



Aligning the Stars: Using Individualized Case Plans to Promote JDTC Participant Success

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Session Objectives

By the end of the session participants will be able to:

- Describe the RNR model and how JDTCs can implement this model to guide supervision and services provided to youth for positive program outcomes
- Understand how to use risk/needs assessment tools to determine JDTC eligibility and to identify youth mindsets and behaviors to be addressed through JDTC-related services, supports, and supervision
- Learn how to develop case and treatment plans that best meet the needs of youth and families

Aligning the Stars



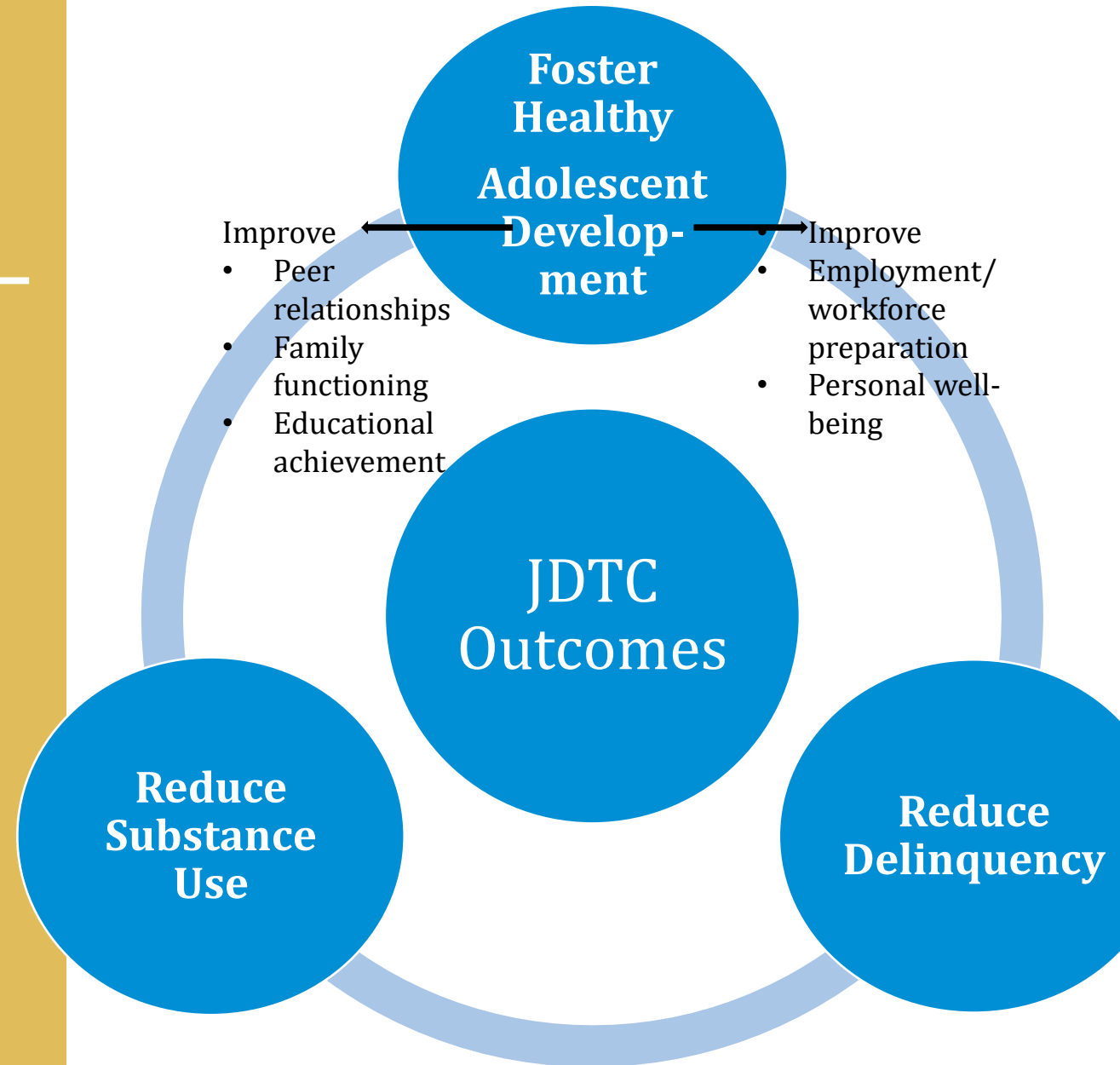
“The Stars”

- ❖ **RN Assessment- identify and address dynamic risk and needs**
- ❖ **Case Plan – develop with youth and family**
 - ❖ Include SMART objectives and specific actions to address RN and achieve desired behavior change
- ❖ **Case and Treatment Plan Team- coordinate services and interventions**
- ❖ **Case Management – monitor goals and case/treatment plan for responsivity (RNR) to services and interventions**
 - ❖ make adjustments as needed
- ❖ **Case staffing & court - focus on goals, respond to progress & also to “getting stuck;” highlight connection of progress with case/treatment plan to JDTC program goals and phase advancement**

JDTC Goals and Outcomes

OJJDP (2016) *JDTC Guidelines*

Belenko et al. (2022)



Research tells us *who* JDTCs are effective with:

Eligibility criteria for JDTCs:*

- 14 years or older
- moderate to high criminogenic risk/needs**
- Substance Use Disorder (mild, moderate or severe)

*OJJDP (2016) *JDTC Guidelines*

**Belenko et al. (2022) – JDTCs are especially effective for youth with high criminogenic risk/need

And the research on effective juvenile justice interventions tells us *what* to do ...

