IDEA QUESTIONS PREDICTIVE OF RECIDIVISM

Washington State Department of CHILDREN, YOUTH & FAMILIES

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Introduction

The Integrated Developmental Evaluation and Assessment (IDEA) replaced the Integrated Treatment Assessment (ITA) as Juvenile Rehabilitation's (JR's) risk and needs assessment in 2022. JR adapted the IDEA from the Juvenile Court Assessment Tool (JCAT). The JCAT was an adaptation of the Positive Achievement Change Tool (PACT) for Washington's juvenile state courts. These various adaptations of the original PACT assessment have been or are currently intended to measure criminogenic risks and needs. Measuring criminogenic needs means that responses to the questions on the assessment are intended to identify client need or risk factors that indicate an increased likelihood of future criminal behavior.

The full IDEA assessment has 9 domains: Criminal History, School, Associations, Family, Drug and Alcohol, Mental Health, Attitudes and Behaviors, Aggression, and Skills (or 120 total questions). The full assessment is only administered once per obligation, within the first 30 days after admission. All domains except the Criminal History domain include dynamic questions, meaning that the responses to those questions could change over time. For example, a person cannot change the age at which they were first adjudicated for a crime, but their level of impulsiveness could change over time. There are 81 questions on the IDEA that are considered dynamic. These 81 questions are reassessed during a client's residential stay in JR. Reassessments are expected every 120 days for each client. Both the initial and reassessments are currently being completed by a small, specialized team. The team's main function and responsibility is completing the IDEA and other intake assessments[1]. This analysis was prompted by conversations related to transitioning the responsibility of reassessments to case managers instead of the Intake team. The goal of the current analysis is to contribute to the overall body of work intended to reduce the number of items on the assessment, including recent factor analysis of the IDEA assessment[2], and projected work related to changes in clients' IDEA scores over time.

Ideally, a reduction in the number of items on the reassessments would have three benefits. First, it would reduce the amount of time case managers would need to spend completing the assessment. This would ideally provide more time to complete other case management responsibilities. The second benefit of reducing the number of items is that the reduction of items could mitigate the anticipated negative impacts to reliability. Often, when the number of staff conducting the assessment increases and the specialization of staff function decreases, consistency among assessors' response choice also decreases. Lastly, we could reduce the number of questions that clients are asked, particularly if they do not inform any decision-making. This should help to decrease assessment fatigue or burnout for those being assessed regularly.

[1] Other intake assessments include the Sexually Aggressive & Vulnerable Youth assessment (SAVY) and the Sexual Orientation, Gender Identity, and Expression (SOGIE) assessment.

[2] Factor analysis of the integrated developmental evaluation and assessment (IDEA)

This analysis will prevent the removal of questions that have a significant relationship to recidivism, which is often used as the outcome measure used to create predictions of future criminality. The results of this analysis may be used to better target supports for clients whose response to questions on the assessment indicated an elevated likelihood of recidivism.

Methods

For this analysis, all clients who released between July 1, 2022, and January 31, 2024, were included, totaling 449 residential releases. Then both the initial IDEA and final reassessment questions and responses were matched to the clients. Those clients who transferred to DOC[3] or those who immediately began serving a new residential obligation in JR were removed from the sample (N = 45). In addition, clients who had not received an IDEA assessment were excluded from the analysis (N = 107 releases). Not all clients who received an initial IDEA assessment received a reassessment (N = 82). The final dataset included a total of 297 initial IDEA assessments and 215 final reassessments.

Recidivism was defined as an offense that occurred within six months of a client's release date and was adjudicated[4] within 18 months of release. It is important to note that this is a departure from the historical definition used in OIAA reports and evaluations, which has a lengthier follow-up period. Reducing the follow-up period for this analysis enlarged the number of cases and increased our ability to measure differences in questions and responses' relationship to recidivism. The rate of any recidivism for clients released between July 1, 2022 and January 31, 2024 was 27% and the rate of violent felony recidivism was 16%.

