

Defendant's Name:

Date Administered:

Client ID: F -
(2 digit yr. - 4 digit case ID)

(If there is a letter at the end of the
case number to represent co-
defendant counterparts, enter here)

MENTAL HEALTH SCREENING FORM III (MHSF-III)

Instructions

In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each questions begins – "Have you ever..."

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?
YES _____ NO _____
2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for you emotional problems?
YES _____ NO _____
3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?
YES _____ NO _____
4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?
YES _____ NO _____
5. Have you ever heard voices no one else could hear or seen objects or things which others could not see?
YES _____ NO _____
6. a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or had thoughts about killing yourself?
YES _____ NO _____
b) Did you ever attempt to kill yourself?
YES _____ NO _____
7. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?
YES _____ NO _____
8. Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may

17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?

YES _____ NO _____

Client ID#

Today's Date

Facility ID#

Zip Code

Administration

TCU DRUG SCREEN V

During the last 12 months (before being locked up, if applicable) –

| | Yes | No |
|---|--|-----------------------|
| 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you try to control or cut down on your drug use but were unable to do it? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a strong desire or urge to use drugs? | <input type="radio"/> | <input type="radio"/> |
| 5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| 6. Did you continue using drugs even when it led to social or interpersonal problems? ... | <input type="radio"/> | <input type="radio"/> |
| 7. Did you spend less time at work, school, or with friends because of your drug use? | <input type="radio"/> | <input type="radio"/> |
| 8. Did you use drugs that put you or others in physical danger? | <input type="radio"/> | <input type="radio"/> |
| 9. Did you continue using drugs even when it was causing you physical or psychological problems? | <input type="radio"/> | <input type="radio"/> |
| 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? | <input type="radio"/> | <input type="radio"/> |
| 10b. Did using the same amount of a drug lead to it having less of an effect as it did before? | <input type="radio"/> | <input type="radio"/> |
| 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? | <input type="radio"/> | <input type="radio"/> |
| 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? | <input type="radio"/> | <input type="radio"/> |
| 12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE] | | |
| <input type="radio"/> None | <input type="radio"/> Stimulants – Methamphetamine (meth) | |
| <input type="radio"/> Alcohol | <input type="radio"/> Bath Salts (Synthetic Cathinones) | |
| <input type="radio"/> Cannaboids – Marijuana (weed) | <input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (Ecstasy) | |
| <input type="radio"/> Cannaboids – Hashish (hash) | <input type="radio"/> Dissociative Drugs – Ketamine/PCP (Special K) | |
| <input type="radio"/> Synthetic Marijuana (K2/Spice) | <input type="radio"/> Hallucinogens – LSD/Mushrooms (acid) | |
| <input type="radio"/> Opioids – Heroin (smack) | <input type="radio"/> Inhalants – Solvents (paint thinner) | |
| <input type="radio"/> Opioids – Opium (tar) | <input type="radio"/> Prescription Medications – Depressants | |
| <input type="radio"/> Stimulants – Powder Cocaine (coke) | <input type="radio"/> Prescription Medications – Stimulants | |
| <input type="radio"/> Stimulants – Crack Cocaine (rock) | <input type="radio"/> Prescription Medications – Opioid Pain Relievers | |
| <input type="radio"/> Stimulants – Amphetamines (speed) | <input type="radio"/> Other (specify) _____ | |

TCUDS V – TCU Drug Screen V

Scoring & Interpretation Guide

Scoring Instructions. The TCU Drug Screen V (TCUDS V) is scored to produce a single total score which can range from 0 to 11. To compute the total TCUDS V score:

1. Assign 1 point to each “yes” response to items 1 through 9.
2. For items 10 and 11,
 - a. assign 1 point if respondent answers “yes” to either 10a or 10b;
 - b. assign 1 point if respondent answers “yes” to either 11a or 11b.
3. Sum 1-point “yes” responses for items 1 through 11, yielding a total score ranging between 0 and 11.
4. Note that items 12 through 17 are not included as part of the total TCUDS V score; they provide additional information that may be useful in guiding treatment decisions.

