CARE

Case Assisted Re-Entry

History

- 2009 – Franklin County awarded PCCD grant for Jail Diversion Program
- 2011 – Grant funding ends and program continues with some changes
  - No longer a diversion program
  - No longer used to reduce sentences
- 2018 – Revamped to use more evidence-based approaches to case management

CARE Program Goal

- The goal of CARE is to link criminal justice involved individuals to resources to stabilize the person's mental health condition by utilizing psychiatric consult, medication management, therapy, and peer support with the intent of reducing the person's recidivism risk.

CARE Program Components

- Screening
- Risk assessment
- Case management
- Support

Link to Resources

- Mental health services
- Substance use services
- Medication management
- Peer support
- Educational/vocational assistance
- Transportation
- Housing

Funding

- Psychiatric Appointments
- Therapy Appointments
- Psychotropic Medications
- Life Sustaining Health Medications
- Replacement ID
  - Driver's license
  - Photo ID
  - Birth Certificate

ELIGIBITY

- Must be at least eighteen (18) years old
- Must be a Franklin County resident
- Must have a suspected or verified mental health diagnosis
- Must be involved in the criminal justice system

Everyone who meets eligibility will be accepted as long as the caseload permits.

Referrals Sources

- Jail Staff
- Private attorneys
- Public Defender's Office
- Adult Probation Officers
- Community Agencies

Referral Form

Referring Person:_____ Phone Number:_____

PARTICIPANT INFORMATION

Last Name:_____ First Name:_____

Date of Birth:_____ Gender:_____

Home Address:_____

Phone Number:_____Alternative Phone Number:_____

Currently Incarcerated? Yes No If Yes, projected release date:_____

Current Charge(s):_____

Pending Charge(s):_____

Mental Health Diagnosis (if known): _____

Substance Use Problem? Yes No If Yes, drug of choice:_____

Treatment Team

- CARE Program Director
- CARE Forensic Case Manager
- Adult Probation Mental Health Officer
- Jail Treatment Staff
- Key Agency Representatives
  - Forensic Peer Mentor Support Staff
  - Service Access Management (SAM)
  - Franklin County Housing Program
  - Treatment Providers
  - Shelters
  - Public Defender’s Office

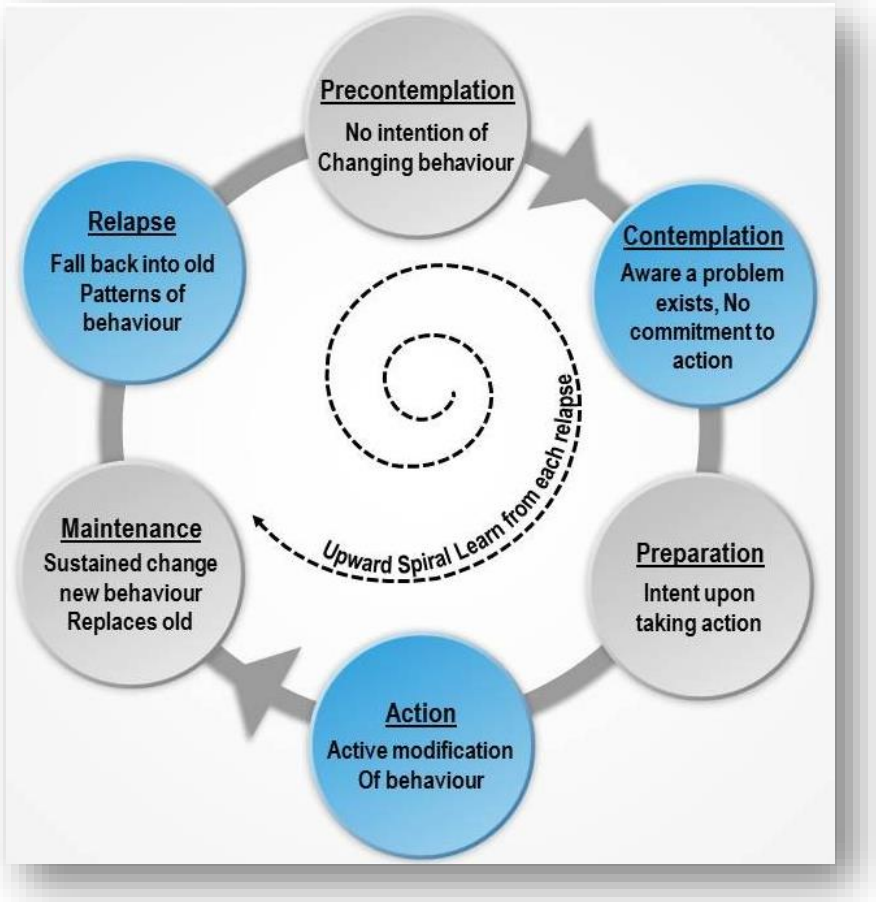
Assessments

- Research shows that the use of an assessment instrument enhances the individual treatment plan because the needs of the individual are identified, prioritized, and targeted