Logistic regression was used to determine if there was a significant relationship between each individual question and response option on the initial and final reassessments and the likelihood of any recidivism and violent felony recidivism[5]. The result was a total of 382 models.

Attempts were made to analyze questions as continuous variables for most of the regression models. This means that responses to each question were coded so 0 indicated low risk and higher numbers indicated higher risk.

[3] A client is determined to have transferred to a DOC facility if their Current Earned Release Date (CERD) is a later date than their actual release from JR. For example, if a client releases from JR in 2020, but their CERD date one day prior to transfer listed 2030, it is assumed that they were transferred to finish serving their obligation.

[4] Only those offenses with convicted, deferred, or diverted adjudication types count towards recidivism indicators in the current analysis.

[5] Violent felony recidivism is a subgroup included in any recidivism but specifies a law severity code greater than 99.

In some instances, no such ordering could be determined. For those questions, regression models were run using categorical independent variables, meaning each response was measured against the likelihood of one response to the question, or the comparison response. A good example of this is in the Associations domain. The question asks if the client is currently in a romantic, intimate, or sexual relationship. The response options are that they [the client] are either: not romantically involved, they are romantically involved with a pro-social person, or they are romantically involved with an anti-social person. In this question, it is difficult to determine whether it is less risky to not be romantically involved at all, or to be romantically involved with a pro-social person, given the age of JR's population. The PACT, which became the JCAT, was validated for use with clients under age 18 in a community setting on probation[6]. Therefore, ordering questions for a younger group may be more straightforward than it is for older clients. The model for this question, therefore utilized "being romantically involved with a pro-social person" as a comparison group, and the two other response options (and their likelihood to recidivate) were compared to that group's likelihood of recidivism.

For questions with non-exclusive response options, meaning that more than one response can be selected per question, the response option with the least risk was coded as 0, and each additional response selected added 1. This means that the models did not measure specific combinations of response selections' effect on the likelihood of recidivism. Instead, the assumption was having a greater number of responses selected indicated greater risk.

Individual response options with fewer than 10 cases were combined with other responses if possible or were omitted from analysis. One example is a question about a family's willingness to support the youth. Responses were combined to create a dichotomous variable which indicated whether a client's family was willing to support them or was not willing to support them. For some questions, there was a lack of variability in client response selection. This means that clients nearly always had the same responses on certain questions, so no difference could be measured. Due to issues with determining response ordering, or a lack of variability in client response selection, some questions were not analyzed.

