

Don't Just Wing It:

Combining Clinical and Supervision Case Plans to Improve Outcomes in Treatment Courts

Shannon Carey, Ph.D.

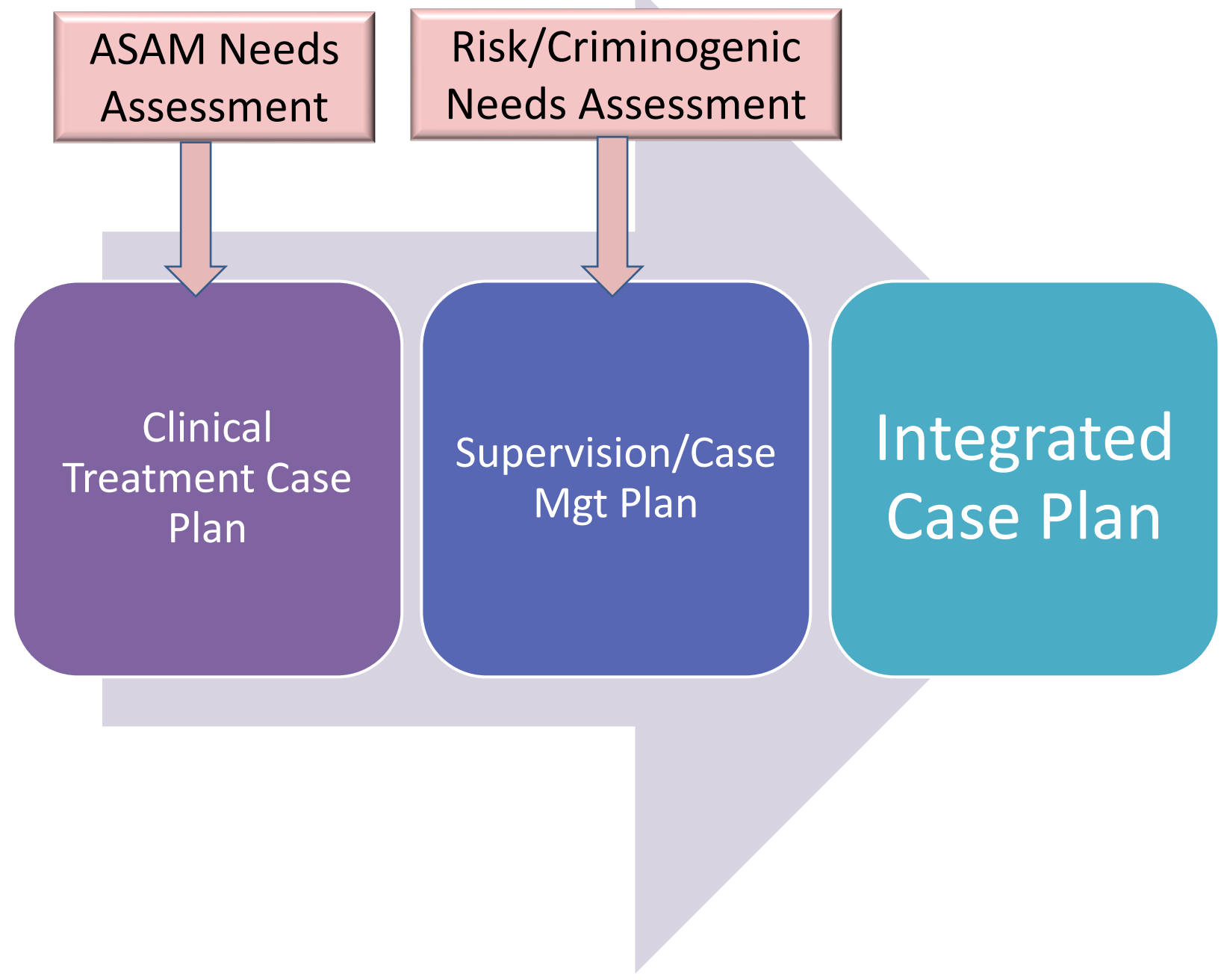
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USE ASSESSMENT RESULTS TO CREATE THE CLINICAL CASE PLAN AND THE SUPERVISION CASE PLAN

THEN COMBINE PLANS FOR AN INTEGRATED CASE PLAN FOR THE PARTICIPANT

SHARE WITH THE TEAM!!



Concepts

Why integrated case planning?

What are risk and need and why are they important?

Measuring risk and need/Measuring responsiveness



Case planning

Promoting participant engagement

Using assessments to create case plans



Getting it done

Creating the integrated case plan

Using case plans in staffing and court

Overview

Mia was arrested for possession of heroin and was assessed as suitable for treatment court and was placed in IOP. While she was on bond, she was arrested for misdemeanor domestic assault. Now she on two concurrent probations from the two courts and has obligations in both courts:

Typical week in drug court in Ph. 1:

- Four 90-minute group counseling sessions, one 75-minute individual session: M-Th 6:00 p.m., Fri. 5:00)
- 2-3 Random UAs per week between 8:00 and 11:00 a.m.
- Office visit with case manager: Tues. 4:00 pm
- Drug Court review hearing: Wed., 2:00- 4:00 p.m.
- Recovery support meeting twice a week, before her 9:00 curfew

Misdemeanor weekly probation requirements:

- 80 hours of community service at 5 hours per week (Sat. and Sun. variable hours)
- Employment: 16 hours/ wk minimum
- Domestic Violence counselling: Wed, 5:00 p.m.



