

**COURT & CORRECTIONS**  
**BCS21 – OFFENDER ASSESSMENT FORM**

Client Name: \_\_\_\_\_ LINX Number : \_\_\_\_\_  
(Please print)

Admit Date: \_\_\_\_\_ ORAS score/Risk Level: \_\_\_\_\_ Referral source: \_\_\_\_\_

**ORIENTATION PHASE OF CARE – PHASE ONE (7-21 DAYS)**

Expectations:

- \_\_\_ Completes orientation group/passes test on program expectations
- \_\_\_ Completes assessment process
- \_\_\_ Completes physical with the Nurse
- \_\_\_ Completes autobiography and basic budget
- \_\_\_ Completes Service Plan (LINX and/or CATT)
- \_\_\_ Shows basic compliance with program rules
- \_\_\_ Attends/Completes groups as assigned
- \_\_\_ Able to complete basic movement forms
- \_\_\_ \*Starts arrangements to address mental health issues
- \_\_\_ \*Attends in-house sober support meetings

Sign-out Privileges:

- \*Medical/MH Appointments
- Meetings at Probation Dept/Court
- \*Court ordered treatment
- Job seeking and/or community service

Client: \_\_\_\_\_ CSP: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

**PHASE TWO (LENGTH VARIES)**

Expectations:

- \_\_\_ Follows group rules (see handout)
- \_\_\_ Follows up with referrals, as applicable
- \_\_\_ Attends verified full time activity (32 hrs/week – job/school)
- \_\_\_ Completes community service - at least 6 hours a month
- \_\_\_ Demonstrates personal accountability (i.e. movement, paychecks, fees)
- \_\_\_ Meeting CBT dosage requirements as identified in assessment
- \_\_\_ Submits written treatment/group work as assigned
- \_\_\_ Has increased pro-social peer support/resources
- \_\_\_ Makes responsible choices with money
- \_\_\_ Earns at least 1 positive incentive to offset behavior violation points
- \_\_\_ Follows most rules consistently with only minor lapses
- \_\_\_ \*With CSP, initiates steps to obtain AOD/MH Continuing Care (where): \_\_\_\_\_
- \_\_\_ \*Making satisfactory progress with any court ordered treatment (IOP, AIW, TDAT, etc)

Privileges:

- \*Sober support meetings
- Shopping for needed personal items
- Home passes (see CSP for rules)
- Personal time (see CSP for rules)
- Other prosocial activities as applicable and permitted by referral source

Client: \_\_\_\_\_ CSP: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

**PHASE THREE (AT LEAST 30 DAYS)**

Expectations/Requirements to graduate:

- \_\_\_ Consistently maintains all Phase Two expectations
- \_\_\_ Demonstrates consistent personal accountability (see list)
- \_\_\_ Has met all group dosage requirements
- \_\_\_ Has completed budget and fees paid/fee agreement in place
- \_\_\_ Completed or made acceptable progress with ISP goals
- \_\_\_ Has obtained acceptable and verified housing
- \_\_\_ Regular contact with prosocial peers/support
- \_\_\_ \*Active in recovery activities/has a relapse prevention plan
- \_\_\_ \*Urinalysis testing results negative for at least 30 days (for clients who relapsed)
- \_\_\_ No moderate/high violations for at least 14 days
- \_\_\_ Able to meet basic financial needs (has saved money needed for housing, probation fees, etc)
- \_\_\_ Discharge plan complete, including referrals for unresolved/ongoing issues
- \_\_\_ \*AOD/MH Continuing Care in place
- \_\_\_ If applicable, PO has approved tentative discharge date: \_\_\_\_\_

Privileges:

- Longer home passes (see CSP for rules)
- Increased personal time (see CSP for rules)
- Pass curfew extensions if approved (past 9 pm and/or past 12 hours)
- Extra privileges on pass as approved
- BP/Dollar Store/McDonalds w/o CSP approval

Client: \_\_\_\_\_ CSP: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

\*For clients with an AOD diagnosis or MH history

**PLEASE NOTE:** This information is based upon **general** program structure. Your requirements/privileges may be different due to your referral source. Please see your CSP if you are unsure as to your status.

**CSP/Supervisor: Initial all that have been observed/verified:**

**Personal Accountability: client consistently:**

rev 1 rev 2 rev 3

- Arrives on time and prepared for sessions, groups
- Submits written/treatment group work as assigned
- Returns on time from movement/personal time/passes
- Goes approved places on movement/personal time/passes
- Exceeds minimum requirements(i.e. homework assignments, job seeking, chores, community service)
- Obtains employment
- Maintains employment
- Turns in paychecks per policy
- Receives a promotion at work
- Makes progress toward/obtains GED
- Pays fees per policy
- Saves money
- Develops and initiates a plan to meet financial obligations (fines, child support, back utility bills, etc)
- Takes prescribed medications per policy
- Maintains sobriety
- Keeps living area clean
- Completes assigned chores

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Other/Notes

**Reduced antisocial attitudes: client consistently:**

rev 1 rev 2 rev 3

- Any/all of the above, plus
- Decreases instant gratification (i.e. interrupting sessions, abruptly quitting a job, cashing paychecks)
- Decreases use of tactic(s)
- Identifies and changes risky thoughts
- Identifies pros and cons of changing particular behavior(s) (i.e Decisional Balance sheet)
- Identifies losses due to antisocial behaviors (such as AOD abuse, fighting, stealing, etc)
- Identifies triggers for relapses in thinking and behavior and initiates plans to prevent them
- Avoids high risk situations when possible (when planning movements, home passes)
- Obtains facts before acting on feelings (takes time to think)
- Listens to feedback and responds appropriately
- Takes responsibility for own choices (does not blame others)
- Is open and honest when mistakes occur
- Doesn't keep making the same mistakes (not getting repeat violations for similar behaviors-learns from past)
- Decreases behavior violation points by earning incentives and/or not getting new violations
- Completes behavior contract successfully
- In treatment work, open to try new healthy activities or tasks
- Controls angry outbursts by demonstrating use of coping skills
- Interacts pro-socially with authority figures
- Increased problem solving skills

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Other/Notes

**Reduced anti-social peer association, client consistently:**

rev 1 rev 2 rev 3

- Interacts positively/respectfully with others in groups, dorm areas, cafeteria, with family members
- Is observed choosing pro-social peers when available
- Is observed taking steps to end/avoid associations with antisocial peers
- Is observed being appropriately helpful to newer clients without expecting anything in return
- Reports meeting regularly with sponsor if applicable
- Is willing to be honest with staff when other clients' behaviors put facility/client safety at risk (i.e. drug use)

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Other/Notes

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Client signature/date

CSP signature/date

Supervisor signature/date

## **Instructions for using the BCS21 Offender Assessment Form**

- A. Clinical Service Provider/Case Managers will use the Offender Assessment Form to document client progress in decreasing risk of recidivism.
1. It will be reviewed/completed with the client at each potential phase of care change, in order to give client tangible feedback on progress and/or areas to improve in order to change phases.
  2. It will include input from non-clinical staff.
  3. CSP/CSM will review form with supervisor as part of monthly case progress review.
  4. The clinical team may use the form as part of Behavioral Review Committee proceedings in determining the appropriate clinical as well as disciplinary interventions/rewards, and in providing tangible feedback to the client about their behavior.
  5. The form will be used to demonstrate client readiness to graduate and to make recommendations for post-discharge needs.
  6. The Offender Assessment Form(s) will be filed in the client chart under Reports and Reviews Tab.