

Annual NRRI Report Template

[DATE]

THE HONORABLE _____
[INSERT COUNTY] COUNTY DISTRICT COURT
[INSERT ADDRESS]

RE: [Patient Name – Last Name, First Name]
Case No: [Insert Case Number]

Your Honor,

Mr. [Patient Name] is a ___-year-old, _____ man, who was found Not Responsible by Reason of Insanity (NRRI) for charges of _____. The index offense involved [briefly describe offense]. He was admitted to [Provider] under a NRRI commitment on [date of admission].

[Describe patient's current mental and physical condition(s) and needs]

Example: Include info about diagnosis, symptoms, mental status, as well as treatment needs.

[Describe patient's course of treatment]

Example: Include info about how the person has done in treatment – behaviors, symptoms, safety concerns, treatment engagement, treatment progress.

[Describe risk assessment]

Example: Describe how the individual's current mental status compares to his/her mental status at the time of prior dangerous acts, including the NRRI offense. Discuss factors that related to the index offense and other dangerous acts with a particular focus on factors that destabilized, disinhibited, or motivated unsafe behaviors (e.g., substance use, poor coping abilities, persecutory delusional ideas, limited support systems), and how those factors are being mitigated/managed.

[Describe recommended treatment plan]

Example: Outline treatment plan long-term goals and short-term objectives, with projected times that such goals could be achieved.

[Statement about the least restrictive treatment conditions consistent with the safety of the public; Statement about whether individual remains mentally ill and dangerous and if supervised treatment is still necessary]

Example: Patient X remains mentally ill and dangerous, and at this time, the [list treatment that is recommended] is the least restrictive environment for Patient X's treatment needs and consistent with public safety.

[Itemize recommended treatment or any changes in recommended treatment plan – see below for examples:]

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1. *Discharge from [provider A] to [provider B]. While receiving treatment at [name of program/service provider], Mr. X will be expected to follow all expected [name of program/service provider]'s programming.*
2. *While in [name of program/service provider], Mr. X will follow [name of program/service provider] requirements [e.g., such as attending a day program 5 days/week].*
3. *Mr. X will receive medication management through ABC Psychiatric Group. ABC Psychiatric Group will be submitting updates to the Court as required by the court order. All other providers involved in Mr. X's care will be responsible for regularly updating ABC Psychiatric Group on his progress in treatment.*
4. *Mr. X will have a payee for Social Security benefits.*
5. *In efforts to ensure Mr. X's follow through of the program and ensure safety throughout the treatment process, we ask that should Mr. X fail to comply with his community providers' treatment recommendations or be deemed unsafe to remain in that program, then his treatment provider(s) shall contact law enforcement to have Mr. X taken into custody and notify the Court of the events precipitating the change in placement. Law enforcement shall contact the Lincoln Regional Center's admission coordinator at (402) 479-5440 to arrange for admission if an opening is available. If the Lincoln Regional Center does not have an available bed, then law enforcement personnel are to deliver Mr. X to any other available secure facility such as a Crisis Center or Correctional Facility.*

Respectfully submitted,

[Name of Provider]
[Title]

cc: [County Attorney]

[Any other parties as listed in the court order]