Risk Assessment and Misdemeanor Diversion in Cook County, Illinois

A Validation of the Criminal Court Assessment Tool

By Sarah Picard-Fritsche and Ashmini Kerodal

Center for Court Innovation

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Chapter 1
Introduction

The Cook County State's Attorney's Office (SAO) is the second largest prosecutorial office in the nation and the largest in the state of Illinois. Over 100,000 misdemeanor cases are filed in the county each year, overwhelming jails, lower criminal courts, and pre-trial services agencies.[1] However, since 2012, the SAO has routed more than 2,000 misdemeanor cases to its Misdemeanor Deferred Prosecution Program (MDPP), which is available to defendants whose cases are processed in select branch or district courts located throughout Cook County. Participating defendants agree to complete community or social service mandates in exchange for having their charges dismissed and, upon successful completion, the conviction expunged from their records.[2]

In 2014, the Alternative Prosecution Unit of the SAO applied for and received funding from the Bureau of Justice Assistance's *Smart Prosecution Initiative* to expand the Misdemeanor Deferred Prosecution Program to include two additional courts, the Markham courthouse in the suburban 6th district and the 34th Branch court on the northeast side of Chicago. While serving the same misdemeanor target population, the expanded model, which became known as the Misdemeanor Deferred Prosecution Enhancement Program (MDPEP), was modified to include the use of a risk-need assessment tool that would support the referral of MDPEP participants to appropriate levels of supervision and treatment. By comparison, the older diversion model, implemented in other courts in 2012, did not employ an evidence-based

[1] Annual Report of the Illinois Courts Statistical Summary, 2014. Retrieved from: http://www.illinoiscourts.gov/SupremeCourt/AnnReport.asp.

[2] For a complete description and evaluation of the Misdemeanor Deferred Prosecution Program, see Labriola, M., Ramdath, C., and Kerodal, A. (2017). An Evaluation of the Cook County Misdemeanor Deferred Prosecution Enhancement Program. New York, NY: Center for Court Innovation.

recidivism risk-needs assessment and referred all participants to one of two intervention tracks.[3]

After considering several risk-need assessment tools, MDPEP project staff adopted the Criminal Court Assessment Tool (C-CAT), a relatively brief 30-item tool that was originally developed in 2014 on a sample of 964 defendants appearing in misdemeanor diversion programs in New York City. The C-CAT is uniquely suited to the MDPEP population, as it is explicitly designed to be brief enough to be utilized in high-volume court settings; to be accurate for a purely misdemeanor population; and to assist practitioners in identifying treatable needs that are either directly linked to recidivism or relevant for successful correctional intervention. A copy of the C-CAT adopted by Cook County is included in *Appendix A* of this report.[4]

The C-CAT is a data-driven risk tool that uses multivariate statistical methods to compute a raw risk score and risk category for each person assessed. Risk scores and categories reflect that individual's probability for a general recidivism (a new arrest over one year) based on the factors in the tool. Table 1 summarizes the risk model (algorithm) underlying the C-CAT. As shown, the left-hand column describes the factor that is being measured by the tool; the center column lists the item-level responses that contribute to the risk score; and the right-hand column shows the "weight" or number of risk points associated with each item.[5]

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[3] The original MDPP program included the use of three brief clinical needs assessments for treatment referral purposes: 1) Screening Brief Intervention and Referral to Treatment (SBIRT); 2) Drug Abuse Screening Tool (DAST-10); and 3) Patient Health Questionnaire (PHQ-2), to identify issues with alcohol, drugs, or mental illness. Based on both the eligibility screening by SAO and the needs assessment by TASC, the defendant was then assigned to either the Veterans or the Mental Health track. Thus, although alcohol, drugs, or mental illness needs were assessed by MDPP, recidivism risk and criminogenic needs were not. *See* Labriola et al. 2017.

[4] It should be noted that Cook County adopted an early iteration of the C-CAT that excluded gender and age as predictive factors. The current study examines the validity of the model with the addition of age and gender, reflecting the revised tool. For a detailed description of the development and validation of the C-CAT, see: Picard-Fritsche, S., Rempel, M., Kerodal, A. & Adler, J. (2018). *The Criminal Court Assessment Tool: Development and Validation*. New York, NY: Center for Court Innovation.

[5] In addition to assessing risk, the C-CAT also flags respondents who warrant further assessment for needs that may be related to criminal risk ("criminogenic needs"). See *Appendix A* for details.