Interpreting Scores. Interpretation of the TCUDS V score corresponds with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) criteria, and is based on a single disorder measured on the following continuum from mild to severe:

Mild disorder: Score of 2-3 points (presence of 2-3 symptoms)
Moderate disorder: Score of 4-5 points (presence of 4-5 symptoms)
Severe disorder: Score of 6 or more points (presence of 6 or more symptoms)

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Note: Data currently are being collected to establish the psychometric properties of the TCU Drug Screen V.

OHIO RISK ASSESSMENT SYSTEM: COMMUNITY SUPERVISION TOOL (ORAS-CST)

Name: _____ Date of Assessment: _____
Case#: _____ Name of Assessor: _____

1.0 CRIMINAL HISTORY:

- 1.1. Most Serious Arrest Under Age 18
0=None
1=Yes, Misdemeanor
2=Yes, Felony
- 1.2. Number of Prior Adult Felony Convictions
0=None
1=One or Two
2=Three or More
- 1.3. Prior Sentence as an Adult to a Jail or Secure Correctional Facility
0=No
1=Yes
- 1.4. Received Official Misconduct while Incarcerated as an Adult
0=No
1=Yes
- 1.5. Prior Sentence to Probation as an Adult
0=No
1=Yes
- 1.6. Community Supervision Ever Been Revoked for Technical Violation as an Adult
0=No
1=Yes

Total Score in Criminal History:

2.0 EDUCATION, EMPLOYMENT, AND FINANCIAL SITUATION:

- 2.1. Highest Education
0= High School Graduate or Higher
1= Less than High School or GED
- 2.2. Ever Suspended or Expelled From School
0=No
1=Yes
- 2.3. Employed at the Time of Arrest
0= Yes
1= No
- 2.4. Currently Employed
0=Yes, Full-time, Disabled, or Retired
1=Not Employed or Employed Part-time
- 2.5. Better Use of Time
0=No, Most Time Structured
1=Yes, Lots of Free Time
- 2.6. Current Financial Situation
0=Good
1=Poor

Total Score in Education, Employment, Financial:

| 3.0 FAMILY AND SOCIAL SUPPORT | |
|---|----------------------|
| 3.1. Parents have Criminal Record 0=No 1=Yes | <input type="text"/> |
| 3.2. Currently Satisfied with Current Marital or Equivalent Situation 0=Yes 1=No | <input type="text"/> |
| 3.3. Emotional and Personal Support Available from Family or Others 0=Strong Support 1=None or Weak Support | <input type="text"/> |
| 3.4. Level of Satisfaction with Current Level of Support from Family or Others 0=Very Satisfied 1=Not Satisfied | <input type="text"/> |
| 3.5. Stability of Residence 0=Stable 1=Not Stable | <input type="text"/> |
| Total Score on Family and Social Support: <input type="text"/> | |

| 4.0 NEIGHBORHOOD PROBLEMS | |
|---|----------------------|
| 4.1. High Crime Area 0=No 1=Yes | <input type="text"/> |
| 4.2. Drugs Readily Available in Neighborhood 0=No, Generally Not Available 1=Yes, Somewhat Available 2=Yes, Easily Available | <input type="text"/> |
| Total Score in Neighborhood Problems: <input type="text"/> | |

| 5.0 SUBSTANCE USE | |
|--|----------------------|
| 5.1. Age First Began Regularly Using Alcohol 0=17 or Older 1=Under Age 17 | <input type="text"/> |
| 5.2. Longest Period of Abstinence from Alcohol 0=Six Months or Longer 1=Less than Six Months | <input type="text"/> |
| 5.3. Ever Used Illegal Drugs 0=No 1=Yes | <input type="text"/> |
| 5.4. Drug Use Caused Legal Problems 0=None 1=One time 2=Two or More Times | <input type="text"/> |
| 5.5. Drug Use Caused Problems with Employment 0=No 1=Yes | <input type="text"/> |
| Total Score for Substance Use: <input type="text"/> | |

