

INTEGRATED CASE PLANNING

GOAL: 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:

- 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
- 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.

PROCESS:

1. The initial assessments will be completed and reviewed with participants within the first 30 days of entry (sooner if possible):
 - a. 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 in to the Case Plan document.
 - b. The Therapist will complete the Clinical Assessment and review with the participant, entering relevant information in to the Case Plan document.
 - c. The Case Manager will complete the DLA-20 and review with the participant, entering relevant information in to the Case Plan document.
1. 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.
2. 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 responsibility factors.
3. The participant and CM will review the draft Case Plan, and the CM 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.
4. 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.
5. The CM will upload the Integrated Case Plan in to AIMS.
6. The participants' 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.
7. At court hearings, team members will report on progress on the objectives outlined in the Case Plan.
8. For Phase Promotion, the participant will meet the Identified Goals and objectives.
9. A new Plan will be developed each Phase. Substance Use will be addressed during each phase.
10. In the event of significant lack of progress, Integrated Case Plans will be reviewed during Care and Concern, Small Team Case Conferences, and Large Team Case Conferences 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.