- Ohio Risk Assessment System (ORAS)
  - ORAS Reentry Tool (RT)
  - ORAS RT benefits:
    - Reliable instrument that examines potential barriers to treatment so that solutions can be found
    - ORAS RT looks at the level of need as well as Areas of Concern

Assessments

- University of Rhode Island Change Assessment (URICA) Scale
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



Assessments

- **Trauma History Screen (THS)**
  - Brief self-report scale that examines 11 specific events and one general event, including military trauma, sexual assault and natural disasters

Reference: Carlson, E., Palmieri, P., Smith, S., Kimerling, R., Ruzek, J., & Burling, T. (2011). Development and validation of a brief self-report measure of trauma exposure: The Trauma History Screen. Psychological Assessment, 23, 463-477.

THS

The events below may or may not have happened to you. Circle "YES" if that kind of thing has happened to you or circle "NO" if it has not happened to you. If you circle "YES" for any events, put a number in the blank next to it to show how many times something like that happened.

			Number of times
A. A really bad car, boat, train or airplane accident	**NO**	**YES**	_____
B. A really bad accident at work or home	**NO**	**YES**	_____
C. A hurricane, flood, earthquake, tornado or fire	**NO**	**YES**	_____
D. Hit or kicked hard enough to injure – as a child	**NO**	**YES**	_____
E. Hit or kicked hard enough to injure – as an adult	**NO**	**YES**	_____
F. Forced or made to have sexual contact – as a child	**NO**	**YES**	_____
G. Forced or made to have sexual contact – as an adult	**NO**	**YES**	_____
H. Attack with a gun, knife, or weapon	**NO**	**YES**	_____
I. During military service – seeing something horrible or being badly scared	**NO**	**YES**	_____
J. Sudden death of close family or friend	N**O**	**YES**	_____
K. Seeing someone die suddenly or get badly hurt or killed	**NO**	**YES**	_____
L. Some other sudden event that made you feel very scared, helpless or horrified	N**O**	**YES**	_____
M. Sudden move or loss of home and possessions	**NO**	**YES**	_____
N. Suddenly abandoned by spouse, partner, parent or family	**NO**	**YES**	_____

THS

Letter from above for the type of event: _____ Your age when this happened: _____
Describe what happened:

When this happened, did anyone get hurt or killed? ☐ NO ☐ YES
When this happened, were you afraid that you or someone else might get hurt or killed? ☐ NO ☐ YES
When this happened, did you feel very afraid, helpless, or horrified? ☐ NO ☐ YES
When this happened, did you feel unreal, spaced out, disoriented, or strange? ☐ NO ☐ YES
After this happened, how long were you bothered by it? ☐ not at all ☐ 1 week ☐ 2-3 weeks ☐ a month or more
How much did it bother you emotionally? ☐ not at all ☐ a little ☐ somewhat ☐ much ☐ very much

Treatment Planning

- Initial Individual Treatment Plan (ITP)
  - Designed to help the participant focus on changes that addresses both their risks and their needs
- Outcome Rating Scale (ORS)
  - Individually (Personal well-being)
  - Interpersonally (Family, close relationships)
  - Socially (Work, school, friendships)
  - Overall (General sense of well-being).
  - Person rates the day's session. This gives the Forensic Case Manager a gage to use to ensure the person's needs are being met.

Treatment Plan

Level of Need as determined by ORAS-RT assessment:

Level of Need	Criminal History	Social Bonds	Criminal Attitudes & Behavioral Patterns
High	☐	☐	☐
Moderate	☐	☐	☐
Low	☐	☐	☐

Other Areas of Concern:

☐	Low Intelligence*
☐	Physical Handicap
☐	Reading & Writing Limitations*
☐	Mental Health Issues*
☐	No Desire to Change/Participate in Programs*
☐	Transportation
☐	Child Care

☐	Language
☐	Ethnicity
☐	Cultural Barriers
☐	History of Abuse/Neglect
☐	Interpersonal Anxiety
☐	Other:

*If these items are checked further assessment may be needed to determine level of severity and need.