The purpose of this research is to conduct a localized validation study of the C-CAT in a sample of MDPEP participants. In other words, we seek to establish whether the C-CAT risk model described above is an accurate predictor of recidivism risk for misdemeanor defendants participating in deferred prosecution in Cook County. Secondarily, we present a profile of the most prominent criminogenic needs among MDPEP participants and consider the implications of our findings for deferred prosecution practice in Cook County.

This report addresses the following specific research questions:

1. **Validation:** Is the C-CAT algorithm an accurate predictor of re-arrest in a sample of participants referred to the Cook County Misdemeanor Deferred Prosecution Enhancement Program (MDPEP)? Are the original C-CAT risk categories accurate for classifying risk in the MDPEP sample?

2. **Local Validation**: Can the C-CAT risk categories be revised to better classify risk among MDPEP participants?

3. R**isk Profile:** What is the distribution of risk for re-arrest, as determined by a set of revised C-CAT risk categories? Do the revised categories represent meaningful differences in re-arrest probabilities?

4. **Needs Profile:** What are the most prevalent criminogenic needs and responsivity factors in the MDPEP participant sample, as calculated by the C-CAT?

Table 1. Summary of Risk Factors and Weights
Criminal Court Assessment Tool (C-CAT)

Final C-CAT Risk Factors	Weighted Response Option	Weight (# of Risk Points)
Current charge is a drug charge	Yes	3
Current charge is a property charge	Yes	5
Prior felony conviction in past 3 years	Yes	0
Prior misdemeanor (or violation) conviction in past 3 years	0,1,2,3 or more	Up to 3
Ten or more prior misdemeanor convictions in past 3 years	Yes	6
Any prior jail or prison sentence	Yes	1
Number of prior cases with failure to appear	0,1,2,3 or more	Up to 3
Number of current open cases	0,1,2,3 or more	Up to 3
High school degree or GED	No	2
Currently employed, in school, or in vocational training program	No	1
Ever fired from job	Yes	1
Ever employed	No	1
Currently homeless	Yes	4
Currently living in a shelter/transitional housing	Yes	2
Time at current address (<1 year=2, 1-3 years=1, 3+ years=0)	3 Categories	Up to 2
Current intimate partner	No	2
Divorced/seperated in past year	Yes	2
Ever member of a gang	Yes	3
Current drug use	Yes	1
Male gender	Yes	2
Age (≥60=0, 50-59=1, 40-49=2, 30-39=3, 25-29=4, 20-24=5, ≤19=6)	6 Categories	Up to 6

Notes: The C-CAT produces a possible risk score of 0-50 and five risk categories: Minimal Risk=0-12, Low Risk=13-17, Moderate Risk=18-23, Moderate High Risk=24-28, High Risk=29-highest.The original C-CAT model used by Cook County excluded gender and age as risk factors;

Chapter 2
Methods

This research draws on data from 205 C-CAT assessments that were conducted for case management purposes between December 2014 and November 2015.[6] Assessments were conducted immediately following arraignment in the Markham (suburban 6th district) and 34th branch courts for all defendants that voluntarily took a plea for placement in the MDPEP over the study period. Defendant interview portions of the assessment were conducted by a senior case manager that supervises MDPEP clients. The same case manager completed the criminal history portion of the assessment using participant criminal records and calculated the raw risk score and risk category for the purpose of placing participants in one of three program tracks.[7] Completed paper assessments were shared with the research team at the Center for Court Innovation, who entered the information into an online system and exported the data into SPSS format for analysis. Using individual identifiers assigned to each defendant at the point of arrest (IR numbers), assessment data were matched with criminal records provided by the Illinois Criminal Justice Data Authority. Prior to analysis, all individual identifiers were dropped from the data.

Our analysis begins with a summary of the demographic and criminal history characteristics of the full study sample, including two-year re-arrest statistics. We then proceed in order through the research questions outlined previously, beginning with assessing the validity of the C-CAT algorithm and original risk categories for predicting our outcome of interest (re-arrest), using an area-under-the-curve technique. Area-under-the-curve analysis is a standard methodology for assessing the accuracy of data-driven assessment tools, with AUC statistics ranging from .5 to 1 and statistics of .7 or higher representing "good" predictive accuracy in

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[6] While we were able to compute risk scores for 266 persons in the Cook County Misdemeanor Deferred Prosecution Enhancement Program (MDPEP), instant case information and criminal records could not be verified for 51 persons, which resulted in a sample of 205 persons.