Focus on:

- Empowering youth to live productive, law-abiding lives through:
 - Skill Building
 - Coordinated Services

Lipsey et al. (2010) generally pg. 23-24

Research tells us *how* JDTCs are effective

- Make referrals to needed BH services/EBT
- Coordinate appropriate responses to youth needs
- Coordinate services to deliver these responses

OJJDP (2016) JDTC Guidelines

Belenko et al. (2022)

One key to JDTCs' success?



Through effective case planning and management, JDTCs

- **provide a coordinated response to youth risk/needs**
- **connect youth to services and interventions that address behavioral health and skill-building needs**



Risk/Needs Assessment for JDTC Eligibility & Case Planning

Risk of What?



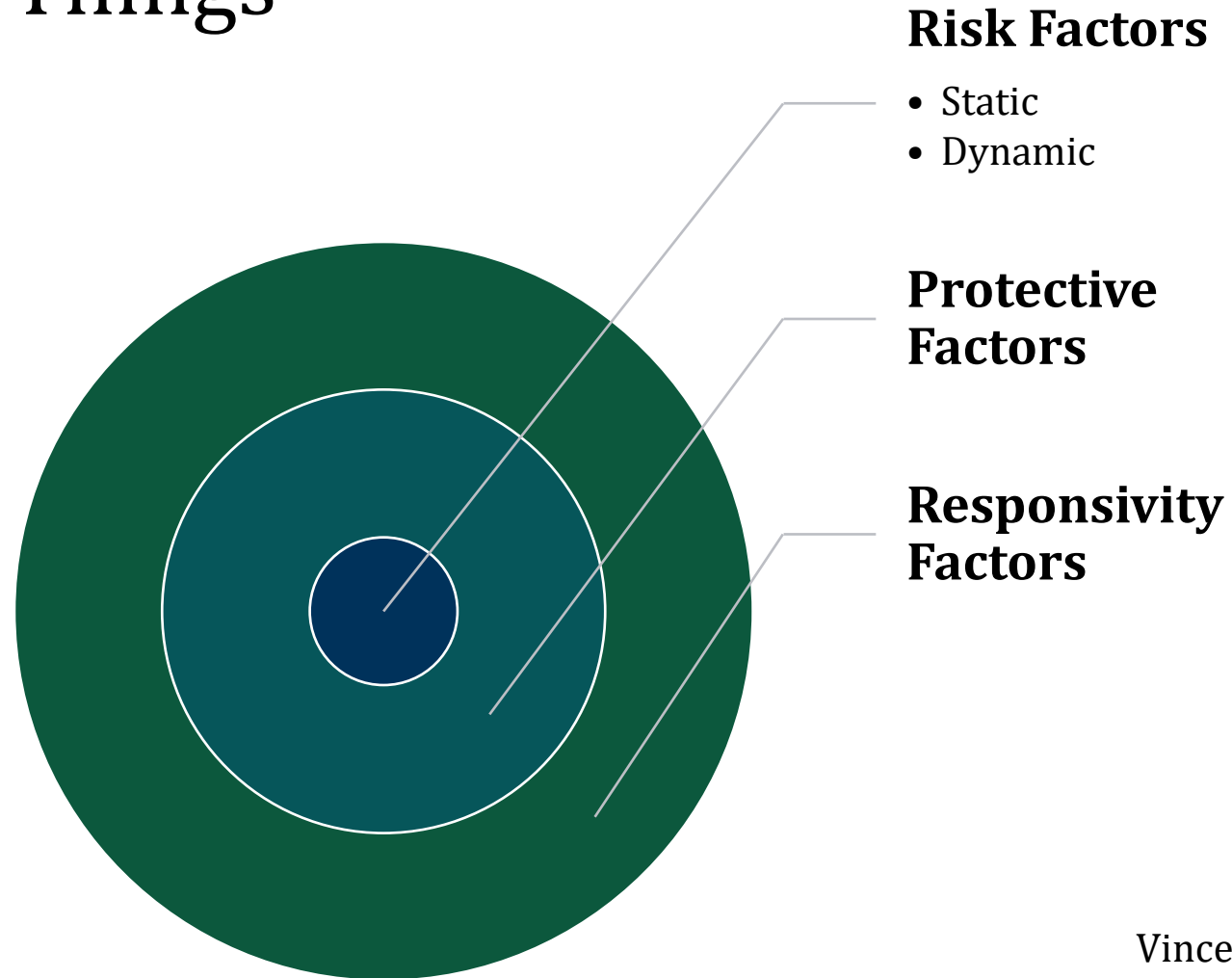
High Risk – more likely to commit an offense in the near future



