

**YAMHILL COUNTY DEPARTMENT OF COMMUNITY JUSTICE**  
**DEFENDANT ASSESSMENT REPORT**  
*Summary Page*

DATE:	
DEFENDANT NAME:	
TRUE NAME:	
AKA:	
SID#:	
DOB:	

**Defendant Photo Here**

PRESUMPTIVE PRISON INSTANT OFFENSES					
Case #	County	Judge	District Attorney	Defense Attorney	A/R

INSTANT OFFENSE DETAIL			
Case #/Count	ORS	Classification	Type

Overall Risk Level (LSCMI):  **Low**                       **Moderate**                       **High**

Treatment Dosage: **N/A**    **200 hours**    **300 hours**

RISK REDUCTION TARGETS FOR COMMUNITY SUPERVISION	
Primary Risk/Need Factors	Program/Condition Recommendation
Secondary Risk/Need Factors	Program/Condition Recommendation

RISK MANAGEMENT CONCERNS FOR COMMUNITY SUPERVISION		
Management Concern	Program/Condition Recommendation	Rationale

**Recommendations**

**Recommendations:**

**Prior conformance on community supervision:**

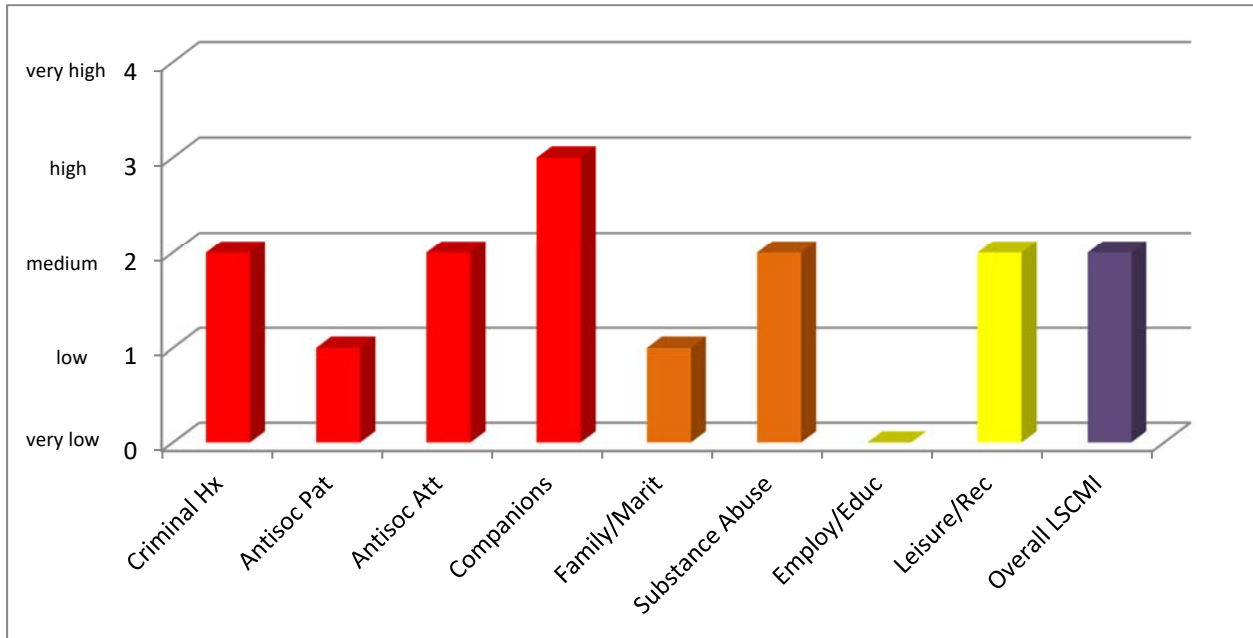
**Comments:**

**LSCMI Results**

Risk Assessment Results		
Instrument	Score	Level
LSCMI		

Protective Factors (per LSCMI)	0-42 points (higher # = more strength areas)

