



# Comprehensive Outcome, Research, and Evaluation Reporting System

Reference Guide

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Bureau of Justice Information and Analysis  
Wisconsin Department of Justice





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# About CORE

## What is CORE

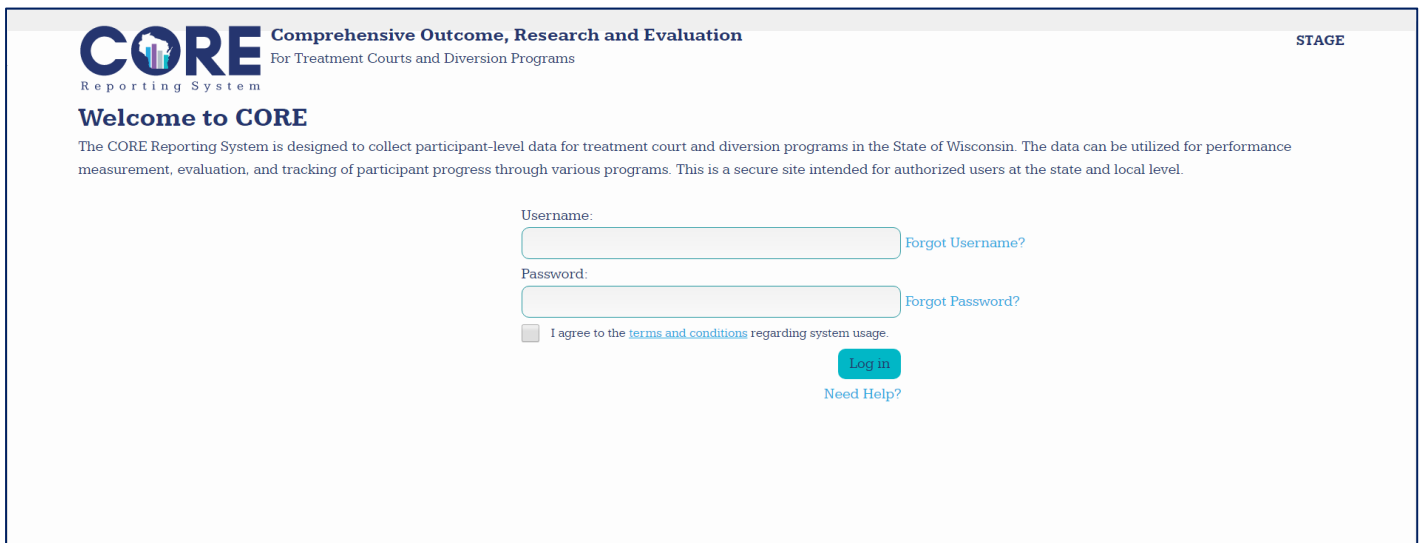
The Comprehensive Outcome, Research, and Evaluation Reporting System (CORE) is a web-based application for use by Wisconsin treatment courts and diversion programs to collect participant-level data for performance measurement and evaluation purposes. There is no cost for counties/tribes to utilize CORE. Counties/tribes with programs funded by the Treatment Alternatives and Diversion (TAD) grant are required to use CORE to track referrals and admissions to their programs.

## Who can use CORE

Both TAD grant funded and non-funded treatment courts throughout Wisconsin may use CORE. In order to receive authorization, counties or tribes must sign a Memorandum of Understanding (MOU) with the Wisconsin Department of Justice. Users must request access through their site administrator by filling out a CORE External User Authorization Request (this form can be found on the Resources page within the system). Users will also be required to sign a CORE User Agreement.

# Logging in to CORE

To access CORE, users will enter the username provided by the Wisconsin Department of Justice after requesting authorization through the CORE External User Authorization Request. Once approved, users will receive a temporary password in their email. This temporary password will expire after 72 hours. Users will be prompted to change their temporary password on their first login. Upon first log-in, users will be asked to set up multi-factor authentication (MFA), as well as a four-digit pin number.



The screenshot shows the login interface for the CORE Reporting System. At the top left is the logo for CORE (Comprehensive Outcome, Research and Evaluation Reporting System) with the tagline 'For Treatment Courts and Diversion Programs'. At the top right is the word 'STAGE'. Below the logo is a 'Welcome to CORE' heading and a paragraph explaining the system's purpose. The login form includes fields for 'Username:' and 'Password:', each with a 'Forgot' link. Below these is a checkbox for 'I agree to the terms and conditions regarding system usage.' and a blue 'Log in' button. A 'Need Help?' link is located below the 'Log in' button.

## MFA Registration

When all new CORE users login for the first time with valid username and password, will be taken to the below MFA registration page. Users should enter all fields on this page and check the "I agree..." checkbox and Submit to register for MFA.

**Note: First time users, will see the MFA registration page only after they reset their one-time temporary password.**

The Department of Justice is transitioning to a new advanced authentication solution to comply with the FBI CJIS Security Policy requirements to replace the existing risk-based authentication using user profiles and security questions.

The new advanced authentication will include the use of a One Time Password(OTP) or **Token** available with in the FortiToken Mobile App, or delivered to you via Text/SMS or Email. The device receiving the Token **must not** be the same device used to access the Core reporting System. The Token will then be used to complete your authentication and log in to the CORE Reporting System.

Once you submit the below information, you will be registered with the new advanced authentication process and you will be returned to the CORE Reporting login page, to follow the new authentication process.

**First Name:**  **Last Name:**  **Mobile Number:**



**Email Address:**  **Please choose any four digit PIN number:**

**Delivery Method:**

**Mobile**  
**Mobile:** Your registered mobile device will display a rolling token code via the FortiToken Mobile App. *Note: You must use the FortiToken Mobile app, available here:*

**Text/SMS**  
**Text/SMS:** Token will be delivered to your mobile phone via Text (Short Message Service).

**Email**  
**Email:** Token will be delivered to you at the email address provided. *Note: you may not receive this message on the same device you will access this application.*

**Security Warning**

By checking "I agree" and "Register" you are agreeing to proceed with the transition to the new advanced authentication process and acknowledge that the device you have selected to receive the Token is not the same device used to access the CORE Reporting System. If you selected the "Token" delivery method you must click on the link to download the application on the mobile device to be used for receiving the Token.

I agree to the security warning regarding system usage.

If there are further questions about MFA, see the MFA User Guide under the Resources tab in CORE.

**CORE** Comprehensive Outcome, Research and Evaluation  
Reporting System For Treatment Courts and Diversion Programs

STAGE

County/Tribe:  Program:

Once logged in, users will need to select the county/tribe they are affiliated with, as well as the program. If users only have access to one county/tribe or one program, CORE will default to the county/tribe or program the user has access to.

# Dashboard

County/Tribe: Taylor County | Program: Post-Charge Diversion/Deferred Prosecution

Dashboard | New Referral | Resources | Reports

### CORE Search

SID | Name | CORE ID

Reset | Submit

### Summary Report

	Current	Incomplete ▲
Referred/Under Review	34	30
Pending Admission	5	5
Active	41	38
Inactive	5	5
Pending Discharge	45	38
<b>Total</b>	<b>130</b>	<b>116</b>

	YTD 0	PTD 0
Ineligible	2	73
Declined Participation	1	10
Graduated	4	61
Terminated	2	24
Administrative Discharge	2	5
Voluntary Withdrawal	1	2
Transfer	0	0

### Recently Accessed Participants 0

- Smith, Jason (FD) ▲
- Doe, John (AD)
- Renner, Melvin Raymond (TE)
- Lemmen, Steven Edward (G)
- Again, Edward Carl (A) ▲
- Wilson, Gerald Lee (A) ▲
- Kramer, Theodore Michael (G) ▲
- Mathers, Jesse (PA) ▲
- Smitz, Nancy M (G)
- Ohlinger, John David (G) ▲

After logging in to CORE and selecting their county/tribe and program (if they have access to more than one), users are automatically directed to the dashboard page. From the dashboard, users can navigate throughout the CORE site for their selected county/tribe and program. Users with access to more than one county/tribe or more than one program can switch between them using the drop-down menus at the top of the page.

### Recently Accessed Participants 0

- Kramer, Theodore Michael (G) ▲
- Mathers, Jesse (PA) ▲
- Smitz, Nancy M (G)
- Lemmen, Steven Edward (G)
- Ohlinger, John David (G) ▲
- Wilson, Gerald Lee (A) ▲
- Greene, Shanda L (PA) ▲
- Again, Edward Carl (A) ▲
- Deboch, William M (PD) ▲
- Colbi, Richard Lee (G)

## Recently Accessed Participants

CORE displays the last ten participants the user accessed in the system for the county/tribe and program they are accessing in a list on the right-hand side of the dashboard page. Participant status is indicated by the letter(s) in parentheses at the end of each name.

- RU - Referred/Under Review
- PA - Pending Admission
- A - Active
- I - Inactive
- PD - Pending Discharge
- IE - Ineligible
- DP - Declined Participation
- G - Graduated
- TE - Terminated
- AD - Administrative Discharge
- VW - Voluntary Withdrawal
- TR - Transfer

Clicking on a participant's name will take the user directly to that participant's page.

**CORE** Comprehensive Outcome, Research and Evaluation  
Reporting System For Treatment Courts and Diversion Programs

Country/Tribe: Taylor County Program: Post-Charge Diversion/Deferred Prosecution

Dashboard New Referral Resources Reports

**CORE Search**

SID  Name  CORE ID

Reset Submit

**Summary Report**

	Current	Incomplete ▲
Referral/Under Review	34	30
Pending Admission	5	5
Active	39	35
Inactive	5	5
Pending Discharge	46	39
<b>Total</b>	<b>129</b>	<b>114</b>

**YTD** ● **PTD** ●

Ineligible	2	73
Declined Participation	1	10
Graduated	4	61
Terminated	2	23
Administrative Discharge	1	4
Voluntary Withdrawal	1	2
Transfer	0	0

**Recently Accessed Participants** ●

- Kramer, Theodore Michael (G) ▲
- Wilson, Gerald Lee (A) ▲
- Greene, Shanda L (PA) ▲
- Mathers, Jesse (PA) ▲
- Again, Edward Carl (A) ▲
- Deboch, William M (PD) ▲
- Colbi, Richard Lee (G)
- Smitz, Nancy M (G)
- Crane, Gerald Lee (G)
- Alexander, Willie Joe (IE)

Users can search for an existing participant in CORE using the search bar on the left hand side of the dashboard page. Users can locate a participant in their program using either the participant’s State Identification Number (SID), Name, or CORE ID. To search, users should select the appropriate ID type, input the relevant term into the search box, and then click submit. To reset a search, click “Reset.” Search results will only contain participants for the program the user is logged in to. Completing a CORE search prior to entering a new referral can help reduce duplicates by double checking that the referral has not already been entered into CORE.

