Case Planning

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Case Planning

These activities are designed to introduce you to the case planning process you will use to coordinate your work with participants in your mental health court. As there is great variation in how jurisdictions and different institutional entities undertake case planning, developing a single, integrated case plan may not be practical in your setting. Consequently, the focus in these activities is on coordinating case planning across the various team members and program partners from intake through discharge.

The activities, which include questions and worksheets, should be completed by the people who will serve on your mental health court team, including its primary champion(s) who will be involved in planning. You will complete some activities on your own and others as a group. One of the activities in this module requires that you watch a short video segment of a mental health court team in action. At the end of the activities, you will be asked to list three issues that the activities have raised for your own program planning.

Each activity is explained in the sidebar on the right-hand side of the page. The sidebar can also be used for notes as you complete the guide. If you are reading this document online, you can link to the resources for each activity below the activity description.
Activity 1: Developing and Coordinating Case Plans

Although the online Presentation references a single “case plan” for a mental health court participant, there may not be one cohesive document. Rather, a case plan is often made up of multiple plans, each focusing on a different aspect of a participant’s engagement with a mental health court. Each of these plans responds to the conventions of particular fields and local and institutional regulations and procedures particular to each participating agency. A mental health service provider, for example, will have to include case notes and other forms of documentation in the treatment plan to comply with Medicaid regulations and remain eligible for reimbursement and may have developed a unique internal tracking process to do this. Even though a case plan may include more than one distinct plan, each ought to contain the same components and be developed according to the same principles.

This activity focuses on the development of treatment plans and supervision conditions for a mental health court participant. First, the members of your mental health court team responsible for treatment or clinical aspects of the program will share with the full team an example of a plan they develop, and the members of the team responsible for supervision will share an example of a plan they develop. Next, you will be asked to identify points of confluence and divergence in the plans and to use these as a guide to developing a coordinated monitoring process. Finally, you will be asked to discuss a process for regularly reviewing the case plan and the conditions and procedures for revising the plan. The chart on the next page outlines steps to complete the activity, actions required, and how long each step is estimated to take.

Activity 1 asks members of your mental health court team to compare approaches to planning for participants’ involvement with your program and to consider how best to coordinate treatment and supervision.

Outputs
- An understanding of the components of a case plan
- Strategies for coordinating the implementation, monitoring, review, and revision of case plans
Module 6

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<td>Planning components</td>
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<td>and principles</td>
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<td><strong>b. Review:</strong></td>
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<td>and supervision conditions</td>
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<td><strong>c. Questions:</strong></td>
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<tr>
<td>Case plan review</td>
<td>Discuss</td>
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<td>and revisions</td>
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**Notes:**

a. As a group, briefly review the primary components (assessment, clear goals, interventions, benchmarks, and transition planning) and principles (individualized, integrated, flexible, and participant-informed) of a case plan. Ensure that the group has a common understanding of these factors and the function they perform in treatment plans and supervision conditions.

b. As a group, review examples of treatment plans and supervision conditions so that everyone is clear on what these plans contain. You can do this in one of two ways:

Either:

Members of the team primarily responsible for treatment will present a sample treatment plan (e.g., a de-identified plan or a blank treatment plan form), and members of the team primarily responsible for supervision present either a sample court order or a probation case plan that includes supervision conditions.
Or:

If you do not have an example of at least one of the documents, spend some time outlining the domains for a treatment plan and supervision plan for a potential participant in mental health court.

c. Once the examples of a treatment plan and supervision conditions have been either introduced or sketched out, discuss each as a group using the following questions as a guide.

1. Are all the recommended components of a case plan as outlined in the presentation included in the documents you are discussing? If something is missing, what will you as a group recommend to ensure all of the components are addressed in the plan?

2. Is there evidence that the case plan is participant-informed? How? Is the plan organized in a way that indicates that it is responsive to the participant’s self-assessment? If not, how would the team revise the plan?

3. Is there any indication in the treatment plan that it was developed in a way that supports the supervision conditions?

4. Although treatment and supervision are dominant concerns when plans are first developed, does the plan also address the participant’s other needs (e.g., housing, income)? Also, does the plan anticipate the participant’s post-discharge needs? If yes, are you as a group satisfied that this component of the plan is comprehensive?

5. In what ways are the treatment and supervision plans flexible so that they can be responsive to shifts in the participant’s behavior and life circumstances?

6. Are the goals of each plan adequate and concrete? Are the treatment, service, and supervision strategies appropriate for these goals? Is the group confident that the plans are robust enough to accomplish these goals?

d. Once the group has thoroughly reviewed the documents, consider as a group how they might work together to form a case plan. The following questions will help guide this discussion.

1. Using a large piece of paper, map out where the plans overlap and where they diverge. Are these points of overlap and divergence appropriate, or will it be necessary to revise one or both plans to ensure that they do not conflict with each other?
2. Do the points of overlap or divergence suggest opportunities for collaboration between the different partners who work with this particular participant? What form might this collaboration take? Alerting each other in a timely manner of new information concerning a participant? Efficiently circulating information regarding changes in the treatment plan or supervision conditions? Regular case conferences with either the full court team or key representatives of the treatment and supervision aspects? Note these strategies on the sheet of paper on which you mapped out potential points of collaboration. Will these strategies produce the collaborative processes you all consider important?

