Risk-Based Services, Reoffending, and Rethinking Service Approaches for Justice-Involved Youth

LAW & PSYCHIATRY
Research | Practice | Policy

Risk-Based Services, Reoffending, and Rethinking Service Approaches for Justice-Involved Youth

The Youth Protective Factors Study: Effective Supervision and Services Based on Risks, Strengths, and Development

The Youth Protective Factors Study is an unprecedented, multistate, multiyear examination of which risk and protective factors are most significant when it comes to reoffending—especially for serious offenses—among youth ages 10 to 23 in the juvenile justice system. This brief is the third in a series that shares key findings from the study to inform juvenile justice supervision, case planning, and service strategies aimed at improving public safety and youth outcomes.

Background

Research over the last three decades has shown that jurisdictions can best reduce youth offending by adhering to Risk, Need, Responsivity (RNR) principles.[1] These principles include prioritizing higher-risk youth for more intensive supervision and services; matching youth to services that address their individualized dynamic risk factors (e.g., attitudes, thinking patterns, family); and delivering interventions in ways that maximize the impact on youth's behavior, including addressing mental health needs.[2]

The Youth Protective Factors Study offers a unique window into the implementation of RNR principles in three states, with a focus on service delivery. Researchers partnered with states to develop data systems that enabled states to comprehensively track the type and length of services youth received, regardless of the payer (juvenile justice, child welfare, Medicaid, etc.) or whether the service was court ordered versus self-referred. Using a categorization system developed with national experts, researchers classified these services as risk-reduction, strengths-based, or responsivity-related:

- **Risk-Reduction:** Services that explicitly target changeable risk factors for reoffending, like pro-criminal attitudes, substance misuse, negative peers, family supervision problems, or school behavioral problems. The focus is on reducing or treating risk factors to prevent recidivism (e.g., cognitive behavioral therapy, drug and alcohol treatment).

- **Strengths-Based:** Services that explicitly target the development of competencies, skills, prosocial activities, and other protective factors to generate positive outcomes. Examples include educational or vocational improvement and relationship building.

- **Responsivity-Related:** Services that provide treatment in a style and mode that is responsive to the individual's learning style and ability and could facilitate the effectiveness of other services (e.g., mental health treatment, building self-esteem).

Due to enhanced state service tracking, researchers had access to more detailed service information than previously available for RNR implementation studies. For example, in one study state, the service data enhancements led to an almost tenfold increase in service participation tracking—from 0.30 recorded services per youth to 2.84 services per youth. Across all states, descriptive data included service type, dosage, and completion rates for a final sample of 3,294 youth, of which 2,184 received at least one service. In addition, in 2 states, the samples were large enough (n = 432 and n = 1,402) to examine the influence of services received on reoffending (new juvenile/criminal petitions or filings) for an average 18-month period after juvenile justice involvement.

Key Findings

Key Finding 1: A significant proportion of court-referred youth received little to no intervention or services, likely because over 40 percent were assessed as low risk for reoffending.

The prospective sample of 3,380 court-referred youth in the study was gathered over 14 months (July 2021–August 2022). Across all 3 states, 43 percent of court-referred youth were assessed as low risk to reoffend, and over 80 percent were referred for a first-time offense. Reflecting this offense profile, 54 percent of all court-referred youth—and 62 percent of the low-risk youth specifically—received no or only minor sanctions or diversion/informal adjustment.

Because so many youth were handled informally, approximately a third of all referred youth—over 1,000 young people—received no services, almost half of which were low-risk youth. Despite this lack of services, on average, only 10.5 percent of low-risk youth received a petition for any type of new offense post-supervision (mostly for minor offenses) across the 3 states.

Implications

- **Jurisdictions should divert youth who are not a public safety risk from arrest and court involvement.** Many jurisdictions continue to use the juvenile justice system as a default service provider for adolescents with various needs but minimal risk of reoffending—an approach that research has shown is ineffective for public safety.[3] The Youth Protective Factors Study shows that it's also an inefficient approach because most low-risk youth received no formal supervision or services from the juvenile justice system. And despite this fact, 9 in 10 low-risk youth did not reoffend post-supervision. This outcome reinforces that these youth posed no meaningful public safety risk warranting justice system involvement in the first place. At the same time, to the extent that these youth had needs unrelated to their risk of reoffending, their arrest may have *reduced* their likelihood of receiving services that could have promoted positive developmental outcomes through more timely, effective service pathways.