- Additionally, Mia has a 6-year-old daughter, Amber, that she walks to school every morning at 7:45 a.m. She picks up Amber at 5:00 from her afterschool program and walks her home. Her evenings are spent caring for Amber. Sometimes her mother helps.
- She works at Wendy's 9:00 – 2:00 Mon, Tuesday, Thursday. Her boss is tired of her frequent absences for testing.
- Mia has no car and relies on public transportation, friends and families for rides. All have been unreliable and a constant source of stress
- Mia is overwhelmed. The domestic violence class conflicts with the afterschool pick on Wednesday and makes her late for treatment that day. Wednesday is the only day the class is offered.

Could you manage Mia's schedule?



What Do We Mean by “Risk” and “Need”?

What is



Risk

The likelihood that a person will get re-arrested and/or fail on probation

Risk:

- ≠ Dangerousness
- ≠ Crime type
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Central 8 Factors

1. History of antisocial behavior
(Criminal History)*

2. Antisocial Attitudes
3. Peer Associations
4. Antisocial Personality
5. School/Employment
6. Substance Abuse
7. Living Situation
8. Family/Marital

Important, but
STATIC

*Past behavior is the best predictor of future behavior

Clients have a variety of **Criminogenic** needs:

- Subset of risk factors
- Dynamic, live and changeable

DYNAMIC
Criminogenic
Needs

What is



NEED

Clinical Need:

- = Diagnosed Substance Use Disorder (Mod to Severe)
- = Diagnosed Mental Health Disorder
- = Both

Need = What level and type of drug and alcohol/mental health treatment is required for recovery?



Getting to know
your
participants

Risk, Need and
Responsivity
Tools to build
your case plans

SELECT APPROPRIATE SCREENING AND ASSESSMENT TOOLS



- **Reliable** = Predicts risk consistently from person to person
- **Valid** = Has been tested multiple times in defined population and it is accurate *(for CJ population)
- **Standardized** = Has specific instructions for use that, if followed, have the same result with different users
- **Ease of use** = Instructions easy to follow, not too long to be practical
- **Cost** = Within acceptable price range according to resources available, some good free tools

Traditional CJ Risk Assessments

Risk Assessment
Tools

(Examples)

- **RISK AND NEEDS TRIAGE (RANT)**
- **OHIO RISK ASSESSMENT SYSTEM (ORAS)**
- **Level of Service Case/ Management Inventory (LS/CMI)**



ORAS AND LS/CMI ASSESSMENT DOMAINS

LS/CMI and ORAS Domains

- Criminal History
- Peer Association
- Criminal Attitudes and Behavior
- Education/Employment/
- Financial
- Family And Social Support
- Leisure/Neighborhood/
Living Situation
- Substance Use

Top 8

1. Criminal History
2. Peer Associations
3. Antisocial Attitudes
4. Antisocial Personality
5. School/Employment
6. Family/Marital
7. Living Situation
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ORAS AND LS/CMI ASSESSMENT DOMAINS

LS/CMI and ORAS Domains

- ✓ Criminal History
- ✓ Peer Association
- ✓ Criminal Attitudes and Behavior
- ✓ Education/Employment/
- ✓ Financial
- ✓ Family And Social Support
- ✓ Leisure/Neighborhood/
Living Situation
- ✓ Substance Use

Pay attention to the **score** in each **domain** to build case plans

Top 8

1. Criminal History
2. Peer Associations
3. Antisocial Attitudes
4. Antisocial Personality
5. School/Employment
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8. Substance Use

Clinical Needs Assessments

Clinical Needs Assessment Tools (Examples)

✓ **RISK AND NEEDS TRIAGE (RANT)**

SCREENING



✓ **Addiction Severity Index (ASI)**

Developed by the Treatment Research Institute

✓ **American Society of Addiction Medicine (ASAM) Assessments**

Guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT



1

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

2

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

3




DIMENSION 3

Emotional, Behavioral or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions and mental health issues

ASSESSMENTS FOR CLINICAL NEED - ASAM

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
	DIMENSION 5	Relapse, Continued Use or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation and the surrounding people, places, and things



