







EFFECTIVE CLIENT CASE MANAGEMENT

Developed by: National Drug Court Institute

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OBJECTIVES

Understanding the Client's Needs

Tools to Assist Change

Evaluating and Monitoring Services



KNOW THE PROCESS

Team Presentation

After all information is

gathered, referral is

discussed at following

TSC staffing.

Decline

Referral declines to

participate in TSC.

Decline/DNQ

referrals resolve

PVs or Pending

matters in court

District Court Therapeutic Specialty Courts Referral Flowchart Prosecutor Defense Attorney Probation Officer TSC Coordinator/ TSC District Court Therapeutic Specialty Courts Referral Flowchart SAC - Tuesdays 10:30 a.m. & 2 p.m. Veterans Court - Wednesdays 10 a.m. Mental Health Court - Wednesdays 2 p.m.

TSC Coordinator/ TSC CPA review referral for automatic disqualifiers:

Pending Felony

Other Jurisdiction Warrants

Violent Assaultive History

Registered Sex Offender

Residency

Screening

Referral screened by TSC Coordinator or TSC PO and completes:

Suitability Screen (GAINS)

SPIn Assessment (identifying risk/needs)

ROI

Accepted

Referral pleads guilty to pending charges

Resolves PV's

Set over to next TSC court docket.

Why choose a TSC Court Program

Reduced fines and fees for treatment & supervision (SAC \$40 per month ~ VETCO \$200 ~ MHC \$100)

Immediate Access to Treatment

Reduced sentences are usually granted by judges knowing you are entering specialty treatment court

Built-in incentives to keep participants motivated

Therapeutic approach to address problematic behaviors

Peer mentor programs

A team of support and case management to help reduce barriers

DNQ

Referral not qualify for TSC due to disqualifying

factor:

Low Risk/Low Needs

Not living in Clark Co.

Prior Participant

Serious Violent Offense

Firearm Used in Crime

Registered Sex Offender

Pending Charges/ Warrants other Juris.

H:\CorrWG\Therapeutic Courts\Forms\TSC_referral_flowchart.pub



Understanding Our Clients

High Risk

High Needs



Understanding Our Clients

History

Failure

Mistrust

Jail is Easy

Adversarial Role with Courts

MEET CLIENT WHERE THEY ARE AT

Understand Where the Client is Coming From

- ✓ Housing
- ✓ Criminal History
- ✓ Treatment History
- Peers/Relationships
- **✓** Employment History
- Accomplishments/Success

KNOW THE DIFFERENCE Understand Where the Client is Coming From

- ✓ Housing
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ASSESSMENT TOOLS

Legal Screening

- Risk/Needs Assessment Validated
 - ✓ Static and Dynamic Factors
 - ✓ Validated for your population

Clinical Screening

- - ✓ SAMHSA? / ASAM?



ASSESSMENT TOOLS

SHARE!!!



EXAMPLES OF CASE MANAGERS

Probation

Treatment

TASC (Treatment Accountability for Safer Communities)

Pre-Trial Services

Private Agencies

Community-based organizations

Coordinator

What is the difference between treatment case managers and probation officers?



CASE MANAGEMENT

Level of Supervision based on risk/needs/responsivity assessment

Reporting schedule
of home visits per month/quarter

Monitors compliance to the judgment and sentence (J&S)

Sets timelines with client Reports to the team any violations of J&S

Constant communication with team

Helps client problem-solve issues

Connects with community resources Makes referrals to ancillary services

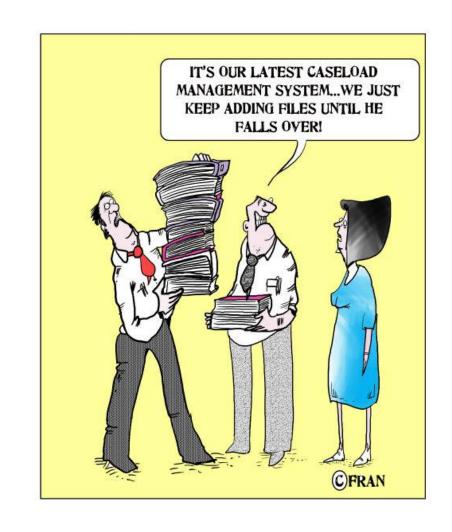


Identify resources that are able to assist in various aspects of case management

What agencies are able to assist in providing supervision?