Key Finding 2: Some risk factors predict violent reoffending more strongly than others and should be prioritized for service delivery.

Based on results from this sample and those reported in the first study brief from a larger sample of juvenile justice youth from 2015 to 2017 in the same states,[4] some risk factors matter more than others for preventing post-supervision violent recidivism. This held true across gender and race. As seen in Table 1, the risk factor domains that were the single strongest predictors varied by the risk assessment used, but externalizing problems (personality/behavior on the YLS/CMI) and family circumstances most strongly predicted violent recidivism across states while education/school behavioral problems and peers were also strong and robust predictors.

Table 1: Risk Factors That Matter Most for Reducing Violent Recidivism Post-Supervision

Predictive Strength	Risk Factor Domains
Strongest predictors (varied by risk instrument)	• **YLS/CMI:** Personality/behavior (e.g., poor anger control, attention issues, inflated self-esteem, lack of remorse) • **YASI:** Family (e.g., relationship quality and support, parental supervision, parent characteristics)
Strong predictors (consistent across risk instruments)	• Aggression and violence (synonymous with personality/behavior) • Family circumstances • Education/school behavioral problems • Peer relations

Another robust finding across samples is that the influence of most risk factors in Table 1 on serious and violent reoffending was consistent across youth ages 10 to 23. However, substance misuse predicted violent reoffending much more strongly among the youngest youth compared to older adolescents and young adults up to age 23.

Implications

- **Juvenile justice systems should prioritize services that address what matters most for serious and violent reoffending.** As stated in the first brief from this study,[5] one-size-fits-all probation conditions and supervision/service approaches are not an efficient use of staff time or resources. Standardized approaches don't address the varying risk factors that contribute to youth's delinquent behavior. Findings from the prospective sample of youth provide even more robust evidence that jurisdictions should prioritize services that target anger control and attitudes supporting violence (which also impacts school behavior problems), family supervision practices, and setting boundaries with negative peers. The more easily observed behaviors that probation conditions are typically designed to address—such as drug use, curfew compliance, and prosocial activity participation—may matter *least* when it comes to mitigating longer-term, violent reoffending for the majority of youth.

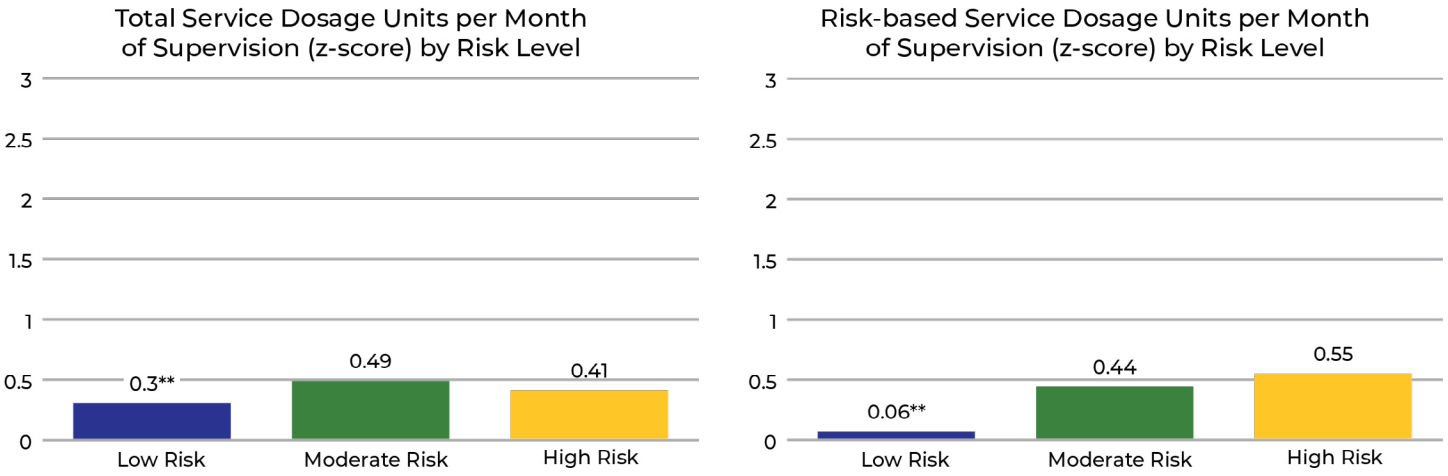
- **Interventions for substance misuse should target younger adolescents.** Findings from two large samples across two states and age groups suggest that courts and probation departments should ensure younger adolescents who engage in regular drug use are prioritized for community-based substance use treatment. In contrast, blanket requirements around drug testing and treatment for older youth, a group for which experimentation with substances is fairly normative behavior, is unlikely to prove an effective strategy for improving public safety.

