



# Integrated Case Management 101

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# Disclaimer

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# Goals of case management and planning

Support behavior/lifestyle change through:

- Goal setting
- Skill building
- Motivation and encouragement

Same goal as the juvenile justice system's  
commitment to reduce recidivism

# Risk, Need, Responsivity

Case planning and management should be guided by three things:

- Risk (Intensity of interventions)
- Need (What interventions)
- Responsivity (How to apply interventions)

# Risk

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- We can predict the risk of re-offending by measuring certain factors in a youth's life
- Examples of risk factors
  - Prior offenses
  - Age at first offense
  - Performance in school
- Research has proven that the degree of supervision needs to be matched to a young person's risk of re-offending
  - Why might this be?

# Matching risk level and intensity of intervention

## **Risk score**

- Low

## **Level of supervision**

- Little to no formal supervision-  
diversion from the justice  
system
- 

- Medium

- Scheduled probation,  
community service, judicial  
programs
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- High

- Weekly check-ins with  
probation, judicial programs,  
incarceration as a last resort

# Need

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- If we know what factors contribute to a young person's risk of re-offending then we should attempt to intervene and change factors
- The “Big Four”
  - Antisocial personality traits** (impulsive, quick to anger, low social/problem-solving skills)
  - Antisocial thinking** (rationalizing behavior, blaming others)
  - Antisocial attitudes** (sense of entitlement, thinking the world is against them)
  - Criminal associations** (negative peers)
- The Central Eight
  - Substance use disorders**
  - Family/marital relationships**
  - Education and employment**
  - Positive leisure activities**

# Matching needs to interventions

## **Need**

- Substance use disorder

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- Peer associations

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- Anti-social personality

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- Family functioning

## **Intervention**

- Clinical drug treatment

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- Sports teams enrollment, religious community, mentoring

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- Anger management, problem-solving skills, interpersonal skills

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- Parent counseling, Functional Family Therapy, safety plans for abuse



# Responsivity

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- Each young person has unique characteristics and environmental factors that affect how they learn or how open they are to change
- Examples of responsivity factors:
  - Strengths- Skilled athlete or musician, close to a trusted adult, has an orientation toward accomplishments
  - Challenges- Learning disability, mental health diagnoses, is homeless
  - Neutral- LGBTQ status, second generation immigrant

# Responding to responsivity

## Responsivity Component

- Close relationship with a family member
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- Talented musician
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- Identifies as LGBTQ

## Tailored response

- Include the family member in decision making

- Encourage music therapy, participation in school/community music groups, make music lessons an incentive

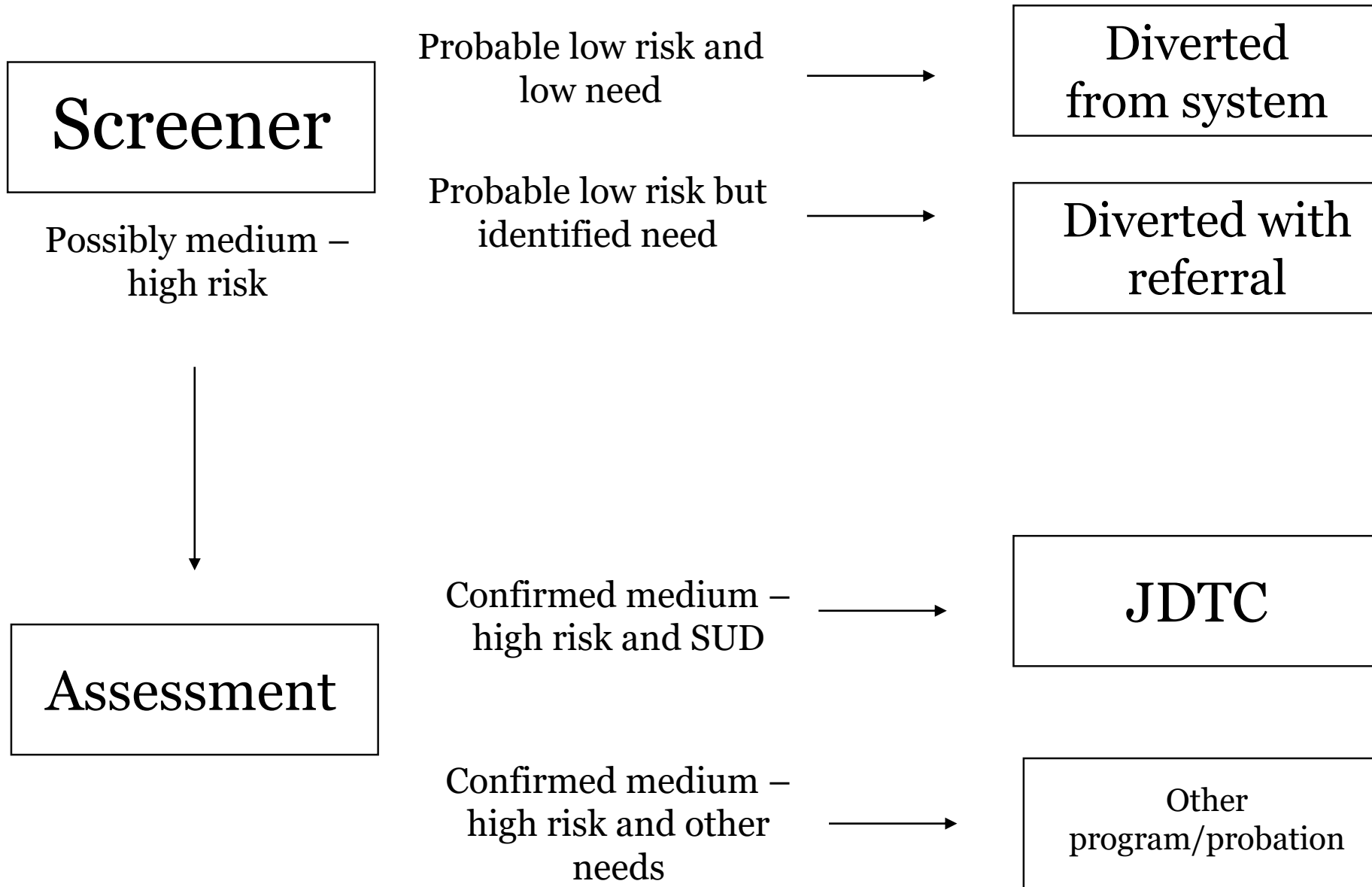
- Ask about identity, with permission make judge and other staff aware of specific pronoun or dress code exceptions, refer to LGBTQ community groups

