spaces, Centers should avoid fluorescent lights and consider using softer lighting options. Overall, Centers should structure the physical environment to maximize safety of everyone while also being trauma informed.

> ***"Whenever I'm around more colorful things, that makes me relaxed and happy. I can take a breath, basically, like, okay I'm safe."***
>
> **—Eve**

> ***"I don't think people recognize the importance of things smelling good."***
>
> **—Tristan**

> ***"Making the space innovative and inviting is key."***
>
> **—Inesha**

> ***"Something with a lot of windows! You want to see what's going out there. There's something bigger than your zip code."***
>
> **—Miguel**

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CONTACT POINTS

Domain: Prevention

Ideally, the services provided by Assessment Centers are accessible without youth and families having to enter a justice or child welfare system. Youth who are struggling at home, community, or school for at-risk of systems involvement are often identified before a youth comes into contact with law enforcement either by parents/caregivers, school staff, or others in the community. The early intervention provided by Assessment Centers helps prevent the need for justice and/or child welfare system involvement.

Youth Self-Referral

Assessment Centers can allow youth to self-refer when they are struggling. Youth should be able to call an Assessment Center and express current concerns and begin the process acknowledging that, at some point, the Center may need to engage a parent or guardian.

Parent or Guardian

Assessment Centers can serve as a contact point for parents or guardians to provide screening, assessment, and connection to services and supports when they may be struggling with behaviors at home. Centers are encouraged to allow parents, guardians, and youth to access the Assessment Center on a voluntary basis.

Community

Centers can partner with community-based organizations and allow for referrals when they are interacting with a youth exhibiting concerning behavior and their families. Examples of community stakeholders are youth-serving organizations, faith-based communities, coaches, etc.

Schools

Centers partner with schools in a variety of different ways by providing screening, assessment, and connection to services and supports as an alternative or in conjunction with disciplinary actions (referrals, expulsions, suspensions), as a response to predictors of dropping out of school or simply when school personnel have concerns.

Universal Screening—Research suggests that significantly more students require mental health or behavioral services than currently receive them (NASP, 2009). Universal screening for social-emotional health can help with early identification of students who are at-risk or in need of intervention related to these concerns. Centers can partner with schools that have adopted a social-emotional universal screening process at one or more grade levels. Centers can serve as the conduit to help youth "screening-in" on tools get a more holistic assessment and connected to individualized, community-based services and supports.

Attendance, Behavior and Course Performance (ABC)—Research has identified attendance, behavior, and course performance — the "ABCs" — as powerful predictors of high school completion (Bruce et al. 2011). School dropouts ultimately increase

> ***"I absolutely love how teens could self-refer. I'd much rather go to someone by myself and say, "can you help me?" - Eve***

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the number of people entering the justice system (Sum, Khatiwada, McLaughlin, 2009). Centers can partner with schools that do not have internal capacity to address one or more of these predictors in an effort to support youth and families.

- **Attendance**—Research confirms a strong correlation between early truancy with continued school academic and behavioral problems, eventual school dropout and delinquent behavior development (Louisiana Commission on Law Enforcement and Administration of Criminal Justice, 2020). Centers have the opportunity to partner with their local school districts as a response to attendance and assist with screening, assessment, and response to identified needs contributing to truancy. An example of this is a school policy that a referral to an Assessment Center is made after a certain number of missed days.

- **Behavior**—Problem behavior can consist of behaviors such as truancy, cutting class, and/or drug or alcohol abuse (Ruebel, Ruebel, & O'Laughlin, 2002); suspensions at the high school level (Balfanz et al., 2010; Christle et al., 2007; Suh, Suh, & Houston, 2007); unsatisfactory behavior marks in elementary school (Neild et al., 2007; Sparks, 2013); or office discipline referrals (Klare, 2008). Regardless of the definition and measures of problem behavior, it is consistently cited as being positively correlated with dropout—that is, as problem behavior increases, the risk for dropout increases (Hoffman, Olson, & Peterson, 2015). When youth have multiple or major school infractions due to behavior, Centers can partner to ensure underlying needs contributing to behavior are understood and youth and families are connected to services. This includes behaviors that would otherwise lead to suspension, expulsion, or the school calling law enforcement.

  - **School Resource Officers (SRO)/Police/Security**—While similar to the opportunity to partner with schools described above, SROs or police/security assigned to schools can be an integral partner for Assessment Centers. Schools and/or police departments can allow SROs, school-based police, and security personnel to refer to Assessment Centers when behavior concerns arise. This encourages the use of an Assessment Center to help address underlying issues in lieu of arrest or citation.

- **Course performance**—At the sixth-grade level, failing grades in math, reading, or both are significant signs that the student will drop out at some point (Klare, 2008; Neild et al., 2007). While academic concerns alone would not provide enough justification for a referral to an Assessment Center, academic concerns combined with attendance or behavior may be used as criteria for schools to refer to a local Center.

Medical Community/Hospitals

Assessment Centers can serve as a referral source to the medical community and hospitals to help youth and families access to community-based services and supports. Caregivers or youth may express initial concerns with their pediatrician

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or a medical provider. There are also times when youth present to a hospital (i.e., emergency room), because of a behavioral health concern. When an eminent crisis is not present, hospitals can utilize Centers in discharge planning or as a general referral source.

Domain: Juvenile Justice

When youth come into contact with law enforcement either through an arrest, summons, or status offense, Assessment Centers can become the first point of contact. Centers conduct in-depth interviews and utilize validated screening and assessment tools to help identify needs, strengths, safety concerns, and other underlying issues. These underlying issues can include but are not limited to trauma, mental health, family issues, substance use, lack of basic needs, and human trafficking. Information gathered through the screening and assessment helps Centers coordinate release, make recommendations for diversion from the juvenile justice system, and/or inform courts or other stakeholders of strengths and needs. Centers may directly help youth and families connect to individualized services/resources or coordinate connection with pretrial and probation departments.

Law Enforcement

Prevention & Diversion—Law enforcement officers are encouraged to recognize that Assessment Centers are resource centers for youth and families. They are encouraged to partner with Assessment Centers when they observe concerning behavior, disruptions in the home, etc. to provide access to Center services preventatively and divert from formal system involvement. Law enforcement officers can serve as a bridge to resources by using the Assessment Center in lieu of a citation or arrest.

Juvenile Justice Systems

Citation—For communities who utilize a citation process, Assessment Centers can implement a partnership to receive notices and coordinate with parents or guardians to begin the screening and assessment process prior to a court appearance or other judicial meeting. This is most frequently done by setting appointments with parents or guardians and allowing them to access the Center voluntarily.

Arrest/In-Custody—Assessment Centers serve as a point of contact for youth arrested or in police custody and this often means law enforcement transport youth to the Assessment Center. At this decision point, Centers may be responsible for administering the detention risk instrument in conjunction with other screening procedures and tools to determine the best release plan for youth. Once transported to or seen by Assessment Center staff, staff can begin the screening and assessment process as described in the following core components.

Court Referrals—Should a youth present in court without having accessed an Assessment Center prior, courts may refer youth and family to Centers to allow for a better understanding of needs and recommend services and supports. Ideally, this referral would be considered at the earliest opportunity so as not to duplicate the work of pre-trial and probation officers.

Pretrial, Probation and/or Post-Adjudication— When youth are on probation or pretrial services, there may be times where they violate a term of

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probation or acquire new charges. When this occurs, Assessment Centers have an opportunity to understand what is driving the new or continued behavior and if there are services in the place that either are not accessible or are not working.

Domain: Child Welfare

Reasons why youth are struggling or at-risk of system involvement can be from trauma within the home or family. Assessment Centers can partner with child welfare organizations both preventatively and as an intervention to identify the underlying issues affecting the youth and family. Information gathered through the screening and assessment process help Centers create opportunities to strengthen families.

Prevention—Many child welfare organizations have the ability to identify and serve youth and families preventatively. Abuse or neglect concerns may have been brought to the attention of the child welfare organization but did not meet criteria for involvement; however, the parent/guardian or child welfare employee may feel the youth and family could benefit from resources to address concerning behavior. Assessment Centers can serve as a resource for child welfare organizations to determine underlying issues and connect youth and families to services and supports. This can be especially helpful when parents present to child welfare agencies "fed up" with a youth's behavior and wanting to relinquish custody.

Specifically, the Families First Prevention Services Act (FFPSA) allows child welfare organizations to define children who are at imminent risk of entry into foster care but are able to remain safely in their home or kinship placement as long as mental health, substance use disorder, or in-home parenting skill-based programs/services are provided for the child, parent, or kin caregiver. When states include risk factors such as support needed to address serious needs of a child related to the child's behavior or involvement in juvenile justice in their definition for candidacy, Centers can partner with their child welfare organizations to assist in the identification of strengths and needs and connect those youth and families to supports and services.

Preventing Crossover or Dual-System Involvement—When the abuse and/or neglect threshold is met according to the local child welfare organization, Assessment Centers can assist case workers by triaging needs of a youth with behavior concerns and identifying services and supports to prevent dual-system involvement.

Status Offenses—In states and jurisdictions where child welfare organizations have jurisdiction over status offenses, Assessment Centers can serve as a resource to determine underlying issues and connect youth and families to services and support.

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Process Core Component: Screening & Assessment

DEFINITIONS

Screening: Screening is a structured, formal, validated process. Its purpose is to determine which youths warrant immediate attention and intervention and which may need more comprehensive assessment. It evaluates for the possible presence of a problem but does not diagnose or determine the severity of need, risk, or diagnoses.

Assessment: Assessment is a comprehensive and individualized examination of the psychosocial needs and problems, informed by screening, that results in recommendations for treatment, services, or other resources. Assessment generally involves more specialized staff and includes multiple sources of information beyond a youth self-report.

Tier I Assessment Center: An Assessment Center that conducts screening only and refers out for further assessment.

Tier II Assessment Center: An Assessment Center that conducts both screening and assessment.

SCREENING

Rationale: The Assessment Center Model advocates for every youth to receive an initial broad-based screening to identify whether more in-depth assessment is needed. The initial screening identifies immediate risks and potential areas of need for follow up assessment. If a need is revealed, a more comprehensive assessment pertaining to that specific area is pursued. By screening out youth who do not require in-depth assessments, Assessment Centers aim to achieve the most cost-effective and least intrusive assessment process. The Assessment Center Model screening process is driven by a youth's needs, not driven by funding streams or the agendas of individual agencies.

ACCOUNTABILITY

STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Centers have a screening process that involves domains relevant to their target population/ common needs found in their target criteria.	Centers have reviewed professional literature to identify common needs for the target population.	Assessment Centers select tools that balance the coverage of needs but minimize the burden to youth and families.	Number of published reports and/ or professional resources that support evidence for each screening tool used
	Centers look for available screening tools that provide coverage of common needs.		
	Selection of screening tools is informed by reading level and administration time to promote adequate comprehension and understanding.		
Assessment Centers have established a "screening system" that is evidence-based.	Screening tools utilized by Assessment Centers are evidence-based meaning they have demonstrated reliability and validity for the population of youth served by that Assessment Center.	Assessment Centers demonstrate the quality of their screening system and transparency in how results from the screening system guide follow-up.	Percentage of screening tools used that have associated evidence-base
	Screening tools used have an established cut-score and response protocol.		Percentage of screening tools that have an associated cut score and protocol
	In the absence of a cut score on a screening tool, the Assessment Center has sought out appropriate consultation from professionals to develop local decisions and create cut scores.		
Assessment Center staff are supported through ongoing training on screening best practice.	All staff are trained in accordance with the staff development and support component.	Assessment Centers demonstrate the consistency in staff administration of screening tools and uniformity in agency response.	Percentage of staff who complete training on each screening tool or process inclusive of regular booster training
	All staff conducting screening with youth are trained on and aware of local policy and procedure as it relates to the use of each screening tool in accordance with the manual and best practices.		
	Staff receive booster training to ensure fidelity to local process and that screening remains consistent with best practice.		
	Assessment Centers have policies and protocols to ensure uniformity in the way the screening is conducted.		

