

JCP Interim Review Instructions Version 1.2

GENERAL INFORMATION

Who must have an interim review? A JCP Interim Review must be conducted for each youth who has received JCP prevention services (a review is not required for youth who received only basic and/or diversion services).

When is a review required? The JCP Interim Review should be completed at the time the youth is terminated from JCP services whenever this occurs, **AND** after six months and twelve months of JCP Prevention services, if applicable. A window of two weeks on either side of the six-month, twelve-month or termination date is acceptable.

PART I. EVALUATOR, YOUTH BACKGROUND, AND SERVICE INFORMATION

Evaluator and Youth Background. Complete ALL the information at the top of the JCP Interim Review form. If youth is an offender, enter county of jurisdiction; if youth is a non-offender, enter county of residence.

1.0 JCP SERVICE INFORMATION

- 1.1 JCP Service “start” or “open” date:** Enter the date that JCP service in your agency’s program began. If you are completing a single interim review for a youth who has received multiple JCP services, enter the earliest JCP service date. (Note: do not include dates for services previously reported as terminated). Enter first service or “open” date in a JCP-funded prevention service.
- 1.2 JCP Service End Date:** If JCP services have terminated, enter the last date of service, or the date the youth was placed on “closed” or “inactive” status.
- 1.3 Program/Service Status:** Enter the appropriate Program/Service Status Code. If youth did not participate in a JCP Prevention Service, **check “8 Other” and specify “Not JCP.”**
- 1.4 Status at end of services:** Enter status at termination or at time case was designated “inactive” (inactive status is used by some programs for purposes of follow-up after a youth has completed the prescribed program).
- 1.5 Targeted Areas:** If JCP services were delivered to address risks in one or more risk domains, such as school issues, or substance abuse issues, identify those domains here (check all that apply). If the JCP services for this youth did not address a specific problem area, check “not specified.” If “other” describe in 1.6.
- 1.7 Type of Service Provided:** Check the general types of JCP services provided to reduce identified risk factors and/or enhance protective factors. For flexible, wrap-around, and/or vouchered services, check the category(s) that best describe the type(s) of services the youth received. If other services were provided that do not fit in any of these categories, describe them in 1.8.

PART II. INDICATORS

Important: This is not a structured interview. Part II is an answer sheet, which includes the definitions for each risk and protective indicator.

Instructions: Using the risk and protective indicator definitions on the attached JCP Interim Review, assess the youth’s status six months after date of initial JCP screen/assessment, or at termination of JCP services, whichever occurs first.

PART III. SOURCES AND NEW ASSESSMENTS

- 9.0 Sources:** Check all sources of information used to complete the interim review. Use of multiple sources increases the reliability of the review.
- 10.0 New Assessments:** Check any assessments that have been conducted since the previous screen or review.

WHAT TO DO WITH THIS FORM

After you have completed the instrument, retain the original and send a copy to the designated contact for your department, agency, or county.

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PART I. REVIEWER, YOUTH BACKGROUND, AND SERVICE INFORMATION

EVALUATOR AND YOUTH BACKGROUND. Fill in ALL the information requested below.

Youth ID (if applicable)		JJIS #(if available)			Youth's Last Name		Youth's First Name		Middle Initial(s)		
Male	Female	Mo	Day	Yr					Mo	Day	Yr
Gender		Date of Birth			Reviewer Last Name		Reviewer First Name		Review Date		

County of Jurisdiction (offender): _____ Zip Code (Youth's permanent residence): _____

County of Residence (non-offender): _____

JCP Program/Service

1 _____ 2 _____
 3 _____ 4 _____

1.0 JCP SERVICE INFORMATION

1.1 First JCP Prevention Service Start or "Open" Date __/__/__

1.2 Last JCP Prevention Service Termination or "Closed" Date __/__/__ (if applicable)

1.3 Program/Service Status (*check only one*)

- 1 Still active at time of review.
- 2 Inactive at time of review. Date placed on inactive status: __/__/__
- 3 Terminated at time of review **[GO TO 1.4]**

or

Youth did not participate in JCP prevention service or program (*select reason from list below*)

- 4 Unable to contact youth or family
- 5 Youth or parent refused/declined
- 6 No show: Youth or family did not show up for service/program
- 7 Appropriate service not available
- 8 Other (specify) _____

If "no participation," STOP HERE

1.4 If youth is inactive or terminated at time of review, did he/she complete program requirements?

- 1 Yes, generally completed program requirements
- 2 No, did not complete program requirements
- 9 Don't know

1.5 RISK AREAS TARGETED BY JCP SERVICE PLAN DURING THE REPORT PERIOD (*check all that apply*)

- 1 School Issues
- 2 Peer Relationships
- 3 Antisocial Behavior
- 4 Family Functioning
- 5 Substance Use
- 6 All of the above
- 7 Not specified
- 9 Don't know, unknown
- 1.6 Other (specify) _____

1.7 JCP PREVENTION SERVICES PROVIDED TO YOUTH'S IDENTIFIED RISK FACTORS (*check all that apply*)

- 1 **Direct interventions** specifically designed to address risk factors (i.e., services to increase school success, decrease acting out or delinquent behaviors, reduce substance abuse, improve family functioning, and/or increase positive peer associations)
- 2 **Case management or case coordination services** (include multi-agency service teams)
- 3 **Support services** (include basic needs, childcare, health, housing, recreation, transportation, etc.)