**KEEP
CALM
AND
RESPOND**

**RESPONSIVITY:
SUPPORTS AND
BARRIERS TO
ENGAGEMENT**

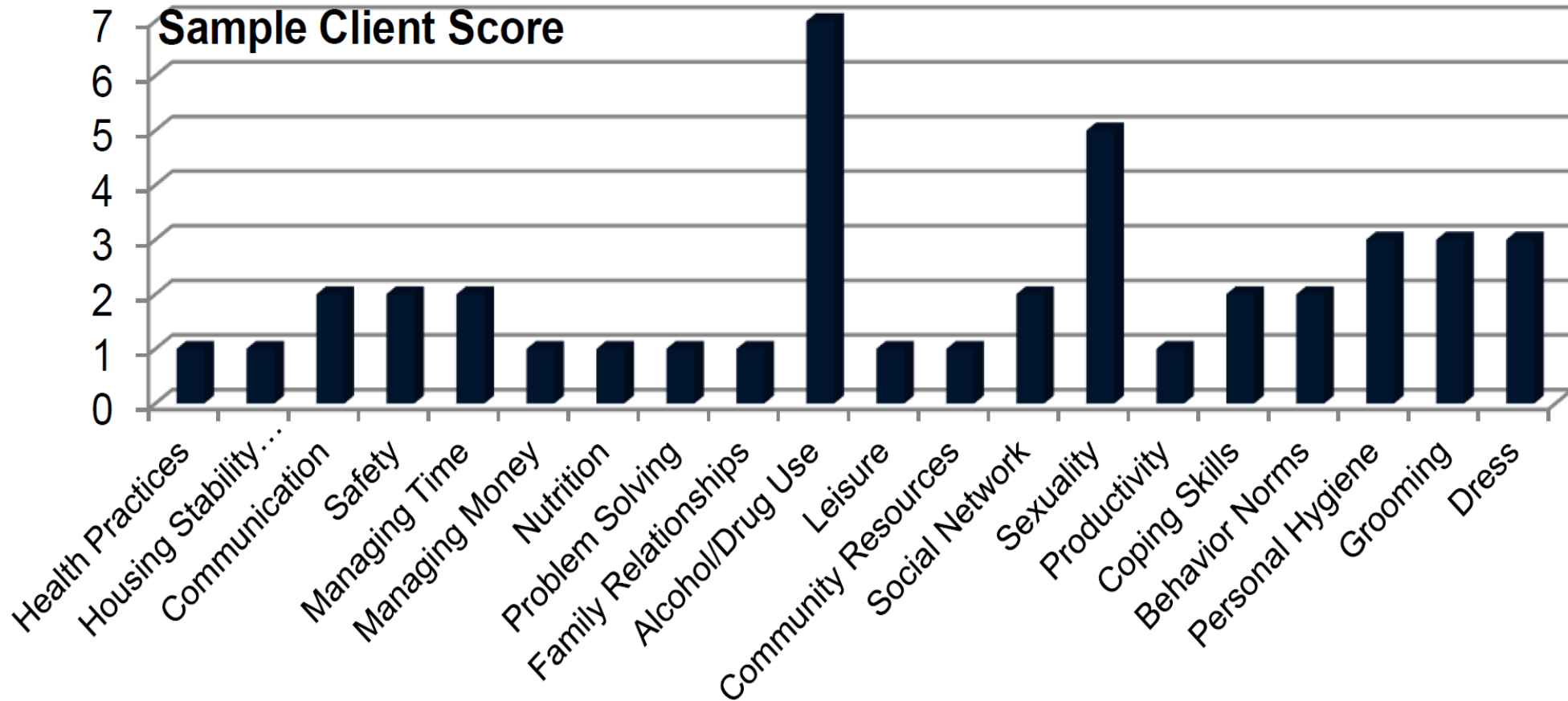
ASSESSING BARRIERS TO ENGAGEMENT AND LIFE SKILLS

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)

The DLA assesses their current behavior in 20 activities of daily living:

- Health status and practices
- Household stability
- Communication
- Safety
- Managing time
- Nutrition
- Relationships
- Alcohol and drug use
- Sexual health and behavior
- Personal care and hygiene

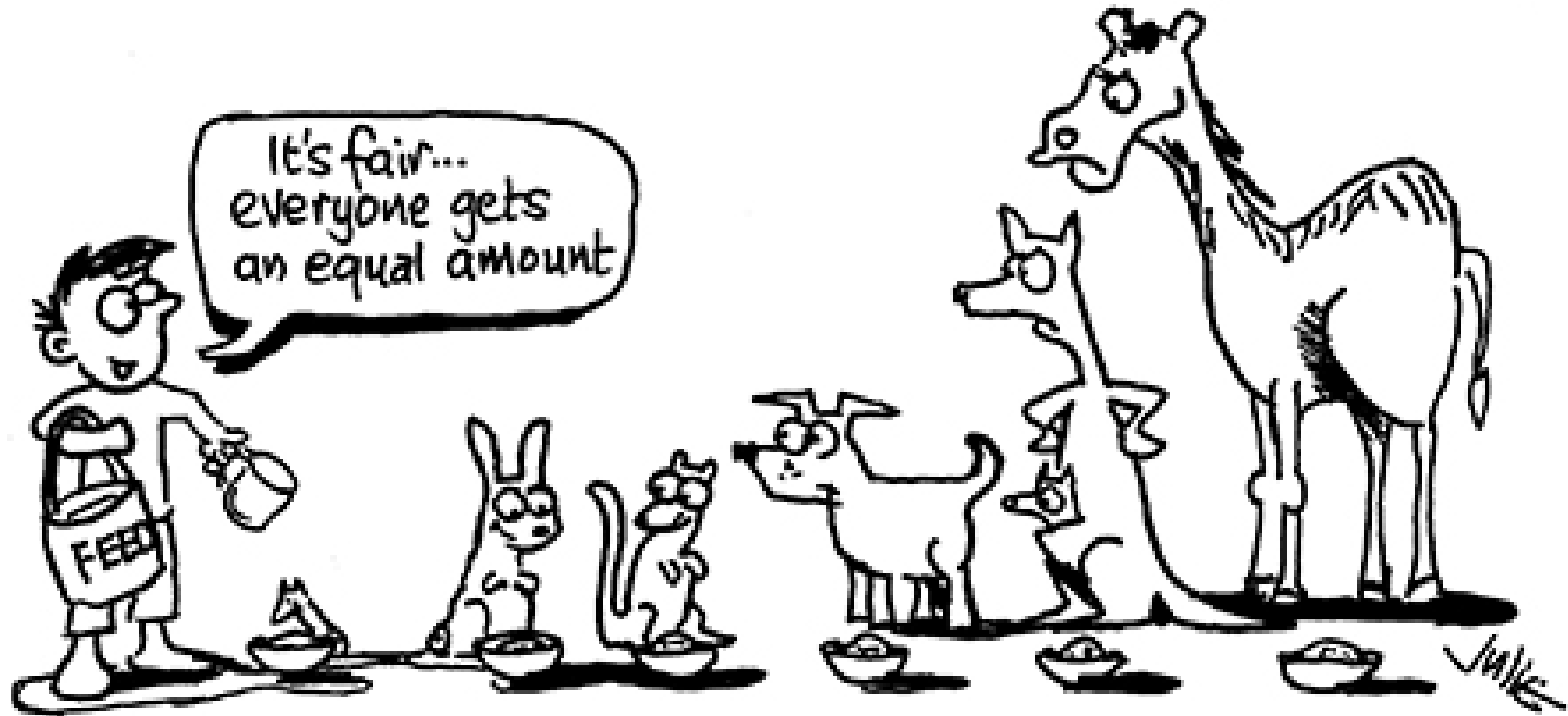
EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)



