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Drug Court Case Management

ROLE, FUNCTION, AND UTILITY

MONOGRAPH SERIES 7

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Drug Court Case Management: *Role, Function, and Utility*

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FOREWORD

The National Drug Court Institute (NDCI) is committed to improving drug court operations by equipping its professionals in best practices, steeped in evidence. That is why this publication is so critical to the expanding drug court field. While judicial leadership, treatment, and community supervision are generally suggested as being three of the most important components of the drug court process, *case management* has become a key tenet in linking the client to additional services and improving communication across different agencies serving the drug court population.

To amplify the significance of the case management concept to the drug court process, NDCI worked with Drs. Andrea Barthwell, M.D. and Randy Monchick, Ph.D., J.D. to create standards and a training curriculum to further develop and refine case management practices in the drug court setting. This led to the formation of a focus group and committee co-chaired by Drs. Barthwell and Monchick, and composed of the following academicians and practitioners: Francis Brisbane, M.S.W., Ph.D.; Alesia Donner; Hillary Efke; Mack Jenkins; Mike Loeffler, J.D.; Linda Penner; Roger Peters, Ph.D.; Jane Pfeiffer, M.P.A.; Richard Rapp, M.S.W.; Anna Scheyett, M.S.W.; Deborah Reilly, R.N., M.P.H.; M. Susan Ridgely, J.D., M.S.W.; and Tammy Woodhams.

Being in the same room with this committee during their two focus group meetings and watching this incredible set of minds - and vibrant personalities - critically discuss the role and intricacies of team-based case management in the drug court setting has to rank as one of the most stimulating experiences in my professional career. The results of the group's work have helped give direction and shape not only to this monograph, but also to the entire drug court movement. And the fruits of their labors will continue to benefit the field as NDCI moves forward with the development of a major drug court case management training initiative. NDCI fully recognizes the central role of case management in the drug court process and has committed to ushering in the necessary supports to elevate the concept to the forefront of the drug court field.

This monograph presents a general overview of the role, key functions, principles, knowledge, and skill sets required for effective case management in the drug court setting. It also elucidates the kinds of issues that a drug court administrator and supervisor needs to consider when determining how to best structure the drug court's case management foundation. Although designed with the adult substance abuser and criminal court site in mind, the functions, principles, knowledge, and skill sets that are highlighted in this document are anticipated to be generally transferable to other justice system interventions based on the drug court model. Every member of a drug court's "core" team should read this document because each plays a vital role in the performance of one or more of the case management functions. Understanding the utility and centrality of case management to the drug court process raises the bar with respect to what one should expect from a successful drug court.

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EXECUTIVE SUMMARY

In light of the history and nature of the development of drug courts – built on the multidisciplinary efforts of collaborative team members from varied treatment and criminal justice perspectives – the role of case management in the drug court has yet to be clearly defined. While the case management role (and the interrelated functions served by case managers) has been identified as an essential component of the successful operation of a drug court, confusion often exists regarding exactly how case management functions fit into the drug court team model, as well as who on the team should assume this role. This monograph, therefore, not only defines the critical role of case management in a drug court setting, but also clarifies how these functions fit into the day-to-day operations of the court. Specifically, this document was drafted to:

1. *Demonstrate the centrality of case management in drug court.*
2. *Describe the role, functions, principles, knowledge, and skills of drug court case managers.*
3. *Encourage critical review of existing drug court case management services.*
4. *Provide guidance in establishing data collection, information management, and evaluation practices for case management in a drug court setting.*

Case management is essential to carrying out the mandate of the key components of a drug court as outlined in *Defining Drug Courts: The Key Components*. It is a series of inter-related functions that provides needed coordination and seamless collaboration, and is the force that holds the varied and many drug court elements together, ensuring that: (1) clients are linked to relevant and effective services; (2) all service efforts are monitored, connected, and in synchrony; and (3) pertinent information gathered during assessment and monitoring is provided to the entire drug court team in real time. Essentially, case management forms the framework around which the drug court process can credibly and effectively operate.

As described in this monograph, case management programs follow one of four major case management models: Broker/Generalist; Strengths-Based Perspective; Assertive Community Treatment; and Clinical/Rehabilitation. Regardless of which model a court adopts, these models of case management share a core group of five key functions, comprised of assessment, planning, linking, monitoring, and advocacy. These key functions are linked to one another and incorporate the information gathered at every stage of the drug court process. Each of these key functions is presented along with a description of its purpose and a list of performance benchmarks to help guide and inform the effective utilization of case management as part of the drug court operation. Real world examples are presented throughout as well as a way to clarify how these key functions can be realistically applied and achieved.

This monograph also outlines the administrative and organizational tools necessary for the efficient and effective conduct of case management functions, including the identification and implementation of an appropriate Management Information System (MIS). This particular task of using a MIS for tracking client records and progress through the program is important not only for client record management, but also for the conduct of a process and outcome evaluation of the drug court program, which is often a requirement for those courts receiving federal grant funding.

Existing and new drug courts alike can use this monograph to review their case management services and to develop ways to improve current practice. Focusing on the need for individualized case management plans that incorporate a comprehensive set of services beyond substance abuse treatment, this monograph can assist programs in enhancing the coordination of case management efforts.

THE ROLE OF CASE MANAGEMENT IN THE DRUG COURT PROCESS: AN OVERVIEW

Defining Drug Courts: The Key Components (National Association of Drug Court Professionals Drug Court Standards Committee, 1997) underscores that a successful drug court requires a coordinated team strategy and seamless collaboration between the treatment and justice systems. Case management is a series of interrelated functions that provides this needed coordination and seamless collaboration, and is essential for sustaining integrated and effective drug court systems. Drug court teams are comprised of judges, clinicians, defense attorneys, prosecutors, program coordinators, probation officers, police officers, vocational rehabilitation counselors, housing and education officials, and other treatment and justice representatives who provide important services in facilitating a participant's recovery. Each team member represents an essential part of the drug court program and provides important input into the intertwined process of treatment, supervision, and accountability. Members of the drug court team perform specific and, at times, overlapping roles and functions that necessitate the chronicling and sharing of information among team members. While in many respects this myriad of team members provide a team-based case management structure to the drug court process, the management of each case and the coordination of all case-specific information related to a specific caseload typically falls to a designated primary or lead case manager.

Case management, whether carried out by a formally designated case manager or split among multiple team members, is the force holding the varied and many drug court elements together, ensuring that: (1) clients are linked to relevant and effective services; (2) all service efforts are monitored, connected, and in synchrony; and (3) pertinent information gathered during assessment and monitoring is provided to the entire drug court team in real time. Case management forms the framework around which the drug court process can credibly and effectively operate.

The necessity for case management is implicit throughout *The Key Components* document. These key components - or benchmarks - identified by the NADCP, in collaboration with the Bureau of Justice Assistance, have provided valuable guidance in the development of drug courts throughout the country. The application of case management to each of these 10 components is summarized below.

#1: Drug courts integrate alcohol and other drug (AOD) treatment services with justice system processing.

This component highlights the necessity of a multifaceted, collaborative "team" approach for integrating the delivery of services into the administration of justice and enhancing the justice and treatment systems' joint mission of promoting abstinence and law-abiding behavior. It underscores the need for collaborative goal setting and program monitoring through ongoing communication and continuous processing of timely and accurate information about each participant's performance in the program. It is the case manager who coordinates the flow of drug court information across and within the treatment and justice systems.

#2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

The case manager assists in keeping these traditionally adversarial parties focused on the primary purpose of the program: the participant's movement toward fulfilling his or her recovery plan. As an advocate for the participant's recovery, the case manager supports due process, ethical, and strengths-based treatment, and confidentiality while simultaneously promoting individual accountability and community safety. It is in this sense that the case manager helps bridge the traditional gap between the coercive traditions of justice, the protection of the public, the privacy mandates of treatment, and respect for individual rights.

#3: Eligible participants are identified early and promptly placed in the drug court program.

The case manager helps ensure the coordination of this process by "tracking" and facilitating the prompt sharing among the team of all relevant information arising from the initial referral, eligibility screening, and assessment process.

#4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

The case manager identifies and monitors each participant's unique needs for support and rehabilitation services, coordinates participant access to these services, and ensures linkage and coordination among the drug court service providers. The case manager works closely with the clinical treatment provider(s) and community supervision officers to provide ongoing assessment and communication of the participant's progress and to coordinate referrals to appropriate ancillary service providers.

#5: Abstinence is monitored by frequent alcohol and other drug testing.

The case manager ensures that drug test results, whether obtained by probation, treatment, law enforcement, or other court partners, are promptly and accurately recorded and disseminated to the drug court team.

#6: A coordinated strategy governs drug court responses to participants' compliance.

As the central person responsible for coordinating team information flow, the case manager tracks and monitors the court's allocation of sanctions and incentives to each participant to help ensure that subsequent sanctions, incentives, and interventions are graduated, treatment-relevant, strengths-based, and otherwise consistent with the program's philosophy.

#7: Ongoing judicial interaction with each participant is essential.

As the primary link between the treatment and justice systems, the case manager serves as the bearer of much participant information and, in this role, can give critical insight and input to the drug court judge.

#8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

The case manager ensures that all relevant information is accurately, promptly, and systematically documented so that ongoing monitoring of the participants and evaluation of the program can occur.

#9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Because the case manager deals daily with clinical and ancillary service providers as well as justice system partners, he or she is well situated to facilitate interdisciplinary education within the drug court team. In some jurisdictions, case managers integrate interdisciplinary training into drug court meetings by periodically enlisting an ancillary service provider or justice system professional to address the team and, if appropriate, participate in the staffing process.

#10: Forging partnerships among drug courts, public agencies, and community-based organizations increases the availability of treatment services, enhances drug court effectiveness, and generates local support.

While all drug court team members contribute to the formation and maintenance of these critical partnerships, it is the case manager that sustains ongoing contact with key line staff of the partnering agencies and organizations. This consistent and direct contact with other community-based service delivery professionals puts the case manager in a position to learn about the policies, procedures, capacities, strengths, and limitations of existing support service organizations. With this knowledge base, the case manager is well positioned to identify service gaps and community needs, and offer strategies to facilitate collaboration between the court and the community.

Case management is essential to carrying out the mandate of the key components of drug court. Without case management, the integration of AOD treatment services and justice system processing would be limited. Early identification and prompt placement of participants in drug court would become a haphazard event. The panoply of needed ancillary services, such as housing, transportation, vocational/educational training, and employment would not be realistically accessible to most participants. Documentation and monitoring of participant compliance and progress would become inconsistent and error prone. Without competent case management, a drug court program would lack the assurance that quality services are being provided, that needed services are accessible, and that participants are in fact complying, progressing, and being appropriately rewarded or sanctioned. As emphasized previously, case management – by facilitating communication, coordination, and navigation – is the “glue” that binds together the pieces of the drug court program, standardizes the drug court process, and explicitly documents participants’ progress throughout their drug court tenure.

CASE MANAGEMENT: HISTORY AND MODELS

BRIEF HISTORY

Case management, as a tool for improving service delivery, has a long history beginning with social casework in the early 20th century. Case management emerged as a separate and professional service in the 1970s, where it was seen as a way to connect clients with multiple needs to an increasingly complex social service delivery system (Turner & TenHoor, 1978). Throughout its history, case management has focused on the holistic needs of clients, addressing basic needs such as safety, food, and shelter, as well as emotional, medical, and other needs including employment, education, and connection with others in the community (Rapp, 1998).

Case Management in Action

Some drug courts, like those in Mecklenburg County, North Carolina, utilize dedicated case managers, like Don Moore, who work directly for the court. These case managers are responsible for identifying, screening, motivating, and monitoring clients as well as linking them with appropriate mentors and services and sharing weekly information updates with the drug court team. When drug court case management helps to bring all the elements together, the results are often gratifying, as illustrated by two of Don's clients.

William H. was a 10-year police officer when he began an involvement with crack which cost him his job, landed him in prison, and left him homeless and living outdoors for nearly a year. A drug court graduate phoned Don Moore and told him of a man sleeping in the weeds behind his place of business. Upon learning that the man had some outstanding warrants Don and the graduate convinced the man to enter drug court. Using contacts and programs developed by the drug court, Don found William a place in a halfway house, where he stayed for the year it took him to complete drug court. As part of a skills development agenda, Don arranged for William to enroll in computer training classes conducted at the court by a local computer school. Now in recovery for three years William, age 50, has a new bride, new house, new car, and is employed at another computer school as an instructor.

Georgia F. had a long arrest history for drugs and prostitution and was estranged from her three daughters. Don met her in the jail holding cell and offered her release if she would agree to enroll in the drug court. She refused, preferring to enroll in a 28-day jail treatment program. Upon completion of the jail program, she was placed in the drug court and released from jail into a halfway house where she stayed for the year it took her to complete the drug court. Given Georgia's interest in cooking, Don helped her access a drug court loan and grant program to help pay her fees and buy her tools for culinary school. She graduated from the drug court and culinary school, and is now employed as an assistant chef in an educational institution. As she matured in her recovery, she became a mentor to others and eventually co-founded a halfway house to house women who have children and are in treatment. She has re-established links with her own family and her youngest daughter, 16, now lives with her.

The use of case management has been researched in a range of settings and shown to be effective with a number of populations. Though there is little literature on case management specific to drug courts, the founding principles and concepts that guide case management in other milieus can be generalized to the drug court setting.

Early research focused on case management as a way of helping people with mental illnesses stay out of psychiatric hospitals. Assertive case management teams provided care to individuals with serious mental illnesses in the community, and showed that it was possible to significantly decrease hospitalization rates and increase community stability through the use of the case management model (Bond, McGrew, & Fekete, 1995; Stein & Test, 1980). Later, this research expanded to include other populations, including people with alcohol and other drug treatment needs (US DHHS, 1998). An early study conducted in Ontario, Canada showed that substance abusers receiving case management had better community outcomes than a control group, with the intervention being particularly effective with clients who lacked social support and had a history of treatment failure (Lightfoot *et al.*, 1982). More recent research has demonstrated increased retention in substance abuse treatment for clients provided with case management as an adjunct to treatment. This was seen both with clients leaving an inpatient setting (Siegal, *et al.*, 1995) and those enrolled in outpatient treatment (Siegal, *et al.*, 1997).

