



BJA
Bureau of Justice Assistance
U.S. Department of Justice



the NATIONAL REENTRY
RESOURCE CENTER

Developing Collaborative Comprehensive Case Plans: A Web-based Tool

October 10, 2017

Brought to you by the National Reentry Resource Center and the Bureau of Justice Assistance, U.S. Department of Justice



OVERVIEW

- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

Speakers

Andre Bethea, Policy Advisor for Corrections

BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE

Sarah Wurzburg, Deputy Program Director

THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

Tina Bialas, Clinical Supervisor, Corrections Program, and Director, Behavioral Health

BRIDGEWAY RECOVERY SERVICES, INC., SALEM, OREGON

Levin Schwartz, Assistant Deputy Superintendent, Clinical and Reentry Services

FRANKLIN COUNTY SHERIFF'S OFFICE, GREENFIELD, MASSACHUSETTS

Bureau of Justice Assistance

Mission: to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities.

The Second Chance Act has supported over **\$300 million** in reentry investments across the country



<https://www.bja.gov/>

JUSTICE CENTER

THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

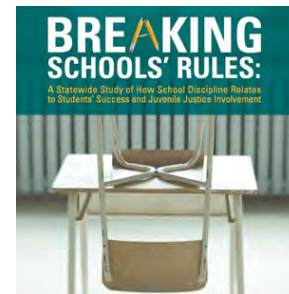
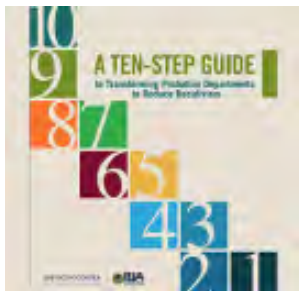
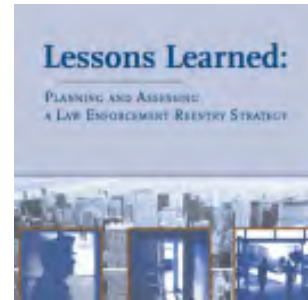
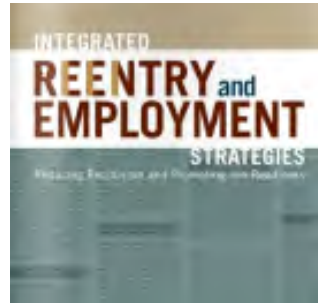
Provides **practical** advice informed by **the best available evidence**



JUSTICE CENTER

THE COUNCIL OF STATE GOVERNMENTS

Collaborative Approaches to Public Safety



National Reentry Resource Center



- Authorized by the passage of the Second Chance Act in April 2008
- Launched by the Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
- The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception



the NATIONAL REENTRY RESOURCE CENTER

Visit the *What Works in Reentry Clearinghouse*

The Federal Interagency Reentry Council: A Record of Progress and a Roadmap for the Future

The Federal Interagency Reentry Council provides a review of its accomplishments and a roadmap for its future.

[Learn More](#)

THE FEDERAL INTERAGENCY REENTRY COUNCIL
A Record of Progress and a Roadmap for the Future

95% of adults sentenced to prison will return to the community.

Reentry will be their next step.

 [Click to tweet this message](#)

RECENT POSTS



New Resources Help Translate Juvenile Justice Research into Practice

JANUARY 24, 2017

The resources, organized by common challenges for juvenile justice

ANNOUNCEMENTS

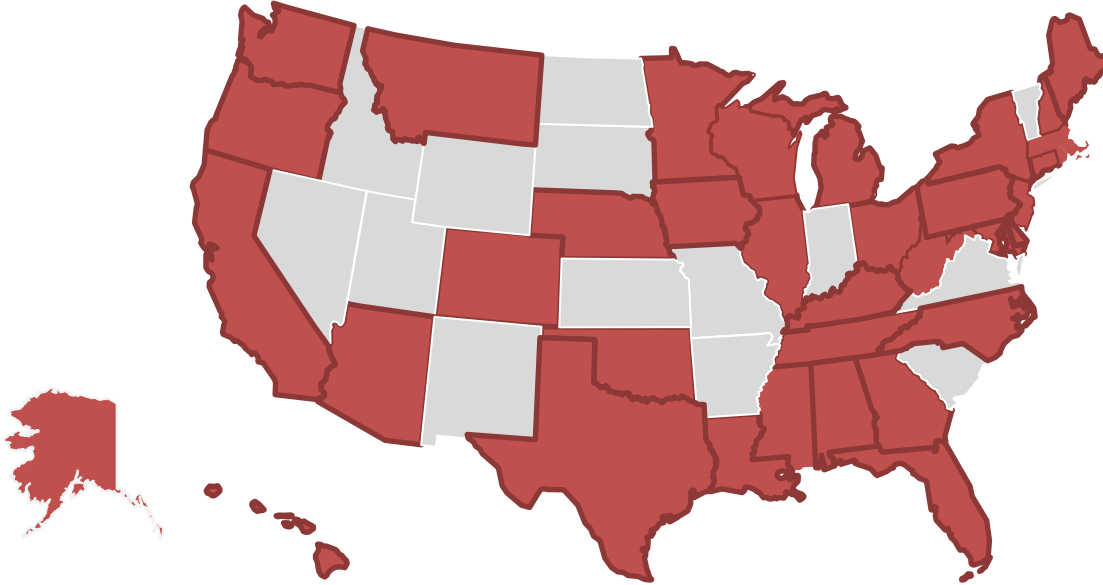


[Apply Now for the Small Business](#)

- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

SCA COD Grant Program

96 AWARDS ACROSS THE NATION



68 County Grantees
22 State Grantees
5 Juvenile Grantees
3 Tribal Grantees

Primary Challenges in the Field

- **Targeting Criminogenic Risk**

- Addressing criminogenic risk factors in the correctional facility and the community

- **Incorporating Assessment Information into Case Plans**

- Utilizing the assessment information for BOTH behavioral health criminogenic risk in case plans
- Defining lead case planner at an agency and outlining case conferencing procedures

Collaborative Comprehensive Case Plans (CC Case Plans)

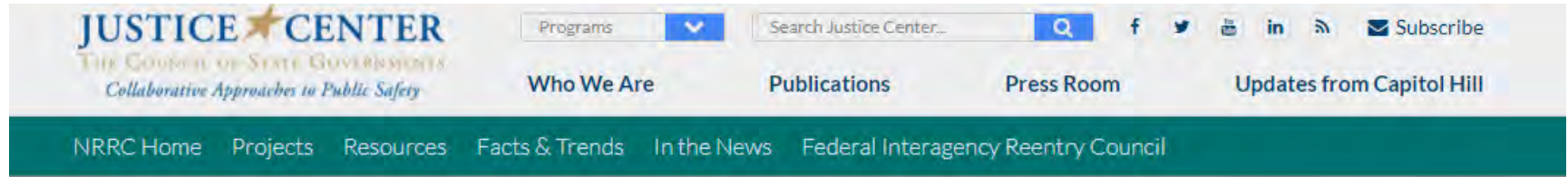
- **Collaborative:** all agencies involved in a participant's reentry and recovery processes work together and with the participant and their support system throughout the case planning process.
- **Comprehensive:** information from behavioral health assessments, criminogenic risk assessments, trauma screens and other important information is combined in the case plan in a balanced manner.