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STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Centers provide screening of youth's strengths and needs in a timely manner.	For Centers who allow for crisis referrals or transportation by a law enforcement officer, youth are screened within six hours.	Assessment Centers recognize the importance of timely response to referrals—particularly among youth and families that are struggling with emergent/immediate needs.	Percentage of youth and families who are contacted within the expected time frame established by the criteria and local policy and procedure
	For Centers who engage youth and families through an appointment-based approach, youth and families are reached out to within two business days after the referral is received.		
All youth with an identified need during the screening process are referred (internally or externally) for further assessment if needs are not already being addressed.	Centers have clear, documented response protocols for each screening tool to include follow-up with youth and family to discuss the results of the screening process.	Assessment Centers demonstrate consistency in the quality of response to an identified need.	Percentage of youth who are referred for further assessment
	Youth screened-in on one or more domains received an appropriate follow-up and referral for further assessment based on results of the screening process.		Percentage of youth and families that follow through with the referral for assessment
	Referrals are provided consistent with Case Management standards as incorporated into local policies and procedures.		

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STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Centers have a process of data collection and analysis to ensure the screening process is equitable, fair, and transparent.	Centers frequently collect and analyze data to ensure the proportion of youth who screen-in vs those who screen-out are in alignment with evidence-base.	Assessment Centers identify equitable screening in and screening out decisions.	Percentages of youth screened-in and screened-out by key demographics
	Centers have a process to analyze and report out to family, community, and stakeholders the needs of youth identified from screening.	Assessment Centers are accountable to local stakeholders in discussing and documenting how the screening process is functioning.	Timeliness of summary reports provided to family, community, and other stakeholders on needs identified during screening
	Centers have a process to ensure the previous two criteria inform changes/revisions to the screening process.		
Youth and families are treated as partners in the screening process.	Centers have policies and procedures that ensure youth knowingly and voluntarily consent to the screening process.	Assessment Centers demonstrate a youth and family centered approach to screening.	Percentage of youth that consent/assent to screening as well as rates of refusal
	Centers have policies for staff to inform youth and families that self-administered screening tools are voluntary.		
	Centers have policies and procedures that allow for youth and their families to refuse participation.		
	Centers have policies and procedures that inform youth of local consent laws and their rights to access supports and services.		

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STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Centers have a method to collect feedback from youth and families.	Youth and families are engaged in feedback after the screening process as it relates to the result of the screening(s).	Assessment Center demonstrates a youth and family centered approach to screening.	Percentage of youth and families that engage in screening feedback
	Centers have a method to collect feedback from youth and families on their experience with the screening process.		Percentage of youth and families reporting positive and negative experiences with the screening process
Assessment Centers maintain confidentiality and protect the rights of youth and families during the screening process.	Centers have policies that promote communication of screening results in a descriptive manner that support referral decision making (i.e., don't share the entire tool and avoid communication of numeric scores that can be misinterpreted).	Assessment Centers demonstrate to youth, families, and community that they can be trusted with confidential and sensitive information.	Percentage of MOA/MOUs consistent with the criteria.
	Centers have policies and procedures explaining efforts to ensure confidentiality for the youth during the screening process (i.e., the assessment will not be heard by others).		
	Centers have policies and agreements with referring partners that information disclosed during the screening cannot be used in any adjudicatory or disciplinary process without consent.	Assessment Centers demonstrate that information gathered during the screening process is used to benefit youth and family.	
	Centers have agreements in place with partners and systems that screening results are not to become part of youth's permanent record (i.e., court, education, & child welfare) and will not be used against the youth (i.e., delinquency adjudication or school disciplinary hearing).		

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DESCRIPTION

Screening System and Tool Selection

Assessment Centers should adopt a screening and assessment *system*, not merely screening or assessment tools, to ensure positive outcomes. A screening system should include allowing administration at intake, properly introducing the process and tools, administering, and scoring the tool(s), engaging in a secondary screening for youth who screen-in, and creating feedback loops to debrief with youth and families and consider next steps. To achieve these aspects of a screening system, Centers need to ensure thorough implementation, involving staff training and appropriate, thoughtful policies and procedures. There are a few important considerations when designing a screening system: (1) the "decision point" and the purpose for using the tool, (2) the relevance of the tool, and (3) whether the tool is evidence based.

Determining Purpose: Centers must have a clear rationale for screening domain(s) selected. Domains to be considered when setting up a screening system are provided in the chart below. The domains selected should be relevant to their target population and the common needs found in that target population. Centers should research and reference published reports and/or professional resources that support the evidence for each screening domain selected. Developing a clear, concise rationale and need for screening allows for transparency with youth, families, staff, and stakeholders. At a minimum, Centers should ask and be able to provide answers to the following:

1. What information do we want to gain from the screening process?
2. Why do we need to know this to assist in decision-making?
3. What will we do with the information gathered from the screening process?

Decision Point: Decision point refers to a particular point in a decision-making process. Decision points dictate the questions the Assessment Center needs answered and the resources available to answer them. Screening tools should be selected that align with those relevant questions and validated for use at the decision point(s).

Staff Education/Training: Staff should be an integral part of the tool selection process and the creation of policies and procedures around screening. This allows them to raise ideas or concerns around feasibility in implementation.

All Assessment Center staff engaged in screening must be trained in the proper administration of a screening tool. This ensures tools are administered according to procedures described in the tool's manual and by persons who have received sufficient training to be able to administer the tool.

Tool Selection: Assessment Centers should only adopt tools that are validated so information the tool provides can be trusted. There should be research evidence of the tool's reliability and validity specifically with the target population. The key question of reliability asks whether the tool will produce consistent results across each administration. With respect to validity, the key question is whether the tool measures what it purports to measure. Along with ensuring a tool is validated, Centers should also take into consideration the number of staff and the time needed to administer

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each tool. Tools should have an instructional manual that makes the administration standardized and structured, so it is used with every youth in the same way. If selecting multiple tools, Centers should be mindful not to duplicate questions within an interview or tool administration. This streamlines screening tools and, more importantly, minimizes the burden on youth and families.

Any tools selected by an Assessment Center should have an associated instructional manual. All staff implementing screening should receive thorough training on tools and provided manuals to ensure tools are implemented consistently and to fidelity. In the absence of a cut score or threshold value used to determine when the individual being screened is at risk, on a screening tool, Assessment Centers should seek out appropriate consultation from professionals to develop local decisions and establish cut scores. Those cut scores should be tracked and monitored to establish whether they are producing decision results that align with the intended use of the screen.

Continuous Quality Improvement: Centers should have a process of data collection and analysis that allows them to better understand the information and data gathered from the screening process and ensure the screening process is functioning as intended. To ensure resources are maximized, Centers should measure the proportion of youth screening in vs out on screening tools. This includes analyzing the number, overall percentage, and demographic makeup of those screening in and out of various domains.

Intentional equity: Comparing demographics of youth by results of screening tools can give Centers information on potential disproportionality and disparate treatment of one or more populations. Identification of disproportionately can be a result of bias within staff, within processes and procedures, or of a specific tool. Proper and frequent analysis can help Centers identify this early on and take measures to remedy.

Additionally, Centers should have a process to analyze and report out the needs of youth identified from screening. This can help not only centers adjust their processes, but also inform the community of services needed to better support youth if they are not currently available.

Screening Process

Depending on the point of contact, Centers may receive referrals for youth with imminent screening needs (i.e., risk of suicide or violence) or youth with non-imminent screening needs. Therefore, the timeframe between the time of referral to time of screening may vary depending on need. For those with imminent screening needs, Centers should ensure screening occurs within six hours of the referral. For those with non-imminent screening needs, Centers should reach out to youth and families within two business days after the referral is received.

Before beginning the screening process, Centers should ensure safety of youth, families, and staff as well as the ability for the youth to participate effectively in the process. This includes:

- Location the screening and/or assessment will take place
- Youth's age
- Medical Condition
- Cultural background of youth and family

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> ***"The more you can incorporate youth voices into the environment, the more that shows you aren't the bad guy"***
>
> **—Tristan**

- Impairment due to drugs and/or alcohol
- Cognitive and development abilities
- Current emotional state due to traumatic events.

Assessment Centers should strive to have a trauma-informed environment. If screening is conducted in-person, the environment should promote the feeling of safety for the youth; both physically and psychologically. This includes giving youth as much choice as possible in their environment (i.e., room/space/seating arrangement where the interview is held) and ensuring their emotional state or developmental ability will not interfere with the quality and validity of a screening. Before beginning a screening process, Centers should ensure youth's basic needs (food, clothing, etc.) are met.

Parents or guardians should be involved in the screening process whenever possible. Center staff should begin by setting expectations of the screening process with youth and parents or guardians (when available). Policies and procedures should require staff to disclose to youth and families the purpose of the screening process and each screening tool, what information will be asked, why that information is integral to screening, how it will be used and who will have access to that information. Youth and families should be treated as partners in the screening process by ensuring consent and rights are understood. Centers should give all youth and families the right to refuse to participate in the screening process as a whole and/or any self-administered tool. Local laws determine the age at which a youth can access services (treatment, family planning, etc.) without a guardian's consent. Policies and procedures should require staff to inform youth of these laws and their rights, preferably in writing using language that is easy to understand. Included in disclosures to youth and parents should be assurance that any incriminating statements made during screening will not be used in a court system or disciplinary process except for those that apply to mandatory reporting requirements. Language in agreements with partners organizations and systems should support these assurances. Lastly, a release of information should be signed by the youth and caregiver when the

> ***"I feel like they should want to get to know me first. Trying to get to know me as a person before getting to know my problems."***
>
> **—Eve**

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Assessment Center is coordinating with other systems, providers, or supports.

After providing an overview of the process, the screening process shall be conducted with the youth and family *separately*. This allows for both the youth and parent or caregiver to speak freely about their perspective, things that are happening in their life, etc. without the pressure or influence to filter information that may be useful in identifying need. If there is suspicion or reason to believe that the youth is a potential victim of physical, mental, emotional, sexual abuse, or neglect, reports should be made as directed by local law and policy.

During the interview process and administration of screening tools, Center staff shall utilize motivational interviewing techniques and a positive youth development approach when engaging the youth and family. The interview and approach should focus on building rapport and trust with youth and families. This includes allowing youth to self-identify their ethnicity, gender, and sexual orientation or decline to self-identify. Allowing youth to self-identify can give staff insight into cultural factors that are influencing the expression of needs and strengths. This includes any difficulties that youth may experience or encounter as a result of their membership in any cultural group. It also allows staff to understand linguistic or cultural needs for the overall screening and assessment process.

Response to screening:

Centers shall have written referral protocols as a response to screening tool results. These responses should be grounded in the established cut scores of the tools described above in the screening system. When youth screen-in, Centers should ensure a "secondary screening" that requires a conversation centered around feedback and follow-up on the screening tool results. This conversation dives deeper into the answers that have resulted in the youth screening-in on a tool. Centers should incorporate questions that allow them to understand how long the identified issues has been going on (i.e., duration), when the problem started (i.e., onset) how the problem is impacting their lives (i.e., impairment), and how problematic or distressing the problem is (i.e., severity). This feedback and follow-up are used in tandem with the screening tool results to determine next steps and referrals for further assessment.