[7] See Labriola, M., Ramdath, C., and Kerodal, A. (2018). *Evaluation of the Cook County Misdemeanor Deferred Prosecution Enhancement Program*. New York, NY: Center for Court Innovation.

the criminal justice field. Tools yielding AUC statistics of .6 or higher are also considered "acceptable" and routinely used by criminal justice agencies across the country.

After examining the validity of the C-CAT raw risk score and original C-CAT risk categories for predicting re-arrest in the current sample, we construct four new C-CAT risk categories (low, moderate, moderate-high, high) titrated to the MDPEP population and again use an AUC technique to analyze the accuracy of the revised categories. Next, we present the distribution of the sample into each risk category and re-arrest rates for the sample by category. Finally, we present the prevalence of key criminogenic needs (e.g., substance abuse, unemployment) and responsivity factors (e.g., trauma, mental health problems) in the MDPEP population.

It should be noted that the purpose of the present research is to locally validate the C-CAT for the MDPEP population, rather than to understand the application of the C-CAT in practice in Cook County. Given this purpose, we analyze the predictive accuracy of the most recent iteration of the C-CAT (including gender and age variables). In completing the research, we faced two critical methodological limitations. First, the sample size of 205 is considerably smaller than average for validation research, which routinely relies on sample sizes of 500 or higher. Second, restrictions in the criminal history of the defendants who ultimately received an offer to participate in MDPEP reduced the range of risk scores found in the sample studied, limiting our ability to establish risk categories relevant to the general misdemeanor population in Cook County. In short, by definition of MDPEP eligibility criteria, the population for which risk information was collected skewed low risk.

Chapter 3
Findings

This chapter summarizes the essential findings of the validation study. Table 2 shows demographic and criminal history characteristics for the studied sample. Average age for the sample was 27 years. Two-thirds of the sample were black (66%), close to one-quarter were Hispanic (23%) and one-tenth were white (10%). Just under half of the sample was male (46%). Two-thirds of the sample reported having earned a high school diploma at the time of arraignment, with 65% reporting current employment or enrollment in an education or vocational program. Few participants in the MDPEP program had recent criminal activity (other than the current charge), with only 1% reporting convictions in the last three years, though nearly two-thirds had one or more arrests over their lifetime (62%). In terms of the case for which the defendant was accepted into the MDPEP diversion program ("instant case"), the vast majority were charged with a misdemeanor (99%)—which simply reflects that only misdemeanor charges were eligible for MDPEP participation. The most common top charge types fell under the property or "other" offense categories (1% were charged with drug offenses). Overall, Table 2 paints a picture of the MDPEP population that is relatively young, largely black or Hispanic, with few prior convictions.

Re-arrest Rates

Re-arrest, the primary outcome of interest, was tracked over two years from the arrest date for the instant case. As shown in Table 3, slightly over a third of the sample (38%) was re-arrested over this period, with time to re-arrest averaging seven months. Only 10% were re-arrested on a felony charge and 3% were re-arrested on violent felony charge. Due to the focus of the current study on predicting general recidivism (any new arrest), new felony arrests and new violent felony arrests are excluded from subsequent analyses.

Table 2. MDPEP Sample Characteristics

Total Sample Size	205
Demographics	
Average Age	27
Male	46%
Race	
Black/African American	66%
White/Caucasian	10%
Hispanic/Latino/Spanish	23%
Other	1%
High School Diploma / GED	66%
Employed at time of Arrest	65%
Criminal History	
Any Prior Arrest[1]	62%
Misdemeanor Arrest	60%
Felony Arrest	18%
Violent Felony Arrest	4%
Drug Arrest	17%
Prior Convictions (past 3 years)	
Misdemeanor Conviction	1%
Felony Conviction	1%
Instant Case	
Arrest Charge Type	
Property	43%
Drug	1%
Other[2]	56%

[1] Arrests are counted either as a felony or misdemeanor; an arrest with both a felony and misdemenor charge was counted as a felony arrest only. Violent felony and drug arrest refer to any prior arrest with a violent felony or drug charge, respectively.

[2] Included DWI, violent and sex arrest charges that were plead down at arraignment; or resisting arrest, traffic, disorderly, or unknown charges.