The effectiveness of case management has been studied within a variety of AOD populations. For example, case management has been used to address the needs of women with AOD problems (Markoff & Cawley, 1996). One study showed that case management helped pregnant substance abusing women stay in treatment longer and have better clinical outcomes (Laken & Ager, 1996). In a study of rural AOD clients, individuals who received case management co-located with their treatment facility accepted significantly more substance abuse and medical services (Vaughan-Sarrazin, Hall, & Rick, 2000). A study of homeless alcoholic men showed that those receiving case management services more successfully engaged in treatment and moved through the continuum of services from a sobering-up shelter through a vocational program (Bonham, *et al.*, 1990). Of most relevance to drug courts, case management has been shown to be effective with substance abusing people involved in the criminal justice system. The Treatment Accountability for Safer Communities (TASC) program, previously known as Treatment Alternatives to Street Crimes, is a case management-type program designed for substance abusing offenders. When initially evaluated, it was shown to increase treatment retention, a finding linked with improved substance abuse outcomes (Toborg, *et al.*, 1976). Subsequent studies have shown mixed results as to the effect of TASC on drug use and criminal recidivism (Anglin, *et al.*, 1999), a finding conceivably due to TASC program operations that varied by jurisdiction. Nevertheless, a one-year study of newly-released substance abusing parolees showed that individuals receiving case management, urine monitoring, and counseling had significantly better outcomes than individuals receiving only urine monitoring or standard parole service (Taxman & Soule, 1999).¹

¹ In some drug courts TASC case managers provide the case management services.

CASE MANAGEMENT MODELS

Most case management programs follow one of four major case management models (Walsh, 2000):

- Broker/Generalist
- Strengths-Based Perspective
- Assertive Community Treatment
- Clinical/Rehabilitation

These models are neither clear-cut nor distinct, but rather overlap and complement each other in many areas. Each case management program must decide which model (or modification of a model) best meets the needs of its client population and matches the resources available in the program and community. Following is a brief description of each of the four models.

Broker/Generalist

Narrow in scope of action, the broker/generalist model focuses primarily on rapid linkage and referral. The case manager provides limited direct services, other than the initial assessment to determine service needs, service referrals, and occasional monitoring of service provision (see Bokos, *et al.*, 1993 for an example of utilization of the broker model for intravenous drug abusers). This model is often seen in non-drug court probation/parole service settings where resources are limited and the caseload-to-case manager ratio is high. Where resources are scarce, this model allows for the provision of a limited number of services to the greatest number of participants.

In drug court, this model may be appropriate in the intake setting only. It is during the intake process that the case manager conducts initial screening and assessments. However, to ensure that the participant's needs are more fully met, comprehensive case management must follow.

Strengths-Based Perspective

Case management in the strengths-based model involves assisting clients to examine and identify their own strengths and assets as the vehicle for resource acquisition and goal attainment. The case manager helps the client identify his or her strengths and assets, supports the client in defining goals, and helps identify ways the client's strengths can be used to reach these goals. The case manager provides support to the client so that he or she may assert direct control over his or her search for resources, such as housing and employment (Rapp, 1998).

Consistent with the goal of drug court, the strengths-based perspective calls upon the utilization of the participant's existing strengths and resources to shape a recovery plan that will transcend his or her drug court tenure and provide ongoing community-based support after completion of the program.

Assertive Community Treatment

Assertive community treatment is an intensive case management model with low caseloads and frequent, community-based contact with clients. The model is grounded in a multidisciplinary team approach where all team members share the caseload and work together to provide proactive services, assertive outreach, and strong advocacy to clients. The case management team provides many services to the client directly, and, if referring to an outside agency, carefully monitors the relationship between the client and the service provider(s) (Bond, McGrew, & Fekete, 1995; Stein & Test, 1980).

In many ways, assertive community treatment exemplifies the goals of drug court. The model incorporates the multidisciplinary team approach while highlighting the importance of manageable caseload sizes that allow for the intensity of service delivery required in drug court. Consistent with Key Component #1, the combined efforts of a multidisciplinary team assist the participant in maintaining a clean and sober lifestyle.

Clinical/Rehabilitation

In this approach to case management, those providing case management services deliver the clinical treatment as well, providing both in an integrated manner. The case manager in this model has the primary responsibility for providing therapeutic intervention, including therapy, counseling, skills teaching, and other rehabilitative interventions along with case management services (Anthony, Cohen, & Farkas, 1990).

The clinical/rehabilitation model provides one option for identifying who will perform the case management functions. This model may be particularly useful in drug courts where participants are heavily involved in treatment or where treatment providers are skilled in case management and able to take on that additional responsibility.

THE KEY FUNCTIONS OF CASE MANAGEMENT: ADAPTATION TO THE DRUG COURT SETTING

All models of case management share a core group of five functions, comprised of assessment, planning, linking, monitoring, and advocacy. These functions are linked to one another and incorporate the information gathered at every stage of the drug court process. Within each function are several tasks, which may be provided by a designated case manager or shared by several service providers (See Table 1). Although various drug court team members may perform certain case management functions, the responsibility for coordinating the case management process for a caseload should fall to a designated primary case manager. Whether the primary case manager is a probation officer, a treatment provider, or an independent case manager, it is expected that all functions be integrated into a coordinated case management system that supports the sobriety efforts of the participant. Through coordinated case management, participants' strengths and challenges can be identified and a comprehensive strategy can be developed to provide the support necessary for success.

While the determination of who on the team will provide case management is often dictated by financial and other resource constraints, the ideal situation is the designation of an individual case manager. In this way, the treatment provider can focus solely on the provision of treatment services, the probation officer can focus solely on compliance issues, and the independent case manager, through global oversight, communication, and coordination, can ensure that the full continuum of needs across a variety of domains is being met on behalf of the client, including legal, familial, physical, emotional, mental health, and medical needs. In addition, the independent case manager can ensure and facilitate the open flow of information between and among team members and that the information sharing process is uncomplicated and transparent. The continuance of open lines of communication also ensures that the short and long term needs of the clients are being met and serves to support the sustainability of the drug court program.

Information Flow: Coordinated Case Management

In most drug court settings there are several team members responsible for case management functions. The probation officer may conduct home visits and otherwise monitor the participant's compliance with the court's orders; the treatment provider might conduct assessments; an independent case manager may provide the linkages to needed community resources; and all of the these team members as well as the defense attorney and even the judge may conduct ongoing informal assessment, noting emerging client needs. While this wealth of case management can ultimately benefit the drug court participant, it has the potential to have the opposite effect if it is not coordinated, and if information is not communicated in a timely fashion. Without coordinated case management, programs run the risk of having team members issuing duplicate directions to participants or worse yet, conflicting directions.

Initially, drug courts should identify a centralized "clearinghouse" where all case management information is communicated. Some courts have identified a *primary case manager* who has the responsibility to receive information from and disseminate that information back to all team members in a timely manner. Other programs have designated the drug court coordinator as the person responsible for receiving and sharing the case management information. Regardless of

which team member has this responsibility it is critical that information is shared as soon as it is learned so that other team members have the opportunity to act. In some jurisdictions, particularly ones with smaller programs, the treatment team meets several times a week to discuss issues that have arisen, thereby collectively sharing information. From these meetings, information can be shared with other team members, such as the attorneys, as needed.

Clearly, there are many ways to achieve this type of real time information sharing. Although many cases, especially in the early phases of drug court are discussed weekly at staffing, if a team member does not learn of a participant's eviction or positive drug test until four or five days after it has occurred, this untimely sharing of information (that is, only once a week at staffing) may result in a missed opportunity to provide intervention. Therefore, critical information must be shared daily if possible among all team members. This can be facilitated by information being communicated on the day it is learned with the primary case manager or centralized recipient by email, fax, or telephone. Once received, the recipient will send a batch email or fax out to all team members (in some cases this might or might not include the judge) within 24 hours. In crisis situations there might be immediate, direct contact among team members to access services; however, this would not preclude the information from being communicated with the person in charge of disseminating to all team members.

With appropriate confidentiality waivers in place, a memorandum of agreement that details what information should be shared by whom *and when* is a good way to quantify the exchange. This might include such information as drug test results, treatment attendance (or lack thereof), law enforcement contact or new arrest, change of address, change of employment, report of alcohol or drug use (with or without a drug test result), physical health or mental health setbacks or advancements and living condition changes. Each team member should be able to identify the types of information they need to know and when in order to more effectively serve the participant. To be clear, the expectation is not that all new information be exchanged as it is learned, but that critical information is shared – team members should agree early on as to what exactly they deem *critical* information that should be shared immediately. It should also be noted that it is not only the negative or non-compliant behavior that must be shared, but the positive behaviors as well.

Table 1: Case Management Functions and Tasks

Function	Tasks
Assessment	<ul style="list-style-type: none"> ▪ Initial determination of participant’s needs, wants, strengths, resources ▪ Initial determination of participant’s psychosocial situation
Planning	In collaboration with the participant and the team: <ul style="list-style-type: none"> ▪ Define participant goals ▪ Develop strategies for each goal ▪ Identify who is responsible for each action in the strategy ▪ Establish timeframes
Linkage	<ul style="list-style-type: none"> ▪ Identify services and supports needed for the participant to meet his or her goals ▪ Make referrals to appropriate services and supports ▪ Provide the participant with information or assist the participant in accessing needed services
Monitoring	Maintain ongoing communication with services and supports, and conduct ongoing assessments of the participant’s progress to determine: <ul style="list-style-type: none"> ▪ Is the participant using the service? ▪ Is the appropriate service being provided at an adequate intensity? ▪ Is the participant benefiting from the service? (If not, return to planning and linkage functions)
Advocacy	Help the participant access services for which he or she is eligible through: <ul style="list-style-type: none"> ▪ Education of service providers ▪ Persuasive communication ▪ Negotiation ▪ Use of policy and rights-protecting laws and rules

Assessment is the initial and ongoing process of determining client needs, wants, strengths, and resources. This information is then used in a case management **planning** process where the case manager and client define goals, strategies to achieve these goals, responsibilities for action, and time frames for action. A major case management responsibility following the development of a plan is **linking** the client with the services and community resources the client needs to reach his or her goals. Once these linkages are made, the case manager is responsible for ongoing **monitoring**. This includes determining if the promised service is being provided and if the client is using and benefiting from the service. Based on information gathered during monitoring, the case manager and client may renegotiate the service plan and develop new goals and/or strategies. In some cases, monitoring reveals that the client is being denied access to a needed service for which he or she is eligible. Here, **advocacy** is essential. When performing the advocacy function, the case manager uses persuasive lobbying, negotiation, and other policy-building skills to ensure that a client gets the services or resources he or she needs and deserves. The purpose of each key function of case management in a drug court setting is explained below with each purpose followed by several performance benchmarks and a case example.

KEY FUNCTION #1: ASSESSMENT

Purpose: The process of case management begins with the accurate assessment of the participant. This assessment is critical to the identification of participant needs and the successful matching of those needs to effective treatment and community services. The need for drug courts to provide access to a continuum of AOD and other services is outlined in Key Component #4; it is through effective assessment that a picture of the participants status is obtained regarding AOD use; physical, educational, and emotional needs; and living skills and abilities.

Case Management in Action

In Santa Cruz, California, Dante Stewart is the case manager in the County Alcohol and Drug Programs. Dante emphasizes individualization of client treatment and underscores the urgency of understanding, at the outset of the drug court treatment process, the full range of issues surrounding an individual's addiction. "You've got to know the barriers the client faces as he or she enters the initial phase of drug court treatment; the most difficult and stressful phase." Dante identifies employment, drug-free housing, and mental health issues as key factors that are often overlooked, but which pose serious barriers to engaging the client in treatment and his or her achieving a successful recovery.

A wide variety of issues may impact the participant's ability to achieve success in recommended treatment or support services. The ability of the case manager to accurately understand the participant's specific needs and preferences is the first and perhaps most critical element of effective case management. Information and insight provided by the participant, his or her family and/or friends, and the other members of the drug court team are essential to the development of this understanding. The integration of AOD treatment services with justice system case processing and specifically the combined energies of a multidisciplinary team, as discussed in Key Component #1, can assist the case manager in identifying participant needs.

A variety of useful clinical assessment tools exist that guide inquiries into relevant biopsychosocial areas of a participant's life. These include tools designed to gather information on specific aspects of the participant's condition (e.g., depression, anxiety, type and intensity of substance problem). It is important that the drug court team select instruments that have been shown to be valid and reliable with the population they are serving. To learn more about instruments, the drug court team may wish to review texts such as the American Psychiatric Association's *Handbook of Psychiatric Measures* (2000). Some drug court programs supplement these instruments by completing a formal "risk screener" instrument designed to identify risks of re-offending. The results are used to help determine whether a potentially eligible participant - and the community - would benefit from a higher level of correctional intervention (e.g., intensive community supervision) upon enrollment in the drug court. The results of a risk screener may be useful in allocating the distribution of limited supervision resources while addressing the safety needs of the community. The use of risk screening

instruments are most likely to be found within drug courts where case management services are provided by probation staff or where pre-sentence reports that utilize risk screeners have been institutionalized.

Performance Benchmarks:

1. Assessment is an important *ongoing* element of effective case management. It is not only conducted at the initial phase of participant contact, but also occurs periodically throughout the treatment and aftercare phases. Valuable information is gained with regard to the participant's progress or response to care. This information assists the case manager and the participant in reviewing and modifying the existing plan.
2. Information about the participant's perceptions, performance, challenges, and strengths gathered from other drug court team members (e.g., public defender, treatment providers, and probation officers) is critical to comprehensive assessment. The sharing of this information, in compliance with federal confidentiality regulations, is supported by Key Component #2, which promotes a non-adversarial approach by the prosecution and defense.
3. A bio-psychosocial assessment elicits pertinent information about a person's past and present life through a variety of information gathering methods, including:
 - Interviews
 - Records search and other forms of historical documentation
 - Self-reports
 - Specialized psychological evaluation
 - Home visits
 - Contacts with family members and employers
 - Review of past services received by related agencies

4. The types of information obtained during a thorough bio-psychosocial assessment would include the following domains (to learn about the detailed questions that should be used when exploring many of these domains, see the *Handbook of Psychiatric Measures*, as noted above):
- Alcohol and other drug use history
 - Mental health history
 - Physical health history
 - Criminal history
 - Education
 - Emotional health/barriers
 - Employment
 - Family dynamics
 - Housing
 - Physical health/nutrition
 - Spirituality
 - Social support systems
 - Special population needs:
 - Based on drug of choice
 - Co-existing disorders
 - Gender, ethnic, and cultural considerations
 - Other health issues (e.g., HIV and Hepatitis C)
 - Sexual orientation
 - Domestic violence
 - Sexual abuse
 - Transportation
 - Treatment history

Case Example: *Tina S.*

The assessment process for Tina begins with the initial Intake, which the designated drug court case manager conducts the day following Tina's first court hearing. The case manager has limited information prior to meeting with Tina, but does know that she is Caucasian, 28 years old, and receives Temporary Aid to Needy Families (TANF). During the interview, the case manager learns from the participant that she has four children ages 10, 7, 4, and 14 months. The youngest two are in the custody of foster parents. She has an eighth grade education and is studying for the high school diploma equivalency exam. Her parents are both deceased, and she has a sister who lives in another state. She shares with the case manager that she has few friends who are clean, but she does have a neighbor who does not use drugs or alcohol and who provides occasional childcare for her. She has used methamphetamine and marijuana almost daily since she was 16, and began drinking when she was 13. She has been in residential substance abuse treatment twice in the past 4 years. Tina describes her greatest concerns as lack of employment and housing. She has held two long-term jobs in the past; for two years she worked for a fast-food restaurant, and until she quit one month ago, she worked at a local grocery store stocking shelves. She currently lives in subsidized housing, but is afraid that she

may become ineligible due to the current matter before the court. To augment the information gathered from Tina, the case manager consults the drug court team and learns from the public defender that the participant has five outstanding traffic matters that have gone to warrant in another county. The county treatment provider confirms the prior attempts at residential substance abuse treatment, sharing that the participant earned a perfect attendance award at the last facility eleven months prior to her latest offense.