3. Will it be useful to write these strategies of collaboration and coordination into the plans? If yes, how do you propose this be done?

e. Plans are a guide to what actions to take and how. They bring many factors into play, and changes in one of these factors will likely prompt changes in other areas of the plan. As a group, develop a preliminary strategy for ensuring that the plans remain flexible and focused on the conditions specific to the participant they address. The following questions will help guide this process.

1. Under what circumstances will the team review a case plan to ensure it is still appropriate to the needs of the participant? Will this review be event-based, scheduled at regular intervals, or on the agenda of all team meetings? Or will your team use a combination of all of these strategies?

2. Will the goals as well as intervention strategies be open to review? If yes, under what conditions might this occur?

3. How will mental health court participants contribute to this review process, and what weight should be given, as a rule, to a participant’s self-assessment?

4. How do you as a team propose to incorporate strategies for review and revision in monitoring the overall case plan?
Activity 2: Transition Planning

Mental health court team members must recognize from the outset that the mental health court intervention is time-limited, while the individual’s mental health problems may be chronic and ongoing. For many, mental illness requires long-term treatment and access to supportive services. Team members must attend to the inevitable end of judicial supervision from the date of admission and be prepared to address the client’s concerns and anxiety as graduation approaches.

This activity introduces you to some of the elements and processes of transition planning. First, you will view and then discuss a video segment of a mock Bonneville County (ID) Mental Health Court team meeting where the team discusses the aftercare plan for a participant who is about to graduate. You will be asked to discuss with your team members the process the Bonneville team goes through as they plan and to identify the important elements of the plan. You will then be asked to consider how you might prepare a transition plan for a participant in your mental health court program, given the characteristics of your jurisdiction and the available supports and services. The chart below outlines steps to complete the activity, actions required, and how long each step is estimated to take.

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<tr>
<td>a. Scenario:</td>
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<tr>
<td>b. Video Clip:</td>
<td>Leah Bain</td>
<td>View</td>
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<td>c. Questions:</td>
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<td>d. Questions:</td>
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Activity 2 focuses on incorporating transition planning into case plans to connect individuals with services and supports to increase the likelihood that they remain engaged in treatment after leaving the mental health court program.

**Outputs**
- An understanding of how to develop a transition plan
- A preliminary sketch of a transition plan
a. On your own, read the scenario about Leah Bain, a hypothetical mental health court participant.

Seventeen months ago, Leah Bain was charged with two counts of theft and one count of assault and sentenced to eighteen months of mental health court. She has several prior convictions for theft and one for assault of a foster parent when she was a juvenile. Although she is only 22, Ms. Bain has served jail time twice and was in a diversion program before. A mental health assessment conducted after her arrest revealed that she had symptoms consistent with a schizoaffective disorder, and she was diagnosed as having this disorder, making her eligible for the mental health court program. She has a history of shoplifting. When she was first screened into mental health court, she was dangerously thin and suffering from insomnia. The incident that precipitated her arrest was an attack on her primary care doctor. She said that she was convinced he was trying to kill her. She stole her file and medication from him and stole a patient's purse as she stormed out of the waiting room. Initially her doctor had not wanted to press charges; however, he agreed to do so when he thought that she might actually get help. Ms. Bain has taken Aripiprazole for sixteen months to treat her symptoms. She has been living in a permanent supportive housing unit that the mental health court housing specialist assisted her to obtain and she attends group therapy sessions bi-weekly. Her Assertive Community Treatment (ACT) team case manager has been generally pleased with her progress and efforts; however, she is increasingly concerned about Ms. Bain's weight, which is dangerously low again. The case manager is also concerned about the return of her insomnia. Her probation officer is concerned that she may be having delusions that make her a risk to herself and others.

b. As a group, view the following video segment of the Bonneville County Mental Health Court mock staffing meeting in which the team discusses a transition plan for the hypothetical participant Ms. Bain. To access the video, follow the link below to the course site.

Video Link:

Video 1: Leah Bain Case Staffing Meeting Continued
c. As a group, discuss the following questions.

1. Drawing from what you observed in the video, how would you describe:
   • the manner in which the team discusses Ms. Bain’s plan?
   • who is responsible for developing the plan?
   • the concerns, responsibilities, and approaches of the different team members?
   • how the conversation might have been different if a defense attorney were present?
   • the purpose and goals of the aftercare plan?

2. What are the general components and strategies of Ms. Bain’s aftercare plan? Who is responsible for each of these components? Do you know how the costs associated with these components will be paid?

3. How does the team address involving a peer specialist in the process?

4. What decisions does the team make regarding ongoing probation supervision?

5. What role does Ms. Bain play in the development of this plan?

d. If Ms. Bain were a participant in your program, how might you go about developing a transition plan for her? As a group, discuss her case in light of the following questions.

1. Does your mental health court program have options or constraints that differ from those evident in the Bonneville County Mental Health Court situation? How might these differences influence how you would go about preparing a transition plan?

2. Given the resources you know are available in your jurisdiction, how might you address Ms. Bain’s needs?

3. How might the overall goals of your mental health court program inform your transition planning process?
Summary

List three issues these activities have raised for your own program planning.

1. ______________________________________________________________________
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2. ______________________________________________________________________
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3. ______________________________________________________________________
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