How to Create an Integrated Case Plan



Know your participants Better Justice Response Better Outcomes



Assessment Should Lead to Action!

The scores for each domain tell you where you where action is necessary and where you should spend your resources

Address each domain according to need and don't address provide services where they are not needed

Central 8/LS-CMI Domains

	Example	Max Score
1. Criminal History	3	8
2. Peer Association	4	4
3. Criminal Attitudes And Behavior	4	4
4. Anti-social patterns/Personality	1	4
5. Education/Employment/Financial	1	4
6. Family And Social Support	1	4
7. Leisure Activities/Living Sit.	2	2
8. Substance Use	8	8



Addressing Risk Factors (Need) as Part of Behavioral Health Services

Dynamic Risk Factor (Central 8)	Need/Case management/Services	Service Examples
History of antisocial behavior (Criminal History)		
Antisocial personality pattern (Check trauma history)		
Antisocial cognition		
Antisocial associates		
Family and/or marital discord		
Poor school and/or work performance		
Lack of engagement in leisure activities (prosocial activities)		
Substance abuse		

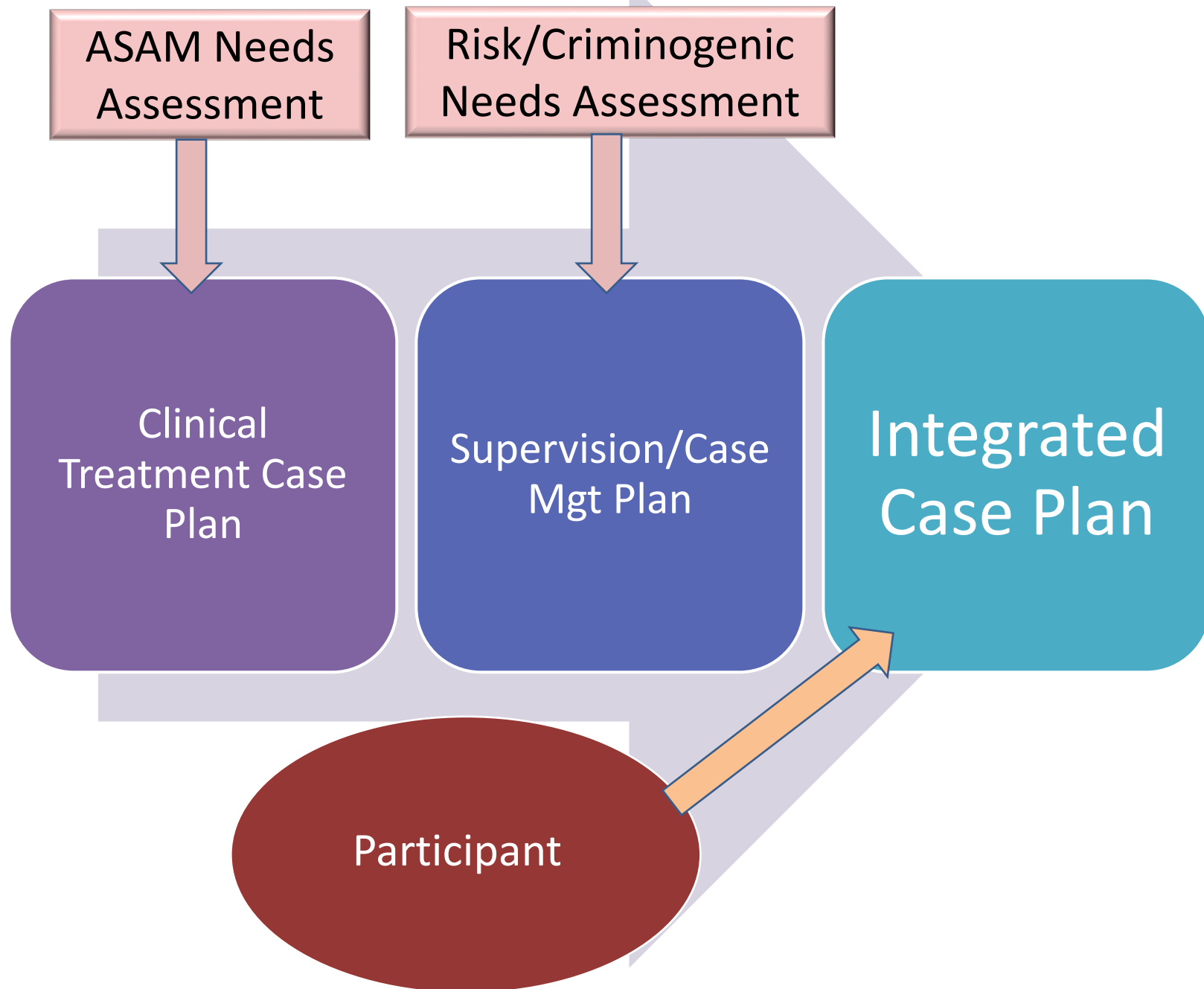
Addressing Risk Factors (Need) as Part of Behavioral Health Services