## Summary Report

Summary Report		
	Current	Incomplete <sup>▲</sup>
Referred/Under Review	34	30
Pending Admission	5	5
Active	41	37
Inactive	5	5
Pending Discharge	46	39
Total	131	116
	YTD <sup>⊖</sup>	PTD <sup>⊖</sup>
Ineligible	2	73
Declined Participation	1	10
Graduated	4	61
Terminated	2	23
Administrative Discharge	1	4
Voluntary Withdrawal	1	2
Transfer	0	0
Total	11	173

The summary report on the dashboard displays counts of participants within the user's program by status. The top table shows how many participants are currently in the program by status. Numbers under the "Incomplete" column indicate how many participants in that status have data that have yet to be completed. The bottom table shows participant counts of those who are no longer in the program by status, for both the year-to-date (YTD) and for the entirety of the program (PTD). To access a list of the participants within each status, users can click on the light blue numbers.

## Resources Page

County/Tribe:  Program:

[Dashboard](#) [New Referral](#) [Resources](#) [Reports](#)

The Resources page can be accessed from the navigation menu at the top of the page in the center, under the drop-down menu. This menu can also be utilized to access the New Referral and Reports pages, as well as to return to the dashboard at any time.



**CORE** Comprehensive Outcome, Research and Evaluation  
For Treatment Courts and Diversion Programs

Reporting System

STAGE

**Taylor County | Post-Charge Diversion/Deferred Prosecution**

Dashboard New Referral Resources Reports

### Contact Us

For questions regarding the CORE Reporting System, data entry, or grant-related issues, please complete the form below to contact us by email. We will try to respond to your inquiry within one business day.

First Name: \*

Last Name: \*

County/Tribe: \*

Program: \*

Email Address: \*

Phone: \*      Ext:

Question or Comment Type: \*

Data or Data Entry

Grant

Program Assistance

Technical Issues

Other

Message or Comment (max. 200 characters): \*

Contact Us by Phone: 608-266-0605

### Resources

**Frequently Asked Questions**  
Frequently Asked Questions.pdf

**Documents**

- CORE External User Request Form.pdf
- CORE Reference Guide.pdf
- Criminal Justice System Key Definitions.pdf
- NCSC Performance Measures for Drug and Hybrid Courts.pdf
- TAD Site BJA Contact.pdf
- WATCP Standards (April 2014).pdf

**Webinars & Videos**

### Forms

All

**Referral & Admission**

- Personal Information
- Referral
- Admission

**Progress Updates**

- Contact & Services
- Incentives & Sanctions
- In-Program Recidivism
- Other Status Changes

**Discharge**

- Discharge

The Resources page allows users to contact the relevant personnel at the Department of Justice with questions about the CORE system, as well as programmatic questions. The appropriate personnel will be contacted based upon the question or comment type selected. Additionally, the Resources page contains links to pdf copies of all CORE forms, a Frequently Asked Questions document for common user questions, the CORE External User Request Form, and a variety of other helpful forms and resources. This page will be updated as new CORE resources are created.

## Reports Page

Program User Reports

**Program**

- [Program Admission Summary](#)
- [Program Admission Summary by Status](#)

**Participant**

- [Participant Admission Details](#)
- [Participants by Status](#)

The Reports page can be accessed from the navigation menu at the top of the page in the center, under the drop-down menu. This menu can also be utilized to access the New Referral and Resources pages, as well as to return to the dashboard at any time. The Reports page allows users to download reports about their program. Program reports contain aggregate program information and participant reports allow users to view participant level data. To download a report, users should first select their

preferred report type from the menu on the left-hand side of the page.

## Parameters

**Program Admission Summary Parameters for Taylor County Post-Charge Diversion/Deferred Prosecution**

Admission Start Date: \*       Admission End Date: \*       Export Type: \*

Status: \*

<input type="checkbox"/> Active	<input type="checkbox"/> Administrative Discharge	<input type="checkbox"/> Declined Participation
<input type="checkbox"/> Graduated	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending Admission
<input type="checkbox"/> Pending Discharge	<input type="checkbox"/> Referred/Under Review	<input type="checkbox"/> Reviewed-Ineligible
<input type="checkbox"/> Terminated	<input type="checkbox"/> Transfer	<input type="checkbox"/> Voluntary Withdrawal

Funding Source: \*

<input type="checkbox"/> Treatment Alternatives and Diversion (TAD)	<input type="checkbox"/> Justice Assistance Grant (JAG)	<input type="checkbox"/> Local funds
<input type="checkbox"/> Other federal grant	<input type="checkbox"/> Other state grant	<input type="checkbox"/> Participant fees
<input type="checkbox"/> Other		

To create a report, users should select a report from the left-hand menu. A screen with parameters for the report will then display as shown above. Users may set the parameters they would like for the report by either entering the appropriate date(s) or selecting the appropriate checkbox(es). Once all the parameters are set, users may then select whether they wish to view a PDF or Excel version of the report from the Report Type dropdown and then click “Submit” to create their report.

## Adding New Participants in CORE

**CORE** Comprehensive Outcome, Research and Evaluation  
For Treatment Courts and Diversion Programs

Reporting System

STAGE

Taylor County | Post-Charge Diversion/Deferred Prosecution

[Dashboard](#) [New Referral](#) [Resources](#) [Reports](#)

### New Referral Search

SID     Name     ATN

SID:

To add a new referral in CORE, users should go to the “New Referral” page using the navigation bar across the top of the screen. To add a new referral, users must first perform a new referral search for the person using either the State Identification Number (SID), Arrest Tracking Number (ATN), or a combination of name, race,

date of birth, and gender. Users should select the appropriate search type, input the relevant information into the search bar, and click submit.

Users should then select the appropriate entry from the search results by clicking on the new referral’s name. If the person does not appear in the search results, users can start a blank entry by clicking the “Enter New Referral” button in the lower right-hand corner. Whichever option is chosen, users will be directed to the online forms for entering participant information into CORE. Any information entered to perform the search or information retrieved from the search will be automatically populated into CORE. Users should complete the “Demographics & Identifiers” page and click “Save.” At this point the new referral will be saved in CORE, and a CORE ID will be generated. This unique number can be used to search for the participant in the future. Users should perform a CORE search prior to entering a new referral to be sure duplicates are not entered. There should be one entry per referral per person. If an individual is referred to a program multiple times, the individual will have multiple entries in CORE and be assigned a CORE ID for each referral to a program.

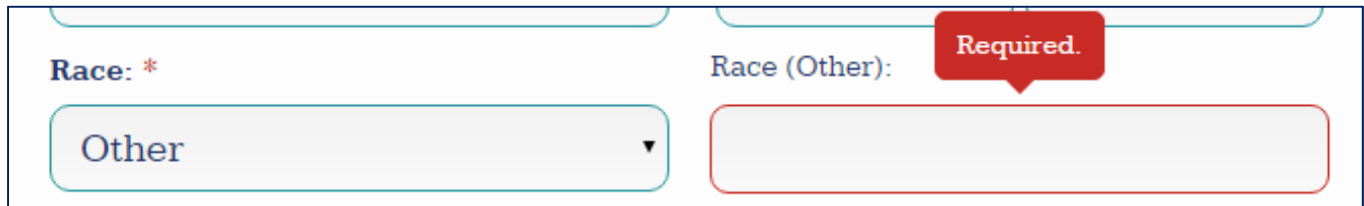
## Entering Participant Information: General Information

Users can enter participant information into CORE by selecting that participant in the system by either conducting a CORE search, using the recently accessed participants list, or creating a new referral and then inputting the appropriate information into the provided fields. Users can navigate between forms using the menu on the left-hand side of the page. If the form is written in grey on the navigation menu, it means that the previous form must be completed before the form can be accessed. For example, the admission pages will not be available until a person is admitted to the program by entry of an admission date and confirmation of

admission. When entering information, users should make sure to select “Save” before navigating to a different page. Unsaved data will not be retained.


CORE contains a number of features meant to simplify the data entry process and allow for improved data quality. These features, along with general information about CORE forms and the data entry process, are explained below.

## Required & Incomplete Fields

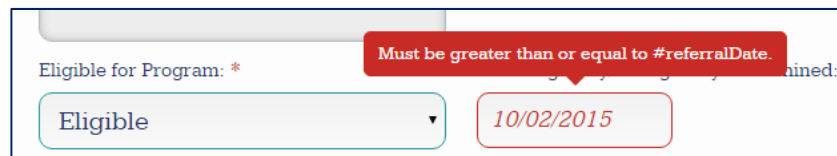


The screenshot shows two form fields. The first field is labeled "Race: \*" in bold, with an asterisk indicating it is required. Below the label is a dropdown menu with "Other" selected. The second field is labeled "Race (Other):" and is currently empty. A red callout box with the word "Required." points to the "Race (Other):" label.

Required fields have bolded labels and are marked with an asterisk (displayed above for “Race”). If required fields are not completed upon attempting to save a page, a message will appear (displayed above). Some fields are conditionally required, which means they are only required if other fields are filled in or filled in with particular answers. For example, the field “Race (Other)” is only required if “Other” is chosen from the drop-down for the “Race” field (displayed above).

Flag if incomplete fields have an asterisk by the label, but are not bold. These fields are required before a participant can be discharged. If these fields are not completed, this symbol  will appear next to the page with incomplete data.

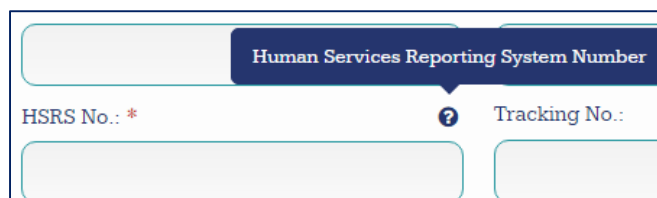
## Error Messages



The screenshot shows a form with two fields. The first field is labeled "Eligible for Program: \*" and has a dropdown menu with "Eligible" selected. The second field is a date field with "10/02/2015" entered. A red callout box with the message "Must be greater than or equal to #referralDate." points to the date field.

Error messages are built into CORE to help with logic and potential data concerns (displayed above). These may appear while attempting to enter data or while attempting to save a page. The message will guide the user to enter appropriate data for that field.

## Hover Help



The screenshot shows a form with two fields. The first field is labeled "HSRS No.: \*" and has a dark blue circle with a white question mark next to it. The second field is labeled "Tracking No.:". A dark blue callout box with the text "Human Services Reporting System Number" points to the question mark icon.

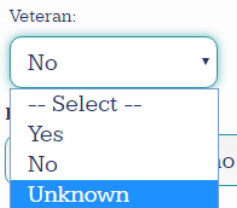
Some fields have hover help. Hover help is indicated by a dark blue circle with a white question mark in the middle (displayed above). To receive helpful tips or clarification for completing a field, hover over the symbol.

## Entering Unknown Values

In some cases, users may be required to complete a field for which they do not have the required information. In these cases, users should mark the field as “Unknown.” The process for marking a field as unknown depends on the type of field.

### Drop-Down Menus

Veteran:



Users should select “Unknown” from the list of available options.

### Free Entry Fields

Primary Offense Statute Description: \* ?

