

Treatment Plan (Sex Offender for 6012 and 6022)

Vendor Name:

Person Under Supervision Name w/PACTS#:

Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment:

Define the person under supervision's expectations of treatment, the expectations of his/her family (when possible) and support systems of the treatment process, and address the issue of ongoing victim input (if possible):

Type and frequency of services to be received:

Specific criteria for treatment completion and the anticipated time-frame:

NOTE: Documentation of treatment plan review (including person under supervision's input), documenting continued need for treatment at least every 90 days, and the treatment Plan shall be attached to the monthly treatment log provided to the USPO after every revision, but at least every 90 days.

Vendor Signature w/date: _____

COMMENTS:

A written comprehensive treatment plan, created at the beginning of programming with the person under supervision, based on the needs and risk identified in current and past assessments/evaluations of the person under supervision. The treatment plan shall: (1) Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the person under supervision; (2) Be individualized to meet the person under supervision's unique needs; (3) Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment; (4) Define the person under supervision's expectations of treatment, the expectations of his/her family (when possible) and support systems of the treatment process, and address the issue of ongoing victim input (if possible); (5) Identify short and long-term goals the person under supervision will attempt to achieve that relate to the person's risk factors, needs, and responsivity; (6) Include measurable objectives which relate to the achievement of corresponding goals and program requirements; (7) Define the type and frequency of services to be received; (8) Specific criteria for treatment completion and the anticipated time-frame; and (9) The practitioner uses at least one actuarial risk assessment AND at least one stable dynamic risk assessment that has been researched and demonstrated to be statistically significant in the prediction of re-offense. Examples of actuarial risk assessment include, but are not limited to: VRAG, SORAG, HARE PCL-R, RRASOR, STATIC 99, MNSOT-R. Examples of dynamic risk assessments include, but are not limited to: Stable 2000/2007, Sex Offender Treatment Intervention Progress Scales (SOTIPS), Structured Risk Assessment - Forensic Version (SRA-FV), Violence Risk Scale[1]Sexual Offender Version (VRS-SO). For situations in which the person under supervision does not fall under a validated risk assessment (e.g. charge/conviction of Child Sexual Abuse Material Possessor), the practitioner shall complete all content areas of the actuarial and dynamic risk assessments to determine treatment and supervision focus; however, not give a score on the assessment (note: the assessment will only be used to understand targeted areas and not used for risk prediction/recidivism). This assessment is updated at intervals consistent with the assessment tool and used to aid in identifying sex offense specific goals and objectives the person under supervision has completed. Treatment plans shall be reviewed at least every 90 days, and include the person under supervision's input, updates to items (1) - (9) aforementioned, justification for continued need for treatment, and information on family and any significant other involvement (i.e., community support programs, etc.). The treatment plan should be attached to the Monthly Treatment Log and submitted with invoices provided to the USPO/USPSO.