

Instructions: JJIS Version

Important: This is not a structured interview or survey instrument

The OJCP Screen/Assessment was developed to identify dynamic and static risk and protective factors that put youth at risk of delinquency, and to use this information to guide decisions regarding level and type of intervention and/or supervision. For sample interview or survey questions, please see "Quick Screener Prompt Sheet," and Youth and Parent/Family Surveys, available at the following websites: <http://www.npcresearch.com> or <http://www.ojdda.org/>.

PART I. EVALUATOR, YOUTH BACKGROUND, AND SERVICE INFORMATION

Evaluator and Youth Background

Most of the data in the Evaluator and Youth Background section is pre-filled by JJIS. Revisions to pre-filled information must be made in the Youth Notebook.

Evaluator Information: Enter the name of the person who conducted the assessment (this may be different than the person entering the assessment into the database).

Assessment Date: Enter the date the JCP Assessment was conducted (or initiated). **Entry in this field is mandatory.** *When an assessment process takes place over a period of days, a single, fixed date must be identified for the JCP Assessment, and this will be the date that represents the beginning of the process.* The software will remind you to include a date.

Attach Assessment to a Referral: **This step is optional.** On hand-written copy of instrument, enter the date of the referral that is driving this assessment. The person entering the assessment in JJIS should go to "referral" (right side) tab in Assessment notebook, and highlight the referral closest to the date of the assessment (only 1). If there is more than 1, select the referral with the most serious allegation. Click O.K. to save and leave the screen. You will know if you have attached the assessment correctly, because when you leave this page, and return, the referral you first highlighted is still highlighted.

- 1.0 Language:** Before conducting the assessment, complete items 1.1 through 1.3. to help determine if the youth or family needs an interpreter. If either is not proficient in English, please stop the screen/assessment and continue when an interpreter or individual proficient in the youth's and family's language is available.
- 1.4 Race/ethnicity:** Ask youth to self-identify his/her race, ethnicity or cultural heritage. If the youth identifies with more than one race or ethnicity, check all that apply.

PART II. INDICATORS

Instructions: Information for the OJCP Screen/Assessment can be gathered by interviewing the youth, family, and other sources, as well as checking official school, court, and other records. Part II provides an answer sheet for recording identified risk and protective factors. Each item in this section includes the objective criteria for determining whether or not an indicator is present.

Scores: Assessments entered into the JJIS data base are automatically scored. To score manually, enter a "1" for each circle you have checked (these correspond to the risk items, which begin with an "R"). Protective factors and Change factors do not receive a score. If you have checked at least one circle in a domain, then check the box in the left margin.

Important: (1) If you don't have sufficient information, check the middle column "More Info. Needed;" (2) **This instrument** is not a structured interview or survey. It is an answer sheet, and should not be filled out by the youth or parent/guardian.

PART III. SOURCES, NEW ASSESSMENTS, & SCORING

- 9. Sources:** Check all sources of information used to complete the Screen/Assessment. Use of multiple sources increases reliability and is encouraged.
- 10. Other Screens/Assessments Conducted:** Use this section to document specialized screens or assessments that have been conducted for this youth.
- 11. Additional Screens/Assessments Indicated:** Use this section to record areas where the results of the screen/assessment suggest the need for further assessment. Completion of the Oregon Mental Health Referral Checklist is indicated if at least one of the Mental Health Indicators is checked. Additional screening for serious or violent offenders is indicated if at least one of the items marked by a triangle (in the appropriate age grouping for the youth) is checked, or if the youth has come to your attention for a serious or violent behavior or offense.
- 12. Totals:** The OJCP database software will automatically compute the number of domains, evaluation score, total risk factors, and total protective factors - or you can compute manually using the direction provided on the instrument.

For juvenile justice agencies using instrument as a risk-to-reoffend assessment only

Risk Category: Risk levels of low, medium, and high are locally determined, and can be influenced by availability of resources, local policy and public opinion, as well as the risk profile of youth being served. Suggested risk levels, based on the number of risk factors identified are 1-8 (low) 9-13 (medium) and 14 or more (high).