When sharing results of a screening tool with other parties, as allowed by local law and policy, staff should be restricted from sharing the completed screening tool or raw scores. General language should be used to indicate the youth screen-in and any individual information from the second screening that supports the decision reached by the Center in releasing the information. Centers should refrain from using any one domain alone to inform diversion or court-related decisions. Additionally, results of screening tools should not be interpreted as psychiatric diagnoses or personality descriptions and should be relevant only for the time indicated in the tool manual (e.g., most screening tools are focused on a narrow time

> ***"The parent is a lot of time the issue."***
>
> **—Jordan**

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frame so results should never be considered a static or fixed characteristic of the youth).

Following the screening process, Centers should ensure a feedback loop is completed with the youth and family. This includes communicating the needs identified in the screening process and the results of screening tools. This allows families to ask questions, discuss needs identified, and give their own thoughts about the process and results. Youth and families should be treated as partners in determining next steps after a screening process.

For Tier I Centers (screening only), a relationship with a provider(s) is required when youth screen-in on tools indicate a need for further assessment. Tier I Centers should not recommend intervention services based on results of screening unless it pertains to a youth and families basic needs. Instead, recommendations post-screening from Tier I Centers are for follow-up assessment. The results of that follow-up assessment should be used to guide concrete recommendation and referrals for *treatment* services. If a basic need (i.e., food or housing) is identified, Centers should make immediate referrals and connection to services and supports.

For Tier II Centers (screening + assessment), please refer to the next section on assessment.

SCREENING DOMAINS

These screening domains are listed in alphabetical order and should not be interpreted as listed by importance. These are domains that should be considered in setting up a screening process but are not reflective of recommendations for a specific tool. Centers should refer to the above guidance on building a screening system and tool selection to determine which domains are appropriate based on your target population and purpose for screening.

Basic Needs

Ensuring basic needs to include but not limited to food, clothing, housing, and access to medical care are essential. Youth and families need basic needs met before they can realistically be expected to meet other needs such as behavioral health and supervision of youth.

Commercial sex or labor exploitation (Human Trafficking)

Screening for indicators of human trafficking allows Centers to identify behavior due to force, fraud, or coercion by another person. Screening not only allows Centers to identify victims of human trafficking, but also help obtain protection and facilitate access to services.

Community Safety

Screening for community safety ensures youth are not an imminent danger to others. This can include criteria that are applied to rate a youth's detention related risk where the score is used to guide the decision whether to detain or release an arrested youth (commonly referred to as Detention Risk Assessment Instruments; DRAI). It can also include screening for a youth's credibility and seriousness of a potential threat at home or school.

Mental/Behavioral Health

It is critical that mental health screening measures and procedures be in place to identify mental health needs among youth at their earliest point of contact (Mental Health Screening Within Juvenile Justice: The Next Frontier, pg1). The purpose

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of mental health screening is to identify youth whose mental or emotional conditions suggests they have a mental disorder, might have suicide potential, or might present a risk of harm to others in the immediate future. A youth screening-in does not necessarily mean there is a disorder, but that additional questions and further evaluation should take place.

Safety

Screening for physical and psychological safety is imperative not only to identify immediate concerns, but also to determine whether staff should proceed with the overall screening process. Screening for safety includes physical safety and existing abuse or neglect.

Physical Health

Screening for physical health ensures Centers understand any immediate and imminent health conditions that would impact a youth's ability to fully participate in the screening process.

Substance Abuse

Substance abuse during adolescence can result in negative consequences including involvement with the criminal justice system, poor school performance, health, and mental health issues. Substance-abuse screening tools identify youth who have or are at-risk for developing alcohol or drug related problems and who need further assessment.

Suicide Risk

A suicide risk screening is used to find out if youth are at risk for trying to take their own life and require further mental health/suicide safety assessment. Screening for suicidality reduces the risk of self-harm by identifying youth who present imminent risk of suicide or self-injury.

Traumatic Events and Trauma Reactions

According to the National Child Traumatic Stress Network, trauma screening should evaluate the presence of two critical elements: (1) exposure to potentially traumatic events/experiences, including traumatic loss, and (2) traumatic stress symptoms/reactions. Trauma screening is designed to be administered to every child within a given system to determine whether the youth experienced traumatic event(s), is currently experiencing trauma reactions, displays other mental health symptoms related to traumatic event exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment.

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ASSESSMENT

Rationale: Assessment Centers provide an innovative and cost-effective method for integrating the assessment processes used by various systems (e.g., juvenile justice, mental health, child welfare). Through this assessment process, Assessment Centers can give service providers access to multidisciplinary perspectives on a youth's needs and strengths, enhance coordination of effort among service providers, and reduce duplication of assessment services (Oldenettel & Wordes, 1999). Comprehensive community-based assessments are essential to effectively address the risks and needs of at-risk youth and youth entering the juvenile justice system as either a dependent or delinquent (Office of Juvenile Justice and Delinquency Prevention, 1996).

The more uniformity in procedures, tools, and training across systems and providers, the more effective and efficient an Assessment Center is in reaching their goal of enhanced coordination and reducing duplication of assessment services.

ACCOUNTABILITY

STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Centers have an assessment process that involves domains relevant to their target population/common needs found in their target criteria.	Centers have reviewed professional literature to identify common needs of the target population.	Assessment Centers select tools that balance the coverage of needs but minimize the burden to youth and families.	Number of published reports and/or professional resources that support evidence use of each assessment tool used.
	Centers look for available assessment tools that provide coverage of common needs.		
	Selection of assessment tools is informed by reading level and administration time to promote adequate comprehension and understanding.		
Assessment Centers have established an assessment process that is evidence-based.	Assessment tools utilized by Assessment Centers are evidence-based meaning they have demonstrated reliability and validity for the population of youth served by that Assessment Center.	Assessment Centers demonstrate the quality of their assessment system and transparency in how results from assessment inform recommendations for services and supports	Percentage of assessment tools used that have associated evidence-base
	Centers have an established protocol for determining response to assessment and recommendations for service referrals.		

STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Center staff are supported through ongoing training on assessment best practice.	All staff are trained on in accordance with the staff development and support component	Assessment Centers demonstrate the consistency in staff administration of assessment tools and uniformity in agency response.	Percentage of staff who complete training on each assessment tool or process inclusive of regular booster training
	All staff conducting assessment with youth are trained on and aware of local policy and procedure as it relates to the use of each assessment tool in accordance with the manual and best practices.		
	Staff receive ongoing or booster training to ensure fidelity to the local process and that assessment remains consistent with best practice.		
	Assessment Centers have policy and protocol to ensure uniformity in the way the assessment is conducted.		
	Staff are provided ongoing coaching on engagement techniques used during assessments and overall quality.		Number of coaching or implementation support sessions are provided to staff
Assessment Centers provide assessment post-screen and pre-case planning in a timely manner.	When screens flag an emergent risk (e.g., suicide risk), an assessment is provided within 24 hours.	Assessment Centers recognize the importance of timely response to needs identified.	Percentage of assessments that are completed within the expected time frame established by the criteria and local policy and procedure
	Youth and families are engaged in the assessment process in a timely manner after a screen is completed. Example: An assessment is provided no more than five business days after a screen, unless an emergent need is identified from screening, is completed unless local law and policy dictates a faster response.		

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STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Assessment Centers ensure staff access to screening results.	Information technology allows for the staff conducting the assessment to have access to the screen results and notes generated by staff who completed the screening process.	Assessment Centers demonstrate quality communication of strengths and needs from screening to assessment	Percentage of staff who access screening results prior to conducting assessment/ Percentage of assessments that clearly demonstrate coverage of needs identified from screening.
	Policies and practices require staff to review needs identified in the screen prior to engaging youth and family in the assessment.		
Assessments integrate multiple sources of information within the process.	Assessment Centers have information sharing agreements that allow access to a youth's involvement in services across systems as well as history or current status as it relates to delinquency or justice system involvement, child welfare, behavioral health, and/or educational records such as grades, attendance, and behavioral infractions.	Assessment Centers reduce duplication of screening, assessment, and services through collaboration and sharing of information.	Percentage of system stakeholders who have entered into information sharing agreements
	Assessment Centers have policies and practices that require staff to engage other systems, stakeholders, and supports within the assessment process.		Percentage of assessments that have incorporated collateral information
The assessment is individualized to each youth and family grounded in screening results, developmental status, and culture.	Policies and practices require Centers to inquire about language and reading levels and basic intellectual level with youth and/or caregiver to ensure the assessment process is individualized.	Assessment Centers demonstrate an individualized and developmental approach to assessment.	Percentage of assessments that have case notes on developmental ability
	Assessment Centers have a process of referrals for youth who cannot be assessed internally given individualized needs (i.e., intellectual level)		
	Policies and practices require staff to inquire about culture and cultural accommodations needed during the assessment process.		Percentage of assessments that have case notes on youth and family culture
The assessment identifies and articulates youth and family strengths.	Assessment Center staff are trained on engagement skills and strength-based approaches.	Assessment Centers demonstrate a strengths-based approach to assessment.	Percentage of assessments that have strength-based recommendation
	Every assessment identifies youth and/or family's strengths and has a strengths-based recommendation.		

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STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
A summary is provided that integrates findings of the assessment and identifies drivers of the problem behavior.	A documented summary of assessment results is kept internally.	Assessment Centers provide psychosocial education that allows youth and families to make informed decisions and achieve success.	Percentage of assessments that have a corresponding summary
	Policies and practices require staff to discuss the identified drivers of the "problem" behavior that initiated the referral to the Assessment Center with youth and families.		
Assessments are used as a guide to develop specific recommendations on individualized needs and strengths to prioritize referrals for services and supports.	Assessment Centers have policies and practices that support discussion of assessment findings and recommendations with youth and families.	Assessment Centers demonstrate the needs of youth and families are prioritized to minimize burden while increasing success.	Percentage of case notes that document a clear feedback session was conducted referencing the recommendations Youth and families sign the written summary and indicate they had the opportunity to ask questions and agree with recommendations offered.
	Assessment Centers provide a written summary of recommendations with rationale or support for the recommendations.		
	Referrals are provided consistent with Case Management standards as incorporated into local policies and procedures.		
Youth and families are treated as partners in the assessment process.	Centers have policies and procedures that ensure youth knowingly and voluntarily consent to the assessment.	Assessment Centers demonstrate a youth and family centered approach to in the assessment.	Percentage of youth that consent/assent to assessment as well as rates of refusal
	Centers have policies and procedures requiring staff to inform youth and families that participating in the assessment is voluntary.		
	Centers have policies and procedures that allow for youth and their families to refuse participation.		
	Centers have policies and procedures that inform youth of local consent laws and their rights to access supports and services.		

