



NADCP

**National Association of
Drug Court Professionals**

Integrated Case Planning

**Coordinating between Community Supervision and
Treatment**

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Disclosure

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What is your role in treatment court?

ⓘ Start presenting to display the poll results on this slide.

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

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What is something you want to learn from the presentation?

ⓘ Start presenting to display the poll results on this slide.



Treatment Court Target Population

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.

Define Integrated Case Planning

The goal of the Integrated 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 Integrated Case Plan achieves this by taking the following areas into consideration:

- Community Supervision Case Plan
- Treatment Plan

Goals of an Integrated Case Plan

Support behavior/lifestyle change through:

- 1. Goal setting**
- 2. Skill building**
- 3. Motivation and encouragement**





Community Supervision Case Management & Planning

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 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

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/Marital circumstances
- 6) School/Work
- 7) Leisure/Recreation (prosocial leisure activities)
- 8) Substance Abuse

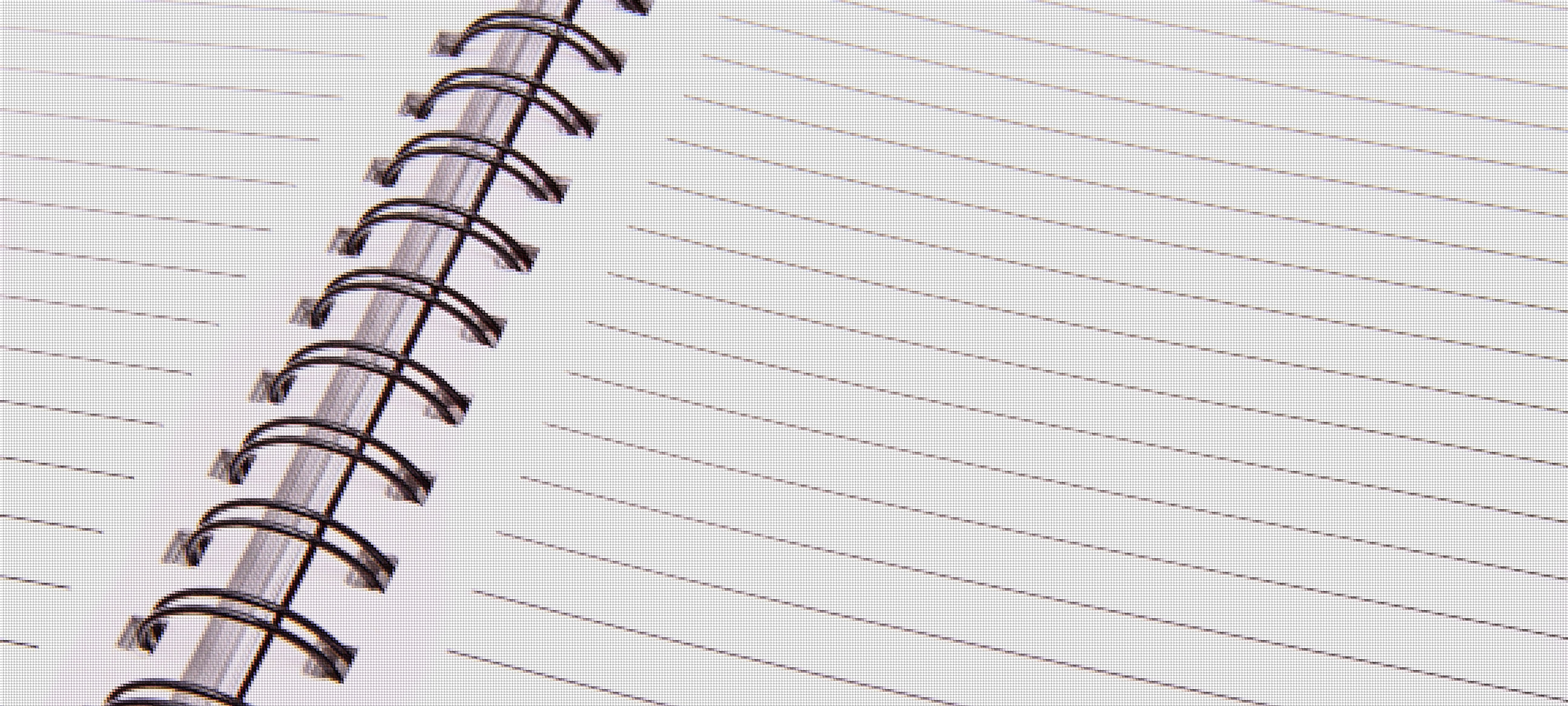
To Do List:

Goals of Case Planning for Community Supervision

The Big Four

- 1) History of Antisocial Behavior
- 2) Antisocial Personality Patterns
- 3) Antisocial Cognitions
- 4) Antisocial Associates





Treatment Provider Treatment Assessment & Planning

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.