Are there positions within the agency to assist in supervision?

What programming and services are the participant utilizing?





OFFICE VISITS

Good place for planned confrontation

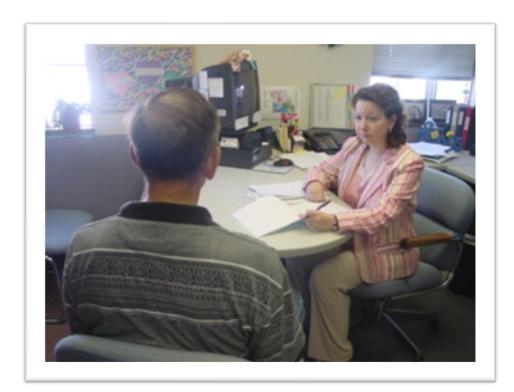
Collection of routine information

Follow-up on treatment

Adjustment of case plan

NO substitute for field services

Re-Assess clients





HOME VISITS

Announced and Unannounced

Different time and days of the week

Non-governmental hours

Event visits, etc.

Condition of the home: Safe? Cleanliness?





HOME VISITS

Engagement of family?

Test (PBT or oral swab)

Curfew checks

Catch them doing something right





GET OUT THERE!

You cannot visit and test too much, but you CAN do too little

This group presents a clear and present danger, and alcohol consumption is difficult to monitor

Caseload sizes **MUST** be kept in check to allow field visits and testing on a frequent basis. These caseloads are defined within an overall work load



Participant found dead in bedroom

Had been drinking over the weekend

Court didn't test on nights or over the weekend

IN-DEPTH:

Sobriety Court Program



Repeat drunk driver

cause of death is still unknown.

But because a police report states he had been drinking over the weekend, despite court restrictions not to, we went to learn more about the Sobriety Court program was involved in.

Only a little more than a year old, the Sobriety Court aims at reaching repeat drunk drivers in ways other courts haven't, through support and treatment.

coordinators say, was doing well in the program and had tested negative on every alcohol test administered to him.

Those semi-random tests, though, typically are not given on nights or weekends, a policy the court's leaders now say they look to change.

"Do you think if we had been doing testing differently, we might have noticed if he was drinking?" the reporter asked.

"Well, naturally that would be the easiest thing to say, that yeah, it might possibly have caught that, but it's hard to say, it might be a weekend of falling off the wagon, and it's terrible, but ultimately he paid the ultimate price for that bad judgment," said a Sobriety Court Coordinator.

The difficulty: the program receives very few funds. Additional testing, some say, could be costly.



Research



Guidelines for Community Supervision

"When assessment and planning do
not occur or are conducted poorly,
supervision is haphazard, conducive
to negative outcomes, and ultimately
indefensible."

Patricia M. Harris, Associate Dean, University of Texas at San Antonio (1994)

Take away...

Individualized case or supervision plans for all treatment court offenders that outline specific supervision strategies

Assess and reassess. Case and supervision planning is a dynamic process and should occur more than once during the supervision process.

Create goals, objectives, and task-oriented strategies based on information from the risk/needs assessment and alcohol/drug history. *Goals, objectives, and strategies should be framed in a positive and strength-based context.*

Establish a collaborative relationship with treatment providers and communicate regularly.



Caseload Sizes

Table 2	APPA RECOMMENDED CASELOADS		
Probationer Risk and Need Level	1990 Guidelines	2006 Guidelines	
ISP: high risk and high need	NR	20:1	
High Risk	30:1	50:1	
Moderate Risk	60:1	50:1	
Low Risk	120:1	200:1	

Probationers on 50:1 caseloads had significantly better probation outcomes including fewer positive drug tests or other technical violations.