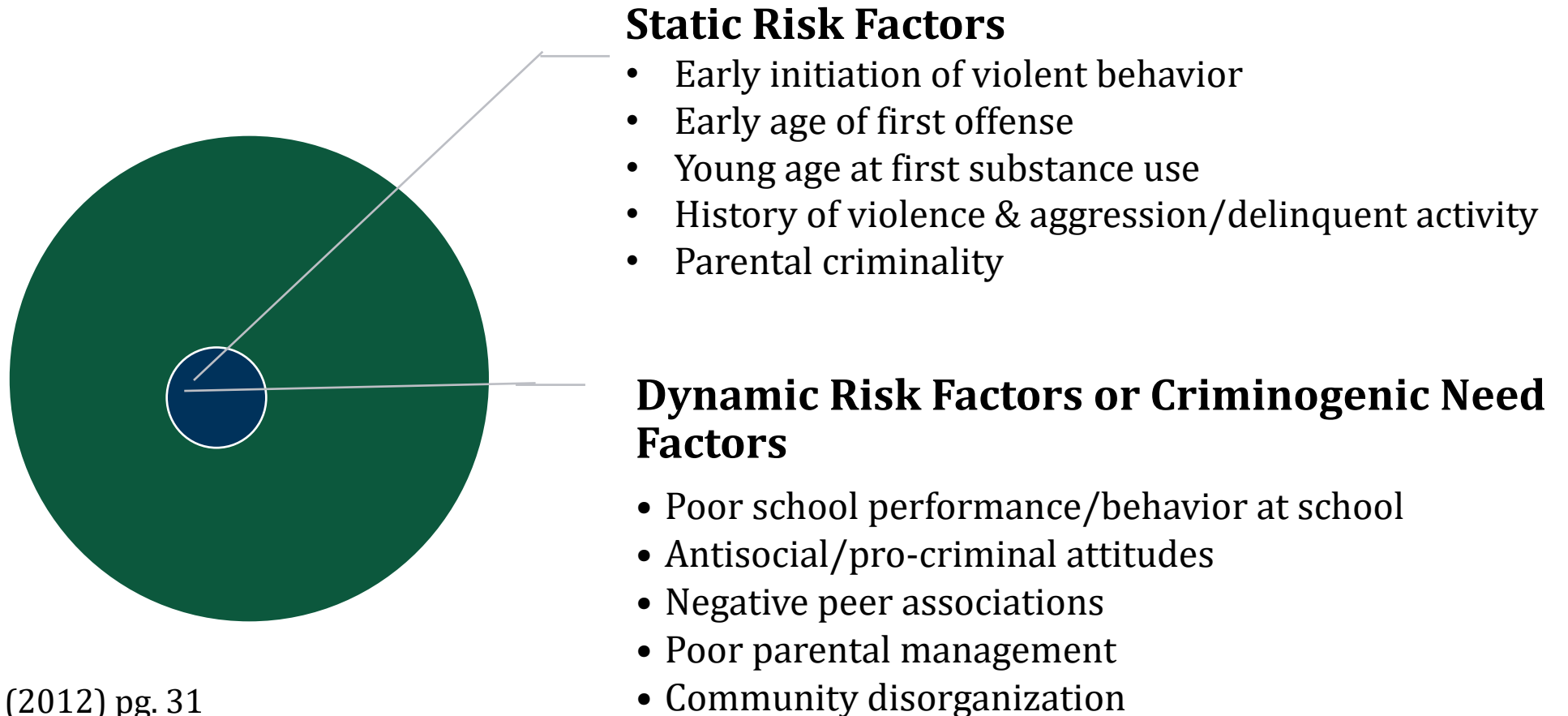
Low Risk – less likely to commit an offense in the near future (does not mean no risk)