Unknown

Users should type “Unknown” into the blank.

### Numeric Fields

ATN: \* ?

-99

Users should enter “-99” into the field.

### Dates

Arrest Date: \* ?

09/09/9999

Users should enter the date as “09/09/9999”.

## Conducting a CCAP Search

Some forms in the CORE system (Referral Information and Offense, In-Program Recidivism, and Discharge (conditionally)) will require the user to submit information related to court cases the participant has been involved with. To simplify this process, participants can conduct a CCAP search to automatically fill in certain fields.

### Offense

Court Case No./CCAP: \* ?

#####

Court Case County: \* ?

-- Select --

Search

In order to conduct a CCAP search, users must know the Court Case Number and the Court Case County. The user should input the appropriate court case number into the box, select the appropriate county, and click “Search.” This will trigger a pop-up window displaying possible results.

Date of Action Triggering Referral: ? Referral Trigger Event(s): ?

**State of Wisconsin vs. Taylor County Case Number** ✕

Please click on the primary offense description

Charge No.	Statute	Description	Severity	Offense Date	Disposition
1	961.41(3g)(e)	<a href="#">Possession of THC</a>	Misd. U	2017-03-04	
2	346.63(2)(a)1	<a href="#">Cause Injury/Operate While und.Influence (1st) (PAC&gt;=0.15)</a>	Misd. U	2017-03-04	
3	346.63(2)(a)2	<a href="#">Cause Injury while Operating with PAC (1st)(PAC&gt;=0.15)</a>	Misd. U	2017-03-04	

Return to Search

Has Driver's License: \*

To select a case, users should click on the primary offense description. This will exit the pop-up window and populate fields with information from the selected case. Users should review this information for completeness and correctness. If the desired case cannot be located in CCAP, users may exit out of the window using the “x” in the upper right or by clicking the “Return to Search” button in the lower right. If there are multiple cases or charges for the referral, select the one that is most relevant to the individual’s referral to the program.

## Entering Participant Information: Referral & Admission

### Personal Information: Demographics and Identifiers

**John B Doe | CORE ID: 132420 | Referred/Under Review** 👤

**Demographics**

First Name: \*  Last Name: \*  Middle:  Suffix:

Sex: \*  DOB: \* ?  Age:  Veteran:

Race: \*  Race (Other):  Ethnicity: \*

**Identifiers \* ?**

SID: \* ?  No SID:  SSN: ?   DOC No.: ?

HSRS No.: ?  Tracking No.: ?

## Demographic Information:

All demographic information should be confirmed (when possible) with a valid form of identification and the participant.

- **Middle:** Enter the referral's middle name or middle initial.
- **Age:** The age field is automatically populated based on the birth date entered by the user.
- **Race:** Enter the participant's race. Race and ethnicity should be coded separately. If "Other" is selected, the field **Race (Other)** must be completed.

## Identifiers


- **SID (flag if incomplete – SID must be entered or No SID must be marked):** Enter the referral's State Identification number (SID). The SID number is assigned to an individual the first time an arrest fingerprint card is received at the Crime Information Bureau (CIB). The number remains with that person as long as the CIB retains the file. The SID should be the primary identifier entered for participants if available. If no SID is available, select the "No SID" box and complete a minimum of one additional identifier.
- **No SID (flag if incomplete – SID must be entered or No SID must be marked and another identifier completed):** Check this box if the referral has no State Identification number or if the State Identification number is unknown. If this box is checked, at least one other identification number is required prior to discharge.
- **SSN:** Enter the referral's nine digit Social Security number (SSN). For security, only the last 4 digits of the SSN will be displayed after entry.
- **DOC No.:** Enter the referral's Department of Corrections number.
- **HSRS No.:** Enter the referral's Human Services Reporting System number.
- **Tracking No.:** If applicable, enter the participant ID assigned by the individual program.

## Personal Information: Alias

**John Doe | CORE ID: 132420 | Referred/Under Review** 

Alias First Name:	Alias Middle Name:	Alias Last Name: 
<input type="text" value="Jim"/>	<input type="text" value="E"/>	<input type="text" value="Johnson"/>

 Alias Name

Alias DOB:  
<input type="text" value="06/12/1990"/>


 Alias DOB

"/>



- Enter information for all known aliases associated with the participant.
- Fields can be deleted from this section using the red "X" icons.


- If the participant has more than one alias name or date of birth, fields can be added using the “Alias Name” and “Alias DOB” buttons on the right side of the page.
- Maiden names are considered alias names.



## Referral: Referral Information and Offense

**John Doe | CORE ID: 132420 | Referred/Under Review** 



### Referral Information




**Referral Date:** \*  
**Referral No.:**  
**Referral Source:** \* 
**Referral Source (Other):**




**Point of Entry:** \*  
**Point of Entry (Other):**

**Date of Action Triggering Referral:**  
**Referral Trigger Event(s):** 

### Offense

**Court Case No./CCAP:** \*  
**Court Case County:** \* 

**Arrest Date:** \*  
**ATN:** \*  
**Primary Offense Date:** \* 

**Primary Offense Statute No.:** \*  
**Primary Offense Statute Description:** \*  
**Primary Offense Charge No.:** \* 

**Primary Offense Class:** \* 
**Primary Offense Type:** \* 
**Primary Offense Category:** \*

**Has Driver's License:** \*

"/>

### Referral Information

- **Referral Date (flag if incomplete):** Enter the date the person was referred for review to be admitted to the program. This date must be the same or later than the date of arrest leading to the referral.
- **Referral No.:** Enter the referral number or other tracking number given to the referral by your program (if applicable).
- **Referral Source (flag if incomplete):** Select who made the referral. If “Other”, enter who made the referral in **Referral Source (Other)**.
- **Point of Entry (required):** This field is automated for some diversion programs. For other programs this should be based on point in the criminal justice process that is reflective of the participant's referral to the program. If “Other,” complete the field **Point of Entry (Other)**. This should be based on the status of the case that led to the person’s referral to the program.



- **Date of Action Triggering Referral (*Conditionally Required*):** This field is not required for all program types. Enter the date of action that initiated program referral (e.g. Notice of revocation).
- **Referral Trigger Event(s) (*Conditionally Required*):** This field is not required for all program types. Enter the event(s) that triggered program referral.

## Offense






All fields in this section are required prior to discharge. See "[Conducting a CCAP Search](#)" for information on using CCAP to complete fields in this section. All fields in this section should be completed using the information for the primary offense that led to the participant's referral.

- **Court Case No./CCAP (*flag if incomplete*):** Enter the court case number for the primary court case which led to the referral.
- **Court Case County (*flag if incomplete*):** Select the county for the primary court case or county of arrest (if arrest only). This is the case/arrest which led to the referral.
- **Arrest Date (*flag if incomplete*):** Enter the date of the arrest for which the person was referred to the program. If Alternative to Revocation (ATR) referral, enter original arrest date. If no arrest, enter law enforcement contact date.
- **ATN (*flag if incomplete*):** Enter the Arrest Tracking Number.
- **Primary Offense Statute No. (*flag if incomplete*):** Enter the statute number and subsections (e.g., 961.573(1)) associated with the offense which led to the referral. If the referral had more than one offense in the same incident, please enter the most serious offense. For ATR's, record the primary (governing) offense that resulted in their correctional supervision.
- **Primary Offense Statute Description (*flag if incomplete*):** Briefly describe the primary offense in narrative form (e.g. Possess drug paraphernalia). This is the offense which led to the referral.
- **Has Driver's License (*flag if incomplete*):** Select whether or not the referral has current, valid a driver's license.

## Referral: Criminal Risk & Needs Assessment

**John Doe | CORE ID: 132420 | Referred/Under Review** 

### Criminal Risk & Needs Assessment

<b>Pre-Screen Tool (e.g., Proxy):*</b> 	Date Pre-Screen Tool Completed: 	Pre-Screen Tool:
<input type="text" value="Yes"/>	<input type="text" value="03/15/2017"/>	<input type="text" value="LSI-R:SV"/>
Pre-Screen Tool (Other):	Pre-Screen Tool Risk Score:	Pre-Screen Tool Risk Score Category:
<input type="text"/>	<input type="text" value="14"/>	<input type="text" value="Medium"/>
<b>Criminal Risk/Needs Assessment:*</b> 	Date Risk/Needs Assessment Completed: 	
<input type="text" value="Yes"/>	<input type="text" value="03/17/2017"/>	
Risk/Needs Instrument 1:	Risk/Needs Instrument 1 (Other):	
<input type="text" value="COMPAS"/>	<input type="text"/>	
Criminal Risk Score 1:	Criminal Risk Category 1: 	Criminogenic Need Category 1: 
<input type="text" value="17"/>	<input type="text" value="Low"/>	<input type="text" value="High"/>
Risk/Needs Instrument 2:	Risk/Needs Instrument 2 (Other):	
<input type="text" value="-- Select --"/>	<input type="text"/>	
Criminal Risk Score 2:	Criminal Risk Category 2: 	Criminogenic Need Category 2: 
<input type="text"/>	<input type="text" value="-- Select --"/>	<input type="text" value="-- Select --"/>

Criminal Risk & Needs Assessment Notes (max. 1000 characters):


"/>

- **Pre-Screen Tool (e.g., Proxy) (Required):** Select whether a pre-screening tool was utilized for initial risk screening. If a pre-screen tool was used for initial risk screening, users **must** complete all fields related to that tool, including date, type, risk score, and category.
- **Criminal Risk/Needs Assessment (Required):** Indicate whether a criminal risk/needs assessment was completed as part of referral or admission to the program. If a criminal risk/needs assessment was conducted, users **must** complete all fields related to that assessment from **Date Risk/Needs Assessment Completed** through **Criminogenic Need Category 1**. The fields for **Risk/Needs Instrument 2** should only be completed if a second risk/needs instrument was used.


## Referral: Eligibility Determination

If an individual declines to participate in the program prior to determining eligibility, “Eligibility Not Determined” should be selected from the dropdown for the field “Eligible for Program”.

### If Participant Declined Program Participation

**John Doe | CORE ID: 132420 | Referred/Under Review** 

**Referral**

Declined Program Participation:  Date Declined Program Participation:  

Reason(s) Declined Program Participation:

<input type="checkbox"/> Concerns about confidentiality	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Inconvenience/Lifestyle
<input type="checkbox"/> No transportation	<input checked="" type="checkbox"/> Not interested in treatment	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown		

Reason Declined (Other):

Eligible for Program: \*  Date Eligibility/Ineligibility Determined:

Reason(s) Not Eligible:

<input type="checkbox"/> Current violent offense	<input type="checkbox"/> Emotionally unable to participate	<input type="checkbox"/> Insufficient services available
<input type="checkbox"/> Mentally unable to participate	<input type="checkbox"/> No substance abuse diagnosis	<input type="checkbox"/> Not target population
<input type="checkbox"/> Other	<input type="checkbox"/> Other excluding offense	<input type="checkbox"/> Physically unable to participate
<input type="checkbox"/> Prior treatment court participant	<input type="checkbox"/> Prior violent offense	<input type="checkbox"/> Risk level too high
<input type="checkbox"/> Risk level too low		

Reason Not Eligible (Other):  Consent Signed (Required for Admission):  Program Admission Date:

Eligibility Notes (max. 1000 characters):

- Check box titled **Declined Program Participation** and enter date in **Date Declined Program Participation**.
- Check one or more boxes under **Reason(s) Declined Program Participation** to indicate why the referral declined program participation. If “Other,” enter reason in field labeled **Reason Declined (Other)**.
- Select the appropriate response under the field **Eligible for Program**.
- Select “Save”.