# Screening and Assessing R-N-R

- A screener is a short set of questions (usually can be given by anyone) to determine if a longer assessment is needed
  - Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)
  - Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
  - Global Appraisal of Individual Needs-Q3
  - Problem Oriented Screening Instrument for Teenagers (POSIT)
  - Personal Experience Screening Questionnaire (PACT)
- An assessment is an extensive set of questions (usually administered by someone trained) to determine the risk of recidivism, criminogenic needs, family setting etc. In a treatment setting, an assessment determines the severity of treatment and type of therapy.
  - Comprehensive Adolescent Severity Inventory (CASI)
  - Global Appraisal of Individual Needs-I (GAIN-I)
  - Youth Assessment and Screening Instrument (YASI)
  - Youth Level of Service/Case Management Inventory (YLS/CMI)

# Screening and Assessing R-N-R

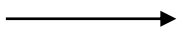
- Assessment should collect information on
  - Antisocial personality traits, thinking, and attitudes
  - Peer associations
  - Substance use disorders
  - Family functioning and behavior
  - Education/employment
  - Mental health
  - Trauma
- Assessments should be followed up with structured interviews to collect more information on responsivity, etc



**Screener**

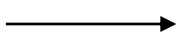
Possibly medium –  
high risk

Probable low risk and  
low need



**Diverted  
from system**

Probable low risk but  
identified need

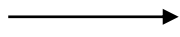


**Diverted with  
referral**



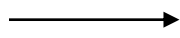
**Assessment**

Confirmed medium –  
high risk and SUD



**JDTC**

Confirmed medium –  
high risk and other  
needs



**Other  
program/probation**

# Building a case plan

- Structured around goals related to needs and action steps to reach those goals
- Goals should be SMART
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Time-Bound



# Building a case plan

- Solicit youth and family buy-in by including them in the decision-making process
  - OARS technique
  - Open-ended questions
  - Affirmations
  - Reflection
  - Summarizing
- Write case goals down
- Case plan establishes expectations

# Case Management

- On-going
- Single point of contact that advocates for participant
- Comprehensive and flexible
- Partnering with community based providers and schools



# Office/Field Interaction

- Interactions youth should focus less on detecting violations and instead focus finding opportunities to skill build and praise on goal attainment.
  - Check-in (building rapport)
  - Review weekly goal progress
  - Identify successes or obstacles
  - Determine if new action steps are needed/desired
  - Review court conditions
  - Provide written materials/instructions
  - Apply brief intervention as needed – use tools such as Carey Guides, NCTI Crossroads, BITS

(Source: Carey et al, 2010)

# Case Planning and Management in a JDTC

JDTCS are a higher intensity intervention, designed to serve medium to high risk youth

JDTCS specifically treat substance use disorders (among other needs) and so JDTC participants should have an identified substance use disorder

# Case Plans and Treatment Plans

# Degrees of supervision vs treatment

## Supervision

- Low risk of re-offending- needs no supervision or very minimal supervision, not a JDTC candidate
- Medium risk of re-offending- JDTC candidate
- High risk- JDTC candidate

## Treatment

- Low substance use disorder- low intensity outpatient
- Medium substance use disorder- medium outpatient to partial hospitalization
- Severe substance use disorder- partial hospitalization to residential

# Case example activity