Table 3. MDPEP Sample Re-Arrest

Total Sample Size	205
Re-Arrest at 2 Years	
Any Re-arrest	38%
Felony Re-arrest	10%
Violent Felony Re-arrest	3%
Average Time to Re-Arrest (days)	
Any New Arrest (N=78)	225 days (7.40 months)

Note: Arrests were counted either as a felony or misdemeanor; an arrest with both a felony and misdemenor charge was counted as a felony arrest only. Violent felony arrest refer to any two-year re-arrest with a violent felony charge.

Predictive Validity

Research Question 1: Is the C-CAT algorithm an accurate predictor of re-arrest in a sample of participants from the Cook County Misdemeanor Deferred Prosecution Enhancement Program (MDPEP)? Are the original C-CAT risk categories accurate for classifying risk in the MDPEP sample?

First, we examined the underlying C-CAT risk algorithm, shown in Table 1 above, on the MDPEP sample. Table 4 shows the distribution of risk categories for our sample. Based on the C-CAT classification system, more than 9 in 10 defendants in the MDPEP sample were classified as minimal risk, 7% were classified as low risk and 2% were classified as moderate risk.

Table 4. C-CAT Risk Categories

	C-CAT Risk Categories	
Revised Risk Categories	**Score Range**	**% Sample falling in Category**
All Valid Cases		**N=205**
Minimal Risk	0-12	91%
Low Risk	13-17	7%
Moderate Risk	18-23	2%

Table 5 shows area-under-the-curve statistics produced by this analysis. The original C-CAT had an AUC that exceeds .7 in both the development and validation samples in New York City,[8] representing "good" predictive ability by current industry standards. As expected, there was some loss in predictive accuracy when applying the algorithm to the new sample. However, performance of the C-CAT raw risk scale in the MDPEP sample still fell into the "acceptable" range, with an AUC of .668. Also shown in Table 5, we examined the accuracy of the original C-CAT risk categories to the MDPEP population. Likely due to lower variance in risk scores in the MDPEP sample when compared to the sample on whom the C-CAT was originally developed, the risk categories showed relatively weak (AUC=.565) predictive accuracy for the MDPEP sample.

Table 5. Validity of the C-CAT for Predicting Risk in MDPEP Participants

	AUC Statistics
All Valid Cases	**N=205**
Risk Scale	0.668
Risk Categories[1]	0.565

[1] Represents the predictive accuracy of the original C-CAT riks categories (developed on a sample of misdemeanants referred to diversion programs in NYC) when applied to MDPEP

Local Validation

Research Question 2: Can the C-CAT risk categories be revised to better classify risk for re-arrest in the MDPEP population?

In order to create risk categories that meaningfully distinguish risk for re-arrest, we examined the distribution of the MDPEP sample by risk score and average re-arrest rates for each possible score in the sample. Raw risk scores in the studied sample ranged from a low score of one to a high score of 22, with a median risk score of 7. As discussed above, the vast

[8] Picard-Fritsche, S., Rempel, M., Kerodal, A. & Adler, J. (2018). *The Criminal Court Assessment Tool: Development and Validation*. New York, NY: Center for Court Innovation.

majority (88%) of the MDPEP sample were low and moderate risk according to the original C-CAT risk categories, with only 2% being classified as high risk. To achieve a better fit, researchers created logical cut-points in the MDPEP data—points in the C-CAT scale where average re-arrest rates increased substantially—while maintaining no less than 10% of the total cases in each new category. Table 6 compares the original and revised risk categories. As shown, four revised risk categories were created, with the majority of the sample (58%) of the sample falling into low and moderate risk categories, and 18% falling in the highest risk category.

Table 6. Actual and Revised C-CAT Risk Categories

	C-CAT Risk Categories		Revised Risk Categories	
Revised Risk Categories	**Score Range**	**% Sample falling in Category**	**Score Range**	**% Sample falling in Category**
All Valid Cases		**N=205**		**N=205**
Minimal Risk	0-12	91%		
Low Risk	13-17	7%	0-7	11%
Moderate Risk	18-23	2%	8-13	48%
Moderate-High Risk	24-28	0%	14-16	23%
High Risk	29-42	0%	17+	18%

We then assessed the validity of the newly created risk categories using an area-under-the-curve technique. As shown in Table 7, the predictive accuracy of the risk categories improved significantly as a result of our revisions. In effect, this analysis demonstrates that a local modification of risk categories can be a successful strategy when a risk assessment tool's original categories do not successfully discriminate levels of recidivism risk in the local population.