STANDARD	CRITERIA	OUTPUT	QUALITY ASSURANCE
Centers have a method to collect feedback from youth and families.	Centers have a method to collect feedback from youth and families on their experience with the assessment process.	Assessment Centers demonstrate a youth and family centered approach to assessment.	Percentage of youth and families reporting positive and negative experiences with the assessment process.
Assessment Centers maintain confidentiality and protect the rights of youth and families during the assessment process.	Centers have policies that promote communication of assessment findings to service providers and supports in a descriptive manner that support referral decision making (i.e., specific results from specific tools used in the assessment are not shared to avoid communication of numeric scores that can be misinterpreted).	Assessment Centers demonstrate to youth, families, and community that they can be trusted with confidential and sensitive information.	Percentage of MOA/ MOUs consistent with the criteria
	Centers have policies and procedures explaining efforts to ensure confidentiality to the youth during the assessment process (i.e., the assessment will be conducted in private)		
	Centers have policies and agreements with referring partners that information disclosed during the assessment cannot be used in any adjudicatory or disciplinary process without consent.	Assessment Centers demonstration that information gathered during the assessment process is used to benefit youth and family	
	Centers have agreements in place with partners and systems that assessment results are not to become part of youth's permanent record (i.e., court, education, & child welfare) and will not be used against the youth (i.e., delinquency adjudication or school disciplinary hearing)		
Assessment Centers have a data collection and analysis process to ensure the assessment process is equitable, fair, and transparent.	Centers have a process to analyze and report out to family, community, and stakeholders the needs of youth identified from assessment.	Assessment Centers are accountable to local stakeholders in discussing and documenting how the screening process is functioning.	Number of summary reports provided to family, community, and other stakeholders on needs identified during assessment
	Centers have a process to ensure data analysis informs changes/revisions to the assessment process.		

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DESCRIPTION

Tier II Assessment Centers conduct in-depth, comprehensive assessments that involve discussions with youth's parents, clinical or structured interviews, use of assessment tools, and reviews of past records. The staff conducting assessments tailor their approach to the individual need or the nature of the problem suggested by the screening. Assessments provide a more detailed description of youth's history, clinical needs, functioning across several domains, risk, and protective factors, and makes more specific recommendations for treatment (i.e., therapy modality and types) (Models for Change). Assessments are more comprehensive in order to inform an individualized plan.

Assessment System and Tool Selection

As stated in the screening description, Assessment Centers should adopt a screening and assessment *system*, not merely screening or assessment tools, to ensure positive outcomes. This means thorough implementation, involving staff training and appropriate, thoughtful policies and procedures (Vincent, 2012). As with screening, the following should be considered when designing the assessment portion of the screening and assessment system: (1) the "decision point" and the purpose for using the tool, (2) the relevance of the tool, and (3) whether the tool is evidence based.

Determining Purpose: Centers must have a clear rationale for assessment domain(s) selected. Domains to be considered when setting up an assessment system are provided in the chart below. The domains selected should be relevant to their target population and the common needs found in that target population. Centers should research and reference published reports and/or professional resources that support evidence of each assessment domain selected. Developing a clear, concise rationale and need for assessment allows for transparency with youth, families, staff, and stakeholders. At a minimum, Centers should ask and be able to provide answers to the following:

1. What information do we want to gain?
2. Why do we need to know this?
3. What will we do with the information?

Decision Point: Decision point refers to a particular point in a decision-making process. Decision points dictate the questions the agency needs answered and the resources available to answer them. Assessment tools should be selected that incorporate those relevant questions and validated for use at the decision point(s).

Tool Selection: Assessment Centers should only adopt tools that are validated so the agency can trust the information the tool provides. There should be research evidence of the tool's reliability and validity specifically with the target population. The question of reliability asks whether the tool will produce consistent results across each administration. With respect to validity, the question is whether the tool measures what it purports to measure. Along with ensuring a tool is validated, Centers should also take into consideration the number of staff and the time needed to administer each tool. Tools should have an instructional manual that makes the administration standardized and structured, so it is used with every youth in the same way. If selecting multiple tools, Centers should be mindful

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not to duplicate questions within an interview or tool administration. This streamlines assessment tools and, more importantly, minimizes the burden on youth and families.

Any tools selected by an Assessment Center should have an associated instructional manual. All staff implementing assessment should receive thorough training on tool(s) and provided manuals to ensure tools are implemented consistently and to fidelity.

Staff Education: Staff conducting assessment require more specialized skills than screening. For assessments that follow-up on potential treatment needs identified in screening (i.e., behavioral health, substance use, trauma stress and reaction), Assessment Center staff should be clinical in nature. For assessments that follow-up on non-treatment related needs identified (i.e., community safety), staff should have more specialized training that allows them to respond to needs, problem-solve across circumstances, and tailor their approach to different cultural contexts.

Staff should be an integral part of the tool selection process and the creation of policies and procedures. This allows them to raise ideas or concerns around feasibility in implementation.

All Assessment Center staff engaged in assessment must be trained in the proper administration of an assessment tool. This ensures tools are administered according to procedures described in the tool's manual and by persons who have received sufficient training to be able to administer the tool. In alignment with the Staff Development and Support Core Component, staff should receive ongoing coaching or other forms of skill implementation support on engagement techniques used during assessments and overall quality.

Continuous Quality Improvement: Centers should have a data collection and analysis process that allows them to better understand the information and data gathered from the assessment process and ensure the assessment process is functioning as intended. Centers should have a process to analyze and report out the identified drivers of behavior of youth identified from assessment for a specific target population. This can help not only Centers adjust their processes, but also inform the community of services needed to better support youth if they are not currently available.

Intentional equity: Analyzing demographics of youth with the results of assessment tools can give Centers information on potential disproportionality and disparate treatment of one or more populations. Identification of disproportionately can be a result of bias within staff, within processes and procedures, or of a specific tool. Proper and frequent analysis can help Centers identify this early on and take measures to remedy.

ASSESSMENT PROCESS

When a screen flags an emergent risk or need, an assessment should be provided within 24 hours. For screens that have identified non-emergent needs, staff should engage youth and family in a full assessment within five business days. The physical environment of an assessment is critical to ensuring youth feel safe; both physically and psychologically. The youth and family should have choice in the location and the space (i.e., room/space/seating arrangement) where an assessment occurs. The emotional state and developmental ability should be assessed prior to an

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assessment to ensure validity of an assessment. Center staff should inquire about language, reading levels, and basic intellectual levels with youth and/or caregiver to ensure the assessment process is individualized. If it is determined that Center staff do not have the expertise or skills to assess youth internally given individualized needs (i.e., intellectual level), Centers should have a clear process for referrals to other organizations to proceed with the assessment. In addition to emotional and development abilities, the following factors should be considered to ensure a youth and family's ability to participate effectively in the process:

- Youth's age
- Medical Condition
- Language and cultural needs
- Impairment due to drugs and/or alcohol
- Current emotional state due to traumatic events.

Before beginning the assessment process, Assessment Center staff should complete a thorough review of the information gathered from the screening process. This includes those domains the youth screened into and notes from conversations with the youth and family. Whenever possible, collateral information should be gathered prior to an assessment; however, this information may also be gathered during or after an assessment. Assessment Centers should strive to have information sharing agreements that allow access to a youth's involvement in services across systems as well as history or current status as it relates to delinquency or justice system involvement, child welfare, behavioral health, and/or educational records such as grades, attendance, and behavioral infractions. This information allows Center staff to have an understanding of services or supports that have already been attempted through those systems and partners. If access to information suggests an assessment has recently been completed, Centers should explore the opportunity to utilize information in that assessment to inform any domains covered in the assessment. This minimizes the burden on youth and families.

The assessment process should begin with Center staff setting expectations of the assessment process with both youth and parents or guardians present. Policies and procedures should require staff to disclose to youth and families the purpose of the assessment process and each assessment tool, what information will be asked, why that information is integral to assessment, how it will be used and who will have access to that information. Local laws determine the age at which a youth can access services (treatment, family planning, etc.) without a guardian's consent. Policies and procedures should require staff to inform youth of these laws and their rights, preferably in writing. Included in disclosures and agreements with stakeholders/partners should be assurance that any incriminating statements made during assessment will not be used in a court system or disciplinary process except for those that apply to mandatory reporting requirements. Similarly, when administering assessment tools, staff should explain the purpose and use of each tool. Youth and families should be given the right to refuse to participate in the assessment process as a whole and/or any self-administered tool. A release of information should be signed by the youth and caregiver when the Assessment

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> ***"Maybe, first, if staff tell their story, what they've been through, what they've had to overcome..."***
>
> **—Jordan**

Center is coordinating with other systems, providers, or supports.

After providing an overview of the process, the assessment interview shall be conducted with the youth and family *separately*. This allows for both the youth and parent or caregiver to speak freely about their perspective, things that are happening in their life, etc. without the pressure or influence to filter information that may be useful in identifying need. If there is suspicion or reason to believe that the youth is a potential victim of physical, mental, emotional, or sexual abuse or neglect, reports should be made as directed by local law and policy.

To effectively conduct an assessment, staff need to understand how to respond to needs, how to problem-solve across circumstances, and how to tailor their approach to different cultural contexts (Urban Institute). This requires staff to establish rapport and build a relationship with youth and families. During the interview process and administration of screening tools, Center staff shall utilize motivational interviewing techniques and a positive youth development approach. The interview and approach should focus on building rapport and trust with youth and families.

The assessment process should be individualized to each youth based on needs identified in the screen, culture, and developmental ability. The assessment should identify and articulate youth and family strengths. Identification of strengths can not only support and encourage youth and families, but also help to inform a case plan and intervention recommendations. There should be at least one recommendation that builds on strengths identified in the assessment process. The interview process should be intentional to follow-up on the specific needs identified in the screen in an effort to validate those needs and further identify the driver(s) of a youth's behavior and determine appropriate interventions. When choosing domain topics (listed below) to integrate within an assessment, Center staff should have knowledge of the youth's age and developmental ability and tailor the assessment accordingly.

In all stages of the assessment, staff should work to inquire and understand the culture and identity of all youth and families. Cultural background, including social etiquette, religious observances, societal status, ethnic community ties, customs of clothing, and attitudes may make some topics such as mental health uncomfortable

> ***"I would want to know what you thought my strengths were."***
>
> **—Miguel**

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to discuss. Allowing youth and caregivers to self-identify their culture, ethnicity, gender, and sexual orientation or decline to self-identify can give staff insight into cultural factors that are influencing the expression of needs and strengths. This includes any difficulties that youth may experience or encounter as a result of their membership in any cultural group. It also allows staff to understand linguistic or cultural needs for the overall assessment process.

Following the assessment interview with youth and families as well as the gathering of collateral information, a summary should be developed and kept internally that integrates findings of the assessment and identifies drivers of the problem behavior. These findings and recommendations should be discussed with the youth and families to provide education on how the drivers are impacting the behavior, the research behind the interconnectedness of drivers and behaviors, and recommendations for interventions. As stated above, included in those findings should be the identified strengths of youth and families and an articulation of how those can be used as a support moving forward.

Completed assessments should be used as a guide to develop definitive recommendations on individualized needs and strengths to prioritize referrals for services and supports. To prioritize referrals for interventions, Centers should train staff on best practice in prioritizing needs that directly relate to the behaviors that prompted the referrals to the Assessment Centers. Additionally, a focus on responsivity factors such as learning style, level of motivation, and the individual's personal and interpersonal circumstances specifically how trauma reactions may impact their ability to engage in interventions should be considered and addressed when determining recommendations for interventions and supports. Center staff should provide youth and families a written summary of recommendations with rationale. To ensure agreement and understanding, youth and families should sign the written summary and indicate they had the opportunity to ask questions and agree with recommendations offered.

For guidance on developing individualized plans and facilitating access to community-based services and supports, see the Case Management Core Component.

ASSESSMENT DOMAINS

These assessment domains are listed in alphabetical order and should not be interpreted as listed by importance. These are domains that should be considered in setting up an assessment process but are not reflective of recommendations for a specific tool. Centers should refer to the above guidance on building an assessment system and tool selection to determine which domains are appropriate based on your target population and purpose for assessment.