**LSCMI Domain Scores**

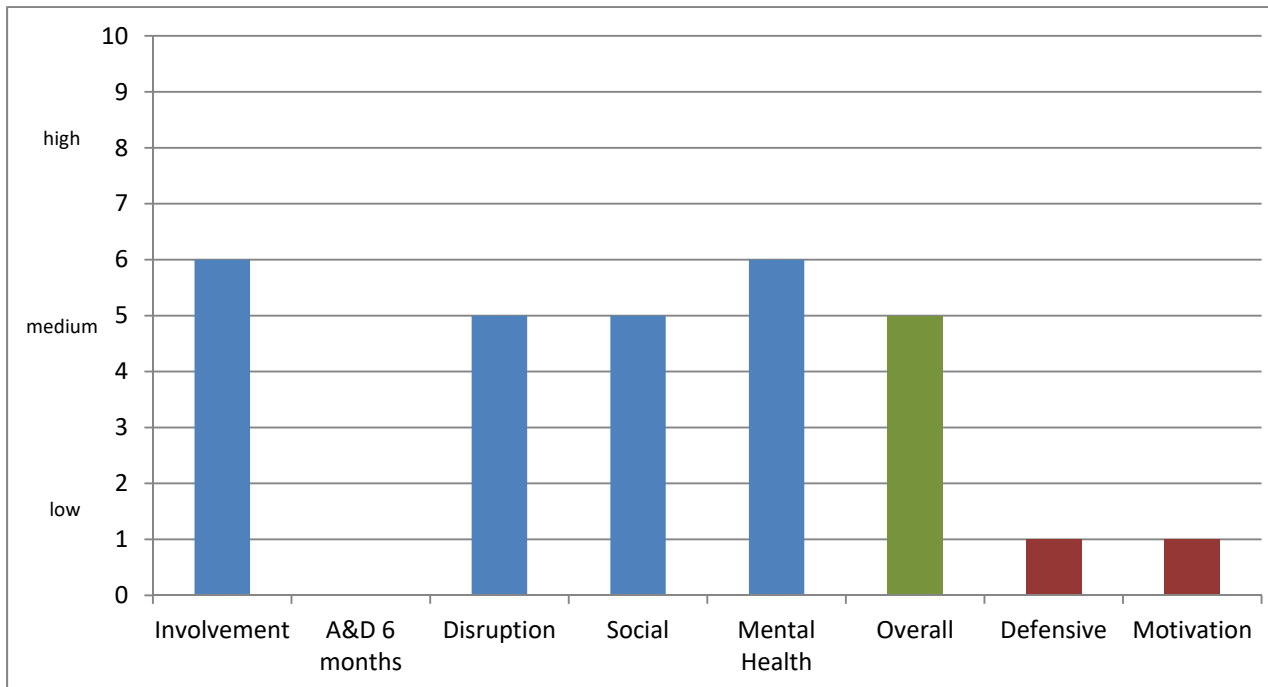


**LSCMI (Level of Services Case Management Inventory):** Assessment that measures the risk and need factors of late adolescent and adult offenders. The LSCMI is also a fully functioning case management tool. This single application provides all the essential tools needed to aid professionals in the treatment planning and management of offenders in justice, forensic, correctional, prevention and related agencies. Graph displays from left to right criminogenic risk areas in order of relevance to recidivism. Top four criminogenic risk areas are displayed in red, while secondary risk areas (of next relevance) are orange and risk factors of least relevance in yellow.

**Defendant Specific LSCMI Results:** Defendant X presents with an overall score of ‘medium’ on the LSCMI with the highest areas of primary criminogenic risk being ‘Companions’ followed by ‘Anti-social Attitudes.’ The ‘Companions’ domain score stems from a lack of more than one current peer support, coupled with some anti-social acquaintances for a portion of the previous 12 months. Secondary criminogenic risk areas are ‘Substance Abuse’ followed by ‘Lack of Pro-social Leisure/Recreation.’ The ‘Substance Abuse’ domain score stems from heroin and marijuana use occurring for a portion of the previous 12 months. The protective factors (strengths) score on the LSCMI is 26/42, with the majority of the strength points deriving from the ‘Employment/Education’ domain due to education level and being consistently employed over time.

