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CASE MANAGEMENT PROCEDURE GUIDE - FOR DRUG USERS



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This protocol will serve social service professionals in the implementation of practical work and its extension to client work, including Centers for Social Work, local and international NGOs which are active in providing professional psycho-social services.

Whether the disclaimer will be used/8-9

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1. PURPOSE OF USING THE PROTOCOL IN CASE MANAGEMENT FOR DRUG USERS

The purpose of drafting the Case Management Protocol is to establish and enable structured, comprehensive and planned access by social service providers to social and medical service institutions and non-governmental organizations. Through this protocol to provide appropriate and effective psycho-social and medical support for vulnerable groups such as drug users, minors and adults, who are abusers

of narcotics, but also the support of their families.

Case management requires a coordinated and systematic approach by coordinating actions and a results-oriented approach, so the methodology responds to the methodological requirements for drafting the protocol and forms for case management.

2. LEGAL DEFINITIONS ACCORDING TO LAW NO. 02 /L-128 ON NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSORS LAW ON CHILD PROTECTION

The following definitions¹ have the following wording:

Plant means the plant or part of a plant from which narcotic drugs and psychotropic substances (hereinafter referred to as plants) may be obtained, such as cannabis, opium, parts of the plant head and other plants which may be used for this purpose.

Cultivation of plants for the benefit of narcotic drugs means the supply and possession of seeds, planting, growing the plant, obtaining and possessing parts of plants which are needed for the benefit of narcotic drugs;

Narcotic drug means any substance, natural or synthetic, presented in Table II as an appendix to this law based on Lists I, II and IV of the Single Convention on Nar-

cotic Drugs of 1961, amended by the 1972 protocol;

Psychotropic substance means any substance, natural or synthetic, listed in Table 3 as an appendix to this law based on Lists I, II, III and IV of the 1971 Convention on Psychotropic Substances;

Narcotics means narcotic drugs and psychotropic substances, which are listed in Tables I, II and III, attached as an appendix to this law (hereinafter, Tables I, II and III), if psychotropic substances are not specifically presented; 2

Precursor means any substance, natural or synthetic, that can be used for the purpose of obtaining a narcotic drug or psychotropic substance, as set forth in Tables IV, based on Lists I and II of the 1988 United Nations Convention against Illicit Traffick-

¹ Law no. 02 / L-128 on Narcotic Drugs, Psychotropic Substances and Precursors <https://gzk.rks-gov.net/ActDetail.aspx?ActID=2572>

ing. of Narcotic Drugs and Psychotropic Substances “, and in Regulation (EC) No 273/2004 of the Council and of the European Parliament of 11.02.2004 on precursors. Any other substance listed in Table IV of this Law is considered a precursor;

Analog is any illicit substance, the chemical structure of which is markedly similar to that of plants, narcotic drugs and psychotropic substances, the effects of which it reproduces;

Activity means operating on narcotics / psychotropics, operating on precursors, transporting, possessing, consuming, giving free of charge and propagating them;

Operation of narcotics, their preparations and operation of precursors, means their production, import, export, transit, supply, purchase, sale, storage, use and prescription;

Production means the preparation, processing, reprocessing, mixing, cleaning, packaging, labeling and any other process used for the final benefit of narcotic drugs and psychotropic substances;

Equipment for the processing of narcotic drugs means equipment which is used for the production of narcotic drugs or psychotropic substances;

Preparation means a solution or mixture, in any physical form containing one or more narcotics in the therapeutic or non-therapeutic dosage set forth in Table III as an appendix to this law based on Schedule III of the Unique Convention on Narcotic Drugs of 1961, of supplemented by the 1972 protocol;

Possession: means the actual possession of plants, narcotic drugs, psychotropic substances and precursors;

Consumption: means taking herbs and narcotics, regularly or from time to time, by: oral, inhalation, parenteral or rectal;

Addiction disease - means addiction, physical and mental that develops as a result of consumption of narcotic drugs and psychotropic substances;

Narcotics user - means a person who, as a result of consuming narcotic drugs or psychotropic substances, has physiological, physical and psychological dependence on them;

Representative sample means the amount of plant, narcotics or precursors from which complete data on that type of plant, narcotic or precursor can be obtained whether for medical, scientific, educational, police or identification purposes. litigation, forensics and other purposes;

Misuse of narcotics means carrying out activity with plants, narcotic drugs, psychotropic substances and precursors in contradiction with the provisions of this law;

Operator means a natural person or legal person operating with narcotic drugs, psychotropic substances or precursors in accordance with the provisions of this law;

Narcotics Operating License and Precursors Operating License means the exclusive activity license for legal narcotics and precursors operation, issued for a certain period by the Ministry of Health through KMA, for manufacturers, wholesale pharmaceutical distributors, retail pharmaceutical distributors and health, veterinary, scientific, educational and police institutions. The terms of the license shall specify the only types of activity permitted, in accordance with the provisions of this law and the Law on Medicinal Products and Medical Devices;

The narcotics import and export license and the precursors import and export license means the official written permission issued by the Ministry of Health through the KMA to import or export the narcotics and precursors shipment to Kosovo.

The main definitions² related to child protection, as described in the Law on Child Protection, include:

Children in need - means any child, regardless of status or country of origin, who needs protection

Psychological violence - means actions or omissions that cause damage to the physical, mental, moral and social development of the child, and which, among other things, result in restriction of freedom of movement, degradation, threats, intimidation, discrimination, ridicule or other forms of hostile or repulsive treatment.