Table 7. Validity of Revised Risk Categories

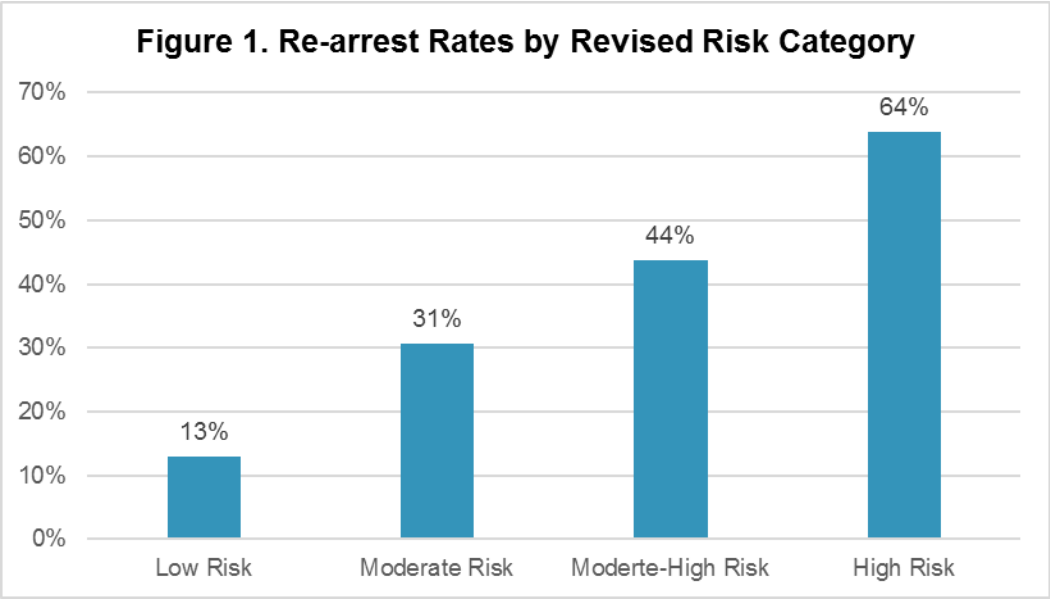
	AUC Statistics
All Valid Cases	**N=205**
Original C-CAT risk categories	0.565
Revised Risk Categories[1]	0.667

[1] Risk Categories were coded: Low Risk=0-7, Moderate Risk=8-13, Moderate-High Risk=14-16, High Risk=17+.

Risk Profile

Research Question 3: What is the distribution of risk for re-arrest, as determined by the revised C-CAT risk categories? Do the revised categories represent meaningful differences in re-arrest probabilities?

The most effective risk assessment tools are those in which the categories draw strong distinctions in the outcome of interest, in this case re-arrest for any offense over a two-year period. Figure 1 displays average re-arrest rates for the MDPEP sample in each of the revised risk categories. As shown, there are substantial re-arrest increases as the categories move from low to high, with an average re-arrest rate of 13% in the lowest category compared to 64% in the highest category.