Vincent, Guy, & Grisso (2012) generally pg. 29-30

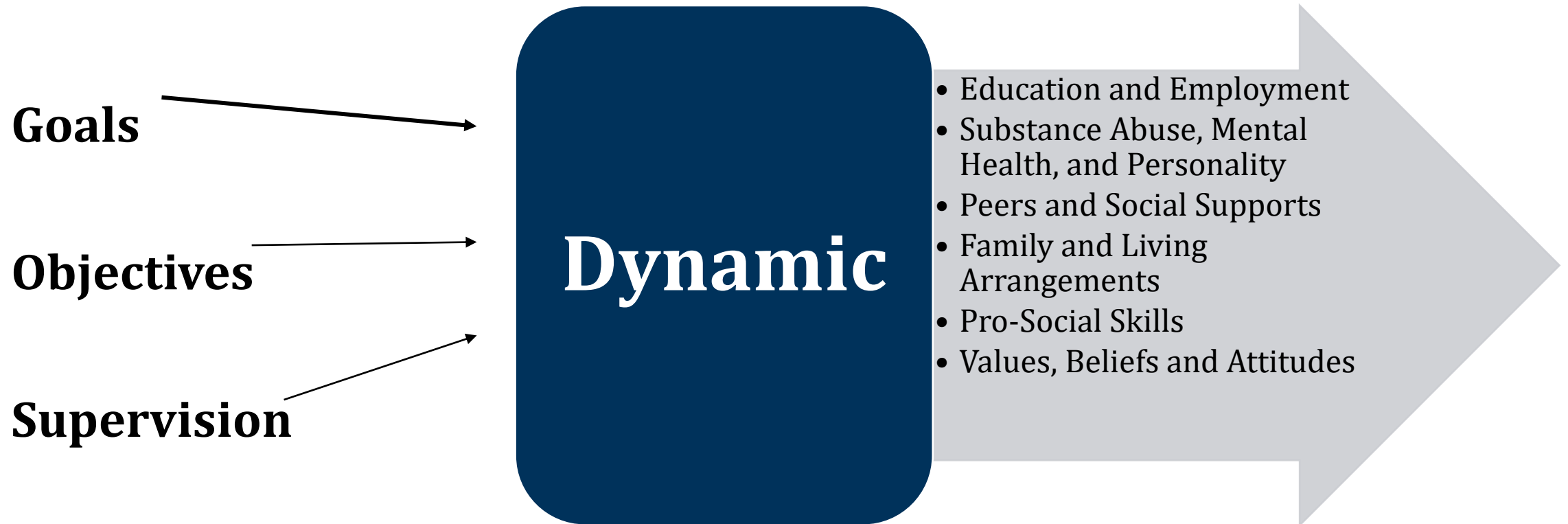
Common Factors Found in Risk Tools Help us Do Different Things



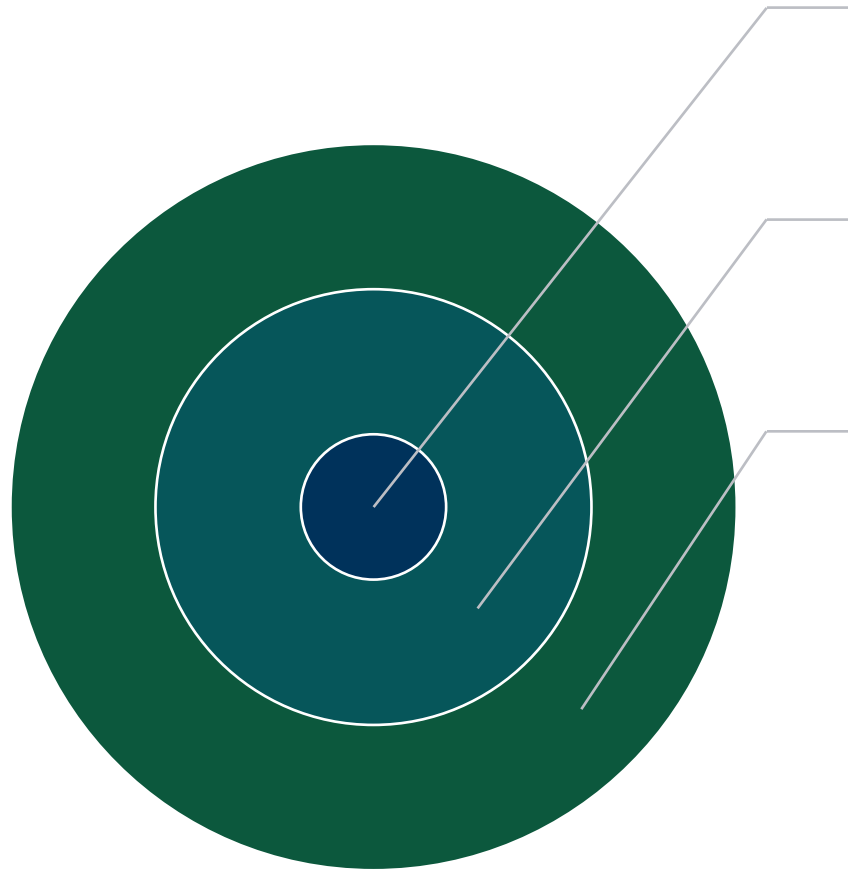
Risk Factors – Increased Likelihood of Delinquency or Violence



