

CASE MANAGEMENT: Mapping The Road To Recovery

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OBJECTIVES

- Develop an understanding of Case Management
- Learn the importance of effective Case Management
- Acquire skills needed to develop, implement, and manage case plans
- Gain access to the tools needed for effective Case Management



CASE MANAGEMENT

Case Management forms the framework around which the drug court process can credibly and effectively operate.





MODELS

1. Broker / Generalist
2. Strength – Based Perspective
3. Assertive Community Treatment
4. Clinical Rehabilitation



BROKER / GENERALIST

Focus: Rapid linkage and Referrals

Setting: Non – Drug Court

Drug Court: Maybe appropriate during intake.



STRENGTH – BASED PERSPECTIVE

Focus: Assisting clients in identifying their own strengths and assets to help attain goals.

Setting: Drug Courts and beyond

Drug Court: Utilizes participants existing strengths and resources to develop recovery plan



ASSERTIVE COMMUNITY TREATMENT

Focus: Intensive model with low caseloads and frequent community based contact with the clients. Grounded in a multidisciplinary approach.

Setting: Drug Courts. All team members share caseloads and work together.

Drug Court: Exemplifies the goals of Drug Court.



CLINICAL REHABILITATION

Focus: Case Management service provider also deliver the treatment services in an integrated manner.

Setting: Provides one option for identifying who will perform the Case Management functions.

Drug Court: Useful when participants are heavily involved in treatment, or where treatment providers are skilled in Case Management and are able to provided these services.



KEY FUNCTIONS

1. **Assessment** - Ongoing process of determining client needs, wants, strengths & resources
2. **Planning** – defining goals, strengths, responsibility, time frame
3. **Linking** – connect client with services & resources to achieve goals
4. **Monitoring** – ongoing process of determining if services are being provided and the client is benefitting from them
5. **Advocacy** – lobbying, negotiating, & other policy – building skills to ensure service delivery occurs



ASSESSMENT

Purpose:

Provide accurate assessments to identify client needs and successfully match client with services.

Critical to understand client's specific needs

Integration of AOD treatment services with justice system case planning combined with a multidisciplinary team can assist in the understanding of client needs.



ASSESSMENT

“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)



ASSESSMENT

Tools:

Provide information on Biopsychosocial areas

- Specific aspects of client's condition
- Valid and reliable with your population
- Risk Screener
- Determine program eligibility and level of supervision



ASSESSMENT

Benchmarks:

1. Ongoing – initial and periodically during program
2. Client perception, performance, challenges, & strengths
3. Biopsychosocial assessments to obtain pertinent information



PLANNING

Purpose:

Inclusive comprehensive case management that addresses substance abuse and other needs.

Built on biopsychosocial assessment.

Work to create plan to address client needs while focusing on client strengths.



PLANNING

Benchmarks:

1. Written plan encompassing all needs identified
2. Plan includes goals, objectives, and time-lines
3. Goals, objectives, & strategies framed in positive context
4. Objectives should be reasonable and attainable
5. Goals & objectives behaviorally specific and measurable
6. Plan must be re-evaluated regularly
7. Agreed upon incentives & sanctions tied to objective completion



LINKING

Purpose:

Puts the **PLAN INTO ACTION** and requires a broad knowledge of your clients' special needs and available community resources. Development of Resource network with the assistance of the Wellness Court team.

Case Manager facilitates the flow of information

Serves as the "HUB OF INFORMATION"



LINKING

Management Techniques:

Development of MOUs/ MOAs

- define expectations, scope, rules, & reporting requirements

Create a “WIN – WIN” SITUATION

- Can be the difference in client recovery

Adding key program leaders to advisory committee

- Keep the stakeholders connected to the program



LINKING

Benchmarks:

1. Knowledge of specific programs
2. Must assess the client's ability to access the services
3. Identify challenges and other issues



MONITORING

Purpose:

Individual oversight of participant progress on case plan; assists client in working toward achieving goals.

Program – records pertinent information including sanctions & incentives.

Quality Assurance



MONITORING

Benchmarks:

1. Face to face meetings with clients to review case plan
2. Drug testing – frequent and random
3. Drug testing – Broad scope of testing
4. Maintains ongoing communication with treatment and other service providers
5. Utilizing memorialized information
6. Home visits and other collateral contacts
7. Intervention



ADVOCACY

Purpose:

Requires the Case Manager to act in the best interest of the client and the community.