Aggression

An assessment of aggression and irritability allows Assessment Center staff to better understand how a youth controls their temper, how easily they become frustrated, if they become physically aggressive, and, ultimately, if they have a hard time managing anger.

Commercial sex or labor exploitation (Human Trafficking)

A further assessment of human trafficking indicators allows centers to verify if commercial sex

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or labor exploitation is occurring and begin the process of obtaining protection and facilitate access to services and interventions.

Community Safety

An assessment of community safety can include risk and threat assessments. A risk assessment will estimate the likelihood that continued delinquent behaviors will occur for a youth if nothing is done to intervene. Threat assessments are completed, usually within a school environment, to assess a youth's threat to their peers, community, and themselves.

Developmental

Screening for a youth's developmental status is the practice of systematically looking for and monitoring signs that a young child may be delayed in one or more areas of development.

Education

Successful school performance and strong school attachment are protective factors. Research shows that students who do poorly in school are at greater risk of becoming involved in the juvenile and adult justice systems (NCCD). Assessing a youth's educational status includes inquiry about grades, difficulty with subject matter, attendance, and behavior (discipline referrals, suspensions, expulsion).

Intellectual

Changes in a youth's behavior can be a result of underlying intellectual development such as a learning disability. Assessing for intellectual ability can allow for centers to engage medical professionals and schools in further evaluation.

Mental/Behavioral Health

A mental or behavioral health assessment, informed from the results of the screening, defines the nature of the problem, determines a diagnosis, and develops specific treatment recommendations for addressing the problem or diagnosis.

Prosocial & Skills

Understanding a youth's hobbies, skills, interests, and talents allows Assessment Center staff to identify existing positive ways a youth spends time, ways a youth gets a sense of self and build on those positive factors. If a youth is not connected to prosocial supports, screening for hobbies, skills, interests, and talents can assist staff with linkages in the community that allow for a youth to spend free time in a positive and productive manner.

Relationships

Positive relationships with family members and friends are critical to ensuring a youth has a healthy support system. Understanding a youth's relationships with family members and friends helps explain a youth's sense of family identity, their ability to make friends, as well as sustain relationships.

Safety

Screening for physical and psychological safety is imperative not only to identify immediate concerns, but also to determine whether staff should proceed with the overall assessment process. This includes screening for physical safety and existing abuse or neglect.

Physical Health

Identifying any existing physical health concern ensures Centers understand any immediate and imminent health conditions that would impact a youth's ability to fully participate in the assessment process.

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Social Determinants of Health

According to the World Health Organization, a person's mental health and many common mental disorders are shaped by various social, economic, and physical environments (WHO). Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk. Assessing for social determinants of health, or conditions in the environments in which people are born, live, learn, work, play, worship, and age, allows for a better understanding of underlying factors contributing to a youth and families mental health needs.

Strength & Protective Factors

The ability to recognize internal strengths and use them in times of stress and managing daily life is what allows for a youth and adults to overcome traumatic stress. Understanding internal, external, and environmental strengths, self-awareness, confidence, and problem-solving skills allow Assessment Center staff to build on the strengths and supports already in place.

Substance Abuse

Substance use during adolescence can result in negative consequences including involvement with the criminal justice system, poor school performance, health, and mental health issues. Once a need is identified through the screening process, an assessment integrates information concerning the youth's substance use behavior, substance-related problems, and other areas of psychological and social functioning.

Suicide Risk

A suicide assessment refers to a more comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment.

Traumatic Events and Trauma Reactions

According to the National Child Traumatic Stress Network, trauma assessment refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment. Clinicians use the assessment to understand a child's trauma history and symptom profile; to determine whether a child is developmentally on target in the social, emotional, and behavioral domains; to inform case conceptualization and drive treatment planning; and to monitor progress over time.

Traumatic Brian Injury (TBI)

The effects of a traumatic brain injury, or TBI, can sometimes cause behavioral changes that can be misunderstood if the person also has other issues like substance abuse and depression. Understanding past events and/or injuries can help detect whether the youth's behaviors and symptoms are indicative of a past TBI.

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Process Core Component: Case Management

Rationale: Case management is crucial for coordinating and monitoring multiple services and supports. It is the link between comprehensive assessment and effective, integrated service delivery. While the combination of services and supports will vary based on a youth and family's unique needs, there remains a need for support in navigating the various systems and services that are often unfamiliar to them.

DEFINITIONS

- **Case Management:** Case Management is a collaborative, strength-based process aimed at ensuring the needs of youth and families identified in the screening and assessment process are met. To achieve this, Assessment Centers utilize one or more of the following approaches:
  - **Referral & Information Sharing -** Informed from screening, Assessment Center makes referrals to community-based providers or system partners who can provide a comprehensive assessment of strengths and needs. In this approach, Assessment Centers have strong communication with partners to ensure information from the screening and assessment is received to inform an individualized plan and a case management process can be initiated.
  - **Comprehensive Case Management -** Comprehensive case management is provided by Tier II Assessment Centers only. It requires an individualized plan that is developed with youth and families and outlines the support and services recommended. Comprehensive case management may include remote/virtual or face-to-face contacts, home visits, and accompaniment of youth and families to providers where necessary to ensure access. Contact and monitoring is made to follow up and determine the status of service and support referrals and to assess whether the youth and family has further needs. Depending on needs, contact and monitoring may be frequent and proactive in order to anticipate problems, stabilize, prevent crises, and support in achieving plan goals.

ACCOUNTABILITY

STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Centers frequently train and support staff on case management best practices.	Tier II Centers have internal policies and procedures that ensure a manageable workload that enables staff to effectively engage with youth and families.	Assessment Centers demonstrate the consistency of quality in case management.	Number of staff training hours
	Centers provide ongoing staff development opportunities around effective case management and other topics referenced in the staff development core component.		Number of staff trained
Assessment Centers take a multidisciplinary approach to case management.	Assessment Centers have information sharing agreements to inform key stakeholders and partners of individualized needs to ensure effective linkage and case management.	Assessment Centers increase system efficiency and reduce duplication through collaboration and sharing of information.	Percentage of case planning meetings where stakeholders and supports are engaged alongside youth and family
	Centers have policies and procedures that require staff to complete a release of information with all youth and families.		Number of youth and families signing releases of information vs. those refused
Tier II Centers create individualized plans, in active partnership with youth and families, that are informed from the screening and assessment process that are manageable, measurable, and youth/family centered.	Centers have policies, procedures, and forms that allow for consistency in plan creation and case management among staff.	Assessment Centers ensure realistic expectations of youth and families and minimize burden.	Percentage of case plans that are consistent with established policies and procedures
	Centers have policies and procedures that ensure plans are made in partnership with youth and families and are strengths-based.		
	Centers establish a maximum number of needs and associated services and supports that can be managed at one time.		Number of needs and associated goals in each individualized plan compared with best practice
	Tier II Centers incorporate a signed participation agreement outlining participation expectations, length of time, and what happens if "out-of-compliance" with youth and family.		Percentage of participation agreements signed vs individualized plans created

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STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Assessment Centers match youth and families to services and supports, in active participation with youth and families, that align with needs, culture, and identity identified in the screening and assessment process.	Individualized plans only address areas and needs identified within the screening and assessment process.	Assessment Centers demonstrate a response individualized to each youth and family.	Percentage of plans where needs match services and supports in individualized plan
	Centers engage and catalog diverse and effective community-based services and supports in order to provide youth and families with individualized options.		Number of referrals made by the Assessment Center
	Centers have agreements or memorandums of understanding with community partners/agencies or service providers that allow for a referral of youth and families.		
Assessment Centers provide timely follow-up with youth and families after a screening or assessment.	For Centers implementing referrals for assessment or information sharing, a follow-up. with the youth and family occurs within two business days after the screening process.	Assessment Centers recognize the importance of timeliness of intervention(s) when youth and families are struggling	Time between screening and/or assessment and follow-up
	Tier II Centers implementing the comprehensive case management approach; staff follow-up with families occurs within one week of the development of the individualized plan, sooner if necessary, based on youth and family's needs.		
	All contacts with the youth/family or collateral contacts should be documented in the Center's information technology system.		Number of contacts recorded in information technology system
Assessment Centers facilitate access to services and supports.	Whenever possible, Centers make the referral to the service or support in front of the youth and families to facilitate a warm hand-off and accessibility barriers have been identified and removed.	Assessment Centers ensure services and supports are appropriate and accessible.	Percentage of youth and families indicating they are engaged in the service or support
	Policies and procedures support continuous feedback and check-in opportunities with the youth, caregivers, and other supports throughout the case management process.		
	Policies and procedures support additional case planning if services and supports are not effective or accessible.		Percentage of service providers and supports reporting youth and families are participating in the service or support

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STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Youth and families are treated as partners in the case management process.	Centers have policies and procedures that allow for youth and their families to refuse participation.	Assessment Centers demonstrate a youth and family centered approach to case management.	Percentage of youth and families that felt like they were given a clear understanding of next steps
	Youth and families are engaged in the development of their individualized plan.		Percentage of youth that felt they played a meaningful role in the development of the plan
	Youth and families are given choice of service providers and supports.		Percentage of youth and families that felt like the plan was easily understandable.
	Centers have a method to collect feedback from youth and families on their experience with the screening process.		Percentage of youth and families that indicate the services that were recommended by the Assessment Center were helpful
			Percentage of youth and families that indicate the Assessment Center gave them the support needed to successfully complete the process

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DESCRIPTION

The capacity of an Assessment Center to carry out the two approaches to case management will depend on whether they are a Tier I or II Center. Tier I Assessment Centers, conducting screening only and referring out for further assessment, utilize the referral and information sharing approach. Tier I Assessment Centers may implement this approach by providing information gathered from the screening process to appropriate stakeholders (i.e., provider, school, courts, etc.) to ensure assessment and comprehensive case management can be provided, if needed. Additionally, Centers should connect with youth and families no later than two business days after a screening is completed to ensure they were able to access any referral for assessment or support and to check on the overall wellness of youth and family. Due to the limited information gathered from a screening process, Tier I Centers do not have sufficient information to create individualized plans and therefore are unable to recommend services and supports outside of those addressing basic needs and unable to implement a comprehensive case management approach.

Tier II Assessment Centers, conducting screening and assessment, have the capacity to implement either of the above case management approaches. Unless facilitating information sharing only, individualized plans are developed, informed from the assessment, matching needs and strengths to services and supports. To ensure access to those services and supports, these Tier II Assessment Centers implement a comprehensive case management approach. Which approach a Tier II Center uses and the intensity of that approach is dependent on the needs of the youth and family. The approach and intensity for each youth are different and depend on factors such as community protection, family and community support structure, involvement in prosocial activities, work, and school, among many other factors. Youth determined to be high risk and/or high need should be considered a higher priority and receive case management services at a higher level of intensity.

Matching Services

The success of Assessment Centers is measured on their ability to match the needs of youth and families to quality and effective services and supports in the community. To that end, Centers rely on the quality and availability of resources within the community. Building response resources is essential in order for Assessment Centers to bridge the gap between screening and comprehensive assessment to community-based supports and services. Internal and external relationships and partnerships need to be developed to identify a coalition of community services who serve the wide array of youth and family needs.

Assessment Centers need to have an individualized approach to youth and families, but, just as importantly, they need diverse and effective community resources that can meet the needs of youth and families. Connecting youth and families to culturally responsive services and supports is critical to a Center's overall outcomes. Centers should ensure their response resources include those that align with the culture and identities of youth and families. This includes language, sexual orientation, ethnicity, and overall culture.