**ASUS Results**

**ASUS Scores**



**ASUS (Adult Substance Abuse Survey):** Provides a quick look at conditions related to drug and alcohol use, mental health concerns, antisocial behaviors and attitudes, readiness and motivation for services and report veracity. The results of the ASUS should be used as a guide to further decision making at the clinical level. The ASUS can be used to make preliminary decisions regarding the need for further evaluation, and in many cases, to make clear treatment referral decisions. Collateral data, official records, and other clinical information and collaboration with the client all should be factored into the decision making process.

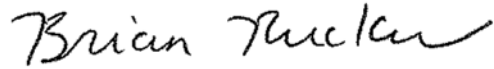
**Defendant Specific Results:** Based on the individualized ASUS results, Defendant X demonstrates a moderate level of substance abuse and a need for treatment/programming. He verbalizes a willingness to participate in such programming and his motivation levels within ASUS are consistent with his statements. Defendant X presents with higher scores in ‘defensiveness’ indicating there may be additional personal information not revealed during the assessment which could have an effect on the overall treatment readiness. Related to ‘mood,’ results signify that further more specific mental health evaluation may be helpful. Defendant X self-reports a history of depression and anxiety for which he is not currently treated.

**Responsivity Factors and Strength Areas**

Responsivity Factors			
<i>Check all that apply that are relevant to service needs</i>			
Functional ability: attention span		Mental health (ASUS-mood)	
Functional ability: cognitive deficits		Cultural background	
Functional ability: emotional age		Minimization (ASUS-defensiveness)	
Language		Physical health	
Learning style		Transportation	
Level of motivation (ASUS-motivation)		Other ( <i>specify</i> ):	

STRENGTHS (Top 3)
1.
2.
3.

Prepared by:



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Community Justice Manager

C: Honorable Judge Collins; Sentencing Judge; District Attorney; Defense Attorney; PO of record (if applicable)

### **Defendant Assessment Report General Report Explanation**

#### **Overview (how and why organized as it is):**

- Two-three page report completed by PPO after early defendant analysis interview and completed assessments.
- First page (sometimes two depending on how many domain scores are identified as medium/high risk) - outlines all defendant information, risk/need target areas and program recommendations as well as risk management condition recommendations.

- Second page - lists the assessment scores that led to the program recommendations listed on the front page. Defendant Assessment Report process suggests whether a defendant could be safely managed in the community or not. It makes no recommendation on length of sentence to be imposed.
- Defendant Assessment Report applies to those cases identified as presumptive prison, non-person offenses (see pilot outline).

### **First Page**

**General client info:** date of report, name/alias/State ID #/DOB of defendant, photograph

**Current convictions:** case #, county, judge, DA, defense attorney, ORS/crime type, classification of crime on crime seriousness grid, court docket

**Overall Risk level:** based on LSCMI score (graph with score break-down located on back of form)

**Treatment dosage:** meta-analysis of evidence-based principles indicates that specific risk levels should be met with an average number of treatment dosage hours in order to have a meaningful, positive impact on defendants (200 for medium, +300 for high).

**Risk Reduction Targets/Conditions:** based on LSCMI assessment; specific risk/needs that, if targeted, will reduce risk to recidivate at such time as defendant is placed on community supervision.\*\*\*\*

#### **Criminogenic Needs:**

##### ***Top Four (when targeted, have the highest likelihood of reducing recidivism)***

- 1) **History of anti-social behavior (criminal history)**
- 2) **Anti-social personality/temperament**
- 3) **Anti-social attitudes, values, beliefs**
- 4) **Anti-social peers or companions**

##### ***Next Four***

- 5) **Family and/or marital stressors**
- 6) **Lack of pro-social leisure and recreation**
- 7) **Lack of employment and/or education**
- 8) **Substance abuse**

**Risk Management Concerns/Conditions:** Crime-based conditions that are designed to address public safety (i. e., no contact with victim, restitution, no contact with minors, etc.). These recommendations will not change behavior in defendants but may prevent crime.

### **Second & Third Pages**

**Recommendations:** Identifies whether a defendant may be safely managed in the community or not.

**Prior conformance on community supervision and pretrial status:** Outlines any pertinent supervision history as well as status on pretrial supervision, if out of custody during the assessment process.