Proactively Address Dynamic Risk Factors Through Case Planning



Protective Factors – Decrease the Potential Harmful Effect of Risk Factors



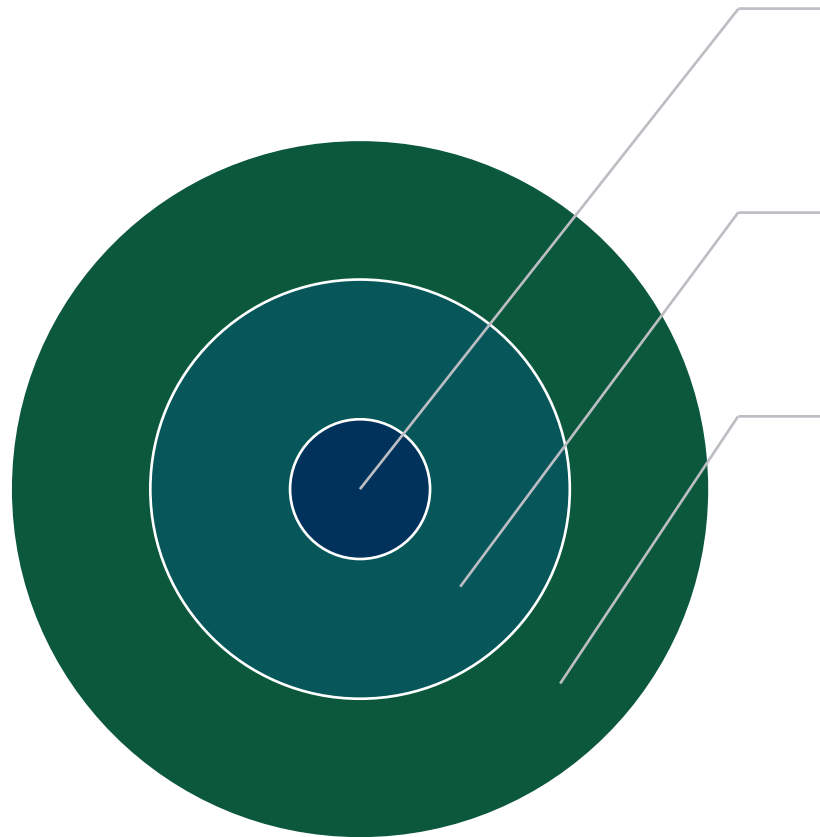
Protective Factors

- Prosocial involvement
- Healthy social supports

Using Your Risk/Need Assessment Tool for JDTC Program Acceptance and Case Planning/Services



Responsivity Factors – Circumstances that Impact the Ability to Make Progress in Interventions



Responsivity Factors

- Parental Involvement
- Motivation
- Access to transportation

Vincent, Guy, & Grisso (2012) pg. 31



Case Planning and Management in a JDTC

Risk, Need, Responsivity “Stars”

Case planning and management should be guided by three things:

Risk (Intensity of interventions)

Need (What interventions)

Responsivity (How to apply interventions)

- General (skill building interventions)
- Specific (individual youth traits, circumstances)

Goals of Case Planning and Management

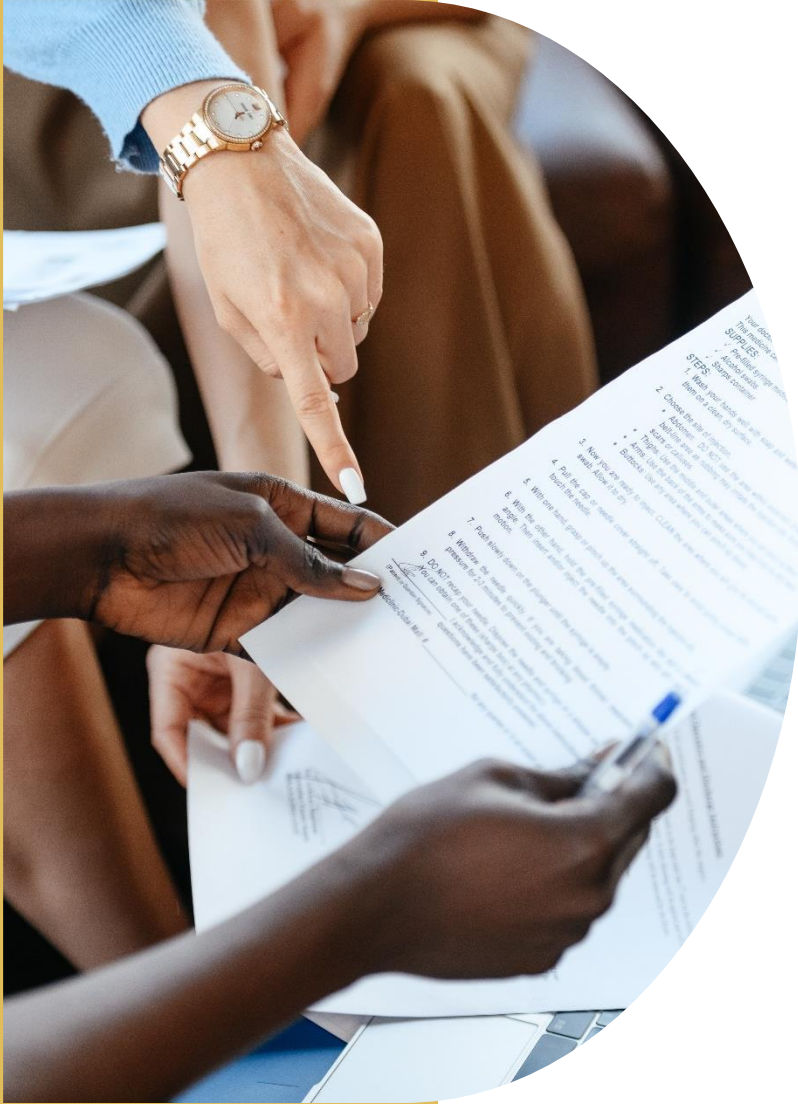
- Support behavior/lifestyle change through:
 - Goal setting
 - Skill building
 - Motivation and encouragement