Physical violence - means actions or omissions that cause harm or physical injury to a child, including all forms of corporal punishment that are not accidental.

Negligence - means the negligence and failure to perform the duties and responsibilities to care for, properly protect and monitor the child, as well as to ensure that the basic needs for the physical and intellectual, emotional and social development of the child are met.

Abuse - means any act or omission, intentional or unintentional, committed by a parent or guardian, caregiver or any other person in the position of a trusted person or authority that causes or is likely to cause physical, psychological, social harm or emotionally towards a child.

Family in need - means any family, when one or both parents or guardian, need child care assistance due to their condition or the condition of the child, in circumstances where the child is suffering serious injury due to neglect abuse by a parent / guardian or guardian, due to the inability of the parent or guardian or guardian to care for him / her adequately, or has been exposed to the possibility of experiencing such a thing.

Legal representative - means the parent or guardian who, within the responsibilities given to him by the legislation in force or by the court, protects the interests of the child through the performance or not of legal actions, in the name or on behalf of the child.

Prevention - means a series of joint measures of early, educational, educational, social and legal intervention in favor of the child and the family, which is threatened or endangered in its development, in order to restore the conditions for its development. , to prevent acts of abuse or to prevent their recurrence by enabling the restoration of parental competencies-rehabilitation of parental competencies.

Child protection - means the activities undertaken to protect children who are suffering, or are likely to be at serious risk, and any action that ensures that the child lives in a safe family or other environment where life and health are protected. and its rights are guaranteed, where education, training and development are provided, protecting them from all forms of violence, exploitation, corporal punishment, ill-treatment, exploitation, neglect, abuse and exploitation, in any context, including, but not limited to was limited to abduction, sexual exploitation, trafficking, child labor, and harmful traditional practices such as genital mutilation, child marriage, and abuse.

Child protection services - means any service providing social or psychosocial care, legal aid. Legal representation, health care, educational and cultural assistance or, in exceptional circumstances, material assistance to a child in need.

Child protection professionals - means all persons who, within the scope of their work and in the context of their work, are in contact with children in need of protection, or have a duty to meet the needs of

² Law on Child Protections <https://gzk.rks-gov.net/ActDetail.aspx?ActID=20844>

the child under this Law or any other applicable law, local or international standard.

Case manager - means the responsible officer appointed by the Center for Social Work, for the case management of the child, who in cooperation with relevant stakeholders assesses the needs of the child and drafts the care plan.

Center for Social Work (CSW) - means a public professional institution, municipal level, competent for the protection of children in need.

Multidisciplinary Case Management Assistance - means the Multidisciplinary Team, which includes a group of professionals from relevant child protection institutions and other actors representing a

variety of disciplines, who have responsibilities for the protection of the child, interoperate and coordinate their efforts to address specific cases of child abuse, maltreatment and neglect based on the best interests of the child. The child and family can be participants in the roundtables.

Case management: is a way of organizing and carrying out work to address the individual needs of the child (and his / her family) in an appropriate, systematic and timely manner, through support and / or direct referrals (Global Protection Cluster, 2014).

Case referral: is the process of formally requesting services for a child or his / her family from another agency through a defined procedure

3. LEGAL FRAMEWORK

3.1 Legal mechanisms in the fight against drugs

The Republic of Kosovo has in force a broad legislative base, where as primary legislation can be mentioned but not limited to³:

- The Constitution of the Republic of Kosovo
- Criminal Code of Kosovo
- Criminal Procedure Code of Kosovo
- Law no. 02 / L-128 on Narcotic Drugs, Psychotropic Substances and Precursors
- Law on the Kosovo Intelligence Agency
- 6. Law on Courts
- Law no. 03 / L-225 on the State Prosecutor
- 8. Law no. 03 / L-224 on the Kosovo Prosecutorial Council
- Law no. 03 / L-223 on the Kosovo Judicial Council
- 10. Law no. 03 / L-052 on the Special Prosecution Office of the Republic of Kosovo

- Law no. 03 / L-053 on Competencies, Case Selection and Case Assignment of EULEX Judges and Prosecutors in Kosovo.
- Law no. 04 / L-076 for the Police
- Law no. 04 / L-015 on Witness protection
- Law no. 04 / L-043 on the protection of Informants
- Juvenile Justice Code 16. Customs and excise code 17. Law no. 03 / L-191 on the Execution of Criminal Sanctions
- Law no. 03 / L-183 on the Implementation of International Sanctions
- Law no. 03 / L-137 for the Department of Forensic Medicine.
- Law no. 03 / L-142 on Public Order and Peace
- Law no. 03 / L-097 on Anti-Dumping and Countervailing Measures
- Law no. 03 / L-187 on Forensic Medicine

³ State strategy for disposable combat on 04.01.2022 <https://mpb.rks-gov.net/Uploads/Documents/Pdf/AL/45/STRATEGJIA%20SHTET%20C3%8BRORE%20KUND%20C3%8BR%20NARKOTIK%20C3%8BVE%20DHE%20PLANI%20I%20VEPRIMIT%202018%20-%202022.pdf>