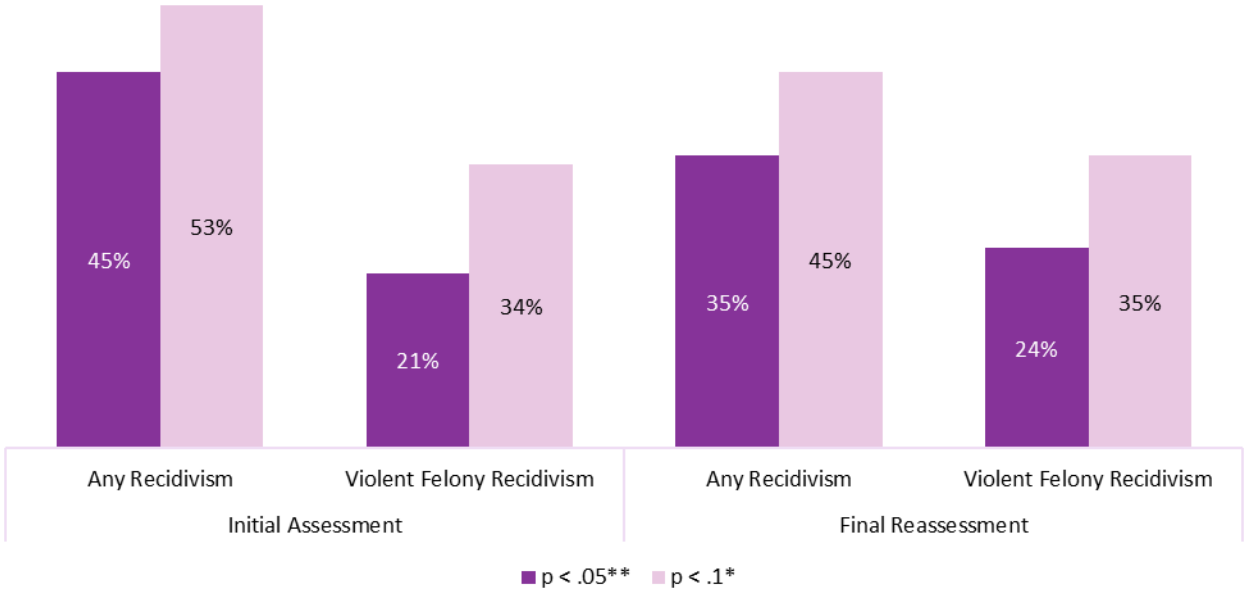
Results

Initial assessments had the greatest number of questions that were significantly related to any recidivism. Fifty-three percent of questions on the initial IDEA assessment were significantly related to any recidivism, utilizing a significance threshold of $p < .1$ (that is, the probability that the relationship we observed is due to chance is less than 10%)[7]. Figure 1 below shows the percentage of questions on both the initial assessment and final reassessment that were significantly related to any recidivism and violent felony recidivism. For social science research, a significance threshold of .05 is standard. Due to small sample sizes, both a .05 and .1 threshold are presented.

