

OHIO RISK ASSESSMENT SYSTEM QUALITY ASSURANCE

NAME OF ASSESSOR: _____ CLIENT NAME: _____

DATE OF ASSESSMENT: _____ PROGRAM/CASE #: _____

ASSESSMENT

ORAS-COMMUNITY SUPERVISION TOOL (CST)

COMPLETED WITHIN THE PRESCRIBED TIME FRAME? Y/N Y = 0 N = 1

SCREENING/INTERVIEW GUIDE:

COMPLETE/NO BLANKS Y/N Y = 0 N = 1

CST: 7 DOMAINS – 35 ITEMS

REVIEW EACH QUESTION WITHIN THE 5 DOMAINS AND RECORD THE TOTAL NUMBER OF ERRORS FOR EACH

- | | | | |
|----------------------------|---|-----------------|--------------------------|
| 1. 1-1.6 | CRIMINAL HISTORY – 6 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 2. 1-2.6 | EDUCATIONAL/EMPLOYMENT/FINANCES-6 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 3. 1-3.5 | FAMILY AND SOCIAL SUPPORT-5 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 4. 1.4.2 | NEIGHBORHOOD PROBLEMS-2 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 5. 1-5.5 | SUBSTANCE USE – 5 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 6. 1-6.4 | PEER ASSOCIATION-4 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 7. 1-7.7 | CRIMINAL ATTITUDES/BEHAVIORAL PROB.-7 ITEMS | # INCORRECT X 2 | <input type="checkbox"/> |
| 0-49 TOTAL POSSIBLE POINTS | | | |

DEFAULT SCORING:

IF 5.5 IS 1 THEN 5.4 IS 2 X 2

SELF REPORT

WAS THE SELF REPORTED COMPLETED? Y/N Y = 0 N = 2

WAS THE SELF REPORT USED APPROPRIATELY IN SCORING? Y = 0 N = 2

COLLATERAL INFORMATION

WAS COLLATERAL INFORMATION COLLECTED? Y/N Y = 0 N = 1

WHAT SOURCES WERE USED? PLEASE CIRCLE:

CASE FILE / CMIS / JAIL / PSI / PROB / PROS. NOTES / ODRC PACKET / FEDERAL PACKET

WAS COLLETERAL INFORMATION USED TO VERIFY INFORMATION?

Y/N Y = 0 N = 2

IF NO, EXPLAIN: _____

SCORE SHEET:

NAME/CASE #/DATE/NAME OF ASSESSOR ALL COMPLETE? Y/N Y = 0 N = 1

RISK CATEGORY CIRCLED Y/N Y = 0 N = 1

OVERRIDE USED Y/N

IF YES, WAS IT APPROPRIATE? Y/N Y = 0 N = 1

IF NO, EXPLAIN: _____

OTHER CONCERNS Y/N

IF YES, EXPLAIN: _____

DO THE DOMAIN SCORES MATCH THE INDICATED RISK LEVEL? Y/N

TOTAL SCORE CORRECT? Y/N Y = 0 N = 2

DATA ENTRY

IN CIMIS/ODRC GATEWAY Y/N Y = 0 N = 1

TIMELY Y/N Y = 0 N = 1

ADDITIONAL COMMENTS: _____

DO NOT OVERRIDE MORE THAN 10% P/PERSON

EVALUATOR'S SIGNATURE

DATE

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ASSESSMENT

ORAS-COMMUNITY SUPERVISION TOOL (CSST)

COMPLETED WITHIN THE PRESCRIBED TIME FRAME? Y/N Y = 0 N = 1

SCREENING/INTERVIEW GUIDE:

COMPLETE/NO BLANKS Y/N Y = 0 N = 1

CSST: 4 DOMAINS

REVIEW EACH QUESTION AND RECORD THE TOTAL NUMBER OF ERRORS FOR EACH.

1.0 PRIOR ADULT FELONY CONVICTIONS # INCORRECT X 10

2.0 CURRENTLY EMPLOYED # INCORRECT X 10

3.0 DRUGS READILY AVAILABLE IN NEIGHBORHOOD # INCORRECT X 10

4.0 CRIMINAL FRIENDS # INCORRECT X 10

0-7 TOTAL POSSIBLE POINTS

COLLATERAL INFORMATION

WAS COLLATERAL INFORMATION COLLECTED? Y/N Y = 0 N = 1

WHAT SOURCES WERE USED? PLEASE CIRCLE:

CASE FILE / CMIS / JAIL / PSI / PROB / PROS. NOTES / ODRC PACKET / FEDERAL PACKET
WAS COLLETERAL INFORMATION USED TO VERIFY INFORMATION?

Y/N Y = 0 N = 10

IF NO, EXPLAIN: _____

SCORE SHEET:

RISK CATEGORY CIRCLED Y/N Y = 0 N = 1

NAME/CASE #/DATE/NAME OF ASSESSOR ALL COMPLETE? Y/N Y = 0 N = 1

OVERRIDE USED Y/N

IF YES, WAS IT APPROPRIATE? Y/N Y = 0 N = 1

IF NO, EXPLAIN: _____

OTHER CONCERNS Y/N

IF YES, EXPLAIN: _____

DATA ENTRY

IN CIMIS/ODRC GATEWAY Y/N Y = 0 N = 1

TIMELY Y/N Y = 0 N = 1

WAS FURTHER ASSESSMENT COMPLETED AS NEEDED? Y/N Y = 0 N = 10

WERE LOW RISK CLIENTS DIVERTED FROM FURTHER ASSESSMENT? Y/N Y = 0 N = 10

EVALUATOR'S SIGNATURE

DATE