UNIFIED CASE PLAN

At the point of Divisional intersections, DAI, DCC, and DJC case managers shall facilitate a seamless Unified Case Plan transition as the client moves from one division to the other, or within an existing Division. Examples of transitions include, but are not limited to, release from DAI to DCC, revocation from DCC to DAI, and transfers from one P&P Agent/Social Worker to another.

When the client is exiting an existing Division or transferring within the same Division, the sending case manager shall review all incomplete tasks/activities and select the Completion Code of Unsuccessful for any that were unsuccessful (failed) as a direct result of the client's actions or lack thereof. All other incomplete tasks and activities shall be left open for potential continuation in the receiving location. The receiving case manager shall then review the existing incomplete tasks/activities for potential continuation. The receiving case manager also has the option to start new tasks/activities based on Division or site-specific programs or services. In the event that an incomplete task/activity is no longer applicable, the receiving case manager shall close the task/activity by selecting the Completion Code of Closed. Any time a task or activity is updated or closed, a task note shall be created, documenting the action. Note, during the transition the goal should generally remain the same, as it is primarily driven by the assessment and not Division-specific.

In the case of transition from DJC to an adult Division, the receiving Division's case manager shall create a new case (Lifecycle) and case plan because the juvenile case plan will be closed at the same time as the case (Lifecycle) is closed. The case manager shall review the previous juvenile case plan for continuity and to avoid redundancy when creating the new case plan based on an adult assessment.

Overview: Goals and objectives are developed for supervision based on the initial intake assessment, COMPAS assessment results, additional assessment tools, and client input. The case plan clearly defines for the client, agent, and others, the desired outcome of supervision and how it will be achieved. Goals are to be focused on rehabilitation and based

on identified criminogenic factors. They are to be positively stated behavioral outcomes that are specific, measurable, achievable, realistic, and time framed (SMART) goals. Risk reduction should be the primary purpose for the UCP; therefore, the case plan should not focus on conditions of supervision and contact standards unless they are directly related to an client's criminogenic needs. It is not always possible or feasible to develop a case plan to encompass all of the risk and need areas that have been identified. In these instances, priorities must be established and progressive case planning implemented. Customized Needs may need to be entered for specialized needs that are not identified by COMPAS (i.e.. Sex Offender issues or Mental Health issues). Best practice indicates that triggers, incentives, and sanctions should be discussed and included under the goal or task of the driver.

In order for a case plan to be effective, it must:
- involve input from the agent, the client, treatment and other service providers and if appropriate, the client's family members;
- focus on the top two to three criminogenic needs identified by the COMPAS assessment and driver worksheet (Print Version, Fill Version), so as not to overwhelm the client;
- contain practical and concrete goals for the client;
- include short term objectives, allowing the client to build a sense of accomplishment and achievement;
- build on an client's strengths; and
- address barriers to success.

The case plan is the focal point of the client's supervision. The case plan is created at the onset of the client's lifecycle and will follow the client through the lifecycle in the community and the institution. The case planning process is intended to be fully interactive and transparent with the client.

Procedure:

A case plan shall be created for any client supervised at a medium level or higher. The rules of supervision shall be utilized to outline expectations for those clients who are assessed as low risk and are supervised at minimum. In these cases, agents should employ strategies that support stabilization factors, strengthen connections to community resources and align with court ordered conditions. If during the course of supervision, an client's supervision level is increased to a level higher than minimum, a case plan shall be established to

identify the intervention tools and resources that will target identified skill deficits and criminogenic needs.

COMPAS will allow agents to choose from a drop down menu to identify the assessment on which the case plan is based. This drop down selection automatically becomes the name of the case plan and can be seen on the Person Summary screen.

The agent will complete the below listed steps in order to create an effective case plan. Once the case plan is initiated, the "Create Case Plan" task will automatically be removed.

A: Engage the client by encouraging involvement in the creation of the case plan, explaining the purpose, and helping the client take ownership of the case plan. Case plans need to reflect clients' individual characteristics to engage them as this leads to reduced recidivism and increased public safety.

B: Target medium and high risk clients. During the UCP development with the client, no more than three Needs, with respective Goals, Tasks and Activities will be addressed at one time. Use the drop down options unless working under a customized need track for Sex Offender issues or Mental Health issues. The Customized Needs track should only be utilized if COMPAS does not identify a specific need such as Sex Offender or Mental Health issues.

Criminogenic Needs: Identifying the Driver
- Not all criminogenic needs are of equal contribution
- The "drivers" tend to be in the top four, or substance abuse
- The presence of some criminogenic needs are often derivatives of others
- Need to find the pattern of cause in each risk area

Sequence Selection Process of Criminogenic Needs

Determine which needs are criminogenic:
- Top Four Criminogenic Needs

    1. Anti-social cognition

    2. Anti-social companions

    3. Anti-social personality or temperament

    4. Family and/or marital

- Other Four

    1. Substance Abuse

    2. Employment

    3. School

    4. Leisure and/or recreation

- Is there any reason to think that substance abuse may be driving the others? If so, elevate and choose this need as the driver. Also consider the client's input and your professional judgment.

Responsivity: Matching Clients to Appropriate Interventions and Supervision Strategy
- Maximize the client's ability to learn from an intervention by providing cognitive behavioral approaches and tailoring any intervention to the learning style, motivation, abilities, and strengths of the client. This includes gender and other individual characteristics.
- Adjust the supervision approach and interventions accordingly.

