

# VETERANS TREATMENT COURT: INDIVIDUALIZED VETERAN CASE PLAN AND PROGRESS REVIEW INSTRUCTIONS

*Jenkins, M.<sup>1</sup> and Stewart, K.<sup>2\*</sup>*

*Presented to the Justice Speakers Institute July 2020*



**Justice Speakers Institute**  
PROMOTING JUSTICE WORLDWIDE

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**AUTHOR NOTE**

<sup>1</sup> Mack Jenkins: His career in the justice system has spanned almost 40 years. He retired as the chief probation officer for San Diego County, where he oversaw a department of more than 1,300 staff who provided supervision and services to more than 13,000 adult and 2,500 juvenile offenders. Over the course of his career Chief Jenkins developed expertise in the use of evidenced-based practices for community supervision and gained more than 25 years of experience working in drug courts and collaborative justice programs. He has served on a number of national boards including the National Association of Drug Court Professionals, and Council of State Governments (CSG)/ Justice Center. Chief Jenkins is a past President of the Chief Probation Officers of California and former Vice President of the American Probation and Parole Association. Chief Jenkins sits as a gubernatorial appointee to California's Council on Criminal Justice and Behavioral Health which advises the Governor's office and state legislature on the intersection between the criminal justice system and behavioral health. Chief Jenkins is an adjunct instructor in criminal justice and holds a Bachelor's degree in criminal justice from the University of California, Irvine along with a Master's degree in criminal justice from California State University, Long Beach.

<sup>2</sup> Katherine Stewart: As the National Coordinator, Veterans Justice Outreach (VJO), U.S. Department of Veteran's Affairs, Ms. Stewart contributes to the development of national policy, provides guidance to the field on operational matters, and represents the VJO program with internal and external audiences.

Prior to her role as VJO National Coordinator, she served as a Health System Specialist in the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations where she worked closely with senior VHA leaders on healthcare administration.

\*This article was co-authored

**Acknowledgments.** The contents of this article are solely the responsibility of the authors and do not necessarily represent the of official views of the Justice Speakers Institute.

The authors would like to thank the Lake County (IL.) Veterans Treatment and Assistant Court (Judge Christopher Sstride and Judge Christen Bishop) for the information on their case plan to start this discussion.

**All rights reserved.** No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the Justice Speakers Institute.

Copyright © 2021, Justice Speakers Institute

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**1. VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN**

The accompanying Individualized Veterans Case Plan and Progress Review documents are intended to be a guide and a documentation resource for the process of collaborative case management in your jurisdiction's Veterans Treatment Court. It is expected that the Veterans Treatment Court Coordinator will be the primary manager of these documents, with frequent input and collaboration from the Probation Officer and Veterans Justice Outreach Specialist (or community treatment representative).

Collaborative case management is the process by which all members of the Veterans Treatment Court team join in the effort to manage the progress of the participants through the Veterans Treatment Court program. In collaborative case management, there is a single case plan which includes long and short-term goals, activities to achieve the goals, targeted need areas, and treatment interventions. A single case plan is distinct from a treatment plan developed by the treatment entity or a supervision plan developed by Probation. Information from both the treatment plan and the supervision plan is included in the overall case plan.

The focus of the goals for this case plan should be those which will facilitate the Veteran's graduation from Veterans Treatment Court and resolve behaviors which likely led the Veteran into engagement with the criminal justice system. As a team is working with a Veteran to set the Veteran's goals, and as the team is prioritizing these goals, this should be the focus. This focus may mean, for example, that a Veteran may not need to resolve a full range of post traumatic stress disorder symptoms before graduation, but more specifically address positive coping skills as an alternative to substance use or other behaviors which led to criminal justice involvement.

**Custody Status:** After indicating the Veteran's name, date of birth, and sex, please indicate the Veteran's current status, as currently in custody or in the community (released on bond).

**Active Military Service:** If your Veteran's Treatment Court accepts active military service members, please indicate the Veteran's/Service Member's current status. If your court does not accept active military service members, please delete this cell from your form.

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**Drug(s) of Choice:** Please indicate all substances for which the Veteran has a recent (or present) history of use.

