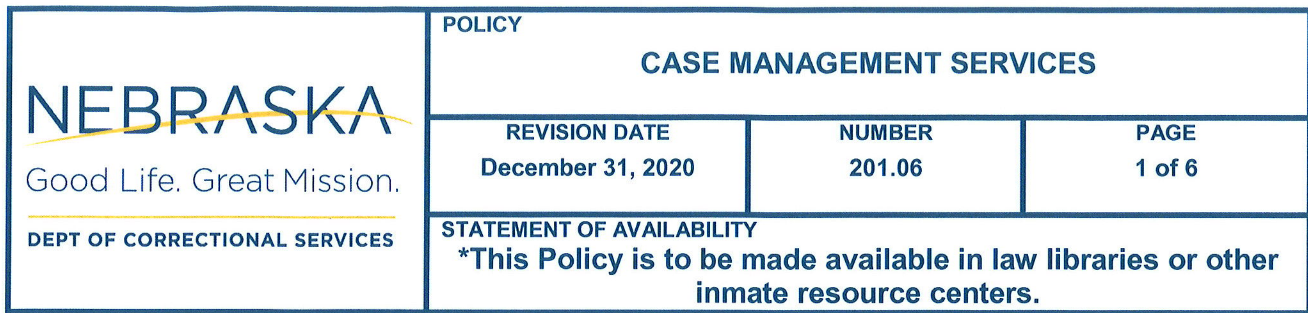

POLICY

CASE MANAGEMENT SERVICES

REVISION DATE	NUMBER	PAGE
December 31, 2020	201.06	1 of 6

STATEMENT OF AVAILABILITY
***This Policy is to be made available in law libraries or other inmate resource centers.**

EFFECTIVE:	July 1, 1996
REVISED:	May 19, 2010
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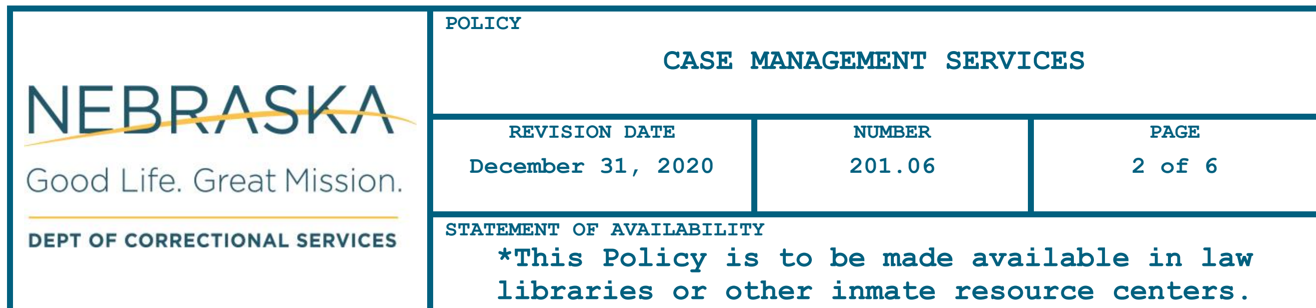
REVISED:	December 15, 2019
REVISED:	December 31, 2020

SUMMARY of REVISION/REVIEW

GENERAL – Language updated. PROCEDURE – I. – Complete rewrite. II.A. – Language updated. III.A. – Language updated. III.B. – Language updated. III.B.5 – Language updated. IV.A.4. – Language updated. V.B.3. – Language updated.

APPROVED:

Scott R. Frakes, Director
Nebraska Department of Correctional Services



PURPOSE

To establish policy for effective case management of inmates committed to the Nebraska Department of Correctional Services (NDCS) to ensure placement in the least restrictive, safe environment while addressing program needs.

GENERAL

Effective case management is a key strategy to reduce recidivism and facilitate successful reentry. Case management services are available to all inmates and include face-to-face contact with unit management staff who ensure timely completion of assessments, classification actions, case plans, non-clinical programming and required clinical treatment programs. Case management services ensure individuals are preparing themselves for release upon admission and throughout their incarceration.

NDCS case management services utilize the National Institute of Corrections (NIC) eight principles of effective intervention , which are emphasized throughout this policy. Each institution, consistent with its function and the nature of its inmate population, shall implement this policy and develop procedures as needed.

PROCEDURE

I. INITIAL ASSESSING RISK/NEEDS/RESPONSIVITY

The first principle of effective intervention requires an actuarial assessment of a person's risk to reoffend and the needs which, if met, may reduce that risk. Additionally, the assessment looks at the individual's responsivity to intervention. NDCS utilizes the Static Risk and Offender Needs Guide – Revised (STRONG-R) to assess risk, needs and responsivity.

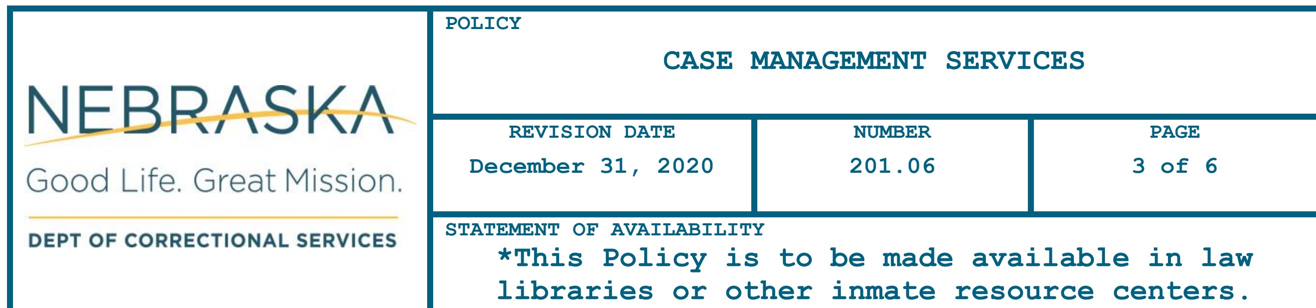
A. Criminal History

A primary factor in determining risk is the person's criminal history. The information shall be entered into the criminal conviction record (CCR) section of the STRONG-R. Relevant information can be obtained from the National Criminal Information Center (NCIC), the Nebraska Criminal Justice Information System (NCJIS), the pre-sentence investigation (PSI) and/or court records.

