

Recovery Court Individualized Case Plan and Progress Review Instructions

Recovery Court Individualized Case Plan

The accompanying Individualized Case Plan and Progress Review documents are intended to be a guide and a documentation resource for the process of collaborative case management in your jurisdiction's Recovery Court program. It is expected that the Recovery Court Coordinator may be the primary manager of these documents, with frequent input and collaboration from the Probation Officer and Veterans Justice Outreach Specialist (or community treatment representative).

Collaborative case management is the process by which all members of the Recovery Court team join in the effort to manage the progress of the participants through the Recovery Court program. In collaborative case management, there is a single case plan which includes long and short-term goals, activities to achieve the goals, targeted need areas, and treatment interventions. A single case plan is distinct from a treatment plan developed by the treatment entity or a supervision plan developed by Probation. Information from both the treatment plan and the supervision plan is included in the overall case plan.

The focus of the goals for this case plan should be those which will facilitate the participant's graduation from Recovery Court and resolve behaviors which likely led the participant into engagement with the criminal justice system. As a team is working with a Participant to set the Participant's goals, and as the team is prioritizing these goals, this should be the focus. This focus may mean, for example, that a participant may not need to resolve a full range of post traumatic stress disorder symptoms before graduation, but more specifically address positive coping skills as an alternative to substance use or other behaviors which led to criminal justice involvement.

Custody Status: After indicating the Veteran's name, date of birth, and sex, please indicate the Veteran's current status, as currently in custody or in the community (released on bond).

Drug(s) of Choice: Please indicate all substances for which the Veteran has a recent (or present) history of use.

Risk/Need Assessment Score: After completing the R/N assessment (including an interview with the participant, a review of collateral information and a review of case records), provide the identified score.

Risk Level: Based on the R/N score, provide the risk level.

Risk/Need Assessment completed on: Provide the date the LSI-R was completed and by whom.

Clinical Assessment completed on: Provide the date for the most recent clinical assessment. Indicate by whom the assessment was completed and any plans for further assessment

Relevant Diagnoses: Please indicated Participant's behavioral and physical health diagnoses relevant to the Participant's participation in the Recovery Court. These diagnoses should be reflected in clinical assessments.

Criminogenic Need(s): List the criminogenic need (s) identified from the R/N assessment.

Behavioral Health Treatment History: Provide a brief summary of the Participant's relevant behavioral health treatment history – to include recent episodes of treatment, residential, outpatient, or indicate if the Participant is relatively new to behavioral health treatment.

Special Considerations Regarding Participant's Background/Needs: This is an opportunity to briefly highlight any special considerations regarding the Participant's service history, personal history, or treatment history that may be particularly relevant to the Recovery Court Team.

Target Behaviors/Clinical Needs: This section will need to be completed collaboratively among the Recovery Court Coordinator, Probation Officer, and Recovery Treatment Provider. Probation should contribute relevant criminogenic risk factors (target behaviors) and or community treatment representative should identify the primary clinical treatment needs. At times, these may overlap, such as family and/or marital stress or substance abuse. The case management team should determine the priority risk factor (target behaviors)/clinical needs to be addressed in this plan, from a case management perspective. This plan is to be used as a guiding direction for the court team, not an exhaustive clinical treatment plan or supervision case plan. Relevant treatment providers will continue to maintain their respective treatment planning processes.

Protective Factors: This section should also be completed collaboratively by the case management team, with Participant's input. Protective factors from a clinical perspective could include items such as coping skills, reasons for living, psychosocial stability, social support, and a sense of belonging (Suicide Prevention Resource Center, & Rodgers, P, 2011, Office of Mental Health and Suicide Prevention, 2019). Teams should use the Participant's existing protective factors to build goals to increase the strength of the existing protective factors and to identify new protective factors which would be helpful to acquire (where possible).

Goal Setting: This section should identify the proximal (short term) and distal (long term) behavioral objectives and desired results to be pursued by the participant during the course of the program.

Proximal/short term goals are those that can be achieved sooner rather than later. They may be more detailed and specific. They should generally be within the participant's immediate ability to accomplish. An example of proximal or short-term goal would be "Enroll in a RC approved intensive outpatient SUD treatment program by (date)"

Distal/Long Term goals are those that would take an extended period of time to accomplish. There may be a number of steps involved to reach the desired result. Distal goals are more challenging to accomplish. An example of a distal goal for a participant assessed with severe

substance use disorder (addict) would be: “Achieve a sustained level of sobriety by testing negative for illicit substances for 60 consecutive days”

Both short term and long term goals should be developed after, and based on information learned in the assessment process. That includes both the criminal risk and need assessment, as well as clinical assessment. The goals should be tailored to address the identified target behaviors and clinical needs.

All goals should be written to meet S.M.A.R.T. standards: 1) Specific- “What will be accomplished”, 2) Measurable-“ The ability to determine the goal has clearly been accomplished”, 3) Achievable-“ How will the goal be accomplished, the action steps should be clearly discernable”, 4) Relevant- “ The goal addresses an identified need or issue impacting the participant's criminal conduct or clinical diagnosis”, 5)- Time-Bound- “ The time frame within which the goal should be accomplished. Due Date”

This process should be completed collaboratively Recovery Court Coordinator, Probation Officer, Treatment Provider and Participant. See “Target Behaviors/Clinical Needs” section for specific contributions from different roles.

Recovery Court Individualized Case Plan Progress Review

It is expected that the dynamic portions of this progress review will be reviewed and updated at each Recovery Court session. There are several items that may remain static throughout the Participant's engagement with the Recovery Court (i.e., long-term goals) or static for periods of time. The purpose of this review document and process is to continually re-evaluate and adjust as appropriate.

Recovery Court Phase: Please indicate the phase in which the Participant is currently functioning.

Participant's Stage of Change: Please indicate the likely stage of change (Prochaska, DiClemente, & Norcross, 1992) in which the Participant is currently functioning: precontemplation, contemplation, preparation, action, or maintenance. Individuals can fluctuate among states of change, and this is not always a linear process, but an important framework for teams to understand.

Long-Term Goals: Long-term goals will likely remain static during the Participant's involvement in the Recovery Court but could change. Please be sure to update should these goals change.

Short-Term Goals: Short-term goals should change throughout a Participant's tenure in the Recovery Court. These should be reviewed routinely, and changes should be updated on this document.

Progress: Use the measurable components of your SMART goals to document progress towards goals.

Steps to meet these goals: Indicate the tasks completed towards goals and tasks remaining.

Target Behaviors: Indicate the behaviors targeted by current goals, i.e. drug screen results, treatment engagement, pro-social engagement, etc.

Recovery Court Response: Complete and maintain a running log of incentives, sanctions, and treatment responses utilized in the course of the Participant's engagement with Recovery Court. This should assist your team in using graduated incentives and sanctions, appropriately responding to the Veteran's behaviors and achievements throughout the course of that Recovery's engagement in Recovery Court.

Goals/Task Adjustments: Make note of adjustments made to goals and tasks during this review.

Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102-1114. PMID: 1329589.

Suicide Prevention Resource Center, & Rodgers, P. Understanding risk and protective factors for suicide: A primer for preventing suicide. Newton, MA: Education Development Center, Inc. 2011.

U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. From Science to Practice: Social Support and Belongingness as Protective Factors. 2019.