## If Participant was Determined Ineligible

**John Doe | CORE ID: 132420 | Referred/Under Review** 

### Referral

Declined Program Participation:

Date Declined Program Participation: 

Reason(s) Declined Program Participation:

Concerns about confidentiality

Financial

Inconvenience/Lifestyle

No transportation

Not interested in treatment

Other

Unknown

Reason Declined (Other):

Eligible for Program: \*

Date Eligibility/Ineligibility Determined:

Reason(s) Not Eligible:

Current violent offense

Emotionally unable to participate

Insufficient services available

Mentally unable to participate

No substance abuse diagnosis

Not target population

Other

Other excluding offense

Physically unable to participate


Prior treatment court participant

Prior violent offense

Risk level too high

Risk level too low

Reason Not Eligible (Other):

Consent Signed (Required for Admission): 

Program Admission Date:

Eligibility Notes (max. 1000 characters):

- Select “Ineligible” under the field **Eligible for Program** and enter date in **Date Eligibility/Ineligibility Determined**.
- Check one or more boxes under **Reason(s) not eligible** to indicate why the referral was found ineligible for participation in the program. If “Other,” enter reason in field labeled **Reason Not Eligible (Other)**.
- Select “Save”.

## If Participant was Admitted to Program

**John Doe | CORE ID: 132420 | Referred/Under Review** 

### Referral

Declined Program Participation:

Date Declined Program Participation: 

Reason(s) Declined Program Participation:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Concerns about confidentiality | <input type="checkbox"/> Financial                   | <input type="checkbox"/> Inconvenience/Lifestyle |
| <input type="checkbox"/> No transportation              | <input type="checkbox"/> Not interested in treatment | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Unknown                        |  |  |

Reason Declined (Other):


Eligible for Program: \*

Date Eligibility/Ineligibility Determined:

Reason(s) Not Eligible:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Current violent offense           | <input type="checkbox"/> Emotionally unable to participate | <input type="checkbox"/> Insufficient services available  |
| <input type="checkbox"/> Mentally unable to participate    | <input type="checkbox"/> No substance abuse diagnosis      | <input type="checkbox"/> Not target population            |
| <input type="checkbox"/> Other                             | <input type="checkbox"/> Other excluding offense           | <input type="checkbox"/> Physically unable to participate |
| <input type="checkbox"/> Prior treatment court participant | <input type="checkbox"/> Prior violent offense             | <input type="checkbox"/> Risk level too high              |
| <input type="checkbox"/> Risk level too low                |  |   |

Reason Not Eligible (Other):

Consent Signed (Required for Admission): 

Program Admission Date:

Eligibility Notes (max. 1000 characters):

- Select “Eligible” under the field **Eligible for Program** and enter date in **Date Eligibility/Ineligibility Determined**.
- Check the box labeled **Consent Signed**. Checking the box certifies that you or another authorized individual within your site and program has obtained written consent to collect and enter additional data on the participant.
- Enter the **Program Admission Date**. This date must be the same as or later than the date eligibility was determined.
- Select “Save”
- Review information in the “Core Alert!” pop up. If the information is correct, select “Save and Continue”.

## Admission: Administrative

John Doe | CORE ID: 132420 | Active 

### Administrative

#### Funding Source(s): \*

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Treatment Alternatives and Diversion (TAD) | <input type="checkbox"/> Justice Assistance Grant (JAG) | <input type="checkbox"/> Local funds                 |
| <input type="checkbox"/> Other federal grant                                   | <input type="checkbox"/> Other state grant              | <input checked="" type="checkbox"/> Participant fees |
| <input type="checkbox"/> Other   |   |  |

Funding Source (Other):

#### Participant Program Requirements:\*

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Alcohol or drug testing | <input checked="" type="checkbox"/> Alcohol or drug treatment | <input type="checkbox"/> Ancillary services (e.g. medical, education, etc.) |
| <input type="checkbox"/> Class(es)                          | <input type="checkbox"/> Community service                    | <input type="checkbox"/> Counseling   |
| <input type="checkbox"/> Mediation                          | <input checked="" type="checkbox"/> Mental health treatment   | <input checked="" type="checkbox"/> No new arrests                          |
| <input type="checkbox"/> No new criminal charges            | <input type="checkbox"/> Other                                | <input checked="" type="checkbox"/> Pay fines/fees                          |
| <input checked="" type="checkbox"/> Pay program fees        | <input type="checkbox"/> Pay restitution                      | <input type="checkbox"/> Pro-social activities                              |
| <input checked="" type="checkbox"/> Status hearings         | <input checked="" type="checkbox"/> Supervision appointments  |   |

Participant Program Requirements (Other):

Admission Notes (max. 1000 characters):

- **Funding Source(s) (required):** Select one or more funding sources used to cover participant program costs. If “Other”, “Other state grant”, or “Other federal grant” was selected as a funding source, enter the funding source in **Funding Source (Other)**. If more than one of these was selected, enter the funding source associated with each selection.
- **Participant Program Requirements (flag if incomplete):** Select the program requirements expected of the participant. If “Other” was selected as a program requirement, enter the program requirement expected of the participant in **Participant Program Requirements (Other)**. This field is for diversion programs only.


## Admission: Family & Housing

John Doe | CORE ID: 132420 | Active 

### Family

Marital Status: \*

Married

Total Household Size: \* 

4

No. of Children: \* 

2

No. of Dependent Children: \* 

2

Age of Youngest Dependent Child: 

6

Child Support Compliance:

No Obligations

### Housing

Living Situation: \*

Independent living - Rent

Living Situation (Other):


COMPAS Residential Instability Score:

No. of Moves in Last 6 Months: \*

0

Difficulty/ Inability to Pay for Housing in Last 6 Months: \* 

No

Current Residence Habitable, Safe, Conflict-Free: \* 

Yes

Able to Stay at Current Residence for Next 6 Months: \*

Yes

### Residence

Residence City: \* 

Medford

County of Residence: \*

Taylor

Residence State: \* 

WI

Residence Zip Code: \* 

54451

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All fields should be completed to reflect the participant's family and housing status at the time of admission.

- **Total Household Size (flag if incomplete):** Select the participant's total household size at time of admission. This should include the participant.
- **No. of Children (flag if incomplete):** Select the participant's number of children (living or deceased) including biological, adopted, and stepchildren, regardless of age, at time of admission.
- **No. of Dependent Children (conditionally required):** Select the number of dependent children the participant has at time of admission (including biological, adopted, stepchildren, and foster children) age 18 and under, who live with the participant at least 50% of the time and do not provide at least 50% of their own support.
- **Living Situation (flag if incomplete):** Select the participant's living situation at admission. If the participant is living independently in a house or apartment with spouse, children, partner, and/or roommate, choose "Independent living". If "Other," type in participant's living situation in box.
- **Difficulty/Inability to Pay for Housing in Last 6 Months (flag if incomplete):** Select whether or not the participant had difficulty or the inability to pay for housing in the last six months at time of admission. Include rent or mortgage. Select Not Applicable if the participant has not needed to pay for housing in the last six months.
- **Current Residence is Habitable, Safe, and Conflict-Free (flag if incomplete):** Select whether or not the participant's residence at time of admission is habitable, safe, and conflict-free based on input from the participant.

## Admission: Education and Employment

### Education

**John Doe | CORE ID: 132420 | Active** 

#### Education


Highest Education Level: \*  Education Enrollment Status: \*  Education Enrollment Type:


Ever Received Vocational Training: \*  Primary Vocational Skill:


- Enter participant’s education history and status at time of admission. If participant is enrolled in school, users must enter enrollment type. If participant has ever received vocational training of any kind, users must enter the participant’s primary vocational skill.


### Employment—If Participant is Employed

#### Employment

Employment Status: \*   Employment Status (Other):

No. of Consecutive Months with Current Employer: 

Hours Worked per Week:   Reason Not Looking for Work:  Reason Not Looking for Work (Other):

Ever Employed:  No. of Months Employed Full-Time in Last 12 Months: 

Barriers to Employment:

<input type="checkbox"/> Child care	<input type="checkbox"/> Criminal history	<input type="checkbox"/> Lack of education or training
<input type="checkbox"/> Lack of experience	<input type="checkbox"/> Mental disability	<input type="checkbox"/> Other
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Transportation	

Barriers to Employment (Other):

- **Employment Status (flag if incomplete):** Select the participant’s employment status at time of admission. If participant has multiple part-time jobs, select “Employed part-time” from the dropdown. *Include legal employment only.*
- **No. of Consecutive Months with Current Employer (conditionally required):** Enter the number of months the participant has worked with his/her employer at time of admission. If employed less than one month, enter “1”. If the participant has more than one current employer, enter the number of months associated with the longest term of consecutive employment.
- **Hours Worked per Week (conditionally required):** Enter average or typical number of hours the participant works per week at time of admission.
- **No. of Months Employed Full-Time in Last 12 Months (conditionally required):** Enter the number of months the participant has been employed full-time in the last 12 months at time of admission.



## Employment—If Participant is Unemployed

### Employment

Employment Status: * ⓘ <input type="text" value="Not employed - Not looking for wor"/>	Employment Status (Other): <input type="text"/>	No. of Consecutive Months with Current Employer: ⓘ <input type="text"/>
Hours Worked per Week: ⓘ <input type="text"/>	Reason Not Looking for Work: <input type="text" value="Disabled-Unable to work"/>	Reason Not Looking for Work (Other): <input type="text"/>
Ever Employed: <input type="text" value="Yes"/>	No. of Months Employed Full-Time in Last 12 Months: ⓘ <input type="text" value="3"/>	

Barriers to Employment:
 

<input type="checkbox"/> Child care	<input type="checkbox"/> Criminal history	<input checked="" type="checkbox"/> Lack of education or training
<input type="checkbox"/> Lack of experience	<input type="checkbox"/> Mental disability	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Physical disability	<input checked="" type="checkbox"/> Transportation	

Barriers to Employment (Other):

- Complete the **Employment Status** field. Indicate whether or not the participant is currently looking for work at time of admission.
- If participant is not looking for work, complete the field **Reason Not Looking for Work**. If “Other” is selected, complete the field **Reason Not Looking for Work (Other)**.
- **Ever Employed (conditionally required)**: Select whether or not the participant has ever been employed at time of admission.
- **No. of Months Employed Full-Time in Last 12 Months (conditionally required)**: Enter the number of months the participant has been employed full-time in the last 12 months at time of admission.
- **Barriers to Employment (conditionally required)**: Select one or more reasons, as applicable, to indicate the participant’s barrier(s) to employment at time of admission. If “Other” was selected, complete the field **Barriers to Employment (Other)**.