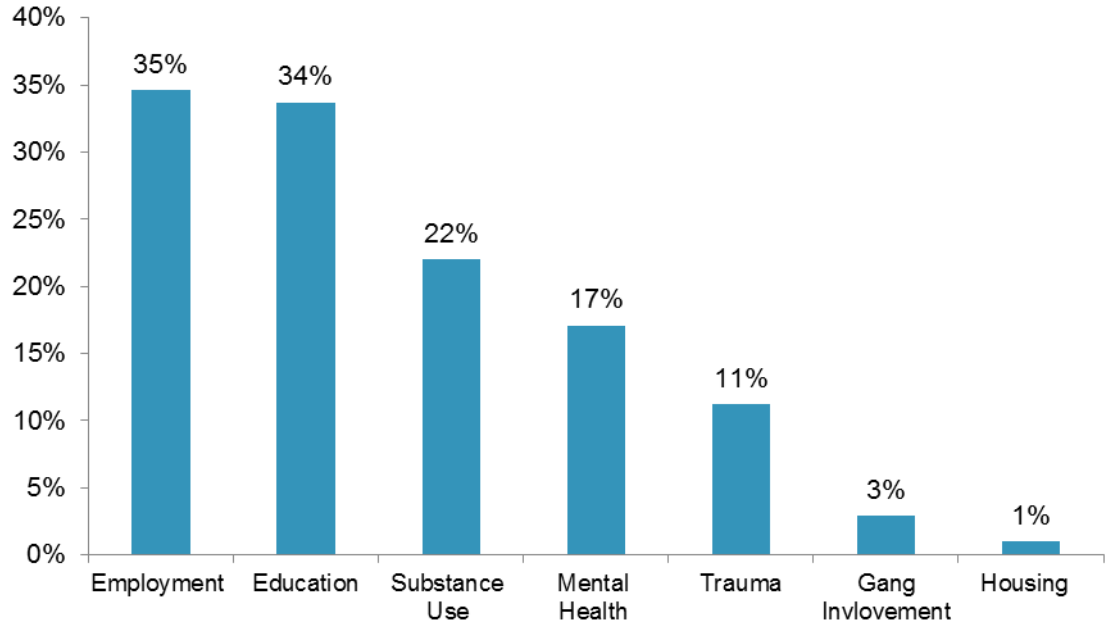


Needs Profile

Research Question 4: Which of the C-CAT needs flags are most prevalent in a sample of MDPEP participants?

As mentioned in the introduction, the C-CAT is designed as a brief risk *and needs* assessment for high-volume criminal justice settings. In addition to placing defendants in risk categories, the tool also flags for treatable needs that may be directly linked to recidivism or relevant for successful correctional intervention. Flags are created based on responses to items in the tool that are relevant to that need (e.g., someone who reports currently using drugs at least once per month receives a flag for substance use). Flags indicate a need for further assessment and are not intended to be diagnostic. Our final research question asks whether the C-CAT needs flags developed on the New York City population remain relevant for the MDPEP population. Figure 2 displays the prevalence of seven needs flags: employment, education, substance use, mental health, trauma, gang involvement and housing. The figure shows substantial need in the areas of unemployment (35%), education (34%), substance use (22%), and mental health (17%). Fewer participants reported gang involvement (3%), PTSD symptoms (11%) or homelessness (1%), suggesting lesser need in these areas.

Figure 2. Prevalence of Needs Factors



Note: C-CAT data provided to the research team were missing responses to "criminal thinking" items, so this flag could not be computed.

Chapter 4
Conclusions

This research sought to validate a data-driven risk-need assessment tool (C-CAT) in a sample of misdemeanants participating in a deferred prosecution program in two geographically-defined courts within Cook County, Illinois (MDPEP). Our findings suggest that while the C-CAT risk scale is valid for the MDPEP population, there was a notable loss of predictive accuracy when applying the original risk categories to the new sample. Although some loss of predictive accuracy would have been anticipated based on different geographic and legal contexts, the magnitude of the loss suggests that there are substantive differences between the MDPEP population and the New York City population for whom the categories were originally developed.

In particular, it appears that the population receiving deferred prosecution offers in Cook County is substantially lower risk, particularly in terms of criminal history, when compared with the New York City sample. Indeed, the very low risk nature of the sample—which is not representative of the larger Cook County defendant population—is a serious study limitation, compromising generalizability within Cook County itself, let alone within the larger national population. Moreover, the original New York City population was substantially more diverse in terms of defendant criminal histories, charges, and, ultimately, risk levels. Nonetheless, the research team was able to create revised risk categories for Cook County that achieved acceptable predictive accuracy.

Although the MDPEP sample that we studied was not generally high risk, a relatively high prevalence of criminogenic needs—particularly in the areas of substance use, education, employment, and mental health—was found. This suggests that the deferred prosecution model, which replaces short-term incarceration with assessment and referral to social and clinical services, is an evidence-based approach for this population. Further, clinical and social services associated with the program would be most effective if they were for assistance in the areas of employment and substance abuse treatment.

Finally, even after risk categories were revised for the lower risk MDPEP sample, the majority of participants (58%) fell into the low or moderate risk categories. This finding may support expanding MDPEP by offering the program to a greater number of misdemeanants,

including those with recent criminal histories. Administration of the tool prior to making an MDPEP offer, rather than waiting until a plea is accepted as is the current practice, might allow Cook county courts to avoid in pretrial detention in a larger pool of cases (e.g., referrals could be made to all those who fall in low or moderate risk categories that do not have other disqualifying characteristics).

Appendix A.