Fundamental Goal – Community Safety & Individual sobriety

Journey of sobriety requires some coerced decisions.

Case Manager may lobby for therapeutically based response to client behavior and ensure clients are given access to all relevant services.



ADVOCACY

Benchmarks:

1. Evaluates all reported and observed behavior
2. Develops responses to client behavior
3. Ensuring case plan is targeted toward client needs
4. Advocates for expansion/creation of services to fill gaps
5. Ongoing and prompt feedback keeps client informed



RISK, NEED, RESPONSIVITY

- A validated risk, needs, and responsivity tool is used prior to acceptance into treatment court.
- Static and dynamic factors must be gathered to generate an accurate assessment of the offender.
- Share the assessment with the team. Information the probation officer or case manager gathers is a baseline for further action, supervision, and progress.
- Individualized case planning is derived from the assessment outcome.
- APPA recommends that probationers be reassessed every 6 months at a minimum.



Model as 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 for recidivism

RESPONSIVITY

HOW

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

Address the issues that affect *responsivity*



CASE PLANS

- ✓ The **case plan** is the backbone of the supervision process.
- ✓ The **case plan** serves as a map of how staff and the offender will identify and solve the offender's problems.
- ✓ The **case plan** *must* include client input to enhance engagement.
Role clarification?
- ✓ The **case plan** is a comprehensive strategy that outlines the goals and obstacles that may arise during the supervision process.
- ✓ **External controls**: Outside forces that influence the offender's behavior.
- ✓ **Internal controls**: The offender's intrinsic (inner) motivations that drive behavior.



CASE MANAGEMENT: Program vs Treatment

There IS a difference between PROGRAM and TREATMENT case plans

Treatment Case Plan consists of Substance Abuse, Mental Health, and other like treatment services AND is developed and managed by the treatment provider.

Program Case Plan consists of all aspects of the client's program case plan, including the treatment plan, and ancillary needs.

**THE TREATMENT PROVIDERS GENERATE THE TREATMENT CASE PLAN
AND IT IS INCORPORATED IN THE PROGRAM CASE PLAN AS
COMPLY WITH TREATMENT**



CASE MANAGERS

Who are the Case Managers?

- ✓ Probation Officers
- ✓ Program Coordinators
- ✓ Treatment Provider
- ✓ Social Worker