FY17 SCA COD Solicitation CC Case Plans Requirement

- Case planning that incorporates criminogenic risk and behavioral health needs is a continuing challenge for the field
- Under the FY17 SCA COD [solicitation](#), applicants must “Develop reentry case plans that incorporate the results for risk and needs assessment, substance use disorders, and mental disorders to develop supervision and program components.”
- The CSG Justice Center web page is designed to support grantees in developing and implementing CC Case Plans

- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

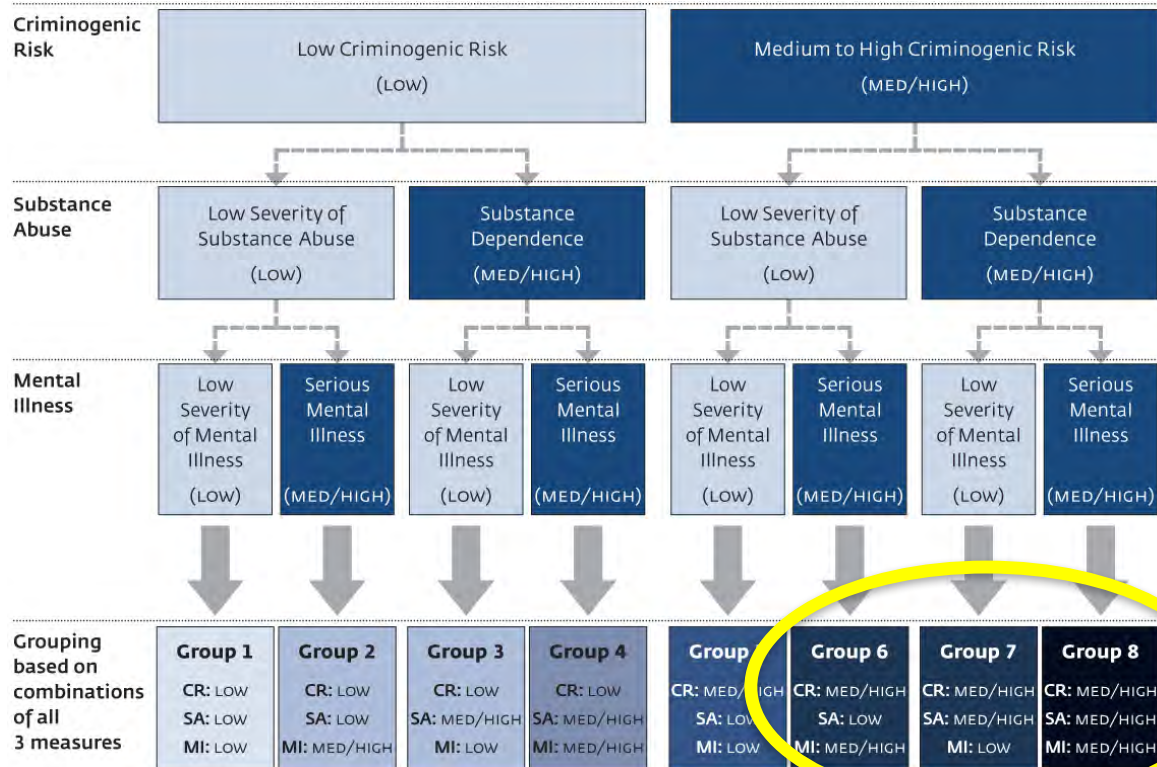
Web-Based Tool to Support Case Planning



Collaborative Comprehensive Case Plans: Addressing Criminogenic Risk and Behavioral Health Needs

The **Criminogenic Risk and Behavioral Health Needs framework** (see below) introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their level of criminogenic risk and needs and the severity of their behavioral health needs. Once these individuals are identified, criminal justice and behavioral health professionals can work together to develop and implement case plans that assist the participants in reducing their risk for recidivating and advancing their goals for recovery. The following tools and resources will help these professionals integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems.

Behavioral Health/Criminal Justice Framework: Basis for the Development of Case Plans





LEAD CASE PLANNER: COMMUNITY SUPERVISION AGENCY

San Joaquin County Probation Department

with Assisting Reentry for Co-Occurring Adults through Collective Support
San Joaquin County, California

NOTABLE FEATURES

- The San Joaquin County Probation Department in Stockton, California received Second Chance Act (SCA) Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grants in Fiscal Years 2011, 2013, and 2015
- Jurisdiction geography: **Urban, 685,306 residents**
- Size of correctional facilities and populations incarcerated: 1,431 men and women

PROGRAM DESCRIPTION

The San Joaquin County Probation Department is the lead case planner for the reentry initiative, Assisting Reentry for Co-Occurring Adults through Collective Support (ARCCS), which includes the probation department, San Joaquin County Sheriff's Office, San Joaquin Behavioral Health Services (BHS), and San Joaquin County Data Co-Op, the program evaluation partner. The target population for ARCCS is medium- to high-risk adult men and women who have co-occurring substance use and mental disorders. Participants serve a minimum 90-day sentence and are on probation upon release from custody. A licensed clinician conducts behavioral health assessments, facilitates Seeking Safety recovery groups (a trauma-oriented intervention), and conducts motivational interviewing, an intervention used to encourage participants' pro-social behaviors and foster engagement in the program. The ARCCS probation officer develops reentry plans before participants are released, in coordination with the participant and his or her family, clinician, and case manager. Post-release, participants receive additional cognitive behavioral interventions and mental health and substance use disorder counseling.

ARCCS staff use the following instruments to screen and assess program participants:

- Static Risk and Offender Needs Guide (STRONG)
 - Addiction Severity Index
 - A biopsychosocial assessment for mental illness and other responsivity factors
 - Texas Christian University Trauma and PTSD Screen (TCU TRMAForm)
-

Specialized Housing Provider

Case plan holder sends the following information:

- Specific supports, if any, the participant needs in order to succeed in certain housing situations
- Legal circumstances that can impact housing
- The participant's income
- Details concerning whether the community supervisor will need to check in on the participant at home and if so, how regularly
- A list of the participant's current medications

Case plan holder receives the following information:

- Services provided
- Housing rules
- Updates on the participant's progress while housed, and if there are any disciplinary issues or behavioral changes
- Changes, if any, in skills and ability to function independently

[Back to Top](#)

Peer Support

Case plan holder sends the following information:

- All information in the plan, so that the peer support specialist can fully understand goals, services, legal requirements/status, and recidivism risk

Case plan holder receives the following information:

- Updates regarding compliance with conditions of release/diversion or community supervision, when required
- Any information that pertains to the person's status on community supervision or in diversion programming
- Schedule of required appointments, court, and community supervision appearances
- Needs related to application for public benefits, health
- Information about the participant's prosocial activity interests

How are Collaborative Comprehensive Case Plans Implemented?

There are specific processes that must occur to develop and maintain collaborative comprehensive case plans that reflect the partnership necessary to help each participant with co-occurring substance use and mental disorders succeed. Once those processes are in place, these case plans must also include specific information contributed by the partnering agencies.

Below are 10 priorities intended to help criminal justice and behavioral health professionals develop and implement collaborative comprehensive case plans. Each priority also includes related tools and resources for further information, when applicable.

