The In-Practice Tip Sheets are resources for Juvenile Drug Treatment Court (JDTC) teams and are meant to provide operational steps to implementing the Strategies in Practice. This is not an exhaustive list of practice tips. Juvenile drug treatment court teams are encouraged to use these Tip Sheets as a starting point as they strive to make program enhancements or operationalize the Strategies.

Case Planning and Management

CASE STUDY: The Hope County JDTC has learned that the County Juvenile Probation Department is starting to use a standardized risk and needs assessment instrument to assess all youth placed on probation supervision. The instrument has been validated. However, the probation officers with caseloads for standard probation supervision and those officers assigned to the JDTC court team are not using the assessment to create individualized case plans. At present, the assessment is only being used to determine if youth meet the JDTC eligibility criteria of having moderate to high criminogenic risk and need (overall) and specifically having moderate to high risk/need in the area of substance abuse. The team doesn’t create case plans for each youth. Rather, all youth in the JDTC are given a list of general probation conditions to follow plus information on the behavior requirements for each phase in the JDTC program. Hope County JDTC team members are aware that recommended practice calls for individualizing case plans for each youth in a JDTC program but they are not sure how to proceed to implement individualized case planning.

Solution-Focused Tips to help teams develop and use case plans:

Tip No. 1: Use risk needs assessment results as the bases for case planning and apply the principles of RNR (risk/need responsivity). (See also the Solutions-Focused Tip on Comprehensive Treatment Planning.)

- Use a validated risk/needs assessment tool to identify areas of need. The assessment will provide a score for several categories including risk factors (static and dynamic), the risk for recidivism (low, moderate, high), protective factors, and responsivity factors.
- Plan interventions for areas where a youth scores moderate to high risk.
- Target dynamic needs (i.e., needs that can change) such as poor school performance, substance use, peer associations, or poor parental management.
- Match each youth’s assessed risk and needs to the type and level of treatment/supervision to be provided. For example, if assessment results indicate high need in substance abuse, provide appropriate substance abuse treatment.
- Bolster protective factors/strengths such as positive parental involvement or pro-social connections (protective factors reduce the effects of risk factors that cause harm).
- Tailor interventions and services that take into account the youth’s responsivity factors such as IQ, motivation, personality characteristics, and demographic characteristics. (Responsivity factors are things that may affect a youth’s ability to make progress in treatment and/or interventions.)

Tip No. 2: Create a case plan for each youth that lays out a road map for how behaviors identified in the risk/need assessment will be addressed. Set SMART (specific, measurable, achievable, relevant, and time-bound) goals for the youth in each area.

- The case plan should be driven by attainable goals and be outcome oriented. The case plan should set forth goals and action statements that directly align with dynamic risk factors identified in the risk assessment. The goals and action statements should lay out the activity/steps the youth will engage in to accomplish each goal of behavioral change.
  - Goals:
    - Address the youth’s substance abuse disorder and reduce the youth’s substance use.
    - Develop and practice pro-social skills for living productively in the community with gainful employment.
- You can find examples of two SMART goals in Table A – one relates to reducing substance use; the other relates to increasing pro-social skills (specifically concerning employment):

Tip No. 3: Relate individual youth goals and action statements in the case plan to program structure (phase goals; advancement criteria, point system). (See also the Solution-Focused Tip on Program Structure.)

- In the examples above, relate the behavior change goal and set of action statements in the case plan...
to the program structure. The case plan should help the youth see how the goals and plan for his or her behavioral change fit with JDTC program advancement and completion criteria.

- If the program is organized in phases, the youth’s case plan goals and time frame for action should identify the phase in which the youth’s activities occur and the program goals or requirements to which they relate/satisfy.

- Similarly, if the program structure is based on point accumulation for advancement and completion, the case plan should outline how the youth’s goal and course of action will help him or her earn points.

- Ensure that case management activities relate to JDTC phase benchmarks; e.g., 1) case plan development (usually in Phase One); 2) case plan review/assessment (usually in Phase Two and Three); and 3) final assessment and/or close out activities (Phase Three, graduation).

**Tip No. 4:** Involve youth and guardian/family members in developing goals in the case plan.

- Review with the youth and family the assessment results/areas of risk and the need to address these areas during the youth’s participation in the JDTC.

- Talk with the youth and family about their goals for behavior change relating to the key assessment areas (e.g., school/education, peers, family interactions, attitudes, substance abuse). Incorporate into the case plan the youth and family’s goals and interests.

  - Include specific supports or considerations (e.g., location, transportation, schedules) which the youth and family identified that would help make the case plan/steps achievable.

  - If the family history area of the assessment indicates substance use or mental health issues, ask guardians/parents or family members if they are interested in receiving additional assessments and services to address needs in these areas.

  - Include goals and action steps related to family behavioral health in the case plan.

- Incorporate considerations of the youth and family’s sociocultural background.

  - Ask questions to learn about the family’s cultural connections and supports.

  - Ask questions to learn if the youth is interested in gender-specific services or supports (including LGBTQI-GNC, Two Spirit).

- If none is indicated at this time, follow up at a later date to give the youth and family time to develop more trust in the program and the team to ask for services or supports on sensitive topics.

**Tip No. 5:** At case staffing, discuss each youth’s needs and progress in the context of a time frame longer than the past week (i.e., in the past 2 or 4 weeks) with a focus on goals, progress, and needs.

- Take a broad view regarding progress on goals over a period of time. For example, look for an overall picture of the youth’s efforts/activities and assess progress on a scale such as – “0-no progress”; “1-less than expected progress”; “2-expected progress”; and “3-completed goal”.

- If the youth has “no progress” or “less than expected progress”, revise the youth’s goals and action steps in the case plan to include removing barriers; break larger goals/steps into smaller ones to make them more concrete and achievable.