KEY FUNCTION #2: PLANNING, GOAL SETTING, AND IMPLEMENTATION

Purpose: The success that is found in the drug court model is reliant on inclusive, comprehensive case management that addresses not only substance abuse issues but also other challenges and needs. This is achieved through the coordinated, sequenced delivery of services to meet participant needs or to enhance current participant assets. Access to a continuum of alcohol, drug, and other related treatment, rehabilitation, and supportive services, as discussed in Key Component #4, is critical to effective planning, goal setting, and plan implementation.

Planning, goal setting, and implementation build upon a comprehensive biopsychosocial assessment. Once participant needs have been initially identified, the case manager works to create a plan for service that addresses the participant's needs while focusing on the identified strengths. As in all other case management functions, *planning, goal setting, and implementation* must be ongoing (Rapp, 1998). Furthermore, it requires participant involvement to be effective.

Performance Benchmarks:

1. A written plan, encompassing broad-based life skill areas, must be prepared from the information gathered from the assessment.
2. The written plan must include goals, objectives, and task-based strategies that are developed in partnership with the participant.
3. Goals, objectives, and strategies should be framed in a positive context as things to be achieved rather than things to be avoided.
4. Objectives should be reasonable and obtainable and they should be prioritized with input from the participant. Smaller, short-term goals may also be utilized to assist in building participant confidence.
5. Goals and objectives should be behaviorally specific and measurable; they should include time frames, and clearly define responsibility for actions.
6. The written plan must be re-evaluated regularly with the participant and with the drug court team to be certain it continues to appropriately address the participant's needs.
7. Agreed-upon incentives and sanctions must be tied to the completion or lack of completion of each objective.

Case Example: Tina S.

Tina and the case manager work together to develop a list of needs to be addressed, related goals, and objectives. The case manager discusses with Tina a list of services intended to address these needs and meet her goals. These services include:

- *Intensive outpatient treatment (indicated by a standardized substance abuse assessment tool)*
- *High School Equivalency Exam tutoring*
- *Twelve-step recovery support groups*
- *Drug testing to provide an incentive to remain drug free*
- *Case conferences with a social worker assigned to child custody cases to coordinate services and court orders*
- *Walk-in warrant schedule to address traffic matters*

Plan development includes Tina preparing a daily schedule of activities. She will outline the times she is available to attend intensive outpatient treatment. She states she is currently attending diploma equivalency exam tutoring twice weekly. She and the case manager agree that this can be reduced to once weekly until she completes intensive outpatient treatment. Childcare is identified as a need and the case manager focuses on locating a treatment facility that provides this service. Tina and the case manager assess her home environment. The case manager believes the neighborhood, and specifically the apartment complex, is not conducive to remaining clean and sober. This is evidenced by the initial police report that stated: (1) the drugs found in her possession were purchased from a person living in a nearby apartment; and (2) the defendant was found under the influence of methamphetamine in the apartment of an acquaintance. Tina is resistant to moving, and attempts to minimize the risk it may pose. The case manager explores with Tina her reasons for wanting to stay and agrees to discuss this matter with the drug court team before making a final recommendation to the court.

KEY FUNCTION #3: LINKAGE

Purpose: Linkage as a case management key function spurs the participant case plan into action. It requires that the case manager have a broad knowledge of the drug court target population's special needs as well as the community's available multicultural resources so that effective matching of the participant to services can be made. This function is maximized with the case manager having developed a network of formal and informal contacts to provide needed participant services and supports. In the drug court setting, the team members are expected to complement this network by providing resource contacts within their respective areas of expertise or based on relationships they have developed within the community in the course of their personal or professional lives. These resources must meet the many and varied needs that often go beyond addressing only substance abuse problems.

Through communication, coordination, and navigation with other team members, the case manager facilitates the flow of information between and among team members, receives timely updates regarding needs based on ongoing assessments, and helps clients receive needed services via formal and informal networks; this is often accomplished by walking with them step by step through the seemingly overwhelming layers of bureaucracy. For example, though a number of

drug courts offer to expunge the client's criminal record upon successful completion of the program, many clients do not take advantage of this benefit, saying that the process requires too many complicated steps. By working in coordination with the prosecutor and the public defender, the case manager

can help facilitate this process for the client, taking them through the necessary steps and helping them along the way as needed.

Case Management in Action

Cape Cod is a largely affluent community, with expensive year-round homes and equally expensive vacation homes and rentals. There is, however, a significant population which does not share in the affluence; a group that at times is stigmatized for underachievement, and harshly characterized as lazy or incompetent. Members of this negatively labeled group often feel outside the mainstream of Cape life, though their families may have lived there for generations.

The Barnstable County Adult Drug Court deals with offenders from both ends of this social spectrum with a range of responses unique to the Cape environment. Jud Phelps supervises the drug court and its case managers. Jud summarizes the traditional tasks they perform: monitoring, treatment, identifying needs beyond mental health and alcohol and drug treatment, providing sober housing, and linking to GED and job training. It is a familiar list to drug court case managers.

The Cape Cod uniqueness emerges when the drug court Job Preparation program is discussed. A drug court graduate, who is a college professor with a background in human resources, developed this eight-week curriculum. Even after his graduation, the professor continues to volunteer once a week to deliver this course to drug court enrollees.

Another drug court graduate, a Ph.D. naturalist, provides regular field trips for drug court clients, giving them insights into the ecology of the Cape. This seemingly strange drug court offering is part of a conscious effort to make these stigmatized clients feel that they are contributing and participating members of the Cape community. Another program, Cape Corps, an association sponsored by 150 non-profit agencies, provides internship opportunities engaging drug court enrollees in mainstream service activities for half of the mandated 110 hours of community service. One group of interns who worked for the local PBS TV station received a course in TV production and subsequently taped drug court enrollees at the symphony, the Barnstable Museum, and other drug court events.

To assist the case manager, several management techniques can be employed at the program level to improve the availability of services and enhance service delivery to all participants. These include the use of memoranda of understanding (MOU) or memoranda of agreement (MOA), which serve to establish in writing the relationship between the drug court program, community service organizations, and other relevant entities. These memoranda can spell out the expectations that the provider and the drug court have for each other and for the participant (e.g., the frequency of drug testing, the scheduling of treatment and court appearances, the likelihood of an unannounced visit by a non-uniformed probation officer conducting a collateral contact at the service provider or the employer's place of business). An MOU or MOA is a tool that can maximize the case manager's ability to make

appropriate linkages for every participant. It can elaborately define the scope and rules of the drug court program, the role of the court, and the role of the drug court team. Or it may merely highlight the drug court's function and spell out the provider's reporting requirements and monitoring role, if any. Or, it can be as simple as making a statement acknowledging that the provider understands the drug court program, is willing to make its services available to drug court participants while abiding by specified confidentiality rules, and agrees to keep the court's representative apprised of the participant's performance. The purpose and scope of an MOU or MOA will vary to reflect what the parties are willing to formally declare to be their understanding (MOU) or agreement (MOA). As an example, some drug courts have written agreements with housing, childcare, educational, and vocational providers that allow drug court participants non-stigmatized, hassle-free, and, in appropriate circumstances, expedited or reduced-fee access to services.

When local service providers and employers understand the depths and rigor of drug court supervision, it is not unusual for them to encourage maintenance of the linkage. It becomes a 'win-win' situation for the court, the participants, and the service provider. Knowing that the potential drug court participant has made a documented commitment to sobriety and will be drug tested frequently and randomly at no expense to the provider, service providers and employers are more willing to open the doors to their service and encourage success. These linkages can become powerful tools in a case manager's tool bag and can make *the* difference in an individual's recovery and in the successful institutionalization of the drug court program. Indeed, it is not unusual for employers to develop a cadre of successful drug court participants and graduates, developing a subculture of sobriety in the workplace and enhancing the individual's chance of a mature recovery.

Another management technique or strategy that has proven useful in promoting and maintaining important linkages is strategic placement of the linked program leaders (e.g., the directors of the area housing agency, public health center, or publicly-funded residential detoxification/treatment center) on a relevant court or justice system task force, advisory, or local management committee. This helps keep the key stakeholders and the community tied to, educated about, and supportive of developments in the court/justice system. The development and maintenance of key program linkages is a direct result of ongoing community education and outreach, a process that will strengthen the relationship between the drug court and the community, and create a more accepting environment among service providers for drug court participants. The case manager will have a much easier time making effective linkages with service providers when the providers are already aware and supportive of the drug court program and its mission and policies. The case manager should draw upon the drug court team, and the program's oversight committee as resources in educating the community about drug court and fostering useful linkages.

Case Management in Action

Doreen Cornelius, the Drug Court Manager in Southeastern Kentucky, recalls her earlier experience as a case manager with Robin, a client, as a breakthrough in establishing drug courts in her county. Robin had never completed her education, received her GED, or held a job. With a history of methamphetamine abuse, she was charged with drug possession and brought into the drug court program.

As Robin moved through her treatment program, Doreen found counseling and educational help for her and finally a job in a fast-food restaurant. Doreen had to fight strong employer bias against drug users to get Robin the job. She made the case that, because the drug court tested Robin three times a week, the employer could be more confident about Robin being drug free than was the case with most other applicants.

Robin not only got the job, she moved up into a management position based on her performance. Robin's example in a small town convinced other employers to work with the drug court. Robin herself became an employment source and a mentor for other drug court participants. In developing resources for Robin, Doreen developed Robin as a resource for the drug court; this is a cycle that Doreen has seen repeated in subsequent years.

Performance Benchmarks:

1. The case manager must have knowledge of specific program philosophies, practices, costs, locations, and admission requirements in order to link participants to appropriate services. This, coupled with a clear and comprehensive participant assessment, will help maximize participant outcomes.
2. The case manager must provide more than a simple telephone or written referral to a service provider. The linkage process also involves assessing the participant's ability to successfully access the services to which he or she has been referred. Where there is a deficit, the case manager must assist while providing an opportunity for the participant to develop the necessary skill (e.g., when the participant cannot navigate the bus system to reach a service location).
3. Identification of challenges and other issues in the delivery of services must be monitored by the case manager and addressed with both the participant and the provider. In order to achieve the maximum and intended benefits of the service, monitoring of the participant's performance must go beyond simply reviewing attendance reports.

Case Example: Tina S.

The case manager learns from Tina that she has been prescribed an asthma medication. Further discussion reveals that she currently has no primary care physician and uses the local hospital emergency room when she feels ill, since Medicaid will pay for the visit. The case manager directs her to obtain a primary care physician, providing the address of a local family clinic. Tina adamantly states that the clinic will not take her because she receives Medicaid, although she has not actually asked. The case manager encourages her to make contact and, if she is ultimately unsuccessful, agrees to help her find another physician. Tina returns three days later to report that the family clinic did in fact accept Medicaid and not only accepted her as a patient, but also assessed her asthma/bronchitis and ran some tests and discovered that she was borderline diabetic. The clinic recommended nutritional assistance. Tina is rewarded for her actions when the case manager commends her and helps her develop a plan to implement the newly recommended dietary changes. Two weeks later, Tina returns and reports she is taking a new asthma medication. Upon inspection, the case manager sees that the prescribing physician is someone other than the clinic doctor. When asked, Tina states that she went to the emergency room because the asthma attack happened over the weekend, though it was not a crisis situation. The case manager inquires as to why she did not call the clinic doctor, and Tina states that the clinic is not open on Sundays. The case manager acknowledges this, but tells her that the clinic has an answering service that would have paged the doctor. Tina was clearly unaware of this process, and benefited from the case manager's information.

KEY FUNCTION #4: MONITORING

Purpose: Monitoring in the drug court setting has both an individual and program level application. On the individual level, the monitoring function involves oversight of a participant as he or she progresses through the case plan. It is an essential element to effective case management. It is through the monitoring function that the case manager assists the participant in working toward and ultimately achieving the goals developed and modified through the ongoing assessment process. The purpose of monitoring on the individual level is to facilitate the participant's development of personal responsibility and the ability to maintain self-regulating behavior.

A significant part of the participant monitoring function is the ongoing judicial interaction with each participant, as discussed in Key Component #7. Although not part of traditional case management, the drug court judge encourages compliance and discourages non-compliance. It is the case manager's responsibility to provide information to the judge and the drug court team regarding each participant's progress; this information sharing results in behavioral reinforcements through the application of sanctions and incentives.

Monitoring also has a program level application. In the course of monitoring participants, the case manager systematically records pertinent information that serves as the foundation for the program's database. This information not only is drawn upon to determine participant progress and the application of sanctions and rewards, but it is also used to monitor the utility of the service providers and the effectiveness of the drug court process. In other words, once a drug

court linkage is made with a service provider, the case manager assumes a “quality assurance” stance to help ensure that the services provided are meeting participant needs. This means that in addition to holding the participant responsible for making the best use of the provided service, the case manager also recognizes that the performance of the participant is contingent upon the performance of the service provider. While the case manager is obliged to give due deference to the professional service provider by assuming that practice mirrors appropriate credentialing, it is imperative that he or she monitor each provider’s service delivery, reassess participants’ needs over time, and maintain a communication loop that involves the case manager, the service provider, and the participant. As part of this monitoring process, the case manager must maintain an appropriate record of the provider’s service delivery and the participant’s utilization of those services. Systematic collection of timely and reliable data is crucial for sustaining the trust of the drug court team, community leaders, service providers, and the drug court program’s funding sources.

Performance Benchmarks:

1. Following assessment and planning, and in conjunction with the linkage function, the case manager conducts periodic face-to-face meetings with the participant to review the case plan. These strengths-based meetings are scheduled on a regular or as-needed basis and include specific discussions regarding goals and program expectations. The meetings are designed to encourage compliance, build self-esteem, and reward progress.
2. As discussed in Key Component #5, drug testing is initiated early on and continues with a frequency sufficient to encourage abstinence and deter relapse. The frequency of drug testing may decrease over time as the participant makes positive progress, but must continue on a random and unannounced basis.
3. Also discussed in Key Component #5, the scope of testing must be sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.
4. The case manager maintains ongoing communication with treatment and other service providers to obtain information about participant progress and verify the fulfillment of treatment commitments.
5. Utilizing memorialized information gathered from face-to-face, telephonic, or other first-person contacts, the case manager communicates participant progress to all members of the drug court team and contributes to the court’s application of incentives and sanctions designed to deter and correct non-compliant behavior.
6. Both announced and unannounced home visits and other collateral contacts are utilized to evaluate the participant’s living environment, ensure program compliance beyond the courtroom, and maintain contact and gather relevant information from family members or other involved parties.