## Income


### Income











Primary Source of Income: * <input type="text" value="Salary/Wages/Earnings"/>	Primary Source of Income (Other): <input type="text"/>	Secondary Source of Income: <input type="text" value="Significant Other"/>
---	---	---

Participant Income: \* ⓘ

- **Primary Source of Income (Flag if incomplete)**: Enter the participant’s primary source of income at time of admission. If “Other” was selected, complete field **Primary Source of Income (Other)**.
- **Secondary Source of Income**: Select the participant’s secondary source of income at time of admission, if applicable.
- **Participant Income (flag if incomplete)**: Select the participant’s annual gross income at admission.

## Admission: Criminal Background

**John Doe | CORE ID: 132420 | Active** 

Age at First Arrest:* 	No. of Prior Juvenile Arrests:* 	Total No. of Prior Adult Arrests:* 
<input type="text" value="16"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
No. of Prior Alcohol/Drug Arrests:* 	Total No. of Prior Convictions:* 	No. of Prior Alcohol/Drug Convictions:* 
<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Total No. of Prior Incarcerations:* 	DOC Supervision Status:*	No. of Months Incarcerated Last 12 Months:* 
<input type="text" value="1"/>	<input type="text" value="Not currently under supervision"/>	<input type="text" value="0"/>
Other Pending Court Case:* 	Valid Protection Order Against Participant:* 	
<input type="text" value="No"/>	<input type="text" value="No"/>	

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All fields should be completed to reflect the participant's criminal background at the time of admission.

- **Age at First Arrest (flag if incomplete):** Enter the numeric age at which the participant was first arrested.
- **No. of Prior Juvenile Arrests (flag if incomplete):** Enter the number of prior juvenile arrests the participant has. This includes the current arrest.
- **Total No. of Prior Adult Arrests (flag if incomplete):** Enter the number of prior adult arrests the participant has. This includes the current arrest.
- **No. of Prior Alcohol/Drug Arrests (flag if incomplete):** Enter the number of prior arrests the participant has that were alcohol or drug related. Include both adult and juvenile arrests.
- **Total No. of Prior Convictions (flag if incomplete):** Enter the total number of prior convictions the participant has. Include both adult and juvenile convictions/adjudications.
- **No. of Prior Alcohol/Drug Convictions (flag if incomplete):** Enter the number of convictions the participant has that were alcohol or drug related. Include both adult and juvenile convictions/adjudications.
- **Total No. of Prior Incarcerations (flag if incomplete):** Enter the number of times the participant has been incarcerated.
- **No. of Months Incarcerated Last 12 Months (flag if incomplete):** Enter the number of months the participant has been incarcerated in the last 12 months. If participant was incarcerated for 1 month or less, enter 0.
- **Other Pending Court Case (flag if incomplete):** Select whether or not the participant has another pending case in this or other court.
- **Valid Protection Order Against Participant (flag if incomplete):** Select whether or not there is a current order of protection against the participant. Include no contact and restraining orders.

## Admission: Medical & Mental Health

Medical & Mental Health		
MH Assessment: *	MH Assessment (Other):	MH Assessment Date:
<input type="text" value="DSM-5"/>	<input type="text"/>	<input type="text" value="04/01/2017"/>
Primary MH Diagnosis Code:	Primary MH Diagnosis Description:	
<input type="text" value="F41.1"/>	<input type="text" value="Generalized Anxiety Disorder"/>	
Secondary MH Diagnosis Code: ?	Secondary MH Diagnosis Description:	
<input type="text" value="0"/>	<input type="text"/>	
MH Hospitalization (Ever): *	MH Hospitalization Days : ?	Exit Date of Last MH Hospitalization: ?
<input type="text" value="Yes"/>	<input type="text" value="1"/>	<input type="text" value="12/14/2016"/>
MH Counseling (Current): *	Tried to Harm Self/Others (Ever): *	Plan to Harm Self/Others (Current):*
<input type="text" value="Unknown"/>	<input type="text" value="Unknown"/>	<input type="text" value="No"/>
Prescribed Medication (Current): * ?	Psychotropic Medication (Current):	
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	
List Current Psychotropic Medications:		
<input type="text" value="Klonopin (Clonazepam)"/>		
Dual Diagnosis: * ?		
<input type="text" value="No"/>		
MAT (Current): * ?	MAT Type:	MAT Type (Other):
<input type="text" value="No"/>	<input type="text" value="-- Select --"/>	<input type="text"/>
Medical Insurance (Current): *	Adverse Childhood Experience (ACE) Questionnaire: *	Adverse Childhood Experience (ACE) Score:
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="3"/>
Medical & Mental Health Notes (max. 1000 characters):		
<input type="text"/>		

- **If a Mental Health (MH) Assessment was completed at the time of admission:** Enter which assessment was used under **MH Assessment**. If the assessment used is not in the drop-down, select “Other” and complete the field **MH Assessment (Other)**. Enter the date that the assessment was completed. If the assessment returned a diagnosis, enter the diagnostic code in **Primary MH Diagnosis Code** and enter the diagnosis description in **Primary MH Diagnosis Description**. If a secondary diagnosis was made, complete the last two steps with the **Secondary MH Diagnosis Code/Description** fields. If no secondary diagnosis was made, enter 0 in the field **Secondary MH Diagnosis Code**.
- **If no Mental Health (MH) Assessment was completed at the time of admission:** Select “None/Not Assessed” under **MH Assessment**.
- **If the participant has ever been hospitalized for mental health reasons:** Select “yes” under **MH Hospitalization (Ever)**. Enter the total number of days the participant has been hospitalized for mental health purposes in **MH Hospitalization Days** (if multiple hospitalizations, enter the sum of

total days hospitalized.). Enter -99 if unknown. Enter the exit date of the most recent hospitalization in **Exit Date of Last MH Hospitalization**. If date is unknown, enter 09/09/9999.

- **If the participant has never been hospitalized for mental health reasons, or their history of hospitalization is unknown:** Select either “No” or “Unknown” under the field **MH Hospitalization (Ever)**.
- **Participant’s Medical and Mental Health History:** Enter whether the participant is in counseling at time of admission in the field **MH Counseling (current)**. If the participant has ever tried to harm themselves or others, select “yes” in **Tried to Harm Self/Others (Ever)**. If the participant has current plans to harm themselves or others, select yes in **Plan to Harm Self/Others (Current)**. If the participant is prescribed medication of any kind, select yes in **Prescribed Medication (Current)**. If that medication is psychotropic, select “yes” in **Psychotropic Medication (Current)** and enter the names of all current psychotropic medications in the field **List Current Psychotropic Medications**.
- **Dual Diagnosis:** Mark “yes” in this field if the participant has received both a mental health diagnosis and an alcohol or drug abuse diagnosis.
- **If participant is currently receiving Medication Assisted Treatment (MAT) for alcohol or drug abuse:** select “yes” for the field **MAT (Current)**. Enter the medication type in **MAT Type**. If treatment used is not listed, select “other” and enter medication type in **MAT Type (Other)**
- **If participant is not currently receiving Medication Assisted Treatment for alcohol or drug abuse, or their MAT status is unknown:** Select either “No” or “Unknown” for the field **MAT (Current)**.
- **Medical Insurance (Current) (flag if incomplete):** Select whether or not the participant has medical insurance at the time of admission.
- **Adverse Childhood Experience (ACE) Questionnaire (flag if incomplete):** Select whether or not the participant took the Adverse Childhood Experience (ACE) questionnaire. If “yes,” enter the score from the questionnaire in the next field.


## Admission: Alcohol & Other Drug Use

Alcohol & Other Drug Use		
AOD Screening Tool:*	AOD Screening Tool (Other):	AOD Screening Date:
TCU Drug Screen		03/30/2017
AOD Assessment Tool:*	AOD Assessment Tool (Other):	AOD Assessment Date:
ASAM		03/31/2017
Primary AOD Diagnosis Code: ?	Primary AOD Diagnosis Description: ?	
F12.10	Cannabis Use Disorder	
Secondary AOD Diagnosis Code: ?	Secondary AOD Diagnosis Description: ?	
0		
Level of Care Determination: ?		
ASAM 1.0 Outpatient Services		
Primary Drug of Choice:*	Primary Drug of Choice (Other):	
Marijuana		
Secondary Drug of Choice:*	Secondary Drug of Choice (Other):	
Alcohol		
Tertiary Drug of Choice:*	Tertiary Drug of Choice (Other):	
None		
No. of Prior AOD Treatment Episodes: * ?	Exit Date of Last AOD Treatment: ?	
0		
Age First Used Alcohol: * ?	Documented Alcohol Abuse History: *	
12	No	
Age First Used Drugs: * ?	Documented Drug Abuse History: *	
14	Yes	
Alcohol & Other Drug Use Notes (max. 1000 characters):		






- **If screened for Alcohol and Other Drug abuse:** Enter screening tool into **AOD Screening Tool**. If tool not listed, select “Other” and complete **AOD Screening Tool (Other)**. Enter the date the screening took place in **AOD Screening Date**.
- **If not screened for Alcohol and Other Drug abuse:** Enter “Not Screened” under **AOD Screening Tool**
- **If assessed for Alcohol and Other Drug abuse:** Enter assessment tool into **AOD Assessment**. If tool used is not listed, select “Other” and complete. **AOD Assessment Tool (Other)**. Enter the date the screening took place in **AOD Assessment Date**. Enter the primary diagnosis code and description according to the assessment tool used in **Primary AOD Diagnosis Code** and **Primary AOD Diagnosis Description**. If assessment returned a second diagnosis, input the appropriate code and description into **Secondary AOD Diagnosis Code/Description** boxes. If no secondary diagnosis, enter 0. Based on the results of the AOD assessment, complete the field **Level of Care Determination**.
- **If not assessed for Alcohol and Other Drug abuse:** Enter “Not Assessed” in the field **AOD Assessment Tool**
- **Drug Use and Treatment History:** Input up to three drug of choice types in order of preference (**Primary Drug of Choice, Secondary Drug of Choice, and Tertiary Drug of Choice**). If the participant does not have a secondary or tertiary drug of choice, select “None” for the appropriate fields. If the participant has ever received prior treatment for alcohol and drug dependence/abuse, enter

number of treatment episodes and exit date of last treatment session into **No. of Prior AOD Treatment Episodes** and **Exit Date of Last AOD Treatment**. Enter the age the participant first used alcohol and drugs into **Age First Used Alcohol** and **Age First Used Drugs**. If patient has never used alcohol or drugs, enter 0. If age of first use is unknown, enter -99. Indicate if the patient has a documented history of alcohol or drug abuse into **Documented Alcohol Abuse History** and **Documented Drug Abuse History**.