INTERAGENCY COLLABORATION AND INFORMATION SHARING	+
STAFF TRAINING	+
SCREENING AND ASSESSMENT	+
CASE CONFERENCE PROCEDURES	+
PARTICIPANT ENGAGEMENT	+
PRIORITIZED NEEDS AND GOALS	+
RESPONSIVITY	+
LEGAL INFORMATION	+
PARTICIPANT STRENGTHS	+
GENDER CONSIDERATIONS	+

10 Key Priorities for CC Case Plans

1. Interagency Collaboration and Information-Sharing
2. Staff Training
3. Screening and Assessment
4. Case Conference Procedures
5. Participant Engagement
6. Prioritized Needs and Goals
7. Responsivity
8. Legal Information
9. Participant Strengths
10. Gender Considerations

1. Interagency Collaboration and Information-Sharing

- Case management teams should include representatives from criminal justice, behavioral health, and social service agencies in the case planning process to ensure that participants' criminogenic risk and needs and behavioral health needs are addressed in a balanced manner
- Information-sharing should occur frequently to ensure that assessment results and other important information is accurate and up-to-date

2. Staff Training

- Staff on the case management team should receive training in the risk-need-responsivity (RNR) model and behavioral health recovery principles
- Identify opportunities for cross-training on these topics

3. Screening and Assessment

- Agencies should use criminogenic risk, substance use disorder, and mental illness screens and assessments
- Assessment results aid in development of case plans
- Identify opportunities for obtaining assessment data through information-sharing

4. Case Conference Procedures

- Agencies should meet regularly with participants and with case management teams to review case plans and discuss changes in participants' needs or goals
- Determine frequency and purpose of the case conferences

5. Participant Engagement

- Agencies should actively involve the participant and the participant's support system in the case planning process
- Programs increasingly use peer recovery specialists or peer mentors to enhance engagement

6. Prioritized Needs and Goals

- Participants have multiple needs and goals to be balanced. It is critical to prioritize needs that decrease the risk of recidivism, improve health, and ensure public safety
- Assessment information can help agencies determine which needs to prioritize

7. Responsivity

- Responsivity requires a person's abilities and learning styles to be considered when designing services. Assessment information can identify key responsivity considerations
- General responsivity: using interventions to address criminogenic risk factors such as criminal thinking
- Specific responsivity: modifying interventions to account for a person's learning style, motivation, or cultural, ethnic, or gender characteristics

8. Legal Information

- Lead case planners should document participants' legal information that can impact supervision plans, conditions of release, court participation requirements, or access to housing and employment programs

9. Participant Strengths

- Lead case planners should identify the strengths or protective factors of participants and document these strengths in case plans
- Knowing participants' strengths can help determine which evidence-based interventions can build on those strengths to promote recovery and successful reentry

10. Gender Considerations

- Lead case planners or their partner agencies should use a gender-responsive approach in their programming, including screening and assessment, case management, and specific interventions tailored to the needs of women
- Case plans should include specific considerations that can negatively impact women's success in reentry or diversion programming, such as child custody issues, concerns about their financial situation, or past trauma

- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

The Golden Thread in a Collaborative, Corrections-Specific, Co-Occurring Treatment Planning Workflow

Tina Bialas, Director of Behavioral Health Services
Clinical Supervisor, Corrections Programs
Bridgeway Recovery Services, Inc
Salem, Oregon

Bridgeway Recovery Services

with the Marion County Reentry Initiative (MCRI)

NOTABLE FEATURES

- The Marion County Sheriff's Office in Salem, Oregon was a Second Chance Act Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grantee in Fiscal Year 2013
- Jurisdiction geography: ([Urban, 336,316 residents](#))
- Size of correctional facilities and populations incarcerated: 415 men and women at Marion County Jail and 2,194 men at Oregon State Penitentiary

Bridgeway Recovery Services, Inc

Salem, Oregon

- BRS Corrections Team serves about 250 corrections-involved clients each month
- Risk Levels on the Level of Service/Case Management Inventory (LS/CMI): Medium-30%; High-55%; Very High-15%
- Co-Occurring (Link Up) program clients includes almost 30% Very High and almost 30% with Sex Offense Histories

Referral

- Develop working relationship with the referring entity (Probation/Parole; Department of Corrections)
- Make sure that the forms used capture important eligibility criteria and guide the referents
- Empower treatment staff including front desk and counselors to require needed information as part of the intake and assessment process

Assessment

- Assure that Assessment document and intake screens capture Risk, Need, Responsivity specific information
 - Risk : Criminal History, most recent incarcerations. Risk to Recidivate as reported by referent (LS/CMI)
 - Needs: Substance Abuse, Criminal Attitudes(TCU-CTS), family/associates, education and employment status or supports required

Assessment

- Assure that Assessment document and intake screens capture Risk, Need, Responsivity specific information
 - Responsivity: Gender, Stage of Change/Motivation (URICA), Learning Style, Race/Cultural, mental health, appropriate fit with service provider
 - Staff Training: Understanding R/N/R; Recidivism Risk Levels; Criminal Thinking/Beliefs/Attitudes; Incorporating collateral information from Corrections staff

Treatment Planning

- Staff training on crafting Measurable Objectives specific to Criminogenics and how this relates to improved client outcomes
- Target highest R/N/R domains in the Treatment Plan
 - At BRS, this typically is Criminal Thinking, lack of pro-social support, need to increase daily structure, A&D use, unstable mental health status, and lack of employment
 - Client should always be included in the treatment planning process. Take into account their stage of stage (SOC) in timing of interventions
 - Individualize the services and supports on the treatment plan
 - Utilize gender-specific, evidence based group modalities in treatment planning

Collaboration – a key component

- Treatment staff need documents such as the LS/CMI from Corrections staff to guide incorporation of criminogenics into the treatment/case plan
- Corrections staff need copies of the treatment plan to inform their own case plans
- Conduct multi-system, in-person, regular staffings for up to date information sharing and brainstorming regarding client needs, challenges and progress
- Cross-train: treatment can inform on impacts of trauma/mental health/addiction on client functioning; corrections can inform on criminogenics/history of client

Collaboration – continued

- Clients can present/report differently to each partner- staffings allow for sharing of observations of client that can inform how supports and interventions are utilized, to include modifications to treatment/case plans
- Recovery mentors can provide in-person, real-time updates on client status in between scheduled staffings
- Recovery mentors play a key role in supporting clients in reporting directly to their probation/parole officer when struggling or in need of additional supports

Collaboration - continued

- Utilize multiple communication modalities
 - ❑ emails and phone calls for timely updates
 - ❑ Weekly written, brief summaries
 - ❑ Monthly status reports that include attendance, bioassays
 - ❑ Regular in-person staffings

The Golden Thread, revisited

- Integration begins at the systems level-build relationships with community partners and share information
- Screening and assessment of both A&D and MH issues ideally done by one provider
- Treatment planning is collaborative, inclusive of A&D, MH and other Criminogenic Risks/Needs; incorporate information from Corrections. Measurable Objectives should be specific and address target Risk/Need factors
- Utilize peer mentors to link clients to community supports, provide pro-social modeling, and reinforce positive behaviors
- Deliver co-occurring services, attending to gender and risk levels, utilizing EBP's geared to corrections-involved populations

