RNR Treatment Support Plan[1]

(THIS TOOL SHOULD BE/CAN BE COMPLETED BY PROVIDERS AND CORRECTIONAL SUPERVISORS WITH APPROPRIATE CLIENT CONSENT)

Client Name: **D.O.B.:**   **Age:**   **Client Record Number:**

Program Name:

Date of Completion:

Current Legal Status:

>   Community supervision (if checked, list supervisor and supervising agency):

>   Name of probation   or parole   supervisor:

>   Specialty court involvement

>   Pending charges

>   Incarcerated

>   If incarcerated, current facility:

>   Other (explain):

Person(s) Primarily Responsible for Completing this Guide in Addition to Client:

1.

2.

Risk Assessment Data Source:

Risk/Needs Screening/Assessment Utilized (Check one)

>   LSI-R: SV   LSI-R   LS/CMI   COMPAS

>   RANT   ORAS   No formal Risk Tool available

Date of risk/needs assessment if completed:

Source of risk/needs assessment (community corrections, correctional setting):

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[1] See "RNR Treatment Support Plan for Health Providers Guide" for background and instructions

Risk Information:

Risk Type	Risk Scores (Range)
Risk of re-offending	
Risk of failure to appear	
Risk of violence	

Risk Domains:

Criminogenic Risks	Rating by instrument
Antisocial Behaviors[2]	High Medium Low
Antisocial Personality Patterns	High Medium Low
Antisocial Cognitions	High Medium Low
Antisocial Peers	High Medium Low
Family/Marital Relationships	High Medium Low
Employment/Education	High Medium Low
Leisure and Recreation	High Medium Low
Substance Use	High Medium Low

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[2] Italicized four risk factors are considered most closely associated with criminal recidivism

Summary risk/needs score sheet to be attached to this assessment

Substance Use Background and Factors: Brief Synopsis of Current and Past Use (type, quantity, frequency):

Does the client have a substance use diagnosis? Yes   No

      If yes, what is the diagnosis?

Was a toxicology screen completed? Yes   No

      If yes, date completed and results:

Addiction Severity Index rating (include scale used):

Number of lifetime detoxification programs entered:

Number of lifetime residential treatment programs entered:

Number of Naloxone or other rescues:

Current cravings rating (1-10):

Current use of Medicated Assisted Treatment (MAT): Yes   No

      If yes, what type?

Past use of MAT: Yes   No

      If yes, what type?

Gambling or other addictions: Yes   No

Mental Health Background and Symptom Rating (include scale, such as BASIS, used):

Does the client have a mental health diagnosis? Yes   No

      If yes, what is the DSM diagnosis?

How were diagnoses gathered? (Check all that apply)

    Objective measures   Clinical interview   Chart review   Self-report

Current Behavioral Observations of Note:

Current mental health treatment:

Psychotherapy (type, frequency):

Type (CBT, Criminogenic Specific, etc.):

Psychopharmacological assistance (name of medication, dosage):

Psychiatric hospitalizations and intensive treatment interventions:

Number of prior inpatient psychiatric hospitalizations ever:

Number of prior inpatient psychiatric hospitalizations in last year:

Number of prior crisis unit stabilizations in last year:

Number of prior emergency psychiatric visits in last year:

Suicide/Self-Injury History:

Number of episodes as suicide attempts:

Frequency of self-injury:

Most serious self-injury regardless of intent:

Self-described information regarding suicidal thoughts, ideas, plans, or intent (consider further suicide assessments):

Last suicide and/or self-injury attempt:

Violence History:

Number of episodes (approximate daily, weekly, monthly, yearly, rarely):

Most serious episode:

Self-rated irritability/temper (scale 1-10, 10 being worst) (consider Navaco Anger scale):

Medical Background and Treatment (type, frequency):

Does the client have a medical diagnosis? Yes   No

        If yes, what is the diagnosis?