Case Planning “Star”

- 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
- Research shows that individualized case plans (coupled with motivational interviewing/engagement) reduce new arrests and technical violations of youth under supervision



JDTCs and Case Planning



JDTC teams use case plans to

- help youth and families set goals for behavior change and skills related to reducing risk/ needs
- make the goals individualized to the youth's situation, interests, and abilities (RNR)
- identify and connect youth to interventions that are designed to address the behavior and skills needed
- address/reduce any barriers to youth receiving interventions (e.g., transportation, availability) and to practicing skills)
- regularly check in with youth and family about progress in learning and using skills



Align

- ❖ **Top 3 domain areas in RN assessment**
- ❖ **With behavior change goals/requirements of the JDTC and Conditions of Probation (e.g.:)**
 - ❖ Engage in school
 - ❖ Obey laws/respect others
 - ❖ Reduce substance use
- ❖ **To be accomplished through SMART activities set forth in the Case Plan that include (e.g.)**
 - ❖ IEP, tutoring, credit recovery, attend classes, complete assignments
 - ❖ Receive CBT to address antisocial thinking/increase empathy; engage in restorative justice
 - ❖ Receive COD treatment
- ❖ **For building and practicing life skills**

Source: Washington Association of Juvenile Court Administrators; CMAP Training Manual (2018)

Steps to Prioritizing	
1. Identify the dynamic risk factor(s) to work on first.	Ask the youth what item he or she would like to work on first, as identified in the feedback, to accomplish his or her goals or interests.
2. Ensure youth has a clear understanding of the problem behavior.	If the youth does not understand how the risk factor contributes to his offending behavior, conduct a situational analysis: <ul style="list-style-type: none">• When does the problem occur?• Where does the problem occur?• What does the problem look like?• With whom does the problem occur?• What happens as a result of the problem?
3. Identify incentives, barriers, stage of change, and increase change talk for working on identified risk factors.	Work with the youth on identifying the incentives and barriers to working on the risk factor. The JPC should also identify the stage of change (pre-contemplative, contemplative, preparation, etc.) to working on the particular dynamic risk factor. This does not have to be verbalized to youth. It is important to know as it will help strategize next steps to take in the case planning. It would be also be helpful to use MI strategies to help strengthen youth's change talk as to the benefits of working on that particular dynamic risk factor and how it would help reach his/her goals.

Youth &
Family
Input
and
Involve-
ment
“Star”

Make Case Plan Goals/Objectives SMART “Star”

Specific



- Intervention
- Pro-social activity
- Skills

Measurable



- Attendance
- Certificate
- Reduced risk

Attainable



- Capacity / Development
- Motivation
- External factors

Relevant



- Identified need / risk
- Voice / choice

Time Bound



- Identified period of time
- Proximal & distal

Building a Case Plan



Solicit youth and family buy-in by including them in the decision-making process

Use MI: OARS technique

Open-ended questions

Affirmations

Reflection

Summarizing



Write case goals down



Case plan establishes expectations

Sync with JDTC program requirements/phase advancement

Case Plan and Treatment Plan “Stars”