7. Intervention, which in appropriate circumstances may even call for arrest or court remand, acts as a therapeutic response to substance abuse relapse. This response, as outlined in Key Component #6, is part of a coordinated strategy used to interrupt drug use and re-engage the participant in treatment.

Case Example: Tina S.

An unannounced home visit is conducted. Tina is found at home with her youngest children, who she was able to regain custody of from foster care; her older children were at school. The 4-year-old and 1-year-old appear clean and well cared for; the apartment is otherwise quite cluttered with clothes and other belongings. Tina shares with the case manager that a male friend has been staying overnight off and on and that she is not comfortable with the situation because she believes he may be using drugs. Tina states that she feels afraid to tell him to leave and at the same time has been afraid to tell anyone in drug court because of her probation condition not to associate with any known drug user. Tina says she is relieved that the case manager now knows and asks if there is any way a visit and/or search could happen when this friend is actually at the house. The case manager and Tina make a plan for a return visit at a time when the friend will be there. Additionally, the case manager helps Tina work out a response for the next time someone asks or insists on staying with her. The case manager further assesses the situation by discussing with Tina other factors that might pose a threat, (e.g., physical or sexual assault, and child abuse). A case file note is made to return for an unannounced visit within two weeks.

KEY FUNCTION #5: ADVOCACY

Purpose: The advocacy function requires the case manager to act in the best interest of the drug court participant and the community. The objective includes a fundamental program goal of community safety and an individual participant goal of sobriety. Contrary to the more traditional role of advocacy in the criminal justice or mental health/substance abuse services environment, where an advocate may represent a single interest for a single purpose, advocacy in the drug court setting is employed in the context of a team focused on achieving a common, comprehensive goal.

Recognizing that the journey to sobriety may sometimes involve coerced decisions for the participant, the case manager may have to lobby for therapeutically based, punitive sanctions in response to non-compliant behavior as well as for rewards following positive progress.

Advocacy in a drug court setting also involves ensuring that participants are given access to all relevant services and benefits for which they are eligible. Some community programs or services may be reluctant to take a court-involved participant. In these situations, the case manager must use persuasive advocacy skills to help the participant gain access to services.

Case Management in Action

Charles Robinson, case manager in the Dallas Drug Court, categorizes most of the first-time felony offenders in drug court as being in the pre-contemplation phase of treatment: “They don’t think they have a problem.” Dwight was a typical case. He completed residential treatment and met all the requirements in outpatient treatment programs but over time repeated a pattern of treatment and relapse. It was clear to Charles that Dwight was not integrating the lessons of treatment into his day-to-day thinking and behavior. Finally Dwight, convinced that he did not have a problem, tried to opt out of drug court. However, there is no opting out option in the Dallas court. Dwight was placed in Jail Treatment where, as Charles says, “he began to make the connection” and began to see that indeed he had a problem that needed to be addressed.

Dwight came out of jail ready to take action on curbing his addiction. Charles watched as Dwight continued under drug court supervision and integrated what he was learning into his daily life. He observed not only the seriousness with which Dwight worked on his recovery but also the positive changes he was making in his personal and family life. A recent drug court graduate, Dwight continues on a positive track.

Performance Benchmarks

1. The case manager evaluates all reported and observed participant behavior and determines whether the behavior is conducive to the participant achieving individual case plan and overall program goals.
2. In developing a response to non-compliant behavior or positive performance, the case manager considers the behavior, circumstances surrounding it, and the participant’s progress in the program. Key Component #6 is the basis for this benchmark.
3. While performing the “Planning, Goal Setting, and Implementation” function, the case manager concurrently fills the “Advocacy” function by ensuring the created plan is targeted toward the participant’s needs and is geared toward utilizing or enhancing the participant’s strengths.
4. When participant needs cannot be adequately met by existing community resources, the case manager advocates for expansion or creation of services and assists in marshalling resources to fill the identified service gaps.
5. Ongoing and prompt feedback is provided to the participant by the case manager to ensure the participant is kept informed regarding the drug court team’s perceptions of the participant’s program progress and conduct.

Case Example: Tina S.

At a team staff meeting following the unannounced home visit, the case manager shares with the team that Tina has had a male friend staying periodically at her home, and that Tina believes the individual may be using drugs. It is further shared that Tina had not been forthcoming with the information for fear of being found in violation of her probation terms. During the team meeting, the prosecutor argues that Tina is deserving of a sanction for continuing her association with the individual. The treatment provider agrees with the prosecutor. The prosecutor suggests Tina may be involved in attempting to manipulate the team and recommends she spend a weekend in custody. The treatment provider expresses concern for the lack of disclosure and accedes to the need to sanction but is undecided as to whether Tina should go into custody. The public defender argues the behavior deserves a response but does not rise to the level of an infraction requiring custody. The case manager acknowledges to the team that Tina's association with the individual is not conducive to her remaining sober and is a violation of program rules. The case manager further offers that while a sanction may be in order, the period of time in custody would likely be counterproductive given recent efforts Tina has made in studying for her high school diploma equivalency exam, orchestrating child care arrangements for her children, and otherwise making positive progress in the program. The team ultimately agrees on a sanction where Tina will be required to write a letter to the individual explaining why she can no longer associate with him, including how their relationship may be damaging to her attempts to remain sober. The case manager requests that the treatment provider address with Tina the perceived value of continuing in a relationship that clearly appears not to be in her best interest.

THE ENGAGEMENT PROCESS

While performance of each of the case management functions is essential to the success of a drug court, the fulfillment of each function is inextricably tied to the extent to which the participant is engaged in and remains committed to the recovery process. Engaging the participant in a recovery plan and sustaining his or her commitment to the corresponding recovery program is a challenge that overlays all case management functions. It is a challenge that all drug court team members must confront with a strengths-based, reinforcement-driven approach. Assisting clients to find the motivation to pursue behavioral change and keeping that motivation on a daily basis must be the mission of the entire drug court team.

The engagement process begins at the time of initial contact with the drug court participant, with the establishing of rapport, building of trust, and discussion of expectations and boundaries of the program. This is a crucial time in the process, given that the level of participant engagement that can be generated will impact the quality of interactions with the case manager and case management team from that point forward. The engagement process, however, can be quite challenging when an individual is initially seen in jail, where there may be limited opportunities for interaction, and the individual may not be fully aware of the drug court program and its related benefits. Regardless of the physical setting of the first contact between participants and case managers or other program representatives, engagement involves preparing the participant to listen, developing optimism, and setting the stage for behavioral and lifestyle change. The engagement process lays the foundation for relationship building between the participant and case manager; it is upon this foundation that all other interventions are built. Notably, the participant often sees this process as one of the most important parts of treatment (Brun & Rapp, 2001; Rapp, 1998). Once the initial steps have been taken, the challenge to the case manager is to ensure that the participant remains engaged in the process throughout his or her drug court program.

Acknowledging that the client's participation in drug court may not be fully voluntary, a major challenge for drug court case managers is to assist participants to develop a high enough level of internal motivation to want to pursue their own recovery (Miller & Rollnick, 1991; Osher & Koefod, 1989). One general strategy is for the case manager and case management team to generate optimism on the part of the participant regarding the effectiveness of drug court treatment, its unique and supportive traditions, and the strong probability of maintaining sobriety with the program's support and structure. Case managers must communicate that drug court is different, that it works (See Marlowe, 2004; Marlowe *et al.*, 2003; and Belenko, 2001, 1999, 1998), and that it begins with a commitment on the part of the participant and a willingness to draw upon the drug court team and fellow participants, as well as inner strengths, to make the process work. The case management team must model an unwavering commitment to both the participants and the program in order to gain and maintain the respect and allegiance necessary to support the engagement process.

The direct interplay between the participant and the judge is one of the first examples the participant will have of how the drug court program is distinctly different from other treatment programs and types of criminal justice supervision that they may have experienced. The case manager should help orchestrate this potentially powerful motivational experience to optimize its

impact. The continuous feedback and support provided by the case manager and the drug court's justice system staff will further the engagement of the participant in the clinical treatment process. However, the engagement process is only the beginning of the journey toward recovery. Engagement and persuasion techniques must lead to commitment for long-term behavioral change (Prochaska & DiClemente, 1982). The case manager must understand this and thus adopt active listening and motivational interviewing strategies to encourage participant insight, such as when challenging the participant to identify disparities between personal goals and the negative long-term consequences of substance abuse (Miller & Rollnick, 1991). Case managers must never lose sight of their responsibility to assist in the engagement and retention of all participants as they perform the five functions that, taken together, provide the bridge between treatment and accountability.

OTHER UNIQUE DEMANDS OF DRUG COURT CASE MANAGEMENT

Mandated Professional Interdisciplinary Team and Focus

Criminal offenders who are admitted to drug court have likely received some level of case management services in the past. Whether through prior experience on probation or parole, or while participating in substance abuse or other treatment programs, individuals in the criminal justice system enter drug court with some expectations of case management. Similarly, drug court team members who provide direct participant services also have case management experience within their specific discipline or field that may be limited in scope due to the unique needs of their clientele (e.g., probationers and the mentally ill.) These methods of case management can be considered “traditional” in the sense that each is designed from a discipline/field-specific perspective and focuses on and prioritizes different case management functions.

In contrast, the drug court setting mandates the provision of comprehensive and coordinated case management services within the context of an interdisciplinary team approach. These services are participant-specific rather than discipline/field-specific. A drug court case management system may expect the provider or providers to go beyond what might be traditional within their discipline and provide or assist in the provision of the full range of case management services to drug court participants. This type of expansion often requires a shift in philosophy for the case management provider and may also necessitate additional training. To illustrate, a substance abuse counselor may be designated as the primary drug court case manager and, although he or she have provided case management services for eight years to chemically addicted participants, he or she do not have much experience with the offender population. Thus, the manager does not initially consider monitoring compliance with court orders as part of case management or immediately feel comfortable with recommending or supporting the team’s decision to impose a sanction for non-compliance. However, additional training and ongoing collaboration and consultation with the rest of the drug court team helps he or she adapt to this new and expanded, non-traditional role. To illustrate further, in drug courts where the primary case manager does not have a clinical treatment background, misunderstandings may develop between the case manager and clinician. This can be minimized by encouraging and supporting the case manager’s attendance at relevant clinical treatment preparatory trainings, such as trainings in the process of addiction and effective interventions, motivational interviewing skills, and co-morbid mental health and substance abuse disorders.

In addition to differences in range and scope, drug court case management may differ from case management in other settings by its level of professionalism. Unlike other fields, where case management may be viewed as a paraprofessional or lower level position, drug court case management is a fully professional role. Case management in drug court requires a degree of competency and multidisciplinary knowledge far beyond a cursory understanding. It plays an active rather than passive role in the team decision-making process. Drug court case management must encompass a wide range of multidisciplinary knowledge, respect the ethical boundaries of various disciplines, and encourage competent decision-making that can have wide-ranging implications for the program’s participants and the program itself. Recognition of this by the entire drug court team is essential to success.

Heightened Accountability

In addition to tailoring the five functions of case management to meet the specific needs of the drug court model, case management in drug courts differs from traditional case management in a number of ways. Given the criminal actions of drug court participants, the issue of public safety must remain in the forefront, concomitant with the focus on participant recovery. Drug court case management must respect this dual focus at all times and recognize that this heightened accountability to the community places greater demands on case management for timely completion of all functions and tasks, as well as thoughtfulness, thoroughness, and rigor in ongoing assessment and monitoring. Participants assessed as being at higher risk for self or other victimization may require more frequent contact and more intensive supervision. Case managers in drug courts must be diligent in monitoring risk and quick to respond and resolve problems before they become crises.

Coercion, Sanctions, and Compliance

The benefits of drug court are only attained if a participant is in compliance with all aspects of the drug court plan. The drug court team must immediately respond to participant non-compliance, using sanctions as a form of external control until participants have integrated and demonstrated internal control by advancing through the drug court. It is essential that drug court case managers report episodes of non-compliance to the rest of the drug court team. Failure to do so is counterproductive to the team process and could have a negative effect on the participant.

While drug court requires collaboration on responses to participant behavior, there are instances when the immediacy of response outweighs team consensus. To address these situations, drug court case managers in some jurisdictions are empowered to directly impose or oversee the imposition of a limited range of incentives and sanctions. To deal with such situations, the drug court team or steering committee must set policy specific to the issue of individual team member autonomy, subject to partnering agency protocol. Typically, the team agrees to a clear, non-negotiable policy regarding certain behaviors and discretionary policy in other circumstances. For instance, case managers conducting home visits may be expected to arrest, if they have arrest powers, or arrange for the arrest, of DUI/DWI participants who are found with alcohol in their system. Although this is an example of applying a sanction without prior team approval, a policy should be in place so that case managers are aware of the degree of their discretion. Similarly, case managers may be empowered to let drug court clients miss a weekly appointment if other requirements have been met as an incentive for positive behavior. As drug court policy is developed and refined, it is critical that the partnering agencies discuss their existing procedures and legal mandates so that the framework and range of responses set for each team member do not conflict.

There are a number of case management actions that will enhance participant compliance. Engaging and developing a relationship with the participant is perhaps the most powerful case management action step for promoting compliance. A trusting relationship enhances the chance

that a participant will invest in the drug court process. Compliance is further promoted, and respect developed, by thoroughly educating the participant about the general rules and structure of the drug court. This must be done in a way that is sensitive to the language, education, and literacy barriers participants may face.

Compliance can also be enhanced significantly through the sensitive and appropriate development of the drug court case plan. As mentioned above, the case manager must be sure that the full range of bio-psychosocial needs is addressed. Participants cannot focus on treatment if they are homeless or their children are hungry. The participant must have legitimate access to the resources needed to attain the goals of the case plan. For example, issues regarding transportation, scheduling, and childcare must be considered in the plan if potential for compliance is to be maximized. In addition, plans developed around the participant's strengths, values, and likes will give rise to naturally occurring incentives to comply. Case plans should include actions that the participant can enjoy, such as learning new leisure skills, and should use and build on existing natural and community supports such as the family, the YMCA, and community colleges. Throughout the process of developing the case plan, the case manager must clearly communicate the relationship between goals and action steps so that the participant truly understands what is expected of he or she and can comply.

A final case management strategy that can increase compliance is careful observation of participant behavior, with an eye toward early warning signs of relapse or psychosocial crisis, and a willingness to promptly intervene. Should such signs appear, the case manager must not hesitate to discuss with the participant the consequences of non-compliance. By working together to identify the reasons for a participant's drift toward non-compliance, the manager and participant can resolve lingering or simmering psychosocial issues that may trigger a crisis or relapse. In cases where the participant's behavior is more aptly described as a downward spiral than a drift, a full-fledged intervention by drug court team members and significant others may be the appropriate response.

