



Addictions Consulting Group

Positioning Organizations for Tomorrow

www.acgmt.com

Tools for Measurement-Informed Care

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Patient Health Questionnaire-(9 PHQ-9)

Assess severity of Depression Symptoms

Generalized Anxiety Disorder-7

Assesses severity of anxiety symptoms

Quids, Short form

Depression screen [severity]

Clinical Outcomes-CORE-OM

Measures over-all health and well-being

Brief Symptom Inventory

General measure of psychological distress

Brief Addiction Monitor (BAM)

Tracks changes in substance use and recovery

Beck Depression Inventory

Assesses severity of depression

Dimension 1. Clinical Institute of Withdrawal Scales

Dimension 2: 12 Item Short Form Health Survey - SF-12

Pittsburg Sleep Quality Index

Dimension 3. PHQ –PHQ-9 GAD-7 Quid

Montreal Cognitive Assessment –MoCA

Columbia Suicide Severity Rating Scale- CSSRS

Dimension 4. Brief Addiction Monitor –BAM

Substance Craving- Visual Analog Scale

Dimension 5. Brief Assessment of Recovery Capital -10

BAM Treatment Effectiveness Assessment –TEA

Dimension 6. SOCRATES-Stages of change readiness and treatment eagerness

URICA-University of Road Island Change Assessment

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In an effort to better meet the newest best practice standards, the foregoing tools are proposed to improve outcomes for participants who have been screened for eligibility under the current court criteria and admitted to either the misdemeanor track of the court or the felony track.

We are fortunate here in Montana to have several excellent data sources that inform us as to the risk and needs of admitted participants. However, we have not been able as yet to bring all of the available data sources together in an integrated manner to assist in the formulation of a comprehensive plan with which to coordinate services and also to be able to measure the progress of the client. The electronic data system [DIMS] that the state has contracted with for our drug courts to report their data to, also now permits MT. courts to compare priority data variables of their drug courts to national comparative data.

The variables with an * in each Case Plan template indicate which variables contribute the greatest to successful outcomes for drug court participants in Montana and compares them to drug courts in selected rural states nationally. This type of comparative analysis of outcomes is unique across the country. These are data/variables that should be taken into account in planning services at the inception of admission and incorporated into the phases of treatment at the appropriate times.

Integrated Case Planning can be thought of as a team-based process that is on-going. It begins following initial screenings, at admission, and the completion of the Bio-Psycho-Social evaluation. The following templates are intended to outline the process and the various elements included in each component of the process together with the key team member responsible for gathering and reporting the data and finally, the data to be documented and made available to the team. The planning documents are repeated at intervals to be determined by the team but frequently enough to assist in determining readiness for phasing up, discharge or for plan modification. For those clinicians use to Treatment Plan reviews, this is a process that should sound familiar.

VETERAN INTEGRATED INITIAL CASE PLAN

Demographics: Veterans Name: _____ Age: _____

Date of Plan: _____

Date of Admission: _____ Mentor Assigned: _____

Court Assigned: Misdemeanor__ Felony__

Initial Screening Data: Rant Risk: _____ IRONS: Anti-social _____ Psychopathy *

Aces Score:* _____ Significant traumas: _____

Needs further screening /Referral for: _____

Co-occurring Condition[s]: y____n____

Other Findings: _____

Person[s] Reporting: _____

Housing: * Current living conditions _____

Goal for change: _____

Time _____

Frame: _____

Person[s] Reporting: _____

Treatment: *Drugs of Choice _____

Level of Care: _____

Problems to be addressed on Treatment Plan _____

Family Status: Use, Level of support, Needs, Other significant relationships _____

Person Reporting: _____

Employment* Current status, working, # hours, where? Wages etc. Unemployed? Reason? _____

Vocational/Educational: Could training or education improve or enhance the client's future and likelihood of recovery? Does he/she have at least a GED?____ What type of training might be advantageous? _____

Is he/she under-employed? Would training or education improve options/possibilities? _____

Indicate plan: _____

Person Reporting _____

VETERAN INTEGRATED FOLLOWUP CASE PLAN

Demographics: Veterans Name: _____ Age: _____
Date of Admission: _____ Mentor Assigned _____
Court Assigned: Misdemeanor__ Felony__ Review Date: _____

Housing: * Current Status List name, address if applicable Plan Completed y__ n__

Person[s] Reporting

Status of Trauma Treatment or Referral:
Co-occurring Condition[s]:

Needs further screening /Referral for:
Co-occurring Condition[s]:y__ n__
Plan:

New Findings/treatment plan problems

Person[s] reporting: _____

Treatment plan Progress: [problems completed, new problems added, projected date of discharge]

Employment* Current status, working, # hours, where? Wages etc. Unemployed? Reason?

Initial Goal for Employment/Recommendations:

Current Status of Employment Plan, Actions

Person Reporting: _____