Override: Although use of the override option is a local policy decision, it is recommended that an override be permitted when a youth, in the opinion of the screener, is at greater or lesser risk than the risk score indicates. This could occur, for example, if the youth has one of the "other indicators" in Section 8 of the tool, or is a sex offender, but has a low risk score. It is suggested that overrides be monitored, and be limited to 15% or fewer of all assessments.

Some reasons for override include: sex offender*, domestic violence in home, fire setting, violent offender, presence or absence of protective factors.

***Sex Offenders:** The JCP risk assessment is not designed to assess the probability that a sex offender will re-offend. These youth can score low on this risk assessment, and still be at high risk of committing a new sex offense.

PART I. EVALUATOR, YOUTH BACKGROUND, AND SERVICE INFORMATION

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

Youth ID		JJIS#			Youth's Last Name		Youth's First Name		Middle Initial(s)		
1 Male	2 Female	Mo	Day	Yr	Screener/Evaluator Last Name		Screener/Evaluator First Name		Mo	Day	Yr
Gender		Date of Birth							Assessment Date		
County of Jurisdiction					Zip code (Youth's permanent residence)		Referring Offense ¹		Date offense referred to JD		

1.0 LANGUAGE, RACE, AND CULTURE

Before conducting the assessment, complete this section to help determine if the youth or family needs an interpreter. If either is not proficient in English, please stop the screen/assessment and continue when an interpreter or individual proficient in the youth's or family's language is available.

1.1 Is English youth's primary language?

1 Yes 2 No

1.2 [IF NOT] Ask youth to describe his or her understanding of English:

1 Poor 2 Fair 3 Very Good

1.3 If youth's primary language is not English, what is it?

- 01. Chinese (Mandarin)
- 02. Hmong
- 03. Russian
- 04. Spanish
- 05. Vietnamese
- 06. Other non-English (Specify) _____

1.4 Race/ethnicity/cultural heritage. Ask the youth to self-identify his/her race, ethnicity or cultural heritage from the list below. Check all that apply.

- 01. Black or African-American
- 02. White (Caucasian)
- 03. Asian
- 04. Chinese
- 05. Indian
- 06. Japanese
- 07. Korean
- 08. Vietnamese
- 09. Native American / Alaskan Native
- 10. Native Hawaiian / Pacific Islander
- 11. Hispanic / Latino
- 12. Mexican
- 13. Other (Specify) _____
- 14. Race / Ethnicity Unreported

NOTE: This tool is not intended to be predictive.

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¹ In JJIS, attach screen to referral/offense that led to screening/intake interview.

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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> or www.ojdda.org. If you don't have sufficient information for a "yes" or "no" response, check "More Info Needed."

If you are scoring manually, and want to count the number of risk domains, check the large

box under the domain number

if at least one circle in that domain has been checked.		PART II. INDICATORS	
2.0 <input type="checkbox"/>	SCHOOL ISSUES <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>	More Info. Needed Yes No	Score ²
PF2.1	Significant school attachment/commitment (<i>has significant attachments, beliefs, commitment and/or involvement with and within his/her school; motivated to do well in school.</i>)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.2	Academic failure (<i>recently failed, or currently failing two or more classes; not meeting minimal academic standards; not performing at grade level appropriate to youth's age.</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.3	Chronic truancy (<i>skips school at least once a week, or has more than four unexcused absences in past month.</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.4	School dropout (<i>has stopped attending school or is not enrolled. Do not count if graduated, completed/working on GED, or attending alternative education/trade program.</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R2.5	Suspension(s) or expulsion(s) during past 6 months.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C2.6	Suspension(s) or expulsion(s) from school during past month (answer is "no" if 2.5 is "no").	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF2.7	Family actively involved in helping youth succeed in school (<i>helps with homework, provides transportation to school, talks with teachers, etc.</i>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.0 <input type="checkbox"/>	PEER RELATIONSHIPS	More Info. Needed Yes No	Score
PF3.1	Friends disapprove of unlawful behavior (<i>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.</i>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R3.2	Friends engage in unlawful or serious acting-out behavior (<i>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.</i>) 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 (<i>associates with <u>one or more friends</u> or routine contact with peer(s) who have been suspended, expelled, or dropped out of school.</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF3.4	Has friends who are academic achievers (<i>has friendships and meaningful acquaintances with <u>more than one other youth</u> achieving academic excellence.</i>)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

² Only risk indicators are scored. The risk indicator numbers begin with the letter "R." Each item where a circle is checked receives a score of "1". Items beginning with "PF" are "Protective Factors." Items beginning with "C" are "change indicators" that are included on the initial screen for comparison 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.