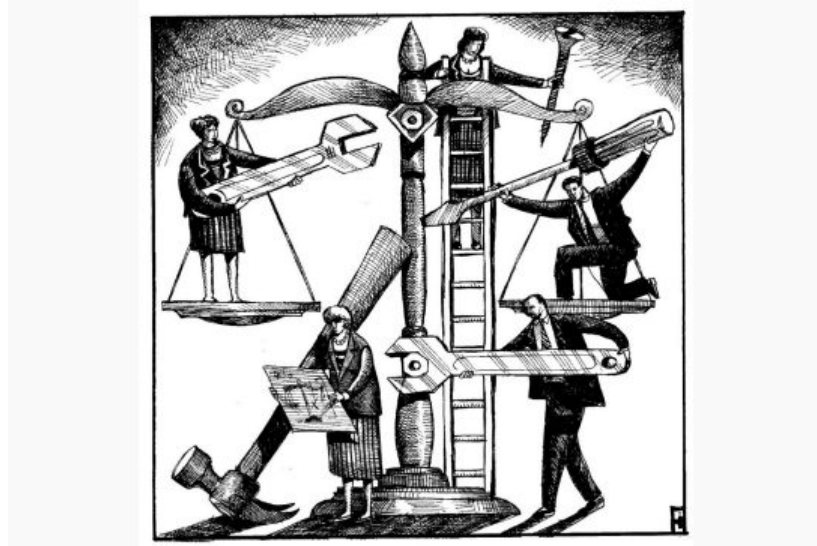
- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

Franklin County Sheriff's Office

NOTABLE FEATURES

- The Franklin County sheriff's Office in Greenfield, Massachusetts was a Second Chance Act Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders grantee in Fiscal Year 2013
- Jurisdiction geography: ([Rural, 71,372 residents](#))
- Size of correctional facilities and populations incarcerated: 250 men

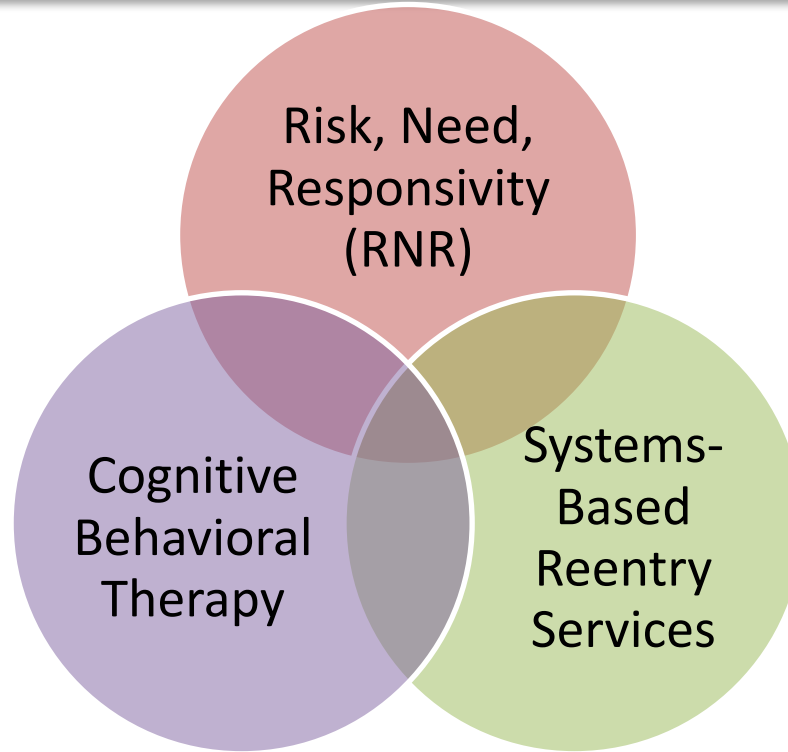
Franklin County House of Correction Greenfield MA