Key Finding 3: Higher-risk youth did not consistently receive the dosage, type, or quality of services required to prevent reoffending.

Juvenile justice systems can best protect public safety by focusing system resources and services on addressing the dynamic risk factors of youth who have the highest risk of reoffending. Study findings show that states struggled to accomplish this primary system goal in multiple ways.

First, high-risk youth did not receive significantly more services than moderate-risk youth. As per Figure 1, while states generally adhered to the "risk" principle in service decisions for low-risk youth, there was not a significant difference in the dosage of overall services that high-risk youth received vs. moderate-risk youth. Further, high-risk youth should receive the most intensive risk-reduction services to reduce their risk of reoffending. Yet, as shown in Figure 1, high-risk youth did not receive a statistically different dosage of risk-reduction services (despite the higher number) compared to moderate-risk youth.

Figure 1: Service Dosage Units Per Month of Supervision[6] by Risk Level, Overall and by Service Type



Note: **p < .001

Second, youth received a far greater dosage of responsivity services, particularly mental health counseling, than risk-reduction services. A higher proportion of youth received a risk-reduction service than other types of services: 61.7 percent received at least one risk-reduction service compared to 46.3 percent who received at least one responsivity-related service. However, on average, youth received approximately 5 times the dosage of responsivity-related services as risk-reduction services:

- Risk-Reduction Services Monthly Dosage = 4.89 "units"
- Responsivity-Related Services Monthly Dosage = 24.89 "units"

The study did not include a standardized assessment of youth's mental health, and therefore can't assess whether youth received the appropriate level of responsivity services, particularly mental health counseling. Regardless, mental health and other responsivity services do not reduce reoffending on their own.[7] Youth must receive a sufficient dosage of risk-reduction services for juvenile justice systems to fulfill their primary mission of improving public safety.

Notably, this finding also held true specifically for youth in placement. In the two states with sufficient sample sizes, youth in placement did not receive a higher dosage of risk-reduction services than youth with less serious dispositions (e.g., probation), and in one state, received a much higher dosage of responsivity services than other youth. The fact that youth in placement—who are supposed to be the highest-risk youth under state supervision—received more mental health services, but not risk-reduction services, than other youth is particularly concerning given that the primary purpose of incarceration is ostensibly to reduce youth's risk to public safety.

Third, youth did not receive risk-reduction services that clearly targeted the risk factors most strongly associated with violent reoffending. As Table 1 demonstrated, there was consistency across states in the risk factors that mattered most in both the prospective and retrospective samples for predicting long-term, serious and violent reoffending post-supervision (externalizing behaviors/attitudes, family-related risk factors, externalizing behaviors and poor performance in school, and negative peers). Unfortunately, youth rarely received services that addressed these key risk factors.

While the Youth Protective Factors Study did not have the resources to examine the case-level match between youth's risk factors and services received, aggregate service participation data showed that only 19 to 36 percent of moderate- and high-risk youth received services that targeted these risk factors across states. For example, only 22.5 percent of moderate- to high-risk youth in one state and 36 percent in another state received family-related services while less than 30 percent of moderate- to high-risk youth received behavior- and attitude-related services. Instead, the most common services youth received across the 3 states fell within 5 areas, as shown in Table 2:

Table 2: Most Common Services Received Among Referred Youth

Service	Service Type	Proportion of Youth Received
Mental health counseling (includes individual, group, partial hospitalization)	Responsivity-Related	30.5%
Victim empathy training	Risk-Reduction	18.1%
Work placement	Strength-Based	17.7%
Effective Practices in Community Supervision curriculum (EPICS)[8]	Risk-Reduction	16.9%
Drug and alcohol counseling	Risk-Reduction	12.4%

As noted, mental health counseling does not prevent reoffending. Yet not only was this the most common service received across all youth, it was the most common service received among moderate- to high-risk youth in every state, with 43.6 percent to 63 percent of these youth getting it. Likewise, work placements are not designed to target youth's dynamic risk factors, and there is little evidence that vocational programs prevent recidivism.[9] In addition, the most common risk-reduction services that youth received, with the potential exception of EPICS, do not target youth's externalizing features, family functioning, negative peers, or school behaviors. In contrast, drug and alcohol counseling targets a risk factor (substance misuse) that the study has shown was the *least* associated with long-term, serious reoffending for all but the youngest youth.