Number of prior medical hospitalizations ever:

Number of prior medical hospitalizations in last year:

Number of prior emergency medical visits in last year:

Please list any current medications for medical issues:

Race/Ethnicity (self-described by client):

Ethnicity: Hispanic   Non-Hispanic

Race (check all that apply):   White   Black or African American   Asian
        American Indian   Alaska Native   Native Hawaiian or other Pacific Islander

Self-described specific cultural system that should be considered:

Trauma Factors:

Posttraumatic Stress Disorder checklist (PCL) Rating (specify which PCL was used and whether Civilian or Military version):

Other trauma inventory data if available (i.e. Trauma Screening Questionnaire):

Self-description of trauma responsivity factors (how does your trauma history impact you today?):

Data from Other Assessments:

Motivational factors (section E on MISSION Assessments):

Perceived coercion factors (section E on MISSION Assessments):

Perceived self-determination toward recovery description:

Psycho-social Summary: (brief summary of client's substance use/mental health disorder and/or RNR needs and history)

Criminogenic Risk Data:

Criminogenic Risks	For Any Medium/High Scores
Antisocial Behaviors[3]	
Antisocial Personality Patterns	
Antisocial Cognitions	
Antisocial Peers	Peer Descriptions: In each circle place peer initials, criminal history (CH) yes/no, substance use (SU) yes/no, stabilizer or destabilizer Notes: Peer 1 Peer 6 Peer 2 Client Peer 5 Peer 3 Peer 4

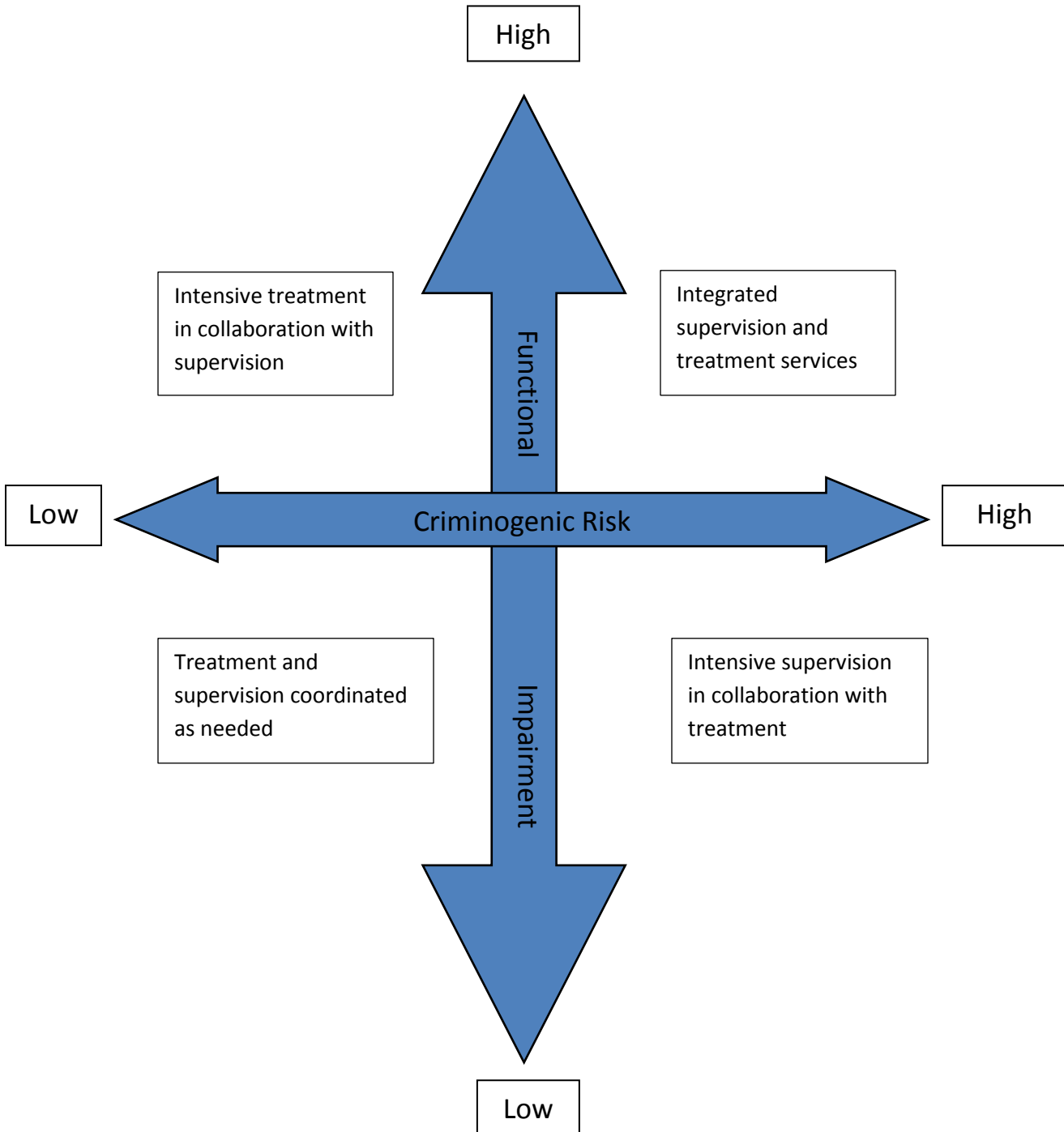[3] Italicized four risk factors are considered most closely associated with criminal recidivism