- Law no. 03 / L-196 on Prevention of Money Laundering and Terrorist Financing
- Law no. 03 / L-231 on the Police Inspectorate of Kosovo
- Law no. 04 / L-030 on Liability of Legal Entities for Criminal Offenses
- Law no. 04 / I-31 on International Legal Cooperation in Criminal Matters
- Law no. 04 / L-036 on Official Statistics of the Republic of Kosovo 13
- Law no. 04 / L-052 on International Agreements
- Law no. 04 / L-078 on General Product Safety
- Law no. 04 / L-072 on State Border Control and Surveillance
- Law no. 04 / L-017 for Free Legal Aid
- Law no. 04 / L-093 on Banks Microfinance Institutions and Non-Bank Financial Institutions 33. Law no. 02 / L-50 on Emergency Health Care
- Law no. 02 / L-38 on the Health Inspectorate
- Law no. 2004/50 on Private Activity in Health
- Law on Social Protection
- Law no. 02 / L-57 on Cultural Institutions
- Law no. 2004/38 on the Rights and Responsibilities of Citizens in the Health System
- Law no. 2004/4 on Health
- Law on Prevention and Fight against Communicable Diseases
- Law no. 03 / L-124 on amending and supplementing the Law on Health
- Law no. 02 / L-30 on Waste
- Law no. 02 / L-76 on Reproductive Health
- Law no. 02 / L-101 on Blood Transfusion, Blood Control and its Products

4. INTERNATIONAL ACTS APPLICABLE IN THE REPUBLIC OF KOSOVO:

1. Universal Declaration of Human Rights,
2. European Convention for the Protection of Human Rights and Fundamental Freedoms and its Protocols.
3. Convention on the Rights of the Child
4. International Covenant on Civil and Political Rights and its Protocols.
5. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

This strategy is also in line with international acts governing the field of combating organized crime and the field of preventing and combating drugs:

1. Protocol Amending the Agreements, Conventions and Protocols on Narcot-

ic Drugs, concluded at The Hague on 23 January 1912, Geneva on 11 February 1925 and 19 February 1925 and 13 July 1931, Bangkok on 27 November 1931 and Geneva on 26 June 1936. Lake Success, 14 New York, 11 December 1946. Date of entry into force of the Convention: 11.12.1946, replaced by the 1961 Single Convention on Narcotic Drugs.

2. International Opium Convention, made at The Hague on 23 January 1912. Date of entry into force of the Convention: Replaced by the Single Convention on Narcotic Drugs of 1961.
3. Convention on the Restriction of the Production and Regulation of Narcotic Drugs, made at Geneva, 13 July 1931, and Lake Success, New York, 11 December

1946. Date of entry into force of the Convention: 21.11.1947-Replaced by Convention E Only for Narcotic Drugs of 1961.

4. Convention on the Restriction of the Production and Regulation of the Distribution of Narcotic Drugs, made at Geneva on 13 July 1931 and the Signing Protocol
5. Protocol bringing into control drugs outside the scope of the Convention of 13 July 1931 on the Restriction of the Production and Regulation of the Distribution of Narcotic Drugs, made at Geneva, 13 July 1931, and Lake Success, New York, 11 December 1946, made in Paris on November 19, 1948.

6. Convention on Psychotropic Substances, made in Vienna on 21 February 1971. Date of entry into force of the Convention: 16.08.1971.

7. The Single Convention on Narcotic Drugs, 1961, as amended by the Protocol amending the Single Convention on Narcotic Drugs, 1961, made in New York on 08.08.1975.

8. United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, made in Vienna, 20 December 1988.

5. CUSTOMER SERVICES

Drug addiction treatment services:

- Identification of the presence of the drug and the form of identification
- Social counseling
- Referral and advocacy for fulfillment of services in accordance with the identified needs
- Counseling for individual psychotherapy
- Counseling for family and couple therapy
- Outpatient detoxification for opiate drugs
- Methadone maintenance therapy
- Medication description and consultation with psychiatrist
- Structured programs to prevent and return to drugs

Harm reduction

Harm reduction is an important principle in the management and intervention of drug use problems. Emphasis is placed on reducing as many problems as possible related to drug use and not just focusing on drug use itself.

Harm reduction includes interventions, programs, and policies that seek to address the health, social, and economic harms of drug use to individuals, communities, and societies.

One of the essential principles of harm reduction is the development of pragmatic solutions to tackle drug use through interventions that place primary emphasis on reducing the health harms associated with continued drug use.

Psychological services

- Individual counseling and psychotherapy for adolescents and adults
- Counseling and family therapy and couples

This service is provided by clinical psychologist, counseling psychologist and health psychologist, prepared with adequate work experience in this field and with proven knowledge and expertise in the field of assessment, diagnosis and treatment of various emotional, interpersonal and behavioral problems. Psy-

chologists from the respective fields use methods based on methods in scientific findings in order to be able to create results in working with clients.

Identification of the presence of the drug and the form of identification.

Identification is achieved by urine tests, this service is performed by the center for counseling and treatment of addiction Labyrnith

Types of drugs tested at the Labyrinth Center:

- Tests for THC (Marijuana grass)
- Tests for spice (Synthetic Marijuana)
- Tests for MDMA (Ecstasy)
- Tests for amphetamine (methanethamine)
- Tests for opiates (heroin morphine)
- Tests for benzodiazepines (tranquilizer, sedative)Tests for methadone
- Tests for cocaine
- Tests for barbiturates
- Tests for buprenorphine
- Tests for tramadol (trodon)

These tests are performed through the above form and the test results are provided at the request and desire of the client or the parent / guardian of the child.

To understand the presence of substances in the body of the patient or client, they stay in the body for about 6 six days, in cases of longer-term use and in larger doses and may be present for up to 10 days.

This service is provided by Labyrinth, a specialized and licensed organization for the treatment and support of clients for such specific services.

The identified needs can be assessed and treated in medical services.