1.8 Other (describe) _____

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Important: This is not a structured interview.

For sample interview or survey questions, please see the Screener Prompt Sheet, Interview questions, or Youth and Parent/Family Surveys in the OJCP Screen/Assessment User's Guide or on the web at <http://www.npcresearch.com>. If you don't have sufficient information, check the middle column "More Info. Needed".

PART II. INDICATORS			
2.0	SCHOOL ISSUES	More Info. Needed Yes No	Score ¹
	<i>*Some of these items may not be applicable if youth has graduated from high school or has completed, or is currently working on, a GED. If youth is being assessed during the summer, code the last regular semester and use the last month of school for the "past month" questions.</i>		
PF2.1	Significant school attachment/commitment (has significant attachments, beliefs, commitment and/or involvement with and within his/her school; motivated to do well in school).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.2	Academic failure (recently failed, or currently failing two or more classes; not meeting minimal academic standards; not performing at grade level appropriate to youth's age).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.3	Chronic truancy (skips school at least once a week, or has more than four unexcused absences in past month).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.4	School drop out (has stopped attending school or is not enrolled. Do not count if graduated, completed/working on GED, or attending alternative education/trade program).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.5	Static Risk Indicator - Included on Initial Screen only. ²		
C2.6	Suspension(s) or expulsion(s) from school during past month.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF2.7	Family actively involved in helping youth succeed in school (helps with homework, provides transportation to school, talks with teachers, etc.).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.0	PEER RELATIONSHIPS	More Info. Needed Yes No	Score
PF3.1	Friends disapprove of unlawful behavior (associates on a regular basis with <u>more than one friend</u> who disapproves of unlawful acts such as stealing, physically hurting others, vandalism, etc.).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R3.2	Friends engage in unlawful or serious acting-out behavior (has <u>one or more friends</u> or routine contact with peer(s) who actively engage in unlawful behaviors including delinquency, substance abuse, or violent activities). ³	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R3.3	Has friends who have been suspended or expelled or dropped out of school (associates with <u>one or more friends</u> (has <u>one or more friends</u> or routine contact with peer(s) who have been suspended, expelled, or dropped out of school).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF3.4	Has friends who are academic achievers (has friendships and meaningful acquaintances with <u>more than one other youth</u> achieving academic excellence).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

¹ Only dynamic indicators and change/evaluation measures are scored. Each item where a circle is checked receives a score of "1."

² Only dynamic indicators from the Initial Screen are included on the Interim Review

³ = indicators related to risk for serious/violent behavior for youth ages 12 and over.

= indicators related to risk for serious/violent behavior for youth ages 6 to 11.

* = indicator related to risk for serious/violent behavior for youth of any age.

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4.0	BEHAVIOR ISSUES	More Info Yes No	Score
4.1			
C4.2	Aggressive, disruptive behavior at school during past month (<i>stealing, fighting, bullying, threatening, shunning, starting rumors/ malicious gossiping</i>).	○ □ □	
R4.3			
R4.4			
PF45	Involved in constructive extra-curricular activities (<i>sports, clubs, music, theater, other arts, student or religious groups</i>).	■ □ □	
R4.6			
C4.7	Recent runaway (<i>in past month, has run away for an extended period [1 week or more], or has had repeated [3 or more] short [1 to 3 days] runaway episodes</i>).	○ □ □	
R4.8			
C4.9	In past month, youth's behavior has hurt others or put them in danger* (<i>limit to physical harm or threats; e.g., carried weapon, attacked someone with the idea of seriously hurting him/her, driving under the influence of drugs/alcohol</i>).	○ □ □	
R4.10			
C4.11	In the past month, youths behavior has hurt or put her/him in danger (<i>limit to physical harm or threats; e.g., attempted suicide, riding in a vehicle with a teenage driver who had been drinking or using drugs, taking other excessive risks</i>).	○ □ □	
5.0	FAMILY FUNCTIONING	More Info Yes No	Score
PF5.1	Communicates effectively with family members (<i>shared communication is both verbal and nonverbal and includes establishing and maintaining healthy relationship boundaries</i>).	■ □ □	
R5.2	Poor family supervision and control (<i>family does not know where the youth goes, what he or she does, or with whom, and has little or no influence in such matters</i>).	○ □ □	
R5.3	Serious family conflicts (<i>people in youth's family often yell at and insult each other, in ways that make the youth uncomfortable or unhappy</i>).	○ □ □	
R5.4			
C5.5	Child abuse/neglect or domestic violence reported during past month.	○ □ □	
R5.6	Criminal family members (<i>family member or someone in youth's household has history of criminal behavior that is having an impact on youth's current behavior</i>).	○ □ □	
R5.7	Substance abusing family member (<i>family member[s] has/have a history of substance abuse and drug related behavior that is having an impact on youth's current behavior</i>).	○ □ □	
R5.8			
5.9	Family trauma/disruption since previous review.	○ □ □	
PF5.10	Has close, positive, supportive family relationship with at least one family member (<i>youth feels close to and able to share issues of concern with at least one family member; and/or at least one family member has a supportive relationship with the youth, encourages the youth, and provides recognition for achievements</i>). Does not count as protective factor if relationship encourages /supports criminal behavior.	■ □ □	