**LSI-R Score:** After completing the LSI-R assessment (including an interview with the Veteran, a review of collateral information and a review of case records), provide the identified score. The range of scores may range from; 40-higher-high risk/needs, 33-39-moderate high risk/needs, 26-32-moderate risk/needs, 19-25-low moderate risk/needs, and 0-18 low risk/needs.

**Risk Level:** Based on the LSI-R score, provide the risk level

**Risk/Need Assessment completed on:** Provide the date the LSI-R was completed and by whom.

**Clinical Assessment completed on:** Provide the date for the most recent clinical assessment. Indicate by whom the assessment was completed and any plans for further assessment

**Relevant Diagnoses:** Please indicated Veteran's behavioral and physical health diagnoses relevant to the Veteran's participation in the Veterans Treatment Court. These diagnoses should be reflected in clinical assessments.

**Insurance and VA Healthcare Eligibility:** Please indicate if the Veteran carries health insurance and the provider of such. Please indicate if the Veteran is or is not eligible for VA healthcare.

**Behavioral Health Treatment History:** Provide a brief summary of the Veteran's relevant behavioral health treatment history – to include recent episodes of treatment, residential, outpatient, or indicate if the Veteran is relatively new to behavioral health treatment.

**Special Considerations Regarding Veteran's Background/Needs:** This is an opportunity to briefly highlight any special considerations regarding the Veteran's service history, personal history, or treatment history that may be particularly relevant to the Veterans Treatment Court Team.

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**Target Behaviors/Clinical Needs:** This section will need to be completed collaboratively among the Veterans Treatment Court Coordinator, Probation Officer, and Veterans Justice Outreach Specialist/Community Treatment Provider. Probation should contribute relevant criminogenic risk factors (target behaviors) and the Veterans Justice Outreach Specialist or community treatment representative should identify the primary clinical treatment needs. At times, these may overlap, such as family and/or marital stress or substance abuse. The case management team should determine the priority risk factor (target behaviors)/clinical needs to be addressed in this plan, from a case management perspective. This plan is to be used as a guiding direction for the court team, not an exhaustive clinical treatment plan or supervision case plan. Relevant treatment providers will continue to maintain their respective treatment planning processes.

**Protective Factors:** This section should also be completed collaboratively by the case management team, with Veteran input. Protective factors from a clinical perspective could include items such as coping skills, reasons for living, psychosocial stability, social support, and a sense of belonging (Suicide Prevention Resource Center, & Rodgers, P, 2011, U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention, 2019). Teams should use the Veteran's existing protective factors to build goals to increase the strength of the existing protective factors and to identify new protective factors which would be helpful to acquire (where possible).

**Goal Setting:** This section should identify the proximal (short term) and distal (long term) behavioral objectives and desired results to be pursued by the participant during the course of the program.

Proximal/short term goals are those that can be achieved sooner rather than later. They may be more detailed and specific. They should generally be within the participant's immediate ability to accomplish. An example of proximal or short term goal would be "Enroll in a VTC approved intensive outpatient SUD treatment program by (date)"

Distal/Long Term goals are those that would take an extended period of time to accomplish. There may be a number of steps involved to reach the desired result. Distal goals are more challenging to accomplish. An example of a distal goal for a participant assessed with severe substance use disorder (addict) would be: "Achieve a sustained level of sobriety by testing negative for illicit substances for 60 consecutive days"



VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

Both short term and long term goals should be developed after, and based on information learned in the assessment process. That includes both the criminal risk and need assessment, as well as clinical assessment. The goals should to be tailored to address the identified target behaviors and clinical needs.

In developing the goals to address the identified needs care should be given to the order in which the needs are addressed. It may be necessary to address proximal areas that would support stabilization (e.g. housing, consistent reporting) before addressing the distal areas (e.g., sobriety, PTSD, symptom management).

All goals should be written to meet S.M.A.R.T. standards:

- **Specific:** “What will be accomplished,”
- **Measurable:** “The ability to determine the goal has clearly been accomplished,”
- **Achievable:** “How will the goal be accomplished, the action steps should be clearly discernible,”
- **Relevant:** “The goal addresses an identified need or issue impacting the participants criminal conduct or clinical diagnosis,”
- **Time Bound:** “The time frame within which the goal should be accomplished.”

