LOS ANGELES COUNTY PROBATION DEPARTMENT

AB 109 – BACK ON TRACK

RISK ASSESSMENT CASE PLAN

Date: 7/1/2016	Assessment: ☒ Initial ☐ 6 Month		
OVERVIEW			
Name: John Doe		Booking#: 1234567	
Release Date: 4/4/2016	DOB: 3/28/1978		Age: 38
Entry Date: 10/15/15	Gender: M	Race/Ethnicity: White	
Gang Affiliation: N/A	Preferred Language: English		
Gang Moniker: N/A	Most Recent Charge(s): 11366 H&S		
COMPAS Level: Med	Other:		
CRIMINOGENIC RISK/NEED FACTORS			
☒Criminal Associates/Peers ☐Criminal Opportunity ☒Substance Abuse ☒Criminal Personality	☐Cognitive Behavioral ☒Family Criminality ☒Vocational/Education ☐Residential Instability		
SPECIAL RESPONSIVITY CONSIDERATION			
☐Motivation ☐Racial Issue(s) ☐Gender Issue(s) ☒Substance Abuse History ☐Minimization of Contact ☐Cultural/Ethnicity ☐Health/Physical Issue ☐Aggression/Violence	☒Housing ☐Communication Barriers ☐Mental Health Disorder(s) ☐Transportation ☐Developmental Age/Low Functioning ☐Co-Occurring Disorder ☐Other: Enter text.		
Notes:			

Coach: Caseworker:

LOS ANGELES COUNTY PROBATION DEPARTMENT

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CASE MANAGEMENT PLAN

Participant: John Doe	Assessment: ☒ Initial ☐ 6 Month

CLIENT STRENGTHS
1. Age/Maturity
2. Skill/Trade, Work History
3. Motivated/Confident
4.
5.
6.

CASE PLAN				
Rank	Criminogenic Need	Goal	Strategy, Referral & Collaboration Plan	Strength(s) Used
1.	Substance Abuse	Reduce/Eliminate	In-Patient Treatment	Determination and thinking must change
2.	Peers/Associates	Stay away from negative peers	Determine who these people are and work with participant on a strategy.	Same as above
3.	Criminal Personality/Family Criminality/Making fast money	Reduce contact with family engaged in criminal activity and cultivate a career which pays him well.	More discussion and investigation into his behavior and family before a strategy can be formulated.	Same as above

	Participants Needs	Strategy
1.	DMV Identification Card	Work with the BOT-LA Service Providers
2.	DMV Drivers License	"
3.	Clothing	"
4.	General Assistance	"
5.	Social Security Card	"
Comments:		

Client Signature: _____   Date: _____

Coach Signature: _____   Date: _____

Case Manager Signature: _____   Date: _____