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6.0	SUBSTANCE USE	More Info. Needed Yes No	Score
R6.1	Substance use beyond experimental use (<i>uses multiple drugs [or combinations of drugs], uses alcohol/other drugs regularly</i>).	○ □ □	
R6.2	Current substance use is causing problems in youth's life (<i>youth is having problems with school, the law, family, friends or community related to alcohol/drug use</i>).	○ □ □	
R6.3			
R6.4			
C6.5	Has been high or drunk at school in the past month.	○ □ □	
R6.6			
PF6.7	Caretaker free of substance abusing behavior <u>during past month</u>.	☐ □ □	
7.0	OTHER NON-JCP ISSUES FOR CASE PLANNING	Need Info Yes No	
PF7.1	Lives in low crime and/or stable, supportive neighborhood (<i>youth perceives neighborhood as friendly, stable, supportive, law-abiding and/or neighborhood has low crime rate</i>).	☐ □ □	
PF7.2	There is an adult in youth's life (other than a parent) she/he can talk to (<i>youth reports having good conversations or connections with an adult, <u>other than a parent</u>, within the last month</i>).	☐ □ □	
7.3	Anti-social thinking, attitudes, values, beliefs (<i>attitudes or values which are accepting of delinquent behavior, drug use, or violence</i>).	☐ □ □	
7.4	Harms or injures animals.	☐ □ □	
8.0	MENTAL HEALTH INDICATORS <i>Youth with multiple mental health indicators are at increased risk of offending. Consider additional mental health assessment and/or services and supervision for these youth.</i>		
8.1	Actively suicidal or prior suicide attempts.	☐ □ □	
8.2	Depressed or withdrawn.	☐ □ □	
8.3	Difficulty sleeping or eating problems.	☐ □ □	
8.4	Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol).	☐ □ □	
8.5	Social isolation: youth is on the fringe of her/his peer group with few or no close friends.	☐ □ □	

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<p>9.0</p>	<p>Sources used for gathering information on this screen/assessment</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> 9.1 Youth</p> <p><input type="checkbox"/> 9.2 Parent/guardian/foster parent</p> <p><input type="checkbox"/> 9.3 Sibling</p> <p><input type="checkbox"/> 9.4 Other family member</p> <p>Specify: _____</p> <p><input type="checkbox"/> 9.5 Police report</p> <p><input type="checkbox"/> 9.6 Juvenile record</p> <p><input type="checkbox"/> 9.7 Juvenile department staff</p> <p><input type="checkbox"/> 9.8 School record</p> <p><input type="checkbox"/> 9.9 School staff</p> <p><input type="checkbox"/> 9.10 Social service agency record</p> <p><input type="checkbox"/> 9.11 Social service agency staff</p> <p><input type="checkbox"/> 9.12 Other (specify) _____</p>
<p>10.0</p>	<p>Assessments youth has received since last screen or review</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> 10.1 Alcohol/Other Drug</p> <p><input type="checkbox"/> 10.2 Culturally-specific</p> <p><input type="checkbox"/> 10.3 Developmental (MRDD)</p> <p><input type="checkbox"/> 10.4 Educational</p> <p><input type="checkbox"/> 10.5 Family</p> <p><input type="checkbox"/> 10.6 Firesetter</p> <p><input type="checkbox"/> 10.7 Gender-specific</p> <p><input type="checkbox"/> 10.8 Language proficiency test</p> <p><input type="checkbox"/> 10.9 Mental Health</p> <p><input type="checkbox"/> 10.10 Strength-Based</p> <p><input type="checkbox"/> 10.11 Suicide</p> <p><input type="checkbox"/> 10.12 Violence</p> <p><input type="checkbox"/> 10.13 Vocational</p> <p><input type="checkbox"/> 10.14 Other (specify): _____</p> <p><input type="checkbox"/> 10.15 Youth has an IEP (Individualized Education Plan)</p>
<p>11.0</p>	<p>This Section on Initial Screen Only</p>
<p>12.0</p>	<p align="center">TOTALS</p> <p>12.1 Total Risk Domains - JJIS and JCP Databases will calculate. To calculate by hand, count number of risk domains where one or more R's (circles) has been checked "yes" (maximum of 5) _____</p> <p>12.2 JCP Evaluation Score (dynamic risk indicators + change/evaluation measures) Count R's & C's (circles) checked "yes" (maximum of 18) _____</p> <p>12.3 Total Protective Factors - count PF's checked "yes" (maximum of 10) _____</p> <p>12.4 Total Mental Health Indicators - count items checked "yes" in Section 8 (maximum of 5) _____</p>