Integrated Case Management 101

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Disclaimer

This training and technical assistance (TTA) initiative is funded through a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (Award Number 2016-DC-BX-K001). Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse the views, opinions, or contents expressed by the training, technical assistance, or TTA documents and materials herein.
Goals of case management and planning

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

Same goal as the juvenile justice system’s commitment to reduce recidivism
Risk, Need, Responsivity

Case planning and management should be guided by three things:

• Risk (Intensity of interventions)
• Need (What interventions)
• Responsivity (How to apply interventions)
Risk

• We can predict the risk of re-offending by measuring certain factors in a youth’s life

• Examples of risk factors
  • Prior offenses
  • Age at first offense
  • Performance in school

• Research has proven that the degree of supervision needs to matched to a young person’s risk of re-offending
  • Why might this be?
Matching risk level and intensity of intervention

<table>
<thead>
<tr>
<th>Risk score</th>
<th>Level of supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low</td>
<td>• Little to no formal supervision—diversion from the justice system</td>
</tr>
<tr>
<td>• Medium</td>
<td>• Scheduled probation, community service, matched interventions</td>
</tr>
<tr>
<td>• High</td>
<td>• Frequent contact with probation, matched interventions, incarceration as a last resort</td>
</tr>
</tbody>
</table>
Need

• If we know what factors contribute to a young person’s risk of re-offending then we should attempt to intervene and change factors

• The “Big Four”
  Antisocial personality traits (impulsive, quick to anger, low social/problem-solving skills)
  Antisocial thinking (rationalizing behavior, blaming others)
  Antisocial attitudes (sense of entitlement, thinking the world is against them)
  Criminal associations (negative peers)

• The Central Eight
  Substance use disorders
  Family/marital relationships
  Education and employment
  Positive leisure activities
Matching needs to interventions

<table>
<thead>
<tr>
<th>Need</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Substance use disorder</td>
<td>• Clinical drug treatment</td>
</tr>
<tr>
<td>• Peer associations</td>
<td>• Sports teams enrollment, religious community, mentoring</td>
</tr>
<tr>
<td>• Anti-social personality</td>
<td>• Anger management, problem-solving skills, interpersonal skills</td>
</tr>
<tr>
<td>• Family functioning</td>
<td>• Parent counseling, Functional Family Therapy, safety plans for abuse</td>
</tr>
</tbody>
</table>
Responsivity

• Each young person has unique characteristics and environmental factors that affect how they learn or how open they are to change

• Examples of responsivity factors:

  • Strengths- Skilled athlete or musician, close to a trusted adult, has an orientation toward accomplishments

  • Challenges- Learning disability, mental health diagnoses, is homeless

  • Neutral- LGBTQ status, second generation immigrant
Responding to responsivity

<table>
<thead>
<tr>
<th>Responsivity Component</th>
<th>Tailored response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Close relationship with a family member</td>
<td>• Include the family member in decision making</td>
</tr>
<tr>
<td>• Talented musician</td>
<td>• Encourage music therapy, participation in school/community music groups, make music lessons an incentive</td>
</tr>
<tr>
<td>• Identifies as LGBTQ</td>
<td>• Ask about identity, with permission make judge and other staff aware of specific pronoun or dress code exceptions, refer to LGBTQ community groups</td>
</tr>
</tbody>
</table>
Screening and Assessing R-N-R

• A screener is a short set of questions (usually can be given by anyone) to determine if a longer assessment is needed
  
  • Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)
  • Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
  • Global Appraisal of Individual Needs-Q3
  • Problem Oriented Screening Instrument for Teenagers (POSIT)
  • Personal Experience Screening Questionnaire (PACT)

• An assessment is an extensive set of questions (usually administered by someone trained) to determine the risk of recidivism, criminogenic needs, family setting etc. In a treatment setting, an assessment determines the severity of treatment and type of therapy.
  
