

INDIVIDUALIZED COMPREHENSIVE QUARTERLY TREATMENT PLAN

Treatment Provider: _____
Name and Location of Services _____ Date Plan Prepared _____

Client Name & PACTS #: _____ Supervising USPO: _____

Client PACTS # and Date Client Entered Into Treatment Services: _____

Presenting Clinical Issues/Diagnosis: _____

PCRA Output: Risk, Needs (also known as Dynamic Risk Factors) and Responsivity Issues: _____

Type & Frequency of Services Anticipated in Next 90 Days: _____

Clinical/Treatment Issues and Identified Risk, Needs, and Responsivity Factors (RNR):

Planned Intervention Strategies (Including Such Things as Homework Assignments, Thinking Reports, Problem Solving Exercises, etc.) to Address Clinical/Treatment Issues and RNR:

Treatment Goals:
• Short-Term Behavior Change Goals:

Measureable Objectives:

Define Client’s Input into the Treatment Plan and Client’s Expectations of Treatment Services:

Identify the Involvement of Family, Supportive Collateral Contacts, and Community Support Entities (including USPO):

Specific Criteria for Treatment Completion or Advancement to Next Treatment Phase and Specify Need for Continued Treatment at this Time:

Anticipated Time Frame for Treatment Completion or Advancement to Next Treatment Phase:

Treatment Provider Signature & Date

Client Signature & Date