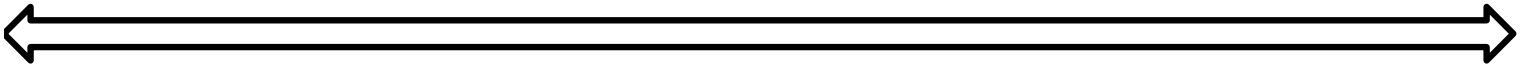
Treatment Plan

Stage of Change as determined by URICA assessment: _____

Trauma history to address determined by THS: ☐ **Yes** ☐ **No**

Change:

We want you to start thinking about things you want to change. Let's start now. Think about being in the criminal justice system and all the problems that has caused for you. If you could do things differently, would you? Place in "X" on the line that best describes how you feel about the things you have done that lead to your criminal charges.

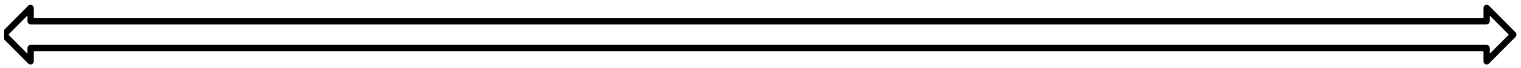


I would do everything the same — I would do everything differently

What kind of coping skills or interventions have worked for you in the past?

What has not worked for you in the past?

How ready are you to make changes to your behaviors in order to live a more prosocial life? Place in "X" on the line that best describes how you feel about your readiness for change.



Not at all ready to change — Ready to make changes

Individual Treatment Plan SMART Goals

SMART – **S**pecific, **M**easureable, **A**ttainable, **R**ealistic, **T**ime Limited

Target Area #1	Goal:

Steps to meet my goal:	Target Date	Completion Date (Case Manager must initial)
1.		
2.		
3.		
My strengths that will help me make my goal:		
Help I need to make by goal:		

4 Phase Program

- Phase 1-Intake Phase
  - Minimum 30 days
- Phase 2-Treatment Phase
  - Minimum 60 days
- Phase 3-Stability Phase
  - Minimum 90 days
- Phase 4-Transition Phase
  - Minimum 60 days

Program Requirements

- Attend all appointments
  - Mental health, substance use, and medical as well as appointments with supporting community agencies
- Sign appropriate releases for attendance verification
- Take medications as prescribed and report any issues immediately
- Refrain from using any illegal or problem substances
  - All participants must submit to drug tests at the request of Adult Probation and treatment providers
- Refrain from criminal activity
- Weekly check in

Support Group

- Held weekly
- Facilitated by Forensic Case Manager
- Starting with morning meeting time
- One hour
- Process group
- Will include two workbooks that can be used to support prosocial living and finding employment

CARE Individual Intake Checklist

Participant Name: _____ Date: _____

In order to complete Phase 1-Intake Phase, you must complete the following:

Task	**Date Completed**
☐Assessments Completed	_____
☐CARE Intake Appointment	_____
☐CARE Individual Treatment Plan	_____
☐Medical Assistance (MA) Application	_____
☐Social Security (SS) Letter turned in to SS office	_____
☐Psychiatric Intake Appointment	_____
☐Individual Therapy Intake Appointment	_____
☐Peer Specialist Application turned in to Psychiatrist	_____
☐Service Access Management (SAM) Intake Appointment	_____
☐Supervision Appointment with Probation Officer	_____
☐Negative drug tests for last 30 days	_____
☐Other: _____	_____
☐Other: _____	_____

Comments: _____

_____

I affirm that I am following all the rules for the CARE program including taking my medication as directed. This information on this form is correct. I understand that providing false information could result in my discharge from the CARE program which could be considered a probation or parole violation.

_____ _____

Participant Signature Date

_____ _____

CARE Staff Signature Date

CERTIFICATE OF ACHIEVEMENT

CARE PROGRAM

This certificate is awarded to

NAME OF RECIPIENT

COMPLETION OF PHASE 1

CARE Program Director _____ Date _____

CARE Case Manager _____ Date _____

Discharge Types

- Program Ordered Termination – Neutral category
  - Reasons: Lack of a mental health diagnosis or Unable to complete program due to medical issues

- Unsuccessful – Negative outcome
  - Reasons: Lack of progress, Not attending appointments, Positive drug screens, New criminal charges, Incarceration, and No contact

- Successful – Positive outcome
  - Reasons: Completion of probation or parole and Program Completion

Unsuccessful Discharge

- New charge or probation violation that results in substantial incarceration
- Not compliant with treatment recommendations
- Not compliant with treatment plan goals
- No contact with CARE staff for more than 30 days or after CARE staff attempts contact three (3) times by phone, email, or letter
- Continual positive drug screens without periods of sobriety
- Inappropriate behavior toward CARE staff or treatment providers that is disrespectful or threatening