**Comments:** Briefly lists additional, pertinent details about the case/defendant.

**Risk Assessment Results:**

LSCMI: Level of Service Case Management Inventory - *dynamic*

**Protective Factors:** Total # taken from the LSCMI risk tool; 0-39. Higher number signifies overall strengths and positive attributes, lower number signifies current anti-social lifestyle factors.

**LSCMI Domain Scores/graph:** Break-down of 8 domains of LSCMI and scores for each. Overall LSCMI score is reflected in the graph as well.

**ASUS (Adult Substance Abuse Survey):** Provides a quick look at conditions related to drug and alcohol use, mental health concerns, antisocial behaviors and attitudes, readiness and motivation for services and report veracity. The results of the ASUS should be used as a guide to further decision making at the clinical level. The ASUS can be used to make preliminary decisions regarding the need for further evaluation, and in many cases, to make clear treatment referral decisions. Collateral data, official records, and other clinical information and collaboration with the client all should be factored into the decision making process.

**Responsivity Factors:** language, gender, motivation, physical health, mental health, learning disabilities, etc., not directly tied to criminogenic risk factors/recidivism but also important to address.

**Strengths:** familial support, positive personality traits, supportive spouse, limited criminal history, employment/education, etc.

\*\*\*\*Research has shown that the type of contact between correctional professionals and clients is most effective if the interactions center around the client's identified areas of criminogenic risk, as determined via the LSCMI risk assessment. Effective methods to accomplish this goal include use of motivational interviewing and targeted cognitive behavioral interventions (skill building), such as the Carey Guides, to address areas of medium and high risk. DAR clients with identified risk areas are participating in these evidence-based practices through the Day Management Center (Carey Guides), as well as through cognitive based programming if enrolled in the DCJ Motivation to Change Program, which incorporates a curriculum of Basic Motivation Class, MRT (Moral Reconciliation Therapy), and T4C (Thinking for a Change) – all evidence-based cognitive restructuring programs.




**YAMHILL COUNTY DEPARTMENT OF COMMUNITY JUSTICE  
DEFENDANT ASSESSMENT REPORT**

Defendant Photo Here

<b>DATE:</b>	
<b>DEFENDANT NAME:</b>	
<b>TRUE NAME:</b>	
<b>AKA:</b>	
<b>SID#:</b>	
<b>DOB:</b>	

PRESUMPTIVE PRISON INSTANT OFFENSES					
Case #	County	Judge	District Attorney	Defense Attorney	A/R

INSTANT OFFENSE DETAIL			
Case #/Count	ORS	Classification	Type

Overall Risk Level (WRNA):  Low/Moderate  Medium  High

Treatment Dosage: N/A 200 hours 300 hours

**WRNA Risk/Needs Areas**

Risk/Needs Areas	Actual Score	Cut Off Scores	Treatment Need
<b>Relationship Difficulties</b>		<b>8 and higher</b>	
<b>Depression/Anxiety</b>		<b>3 and higher</b>	
<b>Recent Substance Abuse</b>		<b>4 and higher</b>	
<b>Employment/Financial</b>		<b>5 and higher</b>	
Antisocial Attitudes		4 and higher	
Criminal History		7 and higher	
Educational Needs*		2 and higher	
Housing Safety*		2 and higher	
Antisocial Friends		4 and higher	
Anger/Hostility*		4 and higher	
History of Mental Illness		3 and higher	
Psychosis		1 and higher	
Child Abuse		1 and higher	
Adult Abuse		1 and higher	
Physical Abuse		1 and higher	
Sexual Abuse		1 and higher	
PTSD*		2 and higher	
Substance Abuse History		6 and higher	
Family Conflict		2 and higher	
Parental Stress*		20 and higher	