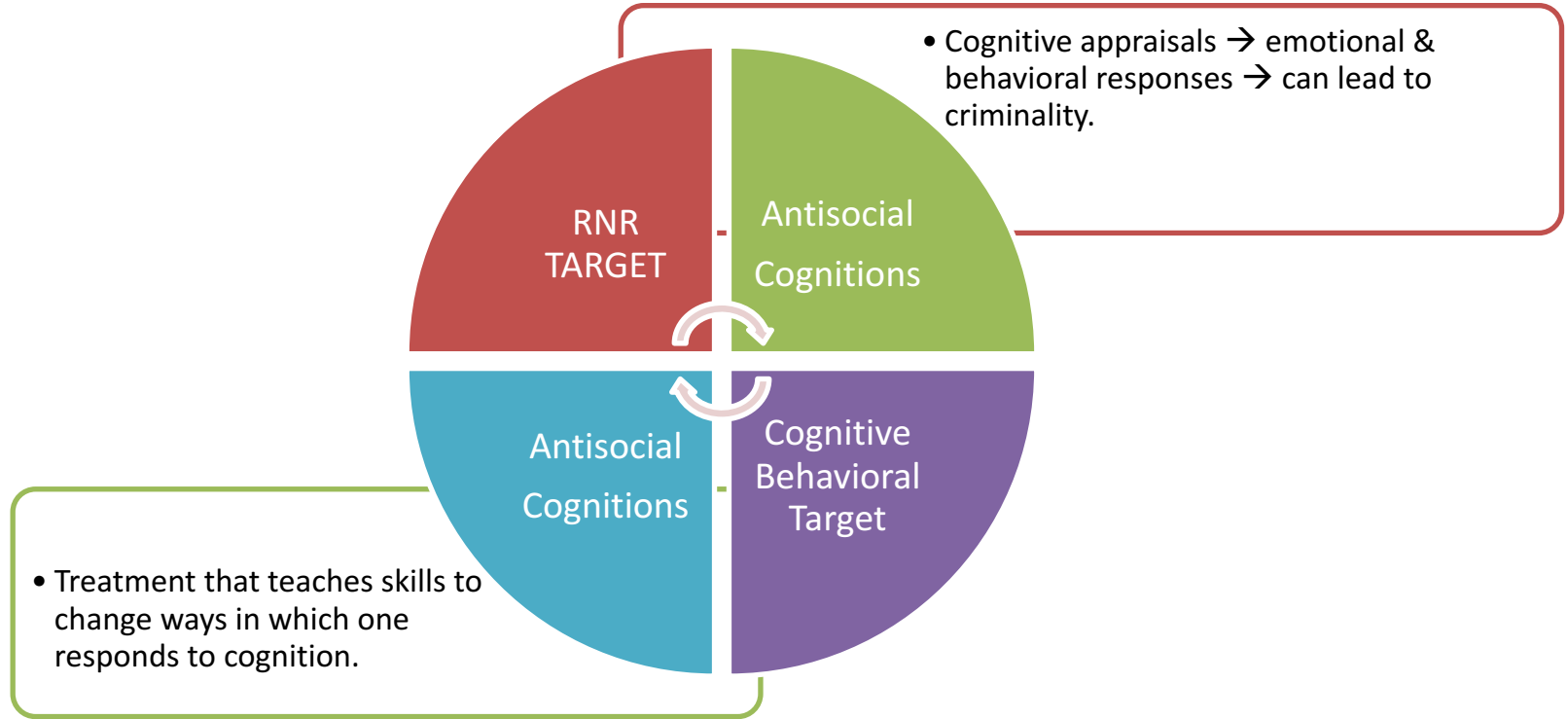
Levin Schwartz, LICSW

Assistant Deputy Superintendent, Clinical & Reentry Services

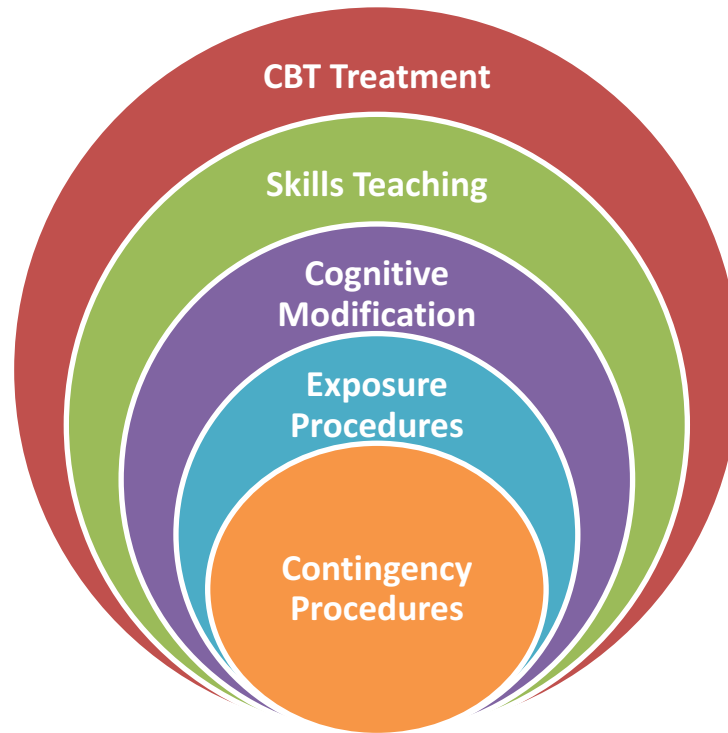
Good programs stand on science and theory

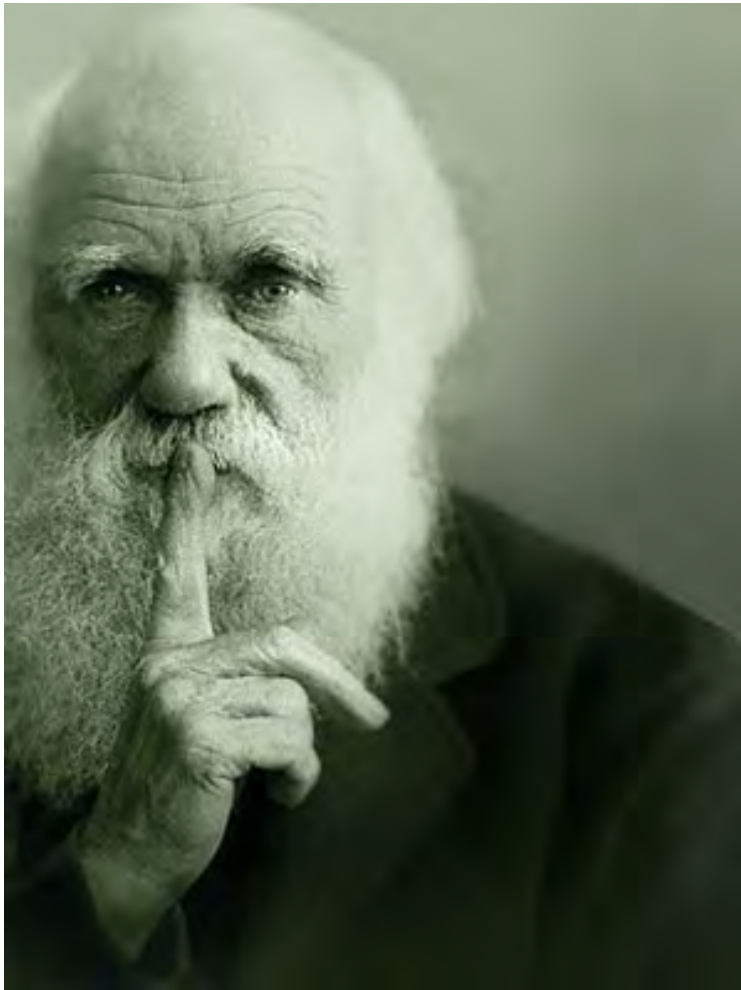


CBT intervention through the lens of RNR

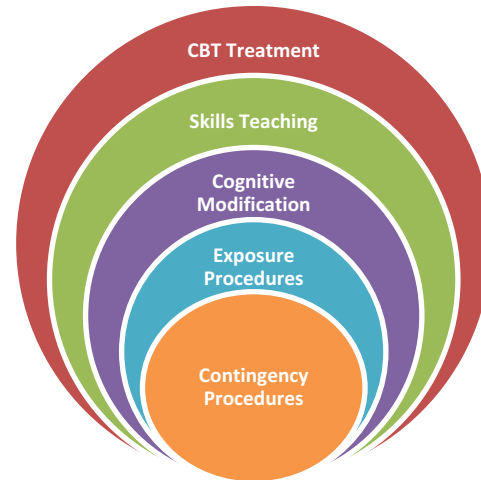
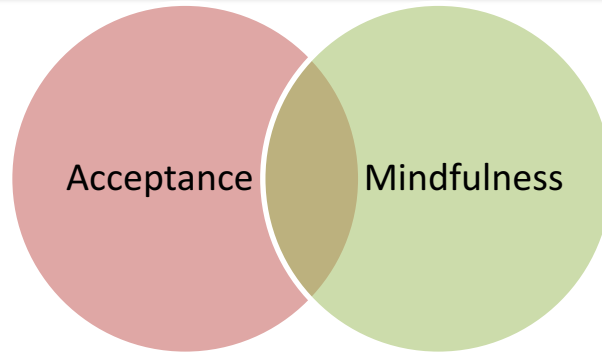