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4.0 <input type="checkbox"/>	BEHAVIOR ISSUES	More Info. Needed Yes No	Score
R4.1	Chronic aggressive, disruptive behavior at school starting before age 13 (<i>stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping</i>).	○ <input type="checkbox"/> <input type="checkbox"/>	
C4.2	Aggressive, disruptive behavior at school during past month (<i>stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping</i>).	○ <input type="checkbox"/> <input type="checkbox"/>	
R4.3	Three or more referrals for criminal offenses (<i>misdemeanor or felony charges, such as burglary, theft, assault, vandalism. Exclude curfew, truancy, running away, MIP's, incorrigibility, technical probation violations, violations of local ordinances and infractions</i>).	○ <input type="checkbox"/> <input type="checkbox"/>	
R4.4	Referred for a criminal offense at age 13 or younger (<i>misdemeanor or felony charge. Exclude curfew, truancy, running away, MIP's, incorrigibility, technical probation violations, violations of local ordinances and infractions</i>).	○ <input type="checkbox"/> <input type="checkbox"/>	
PF4.5	Involved in constructive extra-curricular activities (<i>sports, clubs, student or religious groups, practice of music, theater, or other arts</i>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R4.6	Chronic runaway history (<i>has recent or past chronic runaway history involving an extended period [1 week or more] or repeated [3 or more] short episodes [1 to 3 days].</i>)	○ <input type="checkbox"/> <input type="checkbox"/>	
C4.7	Recent runaway (<i>in past month, youth has run away</i>)	○ <input type="checkbox"/> <input type="checkbox"/>	
R4.8	Behavior hurts others or puts them in danger (<i>check if has been true <u>at any time in the past</u> (limit to physical harm or threats; e.g., carried weapon, physically attacked someone with the idea of seriously hurting him/her, sexually assaulted someone, drove under the influence of drugs/alcohol).</i>)	○ <input type="checkbox"/> <input type="checkbox"/>	
C4.9	In past month, youth's behavior has hurt others or put them in danger (<i>see R4.8</i>) Answer should be "no" if response to 4.8 is "no."	○ <input type="checkbox"/> <input type="checkbox"/>	
R4.10	Behavior hurts youth or puts her/him in danger (<i>check if has been true <u>at any time in the past</u> (limit to physical harm or threat of harm; e.g., attempted suicide, riding in a vehicle with a teenage driver who had been drinking or using drugs, taking other excessive risks).</i>)	○ <input type="checkbox"/> <input type="checkbox"/>	
C4.11	In the past month, youth's behavior has hurt or put her/him in danger (<i>see R4.10</i>) Answer should be "no" if response to 4.10 is "no."	○ <input type="checkbox"/> <input type="checkbox"/>	