The Criminal Court Assessment Tool

CENTER FOR COURT INNOVATION
Criminal Court Assessment Tool
(Cook County)

The MAP-S consists of six administrative items that are used for defendant tracking purposes (A1-A6), followed by 23 core items that make up the risk and needs assessment. Eight of the core items (R1-R8) are based on a review of official criminal justice records. These items contribute to an overall risk score but do not concern the underlying needs of the defendant. Fifteen items (R9-R23) contribute both to the overall risk score *and* to an understanding of important needs. The final five items (N1-N5) are exclusively used to understand clinical needs that may warrant further assessment or referral. They do not contribute to the risk score. Care should be taken *not* to count the final five items of the tool in the risk score.

Administrative Information
[Record the following information for the purpose of tracking individual defendants. Section I is not a part of the formal risk and need screening tool.]

A1. Interviewer Initials _____

A2. Person-based Identifier (e.g., state criminal justice ID) _____

A3. Docket or case-based Identifier (if available) _____

A4. Arrest date on current criminal case ____ ____ _____
MO DAY YR

A5. Top arrest charge (numeric penal code, if available) _____

A6. Court or Program Name (Optional) _____

Section I. Criminal Record Review
[Section I is where the scored risk assessment begins. Answers for Section I can be found on the official rap sheet or case record. For each question, circle the appropriate answer and then write the corresponding number—the number in parentheses next to the answer—in the far right column. This can be done before or after the defendant interview portion of the assessment.]

		Circle One	*Points*
R1.	Top arrest charge involves a drug offense that is NOT a marijuana offense.	No (0) Yes (3)	
R2.	Top arrest charge involves a property offense (e.g. petit larceny, criminal possession of stolen property).	No (0) Yes (5)	
R3.	Prior felony conviction(s), <u>past three years</u>.	No (0) Yes (0)	*Please circle the correct answer, but do not score.*
R4.	Number of prior misdemeanor or violation convictions <u>in the past three years</u>.	Zero (0) One (1) Two (2) Three+ (3)	
R5.	<u>Ten or more</u> misdemeanor or violation convictions <u>in past three years</u>.	No (0) Yes (6)	
R6.	Any prior sentence to jail or prison.	No (0) Yes (1)	
R7.	Number of warrants for failure to appear in court.	Zero (0) One (1) Two (2) Three+ (3)	
R8.	Number of currently open cases.	Zero (0) One (1) Two (2) Three+ (3)	
		Section I Subtotal	

Section II. Defendant Interview

[Section II is also part of the scored risk assessment. For each question, circle the appropriate answer and then write the corresponding number or letter—the number or letter in parentheses next to the answer—in the far right column. If the interviewee declines to answer a particular item, circle "r" for refusal.]

<u>Introduction:</u> I'm going to ask you a number of questions—questions we ask everyone coming to this court [program]. The first set of questions will focus on your education and employment history, your living situation, and your personal relationships.

	Circle One	*Points*

R9.	Have you either graduated high school or received a GED?	No (2) Yes (0) Refusal (r)	
R10.	Were you either employed (not including illegal activities), attending school, or attending a vocational training program at the time of your arrest? *[If yes, ONLY ask R11a. If no, ONLY ask R11b.]*	No (1) Yes (0) Refusal (r)	
R11a.	Have you ever been fired from a job?	No (0) Yes (1) Refusal (r)	
R11b.	Have you ever been legally employed?	No (1) Yes (0) Refusal (r)	
R12.	How would you describe your current living situation? *(Choose one)* Homeless (on the streets, in a car, in a drop-in shelter) (4) Living in a long-term shelter (transitional housing) (2) Living in a halfway house (0) Living with friends or family (0) Living in an apartment, house, or room (own/rent) (0) Living in public housing (0) Other (0) Refusal (r)		
R13.	How long have you been at your current address? *(Choose one)* Less than 1 year (2) 1-3 years (1) 4 or more years (0) Refusal (r)		
R14.	Do you currently have a primary or "main" intimate partner? By intimate partner we mean a girlfriend, boyfriend, wife, or husband.	No (2) Yes (0) Refusal (r)	
R15.	Have you been through a separation or divorce in the last year?	No (0) Yes (2) Refusal (r)	
R16.	Do you have any children under the age of 18?	No (0) Yes (0) Refusal (r)	*Please circle the correct answer, but do not score.*
R17.	Have you <u>ever</u> been a gang member? Please answer "yes" either if you are currently in a gang or if you were in one sometime in the past.	No (0) Yes (3) Refusal (r)	