Fourth, few youth received services that were categorized as evidence based. Even if youth receive services that target the key risk factors associated with reoffending, services should have some research evidence demonstrating their effectiveness to reduce reoffending. Yet only 19.5 percent, 16.6 percent, and 1.6 percent of youth, respectively, across the 3 states received a service that was considered evidence based including "name-brand" programs such as Functional Family Therapy or more generic evidence-based interventions like cognitive behavioral therapy (CBT). Instead, the most common risk-reduction services that youth received, like victim empathy training and drug and alcohol counseling, have limited evidence of effectiveness, especially for addressing violent behavior.[10]

Implications

- **Jurisdictions must focus their service systems on high-risk youth, priority dynamic risk factors, and evidence-based approaches.** Achieving this goal will require jurisdictions to implement an interconnected set of improvement strategies at three different levels:

  1. **Juvenile Justice System Decision-Making:** Juvenile justice systems need to better target services—especially risk-reduction services—to higher-risk youth, tailor services to address youth's individualized risk factors (in conjunction with mental health services if needed), and ensure youth receive adequate doses of high-quality services to reduce their risk of recidivism. This will require systems to develop more detailed and directive risk and needs assessment, case planning, service matching, and service oversight policies and practices. Likewise, systems need to invest in ongoing quality assurance and data collection activities to track progress and troubleshoot service matching and engagement challenges in real time.

  2. **Service System:** As per feedback from probation officers in the study states, juvenile justice systems can't fully implement RNR best practices if there are limited to no community-based services for their high-risk youth and/

or services that target priority risk factors. For example, officers shared that they often referred youth to mental health counseling even though they knew youth needed risk-reduction services, because mental health counseling was the only service available in their community. State and local leaders committed to improving public safety need to convene juvenile justice and other youth and family service systems to identify youth's service needs, evaluate service gaps (population, needs, and geography), and develop a plan for leveraging and coordinating funding across systems (Medicaid, Family First, state funding, etc.) to address these gaps. Jurisdictions should strategically deploy funding for risk-reduction services for high-risk youth that target youth's key risk factors and for models that are research-based such as variants of CBT and family therapy.[11]

3. **Provider Capacity and Expertise:** At the most foundational level, providers or staff must exist to deliver appropriate services. Study participants noted (1) a dearth of service providers generally, especially in rural communities, (2) a lack of providers willing to work with high-risk youth; (3) high staff vacancy rates, leading to months-long waiting lists; and (4) continuous staff turnover that undermined the fidelity of evidence-based approaches. To address these capacity gaps, policymakers must ensure provider reimbursement rates and staff salaries are commensurate with the implementation of evidence-based services and the high-risk youth population being served. At the same time, jurisdictions must ramp up staff hiring, retention, training, and wellness improvement initiatives to enhance the youth service workforce's expertise and stability.

Key Finding 4: Youth who participated in risk-based services were no less likely to reoffend than youth who did not participate in such services.

The second Youth Protective Factors Study brief detailed that youth who participated in strength-based services were more likely to reoffend post-supervision than youth who did not. While the findings for risk-reduction services were not as consistently negative, it's not altogether surprising, given the challenges highlighted above, that youth who participated in risk-reduction services were no less likely to reoffend post-supervision than youth who did not receive these services. As per Table 3, in State 1, participation in risk-reduction services *increased* the likelihood of any post-supervision recidivism by 74 percent; in State 2, participation in risk-reduction services had no significant effect on post-supervision recidivism.

Table 2: Most Common Services Received Among Referred Youth

Any Risk Service Received	Any Reoffending	Violent Reoffending
State 1	HR = 1.74*** CI(1.31, 2.32)	HR = 1.46 CI(0.80, 2.69)
State 2	HR = 0.70 CI(0.43, 1.12)	HR = 0.78 CI(0.44, 1.39)

*Note: HR = hazard ratio,[12] CI = Confidence Interval, and * denotes level of statistical significance.*

As was the case for strength-based services, these analyses included only youth who received any services and used inverse propensity score weighting[13] to control for baseline variables associated with youth's likelihood of receiving risk-reduction services, including demographics, economic status, risk level, disposition, and severity of offense. These findings held steady across a range of analyses.