## Admission: Responsivity/Treatment Motivation

**John Doe** | CORE ID: 132420 | Active 

### Responsivity/Treatment Motivation

Treatment Motivation: * 	Criminal Behavior Change Motivation: * 	
<input type="text" value="High"/>	<input type="text" value="Medium"/>	
Physical Barriers: * 	Language Barriers: * 	Problematic Basic Reading and/or Writing Skills: *
<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>
Concentration Problems Evident: *	Introverted/Shy: *	Learning Disability: *
<input type="text" value="No"/>	<input type="text" value="Unknown"/>	<input type="text" value="No"/>
Mental Disorder Diagnosis: *	Mental Health History: * 	Strong Cultural Identity: *
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>

Responsivity/Treatment Motivation Notes (max. 1000 characters):

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Save 

- **Treatment Motivation (flag if incomplete):** Select the participant’s overall level of motivation to engage in treatment at time of admission.
- **Criminal Behavior Change Motivation (flag if incomplete):** Select the participant’s overall level of motivation to change criminal behavior at time of admission.
- **Physical Barriers (flag if incomplete):** Select whether the participant has physical barriers that interfere with learning, work, or intervention at time of admission.
- **Language Barriers (flag if incomplete):** Select whether the participant has language barriers that interfere with learning, work, or intervention at time of admission.
- **Problematic Basic Reading and/or Writing Skills (flag if incomplete):** Select whether the participant has problematic basic reading and/or writing skills at time of admission.
- **Concentration Problems Evident (flag if incomplete):** Select whether the participant has evident concentration problems a time of admission.
- **Introverted/Shy (flag if incomplete):** Select whether or not the participant is introverted/shy.
- **Learning Disability (flag if incomplete):** Select whether or not the participant has a learning disability.
- **Mental Disorder Diagnosis (flag if incomplete):** Select whether or not the participant has a mental disorder diagnosis at time of admission.

- **Mental Health History (flag if incomplete):** Select whether or not the participant has a history of mental health interventions (hospital or medication) at time of admission.
- **Strong Cultural Identity (flag if incomplete):** Select whether or not the participant has a strong cultural identity.

## Entering Participant Information: Progress Updates

Expand all

- Referral & Admission
- Progress Updates
- Contacts & Services**
- Alcohol & Other Drug Testing
- Alcohol Continuous Monitoring
- Ancillary Services/Requirements
- Inpatient Treatment Services
- Outpatient Treatment Services
- Status Hearings
- Supervision Contacts
- Incentives & Sanctions**
- Incentives
- Sanctions
- In-Program Recidivism**
- In-Program Recidivism
- Other Status Changes**
- Education
- Employment
- Inactive Periods
- Living Situation
- Phase Changes
- Discharge

**John Doe | CORE ID: 132420 | Active**
👤

### Alcohol & Other Drug Testing:

+ Alcohol & Other Drug Test

Show
Search:

entries

Date of Scheduled Test	Test Outcome	Test Type	Unauthorized Substance(s) Detected
No data available in table			

Showing 0 to 0 of 0 entries Previous Next


Alcohol & Other Drug Testing Notes (max. 1000 characters):

Save

Progress updates can be entered to maintain a record of services, events, and status changes throughout the participant's time in the program. Progress updates can be entered in the following four general categories: **Contacts and Services, Incentives and Sanctions, In-Program Recidivism, and Other Status Changes.** A full list of subcategories, as well as the general layout of a progress update category page, can be seen above. For each subcategory, multiple instances of the service/event/status update can be entered. Almost all progress update types contain fields that are conditionally required (they become available for completion based on previously selected answers). All progress updates contain a section for notes. For walkthroughs and notes on completing progress updates for each of the categories see the following four sections.

Page 30 of 48

## Entering Progress Updates

**John Doe | CORE ID: 132420 | Active** 

### Ancillary Services/Requirements:

**+ Ancillary Service/Requirement**

Show:  Search:

entries

Date of Service/Requirement	Type of Service/Requirement	Service Attended/Requirement Completed
No data available in table		

Showing 0 to 0 of 0 entries Previous Next

Services/Requirements Notes (max. 1000 characters):

To enter a new progress update, select the “+” button in the upper right-hand corner (circled in purple). This will trigger a pop-up window to enter progress update details (shown below).

### Add Ancillary Services/Requirements Detail

Date of Service/Requirement: \*

Type of Service/Requirement:

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \*

No. of Hours Completed:

Services/Requirements Notes (max. 1000 characters):



**Add Ancillary Services/Requirements Detail**

Date of Service/Requirement: \* 04/11/2017

Type of Service/Requirement: -- Select --

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \* -- Select --

No. of Hours Completed: ?

Services/Requirements Notes (max. 1000 characters):

Cancel Save & Close

Some fields (like the one circled above) are conditionally required, and will only be available to fill out if certain answers are given in previous fields (see below).

**Add Ancillary Services/Requirements Detail**

Date of Service/Requirement: \* 04/11/2017

Type of Service/Requirement: Community Service

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \* Yes

No. of Hours Completed: ?

Services/Requirements Notes (max. 1000 characters):

Cancel Save & Close

After all fields have been completed (or if final details are to be entered at a later date), users should select "Save and Close" to exit the window.

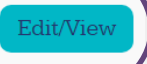
### Ancillary Services/Requirements:

 Ancillary Service/Requirement

Show

Search:

entries

Date of Service/Requirement	Type of Service/Requirement	Service Attended/Requirement Completed	
04/11/2017	Community service	Yes	

Showing 1 to 1 of 1 entries

Previous  Next


Services/Requirements Notes (max. 1000 characters):

Save 

Record of the update will be displayed on the main progress update page. To view more details about the event, or to edit the event, select “Edit/View” on the event. Specific events can be searched using the search bar on the upper right-hand side.

### Deleting Progress Updates

### Ancillary Services/Requirements:

 Ancillary Service/Requirement

Show

Search:

entries

Date of Service/Requirement	Type of Service/Requirement	Service Attended/Requirement Completed	
04/26/2017	Diversion class	Yes	
04/11/2017	Community service	Yes	

Showing 1 to 2 of 2 entries

Previous  Next

To delete a progress update, locate the update you wish to delete and select “Edit/View”

**Edit Ancillary Services/Requirements Detail**

Date of Service/Requirement: \*

Type of Service/Requirement:

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \*

No. of Hours Completed:

Services/Requirements Notes (max. 1000 characters):

**Delete** **Cancel** **Save & Close**

Select the red "Delete" button in the bottom right-hand corner of the pop-up window

**Edit Ancillary Services/Requirements Detail**

Date of Service/Requirement: \*

Type of Service/Requirement:

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \*

No. of Hours Completed:

Services/Requirements Notes (max. 1000 characters):

**CORE Alert!**

Are you sure you want to delete this record?

**Yes** **No**

**Delete** **Cancel** **Save & Close**

Select "Yes" on the pop-up alert. The following alert should appear at the top of the page, and the deleted progress update should no longer be visible on the update list.

**Your data has been successfully updated.**

[Expand all](#)

**Referral & Admission**

**Progress Updates**

**Contacts & Services**

Alcohol & Other Drug Testing

Alcohol Continuous Monitoring

Ancillary Services/Requirements

**John Doe | CORE ID: 132420 | Active**

**Ancillary Services/Requirements:**

[+ Ancillary Service/Requirement](#)

Show

Search:

## Incomplete Progress Updates

John Doe | CORE ID: 132420 | Active

### Ancillary Services/Requirements:

[+ Ancillary Service/Requirement](#)

Show:  Search:

entries

Date of Service/Requirement	Type of Service/Requirement	Service Attended/Requirement Completed	
04/26/2017	Diversion class		<a href="#">Edit/View</a>
04/11/2017	Community service	Yes	<a href="#">Edit/View</a>

Showing 1 to 2 of 2 entries Previous  Next

Services/Requirements Notes (max. 1000 characters):

Incomplete progress updates will be marked on the menu with a symbol. This symbol will also be used to indicate which update is incomplete within the category. To edit an incomplete progress update, select "Edit/View".

### Edit Ancillary Services/Requirements Detail

Date of Service/Requirement: \*

Type of Service/Requirement:

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \*

No. of Hours Completed:

Services/Requirements Notes (max. 1000 characters):

[Delete](#) [Cancel](#) [Save & Close](#)

Look for incomplete fields marked with a \*. These fields are required prior to the participant being discharged, and must be completed for the update to be marked as complete.

**Edit Ancillary Services/Requirements Detail**

Date of Service/Requirement: \*

Type of Service/Requirement:

Type of Service/Requirement (Other):

Service Attended/Requirement Completed: \*

No. of Hours Completed:

Services/Requirements Notes (max. 1000 characters):

Complete the required field, as well as any related conditionally required fields. Once all necessary fields are complete, select “Save & Close” to exit the window and return to the list of progress updates.

## Progress Updates: Contacts and Services

### Types of Updates in this Category:

- **Alcohol and other Drug Testing:** Enter the date, outcome, and other details about scheduled alcohol and drug tests. If a participant is a no-show or late for a test and the program considers this a positive test, then enter the test result as no show. If the program does not consider a missed test a positive test, the test result should be entered as excused. If a participant tests positive for an authorized substance only, the test result should be entered as Negative- No unauthorized substances detected.
- **Alcohol Continuous Monitoring:** Enter the start and end date, monitor type, and instances of noncompliance on alcohol continuous monitoring.
- **Ancillary Services/Requirements:** Enter the date, type, and completion (yes or no) for additional support services or program requirements.
- **Inpatient Treatment Services:** Enter the referral date, treatment type, and treatment start and end dates for inpatient treatment services during the participant’s time in the program. *Note: this is not the same as residential treatment services, and should not be counted as an inactive period.*
- **Medication Assisted Treatment:** Enter the start and end date, treatment type, and reason for discontinuation of treatment.
- **Outpatient Treatment Services:** Enter the referral date, treatment type, and session date, type, attendance, and length for any outpatient treatment services during the participant’s time in the program.
- **Status Hearings:** Enter the date and participant’s attendance status for status hearings.
- **Supervision Contacts:** Enter the contact date, type, person, and participant’s attendance status for supervision contacts made during the participant’s time in the program.

### Alcohol Continuous Monitoring

Multiple instances of alcohol continuous monitoring may be entered.

- **Date Placed on Continuous Monitoring:** Enter the date the participant was placed on continuous monitoring.

- **Date Ended Continuous Monitoring:** Enter the date the participant ended continuous monitoring.
- **Continuous Monitoring Type:** Select the type of continuous monitoring.
- **Continuous Monitoring Type (Other):** If “Other” was selected as the type of continuous monitoring, enter the type of continuous monitoring.
- **Date of Non-Compliance with Continuous Monitoring:** Enter the date the participant was non-compliant with continuous monitoring. Multiple instances of non-compliance may be entered. Multiple instances of non-compliance on the same date should only be listed once.
- **Non-Compliance with Continuous Monitoring:** Select the reason for non-compliance with continuous monitoring.
- **Non-Compliance (Other):** If “Other” was selected for non-compliance with continuous monitoring, enter the reason for non-compliance with continuous monitoring.