Probation Officers with caseloads substantially above 50:1 had considerable difficulty accomplishing their core missions of monitoring probationers closely and reducing technical violations.

Sources: APPA (1991); Byrne (2012); DeMichele (2007)



Caseload Sizes

Benefits of 30:1 Caseloads

More frequent and longer contacts

More specialized services designed to reduce risk to public safety

Significantly lower recidivism rates lasting for at least 2 ½ years, including fewer new arrests for drug, property, and violent crimes

Source: Jalbert et al., 2010



Treatment court case managers should only be supervising Treatment court cases

Recommended Case Load 30:1

Why?

Monitor meetings and status hearings

Contribute critical observations and information during pre-court staffing

Perform drug & alcohol tests

Deliver cognitive-behavioral criminal-thinking interventions

Conduct field visits





CHANGE MAKERS



MRT

ART

CBT

T4C

Goal Setting

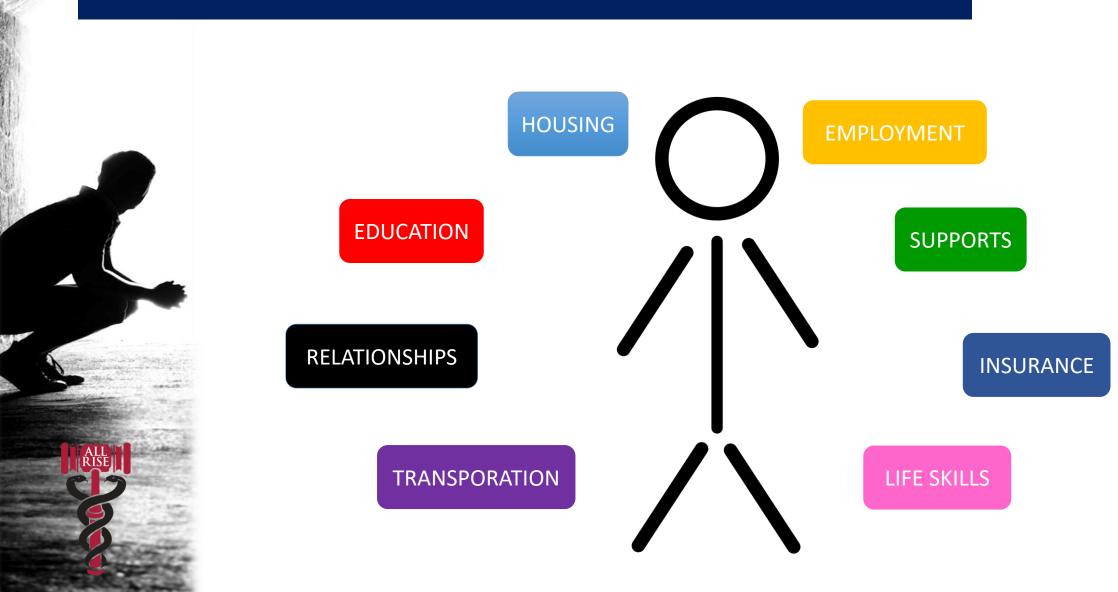
MI

Gender Specific

SSC

R&R

WRAP AROUND SERVICES



NEEDS LIST



Give
Ownership
to Client

Needs List

Name	Date			
I am needing help to accomplish these needs: (please check all that apply)				
<u>Transportation</u>	☐ Medical health Care/ issues			
☐ Transportation	Mental Health Counseling			
Obtaining Driver's License	Other counseling/classes			
Ignition Interlock	☐ Nutrition			
DOL hearing (habitual offender status)	Cooking			
Fines in Collections	Healthy Relationships			
<u>Employment</u>	Childcare while in services			
Employment / Resume / Job search	Fitness			
<u>Housing</u>	☐ Trusting staff to share / Honesty			
Clean and sober housing	Changing attitude/beliefs			
Education	Pro-Social			
Education / GED	Having fun sober (hobby, exercise)			
Finances / Budgeting	Recovery environment			
Time Management	Having fun sober (hobby, exercise)			
Stress Management	<u>Other</u>			
Parenting Classes	Obtaining State ID card			
Learning about or to use computers	family/peer support			
Substance Abuse Treatment	Making appointments (scheduling)			
Domestic Violence Classes	Telephone assistance			
Health & Wellness	Other (please specify)			
☐ Medications (access / copay)	Other (please specify)			
Dental health care insurance / issues	Other (please specify)			

BARRIERS WORKSHEET



Keep Simple Silly

Overcoming Your Barriers

Client:		Date:			
1. Housing 2. Transpo 3. Trusting Staff Circle a target area you want to focus	rtation	m your "Needs List".			
dentify the barriers that prevent you from Do not have Bad rent No cu		he circled need. er place to stay tory ob			
Discuss with the Probation Officer on way Look into livin Apply for howin Go to local Unem	g at av	ne these barriers and write them down. No export House stance ent office to get help resume			