Detoxification:

Also known as cleansing the body from drugs, it is a medical procedure performed once or twice a day for opiate drug users (heroin, morphine) taking into account the degree and level of drug dependence. During this procedure, intravenous physiological solution is given, which is administered based on consultations with the relevant doctor according to medical protocols for the treatment of addiction. This service is outpatient (not hospitalization) meaning daily stay for clients while receiving therapy.



6. CASE MANAGEMENT - DEFINITION, PRINCIPLES, PRINCIPLES AND PURPOSE OF MANAGEMENT IN SOCIAL SERVICES

Case management is a systematic process of actions by social service professionals in providing social services to clients, children, adults and vulnerable families. Social services case management at the Center for Social Work (CSW) begins when a person or family is identified as being harmed or in a difficult situation in which they need to provide professional support from social and family services.

Effective case management practice can empower clients and families to understand and use multiple services by creating a client-family-focused case plan, primarily aimed at helping individuals and / or families improve skills. to confront sustainability and promote greater autonomy, security and well-being.

The practice serves as a first step towards evaluating the client's results and establishes regular checks to see if the interventions have the intended effect or if it is necessary to review the case plan.

The case management process also supports good management practice because it requires social service professionals to identify what social services are available and where there are gaps.

Case management is an important component of social work practice. The following definitions are often used to describe case management and its objectives:

- Case management is necessary in providing services to clients seeking professional multidisciplinary responses within the institution or organization in question and beyond their borders. As such it is believed to be an efficient and cost-effective method of delivering multiple, comprehensive and intensive services.

Case management is a way to increase the continuity, flexibility and responsiveness of service delivery, to provide a comprehensive approach when planning and evaluating cases based on the individual needs and priorities of the child and his / her family.

- Case management in social work has a micro and macro nature. It requires the social services professional to develop and maintain a trusting relationship with the child, adult and his / her family client, as well as to connect the child, adult / family with available services, resources and opportunities in the community.

Although there is neither a universally accepted definition of case management nor a universal case management model within social work practice, the following definition explains the nature of case management.

Case management is a comprehensive, coordinated and systematic approach to the provision of remedial services and coordination of services and as such should not be considered as a type of social service per se.

Being a service delivery approach, case management is assumed to meet the following goals in working with minor children, adults and families:

- Increase the child / family client's strengths and mobilize existing client / family resources;

- Maintain and encourage the independent operation of the client / family to the fullest extent possible;
- To prevent and reduce the negative effects of unfavorable living conditions or situations;
- Establish a network of social support in the community in order to reduce marginalization and support the full inclusion of children and families;
- Advocate on behalf of the client / family for obtaining appropriate services and resources;
- Mobilize and bridge the gap between existing social services in the community in order to support the individual family / child;
- Ensure the effective and efficient use of all available resources.

7. PRINCIPLES IN CASE MANAGEMENT

The principles by which a case management process is conducted are listed chronologically as follows.

7.1.1 Client in the center

The client should be at the center of all service planning and interventions. The services provided should be tailored to the client's needs, rather than requiring the client / family to adapt to existing administrative or service arrangements.

7.1.2 Participation

The client, the family and the child should be treated as the experts of their lives. They need to be fully involved in the decision-making process regarding their situation.

7.1.3 Work with strong points

Working with the client / family should build on the strengths as well as the identified needs. The client / family's strengths and identified successes can often be the basis for major changes in their lives.

7.1.4 Non-discrimination and recognition of diversity

The client / family should be treated with a non-discriminatory attitude, with cultural sensitivity and not judgmental. The social, cultural and economic factors that shape the perspective and experiences of

customers as well as the need for services must be respected and responded to with the service delivery cycle.

7.1.5 Accountability and transparency

Case management activities should be recorded regularly. Working with clients families should be based on open and honest cooperation.

Case management activities should be properly recorded. Work with the client, families should be based on honest and open cooperation. The permission to inform the client or parents / guardians should be obtained whenever necessary, unless doing so could endanger the client. The client / family should be informed of any possible details of activities that may affect them.

7.1.6 Adequacy of information

Work with the client / family should be built on the basis of existing information obtained from as many valuable sources as possible. It must also be valid and reliable throughout the stages.

7.1.7 Continuity

Work with the client / family should follow specific time frames and should be focused on solutions and actions. It should be an ongoing process and not an event that only happens once. To ensure con-

tinuity at least one professional must be continuously active from the beginning to the end of service delivery.

7.1.8 Evidence-based approach

Work with the client / family should be based on evidence-based knowledge and

current research. Proper documentation of intervention services contributes to knowledge generation as regular review of documentation enhances practice and helps us understand which approaches have the best effect with particular clients.

Case management procedures

Case management steps

Case management in providing direct services to clients is a process which consists of coherent phases mentioned below:

1. Identification and referral
2. Complete and extended evaluation and evaluation
3. Individual work plan with the client
4. Provision of services and fulfillment of objectives according to the plan
6. Case review, and progress review
7. Closing and following the case

The graph below shows the relationship between the main stages in the case management process and the conditions that are usually required to meet them:

Management cycle steps as shown below:



8. PROCESS OF STEPS AND PROCEDURE:

8.1. Case identification

What: does the Identification process involve?

Identification is a process that includes a series of legal and institutional actions from the moment when the situation is identified that presents a need for reporting and referral to the competent institutions Kosovo Police and the Center for Social Work. Identification begins with the process of discovering and establishing the facts of a person who is in serious condition as a result of drug use or other difficult circumstances, implementing primary and emergency actions to provide support services to the victim in a more best and safest possible.