Implications

- **Jurisdictions need to tighten the mission and improve the performance of their juvenile justice and related service systems to improve public safety.** Recent concerns about youth crime and violence have led some states to arrest and incarcerate more young people and make it easier to transfer youth to the adult system. However, this approach is expensive and ineffective. The Youth Protective Factors Study findings, when taken together, reveal a better path forward.

First, jurisdictions should stop arresting and referring low-risk youth to court. These youth are more likely to be harmed than helped by system involvement, are often not receiving services from the system anyway, and aren't likely to reoffend even without services.

Second, juvenile justice systems should focus their resources on higher-risk youth. In particular, systems need to prioritize assessment, case management, and service referral strategies that target the risk and protective factors that matter most for long-term, violent reoffending.

Finally, jurisdictions need to invest far more staff time, attention, and resources in improving their service systems for higher-risk youth. This must occur in an intentional way with a focus on building the capacity and expertise of community-based providers to deliver evidence-based services that target youth's key risk and protective factors. This effort will require policymaker support, cross-system collaboration, and a commitment to investing in effective, targeted services rather than relying exclusively on "accountability-based" approaches. Such strategic investments will ensure limited resources are used efficiently to improve both public safety and youth outcomes statewide.

End Notes

1. Andrews, D. A. & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law,* 16, 39–55, doi: 10.1037/a0018362.
2. National Research Council, *Reforming juvenile justice: A developmental approach* (The National Academies Press, 2013), https://doi.org/10.17226/14685.
3. Cauffman, E., Beardslee, J., Fine, A., Frick, P.J., & Steinberg, L. (2020). Crossroads in juvenile justice: The impact of initial processing decision on youth 5 years after first arrest. D*evelopment and Psychopathology,* 1–14. doi:10.1017/S095457942000200X.
4. Vincent, G. M., Skeem, J., & Weber, J. (2024). *Youth Reoffending: Prevalence and Predictive Risk Factors in Two States*. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Law & Psychiatry Program. https://doi.org/10.13028/219x-vs03.
5. Ibid.
6. Dosage units were calculated based on the number of days a particular service was attended (end date minus start date) divided by the number of days spent on supervision.
7. McCormick, S., Peterson-Badali, M., & Skilling, T.A. (2017). The role of mental health and specific responsivity in juvenile justice rehabilitation. *Law and Human Behavior, 41,* 55–67. https://doi.org/10.1037/lhb0000228; Skeem, J.L., Manchak, S., & Peterson, J.K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35,* 110–126. https://doi.org/10.1007/s10979-010-9223-7.
8. The EPICS model combines foundational correctional intervention research with recent findings in community supervision. Using this model, officers follow a structured approach to client sessions to apply the principles of effective intervention and core correctional practices specifically to community supervision practices.
9. Treskon, L., Sacks, V., & DeCoursey, J. (2022). *Reconnecting Young People to School and Work: A Map of Evidence and Opportunities*. MDRC, https://www.mdrc.org/work/publications/reconnecting-young-people-school-and-work.
10. Kimbrell, C. S., Wilson, D. B., & Olaghere, A. (2023). Restorative justice programs and practices in juvenile justice: An updated systematic review and meta-analysis for effectiveness. *Criminology & Public Policy, 22*(1), 161–195. Tanner-Smith, E. E., Lipsey, M. W., & Wilson, D. B. (2016). Juvenile drug court effects on recidivism and drug use: A systematic review and meta-analysis. *Journal of Experimental Criminology, 12*(4), 477–513.
11. Washington State Institute of Public Policy. *Benefits-Cost Results: Juvenile Justice*. https://www.wsipp.wa.gov/BenefitCost?topicId=1.
12. A hazard ratio is a measure of how the risk of an event over time compares between two groups; a value above 1 means higher risk in the treatment group, and below 1 means lower risk.
13. Inverse propensity score weighting adjusts for differences between groups by weighting individuals based on how likely they were to receive the services, helping to approximate the balance of a randomized study.

Visit the Law & Psychiatry Program online at umassmed.edu/lawandpsychiatry/

Recommended Citation: Skeem, J., Vincent, G. M., Weber, J., Jian, L., Pendleton, J., & Rice, K. (2025). *Risk-Based Services, Reoffending, and Rethinking Service Approaches for Justice-Involved Youth*. Worcester, MA: UMass Chan Medical School, Department of Psychiatry & Behavioral Sciences, Law & Psychiatry Program.

This grant was funded by the National Institute of Justice #2020-JF-FS-0005. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.