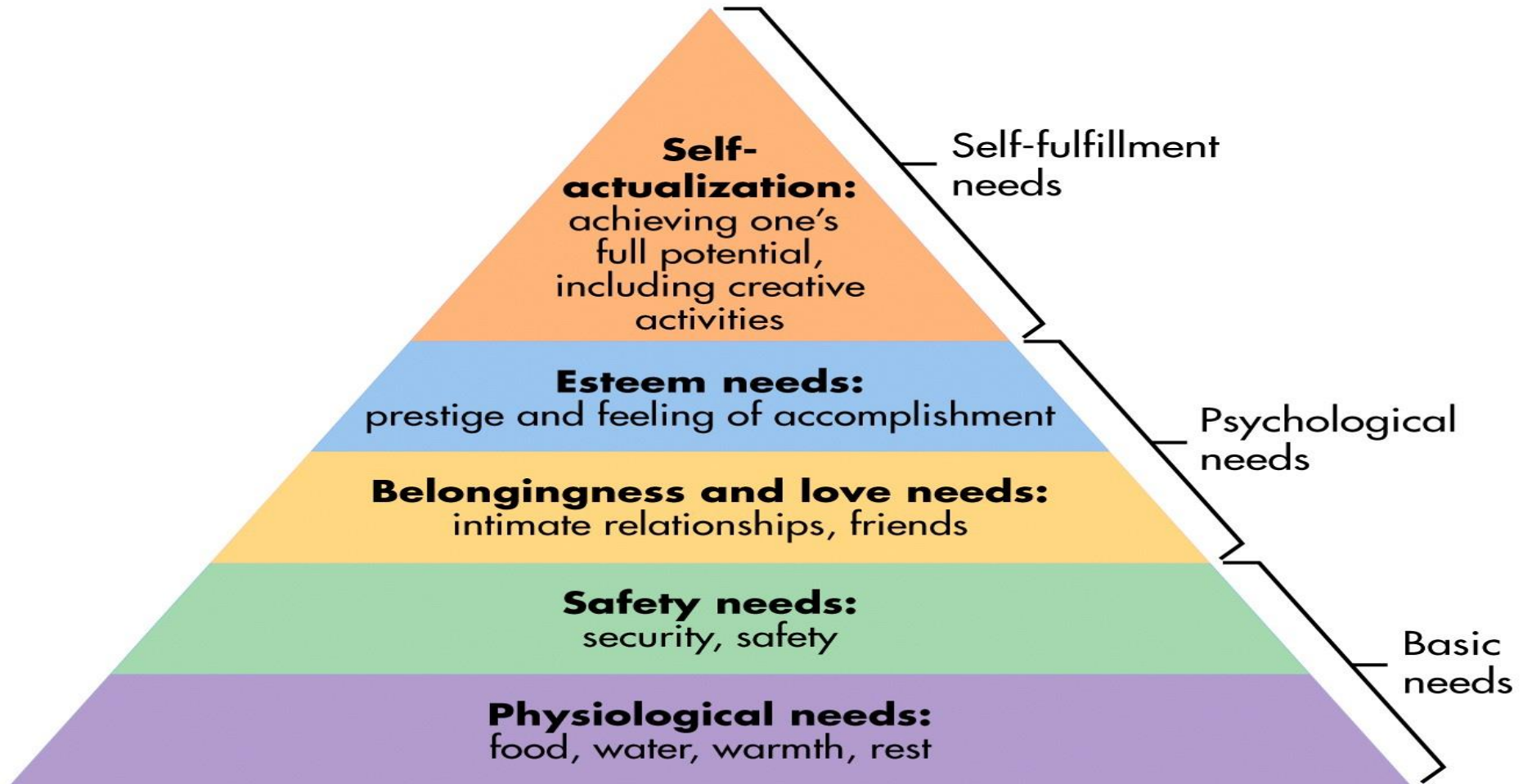


PURPOSE

- **Identify ancillary needs of the participants**
 - Medical, Dental, & Vision
 - Housing
 - Family
 - Education, or lack there of
 - Employment
 - Transportation
- **Identify resources to address the participants needs**
 - Clinics
 - Education Departments
 - Voc Rehab Programs
 - Housing Programs
 - Resource Book



MASLOW'S HIERARCHY OF NEEDS



DEFICIENCY NEEDS V. GROWTH NEEDS

Deficiency Needs

- Arise due to deprivation
- Motivate the individual when unmet
- The longer the needs is unmet the stronger the motivation to met the need

Growth Needs

- Not from a lack of something
- Motivated by a desire for personal growth
- Continue to be felt and grow stronger once engaged



PHYSIOLOGICAL NEEDS

- Air
- Food and Drink
- Shelter
- Clothing
- Warmth
- Sex
- Sleep



SAFETY NEEDS

- **Security**
- **Safety**



BELONGINGNESS AND LOVE NEEDS

- Friendship
- Intimacy
- Trust & acceptance
- Receiving & giving affection
- Love
- Being part of a group



ESTEEM NEEDS

- Esteem for oneself
 - Dignity
 - Achievement
 - Mastery
 - Independence
- Desire for reputation or respect
 - Most important in children/adolescents
 - Will over ride real self-esteem or dignity



SELF-ACTUALIZATION NEEDS

**To become everything one is
capable of.**



MEDICAL NEEDS

- Health issues surface when they stop self medicating
 - Health Screening
 - Chronic Illness
 - Med Management
- Often lacking health insurance
 - Unable to get treatment (Residential, off reservation)
 - Medicaid
 - Health Exchange



ANCILLARY NEEDS

- **Housing**

- Couch Surfing
 - Sober / Transitional living

- **Family**

- Issues created by addiction
 - Engaging the family

- **Education**

- Uneducated, Under Educated
 - GED
 - Job Skills training



ANCILLARY NEEDS

■ Employment

- Unable to keep a job
 - Create Accountability
 - Encourage Responsible Behavior
- Low wage jobs
 - Develop marketable skills
 - Further formal education

■ Transportation

- Suspended / Revoked Drivers License
 - Clearing Warrants
 - Inter Lock License
- Lack of Transportation
 - Transportation Vouchers (Bus Pass)



ASSESSMENT TOOLS

- Rant
- COMPAS
- LS/CMI
- ORAS
- Selecting and Using Risk and Needs Assessment
 - National Drug Court Institute FACT SHEET

<https://www.ndci.org/wp-content/uploads/Fact%20Sheet%20Risk%20Assessment.pdf>



QUESTIONS?

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