Individuals, citizens, families, institutions identify children and adults who may be or are being abused and refer them to the CSWs.

- Referrals should be made without delay.
- References should be made using a standard format

After gathering basic information about the client whether child or adult and his / her situation, fill in the identification and referral form. The completed form must be submitted and referred within 24 hours for high risk cases from the moment of identification and the initial conversation.

The Identification and Referral form must contain information on: the level of risk, immediate assistance and referral to the responsible structures.

The form and manner of immediate assistance is determined depending on the general health, physical, emotional and safety situation of the client child or adult and the level of risk.

The case management process begins with identifying cases that are at risk or substance abuse and in need of professional social services. Case identification is the first step in the case management process as a result of referral, direct request of the child / family / family member, and service provider activities (eg field). All identified cases must be registered in a register and cases must be officially opened.

Who: The head of social services in the form 01 (case opening) officially opens the case and appoints the case manager the social services officer taking into account all the elements and sensitivity of the case, the workload of the case manager and the competencies and her or his previous experience working with narcotics abusers.

Explanatory chart:

01	02	03	04
Identified client	The case of the injured person and in need of intervention or services	Who can identify persons and refer <ul style="list-style-type: none"> - Family members - Selfreference - Citizens - Community members - Representatives of civil society - School representative - Social workers - Police Officer 	The case is referred to the CSW The CSW registers the case and appoints the case manager for further actions

8.2 Case assessment and circumstances

The case manager from the moment he / she is in charge of the case starts the process in realizing the evaluation of the client, his or her circumstances, which includes some of the important factors that include psycho-physical, social and health well-being.

Assessment period: If the case is complex and the situation requires emergency response, the assessment should be performed as soon as possible from the moment of receipt of the case to identify emergency needs for intervention and response and provision of necessary services.

The initial assessment aims to record the client / family's life circumstances in order to determine the level of risk and opportunities and the need for support through the services of the Center for Social Work and other actors.

The initial assessment focuses on all the immediate reasons for the client / children's referral to the services. Special attention should be paid to the safety of the

client, the child and the immediate needs for protection. If necessary, immediate client / family support is provided at the initial evaluation stage.

The initial assessment of the case is performed using various sources:

- information provided directly by the client and other family members;
- information provided during the referral period by governmental or non-governmental individuals or institutions;
- observations of the case manager or professional team during the meeting with the client or family;
- home visits
- documentation ready during this phase (ID, court decisions, medical reports, work reports from other actors involved non-governmental organizations or private clinics.)

8.3 Individual action plan

The individual plan is a dynamic process of defining goals and activities in working with the client in service delivery. The individual action plan is built on the basis of the findings from the initial and complete evaluation. In the plan should meet the needs of the client for the necessary and appropriate services for the support and empowerment of the client. The plan includes the main areas of operation of the client and the family, what actions should be taken in order to improve the status of the client, by whom those actions should be taken, the conditions for completing the actions, the expected results of each action.

The IAP (Individual Action Plan) should focus on the client's strengths and use resources creatively and flexibly in order to overcome current difficulties and with a view to future empowerment.

The IAP process must comply with the following parameters:

- **complete** - consider all significant possibilities and effects
- **efficient** - not to waste time or resources
- **inclusive** - the client (including the minor or adult child) or, their parents / guardians and other people affected by this plan should be involved and encouraged to act on their own when needed
- **informative** - decisions are understood by the persons involved
- **focused** - short term decisions support long term goals
- **logical** - each step must guide the next step

Participation in drafting the individual plan

The client's goals and actions in the individual action plan should be elaborated in close collaboration with the client: children, parents / guardians and other partners and / or organizations that can contribute to the plan. Client involvement of the child depends on age and level of development. Immobility, speech disability or mental disability does not preclude participation in the drafting of the individual action plan.

SMART Objectives: The objectives you have agreed with the client / family must be reasonable and achievable. Sufficient time must be planned to achieve the desired results. Planned actions should take into account the capacity of the child / family to meet them, as well as the resources available to fund these actions.

Schedule for review and re-evaluation: The schedule for re-evaluation and modification of initial goals and actions should be part of the IAP.

8.4 Implementation and achievement of the goals of the individual action plan

In order to achieve the approved goals the social worker assists the family in implementing the IAP. Services and interventions are tools applied to achieve the set goals, while the needs of the client / family remain vital. Whatever methods of intervention are used, interpersonal skills for social work such as empathy, attention and listening are very important and can make a big difference in a child / family's life.

Communication, cooperation and regular contacts with the client / family in the provision of services

The case manager maintains regular contact with the client and family through:

- Telephone contacts according to the defined dynamics and plan.
- Meetings in the office of the Center for Social Work according to the dynamics and the defined plan or in the offices of the organization or other institution depending on the service.
- Home visits according to the dynamic plan and identified needs telephone contacts according to the defined dynamics and plan.

Services provided in accordance with the identified needs and objectives of the plan

- Provide social services for the client and the family in cooperation with other actors related to the case and who specialize in providing services to clients.
- Ensure the provision of services by different providers to ensure the continuity of interventions fully. Maintain regular contact with the service providers provided for him.
- Accompany the client / family to different institutions. Provide client / family advice in order to meet institutional requirements.

Advocate for the individual client and his / her family to have access to their social rights and receive appropriate services.

Documenting actions and providing services to the client and family

Request information and reports on services provided to the client and family by the various professionals and organizations involved in the case. Keep notes in

the client's random folder. Enter information about the services in the Database

Continuous monitoring of service delivery

Make sure the services continue to meet the needs of the client / family

- The client or family accepts the services based on the needs identified and presented in the individual action plan.
- Coordination between and numerous interventions achieved in coordination with other actors involved in the plan.