[6] Baglivio, M. T., & Jackowski, K. (2012). Examining the Validity of a Juvenile Offending Risk Assessment Instrument Across Gender and Race/Ethnicity. *Youth Violence and Juvenile Justice*, *11*(1), 26-43. https://doi.org/10.1177/1541204012440107 (Original work published 2013).

[7] Please contact the author at alexandra.goins@dcyf.wa.gov for detailed statistical tables that include variable ordering, recidivism rates, and odds ratios produced by the logistic regression models run.

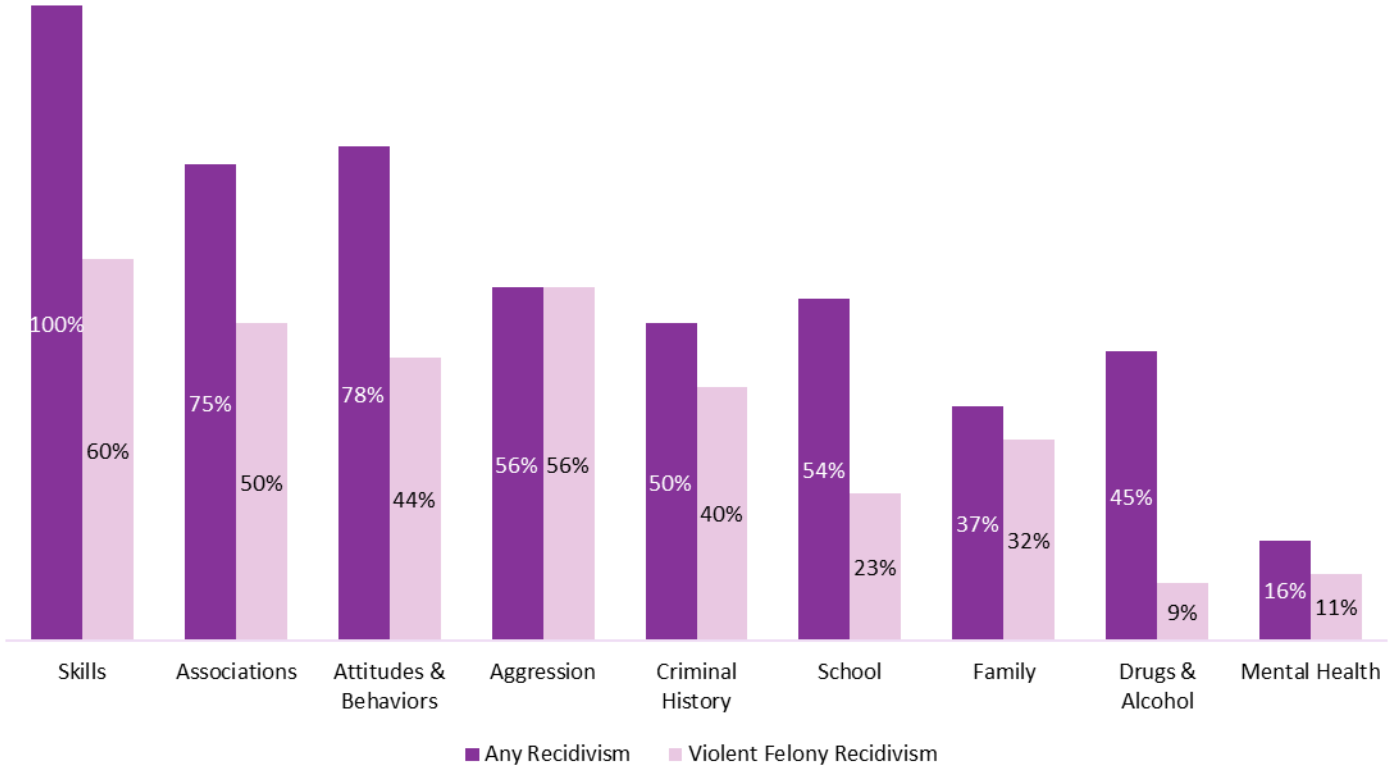
Figure 1:
Percent of Total IDEA Questions Significantly Related to Any Recidivism and Violent Felony Recidivism, by Assessment Type and Significance Threshold