| Criminogenic Risks	For Any Medium/High Scores
Family/Marital Relationships	Mother Father Client Spouse/Partner Child 1 Child 2 Child 3 Child 4
Employment/ Education	Current Activities:
Leisure and Recreation	Current Activities:
Substance Use	Current Use/Needs:

RNR Behavioral Health-Criminal Justice Framework (Complete framework on next page)

Identifying Strategies to Work with Target Population of Persons with Mental Illness by Criminogenic Need and Functional Impairment

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                          ┌──────────┐
                          │   High   │
                          └──────────┘
                              ▲
┌──────────────────────┐     │     ┌──────────────────────┐
│ Intensive treatment  │     │     │ Integrated           │
│ in collaboration with│  Functional │ supervision and    │
│ supervision          │     │     │ treatment services   │
└──────────────────────┘     │     └──────────────────────┘
┌──────┐                     │                     ┌──────┐
│ Low  │◄────────── Criminogenic Risk ──────────►│ High │
└──────┘                     │                     └──────┘
┌──────────────────────┐     │     ┌──────────────────────┐
│ Treatment and        │     │     │ Intensive supervision│
│ supervision coordinated│ Impairment │ in collaboration with│
│ as needed            │     │     │ treatment            │
└──────────────────────┘     │     └──────────────────────┘
                              ▼
                          ┌──────────┐
                          │   Low    │
                          └──────────┘
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Prins and Osher, Council of State Governments Justice Center, 2009

Client Data (Place Check in appropriate quadrant in Linkage grid to correspond to client needs):