In the section labeled “Steps to meet these goals,” after consultation with the Veteran, record the activities the Veteran will undertake to achieve the goals. These steps/activities may initially be focused on the short term goals.

This process should be completed collaboratively by the Veterans Treatment Court Coordinator, Probation Officer, Veterans Outreach Specialist/Community Treatment Provider and Veteran. See “Target Behaviors/Clinical Needs” section for specific contributions from different roles.

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

## 2. VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN PROGRESS REVIEW

It is expected that the dynamic portions of this progress review will be reviewed and updated at each Veterans Treatment Court session. There are several items that may remain static throughout the Veteran's engagement with the Veterans Treatment Court (i.e. long-term goals) or static for periods of time. The purpose of this review document and process is to continually re-evaluate and adjust as appropriate.

**VTC Phase:** Please indicate the phase in which the Veteran is currently functioning.

**Veteran's Stage of Change:** Please indicate the likely stage of change (Prochaska, DiClemente, & Norcross, 1992) in which the Veteran is currently functioning: precontemplation, contemplation, preparation, action, or maintenance. Individuals can fluctuate among states of change, and this is not always a linear process, but an important framework for teams to understand.

**Long-Term Goals:** Long-term goals will likely remain static during the Veteran's involvement in the Veterans Treatment Court but could change. Please be sure to update should these goals change.

**Short-Term Goals:** Short-term goals should change throughout a Veteran's tenure in the Veterans Treatment Court. These should be reviewed routinely, and changes should be updated on this document.

**Progress:** Use the measurable components of your SMART goals to document progress towards goals.

**Steps to meet these goals:** Indicate the tasks completed towards goals and tasks remaining.

**Target Behaviors:** Indicate the behaviors targeted by current goals, i.e. drug screen results, treatment engagement, pro-social engagement, etc.

VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**Veterans Treatment Court Response:** Complete and maintain a running log of incentives, sanctions, and treatment responses utilized in the course of the Veteran's engagement with VTC. This should assist your team in using graduated incentives and sanctions, appropriately responding to the Veteran's behaviors and achievements throughout the course of that Veteran's engagement in VTC.

**Goals/Task Adjustments:** Make note of adjustments made to goals and tasks during this review.



VETERANS TREATMENT COURT INDIVIDUALIZED VETERAN CASE PLAN  
AND PROGRESS REVIEW INSTRUCTIONS

**3. REFERENCES:**

- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102-1114. PMID: 1329589. Available at: <https://pubmed.ncbi.nlm.nih.gov/1329589/>
- Suicide Prevention Resource Center, & Rodgers, P. Understanding risk and protective factors for suicide: A primer for preventing suicide. Newton, MA: Education Development Center, Inc. 2011. Available at: [https://www.sprc.org/sites/default/files/Handout\\_Understanding%20RiskProtective%20Factors\\_o8202019.pdf](https://www.sprc.org/sites/default/files/Handout_Understanding%20RiskProtective%20Factors_o8202019.pdf)
- U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. From Science to Practice: Social Support and Belongingness as Protective Factors. 2019. Available at: [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Literature\\_Review\\_FSTP\\_Social\\_Support\\_508\\_FINAL\\_07-11-2019.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Support_508_FINAL_07-11-2019.pdf)

**COURT NAME:**

**VTC INDIVIDUALIZED VETERAN CASE PLAN**

|   |   |  |
|---|---|--|
| <b>VETERAN:</b>   | <b>DOB:</b>   | <b>SEX:</b> <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| <b>CUSTODY STATUS:</b> <input type="checkbox"/> In Custody<br><input type="checkbox"/> Released on Bond   | <b>ACTIVE MILITARY SERVICE:</b> <input type="checkbox"/> No<br><input type="checkbox"/> Yes: Active Duty <input type="checkbox"/> Yes: Reserves/Guard |  |
| <b>DRUG(S) OF CHOICE:</b>   |   |  |
| <b>LSI-R SCORE:</b>   | <b>RISK LEVEL:</b>  |  |
| <b>RISK/NEED ASSESSMENT COMPLETED ON:</b>   |   |  |
| <b>CLINICAL ASSESSMENT COMPLETED ON:</b>  |   |  |
| <b>RELEVANT DIAGNOSIS (CONFIRMED BY TREATMENT PROVIDER):</b>  |   |  |
| <b>IS CLIENT INSURED?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>ELIGIBLE FOR VA HEALTHCARE?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>INSURANCE CARRIER:</b>   |  |
| <b>BEHAVIORAL HEALTH TREATMENT HISTORY:</b>   |   |  |
| <b>SPECIAL CONSIDERATIONS REGARDING VETERAN'S BACKGROUND/NEEDS:</b>   |   |  |
| <b>TARGET BEHAVIORS/CLINICAL NEEDS:</b><br>1.<br>2.<br>3.   | <b>PROTECTIVE FACTORS:</b><br>1.<br>2.<br>3.  |  |
| <b>LONG-TERM GOALS:</b>   | <b>LONG TERM GOALS:</b>   |  |