Use the Goal Worksheet to write an achievable, realistic, controllable, and measurable goal to accomplish this need.					
will have a check-in on	_at	am/pm to review my progress.			
Client signature		Probation Officer signature			

SETTING GOALS





Here are some key factors to setting goals:

Achievable: Am I able to accomplish my goal in the set time period.

For example: "I will read one book in the next three months."

"I will finish my treatment work before the day of group."

Realistic: Do I have the skills and abilities to accomplish this goal?

For example. "I will play my trumpet for 30 minutes every night."

"I will drive my sister home from school everyday."

Controllable: Am I able to control the situation to accomplish this goal?

For example: "I will not swear at my counselor when angry!

"I will chew gum instead of smoking cigarettes."

Measurable: How do you know that you are accomplishing this goal?

For example: "I will call probation every time my plans change."

"I will write one letter a day to a friend or family member."

SETTING GOALS



Think about what you want to be able to do that requires you to better achieve your goal. This can be something simple or complex, but should be focused on doing something that will better prepare you for a clean and healthy lifestyle. Use the following page as a guideline for writing this goal.

guideline for writing th		y inestyle. Ose the i	onowing page as a
Goal Statement:	1 will sı	uccessfulli	y find
clea	in and sob	er housing	g by:
Objective 1:			
Visiting 2 0; answer	eford House red by my		
Objective 2:			
Go to the H housing ass	and the second second		
4	work source esume to ay next PO re	aply for w	d get help ork by my
Name: Joh	n Doe	Date:	

Use the Overcoming Your Barriers Worksheet as your guide and fill out the Goal Statement

Be sure to have the Client Sign the Goal Statement

Share with the Team

MULTIDISCIPLINARY TEAM









DOCUMENTATION

- **✓** Court reporting requirements
 - ✓ Return to Court Forms?
- ✓ Are there written reports to chart progress?
- ✓ Do files reflect history of case management? (i.e.: attendance, participation, test results, plan modification, sanctions/incentives)
- ✓ How do case management activities make their way into your MIS?



MANAGEMENT INFORMATION SYSTEM

- ✓ Data Collection System?
 - ✓ Track incentives...sanctions...
 - ✓ Track alcohol/drug testing history
 - ✓ Track phases
 - ✓ Track needed information for stakeholders/grants

- - ✓ Chronos
 - ✓ Case Plans
 - ✓ Goals / Tasks



EVALUATING CASE MANAGEMENT

ADULT DRUG COURT
BEST PRACTICE STANDARDS

VOLUME II

NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS

IX. CENSUS AND CASELOADS

- A. DRUG COURT CENSUS
- **B. SUPERVISION CASELOADS**
- C. CLINICIAN CASELOADS