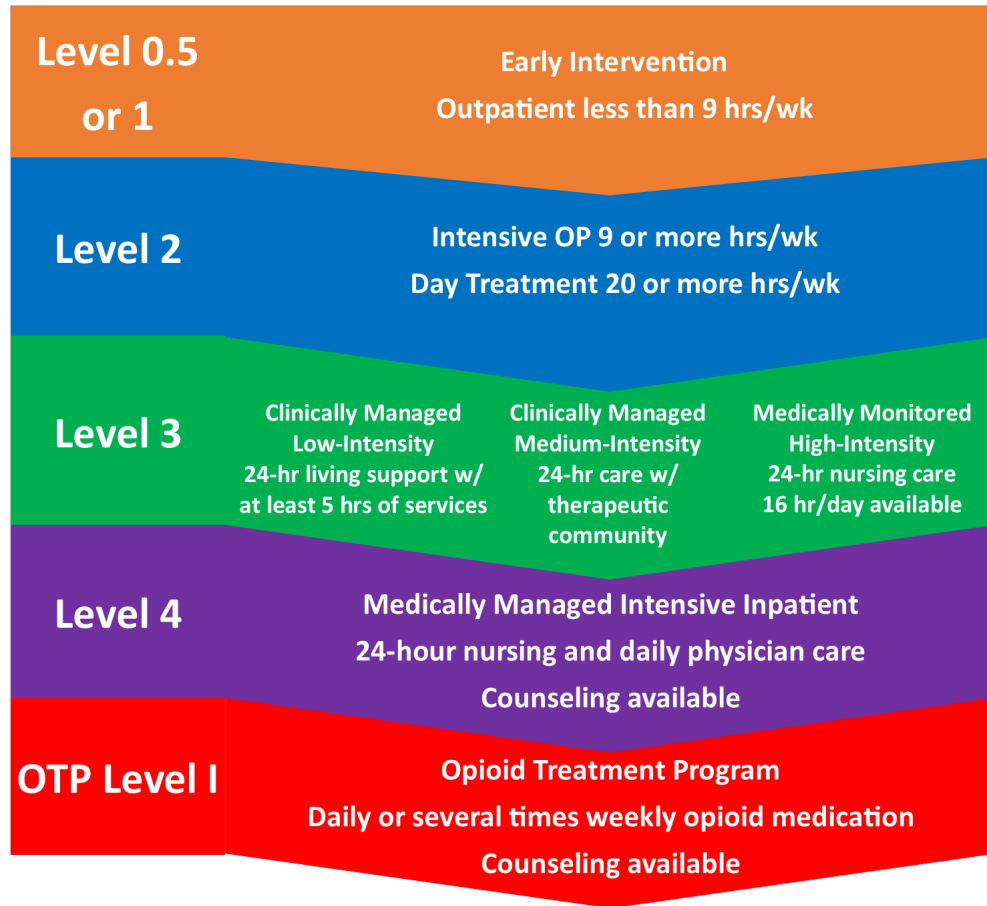
ASI (Addiction Severity Index)

TCU DSII (Texas Christian University Drug Screen II)

GAIN (Global Appraisal of Individual Needs)

LOCUS (Level of Care Utilization System)

ASAM CONTINUUM OF CARE



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



Effective Treatment Planning



Prioritize interventions based on dimensional severity



Timing of interventions are stage of change based



Timing of Clinical Intervention



Opportunity to set the stage



Designed to enhance client engagement in change process



Stages of change represent tasks required for effective change.

Treatment Planning: ACCEPT

Assess what is and is not working in the treatment plan

Change the treatment plan to address those identified problems or priorities

Check the treatment contract if the participant is reluctant to modify treatment plan

Expect effort in a positive direction – “do treatment” not “do time”

Policies that permit mistakes and honesty; not zero tolerance

Track outcomes in real time – functional change (attitudes, thoughts, behaviors) not compliance with a program.

Client-Centered Approach

- The risks, needs or strengths, skills and resources, identified by a practitioner in a multidimensional assessment should not determine the service planning alone.
- The more that priority dimensions can be matched to or interpreted through the patient's personal goals, the more patient-centered the plan can be.