Centers are encouraged to do an inventory of community services and resources in all the

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following categories: treatment, prosocial, and basic needs. A continual effort to update services including insurance accepted, hours, location(s), and cultural emphasizes will allow for Centers to better link youth with the most appropriate services. This process can also allow Centers to identify gaps in service and resource areas (See the "Accountability" core component for more information). The most common services and programs Centers link youth and families to are listed below, referencing many from Models for Change Juvenile Diversion Workgroup.

- Family interventions, including family counseling, Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and other family-based interventions
- Substance use interventions—detox services, individual and group programs
- Mental health treatment—individual therapy and counseling, anger management programs, support groups, etc.
- Mentoring Programs
- Life skills training programs
- Educational assistance and advocacy
- Job placement services
- Respite and support services for caregivers
- Restorative Programming
- Transportation
- Basic needs and financial aid such as food, utilities, rent, etc.
- Wraparound
- Medicaid Assistance
- After school recreational and support programs

Assessment Centers should ensure those services and supports youth and families are referred to have demonstrated effectiveness. Per the Office of Juvenile Justice and Delinquency Prevention (OJJDP), evidence-based programs and practices generally have one or more rigorous outcome evaluations that demonstrate effectiveness by measuring the relationship between the program and its intended outcome (s). The intensity and resources required to become evidence-based may provide challenges for some communities and organizations. At a minimum, Centers should ensure each service or program has a method of evaluation and continuous quality improvement to prove effectiveness. Whenever possible, Assessment Centers should strive to connect youth with evidence-based programs that target needs and have been proven in the setting and for the population of youth referred. Several resources can give Centers information on services and programs considered to be evidenced-based to include: California Evidence-based Clearinghouse, OJJDP Model Programs Guide, Blueprints Programs for Health Development, National Institute of Justice Crime Solutions, and SAMHSA Evidence-based Practices Resource Center.

*Individualized Plans *Tier II ONLY*

An individualized plan details the goals, action steps, and timeframe for accessing services and supports recommended from the assessment. The ability for Assessment Center staff to create individualized plans is grounded in relationship and rapport building. Staff involved with case management should establish a developmentally appropriate relationship grounded in mutual respect and honesty. Well-facilitated case planning builds on the strengths identified in the assessment. Staff should continue to use motivational

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interviewing and positive youth development approaches to effectively engage youth and their families in the development of plans.

Most importantly, youth, caregivers, and other supportive adults (as defined by the youth) should be engaged as partners in the development of a plan to access services and support. Protective factors and strengths identified during the assessment as well as any other existing positive supports identified by youth and families should be included in the plan to ensure continued or increased access. Goals, services, and supports should be tied to youths' interests, easily measurable, and allow for success early on. The goals, services, and supports laid out in an Individualized plan should align with recommendations from the assessment process. While alignment is crucial, Centers should also prioritize needs and establish a maximum number of needs and associated services and supports that can be managed at one time. To prioritize referrals for interventions, Centers should train staff on best practice in prioritizing needs that directly relate to the behaviors that prompted the referrals to the Assessment Centers. A focus on responsivity factors such as learning style, level of motivation, and the individual's personal and interpersonal circumstances, specifically how trauma reactions may impact their ability to engage in interventions, should be considered and addressed when determining recommendations for interventions and supports. Overall, youth and caregivers should have choice in providers or organizations included in a plan.

The identity of youth can influence their access to resources and how they are treated and perceived by family and community. Assessment Center staff should allow youth to self-identify their ethnicity, gender, and sexual orientation or decline to self-identify. Understanding a youth's culture and identity and matching services and supports that can do the same is essential for effectiveness. Centers should strive to incorporate goals, services, and supports in an individualized plan that aligns with and is supportive of a youth's identity.

All services and supports outlined in an individualized plan should be easily accessible to the youth and family, or the Center should take appropriate measures to accommodate accessibility issues. This will require staff to have intentional conversation around transportation, insurance, affordability, etc. Discussing the location of services and supports is crucial when exploring whether they should be included in a plan. Staff should make sure the location is accessible and any transportation needs are addressed. For services and supports that are virtual or remote, staff should ensure the youth and family has access to technology. Accessibility conversations should also include what services and supports are covered under a youth and family's insurance or that any cost does not create undue burden on a youth and family. Whenever possible, Centers should make the referral to the service or support in front of the youth and families to facilitate a warm hand-off and ensure accessibility barriers have been identified and removed.

"Recommendations from all the stakeholders don't always match up."

—Inesha

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> ***"In my own situation, the intentions were good, but the expectations weren't realistic. There needed to be more supports around my parents."***
>
> **—Inesha**

Engaging stakeholders and prosocial supports helps to create lasting behavior change. Assessment Centers should ensure a multidisciplinary approach to inform the plan and reduce duplication. Staff should coordinate with other agencies, systems, and supports involved with the youth and family per a release of information (i.e., juvenile justice, child welfare, behavioral health, education, service providers, youth, and family organizations, etc.). This coordination allows for information sharing which is crucial in order to minimize the burden on youth and families. Information sharing and a multi-disciplinary approach ensures against duplicative screening and assessment, duplicative or redundant services requirements and as well as too many overall expectations and requirements of a youth and family.

Ensuring that youth understand the reasoning behind their case plan is critical to both perceived and actual fairness; it can also help promote accountability, healthy moral development, and critical thinking skills (Urban Institute). To help ensure youth understand the individualized plan, Assessment Center staff should use age-appropriate language and avoid acronyms. Staff should ensure youth and families understand the benefits that can come about if they engage in the services and supports. Understanding the reasoning, justification, and benefits encourage overall buy-in and promote moral development. Simultaneously, youth and families need to have a clear understanding of the consequences for not engaging in the goals agreed upon in the plan.

Tier II Assessment Centers providing comprehensive case management should ensure continuous feedback and check-in opportunities are created with the youth, caregivers, and other supports throughout the case management process. Center staff should track the progress of youth and families by fostering a genuine, supportive, and prosocial relationship with youth. This includes ensuring meeting spaces are accessible and convenient, making time for light conversation, and asking youth about their interests (Urban Institute). During these check-ins, Center staff should be continuously reviewing the success of services and supports and, if they are not effective, doing additional case planning. If there are formal consequences for youth not participating in the case management process, Assessment

> ***"There is always room for improvement in creating boundaries and expectations so there aren't misunderstandings later on."***
>
> **—Tristan**

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> *"A lot of people expect this person to do this quick flip and that's hard."*
>
> —Miguel

Centers should exhaust every community-based, least restrictive option before pursuing more restrictive and punitive measures.

The length of time an Assessment Center stays involved with a youth and family and the intensity of that involvement should be dependent on whether the needs of youth and families are being met and whether they are engaged in the case management process. To minimize burden on youth and families, Centers should strive to maintain a balance of time engaged. This balance ensures youth and families are supported, but also acknowledges resilience of youth and families.

Intentional equity: Analyzing demographics of youth and the outcomes of the case management process can give Centers information on potential disproportionality and disparate treatment of one or more populations. Identification of disproportionately can be a result of bias within staff, within processes and procedures, or of service providers and supports included in the individualized plan. Proper and frequent analysis can help Centers identify this early on and take appropriate measures to remedy.

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Structural Core Component: Staff Development & Support

Rationale: The work of Assessment Centers cannot take place without a fully equipped and supported workforce. Policies and procedures are needed that feature thorough onboarding, frequent training, and supervision to ensure staff competency, learning and professional development are needed. Additionally, policies and practices should advance and sustain workforce effectiveness, resilience, and safety, including efforts that regularly acknowledge staff for their contributions and recognize and reinforce the importance of staff self-care.

ACCOUNTABILITY

STANDARD	CRITERIA	ANTICIPATED BENEFITS	SUGGESTED QUALITY ASSURANCE
Assessment Centers create and sustain an environment of wellness for staff that recognizes the effects of stress created from daily work.	Assessment Centers have a method to annually, at a minimum, receive feedback from staff on satisfaction and wellness and are transparent with the feedback received to all levels of the organization.	Assessment Centers demonstrate a healthy workforce where staff and supervisors collaborate to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace.	Percentage of staff who have given formal feedback within the year
	Assessment Centers have undergone an organizational assessment for trauma-informed practices within the past five years.		Documentation of assessment completion within the past five years
	EAP and/or counseling is offered to staff as needed.		
Assessment Centers support staff with comprehensive onboarding to ensure they are prepared to serve youth and families.	Assessment Centers have a menu of required training and competencies that are inclusive of the topics listed in the description.	Assessment Centers demonstrate a competent and supported workforce which supports quality services.	Percentage of staff who have completed all required onboarding training prior to working youth and families
	Policies and Procedures require trainings to be completed prior to working with youth and families.		

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STANDARD	CRITERIA	ANTICIPATED BENEFITS	SUGGESTED QUALITY ASSURANCE
Assessment Centers support staff with intentional ongoing professional development opportunities.	Assessment Centers have an annual booster training schedule available to staff.	Assessment Centers demonstrate a commitment to professional development of staff and quality of services.	Number of "booster" trainings attended by staff
	An individualized plan is created for each staff person that is tailored to professional developmental needs and desires identified by both staff and supervisors.		Percentage of staff who have an individualized plan for development
	Assessment Centers poll staff on trainings needed or desired to expand skillset.		
Assessment Centers create an environment where staff are provided support to practice skills they learned in training and integrate them into the work processes.	Policies and procedures support staff following training with coaching, communities of practices, coding, or other forms of implementation support.	Assessment Centers demonstrate fidelity to evidence-based practices.	Number of designated coaches within an organization
			Number of implementation support provided throughout a year

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STANDARD	CRITERIA	ANTICIPATED BENEFITS	SUGGESTED QUALITY ASSURANCE
Assessment Centers provide consistent and quality feedback and supervision to staff.	Policies and procedures require regular meetings between staff and supervisors.	Assessment Centers demonstrate a supportive environment and culture of learning.	Number of supervisory and staff meetings held
	Performance evaluations are conducted annually that specifically evaluate the skills required to serve youth and families.		Percentage of staff who have a performance evaluation annually
	Job descriptions, duties, and staff performance measures align with training and skills expected from staff.		Percentage of performance evaluations that evaluate skills and training expected from staff and explicitly detailed in job descriptions
	Informal and formal recognition of staff is incorporated throughout policy, practice, and supervision.		Number of practices supporting recognition of staff (i.e., years of service, nomination boards, etc.)
Assessment Centers leaders communicate and involve staff in organizational planning and significant change and/or decisions.	Leadership of Assessment Centers engage all levels of staff in decisions, organizational change, and organizational planning (i.e., strategic planning).	Assessment Centers demonstrate transparency with and inclusion of staff in operations.	Number of communications with staff on organizational change and planning
	Leadership of Assessment Centers communicate to all levels of staff the rationale of large changes and decisions in a timely manner.		

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DESCRIPTION

Trauma-Informed Environment

The nature of an Assessment Center, working with youth and families that have experienced trauma, makes the entire Center and its staff more vulnerable to stress, particularly chronic and repetitive stress. Centers that fail to support their staff are placing them at greater risk of being negatively impacted by secondary traumatic stress (STS). During the interview and onboarding process, Assessment Centers should inform potential staff members of the traumatic experiences they may hear from youth and families, how this may result in triggers from their own experiences, and how the Assessment Center will provide support to staff.