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5.0 <input type="checkbox"/>	FAMILY FUNCTIONING	More Info. Needed 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>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R5.4	History of reported child abuse/neglect or domestic violence.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C5.5	Child abuse/neglect or domestic violence reported during past month.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R5.8	Family trauma/disruption during past 12 months (<i>youth's family has experienced separation/divorce, moving more than once, inadequate finances to meet basic needs [job loss, disability, chronic unemployment, homelessness], prolonged or life-threatening illness, death, abandonment</i>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C5.9	This question on Interim Review only	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF5.10	Has close, positive, supportive relationship with at least one family member (<i>at least one family member has a supportive relationship with the youth, encourages the youth, and provides recognition for achievements</i>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6.0 <input type="checkbox"/>	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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R6.3	Substance use began at age 13 or younger (<i>began use of alcohol or other drugs, or regular use of tobacco, at age 13 or younger</i>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R6.4	Has been high or drunk at school at any time in the past.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C6.5	Has been high or drunk at school in the past month.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PF6.6	Caretaker free in past three years of substance abusing behavior (<i>youth is living with person[s] who does/do not abuse alcohol or other drugs</i>).	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PC6.7	Caretaker free of substance abusing behavior <u>during past month</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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7.0	OTHER NON-JCP ISSUES FOR CASE PLANNING	More Info. Needed Yes No	Score
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7.3	Anti-social thinking, attitudes, values, beliefs (<i>attitudes or values which are accepting of delinquent behavior, drug use, or violence</i>).	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
7.4	Harms or injures animals.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
7.5	Diagnosed learning disability or concrete evidence of cognitive difficulties.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
7.6	A pattern of impulsivity combined with aggressive behavior toward others.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
7.7	Has history of setting fires.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
7.8	Preoccupation with or use of weapons (include if referred for offense involving use of weapon).	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
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.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
8.2	Depressed or withdrawn.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
8.3	Difficulty sleeping or eating problems.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
8.4	Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol).	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
8.5	Social isolation: youth is on the fringe of her/his peer group with few or no close friends.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>	
9.0	Sources used for gathering information on this screen/assessment <i>Check all that apply:</i> <input type="checkbox"/> 9.1 Youth <input type="checkbox"/> 9.2 Parent/guardian/foster parent <input type="checkbox"/> 9.3 Sibling <input type="checkbox"/> 9.4 Other family member Specify: _____ <input type="checkbox"/> 9.5 Police report <input type="checkbox"/> 9.6 Juvenile record <input type="checkbox"/> 9.7 Juvenile department staff <input type="checkbox"/> 9.8 School record <input type="checkbox"/> 9.9 School staff <input type="checkbox"/> 9.10 Social service agency record <input type="checkbox"/> 9.11 Social service agency staff <input type="checkbox"/> 9.12 Other (specify) _____		

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10.0	<p>Other Screens/Assessments Conducted</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</p> <p><input type="checkbox"/> 10.15 Other (specify): _____</p>
11.0	<p>Additional Screening and Assessments Indicated</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> 11.1 Alcohol/Other Drug</p> <p><input type="checkbox"/> 11.2 Culturally-specific</p> <p><input type="checkbox"/> 11.3 Developmental (MRDD)</p> <p><input type="checkbox"/> 11.4 Educational</p> <p><input type="checkbox"/> 11.5 Family</p> <p><input type="checkbox"/> 11.6 Firesetter</p> <p><input type="checkbox"/> 11.7 Gender-specific</p>	<p><input type="checkbox"/> 11.8 Language proficiency test</p> <p><input type="checkbox"/> 11.9 Mental Health</p> <p><input type="checkbox"/> 11.10 Strength-Based</p> <p><input type="checkbox"/> 11.11 Suicide</p> <p><input type="checkbox"/> 11.12 Violence</p> <p><input type="checkbox"/> 11.13 Vocational</p> <p><input type="checkbox"/> 11.14 Other</p> <p><input type="checkbox"/> 11.15 Other (specify): _____</p>
12.0	<p>TOTALS (JJIS will calculate automatically; use directions below if manual calculation is desired.)</p> <p>JCP Eligibility Screen</p> <p>12.1 Total Risk Domains <i>Count number of domains checked <input checked="" type="checkbox"/> or risk domains with one or more R's (circles) checked "yes" (maximum of 5)</i> _____</p> <p>Risk Assessment -</p> <p>12.2 Total JCP Risk Indicators <i>- count R's (circles in un-shaded boxes) checked "yes" in</i> (maximum of 22) _____</p> <p>12.3 Total Protective Factors <i>- count PF's (squares in un-shaded boxes) checked "yes"</i> (maximum of 10) _____</p> <p>12.4 Total Mental Health Indicators <i>- count items checked "yes" in Section 8</i> (maximum of 5) _____</p> <p>RISK CATEGORY</p> <p>12.5 Juvenile Department Locally Determined Risk Category <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Other</p> <p>12.6 If override, what is revised risk level? <input type="checkbox"/> Not Applicable (no override) <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Other</p>	
13.0	<p>Violence Indicator <i>(if R4.8 is yes,; or if age 6 to 11 and 4.4, or 6.3 is "yes"; or if age 12 to 14 and 3.2 or 9.5 is "yes")</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

This version of the JCP Screen/Assessment has been designed for assessing juvenile department referrals, and the information should be entered into JJIS using the " Oregon JCP Screen/Assessment (v.2) " evaluation template. For other information contact:

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