All actions performed for the client must be documented and written. In what is present the client must be signed in the form of work on the worksheet accompanying the case.

8.5 Review the progress of work on the case

Regular monitoring allows the case manager to quickly respond to changes in the client's family needs and re-consider service delivery.

Therefore, the case manager should ensure that there is continuous monitoring:

- client's situation / family;
- implementation of the client's individual plan
- clients development progress / family development.

8.6 The case review supports the following processes:

- monitors the progress of the client / family development over time and identifies needs that are fully, partially or not met at all;
- updating key information on client / family progress;
- Consider the impact of services on the client / family and identify services that have not been provided.

- If the family situation has changed drastically and the defined family goals are no longer appropriate, a new assessment (reassessment) should be considered and decisions should be made regarding the next steps to be taken.
- Re-evaluation follows regular evaluation procedures. Moreover, this is a necessary action to follow the progress of the case.

8.7 Ongoing review and ongoing reassessment of client needs

- Reassess from time to time the needs of the client / family and the progress in achieving the objectives defined in the individual action plan.
- Case manager together with the client / family
- Every 3-6 months, but how often I can change depending on the complexity of the case and the requirements.

8.8 Case review form

- To record the services received by the client / family in the form of a review; results of actions and services provided within the individual plan for the client / family along with the effects of unplanned services. Update the information in the Database.
- The case review form is signed by the client / family, and the case manager.

a) Update the basic assessment

- The case manager must complete the new assessment if the needs / situation of the client / family has changed significantly or has not changed after the provision of services.

b) Refresh IAP

- The case manager in the case review process should update the IAP and con-

tinue providing services if the needs of the client and / or family are not met

c) Proposal for closing the case

- Start the case closure procedure, if the needs of the client and the family are met and the defined goals are achieved.

8.9 Case closure

Case closure is the final step in completing case management. Closing the case should be well planned within the action plan and the client and his / her family should be informed that with the provision of services agreed in the action plan the services will end. Closing the case means that the services have been provided and the progress and intended results in empowering the client and the family and overcoming the difficulties have been achieved or ensured. Therefore, the case is not "closed" when the intervention ends; this only happens after the monitoring period, which is enough to see that the changes produced in the situation are continuous and long-term

Case closure may be the result of several reasons:

- The goal has been achieved, which means that the client's general condition has improved and the results have been achieved according to the service plan
- CSW transfers the client to another organization, for example:
- The child has been moved to a location outside the coverage of the respective CSW.
- The client has requested a transfer. The transfer of a case indicates that full responsibility for coordinating the action plan, follow-up activities and client monitoring is transferred to another institution or department.

The current client address, case opening date and case closing date must also be recorded.

When closing a case, it is important to inform the client and / or their family about the reasons for closing the case and help them review and evaluate the progress and goals achieved and access other options and choices. These actions must be recorded on Form MR and confirmed by ticking the appropriate boxes on the Case Closing Form.

The Case Closing Form must be signed by the Case Manager and the client (if he / she has reached adulthood) or by the parent / legal guardian.

In case of failure to obtain the approval of the parent / legal guardian to close the case, the explanation should be given in the relevant box.

9. FORMS OF WORK

During the case management process, the social services officer, or case manager in accordance with the procedure explained, will use these professional forms of work to manage the case.

In the management process and steps is specified the way of working in each step, in accordance with these explanations, it is necessary for the case manager to use professional forms of work.

Professional forms of work in case management

Form 01	case reference
Form 02	Case assessment
Form 03	Individual plans
Form 05	form of referral to another institution
Form 06	worksheet accompanying the case
Form 07	review of progress
Form 08	case closure

Case reference

Form 01

Registration Date

File number _____

Personal details of the service user:

Name, Surname	Date of Birth	Gender	Contact	Address

Details of parents / guardians:

Name, Surname	Date of Birth	Gender	Contact	Address

Brief description of the case and reasons for the request or referral:

Reference method:

by phone

e- mail

hard copy

Referrer details:

Name Surname _____

Phone _____

II. To be completed by the service manager or the employee authorized by him.

Date of admission: _____ Date of meeting with the client _____

Name Surname	Official position	Date	Signature
	Social services leader		
	Service user		
	Referred to competent officials		

Form 02	Date of referral and registration of the case			
Initial evaluation	Date of commencement of initial assessment			
Personal details of the client or family for whom the assessment will be performed:				
Name Surname	Date of Birth	Gender		
DETAILS OF PARENTS OR GUARDIANS (In case the service user is a minor)				
Name and surname of the guardian (s)	Date of Birth	Gender	Relationship with the person	Parental responsibility (✓)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Correct customer address:				Phone:
DETAILS OF OTHER PERSONS AT HOME:				
Name Surname	Date of Birth	Relationship with the person		
Reason for initial assessment, including views of client, child, parents and guardians:				

Risk factors for the development needs of the client			
Risk factors	✓	Risk factors	✓
Physical illness	<input type="checkbox"/>	Anti-social behavior	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Improper / harmful sexual behavior towards others	<input type="checkbox"/>
Disability	<input type="checkbox"/>		
Children, brother / sister with disabilities	<input type="checkbox"/>	Sexual abuse current or past	<input type="checkbox"/>
Late mental development	<input type="checkbox"/>	Low academic achievement	<input type="checkbox"/>
Concerns about baby nutrition	<input type="checkbox"/>	Difficulty in learning	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	School dropout	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	Risk of being expelled from school	<input type="checkbox"/>
Issues of loss of relatives or loss in general	<input type="checkbox"/>	Out-of-school education	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	Issues with inter-social relations	<input type="checkbox"/>
Behavioral problems	<input type="checkbox"/>	No legal identity	<input type="checkbox"/>
Employment of children	<input type="checkbox"/>	Conflict with the law	<input type="checkbox"/>
Living with HIV	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