  • Comprehensive Adolescent Severity Inventory (CASI)
  • Global Appraisal of Individual Needs-I (GAIN-I)
  • Youth Assessment and Screening Instrument (YASI)
  • Youth Level of Service/Case Management Inventory (YLS/CMI)
Screening and Assessing R-N-R

- Assessment should collect information on
  - Antisocial personality traits, thinking, and attitudes
  - Peer associations
  - Substance use disorders
  - Family functioning and behavior
  - Education/employment
  - Mental health
  - Trauma

- Assessments should be followed up with structured interviews to collect more information on responsivity, etc.
**Screener**
- Possibly medium – high risk

**Assessment**
- Probable low risk and low need
- Probable low risk but identified need

**Diverted from system**

**Diverted with referral**

- Confirmed medium – high risk and SUD
- Confirmed medium – high risk and other needs

**JDTC**

**Other program/probation**
Case Planning and Management in a JDTC
Eligibility:

JDTCS are a higher intensity intervention, designed to serve medium to high risk/need youth.

JDTCS specifically treat mild, moderate or severe substance use disorders (among other needs).

14 to 17 years of age
Case Management

- On-going
- Designated point of contact that advocates for participant
- Comprehensive and flexible
- Partnering with community based providers and schools
- Advocate for youth and family
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
• Research shows that individualized case plans (coupled with motivational interviewing/engagement) reduce new arrests and technical violations of youth under supervision
Building a case plan

Solicit youth and family buy-in by including them in the decision-making process
- OARS technique
- Open-ended questions
- Affirmations
- Reflection
- Summarizing

Write case goals down

Case plan establishes expectations
Case Plans and Treatment Plans

- Risk and needs assessment is reviewed with youth and family
  - Utilize visual tool to engage

- Targeted areas of change/improvement are identified
  - Ask youth to identify the targets (domains) to work on

- Case plan is developed
Case Plans and Treatment Plans

SMART goals set
Set 2-3 manageable goals
Have youth identify incentives
Process barriers

General case plan and goals shared with treatment team
Office/Field Interaction

- Interactions youth should focus less on detecting violations and instead focus finding opportunities to skill build and praise on goal attainment.
  - Check-in (building rapport)
  - Review weekly goal progress
  - Identify successes or obstacles
  - Determine if new action steps are needed/desired
  - Review court conditions
  - Provide written materials/instructions
  - Apply brief intervention as needed – use tools such as Carey Guides, NCTI Crossroads, BITS

(Source: Carey et al, 2010)
The JDTC Case Management/Treatment Team

- One or two primary case managers
- Developed in first 30 days
- Coordinated
- Sign off on each plan (if cannot combine)
- Separate staffing – twice monthly (minimum)
  - Track progress on goal achievement & challenges
  - Reflect changes in RNR tool/software
- Presented to full JDTC team
Staffing & Court

Staffing is focused on domains and goals

- Reward for success based on youth input of incentives
- Adjust plan as needed
- Continually assess for barriers

Judge engages from bench on weekly goals and progress/challenges

- Direct conversation with youth
- Parent/guardian stands with youth and also reports on progress

Reinforced by other team members
Feedback Wheel

- **Goals, interests, motivation:** Put the youth's goals, incentives, interests, and what motivates the youth here.
- **Thinking:** Put the protective factors inside the circle connected to the domain.
- **Mental Health:** Put the dynamic risk factors outside the circle connected to the domain.
- **Current Relationships:** Put the offending behavior here.

### Steps to Prioritizing

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identify the dynamic risk factor(s) to work on first. Ask the youth what item he or she would like to work on first, as identified in the feedback, to accomplish his or her goals or interests.</td>
</tr>
<tr>
<td>2.</td>
<td>Ensure youth has a clear understanding of the problem behavior. If the youth does not understand how the risk factor contributes to his offending behavior, conduct a situational analysis:  - When does the problem occur?  - Where does the problem occur?  - What does the problem look like?  - With whom does the problem occur?  - What happens as a result of the problem?</td>
</tr>
<tr>
<td>3.</td>
<td>Identify incentives, barriers, stage of change, and increase change talk for working on identified risk factors. Work with the youth on identifying the incentives and barriers to working on the risk factor. The JPC should also identify the stage of change (pre-contemplative, contemplative, preparation, etc.) to working on the particular dynamic risk factor. This does not have to be verbalized to youth. It is important to know as it will help strategize next steps to take in the case planning. It would be also be helpful to use MI strategies to help strengthen youth’s change talk as to the benefits of working on that particular dynamic risk factor and how it would help reach his/her goals.</td>
</tr>
</tbody>
</table>