### Ancillary Services/Requirements

Multiple services/requirements may be entered.

- **Date of Service/Requirement:** Enter the date of the ancillary service/program requirement.
- **Type of Service/Requirement:** Select the service/requirement type scheduled.
- **Type of Service/Requirement (Other):** If “Other” was selected as service/requirement type, enter the service/requirement type scheduled.
- **Service Attended/Requirement Completed:** Select whether or not the participant attended the service/completed the requirement.
- **No. of Hours:** Enter the number of hours the participant attended the service/took to complete the requirement.

### Inpatient Treatment Services

Multiple occurrences of inpatient services may be entered.

- **Date of Treatment Referral:** Enter the date the participant was referred to inpatient treatment.
- **Treatment Type:** Select the treatment type.
- **Treatment Start Date:** Enter the date the participant started treatment.
- **Treatment End Date:** Enter the date the participant ended treatment.

### Medication Assisted Treatment

Multiple occurrences of medication assisted treatment may be entered.

If a participant was on MAT at time of admission, at least one MAT progress update should reflect that MAT was started on or before the admission date. If a participant was on MAT at time of discharge, at least one MAT progress update should reflect that MAT was still in use at date of discharge.

- **Date of Treatment Referral:** Enter the date the participant was placed on MAT.
- **Date Discontinued Treatment:** Enter the date the participant discontinued treatment.
- **Treatment Type:** Select the treatment type.
- **Treatment Type (Other):** If “Other” was selected as the treatment type, enter the treatment used.
- **Primary Reason Treatment Discontinued:** Select the primary reason for the participant discontinuing treatment.
- **Primary Reason Treatment Discontinued (Other):** If “Other” was selected as the primary reason for discontinuing treatment, enter the reason for discontinuation.

## Outpatient Treatment Services

Multiple outpatient treatment sessions may be entered.

- **Date of Treatment Referral:** Enter the date the participant was referred to outpatient treatment.
- **Treatment Type:** Select the outpatient treatment type.
- **Date of Treatment Session:** Enter the date of the scheduled outpatient treatment session.
- **Treatment Session Type:** Select the treatment session type scheduled.
- **Treatment Session Attended:** Select whether or not the participant attended the outpatient treatment session.
- **No. of Session Hours:** Select the number of hours attended for the outpatient treatment session. If hours for a particular session are unknown, estimate based on the standard or average hours for that session type.

## Status Hearings

Multiple status hearings may be entered.

- **Date of Status Hearing:** Enter the date of the participant's scheduled status hearing.
- **Status Hearing Attended:** Select whether or not the participant attended the scheduled status hearing.
- **Reason Not Attended:** If the participant did not attend the status hearing, select the reason the participant did not attend.
- **Reason Not Attended (Other):** If "Other" was selected as the reason the participant did not attend the status hearing, enter the reason the participant did not attend the status hearing.

## Supervision Contacts

Multiple supervision contacts may be entered.

- **Date of Supervision Contact:** Enter the date of the scheduled supervision contact.
- **Supervision Contact Type:** Select the supervision contact type.
- **Supervision Contact Type (Other):** If "Other" was selected as supervision contact type, enter the supervision contact type.
- **Contact Attended:** Selected whether or not the participant attended the supervision contact.
- **Contact Person:** Select the supervision contact person.
- **Contact Person (Other):** If "Other" was selected as the contact person, enter the contact person.

## Progress Updates: Incentives and Sanctions

### Types of Updates in this Category:

- **Incentives:** Track information related to incentives administered to participants during their participation in the program. Enter date incentive was administered, precipitating event start and end date, who administered the incentive(s), reason for incentive(s), and incentive type(s).
- **Sanctions:** Track information related to sanctions administered to participants during their participation in the program. Enter date sanction was administered, precipitating event start and end date, who administered the sanction(s), reason for sanction(s), and sanction type(s). If Jail or Electronic Monitoring was used as a sanction, enter number of days imposed for jail sentence or time on electronic monitoring. If Community Service was used as a sanction, enter hours of community service assigned.

**Note on Precipitating Event Start and End Dates:** Enter the date of the event that precipitated the incentive or sanction. If precipitating event(s) occurred on one day, enter the same date in the

Precipitating Event(s) Start and End Date fields. If more than one event occurred over a period of time, enter the date of the initial event in the **Precipitating Event(s) Start Date** field and enter the date of the most recent event in the **Precipitating Event(s) End Date** field.

## Progress Updates: In-Program Recidivism

**Note on Entering In-Program Recidivism:** If the participant is being terminated as a result of the in-program recidivism, the incident **should not** be recorded as a progress update. In-program recidivism resulting in termination from the program should be recorded in the “Discharge” section as a reason for termination.

The screenshot shows a web form titled "Add In-Program Recidivism Detail". The form is organized into several sections with input fields and dropdown menus. A purple oval highlights the "Court Case No./CCAP" and "Court Case County" fields, along with a "Search" button. The "Search" button is a teal-colored button with white text. The form includes the following fields:

- Court Case No./CCAP: \* (required) [text input]
- Court Case County: [dropdown menu with "-- Select --"]
- Arrest Date: \* (required) [text input]
- ATN: \* (required) [text input]
- Offense Date: \* (required) [text input]
- Offense Statute No.: \* (required) [text input]
- Offense Statute Description: \* (required) [text input]
- Offense Charge No.: \* (required) [text input]
- Offense Class: [dropdown menu with "-- Select --"]
- Offense Type: \* (required) [dropdown menu with "-- Select --"]
- Offense Category: \* (required) [dropdown menu with "-- Select --"]
- Date Charge(s) Filed: \* (required) [text input]
- Date of Conviction: [text input]
- Offense Charge Disposition: [text input]
- Sentencing Outcome: [dropdown menu with "-- Select --"]
- Sentencing Outcome (Other): [text input]
- Start Date of Incarceration: [text input]
- End Date of Incarceration: [text input]

At the bottom right of the form, there are two buttons: "Cancel" and "Save & Close".

See “[Conducting a CCAP Search](#)” for instructions on using the CCAP search function to auto-complete some fields in this section (fields required for a CCAP search are circled in purple). Fields not completed by a CCAP search: **Arrest Date**, **Arrest Tracking Number (ATN)**, **Offense Category**, **Date of Conviction**, **Offense Charge Disposition**, **Sentencing Outcome**, **Start Date of Incarceration**, and **End Date of Incarceration**.

- **Offense Date:** Enter the date of the new offense. If multiple offense dates are associated with the arrest, enter the date of the first offense that occurred after program admission.
- **Offense Statute No.:** Enter the statute number associated with the new offense. If the participant had more than one offense in the same incident, please enter the most serious offense.
- **Date Charge(s) Filed:** Enter the date of charge(s) filed for the participant’s in-program offense. If participant was arrested, but charges not filed, enter 09/09/9999.
- **Offense Charge Disposition:** Enter a description of the offense disposition (e.g., guilty/no contest).



## Progress Updates: Other Status Changes


### Types of Updates in this Category:

- **Education:** Track changes in a participant’s educational status (e.g. graduated high school, completed college classes, dropped out of school, etc.). Enter date of change, type of change, and any relevant notes.
- **Employment:** Track changes in a participant’s employment status (e.g. gained employment, improvement in employment, loss of employment, etc.). Enter date of change, type of change, and any relevant notes.
- **Inactive Periods:** Track periods where a participant is inactive in the program (e.g. incarcerated, medical reasons, in residential treatment, etc.). Enter start and end date of inactivity, reason inactive, and any relevant notes.
- **Living Situation:** Track changes in a participant’s living situation. Enter date of change, type of change (new living situation), reason for change, and any relevant notes.
- **Phase Changes:** Enter date of phase change, phase change to, and any relevant notes. “Phase Change From” will be autocompleted by the CORE program.

## Discharge

### Discharge: Administrative

#### Discharge Types: Graduation, Termination, Administrative Discharge, and Voluntary Withdrawal

**John Doe | CORE ID: 132420 | Pending Discharge** 

**Discharge**

Discharge Date: \*

Discharge Type:

Administrative Discharge Reason:

Termination Reason:

Administrative discharge  
-- Select --  
Administrative discharge  
Graduation  
Termination  
Voluntary withdrawal

For Graduation, Termination, Voluntary Withdrawal, or Administrative Discharge, enter the **Discharge Date** and select the appropriate category under **Discharge Type**.

Administrative Discharge Reason:

-- Select --  
Death  
Determined not eligible (post-admission)  
Medical  
Mental health  
Moving  
Other

In the case of an Administrative Discharge, select the appropriate response for the field **Administrative Discharge Reason**. If “Other,” complete the field **Administrative Discharge Reason (Other)**.

## Discharge Type: Termination

**John Doe | CORE ID: 132420 | Pending Discharge** 

### Discharge

Discharge Date: \*

06/14/2017

Discharge Type:

Termination

Administrative Discharge Reason:

-- Select --

Administrative Discharge Reason (Other):

Termination Reason:

-- Select --

-- Select --

Absconded

**Program non-compliance**

Other

Termination Reason (Other):

Disruptive behavior

Failure to report police contact/arrest

Missed supervision appointment

Missed treatment

Failed/Missed/Refused alcohol test

Missed court

Missed other meeting/session/appointment

In the event that a participant is terminated from the program, enter the **Discharge Date** and select “Termination” in the field **Discharge Type**. Select the appropriate reason for the termination under the field **Termination Reason**.

Termination Reason:

Program non-compliance

Termination Reason (Other):

Non-Compliance Reason(s):

Dishonesty

Failed/Missed/Refused drug test

Missed supervision appointment

Driving while license suspended/revoked

Out of compliance with restitution

Self-report use

Technical violation

Disruptive behavior

Failure to report police contact/arrest

Missed treatment

New arrest

Out of compliance with court ordered payments

Tampering with drug/alcohol test

Violation of no contact order

Failed/Missed/Refused alcohol test

Missed court

Missed other meeting/session/appointment

New conviction

Out of compliance with treatment/supervision plan

Tardiness

Other

Non-Compliance Reason(s) Other:

Termination Outcome:

-- Select --

-- Select --

**Re-sentenced jail/prison, probation revoked**

Re-sentenced other probation, non-specialty court

Re-sentenced other specialty court

Other

Termination Outcome (Other):

Days Sentenced to Jail/Prison:

Days Inactive in Program:

0

If the **Termination Reason** is “Program non-compliance,” select the reason(s) for non-compliance in the field **Non-Compliance Reasons**.

**For all Termination Reasons:** Select the **Termination Outcome**. If “Re-Sentenced to Jail/Prison, Probation Revoked,” complete the field “**Days Sentenced to Jail/Prison**”.