2. RISK FACTORS OF GUARDIANS / FAMILY AND ENVIRONMENT

3. DAMAGE INCIDENTS OR DAMAGE SIGNS

Risk factors	Yes (✓)	No (✓)
The client has experienced or is likely to experience physical or psychological, physical and other damage as a result of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
It is suspected that the client is experiencing substance abuse and the parent / guardian is unable or unwilling to provide adequate protection for the child.	<input type="checkbox"/>	<input type="checkbox"/>
The parent / guardian is likely to cause physical harm to the client / child (ren) or has threatened to cause serious harm	<input type="checkbox"/>	<input type="checkbox"/>
The current whereabouts of the client / minor child cannot be ascertained and / or there is a reason to believe that the family is ready to leave or refuse access	<input type="checkbox"/>	<input type="checkbox"/>
Note: If one of the risk factors is present you should take immediate action!	<input type="checkbox"/>	<input type="checkbox"/>

4. ANALYSIS OF INFORMATION COLLECTED DURING THE INITIAL ASSESSMENT

5.2. RISK ASSESSMENT RATE

Level	Description	Yes (✓)
1. There is no danger	There is no danger	<input type="checkbox"/>
2. Low risk:	Describe in words what the risk is:	<input type="checkbox"/>
3. Medium risk:	Describe in words what the risk is:	<input type="checkbox"/>
4. High risk:	Describe in words what the risk is:	<input type="checkbox"/>

Case Manager	Signature	Date
Service leader	Signature	Date

Form 04	Case number Start date of implementation of the plan: Date of plan review:			
Objective⁴	Activities	Responsible persons	Finishing time	Notes on progress
Objective 1	Activities 1.1 1.2			
Objective 2	Activities 2.1 2.3 2.4 2.5			
Objective 3	Activities 3.1 3.2 3.3 3.4			
Persons involved in the plan				
Case manager _____ Client _____ Service leader / coordinator _____	Date of signing the plan: _____ : _____ : _____			
Date of plan review				

⁴ Add columns if you need to add more targets

Form 03 Individual action plan

Form of referral from an organization or institution to another institution

Form for referring the case to another institution 04		Name of organization or institution
Data of the institution or organization that refers the case		
Registration date ____:____:____		Location: _____
Personal Information:		
Full name and surname:	Age:	Date of Birth: ____:____:____
Address:	Personal Number: _____	
	Education: primary, middle, university	
	Employment: - Employed - Unemployed	
Detailed contact of the client Telefon: ---:---:-----:----- ---	Parent or guardian contacts (if the client is a minor)	
Family datas: Name Surname of parents (guardians) 1. 2. Other members if living with client:	Living in a common environment: Yes No	
Children data (if the client is married and has children)	Other family status notes (if needed)	
Reasons for referring the case. Brief description of the client's condition and needs for further services:		
Brief description of activities undertaken prior to the case referral:		
Risk Level: 1. High 2. Medium 3. Low	When was the last risk assessment made?	
Case manager: Signature: _____	Reference Date: -----/-----/-----/	
Confirmed by the service manager:	Accepted: Responsible official:	

Case worksheet		Form 05
Client's name and surname	Manager's name and surname:	Activity date:
Activity date and location:		Note:
Present at the meeting:		
Activity goal:		
Summary of meeting / activity / session notes		
Conclusions and agreement on future actions		
Next recommendations and actions:		
Case manager	Signature	Date
Client	Signature	

Progress review form

Form of reviewing progress in case work				
Form 06	Date of drafting the plan and start of implementation of activities		Date of plan review	
Client's name and surname:			Gender:	Date of birth:
			F M	
Name of parent or guardian				
Mention the services provided for the period during which this review is being carried out:				
Progress achieved and current state of client and family:				
Implementation of objectives and their fulfillment:		Coment		
Objective 1 Objective 2 Objective 3				
Write down whether the objectives should be added or changed from the initial action plan				
1. 2. 3. 4				
Case manager	Signature			Date of the review
Client				
Service leader				

Closing form

Form 07

Closing form				
Client's name and surname:				
Name and surname of the parent or guardian				
Period from case opening		Service time		
Reasons for closing:				
Client dies	Client (family has changed residence, has been transferred to another place)	Client or Family has managed to fulfill the services / Empowered	Child, client or family refers to another service.	The Client or Family leaves and does not cooperate
Describe the services provided and achievements in working with the client:				
Closing statement of the client:				
The situation of the client at the moment when the case is being closed ⁴				
Case manager		Date		
Service leader		Date		