R18.	Have you ever used illegal drugs? *[IF NO, SKIP TO R22]*	Yes (0) No (0) Refusal (r)	*Please circle the correct answer, but do not score.*
R19.	How old (in years) were you when you first used illegal drugs? Less than 10 years (4) 10 to 14 years old (3) 15 to 19 years old (2) 20 to 24 years old (1) 25 or older (0) Refusal (r)		
R20.	About how often do you <u>currently</u> use illegal drugs? About every day (five or more times a week) (1) One or a few times per week (a) One or a few times per month (a) Only a few times each year (a) Not currently using (0) Refusal (r)		
R21.	About how often do you currently have five [four if female] or more drinks of an alcoholic beverage in a single day? About every day (a) One or a few times per week (a) One or a few times per month (a) Only a few times each year (0) Not currently drinking alcohol (0) Refusal (r)		
R22.	The trouble with getting close to people is that they start making demands on you. *(Choose one)* Strongly Agree (a) Agree (a) Neutral (a) Disagree (0) Strongly Disagree (0) Refusal (r)		*Please circle the correct answer, but do not score.*
R23.	Some people must be beaten up or treated roughly just to send them a clear message. *(Choose one)* Strongly Agree (a) Agree (a) Neutral (a) Disagree (0) Strongly Disagree (0) Refusal (r)		*Please circle the correct answer, but do not score.*
		Section II Subtotal	

Section III. Defendant Interview *(Continued)*

[*Section III is not a part of the formal risk assessment. In other words, the following questions DO NOT contribute to the risk score, but the answers should be used to inform the selection of appropriate supervision, treatment, or diversion tracks. As in the previous sections, please circle the appropriate answer and then write the corresponding number—the number in parentheses next to the answer—in the far right column. If the interviewee declines to answer a particular item, circle "r" for refusal.*]

<u>Introduction:</u> Now I have a few questions about your mental and emotional health. Some of these questions may be personal in nature or make you feel upset. If that happens, let me know and we can pause, or I can get a social worker to speak with you if that would be helpful.

		Circle One	*Points*
N1.	Have you ever been in a hospital for emotional or mental health problems?	No (0) Yes (1) Don't know (0) Refusal (r)	
N2.	Do you currently feel that other people know your thoughts and can read your mind?	No (0) Yes (1) Don't know (0) Refusal (r)	
N3.	Have there recently been a few weeks where you felt useless or sinful?	No (0) Yes (1) Don't know (0) Refusal (r)	
N4.	In the past month, how often have you had repeated disturbing memories, thoughts, or images of a stressful experience? *(Choose one)* Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5) Refusal (r)		
N5.	In the past month, how often have you felt very upset when something reminded you of a stressful experience? *(Choose one)* Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5) Refusal (r)		

A. Calculating the Risk Score. *First, add up the numbers indicated in the far right column for Questions R1-R21 (except that there is no score for R3, R16, or R18, R22 and R23). Alternatively, simply add the Section I subtotal and the Section II subtotal. This is the raw risk score. Next, count the number of "r" responses indicated in the far right for questions R9-R21. If there are more than 4 "r" responses, a valid risk score cannot be calculated. DO NOT count any of the answers to Section III (N1-N5) in the risk score.*

Raw Score: _____

Risk Classification. *Circle the appropriate risk classification based on the raw risk score.*

Minimal Risk	(0-12)
Low Risk	(13-17)
Moderate Risk	(18-23)
Moderate-High Risk	(24-28)
High Risk	(29-47)

B. Need Flags. *Compute need flags as indicated below. Need flags indicate a possible need for further assessment, treatment, or social services. Positive need flags do not conclusively demonstrate the presence of the given problem or diagnosis.*

Education	Yes	(*Circle if R9* score=2)
Employment	Yes	*(Circle if R10 score = 1)*
Housing	Yes	*(Circle if R12 score = 4)*
Criminal Thinking	Yes	*(Circle if R22="a" or R23="a")*
Substance Use	Yes	*(Circle if R20 = 1 or "a" OR R21 = "a")*
Mental Health	Yes	*(Circle if N1+N2+N3 is 1 or higher)*
Trauma	Yes	*(Circle if N4+N5 is 4 or higher)*

Criminal Justice Supervision and Treatment Recommendation *(devise classification system based on local supervision, service, and treatment options):*