Knowledge of the Justice System

Case management in drug court requires a thorough knowledge of the justice system in order to fully meet the needs of the participant. In order to assist participants as they negotiate the justice system, drug court case managers must understand the basics of criminal law, local justice system policy and practice, and the jargon of justice professionals. The outcome of case management efforts can be greatly enhanced when the case manager comprehends the range of likely responses by the justice system to a participant's behavior. When the case manager can discuss realistically with the participant the consequences of a particular course of action, either positive or negative, he or she has a greater degree of credibility. The case manager who understands legal mandates, administrative regulations and requirements, and other mechanisms that drive decisions within the criminal and civil justice system will be better able to develop an appropriate case plan and assist the participant in carrying out that plan.

Case Management in Action

Danielle Sanders-Jackson, case manager in Lexington, Kentucky, stresses that not all stories have happy endings. When Louise, 36, was arrested for prostitution and crack possession, she was less than a year away from attaining a four-year nursing degree. During her drug court year Danielle helped her regain custody of her three children, finish her degree, and negotiate with the Nursing Board to meet their requirements and reestablish her credentials. Louise got a nursing job, a car, a new house, and graduated from drug court. The one dark cloud in the picture was her addicted husband who lived in Florida. Danielle counseled her to stop trying to save him, and to stay away from him until he could demonstrate a year of sobriety. Three months after drug court graduation, Louise went to spend Christmas with her folks in Florida. Three days after Christmas, Danielle heard Louise puffing on a crack pipe over the phone as she told her she was back on the streets looking for her husband. Louise is now back in Lexington working the streets to support her habit. She calls Danielle from time to time. Danielle urges her to get back into treatment but no longer has the power of the drug court to pull her off the streets.

One prominent example of the help legal knowledge provides may be found in the development of a case plan for the drug dependent, impaired driving offender with a pending or past felony conviction. Issues surrounding mandatory minimum sentences, legislatively-imposed “structured” sentencing, available departures from sentencing mandates, fines, community service, search waivers and the potential loss or suspension of driving or professional licensing privileges, the right to vote, housing, or financial aid can all seriously impact future life plans. The case manager who is aware of the implications of such legally and administratively imposed sanctions, and the sometimes camouflaged procedural flexibility underlying them, is better situated both to assist the participant in designing a *realistic* case plan that considers these deficits and to help negotiate or advocate the timely removal or alteration of them.

While knowledge of the justice system adds power to the case manager’s ability to perform the planning, linkage, and advocacy functions, it also maximizes the monitoring function. Probation and law enforcement officers are the drug court team members that coordinate the observation and reporting of participant behavior in the community. These observations are reported back to the primary case manager for recording and processing with the drug court team. Whether the case manager is a probation officer who maintains direct community supervision responsibilities or a treatment provider who relies on law enforcement or community corrections officers to be the team’s “eyes and ears” of participants’ behavior in the community, knowledge of how these street “officers” do their job will help build the relationships needed to establish an effective monitoring component. The case manager who understands the professional expectations that structure or guide the jobs of community corrections and law enforcement officers will be better able to bridge the many disciplines represented within a drug court team, educate the participants about the utility of each team member’s role, and foster within the participant a healthy respect for the multidisciplinary structure of the drug court.

THE ART OF CASE MANAGEMENT: PRINCIPLES, KNOWLEDGE, AND SKILLS

PRINCIPLES

The academicians, policymakers, and practitioners comprising the expert panel that contributed to the development of this monograph agreed that case management in the drug court setting is founded upon a number of core principles that support all activities and functions. These principles, which provide direction, shape, and guidance to the case management process in drug courts, are outlined below.

Evidence-based: Effective drug court case management has an empirical foundation. In part, this means that the practice of case management should incorporate evidenced-based methodologies that have been subjected to rigorous laboratory or field testing. An example of this is the strengths-based model of case management (as further elaborated below), which has been empirically shown to improve employment outcomes for clients in substance abuse treatment (Rapp, 1998; Siegal *et al.*, 1996). In these studies, substance-abusing veterans received either traditional substance abuse treatment or treatment grounded in strengths-based case management. The participants receiving strengths-based case management were employed for a greater number of days and expressed greater satisfaction with their employment than the control group. Another strengths-based case management study randomly assigned over 600 substance abusing clients to either usual treatment or treatment augmented with strengths-based case management, and found that those receiving the strengths-based case management augment were significantly more likely to stay in treatment for a longer period of time (Siegal, *et al.*, 1997).

The effective case manager seeks linkages with service providers who strive to operate in conjunction with evidence-based best practices. To do this, people engaged in case management in drug courts must stay current with the research literature, learning about new and effective modalities and interventions. Just as the participant is expected to “grow” by developing new and life-changing attitudes and behaviors, so too must the case manager remain open to the incorporation of new and proven clinical techniques. To do this requires sound clinical supervision, reading, continuing education, and a commitment to lifelong professional learning.

Strengths-based: Drug court case management is based on the principle that all people have strengths that can be tapped into and enhanced to promote recovery and rehabilitation. As mentioned above, there is an empirical base for strengths-based case management. People engaged in drug court case management take the effort to really learn about the participant, identifying strengths in the broadest sense, including skills, interests, knowledge, supports, and resources. These strengths are then drawn into the treatment plan by scanning the environment for “niches” where the strengths can be utilized to the participant’s advantage. For example, existing job skills or job interests are prioritized to shape the participant’s job search plan; an interest in sports is built upon to develop a sober leisure activity strategy; a sober and supportive sibling is approached to provide transportation to Alcoholics Anonymous (AA) or other recovery-based support meetings. Effective case management uses participant strengths as stepping stones to success.

Case Management in Action

Dante Stewart, a case manager in Santa Cruz, California, describes Paul, a young 22-year-old, as a man who has had limited fast-food work experience and had not acquired any other skills. His father was an addict and his mother an alcoholic. Paul was homeless and had no experience of structure in his life. “He didn’t present much to work with and he had Attention Deficit Hyperactivity Disorder (ADHD).” Dante put on his “job developer” hat and worked for a month job coaching the young man, finally uncovering an aptitude and interest in cooking. He helped Paul send out resumes and practice job interviewing. Then Paul got a job as a prep chef at one of the city’s finer restaurants. The fast-paced environment and varied tasks required of the kitchen provided Paul a situation where his ADHD was not an obstacle. Dante also found Paul a placement in a sober living house. The court paid the first month’s rent and now Paul pays from his earnings. The sober living environment provides the structure and social learning Paul needs. His father, now sober and working, is back in his life and helping him pay tuition to a DUI school to get his license restored. Paul is still in treatment and making progress. Dante stresses the need for case managers to be able to recognize mental health issues, which are often missed in drug treatment and account for a significant number of failures in treatment. He urges training in mental health problem recognition for case managers.

Relationship-based: Drug court case management must be grounded in a trusting, honest, and respectful relationship between the participant and the person(s) providing case management. Without this trust and honesty, participants cannot reveal their true strengths and weaknesses, information necessary to finding the supports and services that best meet their needs. Without mutual respect, participants and case managers cannot work in collaboration. People providing effective drug court case management must be directly and intensively involved in many aspects of participants’ lives, and a positive relationship, built on trust, is essential for this involvement. For those providing case management, this involves careful self-examination to identify any stigmatizing, cynical, or negative attitudes or beliefs they may have toward people with addictions or criminal behavior. These thoughts and feelings should be addressed in a supportive supervisory setting, so that they do not interfere with the building of positive relationships with participants.

Team-based: The hallmark of an effective drug court is its ability to provide a comprehensive, integrated, and coordinated community-based system response to the use of alcohol and other drugs by offenders. This mission bridges systems and system players that have lengthy traditions of working apart rather than together. Drug courts seek to rectify this across- and within-system estrangement by creating a diverse, multi-system team to help reform confounding traditions, bridge gaps in and expedite service delivery, reduce duplication of service, enhance the accountability of service recipients and providers, and improve the attainment of the overlapping goals of treatment and justice.

Drug court case management, like all of drug court, is built upon a foundation consisting of collaboration, communication, coordination, and the understanding that many people must work together to help a participant attain and maintain recovery. Case management is the coordinating hub of this collaborative process—assessing, linking, and monitoring the participant’s treatment plan and communicating all relevancies to the drug court team. Case management must be embedded in, and supportive of, the larger drug court team, constantly sharing information across the team so that all team members have the big picture about participants and can add their expertise to the process. This is essential for an effective drug court.

Meaningful: Case management must provide drug court participants with services and supports that are internally relevant and meaningful to their lives. This involves a holistic approach, looking at the practical needs and wants of the participants. For example: for some participants, housing, food, or safety is much more immediately relevant than substance abuse treatment. If those needs are not attended, the participant will not remain engaged in treatment. The principles of meaningful case management can be operationalized in two ways. First, case management must always consider, to the extent possible, the needs, preferences, and wants of the participant. Second, case management early on must demonstrate its utility to the participant. This, in part, means that at least one early goal in the treatment plan should be something important to the participant and something that can be attained quickly. Helping a participant “win” early in the drug court case management process solidifies the participant’s commitment to the treatment plan and helps to build trust and motivation.

Case Management in Action

On Cape Cod, the Barnstable Drug Court and its case managers shape programs which equip clients to deal with the real world issues they face, such as drug-free pregnancy, parenting, fatherhood, past trauma, and victimization. *Changing Lives through Literature* is an 8- to 10-week course in which clients read short stories or a short novel each week and then participate in a group discussion with the participating judge and court staff. Through the course of this program, one participant, a woman in her 40s, who never finished 10th grade, realized her potential for education. She then decided to pursue her GED, and is now a full-time college student. She is an example of how learning can be a powerful motivator in sobriety and life.

Motivational: Case management in a drug court setting must move beyond the simple brokering of services. Case management is not just a way to connect participants with agencies and programs; it is a relationship where the case manager communicates, through words and actions, that the participant is capable of, and has good reasons for, achieving recovery. The people engaged in drug court case management consistently enhance participants' motivation for change by identifying and using relevant motivators, pointing out inconsistencies between goals and behaviors, and applauding the participants' successes, no matter how small. Change is hard, but as the hub of the drug court process, case management has a responsibility to maximize the chances of positive change for each participant.

One evidence-based intervention to enhance motivation in substance abusing clients is motivational interviewing (Miller & Rollnick, 1991). Motivational interviewing is grounded in the idea that confrontation increases client resistance and that gentle exploration of the consequences of substance abuse is more effective at increasing motivation to abstain. The primary strategies of motivational interviewing include a basic stance of conveying acceptance, the ability to express empathy for the client's situation, and strong listening and reflecting skills. The goal of these strategies is to develop a full understanding of the client's conceptualization of his or her situation. In addition, it involves working to establish a sense of cognitive dissonance between what the client is doing and his or her goals and wants. Internal motivation for change is enhanced by exploring the natural consequences of the client's behavior, by pointing out how the client's current behavior is blocking goal attainment, and by the case manager "rolling with resistance" and not engaging in direct confrontation or power struggles.

In the drug court setting, it is important for the case manager to recognize that he or she does not operate in a vacuum when helping to motivate participants toward development and pursuit of their case plan goals. Building participant motivation is a strategic effort that must be shared by the case manager and all other team members, including the judge. The case manager can teach motivational principles to the drug court team and assist the team in discussing and understanding where the participant is in his or her readiness to change, e.g., whether the participant has begun contemplating a change in behavior or whether he or she has developed a plan, but has yet to put it into action (DiClemente, 2003; Prochaska & DiClemente, 1982).

Case Management in Action

Bill started using at age 15 and by age 47 he was a polysubstance abuser with no teeth and five failed treatment episodes. His sporadic employment served only to provide his next drink. Bill felt hopeless and worthless. His depression moved the drug court team to consider a mental health referral. Sandy, his caseworker, reported to the team that the news of a mental health referral was greeted by Bill as just further evidence of his worthlessness and triggered a relapse. The team challenged Bill to show he was willing to address his depression and addiction. Bill responded by volunteering for a community project helping the local AA unit build a new meeting hall. The recognition he gained and the support of the team began a slow turn around. With Sandy's assistance, Bill got a job in a factory and was promoted in three months. Three months before graduation he got a new set of teeth with help from Sandy. Now three months after completing his year in drug court, Bill is working, sober, and paying child support for the first time.

Change-based: Drug court case management is founded on the belief that all people are capable of growth, change, and recovery. To this end, all case management activities must consciously and intentionally move participants in the direction of change. There should be no wasted energy or inefficiency in case management. Case management must push for continual improvement in the participant's psychological health, environment, and life situation such that recovery is supported and participants can reach their goals. Case management must continually monitor participants' progress and not allow service providers or participants to slip into a maintenance-only mode.

Culturally proficient: Drug court case management assesses participants and develops treatment plans to meet the unique needs of each individual, building on the unique strengths of each individual. A participant's culture is an essential piece of a person's identity and an important component of his or her life environment. Effective case management must therefore be culturally proficient. This involves several elements:

- 1) An awareness of and respect for the importance of a participant's culture;
- 2) An ability to speak respectfully with the participant and ask meaningful and relevant questions about the culture(s) with which he or she identifies;
- 3) An active strategy for learning about the cultures of participants;
- 4) Strategic thinking to incorporate and utilize cultural strengths in the treatment plan;
- 5) An awareness of and attention to the way culture may influence a participant's behaviors or beliefs; and
- 6) An honest awareness and exploration of one's own cultural biases.

Case managers who "treat everyone the same" are not culturally proficient. Case managers who are knowledgeable about each participant's culture, and can tailor drug court treatment plans to that culture, are culturally proficient and will be more effective. For example, in addition to including all of the standard assessment domains, a culturally proficient case management assessment for Latino participants would also explore such culturally contextual issues as level

of acculturation, country of origin, condition of migration to the U.S. (e.g., political refugee versus economically motivated migration), extended family relations, and degree of involvement in the local Latino community (Organista & Dwyer, 1996).

Family-focused: Case management in a drug court setting has a holistic focus within the context of addiction and criminal behavior. Participants live in the context of a family, and given the importance of family dynamics in the establishment and maintenance of an addiction recovery program, effective case managers must understand that working with the participant's family is essential. The family may require education, support, services, or even the meeting of basic needs if it is to be a positive part of the participant's natural environment. It is important to note that when discussing the concept of *family*, family should be construed in the broadest sense possible. Participants may have biological family, or people who function as family for them, i.e., "family of choice." It is important for case management to identify and communicate with those individuals whom the *participant* defines as his or her family members and involve them in the treatment plan as appropriate.

Case Management in Action

Susanne, 16, with divorced parents, was a crack user and disinterested in school. She relished the suspensions she received for her poor attendance. In drug court, her case manager, Danielle, helped her connect with and complete a GED program. Three weeks before graduation, after almost a year of excellent performance in treatment, her drug test results were suspicious. She admitted relapse to the case manager and together they analyzed the reasons for the relapse. Fear of losing the close support provided by drug court staff, support her family had not provided, contributed to her relapse. Both Susanne and her parents were enrolled in family counseling. The drug court re-admitted her for an additional three months of treatment and supervision.