High

Quadrant 3   Quadrant 4

Functional

Low   Criminogenic Risk   High

Impairment

Quadrant 1   Quadrant 2

Low
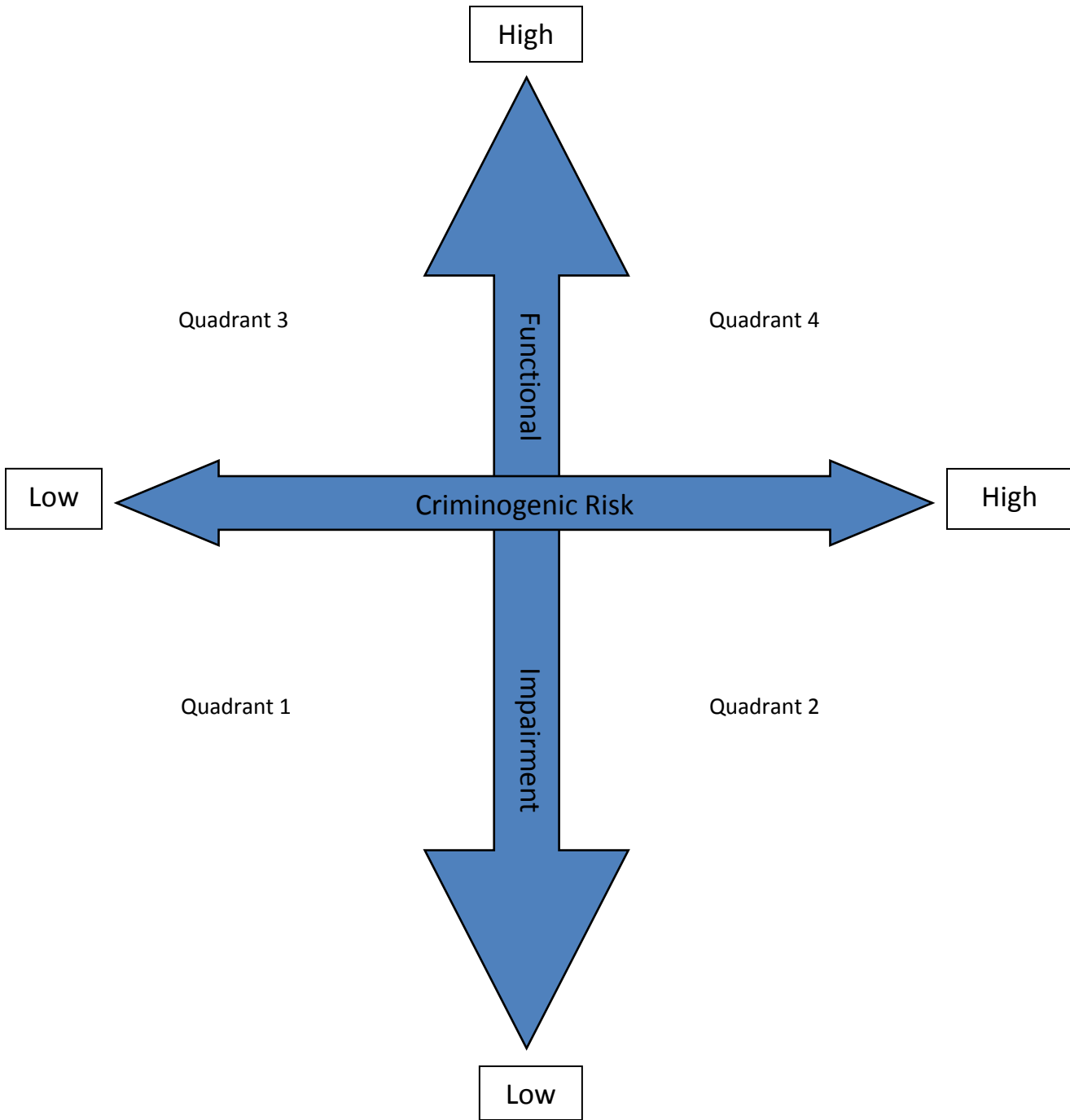
Summary of Linkage Grid Above:

Client Strength and Resiliency Factors:

1.

2.

3.

4.

5.

RNR-Behavioral Health-Physical Health Treatment Plan:

Positive Resiliency Factors	Opportunities and Targeted Goals to Foster Strengths
1. 2. 3. 4. 5.	1. 2. 3.

RNR-Behavioral Health Treatment Support Planning Tool

Targeted Goals for Intervention can be N/A for specific risk categories if client has successfully reached and maintained goals in that category

Criminogenic Risks	Needs	Targeted Goals for Intervention (include who and time line) (these should be measurable and achievable)[5]
Antisocial Behaviors[4]		
Antisocial Personality Patterns		
Antisocial Cognitions		
Antisocial Peers		
Family/Marital Relationships		
Employment/ Education		
Leisure and Recreation		
Substance Use		

[4] Italicized four risk factors are considered most closely associated with criminal recidivism

[5] A manageable number of goals should be selected to avoid overwhelming the client and to allow for intensive case management and assertive outreach regarding these goals. The specific number of goals should be based on client capacity to handle multiple goals and staff ability to integrate direct service, support, case management, and assertive outreach around these goals.

Responsivity Factors	Needs	Interventions
Mental Health		
Ethnic/Cultural/ Spiritual		
Linguistic		
Housing		
Fiscal (this includes SSI/SSDI/TANF benefits)		
Trauma Reactivity		
Cognitive/ Intellectual		
Traumatic Brain Injury Sequelae		
Other:		

Preparer's Signature:

Client Signature: