Coordinated Case Planning in Treatment Courts

Learning Objectives

1. Define Integrated Case Planning
2. Identify the role of community supervision and treatment in case planning
3. Describe risk/need in treatment courts
4. Outline the goals of an Integrated Case Plan
5. Link community supervision and treatment to resources to strengthen case plans

Define Coordinated Case Planning

- The goal of the Coordinated Case Plan is to reduce risk of recidivism through the development of an individualized plan that matches the participant to effective interventions to address his or her own risks and needs, as identified by validated and standardized assessments.
- The Coordinated Case Plan achieves this by taking the following areas into consideration:
  - Community Supervision Case Plan
  - Treatment Plan

Goals of Coordinated Case Plans

- Support behavior/lifestyle change through:
  - Goal setting
  - Skill building
  - Motivation and encouragement

Coach versus Referee

REFEREE: IN THE BUSINESS OF RULE ENFORCEMENT

- Follows the rule book and emphasizes rule compliance
- When there is a violation "blows the whistle" and imposes a penalty
- Impersonal and does not hand out praise

COACH: IN THE BUSINESS OF BEHAVIOR CHANGE

- Has a playbook (evidence-based practices and principles of effective interventions)
- Focuses on development and becoming a better "player"
- Analyzes the "player" and identifies strengths and areas of improvement
- Able to demonstrate and practice skills
- Practice, practice, practice

Relationships Matter

- Relationship quality between probation officers and client predicated on rule compliance
- Officers who use a combination of caring, fairness, trust, and authoritativeness with clients are the ***most*** likely to influence reductions in offender recidivism
- Research shows that when probation officers spend at least ***16*** minutes with supervisees employing behavioral techniques and focusing on criminogenic needs, recidivism rates drop significantly

Risk, Need, Responsivity

Who Are Our Participants?

High risk

High need

Who Are Our Participants?

"High risk" refers to the likelihood that an offender will not succeed adequately on standard supervision and will continue to engage in the same behavior that got him or her into trouble in the first place.

Use Validated Risk and Need Assessment Tools Normed for Your Population

- Provide feedback to clients
- Identify supports and strengths
- Too much or too little supervision may do harm
- Shared with team
- Shapes the supervision plan and case plan

Risk-Need-Responsivity (RNR)

A GUIDE TO BEST PRACTICES

Risk

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-***risk*** offenders

Need

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

Target criminogenic ***needs*** to reduce risk of recidivism

Responsivity

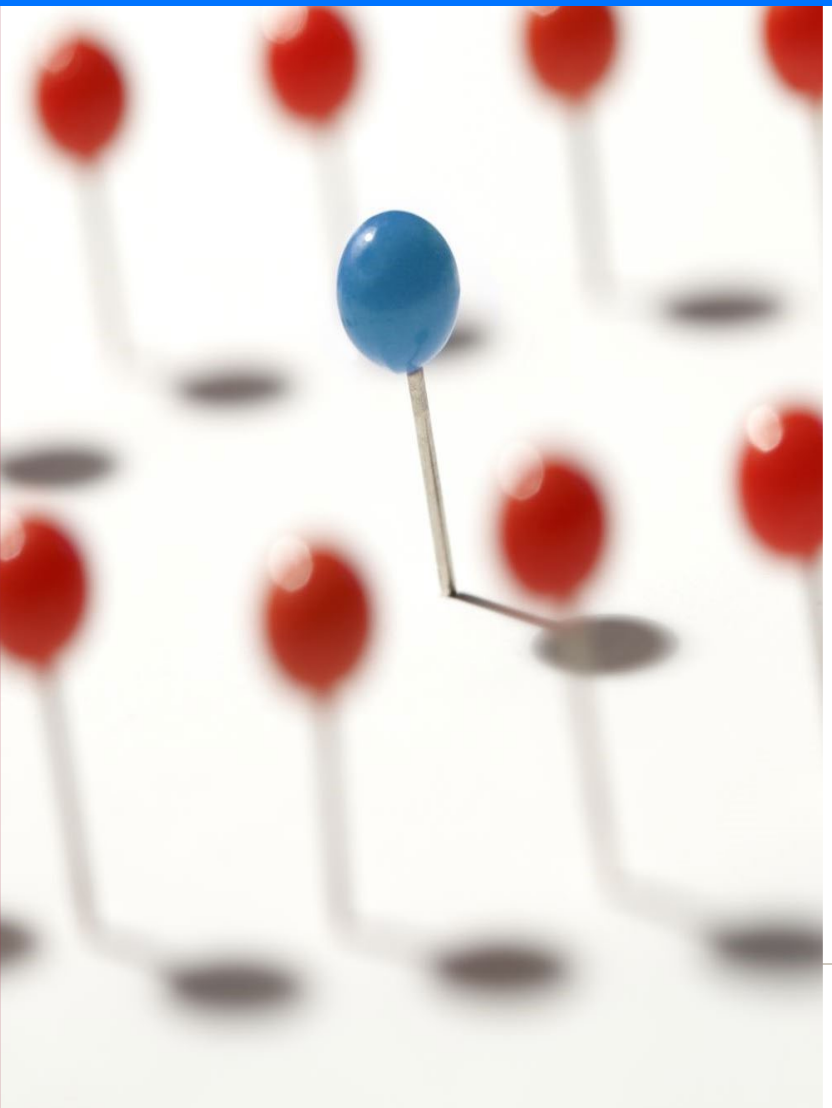
HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect ***responsivity***

Community Supervision, Case Management & Planning

Case Management



1. Ongoing process
2. Connection to community-based services
3. Provides point of contact for participant
4. Ensuring identified needs are met
5. Fluid and changing
6. Advocates and provides support for participant

Case Planning

- Case planning is where the actual plan is built and how criminogenic needs will be addressed.
- On-going process; continually updated
- It is not just a duplication/reiteration of phases or dispositional order
- Develop goals with participant based on SMART technique

Case Planning versus Court Requirements

- Individual case plans are the tools to help the client successfully move forward in the court phases.
- The phases are the court requirements, but the case plan is individualized to meet the client where they are at.
- Case plan progress should be built into the phase requirements.

Case Planning and our MI Skills

Strategies

- Collecting information
- Build Rapport (Seeking Honesty)
- Facilitates Case Planning

Use these MI Skills

- Open and Evocative Questions
- Affirmations
- Reflections
- Summaries
- Spirit of Motivational Interviewing

Components of a Case Plan

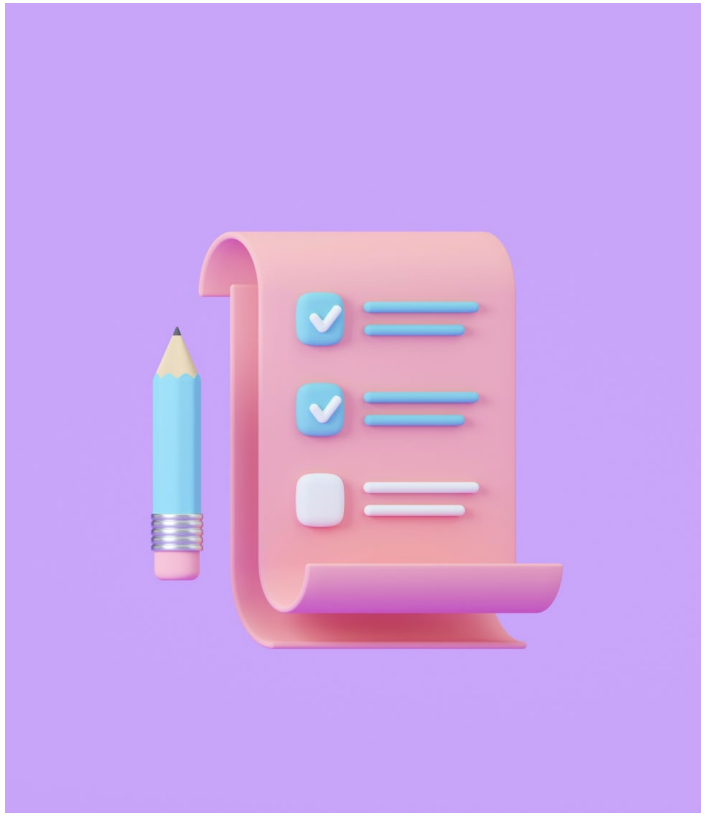
case plans should address

1. Relevant criminogenic need(s), as determined by a validated assessment tool; and
2. The following information for each criminogenic need should be addressed in the case plan:

For Each Goal Have

1. action step(s)
2. intervention(s)
3. person(s) responsible for completing the action step(s)
4. time frame for completing the action step(s)
5. status of the goal

Goals of Case Planning for Community Supervision



The Central Eight Risk Factors

- **1) History of Antisocial Behavior**
- **2) Antisocial Personality Patterns**
- **3) Antisocial Cognitions**
- **4) Antisocial Associates**
- 5) Family/Martial circumstances
- 6) School/Work
- 7) Leisure/Recreation (prosocial leisure activities)
- 8) Substance Use

Criminogenic Risk and Need Factors
Promising Intermediate Targets to Reduce Recidivism

FACTOR	RISK	DYNAMIC NEED
ANTISOCIAL BEHAVIOR	Early & Continued involvement in antisocial acts	Build noncriminal alternative behaviors in risking situation
ANTISOCIAL PERSONALITY	Adventurous, pleasure seeking, weak self control, aggressive	Build problem solving, self mgmt, anger mgmt. and coping skills
CRIMINAL THINKING	Attitudes, values, beliefs & rationalizations supportive of crime. Anger, resentment and defiance.	Reduce antisocial cognition, recognize risky thinking and feelings. Build up alternatives

Adopted from Andrews, D.A. et al, (2006). The Recent Past and Near Future of Risk and/or Need Assessment. Crime and Delinquency, 52 (1).

Criminogenic Risk and Need Factors
Promising Intermediate Targets to Reduce Recidivism

FACTOR	RISK	DYNAMIC NEED
ANTISOCIAL ASSOCIATES	Close association with criminal & isolation from prosocial people	Reduce association with criminals, enhance association with prosocial people.
FAMILY	High dysfunction, lack of nurturance	Reduce conflict, build positive relationships/communication.
Leisure and/or Recreation	Low levels of involvement & satisfaction in anti-criminal leisure activities	Enhance involvement in structured prosocial actives

Criminogenic Risk and Need Factors
Promising Intermediate Targets to Reduce Recidivism

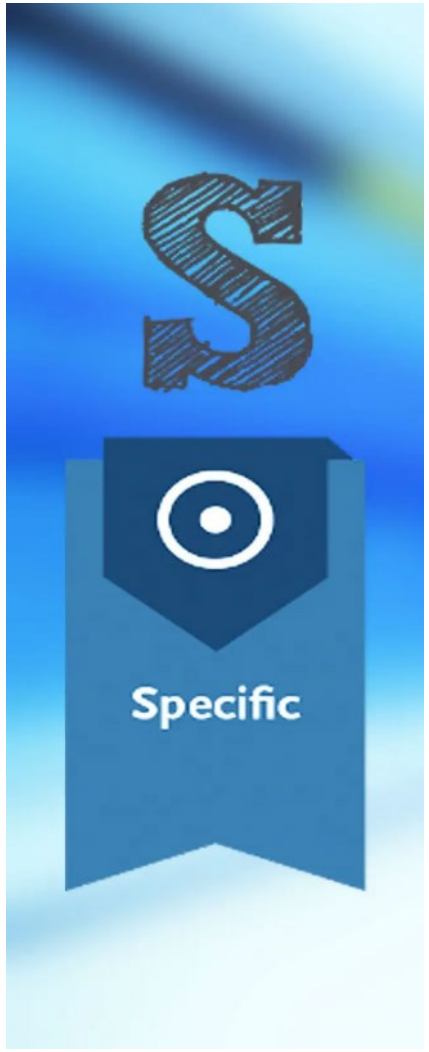
FACTOR	RISK	DYNAMIC NEED
SCHOOL AND/OR WORK	Low levels of performance and satisfaction	Connect with meaningful and sustainable employment/academic opportunities
SUBSTANCE ABUSE	Abuse of alcohol and/or drugs	Reduce SA, reduce personal & interpersonal supports for SA, enhance alternatives to SA

Goal Setting

Proximal vs Distal

- Proximal Goals – Short-term goals that can be achieved sooner rather than later.
- Distal Goals – Objectives that take longer to attain.

Goal Setting



Smart Goals

Goal: Getting off probation. (not specific)

WHAT: I would like to successfully complete my probation
WHEN: Within six months
WHY: to gain more freedom so I can travel and visit my family without having to report.

SPECIFIC GOAL: Successfully complete my probation within the next six months to have greater freedom to visit family without restrictions.

Smart Goals

"Successfully complete my probation *within the next six months* in order to have greater freedom to visit family without restrictions."

Provide a clear way for the client to know whether the goal has been accomplished.

Smart Goals

Successfully complete my probation within the next six months to have greater freedom to visit family without restrictions.

Identify goals that fall within the reach of the client's skills, opportunities, motivation, and sources.

Smart Goals

Connect the goal to the clients' circumstances, and longer-term goals. It must be meaningful to them.

Smart Goals


S M A R T
Specific
Measurable
Attainable
Relevant
Time Based

Focus of every meeting

And involving them in making a case plan


Reassessed
Every 180 days
SURVIVING
THRIVING
growing and succeeding long-term.

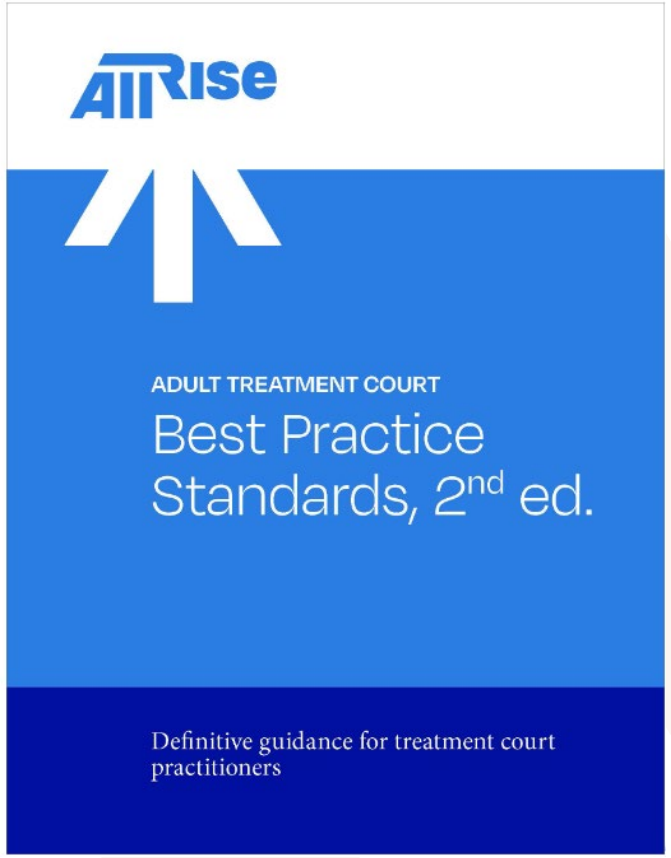
Remember to reassess and update

- Our clients should not be high risk when they graduate!
- We have met their needs, they have developed Recovery Capital and are ready to move on without us.
- Using validated tools helps us measure progress.

Treatment Provider Treatment Assessment & Planning

Best Practice Standards

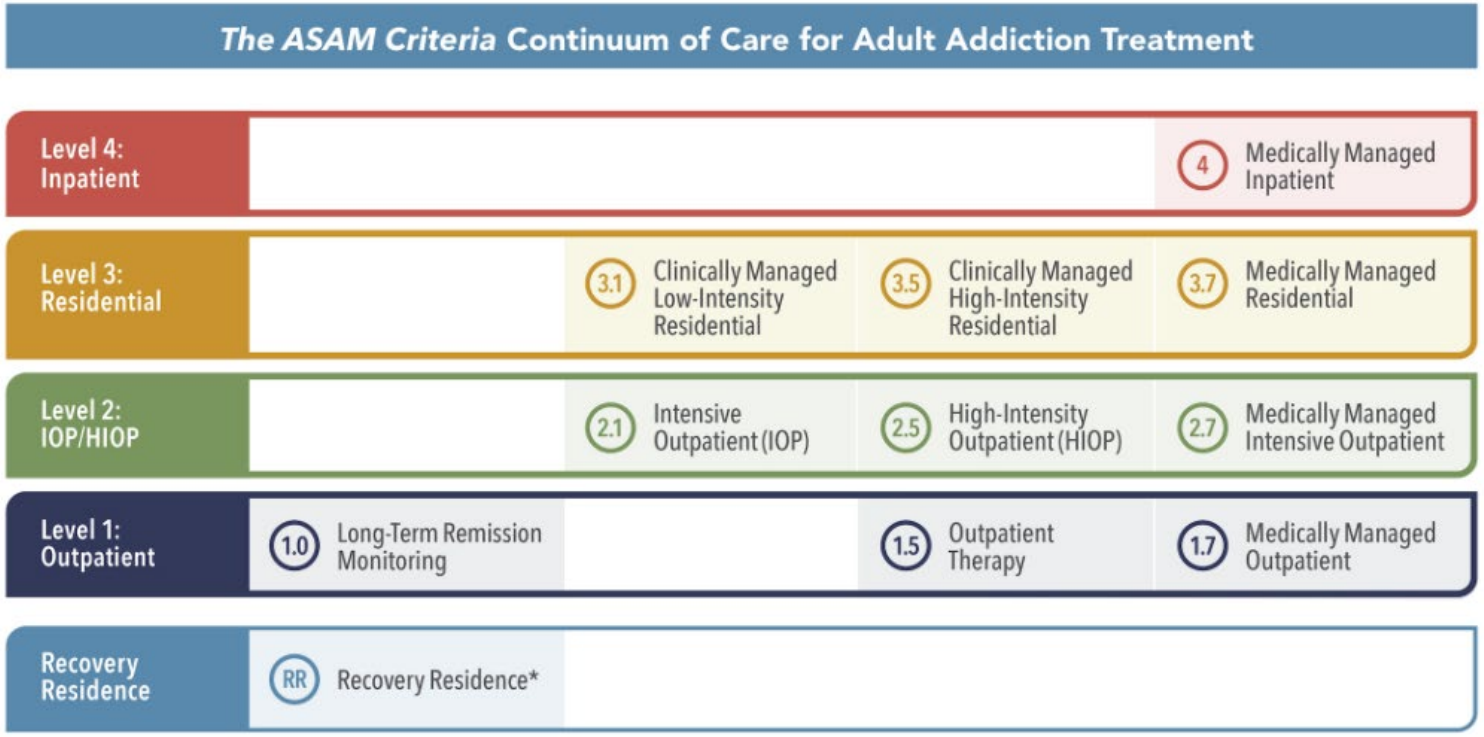
V. Substance Use, Mental Health, and Trauma Treatment and Recovery Management



Assessment

The ***ongoing*** process for defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

ASAM Continuum of Care



The ASAM Criteria is a *reference tool* that contains placement and progression criteria that clinicians will use following the assessment.

Collaborative, Person-Centered Treatment Planning

- Participants collaborate with their treatment providers or clinical case managers in setting treatment plan goals and choosing from among the available treatment options and provider agencies. Team members serve complementary roles in both supporting participants' treatment preferences and ensuring adequate behavioral change to protect participant welfare and public safety.
- Not responsible for enforcing court orders or sanctioning program infractions.

Therapeutic Alliance

A strong therapeutic alliance enhances client engagement, promotes open communication, and fosters a sense of safety and trust.

It provides a supportive environment for participants to explore their thoughts, feelings, and behaviors, leading to positive therapeutic outcomes.

Voice & Choice

- ✓ Outcomes are significantly better in treatment when clients collaborate with their service providers in setting treatment goals and choosing available treatment options (Mancini, 2021; Stanhope et al., 2013).

- ✓ Studies have reported significantly more positive client expectations about the likely benefits of treatment, higher levels of treatment satisfaction, a stronger therapeutic alliance between clients and their treatment providers, and better treatment outcomes when clients were given a voice in selecting their preferred provider and treatment modality (Elkin et al., 1999; Friedmann et al., 2009; Iacoviello et al., 2007; Lindhiem et al., 2014)

Treatment court participants do not always share staff's views about treatment goals, especially during the early phases of the program.

Integration of Case Plans

Case Planning Components

- Treatment and Community Supervision should address the following:
- Risk, Case Management and Clinical Assessments
- Focus Areas
  - ✓ Goals
  - ✓ Responsivity Factors
  - ✓ Recovery Capital

https://allrise.org/sample-documents/sample-document-integrated-case-plan/

-Sample Case Forms-Integrated Case Planning

EXAMPLE INTEGRATED CASE PLAN

INTEGRATED CASE PLANNING

GOAL: The goal of the Integrated Case Plan is to reduce risk of recidivism though the development of an individualized plan that matches the participant to effective interventions to address his or her own risks and needs, as identified by validated and standardized assessments. The Integrated Case Plan achieves this by:

- Explicitly identifying for the participant and the team the areas that the participant needs to address to reduce his/her risk of recidivating as identified by validated and standardized assessments.
- Developing clear and explicit individualized goals that a participant can work toward to make progress toward reducing risk of recidivism
- Helping the participant and the members of the multidisciplinary team focus their individual treatment, case management, supervision, and recovery coaching plans to support the overall goals of the case plan.
- Providing a clear framework to assess and measure a participant's progress.
- Documenting interventions and strategies used to address risk factors and achieve goals and objectives.

PROCESS:

1. The initial assessments will be completed and reviewed with participants within the first 30 days of entry (sooner if possible):
    a. The PPO will complete the criminogenic risk/needs assessment as part of the initial screening process to drug court and will review with the participant again after plea. Upon completion and review, the PPO will enter relevant information into the Case Plan document.
    b. The Therapist will complete the clinical assessment and review with the participant, entering relevant information into the Case Plan document.
    c. The Case Manager will complete the DLA-20 and review with the participant, entering relevant information into the Case Plan document.
1. The Case Manager and the participant will identify 2-3 risk areas to address during that phase and develop a goal for each area. Goals will be written as SMART goals and designed to be achievable within that Phase.
2. The participant will share each goal with the therapist, PPO, and *(when applicable)* Recovery Coach and develop objectives to meet each goal and address critical responsivity factors.
3. The participant and CM will review the draft Case Plan, and the CM will review with the team for feedback and/or approval. In the event of significant feedback, the participant will meet jointly with members of his team to discuss recommended changes.
4. Upon approval of the Case Plan, Treatment and Case Management Plans will incorporate the objectives developed in the Case Plan, detailing more specific objectives and interventions to achieve the larger objective and overall goal.
5. The CM will upload the Integrated Case Plan in to AIMS.
6. The participants' team members will review the Case Plan with the participant on a regular basis to assess progress and make changes as necessary. Lack of progress and recommended changes will be discussed with the participant and team.
7. At court hearings, team members will report on progress on the objectives outlined in the Case Plan.
8. For Phase Promotion, the participant will meet the Identified Goals and objectives.
9. A new Plan will be developed each Phase. Substance Use will be addressed during each phase.
10. In the event of significant lack of progress, Integrated Case Plans will be reviewed during Care and Concern, Small Team Case Conferences, and Large Team Case Conferences and adjusted as necessary. Progress toward these goals will be reviewed at the end of the agreed-upon time period as the team discusses and makes recommendations regarding a participants' status.

5.3.19 version

Participant Name: *Program Start Date:* *Date:*

Moderate or High Risk Factors from Assessment – Date of Screen:		
	Risk Factor	**Details**
X	**Substance Use**	
☐	**Education/Emp/Financial**	
☐	**Social Support (Family)**	
☐	**Neighborhood Problems**	
☐	**Peer Associations**	
☐	**Criminal Attitudes and Behavior Patterns**	

Substance Use Disorder/Clinical Assessment – Date of Assessment:		
Primary Drug of Choice:		**Current Recommended Level of Care (ASAM criteria):**
Other Drugs Used:		
On MAT:	☐ yes: ☐ not indicated ☐ no/interested ☐ no/not interested	
MH/Trauma Sx:	☐ yes ☐ no	
Additional Diagnosis:		
Treatment Goals		

Case Management Assessment – Date of Assessment:																				
Dimension	**Health**	**Housing**	**Communication**	**Safety**	**Time Manage.**	**Money**	**Nutrition**	**Problem Solving**	**Family**	**Substance Use**	**Leisure**	**Comm. Resources**	**Social Network**	**Sexual Health**	**Productivity**	**Coping Skills**	**Behavioral Norms**	**Hygiene**	**Dress**	**Grooming**	**TOTAL SCORE**
Score																					
Goal?																					

➔ **DLA-20 Score <6.3? Refer for ANSA? Y / N; If "no" provide rationale:**

Name: _____ Date: _____

GOALS PHASE ___ Review in ____ Days	Treatment Objectives	Case Management Objectives	Probation and/or Recovery Coach Objectives
Area of Focus: ***SUBSTANCE USE*** **GOAL:** **Responsivity factors to address:**			
Area of Focus: **GOAL:** **Responsivity factors to address:**			
Area of Focus: **GOAL:** **Responsivity factors to address:**			

_____ _____

Participant Signature Date CM Signature Date

Information Sharing

Sharing Information

HIPAA and 42 C.F.R. Part 2 do not prohibit treatment professionals or criminal justice professionals from sharing information related to substance use and mental health treatment.

These statutes control how and under what circumstances treatment professional (and other covered entities) may disclose such information

- ✓ Voluntary, informed, and competent waiver of patient's confidentiality and privacy rights; or
- ✓ Court order (in the absence of patient waiver)
- ✓ Scope of disclosure must be limited to the <u>minimum</u> information necessary to appraise participant progress in treatment and complying with the conditions of the program.

Sharing Information

- Assessment results pertaining to a participant's eligibility for treatment court and treatment and supervision needs
- Attendance at scheduled appointments/sessions
- Attainment of treatment plan goals
- Evidence of symptom resolution or exacerbation
- Compliance with supervision requirements that treatment professionals should be aware of (e.g. electronic monitoring, home curfews, travel limitations, etc.)
- New arrests or charges

Questions