Data source: DCYF Juvenile Rehabilitation. (September 2025). Automated Client Tracking (ACT)[2022-2025]. Conviction data provided by Washington State Center for Court Research (August 2025)[2008-2025].

Figure 2 below shows the percentage of questions for each domain on the initial IDEA that are significantly related to any recidivism and violent felony recidivism. The Skills domain had the highest percentage of questions related to any and violent felony recidivism, followed by Associations, and then Aggression. Every question in the Skills domain is significantly related to any recidivism on the initial IDEA assessment. The Skills domain was the only domain on the assessment where this was true.

Figure 2:
Percent of Initial IDEA Questions Significantly Related to Any Recidivism and Violent Felony Recidivism per Domain (p<.1)

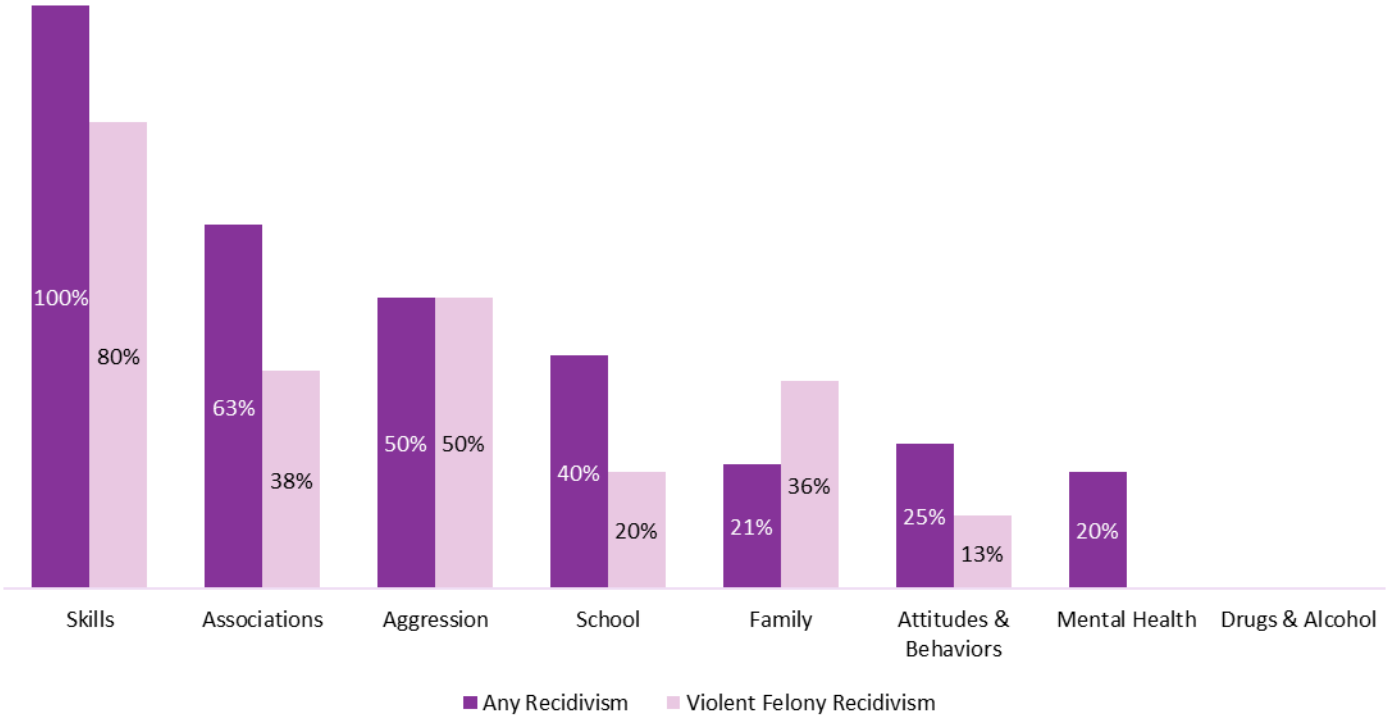


Data source: DCYF Juvenile Rehabilitation. (September 2025). Automated Client Tracking (ACT)[2022-2025]. Conviction data provided by Washington State Center for Court Research (August 2025)[2008-2025].

The Aggression domain had an equal percentage of questions related to any or violent felony recidivism and was the only domain where this was true. In six of the nine domains, or two-thirds, 50% or more of the questions in the domain were significantly related to any recidivism. The Family, Drugs and Alcohol, and Mental Health domains had fewer than 50% of questions that were significantly related to any recidivism (See Figure 2).

Figure 3 below shows the percentage of questions for each domain on the final IDEA reassessment that are significantly related to any recidivism and violent felony recidivism. The Skills, Associations, and Aggression domains were the domains with the highest percentage of questions with significant relationships to recidivism. Again, the Aggression domain had an equal number of questions that were significantly related to any recidivism and violent felony recidivism. Interestingly, the Family domain had a greater percentage of questions significantly related to violent felony recidivism than any recidivism. Unlike the initial assessment, only 3 out of 8 (38%) domains on the final reassessment have 50% or more questions that are significantly related to any recidivism.

Figure 3:
Percent of Final Reassessment IDEA Questions Significantly Related to Any Recidivism and Violent Felony Recidivism per Domain (p<.1)



Data source: DCYF Juvenile Rehabilitation. (September 2025). Automated Client Tracking (ACT)[2022-2025]. Conviction data provided by Washington State Center for Court Research (August 2025)[2008-2025].

There was a total of 20 questions, some of which are only asked on the initial assessment, that were significantly related to any recidivism and felony recidivism on both the initial assessment and final assessment. Nearly all the questions on the initial or final reassessment that were significantly related to any recidivism or violent felony recidivism had a positive relationship, meaning that as risk increased in the response selection, so did the risk for recidivism. Having a history of depression was the only question where having what we perceived to be the higher risk response had an inverse relationship to risk for recidivism. Clients who had a history of anxiety, depression, or both, were significantly less likely to have either recidivism type than clients who did not have a history of anxiety or depression. This relationship was significant for both recidivism types. Table 1 below lists the questions that were significantly related to both types of recidivism on both assessment types (where applicable).