Effective implementation of a trauma-informed system prioritizes psychological safety to include creating a safe space, empowering staff, building trust in the workplace, and collaborating with staff to increase awareness of trauma and to account for the different cultures that staff represents (NTCSN - Think Trauma). Assessment Centers should employ practices that gauge and respond to satisfaction, burnout, and secondary traumatic stress (STS) among staff. Informal and formal recognition of staff is known to increase overall organizational morale and should be incorporated throughout policy, practice, and supervision. Examples of ways to gauge and respond to STS and overall employee morale include:

- Surveying staff on satisfaction
- Planning activities to boost morale that occur outside of the work environment
- Reflective supervision (see below)
- Peer-to-peer nomination
- Celebrating and acknowledging years of service

Assessment Centers should understand how well they implement trauma-informed practices by conducting organizational assessments that involve systematically asking about trauma-informed practices to staff and other important stakeholders. There are a number of organizational assessments that Centers can use to include the NCTSN Trauma-Informed Organizational Assessment or the University of Kentucky Secondary Traumatic Stress Organizational Assessment.

Staff Competencies

A research-informed approach to screening and assessment requires individualized responses and plans for youth. To carry out Assessment Center duties effectively and consistently, staff need to understand how to respond to needs, how to problem-solve across circumstances, and how

> ***"Staff need to be informed of the realities of youth that they work with. The onus should not be on the youth to teach these people how to connect."***
>
> **—Tristan**

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> *"I think it's really important for staff to look like you or know what your situation is like. You can talk to someone and know they don't really understand."*
>
> —Jordan

to tailor their approach to different cultural contexts (Urban Institute). At the core, this requires staff to have the ability to establish rapport and build a genuine relationship with youth and families. Onboarding training on family and youth engagement, positive youth development, and motivational interviewing help to develop a staff members' ability to effectively listen, connect with, and understand others; ultimately building a relationship.

Intentional Equity—Relationship building and a genuine connection to youth and families is more likely if the workforce of an Assessment Center is reflective of the population served. Staff makeup should be a similar proportion in race, ethnicity, gender identity, and sexual orientation of those youth served through the Assessment Center. Language spoken at the Assessment Center by staff should also be reflective of those languages represented in the community or Centers should arrange for interpretation for youth and their families.

Centers need to support staff with the resources, time, and opportunities to develop and enhance competencies. Regardless of the target population of an Assessment Center, the below topics should be integrated into the onboarding process as well as a Center's schedule of booster training. The timing, content, and intensity of training and other supports will differ for staff at varying levels and in different roles.

As it relates to training competencies (i.e., motivational interviewing or positive youth engagement) support for staff should go beyond simply training but also supporting the fidelity of practice and overall implementation of practices staff are trained on. Staff should be given implementation support to include communities of practice, coaching, coding, and feedback on skills acquired during training.

Assessment Centers naturally serve as a community's hub for cross-system collaboration and it is important that cross-system training is a part of onboarding and booster training schedules. Assessment Centers should partner with justice, child welfare, school systems and community partners to cross-train staff on their policies and procedures as well as what is required of staff within each system. Simultaneously, it is beneficial for staff within those systems to understand the roles and expectations of Assessment Center staff. The list of onboarding competencies listed below are also common training topics of justice, child welfare, education systems and other youth-serving organizations. Assessment Centers should consider partnering with these systems and organizations to hold collaborative trainings that encourage communication and build a community of trust with system stakeholders.

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ONBOARDING COMPETENCIES

Onboarding training topics should be inclusive of the list below but should not be limited to this list. This list is not meant to replace other required training topics such as blood-borne pathogen, CPR, or other trainings required by local law and policy.

- Adolescent & Positive Youth Development
  - Risk and Resilience
- Family and Youth Engagement
  - Culturally and age-responsive engagement
- Motivational Interviewing
- Mandatory Reporting
- Trauma & Trauma-Informed Care
- Implicit Bias
- Disproportionality and disparate treatment
- Evolution of justice and child welfare systems and institutional racism
- Cultural Responsiveness
- Mental Health First Aid or similar training
- Suicide prevention and intervention
- Educational rights to include access to McKinney Vento, IEP, and 504 Plans
- Sexual Orientation and Gender Identity
  - Gender responsivity
- Each screening and assessment tool in accordance with the manual and best practices.
- Prioritizing needs & matching needs to services (Tier II)
- Release of Information & Information Sharing—HIPAA, FERPA, CAPTA
- Information technology & Data Collection—All Assessment Center staff should have knowledge of the purpose and value of data collection, how it relates to the overall mission of the Assessment Center, and how it is used.
- Action Plans and Continuous Quality Improvement Process - how data collection supports continuous quality improvement and communicates overall impact.

Supervision and Support

Quality supervision is an important support to staff members. The National Child Traumatic Stress Network (NTCTSN) has created a guidance on competencies needed in supervisors to provide Trauma-Informed Supervision. Specifically, NTCTSN has identified the below as core competencies of supervisors. Assessment Centers should support the development of these competencies in their management and supervisory staff. How to operationalize these competencies can be found in this guidance from NCTSN.

1. Knowledge of the signs, symptoms, and risk factors of Secondary Trauma Stress (STS) and its impact on employees; Knowledge of agency support options, the referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.
2. Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.
3. Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.

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4. Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress, and make appropriate referrals, if necessary.
5. Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.
6. Ability to both model—and coach supervisees in—using a trauma lens to guide case conceptualization and service delivery.
7. Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.
8. Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.
9. Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

Supervision time should be regularly scheduled, not only to deal with disciplinary issues, explain new policies, or deal with crises. "Super" "vision" means listening to the supervisee, hearing what is difficult about the supervisee's job, and when asked, offering practical assistance. One of the most effective types of supervision is termed "reflective supervision." Reflective supervision relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor.

It is recommended that performance evaluations are completed frequently to allow for constructive feedback and should be done, at a minimum, annually. All Assessment Center staff should be given performance evaluations, but it should not be during the performance annual where staff are hearing feedback for the first time. Formal and informal feedback should be given frequently. Performance measures within an evaluation should align with training and skills Assessment Centers expect from staff. Those trainings and skill sets should be explicitly stated in written job descriptions and duties.

Continuous Quality Improvement—To ensure staff are approaching the Assessment Center process consistently and fairly, data should be collected and analyzed on outcomes of youth individualized to each staff member. Supervisory staff should use the suggested quality assurance measures provided throughout the framework and cross reference

"On paper we make all these promises about how it's going to be run, these are our processes, these are our KPIs, but without any regulatory agency that is holding Assessment Centers accountable. That would make me trust this even more. A high level of competency and some good oversight."

—Inesha

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those data points to individual staff. This can help identify strengths and opportunities for development among staff members.

Structural Core Component: Accountability

Rationale: Assessment Centers have a responsibility to the youth and families they serve as well as their communities, staff, and partners to ensure they are achieving their goals and serving the best interests of youth, families, and communities. Accountability serves as a structural component of an Assessment Center that operationalizes the guiding principle of research-based, data-driven, & continuous evaluation.

Definition: Accountability is the partnerships, processes, and procedures Assessment Centers have in place to ensure collaboration, inclusivity, transparency, and a research-based, data-driven approach in serving youth, families, and communities.

DESCRIPTION

The Accountability core component is made up of four main categories: Information Sharing, Information Technology & Data Collection, Continuous Quality Improvement, and Community Need.

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INFORMATION SHARING

STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Assessment Centers have written policies and procedures that outline information sharing expectations that ensures timely exchange of relevant information.	Information sharing agreements are in place with community and system partners.	Assessment Centers demonstrate increased system efficiency. Assessment Centers reduce duplication of screening, assessment, and services through collaboration and sharing of information.	Percentage of information sharing agreements vs. available system and community partners
	Policies and procedures on information sharing exist and are reviewed yearly for relevance and needed updates.		
	Assessment Centers incorporate a cross-system review on information sharing with stakeholders and partners to determine whether improvements are needed.		
	Policies and procedures are consistent with legal, ethical, and professional standards of practice.		
Assessment Centers implement a process by which release of information forms are universally administered at intake.	Centers have policies and procedures that require staff to complete release of information with all youth and families.	Assessment Centers demonstrate to youth, families, and community that they can be trusted with confidential and sensitive information.	Percentage of releases signed vs. youth served Percentage of partners that accept Assessment Center's release of information form (i.e., not requiring their own)
	Centers have written policies and procedures on how and when to obtain a release of information when working with youth and families.		

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STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Staff are supported and trained on information sharing best practice.	Assessment Centers provide training on law, policy, and procedure to all personnel involved in information sharing.	Staff can more effectively & efficiently perform the functions of their jobs, supporting the above-mentioned standards creating more productive employees and increased job satisfaction.	Percentage of staff receiving onboarding training on information sharing best practices Percentage of staff receiving booster training on information sharing best practice

Sharing of information across systemic boundaries can help youth to achieve better outcomes. Done well, the sharing of personally identifiable information can reduce duplication of effort (e.g., multiple screening & assessments) and enhance understanding of the youth's needs and circumstances for coordinated case planning (Juvenile Law Center, RFK National Resource Center for Juvenile Justice & MacArthur Foundation, n.d.). It allows Centers to not only monitor the success and needs of youth, but also to evaluate their own effectiveness and the needs of the community.

Assessment Centers are accountable to youth and families to ensure they are not providing duplicative screening and assessment or connecting them to services and supports that have already been accessed. While there are limitations and constraints to information sharing, ideally information sharing agreements will allow access to a youth's involvement in services across systems as well as history or current status as it relates to delinquency or justice system involvement, child welfare, behavioral health, and/or educational records such as grades, attendance, and behavioral infractions. Information sharing agreements and information technology that allows for the Center to access to treatment history and prior contact information allows professionals performing screening and assessments and designing service plans to be made aware of previous intervention attempts. When this information is used correctly and responsibly, Centers are able to better support youth and families as well as communicate and coordinate amongst systems and service providers on behalf of youth and families. Models for Change has created an interactive website with guidelines and tools to help organizations create information sharing agreements (Juvenile Law Center, RFK National Resource Center for Juvenile Justice & MacArthur Foundation, n.d.).

To ensure responsibility in information sharing, it is critical to identify information sharing goals to direct the development of policies. "Information shall be shared with the authorization of the individual and only to the extent necessary to carry out the specific purpose. Moreover, federal and state laws also define limited situations in which personally identifiable information

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must be or can be disclosed without an individual's authorization" (Juvenile Law Center, RFK National Resource Center for Juvenile Justice & MacArthur Foundation, n.d.). Centers are expected to follow state and federal regulations around HIPAA, FERPA, CAPTA, etc.

The person who signs the release must give informed consent for the information to be disclosed. "Informed consent" means that the person consenting to the disclosure is aware of the confidentiality of the information, the reason for the information request, and how the information will be used. Whenever possible, release forms should be collected initially at intake and as needed throughout case management. Ideally, communities have developed a universal release of information used by all systems and service providers. The release should also state that the individual has the right to revoke the release at any time; include an indication of whether the information may be re-disclosed; and specify the period of time for which the release is valid.

INFORMATION TECHNOLOGY & DATA COLLECTION

STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Assessment Centers implement an electronic system and process that allows them to capture strategic data and easily extract for review and analysis.	Assessment Centers have an internal, electronic database that can be used to manage information on the youth it serves.	Assessment Centers demonstrate efficiency through a data-driven approach.	Electronic database is in place and operational.
	Data collected from other systems is integrated or entered as needed.		
	The computer-based system is easily accessible to staff for record review and data entry and allows for data to be extracted for analysis.	Assessment Centers demonstrate protection of privacy and sensitive information.	Percentage of staff surveyed who indicate ease and accessibility in use Percentage of youth with completed demographic data
	Assessment Centers collect demographic data on all youth served.		