In the drug court setting, case management must address the needs of each family member, especially when the challenges of another family member present a barrier to the participant's success. Case managers and other drug court team members must be prepared for situations where the needs of the participant conflict with those of others in the family. Case management must balance the dynamic situation of the participant's family system and respond in a comprehensive manner that fashions the best case plan for all involved.

Accountability-based: Effective case management must be focused on outcomes. The people providing case management are accountable to the participants, the drug court team, the larger system, and the community. They constantly must be aware of their responsibilities to these various audiences, balance the sometimes competing demands of each, and work to ensure that the drug court system is efficiently developing and implementing effective plans for participants.

Public safety-focused: Drug court case management, more overtly than other forms of case management, must always have a dual focus—the best interest of the participant and the safety of the community. The case manager in fact functions as part of the drug court supervision team. This means that case management cannot simply advocate for participants, but must temper this with careful thought about public safety. Although recognizing that some level of risk to self or other victimization will exist when dealing with participants struggling with chemical abuse or dependency, two public safety duties govern the drug court mission of promoting a participant’s sober and productive reintegration back into the community. These duties are: (1) to create an effective “screening” process so that participants who enter the program do not pose an undue *risk* of violence or predatory behavior while working toward change; and (2) to closely monitor the behavior of program participants in a manner that corresponds to their identified level of risk. One continuing case management challenge is to balance the perceived risk with the need to gradually reduce in-program and post-program supervision levels as ongoing assessment of participant progress indicates substantial movement toward a sober reintegration into the community.

The case manager in the drug court setting understands that the success of a drug court is measured in part by its impact on public safety and works as a part of the supervision team to maintain a balance between participant treatment needs and community public safety requirements. With that said, it should be underscored that drug court is ultimately a public safety program. By reducing or eliminating the abuse of substances and reintegrating back into the community a more sober, productive, and law abiding group of citizens, drug court contributes to public safety. Indeed, successful graduates often become positive resources and symbols of pride and hope within the local neighborhood, faith, civic, law enforcement, and other communities.

Ethically sound: Because of the holistic and community-based nature of case management, and because of the intersection of treatment and criminal justice coercion in a drug court, drug court case management raises significant ethical issues. People engaged in drug court case management must be aware of these issues—concerns such as appropriate boundaries, ethical use of limited resources, prevention of harm versus client autonomy, and complex issues of confidentiality. More than just awareness, people providing case management must have a consistently implemented strategy for deciding what constitutes ethically sound behavior. This strategy should include discussion with the drug court team, as well as training, introspection, supervision, and discussion with other drug court case managers.

KNOWLEDGE AND SKILLS

Case managers in drug court must possess a wide range of competencies in order to be effective. The case manager must put into motion a comprehensive set of sequenced services to address the whole host of issues that addicts bear. Successfully negotiating the myriad of barriers to recovery is only one of the many challenges that distinguish drug court case management from case management in other disciplines. Drug court case managers work not only with participants, but also with their children, siblings, parents, grandparents, and other family members. In so doing, they interact with a multitude of public and private service agencies, program managers, clinicians, caseworkers, and others with whom they may or may not be familiar. Case managers must be highly organized and have a working knowledge of psychopharmacology, addiction, mental illness, cultural competence, relapse prevention and recovery planning, motivational interviewing, justice system processes, and drug testing. They must also understand the varied clinical, law enforcement, correctional, and judicial roles and responsibilities of all members of the drug court team.

Not only must the drug court case manager develop and maintain quality partnerships with a wide-ranging and diverse group of professionals, he or she must also simultaneously create an environment that guides and supports participant engagement in the process. For this reason, case managers in drug court must possess basic counseling and crisis intervention skills. Moreover, as the hub of the drug court team wheel, the case manager must help manage team dynamics, a task requiring a greater degree of communication and information sharing than is found in the more traditional case manager role. While case management in any setting is most effective with a comprehensive set of resources available to meet the needs of clients, in drug court there is an expectation that over the course of up to 18 months or more, participants will address a fuller spectrum of social, emotional, and physical health needs. To meet these needs, the case manager in drug court must develop and maintain a large and varied stable of resources. Not surprisingly, with the development and utilization of these resources comes the expectation that the case manager will have a good grasp of the special competencies, nuances, and shortcomings that correspond to each of the resources. To proficiently manage the volume of functions that make up the drug court case manager's role requires a broad, multidisciplinary knowledge base and a varied set of skills.

Relationship Building: The development and maintenance of quality relationships is critical to effective case management. This relationship building requires the case manager to develop trust not only with the participant but also with the drug court team and the potentially vast network of service providers. These relationships, often intertwined, serve to enhance service delivery and the ultimate outcomes for the participant.

Relationship Building With the Participant: As mentioned earlier, participants in drug court come with prior experiences of having their “case” managed by others. This experience is likely varied, with participants’ expectations ranging from hopeful to fearful. While many participants may have received support from case managers in the past, others may have been hindered or neglected. It is the responsibility of the case manager to assess the participant’s strengths, needs, and interests when developing the case plan, and this is to be done in a manner that empowers the participant to take a new and introspective look at him or herself. This then becomes the prelude to exploring the varied lifestyle paths that are available, the values and realities of each potential path, the life skills and other stepping stones needed to journey down a particular path, and the healthy life choices that can be made. To empower the participant and to foster reliable, insightful, and complete information, the assessment and case planning process must be genuinely interactive. This means that the case manager must draw the participant into the assessment and planning process by helping him or her explore information, ponder alternatives, and play an active decision-making role in development of the case plan. It is, after all, the participant’s plan, not the case manager’s plan. The goal is for the participant to make the major decisions and ratify each of the steps in the plan. The case manager *engages* the participant in this process by stimulating thought, building trust and respect, and offering direction if needed, while continually monitoring the participant’s motivation and assessing his or her readiness to change. The case manager develops the relationship by being genuine, listening intently, withholding judgment, and focusing on strengths rather than deficits. At the same time, the case manager shows a willingness to question, challenge, and hold the participant accountable for his or her actions. These are the no-nonsense, client-centered tools of the trade that help build the rapport, trust, and respect necessary to develop a healthy relationship and stimulate the participant’s engagement in the process.

Case Management in Action

John was a successful college baseball coach who, after taking Vicodin for a sports injury, developed a 30-tablet-a-day habit and began doctor shopping to feed his habit. John lost his coaching job and got one selling insurance. He was arrested for stealing Vicodin from a client’s medicine cabinet. His addiction and arrest sent John into a deep spiral of shame and guilt. A highly religious man, he could not forgive himself for ruining his life and destroying his family. While managing John’s case, Sandy McIntyre, case manager for the Butler County, Ohio Drug Court, spent hours talking with him across his kitchen table stressing the need for self-forgiveness. Sandy supported his completion of treatment. John returned to church and began to learn forgiveness. A part-time job, found by Sandy, led to a full-time job and three promotions within six months. A year after graduating from drug court, John is an active alumni mentor, reunited with his wife, and back coaching, this time in the Little Leagues as a volunteer.

Relationship Building with the Team: The case manager in drug court has often been described as the “hub of the drug court wheel.” In this analogy, the other team members are the spokes of the wheel. It is the responsibility of the case manager to communicate with each team member, disseminating participant information in a timely fashion. While the case manager may have gathered participant information from various sources outside the drug court environment, he or she must in turn share that information with others on the drug court team. Drug court requires the case manager to participate on a team with individuals with whom he or she may or may not have had a prior working relationship. Trust is necessary in order for the case manager to feel comfortable sharing the information gained through participant contact. The case manager can help build this trust by learning the roles and responsibilities of each team member. This will, in turn, assist the case manager in negotiating the clinical, judicial, and other systems that merge within the framework of a drug court program. Where there is a lack of trust between the case manager and team members, there will be a breakdown in communication. This will adversely impact participant trust and compliance and may lead participants to question the program and to try and form competing alliances, pitting one team member against another.

Building Relationships with Other Providers: One of the major responsibilities of case managers is to see the “whole picture” of a participant’s situation. Knowing the participant’s unique situation and all the elements of the service plan helps ensure that service providers have an opportunity to work together in a seamless and coordinated manner. Given the tremendously diverse and complex needs of drug court participants, drug court case managers face particular coordination challenges. Coordination of a drug court service plan must occur at multiple levels within and across diverse agencies, organizations, and other community providers. Often these provider groups have little or no history of working together, or worse have a history of mistrust or “turfism.” The drug court case manager must work especially hard to build trusting relationships and facilitate cooperation within this network of potential providers. Given that these varied agencies may have different philosophies and professional language, the case manager must strive to become familiar with, and able to converse within, a number of different philosophies and treatment paradigms. To help build a coordinated continuum of care across multiple service providers, the case manager must become adept at delivering drug court education to potential partnering agencies in a manner that will stimulate interest and breed receptivity. This requires strong interpersonal and relationship building skills, a sense of diplomacy, and an understanding of community dynamics.

Case Management in Action

Doreen Cornelius, case manager supervisor in southeastern Kentucky, believes that the more case managers learn about the offenders they supervise the better equipped they are to shape the programs, treatment, and resources available to the drug court. For example, discovering the high prevalence of childhood sexual abuse among women in the drug court, case managers formed special counseling groups to address this issue. Challenged by public housing rules regarding drug felons, case managers enlisted the faith community to help provide drug-free housing. To address offenders' deficiencies in daily living skills and healthcare, case managers organized educational groups and asked local citizens to make presentations.

Coordinated Communication: Drug court case managers coordinate care for participants on several levels. First, case managers coordinate information for the drug court team. Case managers provide the results of monitoring and any other pertinent information to the team to ensure the entire team has all relevant information and can make appropriate and effective decisions. The case manager uses clinical information and knowledge of the judicial system to provide a synthesized informative picture of the participant's progress to the team in general and the judge in particular.

The case manager also coordinates efforts between and among the drug court team and service providers, communicating the service plan to providers, making certain that these services are indeed provided, informing the team about compliance with and the effectiveness of services, and coordinating team/provider views in a modified service plan when necessary. In addition, the case manager (1) keeps each service provider updated about the full range of relevant services the participant receives and any changes made in the service plan; (2) ensures that the services delivered by diverse providers are complementary and not contradictory (e.g., making sure that the participant's AA meeting does not send a "no medications" message while his or her psychiatrist is prescribing an antidepressant); and (3) helps coordinate services and supports provided outside the formal drug court provider network by family, friends, and others, again ensuring that services and supports are complementary and helpful in moving the participant toward his or her goals.

The effectiveness of the drug court concept is based on timely, frequent, and open communication among drug court team members and the network of providers serving the participant. The ability to receive information quickly and impose sanctions or incentives soon after an event is a fundamental element of the drug court compliance and accountability process. The case manager often serves a pivotal role in this process by channeling information into and out of the drug court team. The case manager is responsible for facilitating the transfer of information between team members by maintaining relationships and through the distribution of appropriate documents and releases. An important role for a drug court case manager is ensuring that all necessary releases are completed in compliance with federal confidentiality requirements

and any applicable state regulations, so that communication among relevant parties occurs without unnecessary oversight.

Counseling and Crisis Intervention: Case managers must be familiar with the basics of informal and supportive counseling and be able to respond to participants in crisis. To be most effective, case managers must be able to screen participants for danger to self or others and be able to recognize other potential crisis situations. Case managers should possess a comprehensive knowledge of counseling and other intervention services available in the community in order to provide appropriate referrals, especially at the time of crisis. This knowledge base must include not only an awareness of the existence of a particular service, but also other factors that contribute to providing an accurate referral, including eligibility criteria, hours of operation, and philosophical underpinnings.

While not designed to be formal clinical responses, these skills are necessary to interact with participants in the most effective manner. Regardless of their background or training, case managers must be aware of the critical difference between informal counseling and clinical treatment. In crisis situations, the case manager's role is to recognize the crisis, engage in immediate calming and de-escalating communication if possible and safe, and access crisis specialist assistance as soon as possible.

Working with Families: Drug court sees each participant as part of a family system. However, many participants appear at intake to be without family support, as most have family members with whom they have become estranged due to their prolonged drug and alcohol abuse. The case manager can help reconnect drug court participants with their non-substance abusing family members in a positive way by demonstrating new and constructive behaviors.

Case managers in drug court also routinely find themselves confronted with participants who are struggling to parent while also trying to maintain their new-found sobriety. Case managers cannot make the assumption that once a participant becomes clean and sober, he or she will be able to parent effectively. For many, parenting skills were never modeled by the participant's own parents, nor learned elsewhere. This poses a challenge for the participant who may be attempting to regain custody from the child welfare agency or who simply wakes from years of drug use to find teenagers in need of guidance and discipline. If this is a challenge for the participant, it is also a challenge for the case manager who must find suitable services and support for both the parent and child(ren).

Case Management in Action

When describing her job as case manager to friends, Danielle Sanders-Jackson used to say it was like probation: she monitored drug court offenders weekly for public safety purposes, making sure they were drug free and observing the orders of the court.

A different picture emerges when Danielle, now a case manager supervisor, describes the role in detail. Danielle works for the Fayette County Drug Courts in Lexington, Kentucky. She supervises case management in both adult and juvenile drug courts. Fayette County case managers do indeed report weekly on compliance issues such as employment, school attendance, child support payments, and drug use and make sanctioning recommendations to the court. They make referrals for housing, employment, and training, and mental health services, much like probation officers.

However, their weekly contacts (daily with some youth) over 52 weeks of drug court involvement and their weekly review of the “homework” journals the drug court participants must keep provide a deeper involvement with their clients than may be possible for many probation officers. The client’s journals give the case manager insight into client concerns and red flag client activities, or identify relationships that may undermine treatment or trigger relapse. This is especially important in the first phase of treatment when, as Danielle says, “many have not yet bought into treatment.” The case managers use the clues they find in the journals to head off trouble and strengthen the client’s engagement in the treatment process.

This supportive role continues throughout the year of drug court participation and sometimes beyond. Recently, six months after drug court graduation, a former client expressed concern that a co-worker had relapsed and was using again and she feared for her own sobriety. “You know what you have to do,” Danielle responded and proceeded to help her get another job. Dealing with relapse triggers is a key element of the case manager’s dialogue with the client.

Recording and Disseminating Information: The drug court case manager acts as an information clearinghouse to assure that relevant information is historically preserved and communicated both to the drug court team and the court and disseminated as appropriate to other relevant service partners. It is typically estimated that up to 25 percent of a drug court case manager’s time is spent documenting information. Mastering effective, complete, and timely case documentation is therefore an important skill for the drug court case manager. The professional case manager understands that the documentation he or she maintains must be clear, concise, internally consistent, recorded in a timely manner, and maintained in a format that is understandable to others. The competent case manager realizes that quick access to case file information will be needed by a clinical supervisor, a quality assurance reviewer, a case manager substitute during times of leave, or a program evaluator. A review of a professional drug court

case manager's case file should reveal the following types of informative documents or their equivalent:

- *Intake*
- *Signed releases and waivers*
- *Confidentiality agreements*
- *Screening and eligibility forms and results*
- *Clinical assessments*
- *Treatment attendance/progress reports (to monitor outpatient, residential, and other performance)*
- *Participant tracking forms (to document participation in ancillary service activities and compliance with required or recommended referrals)*
- *Case progress reports*
- *Drug test result logs*
- *Summary of court sessions to include description of sanctions, incentives, or conditions*
- *Individual case manager status reports*
- *Home visit reports*
- *Mid-term reports*
- *Discharge summaries*
- *Exit interviews at graduation*

Accessing and Developing Resources: There are three primary issues in the availability of effective treatment and ancillary services for drug court participants. First, few substance abuse treatment facilities have counselors with training in meeting the specialized needs of criminally-involved substance abusers. Traditional treatment may not address the full range of participant needs and may be less effective than more specialized treatment.