Cognitive Behavioral Treatment

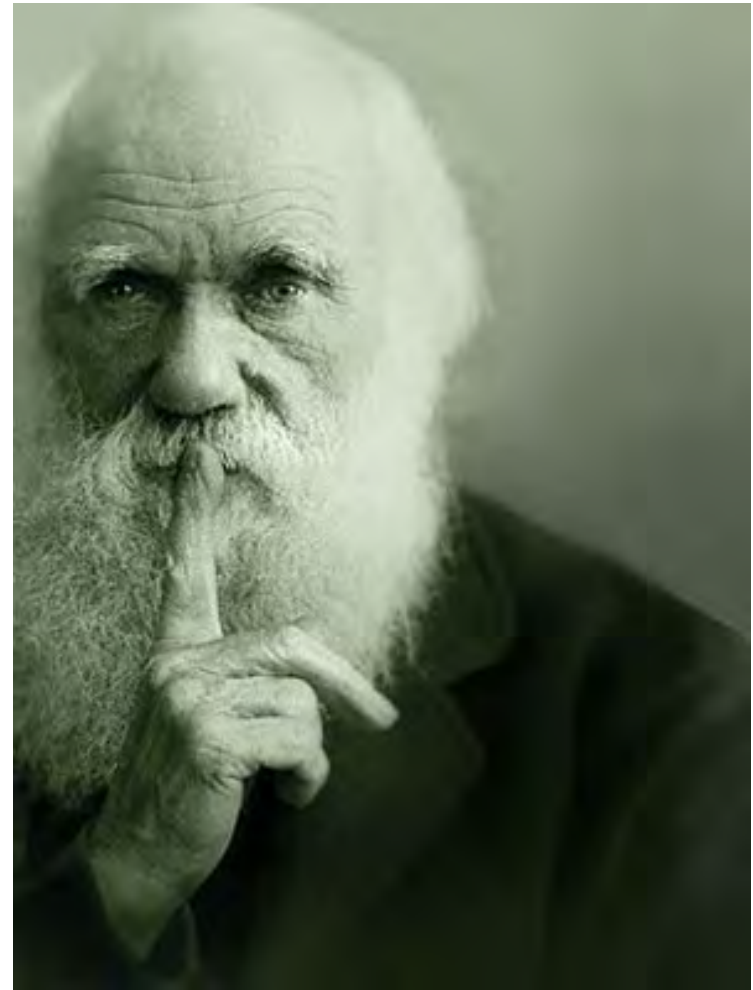
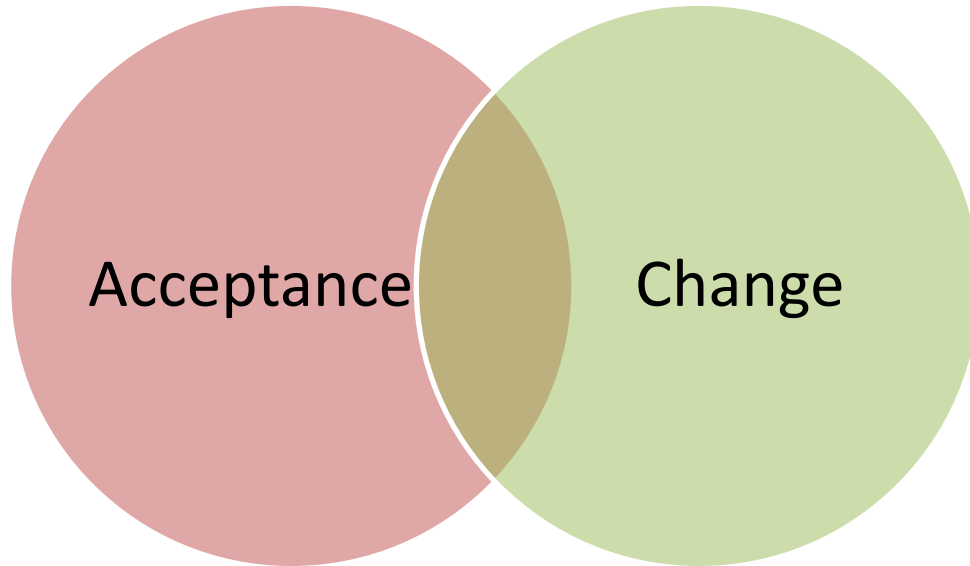