Dynamic Risk Factor (Central 8)	Need/Case management/Services	Service Examples
History of antisocial behavior (Criminal History)	Build and practice positive/healthy behaviors	By intervening in the 7 below
Antisocial personality pattern (Check trauma history)	Learn problem solving skills, practice anger management	CBT (Seeking Safety)
Antisocial cognition	Develop more pro-social thinking	MRT, Thinking for Change
Antisocial associates	Reduce association with criminal others (learn refusal skills)/increase time with pos peers	Peer Mentors, sober community activities
Family and/or marital discord	Reduce conflict, build positive relationships	Family therapy
Poor school and/or work performance	Work on good employee/study/performance skills	Job skills training, GED, community college
Lack of engagement in leisure activities (prosocial activities)	Connect participants with peer support and prosocial activities in the community	Sober community support groups, faith community
Substance abuse	Reduce use through integrated treatment	SUD treatment, education

Use Assessment Results to Create the Clinical Case Plan and the Supervision Case plan

Then combine key focus areas and goals from those plans for an Integrated (simplified) case plan for the participant

SHARE THE PLAN WITH THE TEAM!!



Completing case plans is a process with the participant's full input including:

- **MATCHING PARTICIPANT ABILITIES AND STEPPING UP OVER TIME**
- Case Planning is dynamic, NOT static
- Case plans should change over time
 - Requirements increase as participants learn new skills
 - Requirements may decrease or adjust if participants need more assistance (smaller, more manageable goals)
 - Adjust requirements due to participant life changes



Completing case plans should be seen as a process with the participant's full input including:

- MATCHING PARTICIPANT ABILITIES AND STEPPING UP OVER TIME
- Wording of the goals that address relevant dynamic risk factors.
- Identifying how working on each relevant risk factor will help achieve their personal long-term goals (not the just the tx court's).
- Brainstorming and have input on the action steps.
- Identifying the barriers and obstacles to working in the action steps.
- Identifying incentives that will help them work on the actions steps and achieve the goal.



A close-up photograph of several hands of different skin tones working together to assemble white puzzle pieces. The hands are positioned around the pieces, some holding them in place while others are in the process of fitting them together. The background is a soft, out-of-focus blue.

BENEFITS OF AN INTEGRATED CASE PLAN

- 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

CREDIT: Julie Christenson-Collins, MSW - Program Coordinator
Hillsborough County South Adult Drug Court – New Hampshire

A close-up photograph of several hands of different skin tones working together to assemble white puzzle pieces. The hands are positioned around the pieces, some holding them in place while others are in the process of fitting them together. The background is a soft, out-of-focus blue. A semi-transparent grey rectangular box is overlaid on the center of the image, containing the title text.

BENEFITS OF AN INTEGRATED CASE PLAN

- 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.

BENEFITS OF AN INTEGRATED CASE PLAN

Hearing from participants in a treatment court with integrated case plans



“In my past drug court (in another county) I never had a case plan. Now we have a case plan. You set goals. In classes you set long term goals and break them down into little goals and how you reach them. It broadened my horizons. And they don’t just help you with treatment. They help you with your life.”

- “This program gives me something to work toward. I’ve never had goals in my life. Now I have goals. I’ve never been sober in my life. I thought this program was a joke at first, but now I say, no joke, this program saved my life.”

FIRST STEPS

Implementation Planning



1. Get training for and buy-in from team
2. Identify how your team is going to **communicate** with each other about the different assessments and the participant to develop the plan.
 - Group meeting including participant ideal, but not always feasible. Shared document? Emailed around?
3. Identify who is going to take the lead in developing the plan
 - Arranging a meeting, developing initial goals with participant to share with others, etc.

FIRST STEPS

Implementation Planning



4. Case plan document should drive work in CM, Treatment, Probation Meetings, Recovery Coaching, and Court

- Leaders must drive this through supervision/ongoing training, setting up meetings (e.g. Pre-Staffing Meetings) that focus on this.

5. Formal review

- The plan should be out for every CM meeting AND also must determine when the plan will be formally reviewed/revised.
- Phase promotion may be a good time - if someone isn't ready to promote within the expected time frame you should be formally reviewing to see what expectation may be inappropriate and need to be revised.