Second, in some geographical locations, accessing any kind of substance abuse treatment may be a challenge for the drug court participant. In some areas, especially rural areas, services either do not exist, or the existing provider(s) lacks the capacity to meet the needs of the area. In addition, there is often a dearth of ancillary community resources such as housing and employment, which are essential for recovery and stability.

A third treatment availability issue involves the stigma of being both substance abusing and criminally involved. Community-based treatment providers and community resource managers (e.g., landlords and employers) may be reluctant to be involved with drug court participants because of their diagnosis and history. Even if services are available, it may be difficult for a case manager to find an agency willing to accept the participant.

Case managers can use a number of strategies to improve access to effective services for drug court participants. First, case managers, with assistance from the drug court team, must be both aggressive in identifying every potential community resource and/or service that may be of help to participants, and he or she must be skilled in building relationships with the gatekeepers to these resources and services. Case managers must advocate for participant's right to receive treatment and dispel myths that service providers (and other community resource providers) may

have. In addition, case managers should note trends and patterns in participant service needs over time to help document resource gaps in the community as well as individual participant needs. Case managers can then work in partnership with service providers, community leaders, influential drug court stakeholders, and participants and their families to advocate for new or expanded services for drug court participants and other similarly situated people of need. Drug court case managers must be actively involved in resource development and community outreach if they are to effectively link participants with the services and resources needed for success.

ADMINISTRATIVE ISSUES IN THE DEVELOPMENT AND ENHANCEMENT OF DRUG COURT CASE MANAGEMENT

DESIGNING CASE MANAGEMENT FOR JURISDICTIONS

A drug court's case management capability should be designed to serve both the needs of the participant as well as those of the justice system. Drug court participants must believe that they are receiving needed services and support in a timely manner. From the system's point of view, case management must ensure there is a continuum of supervision and services to minimize the chance of relapse and recidivism and maximize potential for recovery.

Just as the drug court relies on a team, case management in a drug court setting calls for an effective team approach. This means that the functions of effective case management reside in more than one person and in more than one agency. To provide consistency, however, one member of the team should be designated as the "lead" or "primary" case manager. The designated primary case manager serves as the information conduit among the participant, the service system, and the entire drug court team. The communication and documentation responsibilities ultimately lie with the primary case manager. The old adage "the buck stops here" accurately reflects the role of the drug court case manager. Whether or not the primary case manager directly performs the assessment, planning, linkage, monitoring, or other function, it is this case manager who is responsible to the team for overseeing the case management functions to ensure they are adequately and promptly performed.

In the design of team case management, flexibility should be exercised in order to make use of the specific expertise of team members. This means that, when appropriate, some case management functions or activities may be performed by drug court team members other than the case manager. Case management functions should be designed in such a way as to make the best use of team skills and resources in meeting participant and population needs.

Great variation exists in where the primary case manager is placed organizationally. When determining how the case management functions should be placed organizationally, decision-makers should: (1) assess what case management resources already exist in the community and whether they are appropriate for the drug court's target population; and (2) consider the impact of the potential organizational placement on the effectiveness of case management.

ASSESSING CURRENT CASE MANAGEMENT RESOURCES IN THE COMMUNITY

Each drug court must analyze the case management resources already in its community prior to determining the unique configuration needed to fulfill the drug court's case management functions. When analyzing these resources, some issues to consider include:

- What are the supervision and clinical case management needs of the population served by the drug court?
- What supervisory and clinical case management resources currently exist in the community?
- Are these existing case management resources suited, or potentially suited, for use by the drug court?
- Do existing case management resources have sufficient clinical skills as well as knowledge of both treatment and justice systems to provide effective services in a drug court setting?
- What are the political, organizational, qualification, and resource implications to using existing case management capabilities in the drug court? For example: Would entities providing current case management resources work in harmony with a drug court team? Would case managers employed outside the court or under the authority of a different branch of government be willing to abide by the drug court rules? Would there be issues with “serving two different masters?” Would the internal policies and procedures of the non-court case management entity mesh with those of the drug court?
- Are existing case management resources sufficient to meet the needs of the drug court? If not, can an expansion of current resources in the same agency(ies) meet drug court needs? Will funding for expanded case managers be borne by the court or the non-court agency providing the services? If grant funds will be utilized, which agency would be responsible for administering the grant funds—the court or the non-court entity? If a mix of court and non-court case managers provides case management, would issues of salary and benefit disparity across agencies or organizations be significant?

In a community that is rich in case management resources, the drug court case manager may serve primarily in a case management coordinator role, coordinating case management services already residing in probation, TASC, a treatment provider, or elsewhere.

ORGANIZATIONAL PLACEMENT OF CASE MANAGEMENT: VARIABLES FOR CONSIDERATION

The organizational and geographic placement of case management has a significant impact on its effectiveness and, thus, the effectiveness of the entire drug court. Options for placement of case management can include employment by and/or co-location with treatment, probation, the court, public defender's office, prosecutor's office, law enforcement, TASC, another service provider, or an independent case management agency. When considering where to place case management, decision-makers should explore the following issues:

- Which placement would be acceptable to key stakeholders and the community?
- Given the history of the community, which placement would have the greatest likelihood of success in boundary-spanning and bridging across systems?
- Which placement would provide the internal support needed by the case managers, e.g., will they be marginalized or elevated by their peers because of the work they will be doing?
- Which placement would be most accessible for participants, or allow case management to most easily maintain contact with participants?
- Where would case management have the most, and the most ready, access to relevant service providers and community resources needed by drug court participants?
- Where would case management have most rapid access to other members of the drug court team?
- Which placement would best enhance the credibility and status of case management, underscoring its importance and central professional role in the drug court team?
- Where would the case manager receive sufficient clinical and administrative supervision and support?

Several examples exist in the field regarding organizational placement of case managers, including case managers who are:

- *Direct employees of the court (Charlotte, NC; Durham, NC)*
- *Probation officers, where probation is under the judicial branch of government (New Jersey, Albuquerque, NM)*
- *Probation officers where probation is part of the executive branch of government, albeit the Chief Probation Officer is appointed by the judiciary (California)*
- *Employed by treatment agencies (Brooklyn, NY)*
- *Employed by a non-profit entity, not by the court or treatment (Raleigh, NC)*
- *Employed by a prosecutor's office, e.g. those with pre-trial intervention components (11th Judicial Circuit, SC)*
- *Employed by TASC, typically under the umbrella of a treatment provider (Wilmington, NC)*

- If multiple team members share case management functions, which placement will minimize the likelihood of case management gaps or duplication of effort among the team?
- Which placement would minimize the potential for conflicts of interest, such as those that could arise from making treatment referrals within one's own umbrella agency?
- Which placement would maximize case management efficiency in communication and information dissemination?

In considering the issues outlined above, balancing the supervision and clinical case management needs of the target population should weigh heavily in decision-making. When the drug court's target populations are generally seen as high-risk or needing close supervision in performing the steps necessary to meet the goals of their case plans, case management will need strong supervisory authority and skills. This situation creates a strong argument for the assignment of a probation officer or an employee of the court who has experience with supervision and case management. When the drug court's target population is generally seen as having high clinical case management needs, then case management will need a strong clinical focus. In this situation, case management provided by an employee of an independent case management agency, a treatment provider, or an employee of the court with a clinical background might be preferable. In some jurisdictions, case management teams consisting of a probation officer and substance abuse specialist carry a joint caseload and work together to provide case management services. This design is one example of coordinated case management that draws on the knowledge and experience of multiple providers.

CASE MANAGER CHARACTERISTICS AND TRAINING

One of the most important considerations in the development of case management services in a drug court is the identification and selection of the primary case manager. Effective case management depends to a great extent on the attributes or characteristics of the individual(s) performing the case management functions. The effective drug court case manager will fully comprehend and support the drug court concept and its derivative components and fully acknowledge the necessity for strict accountability in the administration of the case management functions. To effectively support the participant throughout supervision, the case manager will need a thorough knowledge of service-related resources and systems and maintain a solid grasp of the case management principles, knowledge, and skills as outlined earlier in this document. The effective case manager will also be willing to engage in ongoing professional development to enhance case management clinical skills and remain current with developments in the substance abuse, mental health, law enforcement, drug testing, and other relevant fields that impact the interdisciplinary nature of the drug court process. The effective case manager will understand AOD treatment and its efficacy, be highly organized, communicative, detailed, proficient in time management, and possess the ability to integrate the criminal justice system with the AOD treatment system.

These characteristics, of course, represent the ideal. Training, on-the-job experiences, and cross

training are methods to help fill gaps between the ideal characteristics of drug court case managers and the realities of the marketplace. Training needs will vary by the experience of the specific case manager. Training programs might include information regarding the philosophical approach taken by a particular drug court. Training should include orientation information regarding the specific standards and practices of the drug court and should provide opportunities to spend time and work with other critical drug court team members. Cross-training, where one team member serves as a conduit or trainer for other team members by sharing information on a particular topic area, such as HIV or Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE), is a particularly effective means to educate one another. When a new case manager spends time with experienced team members, the experienced peers can help the case manager identify and recognize areas of training needs. The process of cross training utilizes the experiences of the team to provide needed operational and philosophical information.

Additionally, drug court case managers must be aware of emerging best practices in the drug court arena and in the field of case management. This can be accomplished through nationally recognized training opportunities as well as staying abreast of relevant literature. Another method of continued professional education is through a well-developed network of other case managers that can share and disseminate pertinent information

Case Management in Action

In Southeastern Kentucky, the drugs of choice are oxycodone and methamphetamine. Their use has reached near epidemic proportions and spurred a 29-county effort to expand drug courts. Doreen Cornelius is a drug court administrator helping lead this expansion. She has seen the role of case manager change from one of direct treatment provision to what she currently calls the “hub” of drug court activity: developing community treatment placement and recovery support resources, monitoring offender and provider performance, and providing this information to the drug court team. In this hilly, rural section of Kentucky, jobs are few, transportation often a problem, and drug-free housing for convicted drug felons hard to come by. Being knowledgeable about their community and the available resources is important for case managers to respond to the unique challenges of their community.

SUPERVISION OF THE CASE MANAGER

Determining the appropriate supervision strategy for the case manager depends on both the characteristics of the case manager and the structure of the drug court. In programs where the case manager performs a variety of clinical functions, a clinical supervisor is needed to ensure the ongoing development of clinical skills, provide quality assurance, and support the case manager to avoid burnout. Case managers in a drug court setting may come from different practitioner backgrounds (e.g., probation or treatment). Case managers coming from other case management milieus should be aware of the need to shift their roles to a drug court model of case management operations. Supervisors should help these case managers recognize the tendency to shift back to familiar models rather than operate under a new structure. Supervision is a good

vehicle to overcome this tendency and to support the positive development and adjustment of the case manager to the drug court. In all cases, the role of supervision is to ensure the highest level of performance possible from case management in order to meet the needs of the drug court. If the case manager is well supervised and supported, the needs of the drug court will be met.

Case Management in Action

“The case manager has to make sure all the members of the drug court team have the same accurate information regarding offenders and their progress in meeting court and treatment requirements,” says Sandy McIntyre, TASC director in Butler County, Ohio. He adds: “We have to make sure the offenders aren’t scamming the systems, playing them off against each other.” Sandy, an ex-offender and recovering addict, knows from experience the issues the addicted offender faces and the various and often dysfunctional behaviors they employ to cope with problems.

“Many have learned how to tell the probation officer what they think the officer wants to hear and do the same with judges and treatment counselors.” Manipulation and triangulation are not uncommon. A case manager with “street smarts” is able to establish both a non-threatening and honest relationship with the offender. The case manager sees the client in multiple situations: at home, on the job, in the hospital, and with the client’s family. The case manager is an advocate and supporter, but also a role model. He clearly sets forth the obligations, structure, and responsibilities facing the client. He provides the client with a human touch, both caring and understanding. “The case manager puts the client’s needs on the table at drug court team meetings and advocates both understanding and resolutions,” says Sandy.

EMPOWERMENT, AUTHORITY, AND AUTONOMY OF CASE MANAGEMENT

Empowering the case manager is a critical issue in the development and operation of a successful drug court. The ability to perform effective drug court case management is directly tied to the degree to which others grant authority to the case manager to carry out the role and functions of case management. The case manager must be able to access the resources and garner the cooperation of numerous service delivery groups within a community. This will only occur if the supervisory and line staff of the various service providers view the drug court as a legitimate and accepted mode of operation and accept the case manager as the authorized representative of the drug court team.

Empowerment of the case manager is inextricably tied to the manner in which the reality or appearance of authority is transferred to the drug court team from the various power brokers in the treatment and justice systems and the community at large. Strategic representation of these

power brokers on a local drug court management or steering committee is extremely important. The existence of a strong and supportive local drug court management or steering committee has tremendous utility for empowering the drug court case manager and other team members in the performance of their respective tasks.

Empowerment also emanates from the stature of the court. The organizational and geographic placement of the case manager substantially impacts his or her ability to use the authority of the court or, more specifically, the authority of the judge. The closer the case manager is to the judge organizationally and geographically, the easier it will be for the case manager to wield the authority of the court. When the case manager is not an employee of the court, the judge must take other steps to communicate to stakeholders that the case manager is working as a representative of the judge.

Fellow drug court team members and their respective administrators, supervisors, and colleagues also confer authority upon the case manager. For example, the fact that the drug court judge has given the case manager the seal of approval is significant. But when that good seal is further stamped by the chief administrative judge and the judge's colleagues on the local bench, the case manager is more fully empowered to perform his or her role. And when the chief prosecutor, the public defender, and other attorneys of recognized stature endorse the case manager, the ability of the case manager to effectively manage in a drug court environment is significantly heightened. While the endorsement and support of justice system professionals is essential to the effective functioning of the case manager, so too is the endorsement of respected members of the treatment community. Empowerment is the tool that helps close the doors on jealousy, malingering, aloofness, and other impediments to cooperation that unfortunately can appear when a manager seeks collaborative assistance from a multitude of organizations, groups, and individuals.

Related empowerment questions that should be considered include: By what method will the judge communicate authority to and through the case manager? How will the case manager exert authority over participants, program providers, and other team members when necessary? How will the team empower, delegate authority to, and support the principal case manager in the execution of his or her duties?