Table 1:

Questions Significantly Related to Both Any and Violent Felony Recidivism (p <.05)

N/A	Initial IDEA Assessments (N = 297)		Final IDEA Reassessments (N = 215)	
Question	Significantly Related to ANY Recidivism	Significantly Related to VIOLENT FELONY Recidivism	Significantly Related to ANY Recidivism	Significantly Related to VIOLENT FELONY Recidivism
Age at First Offense	✓	✓	N/A	N/A
Misdemeanor referrals	✓	✓	N/A	N/A
Against-person misdemeanor referrals	✓	✓	N/A	N/A
Age at first expulsion or suspension	✓	✓	N/A	N/A
History of expulsions and suspensions	✓	✓	N/A	N/A
History of successful employment	✓	✓	✓	✓
Current friends/companions youth actually spends time with	✓	✓	✓	✓
Currently admires/emulates anti-social peers	✓	✓	✓	✓
Current resistance to anti-social peer influence	✓	✓	✓	✓
History of youth's alcohol abuse	✓	✓	N/A	N/A
Youth is a special education student or has formal diagnosis of SE need due to ADD/ADHD	✓	✓	N/A	N/A
History of depression	✓	✓	N/A	N/A
Belief in yelling and verbal aggression to resolve a disagreement or conflict	✓	✓	✓	✓
Control of aggression	✓	✓	✓	✓
History of reports/evidence of violence not included in criminal history	✓	✓	✓	✓
Current reports/evidence of violence not included in criminal history	✓	✓	✓	✓
Goal Setting	✓	✓	✓	✓
Problem Solving	✓	✓	✓	✓
Situational perception	✓	✓	✓	✓
Control of impulsive behaviors that get youth into trouble	✓	✓	✓	✓

Data source: DCYF Juvenile Rehabilitation. (September 2025). Automated Client Tracking (ACT)[2022-2025]. Conviction data provided by Washington State Center for Court Research (August 2025)[2008-2025].

Discussion & Conclusion

There were several limitations in this analysis. First there was a small sample size of clients who had either an initial IDEA only, or an initial and final reassessment prior to their residential release from JR. This prevented any examination of significant relationships by client subgroup (age, race/ethnicity, gender, etc.). This is an

important note, as there may be other factors driving relationships. For example, clients who have graduated high school or have dropped out or been expelled for more than six months at their initial assessment will receive “N/A” as a response option (which were not included in analysis) to several questions in the School domain. As younger clients are less likely to have graduated, models may be capturing differences based on age rather than the question and response. Additionally, ordering the response options was not straightforward for each question type and was also restricted by group size. For example, on questions where assessors may select multiple response options for a question, this analysis did not capture whether a particular combination of answers results in a greater likelihood to recidivate but assumed that a greater number of responses selected indicates greater risk.

Due to the small sample size, models that were marginally significant ($p<.1$) were presented in this report. Caution should be taken in interpreting marginal relationships. A marginal relationship could mean that a stronger relationship may exist if there were more cases to analyze. It may also mean that the relationship is extraneous or inflated by the behavior of a small group of respondents.

Limitations aside, this analysis demonstrates that a large proportion of questions asked on both the initial and final reassessments are not related to recidivism. This analysis can help to inform decisions about the removal of any IDEA items to streamline the assessment for case management but should not be the only analysis consulted to determine item removal. For example, if the only use of the IDEA was to predict recidivism, then this analysis would suggest the removal of nearly 50% of items. This would be a substantial reduction in items. Even if a question is not predictive of recidivism there may be other valuable uses for continuing to collect the information, such as treatment referrals, that should be considered.

Future analysis will explore the creation of a risk score that combines both historical and dynamic questions. The focus will be on those dynamic questions that can be changed or improved. We will also focus on the consistency of these predictions across gender, age, and race, to ensure any risk score is not biased against one specific group. And finally, we will continue to monitor how the IDEA is associated with future outcomes. This information should not be used as the sole source of information for decision making, but it can be part of a broader determination when making placement and treatment decisions. Future analysis will further outline how this can be implemented effectively.

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