REMEMBER! Treatment's priority is to treat clients



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://www.ndci.org/resource/sample-documents/-Sample Case Forms-Integrated Case Planning>

Name: _____

Date: _____

GOALS PHASE ____ Review in ____ Days	Treatment Objectives	Case Management Objectives	Probation and/or Recovery Coach Objectives
Area of Focus: <i>SUBSTANCE USE</i> 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



Case Planning Component-Goals

Treatment and Community Supervision should use motivational interviewing techniques, phase requirements and participant input to set goals.

Ensure that the goals are realistic and can be worked towards.

GOALS PHASE ____ Review in ____ Days	Treatment Objectives (include responsivity factors to address)	Probation Objectives (include responsivity factors to address)
<p data-bbox="28 215 479 265">Area of Focus: <i>Peers</i></p> <p data-bbox="28 344 1047 465">GOAL: Spend time with sober people that are my age.</p> <p data-bbox="28 551 1009 601">Recovery capital element: Social & Personal</p>	<p data-bbox="1059 215 1811 486">John will increase his involvement in the recovery community by attending 2 recovery support meetings and 2 social events at the recovery club on Main Street by October 15th.</p> <p data-bbox="1059 558 1811 943">John will complete a decisional balance sheet on how his peers affect his life in recovery and share it with treatment. TX and John will create a plan to address the negative peers that hang out at his house. John will with probation. Completed by 10/1.</p>	<p data-bbox="1824 215 2530 429">John will complete a decision balance sheet on how his peers affect his life in recovery and share with this probation by 10/3.</p> <p data-bbox="1824 501 2530 1001">John will role play having a difficult conversation with his probation officer to prepare for the conversation with his peers. During this meeting, John will set a plan to when he will have this discussion with his peers. To be completed prior to the next court date on 10/15.</p>
<p data-bbox="28 1029 677 1079">Area of Focus: <i>Substance Use</i></p> <p data-bbox="28 1158 1047 1208">GOAL: I want to make recovery work this time</p> <p data-bbox="28 1293 805 1343">Recovery capital element: Personal</p>	<p data-bbox="1059 1029 1811 1300">John will write a list of triggers and high-risk situations that have led to relapse in the past year by ____. Clinician to explore ambivalence using MI and CBT.</p>	<p data-bbox="1824 1029 2530 1415">John will complete a Behavior Offense Chain with his probation officer when the last time he used and committed a new offense. John will identify any triggering behaviors, emotions, or thoughts that led to use and criminal activity.</p>

Case Planning Component- Responsivity Factors

To achieve the assigned goal, treatment and community supervision must respond to the needs that are a barrier to meeting the goal.

Using the SMART method, ensure to meet the goal, the responses are Specific, Measurable, Attainable, Realistic and Time-Bound.

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Case Planning Component-Recovery Capital

All the personal and tangible resources a person has and needs in order to initiate and sustain recovery (Granfield & Cloud, 1999; Laudet and Best, 2010; White & White, 2008).



Research is varied, but generally three to six elements of recovery capital:

Human

Financial

Social

Community

Cultural

GOALS PHASE ____ Review in ____ Days	Treatment Objectives (include responsivity factors to address)	Probation Objectives (include responsivity factors to address)
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Information Sharing Considerations



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)

Sharing Information

- ✓ In treatment courts, treatment professionals (and others who are subject to HIPPA and 42 C.F.R. Part 2 stipulations) may share specified information with other team members pursuant to a valid waiver (or court order).
- ✓ Scope of disclosure must be limited to the minimum information necessary to appraise participant progress in treatment and complying with the conditions of the program.
- ✓ The following data elements are required by all treatment court team members and disclosure by treatment professionals is generally to include and be limited to these elements:

Sharing Information

Assessment results pertaining to a participant's eligibility for treatment court and treatment and supervision needs

Attendance at scheduled appointments/sessions

Drug and alcohol test results conducted by the treatment center, including efforts to defraud or invalidate

Attainment of treatment plan goals

Evidence of symptom resolution or exacerbation

Evidence of treatment-related attitudinal changes

Sharing Information

Compliance with supervision requirements that treatment professional may be aware of (e.g., electronic monitoring, home curfews, travel limitations, stay aways, etc.)

Adherence to legally prescribed and authorized use of medicines—if relevant to team decisions

Procurement of unauthorized prescriptions or addictive or intoxicating medications

New arrests or charges

Menacing, threatening, or disruptive behavior

Attainment of treatment program phase requirements



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QUESTIONS?