6.0 PEER ASSOCIATIONS

- 6.1. Criminal Friends
 - 0=None
 - 1=Some
 - 2=Majority
- 6.2. Contact with Criminal Peers
 - 0=No Contact with Criminal Peers
 - 1=At Risk of Contacting Criminal Peers
 - 2=Contact or Actively Seeks out Criminal Peers
- 6.3. Gang Membership
 - 0=No, Never
 - 1=Yes, but Not Current
 - 2=Yes, Current
- 6.4. Criminal Activities
 - 0=Strong Identification with Prosocial Activities
 - 1=Mixture of Pro- and Antisocial Activities
 - 2=Strong identification with criminal activities

Total Score for Peers:

7.0 CRIMINAL ATTITUDES AND BEHAVIORAL PATTERNS

For the Following Items Please Rate the Offender:

- 7.1. Criminal Pride
 - 0=No Pride in Criminal Behavior
 - 1=Some Pride
 - 2=A Lot of Pride
- 7.2. Expresses Concern about Others
 - 0=Concerned about Others
 - 1=Limited Concern
 - 2=No Real Concern for Others
- 7.3. Feels Lack of Control Over Events
 - 0=Controls Events
 - 1=Sometimes Lacks Control
 - 2=Generally Lacks Control
- 7.4. Sees No Problem in Telling Lies
 - 0=No
 - 1=Yes
- 7.5. Engages in Risk Taking Behavior
 - 0=Rarely Takes Risks
 - 1=Sometimes Takes Risks
 - 2=Generally Takes Risks
- 7.6. Walks Away from a Fight
 - 0=Yes
 - 1=Sometimes
 - 2=Rarely
- 7.7. Believes in "Do Unto Others Before They Do Unto You"
 - 0=Disagree
 - 1=Sometimes
 - 2=Agrees

Total Score Criminal Attitudes and Behavioral Patterns:

TOTAL SCORE:

| Risk Categories for MALES | | Risk Categories for FEMALES | |
|---------------------------|-----------|-----------------------------|-----------|
| Scores | Rating | Scores | Rating |
| 0-14 | Low | 0-14 | Low |
| 15-23 | Moderate | 15-21 | Moderate |
| 24-33 | High | 22-28 | High |
| 34+ | Very High | 29+ | Very High |

Professional Override: YES NO

Reason for Override (note: overrides should not be based solely on offense):

Final Level: LOW MODERATE HIGH VERY HIGH

Recommendations:

- LOW Minimum supervision or non-reporting supervision
- MODERATE Regular supervision; programming should be provided for moderate and high need domains
- HIGH Enhanced supervision or residential placement; programming should be provided for moderate and high need domains
- VERY HIGH *For males:* Residential placement preferred or enhanced supervision at highest level; programming should be provided for moderate and high need domains
- For females:* Enhanced supervision or residential placement; programming should be provided for moderate and high need domains

Other Areas of Concern. Check all that Apply:

- Low Intelligence*
- Physical Handicap
- Reading and Writing Limitations*
- Mental Health Issues*
- No Desire to Change/Participate in Programs*
- Transportation
- Child Care
- Language
- Ethnicity
- Cultural Barriers
- History of Abuse/Neglect
- Interpersonal Anxiety
- Other _____

*If these items are checked it is strongly recommended that further assessment be conducted to determine level or severity.

Level of Need

| | | | | | | | |
|------|------------------|---|------------------------------|-----------------------|---------------|-------------------|---|
| HIGH | 7-8 | 5-6 | 4-5 | 2-3 | 5-6 | 5-8 | 9-13 |
| MOD | 4-6 | 2-4 | 2-3 | 1 | 3-4 | 2-4 | 4-8 |
| LOW | 0-3 | 0-1 | 0-1 | 0 | 0-2 | 0-1 | 0-3 |
| | Criminal History | Education, Employment, and Financial Situation | Family and Social Support | Neighborhood Problems | Substance Use | Peer Associations | Criminal Attitudes and Behavioral Patterns |