# My Plan

Name ___________________________  JPC ___________________________

**Strengths/Protective Factors:**

## My short term goal:

<table>
<thead>
<tr>
<th>Benefits of goal:</th>
<th>Who</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Date Completed</th>
</tr>
</thead>
</table>

### Action Step:

### Action Step:

### Action Step:

### Barriers:

### Support:

### Incentives/rewards:

### Consequences:
<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Substance Use</td>
<td></td>
</tr>
<tr>
<td>□ Education/Emp/Financial</td>
<td></td>
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<tr>
<td>□ Social Support (Family)</td>
<td></td>
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<tr>
<td>□ Neighborhood Problems</td>
<td></td>
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<tr>
<td>□ Peer Associations</td>
<td></td>
</tr>
<tr>
<td>□ Criminal Attitudes and Behavior Patterns</td>
<td></td>
</tr>
<tr>
<td>Area of Focus: <strong>SUBSTANCE USE</strong></td>
<td>Treatment Objectives</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>GOAL:</td>
<td></td>
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<tr>
<td>Responsivity factors to address:</td>
<td></td>
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A CAUTIONARY NOTE

• Be careful not to make the Integrated Case Plan too difficult
• Plans with too many components may be impossible to achieve
  • Take into account important barriers, like cost, insurance, location of services, transportation, homelessness, employment, and physical and mental disabilities
  • If an average person can’t do it, how can your clients?
• Account for client factors such as motivation, truthfulness, support systems, relapse triggers, oppositionality, ability to organize
• Treat youth as a resource to be developed, not a problem to managed! More success when connect youth to positive adult role models, and build social/emotional/behavioral competence

• Source:
  • Dr. Shannon Carey and Dr. Jacqueline van Wormer, NPC Research
  • Brian L. Meyer, Ph.D., LCP
REPLACE LANGUAGE AND ASSUMPTIONS:

“THIS KID HAS SO MANY CHALLENGES, HE IS SO DAMAGED.”
Learning/Doing

• Place youth in situations where they can:
  • Take on new roles
  • Build positive connections
  • Engage in continuous learning
  • Deeply engage to develop leadership

Two Core Assets

Learning/Doing

• Developing new skills and competencies
• Actively using new skills
• Taking on new roles and responsibilities
• Developing self-efficacy and personal confidence

Attaching/Belonging

• Becoming an active member of pro-social group(s)
• Developing and enjoying the sense of belonging
• Placing a high value on service to others and being part of a larger community
Ataching/Belonging

Two Core Assets

Learning/Doing
- Developing new skills and competencies
- Actively using new skills
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Ataching/Belonging
- Becoming an active member of pro-social group(s)
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<tr>
<th>PRACTICE DOMAINS</th>
<th>Domain-Specific Example*</th>
<th>Learning / Doing</th>
<th>Attaching / Belonging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Activity or Opportunity</td>
<td>Outcome Measures</td>
</tr>
<tr>
<td>Work</td>
<td>Job readiness</td>
<td>Resume writing workshop</td>
<td>Resume submitted to potential employer</td>
</tr>
<tr>
<td>Education</td>
<td>Computer skills</td>
<td>One-on-one skill building in HTML or other language</td>
<td>Youth has an operating web site</td>
</tr>
<tr>
<td>Relationships</td>
<td>Communication skills</td>
<td>Training in conflict management</td>
<td>Youth completes training program</td>
</tr>
<tr>
<td>Community</td>
<td>Youth-led civic improvement campaign</td>
<td>Prepare and present formal testimony</td>
<td>Youth speaks at public hearing</td>
</tr>
<tr>
<td>Health</td>
<td>Physical Fitness</td>
<td>Weight training</td>
<td>Number of training circuits completed</td>
</tr>
<tr>
<td>Creativity</td>
<td>Self-expression</td>
<td>Mural art program</td>
<td>At least one mural designed or completed</td>
</tr>
<tr>
<td>Practice Domains</td>
<td>Learning/Doing</td>
<td>Attaching/Belonging</td>
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<tr>
<td>Work</td>
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<td>Health</td>
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<td>Creativity</td>
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Local Positive Youth Justice Model
Questions?

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509-628-2663