**Comments/Risk Reduction Targets:**

\*=Also may be a responsivity factor/challenge

**WRNA Strengths**

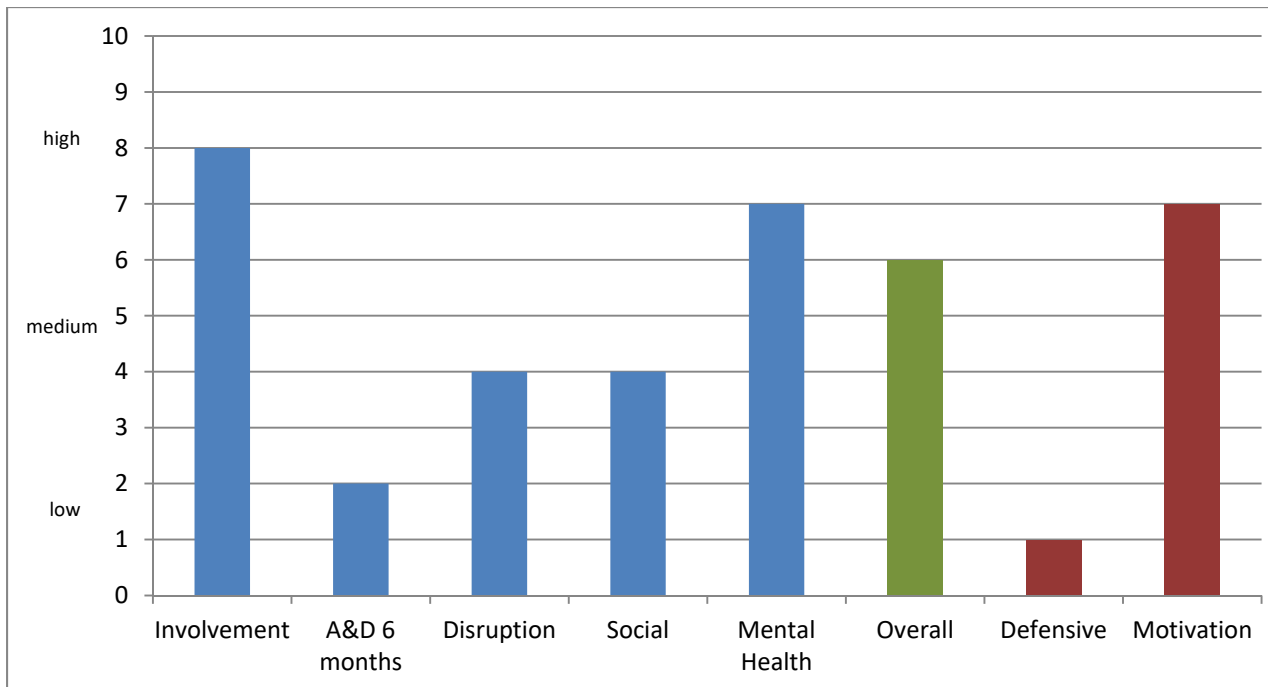
<b>Strengths</b>	<b>Actual Score</b>	<b>Points for Determining Presence</b>	<b>Strength Present</b>
Educational Strengths		3 and higher	
Relationship Stability		2 and higher	
Parental Involvement		3 and higher	
Family Support		4 and higher	
Self-Efficacy		24 and higher	
<b>Comments/Risk Mitigation:</b>			

<b>Overall WRNA Risk Assessment Results</b>		
<b>Instrument</b>	<b>Score</b>	<b>Level</b>
<b>WRNA Risk Scale (0-67)</b>		
<b>WRNA Strength Scale (0-7)</b>		
<b>Combined/Overall Score</b>		

**WRNA (Women’s Risk/Needs Assessment):** Gender-specific assessment that measures the risk and need factors of female offenders. The WRNA combines risk factors and strengths for a combined score predictive or recidivism. The tool is also designed for case management purposes and identification of appropriate program referrals to treat gender-specific risk areas. Top-weighted criminogenic risk areas (bold and highlighted in green): Relationship dysfunction, Substance Abuse, Depression/Anxiety, and Economics. In addition to client self-report, completion of the WRNA utilizes collateral information such as police reports, corrections institutional and community records, previous interviews, treatment reports and other pertinent information.



### ASUS Scores



**ASUS (Adult Substance Use Survey):** Provides a quick look at conditions related to drug and alcohol use, mental health concerns, antisocial behaviors and attitudes, readiness and motivation for services and report veracity. The results of the ASUS should be used as a guide to further decision making at the clinical level. The ASUS can be used to make preliminary decisions regarding the need for further evaluation, and in many cases, to make clear treatment referral decisions. Collateral data, official records, and other clinical information and collaboration with the client all should be factored into the decision making process.

**Defendant Specific Results:**

RISK MANAGEMENT CONCERNS FOR COMMUNITY SUPERVISION		
Management Concern	Program/Condition Recommendation	Rationale

**Prior conformance on community supervision:**

**Summary Comments:**

**Recommendations:**

Prepared by:

*Brian Tucker*

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Community Justice Manager

C: Honorable Judge Collins; Sentencing Judge; District Attorney; Defense Attorney; PO of record (if applicable)

## Defendant Assessment Report General Report Explanation

### Overview:

- Three to four page report completed by PPO after interview and completed assessments.
- Defendant Assessment Report applies to those cases identified as presumptive prison, non-person offenses (see pilot outline).

### First Page & Second Pages:

**General defendant information:** date of report, name/alias/State ID #/DOB of defendant, photograph

**Current convictions:** case #, county, judge, DA, defense attorney, ORS/crime type, classification of crime on crime seriousness grid, court docket

**Overall risk level:** based on WRNA score

WRNA: Women's Risk/Needs Assessment – *dynamic*

- Score provided lists risk points, strength points and combined points to derive the overall risk score.

**Treatment dosage:** meta-analysis of evidence-based principles indicates that specific risk levels should be met with an average number of treatment dosage hours in order to have a meaningful, positive impact on defendants (200 for medium, +300 for high).

**WRNA Risk/Needs Area:** Highlighted (yellow) areas of program/treatment need. Highlighted in green top for criminogenic risk areas. Includes comments/risk reduction targets based on these needs with specific program and case management recommendations for the defendant.

### **Criminogenic Needs:**

**Top Four (when targeted, have the highest likelihood of reducing recidivism)**

- 1) Relationship Dysfunction
- 2) Anxiety/Depression
- 3) Substance Abuse
- 4) Employment/Finance

**Secondary**

- 5) Anger/Hostility
- 6) Housing Safety
- 7) Companions
- 8) Child Abuse
- 9) Adult Victimization
- 10) Parental Stress

**WRNA Strengths:** Highlighted (yellow) areas of particular strength that assist in likelihood for defendant success. Comments/risk mitigation factors included.

### Third Page & Fourth Pages:

**ASUS (Adult Substance Use Survey):** Provides a quick look at conditions related to drug and alcohol use, mental health concerns, antisocial behaviors and attitudes, readiness and motivation for services and report veracity. The results of the ASUS should be used as a guide to further decision making at the clinical level. The ASUS can be used to make preliminary decisions regarding the need for further evaluation, and in many cases, to make clear treatment referral decisions. Collateral data, official records, and other clinical information and collaboration with the client all should be factored into the decision making process.

**Risk Management Concerns/Conditions:** Crime-based conditions that are designed to address public safety (i. e., no contact with victim, restitution, no contact with minors, etc.). These recommendations will not change behavior in defendants but may prevent crime.

**Recommendations:** Identifies whether a defendant may be safely managed in the community or not.

**Prior conformance on community supervision and pretrial status:** Outlines any pertinent supervision history as well as status on pretrial supervision, if out of custody during the assessment process.

**Comments:** Briefly lists additional, pertinent details about the case/defendant.

\*\*\*\*Research has shown that the type of contact between correctional professionals and clients is most effective if the interactions center around the client's identified areas of criminogenic risk and are trauma-informed, as determined via the WRNA risk assessment. Effective methods to accomplish this goal include use of motivational interviewing and targeted cognitive behavioral interventions (skill building), such as the Carey Guides, to address areas of medium and high risk. DAR clients with identified risk areas are participating in these evidence-based practices through the Day Management Center (Carey Guides), as well as through cognitive based programming if enrolled in the DCJ Motivation to Change Program, which incorporates a curriculum of Basic Motivation Class, MRT (Moral Reconciliation Therapy), and T4C (Thinking for a Change) – all evidence-based cognitive restructuring programs.

**WRNA Risk/Needs and Strength Area Descriptions:**

<b>Risk/Needs Areas</b>	<b>Descriptions</b>
Antisocial Attitudes	Women scoring higher on this scale may benefit from cognitive behavioral programs which seek to change antisocial thinking patterns.
Criminal History	This scale is static and has no treatment recommendations associated with it.
Educational Needs	Treatment may involve GED, high school, or college-level courses. Vocational training may also be offered. An emphasis should be placed on attaining certifications.
Employment/Financial	This scale goes beyond employment alone to problems associated with poverty, e.g., homelessness, inability to pay bills etc. Treatment may involve job skills training, particularly that which offers employment certifications. Other options include finance management training and job interviewing skills and training.
Housing Safety	Treatment matches would be to safe and affordable housing, restraining orders, and safety in relationships.
Antisocial Friends	Individuals scoring higher on this scale may benefit from cognitive behavioral programs which seek to change antisocial thinking patterns or programs which assist the individual in severing ties to antisocial peers and developing friendships with pro-social peers through conventional activities.
Anger/Hostility	Treatment should involve cognitive behavioral based anger management classes.
History of Mental Illness	High scores warrant an evaluation by a mental health professional. Even a score of one may indicate a serious mental health problem. <b><i>Note: The item is only a screen; it is not intended to serve as a substitute for an evaluation by a mental health professional.</i></b>
Depression/Anxiety	High scores warrant an evaluation by a mental health professional. Even a score of one may indicate a serious mental health problem. <b><i>Note: The item is only a screen; it is not intended to serve as a substitute for an evaluation by a mental health professional.</i></b>
Psychosis	High scores warrant an evaluation by a mental health professional. Even a score of one may indicate a serious mental health problem. <b><i>Note: The item is only a screen; it is not intended to serve as a substitute for an evaluation by a mental health professional.</i></b>
Child Abuse	Treatment should involve taking necessary precautions for the woman's safety. Trauma-informed strategies are recommended. Programming for abuse and trauma should be available but not required.
Adult Abuse	Treatment should involve taking necessary precautions for the woman's safety. Trauma-informed strategies are recommended. Programming for abuse and trauma should be available but not required.
Physical Abuse	Treatment should involve taking necessary precautions for the client's safety. Trauma-informed strategies are also recommended. Programming should be available but not required.
Sexual Abuse	Treatment should involve taking necessary precautions for the client's safety. Trauma-informed strategies are also recommended. Programming should be available but not required.
PTSD	High scores warrant an evaluation by a mental health professional. Even a score of one may indicate a serious mental health problem. <b><i>Note: The item is only a screen; it is not intended to serve as a substitute for an evaluation by a mental health professional.</i></b>
Substance Abuse History	This scale is a static scale and does not indicate the presence of current substance abuse; however, appropriate treatment matches may include aftercare services and follow-up maintenance programs.
Recent Substance Abuse	Treatment matches may include residential or outpatient substance abuse treatment services. It is recommended that treatment programs focus on cognitive behavioral strategies and include an aftercare component.

Family Conflict	Programming for family reunification, where possible, is recommended. Family counseling and healthy relationships courses may be appropriate.
Relationship Difficulties	Appropriate matches may include programs designed to foster healthy relationship skills, family counseling, or family reunification (when appropriate).
Parental Stress	This scale identifies women who feel overwhelmed by their parenting responsibilities and likely report some sense of desperation. Treatment matches would include parenting skills classes, development of support networks, and financial assistance (as need).

<b>WRNA Strengths</b>	<b>Descriptions</b>
Educational Strengths	Treatment may involve GED, high school, or college-level courses. Vocational training may also be offered. Emphasis should be on attaining certifications.
Family Support	Support from members of the family of origin (parents and siblings) is strongly associated with prison success upon release. Programming for family reunification, where possible, is recommended.
Self-Efficacy	Women with high scores on self-efficacy are more likely to be successful upon release than those with lower scores. Treatment recommendations would involve programs designed to increase self-efficacy.