**Risk and needs
assessment is reviewed
with youth and family**

Utilize visual tool to engage



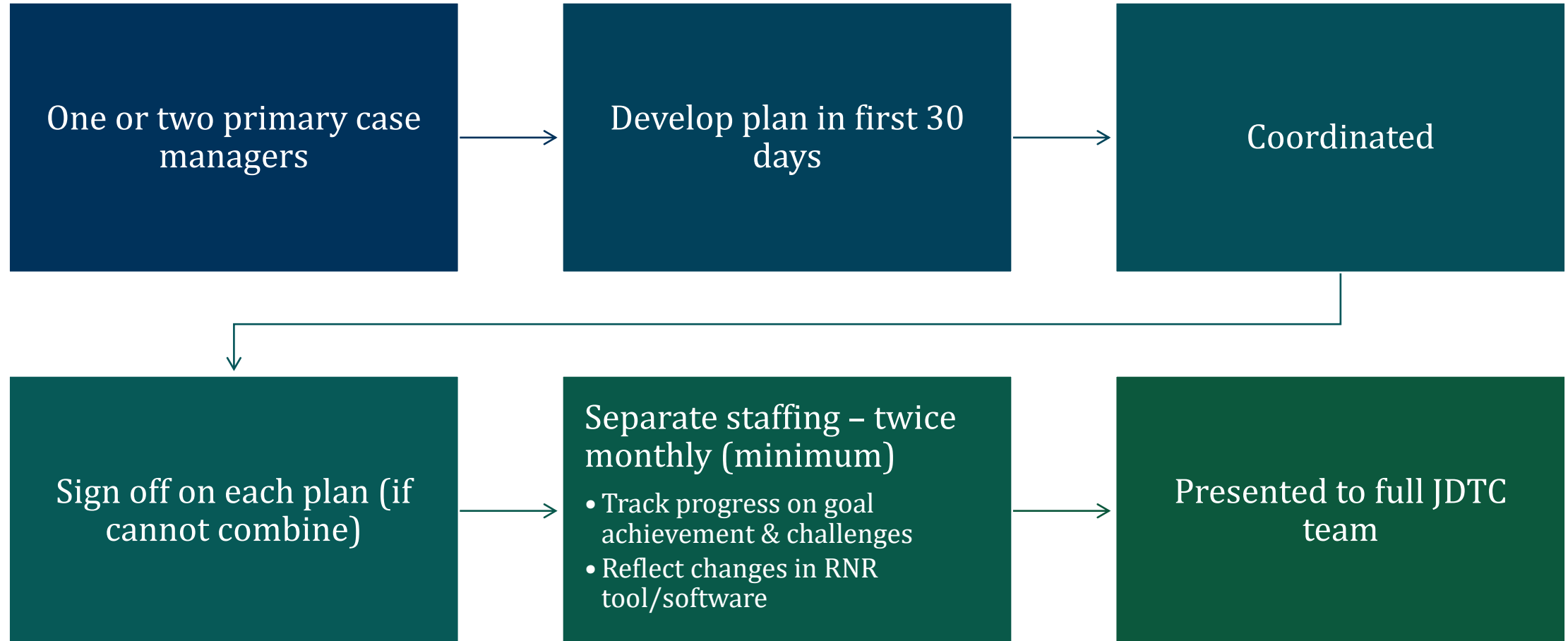
**Targeted areas of
change/improvement are
identified**

Ask youth to identify the
targets (domains) to work
on



Case plan is developed

The JDTC Case Management/Treatment Team “Star”



Case Management “Star”

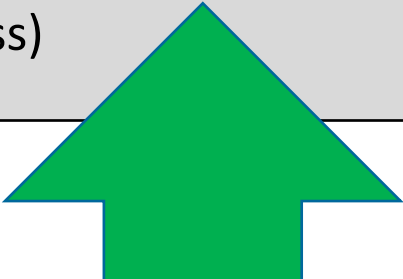
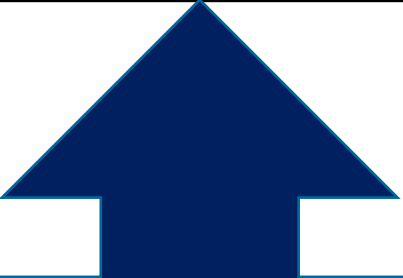
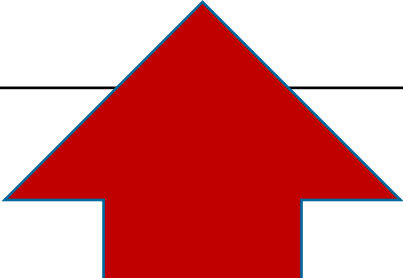
On-going

Provides a designated point of contact that advocates for participant

Comprehensive and flexible

Involves partnering with community-based providers and schools

Advocate for youth and family

JDTC PHASE/GOAL ____ Review in ____ Days	Treatment Objectives (include responsivity factors to address)	Probation Objectives (include responsivity factors to address)
Area of Focus/Domain: GOAL:	 <ul style="list-style-type: none"> • Treatment objectives: all goals have objectives, which are specific <i>skills</i> that need to be acquired in order to reach the goal. Objectives have timelines and can be measured or “seen”. 	
Area of Focus/Domain: GOAL:		
Area of Focus: GOAL:	 <p>Area of Focus: This domain is located in the treatment or RNR case management plan. It is built from the R/N assessment materials and those areas that flag “moderate or high risk”</p>	 <p>Case Management objective same definition as treatment objectives, but the approach for the <i>skill building</i> may (or may not) be different.</p>

JDTC GOAL/ PHASE ____ Review in ____ Days	Treatment Objectives (include responsivity factors to address)	Probation Objectives (include responsivity factors to address)
<p>Area of Focus: <i>Peers (Risk/Need domain)</i></p> <p>GOAL: Spend time with sober people that are my age.</p>	<p>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>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>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>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>Area of Focus: <i>Substance Use (Risk/Need domain)</i></p> <p>GOAL: I want to make recovery work this time</p>	<p>John will write a list of triggers and high-risk situations that have led to relapse in the past year by ____.</p> <p>Clinician to explore ambivalence using MI and CBT.</p>	<p>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>

My Plan

Name _____

JPC _____

Strengths/Protective Factors:

My short term goal:				
Benefits of goal:	Who	Start Date	Due Date	Date Completed
Action Step:				
Action Step:				
Action Step:				
Barriers:				
Support:				
Incentives/rewards:				
Consequences:				

Staffing & Court “Stars”



Staffing is focused on domains and goals

Strength-based

Reward for success (use youth input on incentives)

Adjust plan as needed

Continually assess for barriers

Connect to JDTC goals



Judge engages from bench on weekly goals and progress/challenges

Direct conversation with youth

Parent/guardian stands with youth and reports on progress

Incentivize/recognize progress and effort



Reinforced by other team members

KTS YOUTH UPDATE & GOALS

HEARING DATE: 1/04/2022 YOUTH NAME: Marty Mcfly

Case Manager: Susie Q
 Probation Violation File/Admit Date: NA

Parent/Guardian: Doc Brown
 Level/Date: II (9/1/2021)
 Tickets earned: 22 (level 2)
 Top 3 Strengths: Good worker, loyal, helper.

Next Hearing Date: February 1, 2022

COMPETENCY DEVELOPMENT/COMMUNITY PROTECTION

JCP Risk Score: 12		Date of Most Recent Screen: 4/15/2021
Risk Factor	Details (specific risk related information & behavior updates by domain)	
Previously Ordered Conditions & Date	<ul style="list-style-type: none"> Marty is currently in compliance with program expectations. Receive level III Advancement Questions Receive four tickets for success in school, treatment, family, UAs 	
Update on Previously Ordered Conditions	<ul style="list-style-type: none"> Not applicable 	
Short Term Goal Accomplishments	<ul style="list-style-type: none"> Completed updated behavioral health assessment and has re-engaged in services. 	
<input type="checkbox"/> Substance Use & UAs* Level Sobriety: 63 days	<ul style="list-style-type: none"> Has been submitting UAs via the Reconnect app. UA submitted on 12/20 returned negative for all substances, all other ua results are pending. Failed to check the reconnect app and submit weekend UAs on 1/1 and 1/2. 	
<input checked="" type="checkbox"/> Education/Employment*	<p>Goal: Apply for three jobs by 1/6/2022.</p> <ul style="list-style-type: none"> School plan is currently pending. (Father reached out to Forest Grove High School to re-enroll. Marty would like to go to the CALC Program, as it allows for more in person interaction. The principle wanted to meet with Luke and his dad before this was approved) Applied at Papa Murphy's, Little Caesars, and Safeway (completed goal, taken to coffee as a reward). 	
<input checked="" type="checkbox"/> Social Support (Family)*	<ul style="list-style-type: none"> Father reports that things at home have been going well and he does not have any concerns to report. 	
<input checked="" type="checkbox"/> Emotional regulation/MH/Treatment (AOD & MH)	<ul style="list-style-type: none"> Resumed tx services with Maija on 12/22. He completed his re-assessment with LifeSpace on 12/28 and attended all required tx appointments. 	
Peer Associations	<p>Goal: Participate in one prosocial activity per week.</p> <ul style="list-style-type: none"> Marty has been spending time with his girlfriend, who he reports is a positive influence/support for him. 	
Antisocial Attitudes and Behavior Patterns/Impulsivity	<ul style="list-style-type: none"> Impulsivity Thrill seeking These traits have influenced some poor decision making. Targeting with CBT, MH therapy, and potential medication evaluation. 	
<input type="checkbox"/> Leisure Activity/Mentor*	<ul style="list-style-type: none"> Marty has not recently had any contact with a mentor. 	
Victim Restoration/Public Safety	<ul style="list-style-type: none"> As part of his disposition it is being recommended that Marty complete a letter of responsibility to his father (the listed victim). Due to current family dynamics, it is recommended that Marty complete this at a later time, after he has been able to participate and engage in individual and family counseling services. 	
Recommendation(s)	<p>INCENTIVE: Verbal praise for completing assessment, attending tx appointments, and achieving short term goal for job applications</p> <ul style="list-style-type: none"> Advance to level III <p>SANCTION/THERAPEUTIC RESPONSE:</p>	

	<ul style="list-style-type: none"> Complete 4 hours of community service, due by 2/28 (in response to missed UAs) <p>Next court hearing: February 1, 2022.</p>
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Clinical Assessment (AOD and/or MH) – Date of Assessment(s):		
Primary Drug of Choice:	Marijuana	Current Recommended Level of Care (ASAM criteria):
Other Drugs Used:	Cannabis,	
Trauma/4 or more ACEs:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
AOD Diagnoses:		
MH Diagnoses:	Major Depressive Disorder	
Treatment Goals:		
Progress:		
Sobriety Dates:		

Ongoing List of Accomplishments	Treatment Successes	Case Management Successes
Date & Achievement:	•	•

Case Staffing Summary Sheet Sample

- Strengths
- Recent Drug Screen Date
- Risk score
- RN Domains
- Goals
- Recommended/Earned Incentives
- Sanction/Therapeutic Response
- Clinical Assessment (Substance/ACE Score, ASAM)

Resources

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THANK YOU!

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