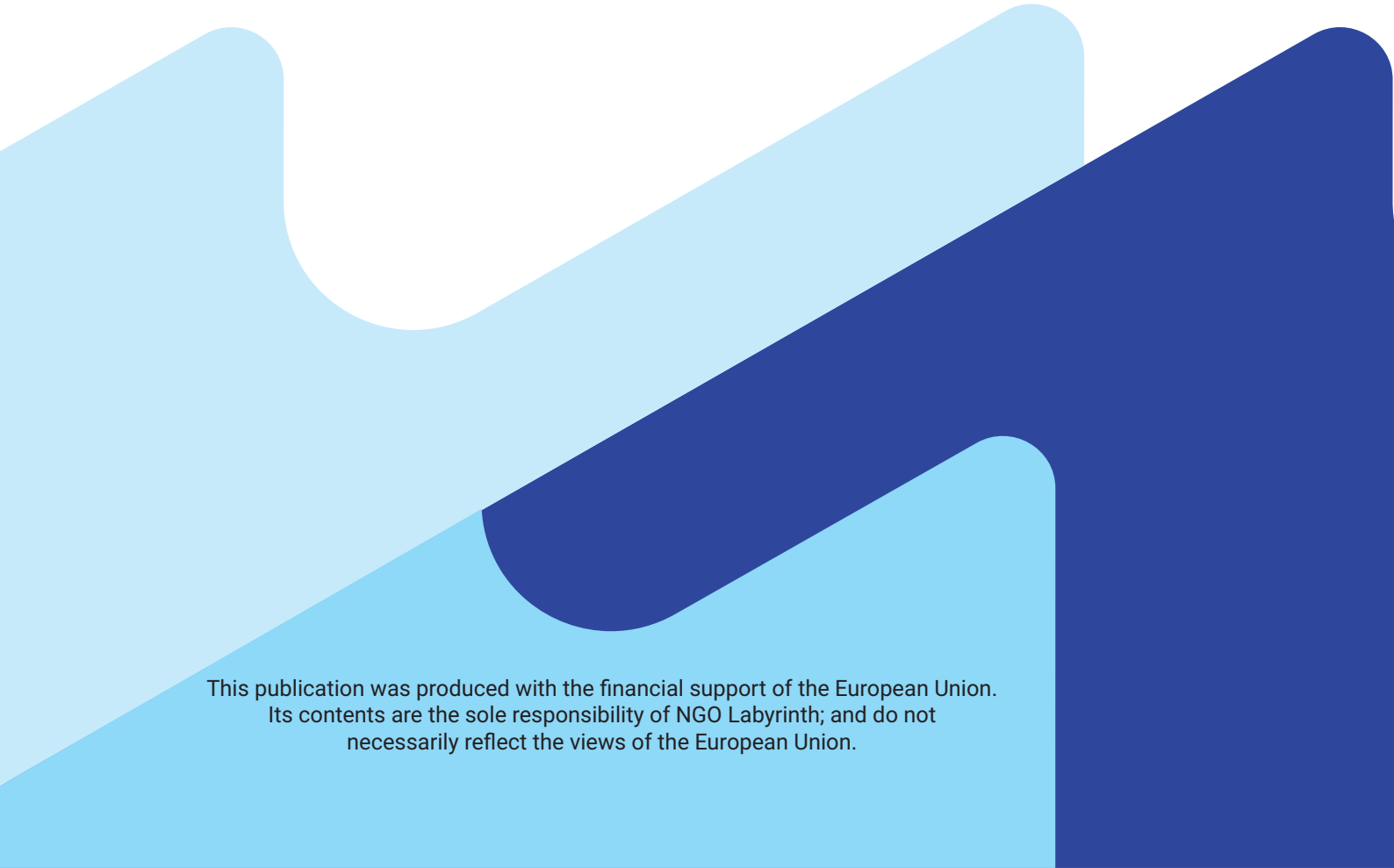
⁴ This section is not filled in cases when the client dies

REFERENCES:

1. State strategy for disposable combat on 04.01.2022 <https://mpb.rks-gov.net/Uploads/Documents/Pdf/AL/45/STRATEGJIA%20SHTET%C3%8BRORE%20KUND%C3%8BR%20NARKOTIK%C3%8BVE%20DHE%20PLANI%20I%20VEPRIMIT%202018%20-%202022.pdf>
2. Law on Social and Family Services <https://gzk.rks-gov.net/ActDetail.aspx?ActID=2447>
3. Family Law <https://gzk.rks-gov.net/ActDetail.aspx?ActID=2410>
4. Working protocol - cross-sectoral cooperation in case management
5. Standard operating procedures for children in dangerous forms of work
6. Guidelines for the implementation of standard operating procedures for children in dangerous forms of work
7. Law no. 02 / L-128 on Narcotic Drugs, Psychotropic Substances and Precursors <https://gzk.rks-gov.net/ActDetail.aspx?ActID=2572>
8. Law on Child Protection <https://gzk.rks-gov.net/ActDetail.aspx?ActID=20844>
9. Manual for dealing with drug use cases <https://labirinti-ks.org/f/19/19/Manual-per-trajtimin-e-rasteve-te-perdorimit-te-droges>
10. Global Protection Cluster –Inter-agency guidelines for case management child protection The role of case management in the protection of children: a guide for policy programme managers and caseworkers e published January 2014 http://www.cpcnetwork.org/wpcontent/uploads/2014/08/CM_guidelines_ENG_.pdf
11. Published by the NGO Labyrinth: “Treatment of drug use cases”, April 2019, Prishtina

Website consulting materials:

https://www.emcdda.europa.eu/publications/mini-guides/action-framework-for-developing-and-implementing-health-and-social-responses-to-drug-problems_en

The bottom of the page features several overlapping, abstract shapes in various shades of blue. On the left, there is a light blue shape with a rounded top and a notch. In the center, a medium blue shape overlaps it. On the right, a dark blue shape overlaps the others, extending towards the bottom right corner. The overall effect is a modern, layered graphic design.

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Its contents are the sole responsibility of NGO Labyrinth; and do not
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