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STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Staff are supported and trained on information technology.	Centers have policies and procedure around data entry and timeliness.	Staff can more effectively & efficiently perform the functions of their jobs, supporting the above-mentioned standards creating more productive employees and increased job satisfaction.	Percentage of staff receiving onboarding training on database and policies and procedures
	Assessment Centers have clear requirements for staff on what data is required to be collected versus what data is recommended.		
	Assessment Centers provide training to staff on how to effectively utilize the electronic database and procedures on data collection.		Percentage of staff receiving booster training around privacy best practices

Assessment centers must have electronic information technology infrastructure that allows for strategic data collection. Information technology allows Centers to have a centralized and coordinated method to collect demographics and data associated with outcomes. Data can be collected from intake, web-based tools, surveys, or other sources.

Centers should follow data management best practices to ensure data is secured and aligns with privacy laws. Ideally, Centers will have adopted an electronic system that allows for multiple users to enter data at any given time. This ensures data entry is not reliant on one person and builds internal capacity and sustainability for Assessment Centers. Centers should also have policies and procedures for staff that indicate the timeframe in which data should be entered into the electronic system.

When choosing what information and data to collect, Centers should be intentional by analyzing why the data is needed and how it is going to be used. Centers should only be collecting what is necessary for their scope of work. Along with participant data and outcomes, Centers should ensure their information technology has the ability to collect and catalog data on services and supports. See the "Community Needs" section below on specific recommendations.

All Assessment Center staff should have knowledge of the purpose and value of data collection, how it relates to the overall mission of the Assessment Center, and how it is used. This information and communication allow for transparency as well as supports staff development. Assessment Centers should include this information in new staff orientation and provide ongoing information to staff about how data collection supports continuous quality improvement and communicates overall impact.

Intentional Equity: Collecting demographic data to better understand disparate impact based upon intersectionality can be an important step toward equity. Intersectionality refers to the interconnected identities of an individual including race, gender identity, nationality, sexual orientation, and disability.

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CONTINUOUS QUALITY IMPROVEMENT

STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Assessment Centers have a plan for impact, outcome, and measurement.	Assessment Centers have an action plan (i.e., logic model, theory of change, etc.) that clearly articulates their intended outcomes and plans for measurement.	Assessment Centers demonstrate transparency in their intended impact to the community.	Action plans have been created or updated within the last five years.
Assessment Centers have a plan, policies and procedures in place that supports continuous evaluation of data to ensure outcomes are met.	Centers have a written plan and guidelines on the method and frequency in which they review, analyze, and interpret data and outcomes.	Assessment Centers demonstrate responsibility and commitment to quality services.	Data and outcomes have been analyzed within the past six months. Evaluation summary has been shared with the governance/advisory committee and community.
	Centers modify their course of action based on finding from program data and analysis.		
Assessment Centers have a data collection and analysis process to ensure equitable, fair, and transparent treatment of youth and families.	Centers have a process in place to analyze the intersectionality of outcomes and demographic data to identify areas of disparate treatment and inequities.	Assessment Centers demonstrate responsibility and commitment to equity and fairness.	Analysis of demographics and outcomes has been shared with the governance/advisory committee and community.

Continuous Quality Improvement (CQI) is a process which ensures that Centers and their partners are systemic and intentional about improving services and practices and increasing positive outcomes for youth and families served. A CQI process is reflective, cyclical, and data-driven; it is proactive, not reactive. It moves the lever for change internally, using data to guide decisions and reflect upon the results of the improvement plan to increase program quality." Centers control the process themselves through continuous learning and a dedication to "get better at getting better" (QRIS National Learning Network, n.d.). The term "continuous" suggests a cycle or a feedback loop that repeatedly challenges individuals to consider what is working and what can be done differently to improve or achieve better results. This process of inquiry is continuous rather than episodic. Individuals in continuous improvement cultures are always asking questions and seeking answers to those questions. Centers actively pursuing a culture of continuous improvement create a safe space for staff and stakeholders to ask,

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reflect, and think more creatively about solutions (QRIS National Learning Network, n.d.).

Assessment Centers utilize the data collected through their information technology system as well as selected outcomes and goals depending on their point of contact, their operations, and their structure. Frequent analysis of this data allows Assessment Centers to identify successes as well as outcomes that need attention. This analysis can help bring to attention policies and procedures that need improvement or improvements in service delivery. While data analysis is continuous, Assessment Centers should strive for more in-depth analysis on overall outcomes and impact on a quarterly basis. To assist with internal capacity in data analysis and evaluation, Assessment Centers are encouraged to reach out to local universities or colleges regarding partnership opportunities.

Intentional Equity: Frequent analysis of data can also identify potential areas where disproportionality and disparate treatment may exist. Solely relying on statistical outputs will not necessarily lead to insights without careful consideration during the analytic process, such as ensuring data quality is sufficient and determining appropriate statistical power. Given the complex series of decisions inherently involved in the process of centering equity within data analysis, collaborative, and iterative work with strong participation from a variety of stakeholders is critical. (ASIP Toolkit, 2020).

COMMUNITY NEEDS

STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
The Assessment Center manages a directory of service providers.	Assessment Centers have an electronic, information system that allows them to catalog community service provider information.	Assessment Centers demonstrate expertise in existing community-based services and supports and their availability in order to maximize resources.	Number of service providers in directory in each of the following categories: treatment, education, prosocial, basic needs Percentage of providers that demonstrate use of effective services and supports as defined in the Case Management Core Component
	Centers have identified a wide range of community-based services that are inclusive, developmentally appropriate, and strengths-based.		

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STANDARD	CRITERIA	OUTPUT	SUGGESTED QUALITY ASSURANCE
Assessment Centers conduct service system mapping and frequent cataloging provider information.	Assessment Centers update a catalog of service providers on a yearly basis at a minimum.	Assessment Centers demonstrate their role in identifying community strengths and needs.	Service mapping has occurred within the past three years.
	Assessment Centers go through a thorough service mapping process every three years.		
	The Assessment Center communicates gaps in services and supports through community forums, annual reports, etc.		Documented communication with the community on service gaps and service mapping results.
Assessment Centers gather feedback from youth and families on quality of services.	Assessment Centers have a mechanism to gather feedback from youth and families on the quality of services to ensure service providers are responding to youth and family needs.	Assessment Centers demonstrate they are connecting youth and families to quality services.	Percentage of youth who indicate satisfaction with service providers and supports Percentage of caregivers who indicate satisfaction with service providers and supports

As detailed in the Single Point of Contact/Access core component, Centers are developed through community consensus and require buy-in from a variety of system partners. This allows the Assessment Center to naturally serve as a community's hub for cross-system collaboration. Facilitating communication, connection, and collaboration can assist communities in collectively pinpointing processes that are successful, those that need improvement, as well as overall community needs. Assessment Centers should convene community stakeholders regularly to hold inclusive discussion around community strengths and needs.

By acting as a clearinghouse of service providers within the community, the Assessment Center provides a means of further coordinating service delivery and maximizes limited resources. Acting as a clearinghouse for service providers requires Centers to be as neutral and unbiased as possible. Ideally, Assessment Centers are not serving as an ongoing, community service provider in which they refer to services internally. This ensures the recommended supports and services are individualized and allows Centers to remain neutral and unbiased when making recommendations and referrals.

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Centers have a responsibility to ensure service providers and supports they are referring youth and families to are credible and appropriate. By conducting more in-depth service mapping, frequently cataloging information on service providers and doing periodic site visits, Assessment Centers can proactively ensure confidence in the quality and appropriateness of referrals given. Service mapping requires Assessment Centers and community stakeholders to thoroughly review the available community services and supports and map who they serve, how referrals are made, and what services are provided. Service mapping allows for community consensus on the availability of services and the decision points, or flow, of services offered within a community. The service mapping process should be inclusive of community and, once completed, communicated to system partners, service providers, and other relevant stakeholders. Service mapping differs from cataloging service providers as cataloging involves updating contact information, available programs, and eligibility information. Centers are encouraged to map and catalog community-based services and supports in all the following categories: treatment, education, prosocial, and basic needs.

Additionally, monitoring quality of services through feedback from youth and families can help Assessment Centers hold providers accountable and inform future referrals. Assessment Centers have an ethical responsibility to refrain from referring service providers not responding to needs of youth and families. When Centers identify a service provider that is failing to meet youth and family needs, communication should first be had with the provider regarding concerns. Should the provider fail to remedy or respond to concerns, Centers have a responsibility to inform community and system partners of their concerns and decision to stop making referrals.

Assessment Centers can utilize their information system along with other tools to document existing services within a community. The information system should have the capability of (1) cataloging and updating information about community service providers and (2) compiling data on the needs of youth in the community, the levels of success in placing youth in needed services (service gaps), and the success of those treatments (preliminary outcomes). This type of reporting has the potential to help communities identify gaps and redundancies in services.

"I think Assessment Centers really need to be a community liaison."

—Inesha

Assessment Center Logic Model

INPUTS	OUTPUTS		OUTCOMES — IMPACT		
	ACTIVITIES	PARTICIPATION	SHORT	MEDIUM	LONG
► Staff ► Funding ► Facilities ► Tech Infrastructure ► Governance/Advisory Board ► Agreements/MOUs ► Cross Systems Training ► Workforce Development	► Single Point of Contact ► Screening ► Assessment ► Case Management ► Staff Development ► Evaluation/Continuous Quality Improvement	► # of youth referred ► # of screenings completed ► # of youth with needs identified via screening ► # of youth with needs identified via screening connected to assessment (internally or externally) ► # of assessments completed ► # of youth connected to services & supported via case management ► # of youth participating in services and supports ► # of agreements/MOUs with system and community partners ► # of staff trained ► # of hours staff trained ► Staff composition compared to community	► Youth in the defined target population are referred in an objective, equitable manner. ► Youth and families have an accessible, coordinated, & streamlined approach to identify opportunities for services and supports through a participatory process. ► Youth and families are satisfied with the intake, screening, and assessment process. ► Youth needs are identified. ► Youth feel their voices were heard. ► Staff are trained to effectively engage youth and families in the screening and assessment process. ► Assessment Centers inform key stakeholders and partners of individualized needs to ensure effective linkage and case management.	► Staff engage in a standardized, research-driven process that uses information gathered through screening and/or assessment, to make appropriate referrals and/or develop a case plan in partnership with youth and families ► Staff have access to the right information, tools, technology, and a continuum of effective services and supports for youth and families. ► Youth and families are supported through and express satisfaction with the case management process. ► Youth and families actively engage and are satisfied with services and supports as referred by the Assessment Center.	► Youth report an increased connection to positive community supports as a result of connections provided by the AC. ► Caregivers report positive differences in youth behavior and increased connection to positive community supports as a result of connections and supports provided by the AC. ► (JJ & CW) Youth have no new contact with the justice or child welfare system. ► (P) Youth have no contact with justice or child welfare system ► Centers have accurate information from ongoing evaluation to effectively identify strengths, opportunities for growth, and community needs. ► Communities have streamlined access to appropriate and effective services. ► Communities demonstrate readiness and preparedness to serve youth and families based on needs & gaps identified by the AC. ► Community and funders indicate a high degree of confidence that Assessment Centers are meeting their mission/objectives.

ASSUMPTIONS	EXTERNAL FACTORS
Assessment Centers are implementing all criteria in the Framework.	Availability and access to a continuum effective services and supports

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