A SAMPLE CASE PLAN TEMPLATE

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

Moderate or High Risk Factors from Risk Assessment– Date of Assessment:	
Risk Factor	Details
<input checked="" type="checkbox"/> Substance Use	
<input type="checkbox"/> Education/Emp/Financial	
<input type="checkbox"/> Social Support (Family)	
<input type="checkbox"/> Neighborhood Problems	
<input type="checkbox"/> Peer Associations	
<input type="checkbox"/> Criminal Attitudes and Behavior Patterns	

Substance Use Disorder/Clinical Assessment – Date of Assessment:

Primary Drug(s) used:		Current Recommended Level of Care (ASAM criteria):
Other Drugs Used:		
On MAT:	<input type="checkbox"/> yes: <input type="checkbox"/> no/interested <input type="checkbox"/> no/not interested <input type="checkbox"/> not indicated	
MH/Trauma Sx:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Additional Diagnosis:		

DLA Assessment – Date of Assessment:

Functional Domains with Moderate or greater impairment (prioritize)	Brief Details

Indicate Risk areas to be targeted *during this phase* along with specific details:

- X** Substance Use:
- Attitudes, Values, Beliefs:
- Peer Associations:
- Personality Characteristics:
- Family:
- Education/Employment:
- Leisure/recreation:

Resiliency factors that support success:

- _____
- _____
- _____

Responsivity Factors to be addressed:

- Instability or Lack of Social Supports (e.g. safe housing, etc.):
- Mental Health Symptoms:
- Medical/Health Needs (e.g., pain):
- Cognitive/Physical disabilities (e.g., inability to read, eyesight, hearing):
- Transportation:
- Motivation:
- Insurance:
- Child Care/Family Needs
- OTHER* _____

GOALS PHASE ____ Review in ____ Days	Treatment Objectives	Case Management Objectives	Probation and/or Recovery Coach Objectives
Area of Focus: (Criminogenic Needs) GOAL: Responsivity factors to address:			
Area of Focus: GOAL: Responsivity factors to address:			
Area of Focus: GOAL: Responsivity factors to address:			

GOALS PHASE 1 Review in 30 Days	Treatment Objectives	Case Management Objectives	Probation and/or Recovery Coach Objectives
<p>Area of Focus: <i>SUBSTANCE USE</i></p> <p>GOAL: Abstain from drugs and alcohol for 14 days.</p> <p>Responsivity factors to address: Insurance Transportation Health/Pain</p>	<ol style="list-style-type: none"> 1. Attend IOP and individual therapy as scheduled. 2. Develop treatment plan with therapist that focuses on coping skills for cravings and pain. 3. Discuss MAT options with therapist. 	<ol style="list-style-type: none"> 1. Complete insurance plan with Case Manager. 2. Identify 3 transportation options with CM. 3. Budget for bus pass. 4. Complete Primary Care Referral and attend appointment. 5. Talk with PCP about pain issues and non-narcotic treatment. 6. Schedule and attend appointment with MAT Provider. 	<ol style="list-style-type: none"> 1. Complete successful home visit with PPO. 2. Complete Recovery Capital Scale with Recovery Coach. 3. Set up plan for spending time at Recovery Organization to fill up free time.

Implementation Planning

DEVELOP A DETAILED PROCESS FOR ADMINISTERING AND USING SCREENING AND ASSESSMENT RESULTS



- When and where are potential participants being identified? (local jails, court arraignment dockets, etc.)
- Who is identifying these potential participants? (jail staff, arresting officers, local defense bar, program coordinator, etc.)
- Who will administer the screening and/or assessment tool(s)? (jail staff, program coordinator, probation officers, case managers, treatment providers, etc.)
- Formal training procedures for any individual that administers the screenings or assessments must be provided.

SO, WHAT DOES THIS LOOK LIKE?

SAMPLE PROCESS FOR CREATING INTEGRATED CASE PLAN

Initial assessments will be completed and reviewed with participants within the first 30 days of entry (sooner if possible):

- The PPO will complete the ORAS 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.
- The Therapist will complete the Clinical Assessment and review with the participant, entering relevant information in to the Case Plan document.
- The Case Manager will complete the DLA-20 and review with the participant, entering relevant information in to the Case Plan document.

SAMPLE PROCESS FOR CREATING INTEGRATED CASE PLAN (CONT.)

- 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.

SMART CRITERIA

Become more successful
by setting better goals



Specific



Measurable



Assignable



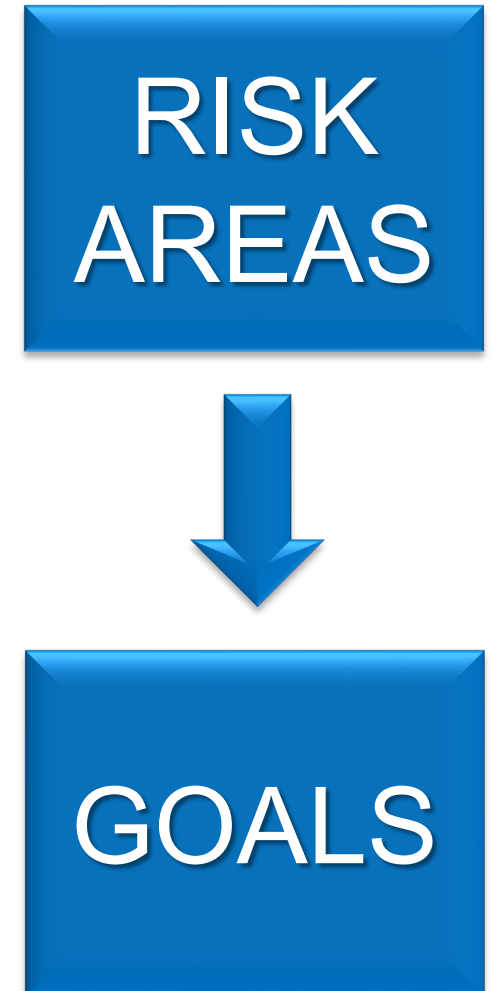
Relevant



Time-based

SAMPLE PROCESS FOR CREATING INTEGRATED CASE PLAN (CONT.)