*If Termination is due to a New Arrest or New Conviction*

Termination Reason:  Termination Reason (Other):

Non-Compliance Reason(s):

<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Disruptive behavior	<input type="checkbox"/> Failed/Missed/Refused alcohol test
<input type="checkbox"/> Failed/Missed/Refused drug test	<input type="checkbox"/> Failure to report police contact/arrest	<input type="checkbox"/> Missed court
<input type="checkbox"/> Missed supervision appointment	<input type="checkbox"/> Missed treatment	<input type="checkbox"/> Missed other meeting/session/appointment
<input type="checkbox"/> Driving while license suspended/revoked	<input checked="" type="checkbox"/> New arrest	<input checked="" type="checkbox"/> New conviction
<input type="checkbox"/> Out of compliance with restitution	<input type="checkbox"/> Out of compliance with court ordered payments	<input type="checkbox"/> Out of compliance with treatment/supervision plan
<input type="checkbox"/> Self-report use	<input type="checkbox"/> Tampering with drug/alcohol test	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Technical violation	<input type="checkbox"/> Violation of no contact order	<input type="checkbox"/> Other

If the participant is terminated for a new arrest or new conviction, select “Program non-compliance” for the field **Termination Reason** and check the appropriate box under **Non-Compliance Reasons**. Checking the box “New arrest” or “New conviction” will result in corresponding sections to appear at the bottom of the form.

Administrative Notes (max. 1000 characters):

**New Arrest Details**

Court Case No./CCAP: \*  Court Case County: \*

Arrest Date: \*  ATN: \*  Primary Offense Date: \*

Primary Offense Statute No.: \*  Primary Offense Statute Description: \*  Primary Offense Charge No.: \*

Primary Offense Class: \*  Primary Offense Type: \*  Primary Offense Category: \*

Arrest Alcohol/Drug Related: \*  Arrest Violent Crime: \*

**New Conviction Details**

Court Case No./CCAP: \*  Court Case County: \*

Date of Conviction: \*  Primary Offense Charge Disposition: \*

Primary Offense Statute No.: \*  Primary Offense Statute Description: \*  Primary Offense Charge No.: \*


Primary Offense Class: \*  Primary Offense Type: \*  Primary Offense Category: \*

Conviction Alcohol/Drug Related: \*  Conviction Violent Crime: \*


Sentencing Outcome: \*  Sentencing Outcome (Other):


Complete these forms before proceeding. Users can auto-complete many fields using a [CCAP Search](#).


## Discharge: Family and Housing


**John Doe | CORE ID: 132420 | Pending Discharge** 


**Family**

Marital Status: \* 

Total Household Size: \* 

No. of Children: \* 

No. of Dependent Children: \* 

Child Born During Participation: 


Child Support Compliance:


**Housing**

Living Situation: \*

COMPAS Residential Instability Score:


No. of Moves in Last 6 Months: \*

Difficulty/Inability to Pay for Housing in Last 6 Months: \* 


Current Residence Habitable, Safe, Conflict-Free: \* 


Able to Stay at Current Residence for Next 6 Months: \*

**Residence**

Residence City: \* 

County of Residence: \*


Residence State: \* 

Residence Zip Code: \* 

"/>

For majority of this form, refer to [“Admission: Family and Housing”](#). Update all values to reflect time of discharge rather than time of admission. If participant has a child during participation, indicate whether that child was born drug-free or with drug/alcohol withdrawal issues.

## Discharge: Education and Employment

**John Doe | CORE ID: 132420 | Pending Discharge** 


### Education

Highest Education Level: \*


Education Enrollment Status: \*

Education Enrollment Type:

### Employment

Employment Status: \* 


Employment Status (Other):

No. of Consecutive Months with Current Employer: 

Reason Not Looking for Work:

Reason Not Looking for Work (Other):

Ever Employed:

No. of Months Employed Full-Time in Last 12 Months: 

Barriers to Employment:

<input type="checkbox"/> Child care	<input type="checkbox"/> Criminal history	<input type="checkbox"/> Lack of education or training
<input type="checkbox"/> Lack of experience	<input type="checkbox"/> Mental disability	<input type="checkbox"/> Other
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Transportation	


Barriers to Employment (Other):

### Income

Primary Source of Income: \*

Primary Source of Income (Other):


Secondary Source of Income:

Participant Income: \* 


"/>

For majority of this form, refer to "[Admission: Education and Employment](#)." Several fields from the admission form are not present on the discharge form. Update all values to reflect time of discharge rather than time of admission.


## Discharge: Medical & Mental Health

**John Doe | CORE ID: 132420 | Pending Discharge** 

### Medical & Mental Health

MH Counseling (Current): \* 


Yes

Prescribed Medication (Current): \* 

Yes

Psychotropic Medication (Current):

Yes

MAT (Current): \* 

No

MAT Type:

-- Select --

MAT Type (Other):


Medical Insurance (Current): \*

Yes

Medical & Mental Health Notes (max. 1000 characters):

"/>


Indicate whether or not participant is currently receiving Mental Health (MH) Counseling, is currently prescribed medication of any kind, and is currently taking psychotropic medication at time of discharge. Also indicate if participant has medical insurance at time of discharge.

**John Doe | CORE ID: 132420 | Pending Discharge** 

### Medical & Mental Health

MH Counseling (Current): \*


Yes

Prescribed Medication (Current): \* 

Yes

Psychotropic Medication (Current):

Yes

MAT (Current): \* 

Yes

MAT Type:

-- Select --

MAT Type (Other):

Medical Insurance (Current): \*

Yes

Medical & Mental Health Notes (max. 1000 characters):


"/>

If participant is receiving Medication Assisted Treatment for drug or alcohol abuse at time of discharge, indicate the treatment type in the field **MAT Type**.

## Status & Outcomes

Enter the participant's supervision status with the Department of Corrections at time of discharge.

### Completing Admission Case Information

**John Doe | CORE ID: 132420 | Pending Discharge** 

#### Status & Outcomes

DOC Supervision Status: *	Admission Case Outcome: *	Admission Case Outcome (Other):
<input type="text" value="Not currently under supervision"/>	<input type="text" value="-- Select --"/>	<input type="text"/>
Reduced Charge/Sentence Due to Participation: * ?	<input type="text" value="-- Select --"/>	Days of Continuous Sobriety:
<input type="text" value="-- Select --"/>	<input type="text" value="Dismissed"/>	<input type="text" value="75"/>
No. of Months Incarcerated Last 12 Months: * ?	Reduced charges	Valid Protection Order Against Participant: * ?
<input type="text"/>	Completed ATR	<input type="text" value="-- Select --"/>
Restitution Status on Admission Case: *	Did not complete ATR	Program Fees Status: * ?
<input type="text" value="-- Select --"/>	Charged	<input type="text" value="-- Select --"/>
Has Driver's License: *	Stayed	Referred for Aftercare Services: *
<input type="text" value="-- Select --"/>	Other	<input type="text" value="-- Select --"/>
Driver's License Reinstated Due to Participation:	Unknown	
<input type="text" value="-- Select --"/>		
Status & Outcomes Notes (max. 1000 characters):		
<input type="text"/>		

Select the outcome of the case that resulted in the participant's initial referral to the program (not for any case which may have been brought against the participant during their program participation). If the outcome is not listed, complete the field **Admission Case Outcome (Other)**.

DOC Supervision Status: *	Admission Case Outcome: *	Admission Case Outcome (Other):
<input type="text" value="Not currently under supervision"/>	<input type="text" value="Dismissed"/>	<input type="text"/>
Reduced Charge/Sentence Due to Participation: * ?	Jail Days Averted: * ?	Prison Days Averted: * ?
<input type="text" value="Yes"/>	<input type="text" value="30"/>	<input type="text" value="0"/>
		Days of Continuous Sobriety:
		<input type="text" value="75"/>

Once the case outcome has been selected, indicate whether the participant received a reduced charge or sentence for the original case as a result of their time in the program. The field **Days of Continuous Sobriety** is automatically populated by CORE based on the number of days between the last positive test and the discharge date. Ensure that all drug tests are entered as progress updates otherwise this field will be incorrect. If the participant never had a positive drug test, the number should match the number of days the participant was in the program.

## Other Outcome Information

No. of Months Incarcerated Last 12 Months: * ? <input type="text" value="0"/>	Other Pending Court Case: * ? <input type="text" value="No"/>	Valid Protection Order Against Participant: * ? <input type="text" value="No"/>
Restitution Status on Admission Case: * <input type="text" value="No obligations"/>	Court Fines or Fees Status on Admission Case: * <input type="text" value="Compliant - Completed payment"/>	Program Fees Status: * ? <input type="text" value="Compliant - Payment in progress"/>
Has Driver's License: * <input type="text" value="Yes"/>	Driver's License Reinstated Due to Participation: <input type="text" value="No"/>	Referred for Aftercare Services: * <input type="text" value="Yes"/>

Enter the number of months the participant has been incarcerated in the last 12 months at the time of discharge. If the participant was incarcerated for less than one month, enter 0. Enter whether or not the participant has any other pending court cases in **Other Pending Court Case**, and whether or not there are any valid no contact or restraining orders against the participant in **Valid Protection order against participant**.

Restitution Status on Admission Case: \*

-- Select --

No obligations

**Compliant - Completed payment**

Compliant - Payment in progress

Noncompliant

Unknown


If the participant was required, as a condition of their admission, to pay restitution, court fines or fees, or program fees, enter the status of their payment in the corresponding fields. If participant was not required to pay, select "No obligations." **Note: Restitution Status on Admission Case** should be completed based on the current court case only, and should **only** include the amount designated for the victim.

Has Driver's License: * <input type="text" value="Yes"/>	Driver's License Reinstated Due to Participation: <input type="text" value="No"/>	Referred for Aftercare Services: * <input type="text" value="Yes"/>
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Select whether the participant has a driver's license at the time of discharge. If the participant does have a driver's license, indicate whether or not it was reinstated as a result of program participation. Finally, select whether or not the participant was referred for aftercare services at the time of discharge.






## Discharge Confirmation


**John Doe | CORE ID: 132420 | Pending Discharge** 

This participant record has missing data on the following pages:

**Discharge**   
Status & Outcomes 

Please complete the missing data before finalizing the discharge.

- Referral & Admission
- Progress Updates
- Discharge** 
- Administrative
- Family & Housing
- Education & Employment
- Medical & Mental Health
- Status & Outcomes 
- Discharge Confirmation 

A discharge cannot be confirmed until all required information is completed on all of the participant's forms. This screen will indicate which forms have incomplete information. Forms with incomplete information are listed on the form by section and are marked in the side menu with this symbol: . Complete all required forms before trying to proceed with finalizing a discharge.

### John Doe | CORE ID: 132420 | Pending Discharge

Data entry for this participant record is complete. This participant is ready for discharge.

**Discharge Type: Graduation**

[Confirm Discharge](#)

Once all required forms have been completed, the button to confirm discharge will be available. Select **Confirm Discharge** to officially discharge the participant from the program. Once selected, users will be redirected to the dashboard.