## VTC INDIVIDUALIZED VETERAN CASE PLAN

|   |   |
|---|---|
| <b>SHORT TERM GOALS:</b><br><br><br><br><br>          | <b>SHORT TERM GOALS:</b><br><br><br><br><br>          |
| <b>STEPS TO MEET THESE GOALS:</b><br><br><br><br><br> | <b>STEPS TO MEET THESE GOALS:</b><br><br><br><br><br> |

The below team members, to include the Veteran participant, meaningfully participated in the creation of the above goals and action plans and agree to these as currently written. Each team member, including the Veteran participant, agrees to continually review these goals and progress towards these goals, and make adjustments as necessary reflected on the Individual Case Plan Progress Review.

|         |      |
|---------|------|
| Veteran | Date |
|---------|------|

|                 |      |
|-----------------|------|
| VTC Coordinator | Date |
|-----------------|------|

|                   |      |
|-------------------|------|
| Probation Officer | Date |
|-------------------|------|

|                                      |      |
|--------------------------------------|------|
| Veterans Justice Outreach Specialist | Date |
|--------------------------------------|------|

**COURT NAME:** \_\_\_\_\_

**VTC INDIVIDUALIZED VETERAN CASE PLAN PROGRESS REVIEW**

**VETERAN:** \_\_\_\_\_

**VTC SESSION DATE:** \_\_\_\_\_

**VTC PHASE:** \_\_\_\_\_

**VETERAN'S STATE OF CHANGE:** \_\_\_\_\_

| TARGET BEHAVIORS / CLINICAL NEEDS  | PROTECTIVE FACTORS   |
|--|--|
| LONG TERM GOALS:   | LONG TERM GOALS:   |
| SHORT TERM GOALS:<br><br>1.<br><br>2.<br><br>3.  | SHORT TERM GOALS:<br><br>1.<br><br>2.<br><br>3.  |
| PROGRESS:  | PROGRESS:  |
| STEPS TO MEET THESE GOALS:<br><br>GOAL 1:<br><br>TASK 1:<br><br>TASK 2:<br><br>TASK 3: | STEPS TO MEET THESE GOALS:<br><br>GOAL 1:<br><br>TASK 1:<br><br>TASK 2:<br><br>TASK 3: |

## VTC INDIVIDUALIZED VETERAN CASE PLAN PROGRESS REVIEW

| TARGET BEHAVIORS / CLINICAL NEEDS   | PROTECTIVE FACTORS  |
|---|---|
| <p><b>TARGET BEHAVIORS:</b></p><br><p><b>DRUG TESTS:</b></p><br><p><b>TREATMENT ENGAGEMENT:</b></p>                       | <p><b>TARGET BEHAVIORS ACHIEVED:</b></p><br><p><b>PRIOR SOCIAL ENGAGEMENT:</b></p>  |
| <p><b>VTC RESPONSE:</b></p><br><p><b>INCENTIVES:</b></p><br><p><b>SANCTIONS:</b></p><br><p><b>TREATMENT RESPONSE:</b></p> | <p><b>VTC RESPONSE:</b></p><br><p><b>INCENTIVES:</b></p><br><p><b>SANCTIONS:</b></p><br><p><b>TREATMENT RESPONSE:</b></p> |
| <p><b>GOALS/TASKS ADJUSTMENTS:</b></p><br><br><br><br><br><br><br><br><br><br>  | <p><b>GOALS/TASKS ADJUSTMENTS:</b></p><br><br><br><br><br><br><br><br><br><br>  |