- 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.
- The participant will review the draft Case Plan with the CM, who 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.



SAMPLE PROCESS FOR CREATING INTEGRATED CASE PLAN (CONT.)



- 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.
- The participant's 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.
- At court hearings, team members will report on progress on the objectives outlined in the Case Plan.

SAMPLE PROCESS FOR CREATING INTEGRATED CASE PLAN (CONT.)

- For Phase Promotion, the participant will meet the Identified Goals and objectives.
- A new Plan will be developed each Phase. Substance Use will be addressed during each phase.
- In the event of significant lack of progress, Integrated Case Plans will be reviewed 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.



Timing Matters



Responsivity
Needs

Early



Criminogenic
Needs

Middle



Maintenance
Needs

Late

Early Phases

Responsivity Needs:

Interfere With Successful Treatment

**Homelessness, Mental Illness, Drug
Cravings, Withdrawal, Anhedonia,
Trauma**

Middle Phases

Criminogenic Needs:

Cause or Exacerbate Crime

**Addiction, criminal thinking,
delinquent peer groups, family
conflict or disorganization, lack of
education or other skills**

Later Phases

Maintenance Needs:

Threaten Treatment Gains

Chronic unemployment, low educational achievement, deficient activity of daily living (ADL) skills

Throughout as Needed

Humanitarian Needs: *Cause Distress*

- **Medical problems, dental problems; pain, family illness**
- **Addressed based on level of danger, discomfort, or distress**




How to Use Case Plans in Staffings and in Court

Staffing Sheets

- Staffing takes time
- CM should have up-to-the-minute information
- Should address Central 8 risk factors/criminogenic needs
- CM/Tx recommends responses based on response guide
- CM/Tx should have recommended questions/topics for the judge to ask participant



WHAT'S THE BEST FORMAT FOR SHARING? Staffing Sheets.

TREATMENT COURT CASE STAFFING SUMMARY			
	Client: Doe, Jane	DOB: 08/31/1982	Date: 4/1/2019
	SPN/Case #: 12345678 / 12345671010		Officer: Vincent
	Phase: 2	CSR Hours: 60/60	Sobriety Date: 9/15/2018 (last pos)
	Intake Date: 8/17/2018	Class A/B Misd.	Referral method: ACOCS- violations
	ODL/TDL Status: TDL eligible		Suspension dates: N/A
	Current Risk: Moderate	Current Needs: Moderate	
Risk/Criminogenic Need	Status/Progress/Plan *Focus on Goals for Top 3		
1. History of antisocial behavior (Criminal History)	Presenting charge: Forgery, possession, paraphernalia		
2. Antisocial personality patterns (Consider Trauma History)	No indication of anti-social personality		
3. Antisocial Cognition (Criminal Thinking)	On Step 2 of MRT		
4. Antisocial Associates	Jane has been spending time with some old associates from high school who are currently using and who live near mom. Jane has also participated with peer mentors at bowling night. 1. Current Goal - focus on more peer mentor activities.		
5. Family/Marital Situation	Accomplished goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of treatment		
6. School/Work Performance	Making progress on her GED 2. Current Goal: Schedule math test by 3/16/2019		
7. Living Situation	Accomplished sober housing goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of Jane's treatment plan.		
8. Substance Use Disorder/Treatment progress *(ASAM: 6 dimensions of clinical assessment)	Client has diagnosed severe substance use disorder (Heroin). Client is on Vivitrol and is tolerating it well. Client is in CBT and was late for last treatment session, but has attended all required sessions. 3. Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.		
STAGES OF CHANGE	Jane is in the action stage on the majority of her goals and appears to have internalized the desire to make changes in her life. She is struggling with the wish to spend time with old friends, although she knows they are not good for her.		
Benchmarks accomplished towards phase advancement	Jane has completed all required Phase 2 Benchmarks and is filling out application for Phase 3		
Barriers to services and intervention/plan	Client's mother is ill and may need to move into assisted living. If this happens, client will need new housing. Will monitor mother's condition. Continue with current treatment plan.		
Summary of Successes	Jane moved away from unhealthy relationship with boyfriend and moved in with supportive mother. Accomplished sober housing goal! Completed all requirements since last court session.		
Summary of Infractions	Client is doing very well. No issues with non-adherence.		
Recommended Court Responses	<p>Incentive: Judge acknowledgment of progress, made good decision and important progress in moving out of boyfriend's house and in with mother - 12 Hour CSR Voucher, fish bowl for completing all requirements in last two weeks. Acknowledge she is filling out application for Phase 3.</p> <p>Other responses: Reinforce message that Jane should avoid her high school friends and focus on more peer mentor activities. Ask Jane to talk about activities she could do instead of spending time with old high school friends. Ask Jane to list her other current goals and plan for completing (see goals above and prompt her if she does not remember).</p>		

- Practice tip: Use a separate page for each client.
 - The old docket sheet method provides very little info— mostly what went wrong.
- **We need room for:** What went RIGHT this week.
- Treatment progress, program compliance, testing, promotion, stage of change, etc.
 - Response history: incentives and sanctions
 - Little details (weekend plans, job promotions, a new baby) that the judge can discuss.