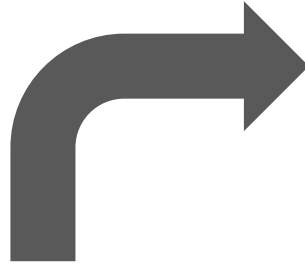
3rd Wave CBT Treatment



Dialectics



Behavior in Context



Classification & Reentry

Medium Security Treatment Unit

Highly Structured Environment with Intensive Programming

Pod A: Orientation

Pod C: Pre-Trial

Pod D: Medium Security Treatment Unit



Minimum Security Treatment Unit

Continued Treatment

More Vocational Training Opportunities



Kimball Pre-Release House

Transitioning Treatment to the Community

Focus on Job Placement



GPS Bracelet

Integration into the Community with Continued Supervision



Medium Security

Pod C: Pre-Trial

Pod A: Accountability Unit

Pod D: Intensive Treatment
Unit

Highly Structured
Environment with
Intensive Clinical
Programming

Treatment Continuum

Minimum Security Treatment Unit

Continued Treatment
More Vocational
Training Opportunities

Pre-Release House

Treatment to the
Community
Focus on Job
Placement

Post Release Case Work

Reentry Services
Outreach Case
Workers

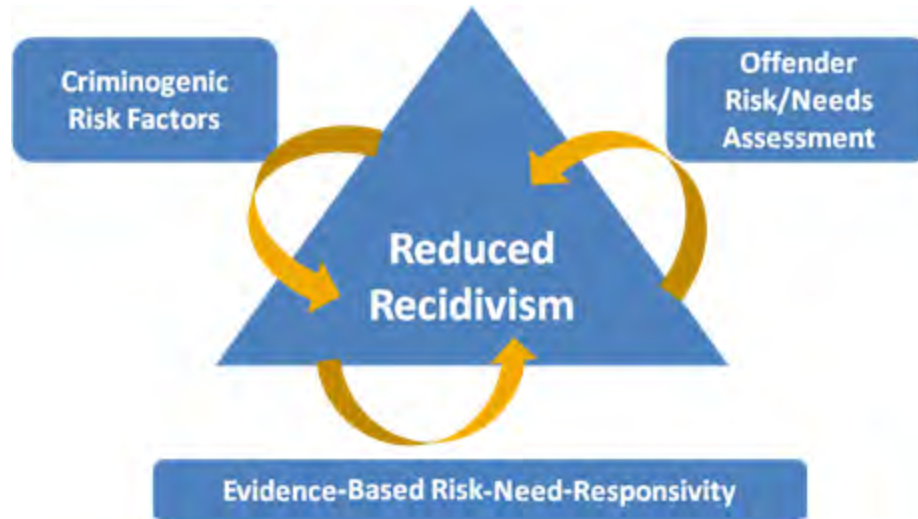
Staff Training



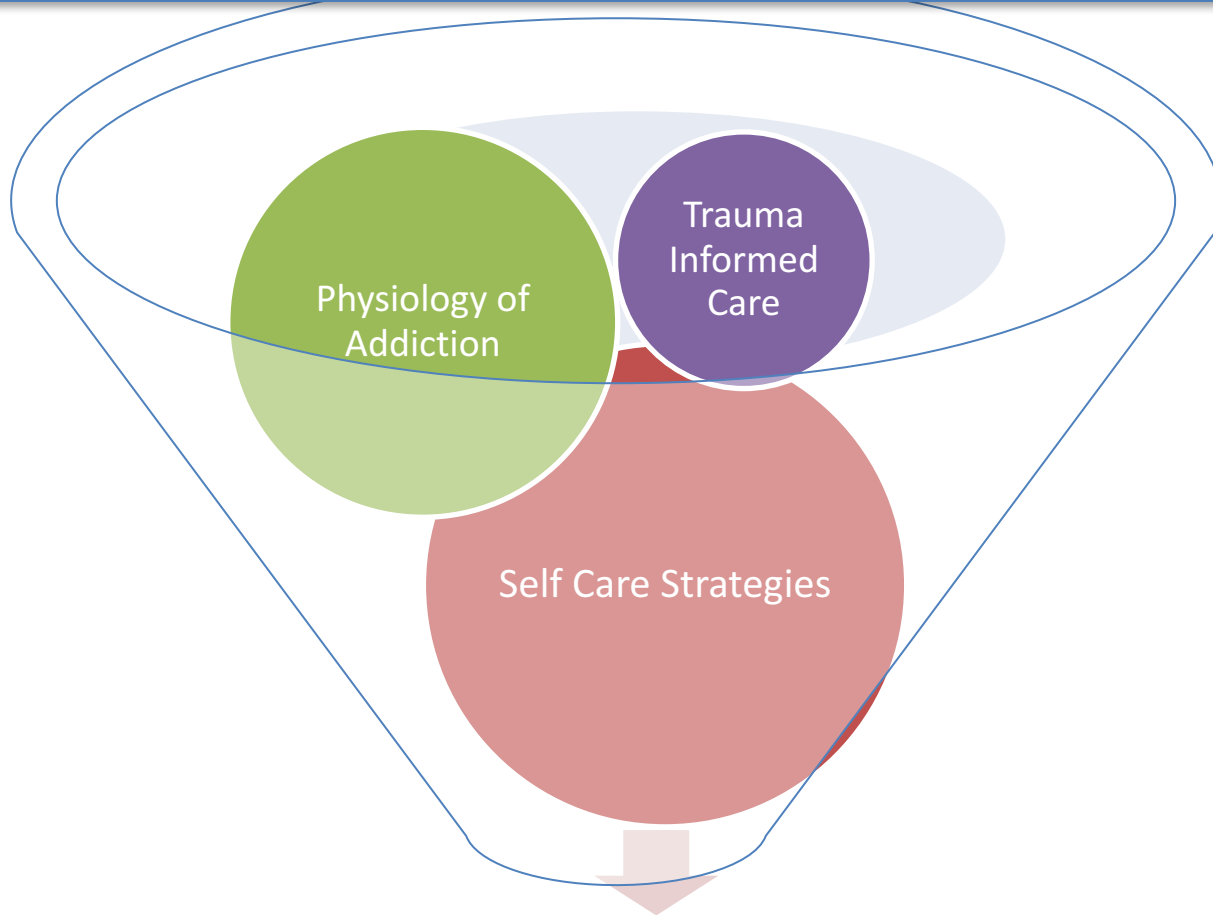
Academy Training



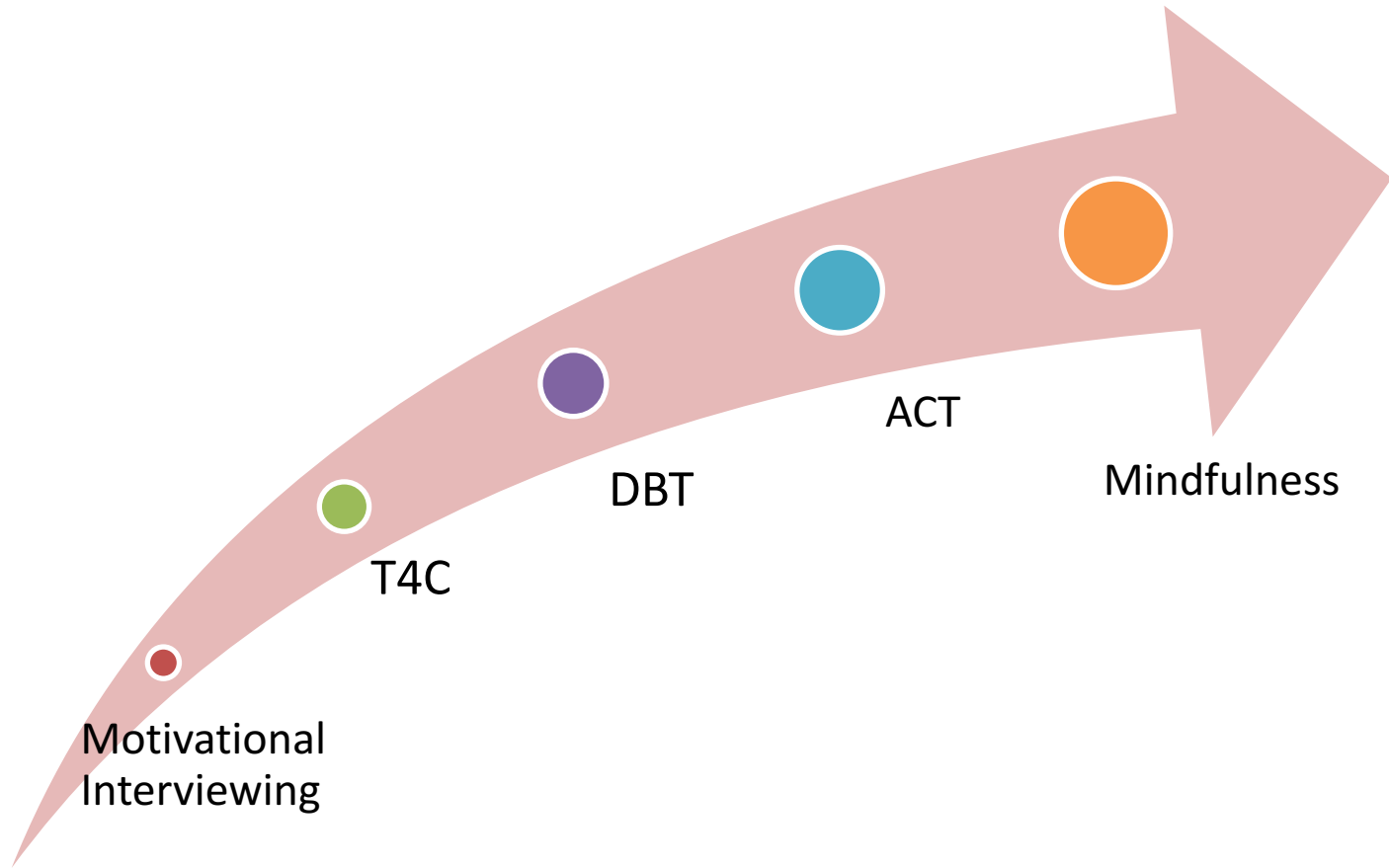
Risk Need Responsivity Training



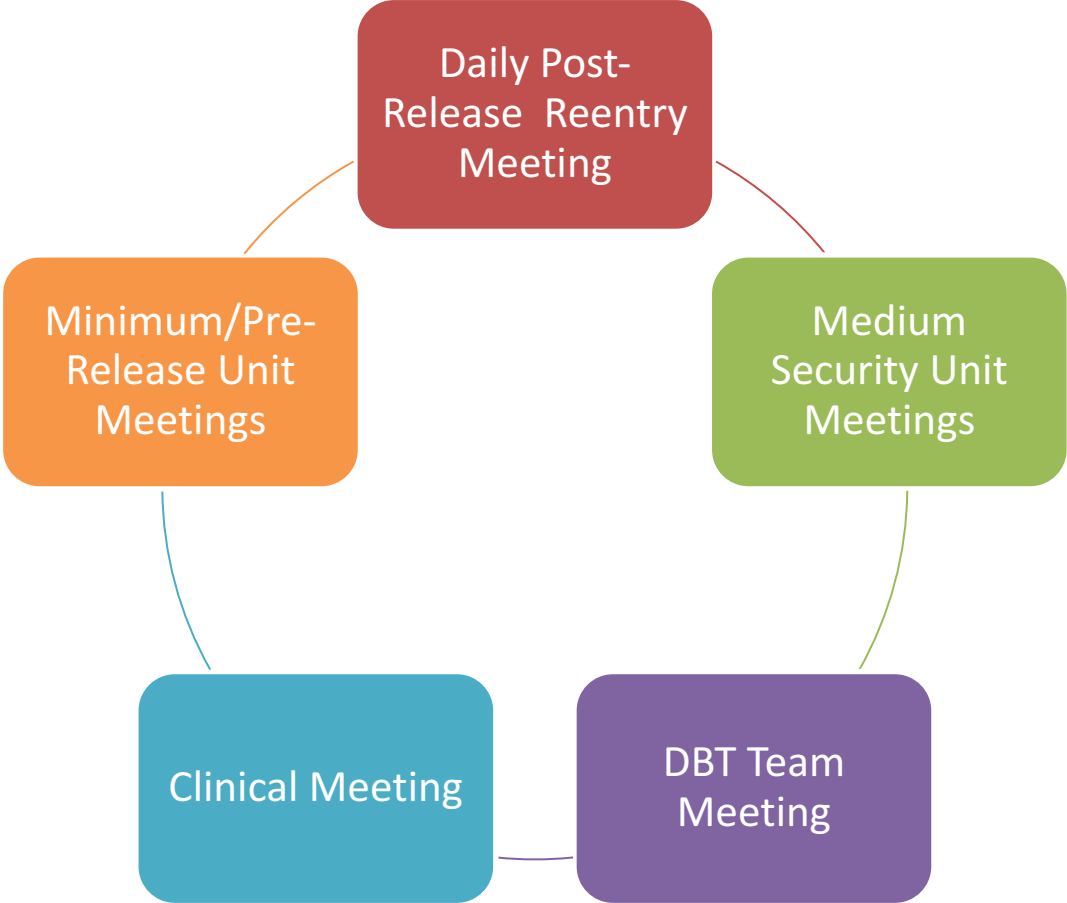
Quarterly Training



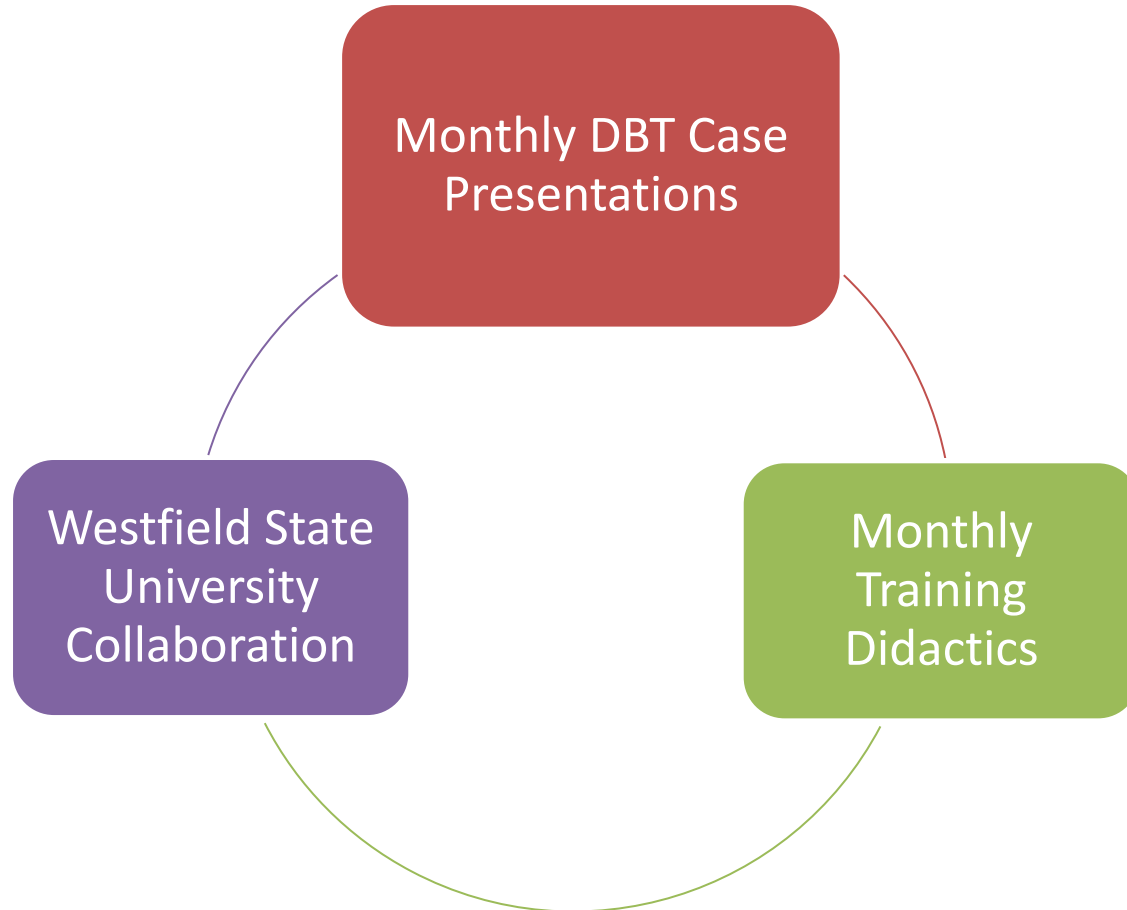
Quarterly Training



Reinforcing staff skills



Reinforcing & Teaching Staff Skills