- Review patterns of overall compliance from the past two, four, or six weeks regarding such behaviors as drug testing, treatment session attendance, school- or work-related attendance, and engaging in pro-social activities:

  - On balance, when a youth shows a pattern of progress, discuss the incentives/rewards the youth will receive.

  - On balance, when it appears the youth has stalled in making progress in most or all areas, discuss barriers or needs impeding progress and develop a plan with the youth/family to reduce the barriers or impediments.

**CHECK FOR UNDERSTANDING:** What steps need to be taken to find a solution?

**ANSWER:** The team should ask the probation manager responsible for implementing the new assessment instrument to give team members a training on the assessment tool, how it works, what it assesses (domains or areas), and how it can be used to plan services, supervision, and support to address the dynamic risks and needs of each JDTC youth. As part of the training, have the probation trainer; walk through some case examples with the team. Have a team discussion on the range of treatment services and other supports available to JDTC participants to understand the capacity of the program to provide interventions (services and supports) that meet the principles of risk/need/responsivity. If the team identifies gaps, discuss outreach to treatment providers and/or community partners.
for services and strategies to fill the gaps. Have the team set a date for implementing the use of assessments for case planning and the use of youth case plan goals and action statements as the basis for a case staffing discussion. To aid the team’s holistic and goal-oriented review, create a template to be used for each youth as a staffing cover sheet. The cover sheet should highlight the youth’s individualized goals and the youth’s activities and progress in reaching each goal for the past 2-4 weeks. The cover sheet should also state any barriers to goal achievement needing problem solving by the team.

ADDITIONAL RESOURCE(S):

- NCJFCJ’s Juvenile Drug Treatment Court Information Center - [http://www.ncjfcj.org/objective-4-conduct-comprehensive-needsassessments-inform-individualized-casemanagement](http://www.ncjfcj.org/objective-4-conduct-comprehensive-needsassessments-inform-individualized-casemanagement)
- Addressing the Needs of Youth with Comprehensive Case Planning (Guide to the Guidelines) - [https://www.ncjfcj.org/sites/default/files/Objective%204%20NCJFCJ%20Guide%20to%20JDTC%20Guidelines.pdf](https://www.ncjfcj.org/sites/default/files/Objective%204%20NCJFCJ%20Guide%20to%20JDTC%20Guidelines.pdf)
- Reinforcing Behaviors that Juvenile Drug Treatment Court Teams Want to See in Youth (Guide to the Guidelines) - [https://www.ncjfcj.org/sites/default/files/Objective%205%20NCJFCJ%20Guide%20to%20JDTC%20Guidelines.pdf](https://www.ncjfcj.org/sites/default/files/Objective%205%20NCJFCJ%20Guide%20to%20JDTC%20Guidelines.pdf)

EXTERNAL RESOURCE(S):

### Table A

**What does the team want to accomplish? Address and reduce the youth’s substance use?**

<table>
<thead>
<tr>
<th>What qualifies as successful achievement of the goal?</th>
<th>Completion of the substance use treatment program and a clinical discharge by the provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who and or what program(s)/service(s) need to be involved?</td>
<td>The youth; A program that constitutes an evidence-based treatment for adolescents; A service provider or clinician</td>
</tr>
<tr>
<td>How does the youth need to do it?</td>
<td>Attend sessions as determined by the provider/clinician</td>
</tr>
<tr>
<td>When should the youth complete the program?</td>
<td>With the help of the provider/clinician, determine the frequency of session and a date the youth should be discharged</td>
</tr>
<tr>
<td>How can you measure the youth’s progress?</td>
<td>Track the youth’s attendance at sessions; review reports from the provider (discussing specific performance measures—e.g., attendance and participation in the treatment program)</td>
</tr>
</tbody>
</table>

**Action statements**

(Youth Name) will actively participate in (name the program that constitutes an evidence-based treatment for adolescents) and meet with the (name the provider) starting (specify date) based on (frequency determined by the provider/clinician) for at least (state number of sessions as determined by the provider/clinician). The provider will submit (state the frequency) reports to the JDTC team on the youth’s (specify performance measures to be used—e.g., attendance/participation in the treatment program). Successful treatment participation will be evidenced (name of clinician and program).

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**What does the team want the youth to accomplish? Develop and practice pro-social skills for living productively in the community with gainful employment.**

<table>
<thead>
<tr>
<th>What qualifies as successful achievement of the goal?</th>
<th>The youth completes the job skills training program; The youth applies for and secures employment; The youth maintains employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who and or what program(s)/service(s) need to be involved?</td>
<td>The youth; a job skills training program</td>
</tr>
<tr>
<td>How does the youth need to do it?</td>
<td>Attending sessions required for program; submitting and following up on job applications; securing and maintaining employment</td>
</tr>
<tr>
<td>When should the youth complete the program?</td>
<td>Determine a date the youth should complete the program and work with them to set deadlines for application submissions and employment</td>
</tr>
<tr>
<td>How can you measure the youth's progress?</td>
<td>Track the youth’s attendance at program sessions; track completion of employment applications per week and if they actively make follow up contacts with each potential employer until employment is secured; track the youth’s hours worked per week</td>
</tr>
</tbody>
</table>

**Action statements**

(Youth Name) will actively participate in (name the program that constitutes an evidence-based treatment for adolescents) and meet with the (name the provider) starting (specify date) based on (frequency determined by the provider/clinician) for at least (state number of sessions as determined by the provider/clinician). The provider will submit (state the frequency) reports to the JDTC team on the youth’s (specify performance measures to be used—e.g., attendance/participation in the treatment program). Successful treatment participation will be evidenced (name of clinician and program).