C: Review court ordered conditions and explain to client that conditions and criminogenic needs will be addressed during their supervision, but the conditions may not be in the case plan.

D: Assess the client's motivation to address criminogenic needs. This can be accomplished by use of motivational interviewing techniques, URICA, thinking reports, Carey Guides/BITS, Thinking 4 Change, or other motivation enhancement strategies.

E: Add strengths, goals and tasks
- Use strengths to help motivate and give clients confidence that they can achieve success with their case plan goals.
- Ask the client to list their strengths and add custom strengths such as education, employment, residential stability, family support, driver's license, high motivation level, etc.
- During the UCP development with client, no more than three Needs, with respective Goals, Tasks and Activities will be identified at one time. Use the drop down options unless working under a customized need track for Sex Offender issues or Mental Health issues. The Customized Needs track should only be utilized if COMPAS does not identify a specific need such as Sex Offender issues or Mental Health issues. Refer to Handout on Customization under the Case Planning Tab in the COMPAS

Participant Manual. Under the Tasks tab, the agent must choose applicable tasks that relate to the chosen goal. In addition to choosing the task, the agent must also document all start/end dates, completion information as applicable. Incentives, sanctions, triggers, etc. are optional. It is important to determine the criminogenic need that is the driver of the criminal behavior and include it in the case plan. In addition, best practice is that triggers, incentives and sanctions should be discussed and included under the goal or task of the driver. Also, if no strengths are determined by the assessment, discuss client strengths and include as custom strengths.

- Add service provider, start and projected end dates in the task details of the task. In order to locate a provider, for example, enter DCC then R5, followed by the program code (i.e.. DCC R5 AODA) Utilize the Program Codes that are listed in Section VIII Program/Referrals. This will generate a list of choices. Click on the chosen provider. The Advanced Search function will allow you to search providers by county. If not listed, do not enter any provider information at this time. Notify the regional program and policy analyst so that the missing provider can be entered. Once added, go back in and select in order to add to UCP.

- Referrals are made to appropriate agencies to meet the criminogenic needs. For the service providers that have received training and have approved COMPAS access, once applicable releases are signed and the client begins programming, the agent will notify the "Access Admin" staff member. This person will grant temporary access for that client only to the service provider for the specified time period.

- Add hours per day and total days in the task details of the task. This is referred to as dosage and the higher the risk level the more dosage is needed. Time spent working on evidenced-based tools count as dosage (i.e. Thinking Reports, 15 minute tools, treatment participation). However, assessments and support groups do not count as dosage.

- Add end dates and completion codes. If the goal, task or activity is not completed, enter the end date the client is no longer participating and enter the appropriate completion code.

F: Identify and Add Triggers
- Ask the client to list the people, places and things that tend to stimulate anti-social behavior or lead to destructive decision making (i.e.. What kinds of situations tend to trip you up? Who might you want to avoid to achieve greater things?).
- Formulate a response plan with clients to deal with triggers (i.e.. what might we do to overcome some of the barriers? How can you make success more likely?).

G: Identify and Add Incentives

Incentives are one of the main links between people and change. Incentives should be used to encourage and reinforce pro-social behavior. Effective incentives must be individualized to the client so as to be meaningful. The goal is for the client to learn intrinsic responses through this process.

Types of Incentives
- Internal incentives (i.e.. maintain freedom, ability to attend college, maintain family relationships).
- External incentives (i.e.. extra time out, travel permit, extended curfew, fewer drug tests, reduced reporting).

Positive Affirmations/Reinforcement
- Provide more affirmations than criticisms at a 4:1 ratio (i.e.. thanks for reporting, being on time, looking presentable, waiting patiently in the lobby, filling out the ORF, bringing in a payment, attending work, completing community service).
- Make sure the reward is individualized so as to be meaningful to the client.
- "Stack" the rewards so that the client receives consistent positive feedback in the first few months of supervision.
- Apply them frequently for optimal learning.
- Promise only incentives that can be administered and avoid those that cannot due to cost or policy.
- Use positive feedback more frequently in place of silence or negative feedback.
- Establish a positive rapport employing respect, effective listening, strength-based guidance, and authenticity to create a professional alliance that is inherent in its authority.

<u>H</u>: Identify and Add Sanctions
- Reserve the use of jail and revocation for serious, high risk clients.
- Be creative, the sanction should impact the client.
- Internal sanctions (i.e.. level of remorse, family disappointed).
- External sanctions (i.e.. jail, halfway house, EMP, Sobrietor).

<u>I</u>: Add Activities
- Identify the incremental steps needed to complete a task.
- Activities are ideally are short term and may frequently change (i.e.. Save $200 for the assessment by a certain date).

- Activity Notes will both appear on the printed copy of the case plan and automatically appear in the COMPAS Notes.

J: Print Out the Case Plan
- Once completed, the case plan is to be printed (use person version), reviewed with the client, and then signed by the client and agent. The client must be provided a copy and told to bring it to each visit with the agent.
- The case plan will exist in COMPAS and is not required to be uploaded to the electronic case file.

K: Case Plan Updates

- The case plan is reviewed at every visit with the client. This emphasizes the importance of the plan as well as the responsibilities for progressing on the goals.

- The case plan is updated when there is a change or addition to a goal or task. In addition, the case plan shall be updated every six months or at the time a CSR is completed. Updates shall reflect progress or completion of noted tasks as well as any additional goals, skill deficits and tasks to be targeted for the next review period.

L: Discharge

The agent will enter end dates, completion codes of all goals, tasks, and activities then close out the case plan upon discharge.