In situations where some case managers are employed by the court and some employed by one or more non-court entities, it is especially critical to clarify any differing authority and roles of the case managers. It is also important to clearly distinguish the authority and roles of the drug court coordinator and the case managers. Case managers need assistance to effectively maneuver the often conflicting demands and expectations of the many agencies and organizations that impact the drug court process. Case managers, fellow team members, drug court administrators, and diverse hiring authorities should understand that case managers have a responsibility to their employing agency, the drug court team, and the court. They should also be cognizant of the fact that, at times, these responsibilities will conflict. For example, while a case manager may have the authority or sole discretion based on agency policy or law to act on behalf of a participant, drug court policy may require a team decision before acting on that authority. The drug court administrator must work with the case manager and other vital parties to determine how this and other eventual conflicts can be best addressed and resolved.

The issue of potential interagency conflict is not unique to the situation of the drug court case manager. Other members of the drug court team may also have to confront proscriptions, procedures, traditions, and even legal mandates within their own employing agencies that compete with drug court policy and procedures. Regardless of a member's position on the drug court team, these problems can be circumvented in advance by bringing the case manager's or other team member's hiring authority into the drug court planning or enhancement process and developing signed cooperative agreements. Such problems can also be minimized or offset by emphasizing cross training among team members so that each gains a fuller understanding of the requirements and expectations that structure and regulate their respective professional roles.

Case Management in Action

Don Moore, a drug court case manager in Mecklenburg County, North Carolina, sees advocacy within the team process at times critical to keeping the client engaged in treatment. Melinda, who had a record of multiple arrests and repeated relapse, was seen as a real challenge by her treatment provider. The treatment provider told the court "she wasn't ready for treatment, not motivated, and should be dropped from drug court." Don, however, believed Melinda was serious about dealing with her addiction, but struggling. His recommendation to continue her in drug court but place her in the 28-day jail-based treatment program followed by a return to drug court treatment was accepted. After 18 months of drug court involvement, she graduated from the program and has been sober now for nearly six years. She has purchased a home and works as a secretary at a treatment center while studying to be a recovery counselor.

Case management effectiveness can also be improved by clear policies and procedures around areas of autonomy and discretion. For example, clearly stated policies identifying if or when a case manager may impose a sanction or give an incentive prevent confusion, tension, lack of role clarity, and lost time. There is a balance to be struck between responding immediately to the participant's behavior, that is, imposing an incentive or sanction to maximize the effect, and waiting to discuss the appropriate response with the entire team before responding. Many drug court teams have resolved this dilemma by developing policies that identify specific situations where case managers can act independently within a range of responses. For example, the team may decide that whenever the case manager becomes aware of a missed treatment session the participant is directed by the case manager to appear at the next drug court hearing, regardless of their previously scheduled hearing. Similarly, case managers may be given incentive items such as small gift tokens/certificates (e.g., bus tokens, movie passes, food discount coupons) to distribute whenever a participant attends optional recovery-related sessions or programs (e.g., acupuncture, career enhancement counseling, parent-child events) or engages in special community-based "give-back" efforts, such as those sponsored by local or national service organizations (e.g., Habitat for Humanity, the American Cancer Society, and the American Heart Association).

Each drug court team member must clearly understand what behaviors will be immediately responded to by the case manager and what behaviors will be brought back to the team before a response is made. While identifying parameters of conduct can assist case managers in understanding the degree of discretion they possess, overly rigid protocols for case management action may be counterproductive and must be avoided. Case management requires flexibility; policies should not restrict case managers to the extent that they become inefficient or ineffective.

INTENSITY, DURATION, AND TRANSITION

The development of a case management approach must include consideration of several key dimensions of case management: intensity, duration, and the method for transitioning case managers.

The *intensity* of case management is determined by many factors. These include:

- The primary focus of the case management intervention;
- The number of functions to be performed by the case manager;
- The amount of team support in carrying out the functions;
- The designated caseload ratio, i.e., the number of cases per case manager;
- The extent to which a designated caseload may consist of participants with special needs;
- The minimal frequency with which the case manager is expected to be or needs to be in contact with each participant;
- The length of time normally needed for each contact;
- The extent to which intensity is likely to be modified in response to stressors or relapse risks in the participant's life; and
- The extent to which case management is likely to diminish over time as the participant progresses through the various phases of treatment and drug court.

The drug court team as a whole should discuss these issues. The intensity of case management inevitably will vary based on the needs and characteristics of the target population, the availability of other resources and services, and the human and financial resources of the drug court itself. Additionally, the intensity of case management will fluctuate in order to complement the participant's movement through the phases or levels of the drug court.

The *duration* of the case management also must be considered in the case management design process. For example: Will the performance of the key case management functions, other than the monitoring function, end with the movement of the participant to the aftercare phase of the program? Will monitoring end once the participant graduates from the drug court program, or substantially diminish in scope, e.g., shifting the graduate to regular supervised or unsupervised probation until the term of his or her probation comes to an end? Will case management continue to some extent for alumni group members? The answer to these questions will vary depending upon the heterogeneity and needs of the target population, the structure of the program, the resources available to support continuing assistance and monitoring, and the reach of the court's jurisdiction over the participants.

Issues of *transition* must be addressed on two levels: (1) transitioning participants from one case manager to another, or to none at all, as the participant progresses or regresses in the program or as personality or ethical conflicts develop; and (2) transitioning case managers to account for promotions, program expansion, employee resignation or termination, or temporary leave due to medical, vacation, or other necessity. When transitioning participants from one case manager to another as they progress or regress, provisions should be made to address the participant's increased, decreased, or otherwise altered case management needs and requirements. Some issues to consider will be: Will participants shift to another case manager once they complete a certain phase of the drug court or enter a segment of the program designed to handle relapse? Will participants who need relatively long-term residential or in-patient treatment shift to another case manager or type of case management? Who will address ethical, personality, or other conflicts between a case manager and participants?

The status and progress of individual participants should be the critical consideration when contemplating transition. Moving a participant to a different case manager or different style or level of case management can have negative or positive consequences. In any case, transition is a time of increased risk. It is incumbent upon the case management team to continually assess the participant's progress through the program phases, recommend adjustments as needed, and pay special attention to transitioning the participant from more intensive phases to phases with reduced supervision and increased independence. The design of case management must include the flexibility to anticipate and plan for potential participant challenges to or discomfort with case manager transition, and be prepared to anticipate and respond to issues as they arise. It is always advisable to develop case management practices in such a way as to increase participant support during transitional phases. Case management team members must be aware that for some participants, drug court and the case management relationship becomes an important structure that meets many of the participant's basic support needs. A participant's fear of reduced or lost contact with his or her support network can contribute to an increased risk of program failure during the time of transition.

THE CASE MANAGER'S ROLE IN MANAGEMENT INFORMATION SYSTEMS (MIS) AND PROGRAM EVALUATION

This monograph has underscored the central role the case manager plays in a successful drug court. It has characterized the case manager as the person with the task of shepherding the participant through a maze of resource availability, service delivery, drug testing, incentives, and sanctions. But the case manager is not simply the drug court participants' shepherd. She or he is also the *hub* through which all information flows to the other drug court team members. The drug court team relies on the case manager to systematically gather, record, and disseminate all relevant information in a timely and accurate manner. It is only when this information is systematically collected, documented, and shared with the team that the "team case management" concept can be employed and the full power of the drug court model realized. And, it is only through the systematic collection of relevant demographic, process, and outcome information that a foundation can be laid for a comprehensive and comprehensible program evaluation.

Data Collection and Documentation: Some case management experts claim that professional case managers may need to spend up to 25 percent of their time documenting their case files. This may be a difficult adaptation for some case managers who cut their teeth before the digital revolution. In the so-called old days of case managing substance abuse participants, documentation, if it occurred at all, oftentimes took a back seat to spending time with the participant. Countless excuses developed to justify the failure to adequately document: "It is confidential information!" "It takes away from the time I need to spend with the participant!" "No one else is doing it!" "No one ever looks at the files anyway!"

Today, documentation is an indelible part of all professional healthcare case management. It is particularly central to team-based drug court interventions where a determination of fact lays the foundation for court review of participant progress and the administration of sanctions and incentives. No one today would dispute that the success of a drug court is in large part dependent upon whether the participants can trust and respect the decisions that are being made about their progress. These decisions must be based upon information that can be precisely retrieved and be deemed credible in a legal proceeding.

Reliability of Information: The information collected by the case manager must be comprehensive, case relevant, timely, understandable by others, and internally consistent. It must also be periodically collected, shareable with the case management team, and meaningful. On a participant level, the sharing of inaccurate, incomplete, missing, or untimely information can result in an inappropriate sanction that can destroy the participant's trust in the system and severely undermine future treatment progress. But such errant information has consequences beyond the individual participant. The drug court is, after all, a group process. Incentives and sanctions are given or withheld in full view of a cohort of fellow drug court participants. This courtroom cohort of participants may harbor information pertaining to the reviewed participant's performance. These vigilant observers may well hold a set of strong beliefs about how the participant has truly performed and what should be the appropriate consequence, if any. This audience is ever watchful and opinionated about the equity of the observed proceedings. The reliability of the program is on trial during each and every status hearing. It is the case

manager's job to ensure that the drug court team is provided with timely and accurate information so that the participants' respect for the court's providence is not damaged.

Systematic and reliable data collection is also necessary for maintaining oversight of the performance of the drug court program's cadre of service providers. How else can the program know whether these resources are: (1) consistently able to meet the participants' needs in a cost-efficient manner and (2) worthy of remaining as resources in the drug court network? Only by documenting participants' performance and progress while engaged in the services of the specified provider can a program monitor the utility of the service provider.

Systematic collection of timely and reliable data is also crucial for sustaining the trust of the drug court team, community leaders, service providers, and the drug court program's funding sources. Each of these partners in the drug court system is expected to carry out his or her respective functions based on the information that is collected and shared. If the information is not available or is suspect, success cannot be documented, quality improvement cannot occur, and support for the drug court will gradually wane. Without internal and external trust and credibility, team members will become embittered, judicial decision-makers will become frustrated, finger-pointing will become endemic, participant referral streams will dry up, and funding sources will cease to provide the necessary dollars.

Management Information Systems (MIS): Every drug court program must have a system for documenting each key piece of information. Given the sheer volume of required information, the development and consistent utilization of a Management Information System (MIS) is essential. This holds true whether the MIS is paper-based or electronic. While a "mom and pop" type of drug court operation that documents information verbally or in a hodgepodge fashion may carry the day during a pilot period of operation, a drug court program will not endure over time without a well-developed MIS.

A well-conceived MIS is a vital tool for professional case management. It allows for the recording, tracking, and reporting of information in an accurate, comprehensive, and timely manner. As a tracking device, an MIS allows for information to be recalled for purposes of conducting historic or evaluative reviews of the performance of a specific participant, a group of participants, an entire caseload, a service provider(s), or the drug court program itself.

An MIS is a necessary-but-not-sufficient tool for monitoring participant, staff, and program performance. It is not sufficient because the MIS, no matter how sophisticated, is only as good as the information that is recorded. If the information recorded is incomplete, altered, made up, missing, or otherwise inaccurate, the utility of the MIS suffers. It is the case manager's role to help ensure that this does not happen.

To meet the expectations for holding drug court participants accountable for their behavior, the case manager needs a system that will allow for the competent and expeditious processing of the information that is collected. This can pose a dilemma for the professional case manager who does not have an MIS at his or her disposal. While the case manager is responsible for much of the day-to-day data collection, he or she is not responsible for the development of a comprehensive system for managing and evaluating the information. Rather, this is a task for the

drug court administrator. Luckily, there are a number of useful paper-based MIS programs readily available from existing drug courts in this country that can be used as model systems. These programs are generally happy to share their most up-to-date system, a generosity that truly defines the concept of a drug court “movement.” In addition, there are a number of drug court software programs that are available at minimal cost.

Whether choosing an off the shelf system, redesigning an existing system, or developing a new one, it is extremely important that the case manager review potential systems in concert with the drug court administrator, the drug court evaluator, and a local computer expert to determine an MIS that best fits the resources and needs of the drug court program. Although the case manager does not typically create the MIS, he or she should have input into determining the key data bits, elements, and fields that make up the MIS. As the guide and monitor of participant performance, the case manager should know a good deal about the type of information that needs to be gathered to enhance and document the day-to-day case management and drug court decision-making process. This knowledge needs to be imparted to those responsible for designing, implementing, or upgrading the MIS. After all, the case manager is the gatekeeper of the case files, the hub of the information flow, and the person responsible for ensuring that the information is obtained and recorded in a timely manner, is accurate in its content, and is entered for each and every participant.

Evaluation: In the introduction to this document, it was stated: “Case management pulls all the pieces together so that the drug court works.” But how do we know it works? We only *know* if the program’s effectiveness can be evaluated in a methodologically sound manner. Today’s legislators, taxpayers, and other funders are increasingly expecting or even demanding that rigorous evaluations be performed to justify continued spending of tax dollars.

The development of a methodologically sound experimental or quasi-experimental design sets the stage for a scientifically grounded analysis of identified outcome data. An evaluation should also be designed to garner sufficient information to document the process involved in the program’s operation. Conducting a process evaluation along with an outcome evaluation is necessary to determine what it is about the program that causes, enhances, or detracts from its utility and efficacy. The design and oversight of these types of evaluations requires the services of a trained evaluator.

The evaluator and the case manager, among others, must be collaborative partners in the evaluation process and understand their respective roles. In designing an appropriate evaluation of a program, the identified evaluator should obtain the case manager’s input to help ensure that the evaluation design accounts for the realities of the program’s operation. By assisting the evaluator in developing meaningful and relevant questions, the case manager (and case management team) contributes to the validity of the data. While it is not the case manager’s job to design a rigorous evaluation or analyze program data, it *is* the case manager’s responsibility to ensure that the data to be analyzed is reliably gathered and recorded. Indeed, it is the reliability of the data collection that ultimately determines whether any conclusions can be drawn about the effectiveness of the program.

In a drug court setting, as in most field-based social programming, the reliability and validity of the information being analyzed must pass muster. The information must be *systematically* collected across all participants; it cannot be collected in a haphazard or incomplete fashion. While some missing or errant information can perhaps be tolerated when the sample or population being analyzed is large, the reality is that most intensive social programming, like that involved in the drug court model, typically does not have the luxury of large numbers of participants. This means that a few errors or missing data can significantly distort the results. It is unfortunate but true that, all too often, what appears on the surface to be an effective program ends up being dissolved because there was no systematic data collection or the reliability of the data was inherently suspect. In today's climate where continued funding and support rests on the deliverance of valid and reliable outcome data, there can be no excuse for lax documentation. While many of the case management functions may be shared among the drug court team members, it is the primary case manager's responsibility to ensure that appropriate documentation accompanies each case management function. Failure to provide the appropriate documentation that will form the basis of an evaluation will undermine the reliability of the drug court program and lead to its demise.

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