TREATMENT COURT CASE STAFFING SUMMARY

D



Client: Doe, Jane	DOB: 08/31/1982	Staffing Date:
Family (Names/Child Ages): Jack (partner), Jerry (boy- 8yr), Jan (girl – 6yr)		
Phase: 2	CSR Hours:	Sobriety Date:
Intake Date:	Charge:	Referral method:

Risk/Criminogenic Need

Status/Progress/Plan

*Focus on Goals for Top 3

1. History of antisocial behavior	Presenting charge: Forgery, possession, paraphernalia
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8. SUD-MH/Treatment progress *(ASAM: 6 dimensions of clinical assessment)	Client has diagnosed severe substance use disorder (Heroin). Client is on Vivitrol and is tolerating it well. Client is in CBT and was late for last treatment session but has attended all required sessions. 3. Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.

STAGE OF CHANGE ON FOCUS AREAS	Jane is in the action stage on the majority of her goals and appears to have internalized the desire to make changes in her life. She is struggling with the wish to spend time with old friends, although she knows they are not good for her.
Benchmarks accomplished towards phase advancement	Jane has completed all required Phase 2 Benchmarks and is filling out application for Phase 3
Barriers to services and intervention/plan	Client's mother is ill and may need to move into assisted living. If this happens, client will need new housing. Will monitor mother's condition. Continue with current treatment plan.
Summary of Successes	Jane moved away from unhealthy relationship with boyfriend and moved in with supportive mother. Accomplished sober housing goal! Completed all requirements since last court session.
Summary of Infractions	Client is doing very well. No issues with non-adherence.
Recovery Capital Update	<p><u>Personal:</u> If housing alternative needed, House of Hope has an available bed</p> <p><u>Social:</u> Tx is preparing Jane for self-help groups starting next week. Peer support will contact & accompany Jane to her group/activity of choice.</p> <p><u>Community /Cultural:</u> Jane is applying for Ph. 3 & is ready to develop prosocial skills. Adjusting case plan to help Jane connect with sober leisure options with community partners</p>

Recommended Court Responses	Incentive: Judge acknowledgment of progress, made good decision and important progress in moving out of boyfriend's house and in with mother - 12 Hour CSR Voucher, fish bowl for completing all requirements in last two weeks. Acknowledge she is filling out application for Phase 3.
	Other responses: Reinforce message that Jane should avoid her high school friends and focus on more peer mentor activities. Ask Jane to talk about activities she could do instead of spending time with old high school friends. Ask Jane to list her other current goals and plan for completing (see goals above and prompt her if she does not remember).

Phase Completion Date		Drug Test/Device						
Phase 1	10/15/18	Current Device	drug patch			Date Ordered:		10/15/18
Phase 2	1/15/19	Current Device				Date Ordered:		
Phase 3		Positive UA's						
Phase 4		Dilute UA's						
Residential	NA	IOP/SOP	11/14/17	Boosters		NA	DWI Edu/RO	NA
Prior Court Reviews								
Date	Incentive	Other response/sanction						
8/17/2018	Judge welcome to program							
9/1/2018	Applause and recognition of showing up	Disapproval from judge for lateness to several appointments						
9/14/2018	Applause - good decision dollars for making all appointments							
9/30/2018	Special recognition from the judge for being on time							
10/14/2018	Recognition from team and choice of gift card for accomplishing first three goals							
10/30/2018	Judge acknowledgement of attendance at all appointments, engagement in treatment plan	Behavior chain for use						

IMPORTANT THINGS TO KEEP IN MIND

- Why do we often ask the most of a new participant at the time when they are least able to achieve it?
- 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
- Include the client in the planning
- Make the plan achievable - Don't set them up for failure



"The perfect is the enemy of the good."

-Voltaire

Resources

COMMON VALIDATED RISK/CRIMINOGENIC NEED TOOLS

- Level of Service/Case Management Inventory (LS/CMI)
<https://mhs.com/public-safety-solutions/#risk-needs-assessments>
- Ohio Risk Assessment System (ORAS)
<https://www.cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/oras-overview.pdf>
- Risk and Need Triage (RANT)
<https://research.phmc.org/products/criminal-justice-tools>

See the Adult Drug Court Best Practice Standards: Standard I Appendix A
<https://allrise.org/publications/standards/>

SUBSTANCE USE SCREENS

- Alcohol Use Disorders Identification Test (AUDIT), 5th ed.
<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>
- Substance Abuse Subtle Screening Inventory (SASSI), 4th ed.
Ordering information at <https://sassi.com/>
- Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
<https://gaincc.org/about/>

SUBSTANCE USE ASSESSMENTS

- Addiction Severity Index, 5th Edition (ASI)

http://adai.washington.edu/instruments/pdf/Addiction_Severity_Index_Baseline_Followup_4.pdf

- Global Appraisal of Individual Needs (GAIN)

<https://gaincc.org/about/>

PTSD ASSESSMENTS

- Adverse Childhood Experiences questionnaire
<https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf>
- Life Events Checklist
https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp#obtain
- PTSD Checklist 5
<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- University of Rhode Island Change Assessment scale (URICA)
<https://habitslab.umbc.edu/urica/>

OTHER CLINICAL ASSESSMENTS

- Beck Depression Inventory II (BDI II)

<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Depression-Inventory-II/p/100000159.html>

- Insomnia Severity Index (ISI)

https://deploymentpsych.org/system/files/member_resource/Insomnia%20Severity%20Index%20-ISI.pdf

- Brief Pain Inventory (BPI)

https://static.medicine.iupui.edu/divisions/rheu/content/physicians/BRIEF_PAIN_INVENTORY.pdf

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