Training future treatment providers



SMITH COLLEGE

Westfield
STATE UNIVERSITY



BOSTON
UNIVERSITY

ANTIOCH
UNIVERSITY
NEW ENGLAND



University of
Connecticut

- 01** Introductions
- 02** Overview of SCA COD Grant Track and Primary Challenges
- 03** Collaborative Comprehensive Case Plans Web Page
- 04** Bridgeway Recovery Services, Inc., Salem, Oregon: Interagency Collaboration
- 05** Franklin County Sheriff's Office, Greenfield, Massachusetts: Staff Training
- 06** Questions and Answers

Contact information

Andre Bethea, Policy Advisor for Corrections
The Bureau of Justice Assistance, U.S. Department of Justice
Andre.Bethea@usdoj.gov

Sarah Wurzburg, Deputy Program Director
The Council of State Governments Justice Center
mstovell@csg.org

Tina Bialas, Clinical Supervisor, Corrections Program, and Director, Behavioral Health
Corrections Program, and Director, Behavioral Health
Bridgeway Recovery Services, Inc.
Salem, Oregon
tbialas@bridgewayrecovery.com

Levin Schwartz, Assistant Deputy Superintendent
Franklin County Sheriff's Office
Greenfield, Massachusetts
Levin.Schwartz@fcs.state.ma.us



the NATIONAL REENTRY RESOURCE CENTER

Thank You

Join our distribution list to receive
National Reentry Resource Center updates!

For more information, contact
Sarah Wurzburg swurzburg@csg.org

info@nationalreentryresourcecenter.org