The CCR will be entered by the Case Manager of the reception/intake facility. Additions or changes to the RNR throughout a person's incarceration will be entered by facility Records staff.

B. Initial Assessment

1. Initial assessments shall be administered within 30 days of admission to NDCS. Utilizing the CCR, the case manager will use the provided interview guide to conduct an interview and complete the STRONG-R with the individual to assess the person's risk, needs and level of responsivity. The case manager will convey to the individual that the purpose of the interview is to determine the needs of the individual with the ultimate goal of identifying strategies to address the needs and provide for increased quality of life and greater likelihood of successful reentry. Risk should not be addressed directly with the individual, nor should the identified risk level be shared with the individual.



2. The STRONG-R is required to be completed on every person within 30 days of commitment to NDCS. Individuals whose tentative release date (TRD) is within six months of admission and do not have a parole hearing set, are exempt from the STRONG-R.

3. The initial assessment will be used to inform the person's case plan and recommendations for non-clinical programming.

C. Reassessments

1. Risk to reoffend is primarily determined by criminal history, which is static. As such the risk will not change significantly over time. While the level of need in a particular domain may change as a result of completing a program, it is unlikely to be statistically significant and is, therefore, not sufficient to reassess. Reassessments serve to inform the Board of Parole as to the level of supervision or special conditions that may be necessary. In addition, the reassessment will provide a measurement of change over time that may be linked to recommendations and completion of programming and clinical treatment. The reassessment data will be used for recidivism tracking.

2. Reassessments will occur within six months of a scheduled parole hearing, or TRD and may be completed by the case manager or reentry specialist. The staff member will convey the need to reassess the person's needs in order to assist them in developing a comprehensive reentry plan based on the identified needs. As with the initial assessment, risk should not be addressed directly with the individual.

II. PAROLE BOARD GUIDELINES

A. Parole Board guidelines shall be completed prior to each hearing or key review. The due date for a key review is the 15th of the month preceding the review. The due date for a hearing is the 30th of the month preceding the hearing.

A key review is defined as a parole review in which the inmate is already eligible for parole or will become eligible for parole within the next 25 months and therefore, may be set for a parole hearing.

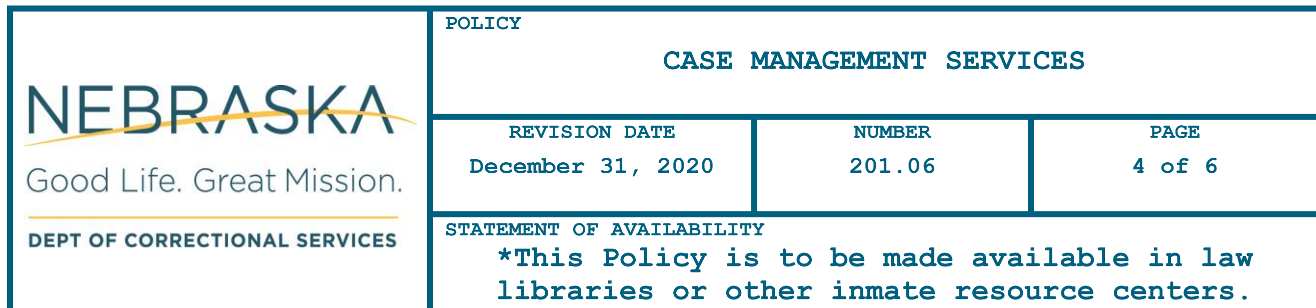
B. The Parole Board Guidelines consider the following:

1. Severity of the inmate's current offense: the offense severity score specifically acknowledges the instant offense and makes the decision standard slightly higher for violent and sex offenses.

2. Completion of core risk reducing treatment programs: reflects the status of inmates' engagement in violent offender treatment, residential substance use treatment and sex offender treatment.

3. Prison behavior: provides the board with information about guilty misconduct reports the inmate received within the most recent six months.

III. CASE PLAN



Each inmate shall have an individualized case plan created collaboratively with the person's case manager. The case plan includes identification of RNR criminogenic needs domains and related goals, identification of needs and plans to address programming (work/education, academic/vocational, mental health, substance use, non-clinical programs), identification of strengths and barriers, and reentry goals.

A. Timelines and Documentation

1. A person's first case plan shall be completed within 60 days of transfer from a reception facility. Individuals assigned directly to a community corrections center will have their first case plan completed within 14 days.

2. Within 60 days of transfer from one non-reception facility to another and in conjunction with the person's custody classification review, the assigned case manager will review the existing case plan with the inmate and make any adjustments necessary. Said review will be documented in contact notes, whether or not changes were made. The case plan will be included with the classification packet (paper or electronically) for review of programming needs as custody classification decisions are made.

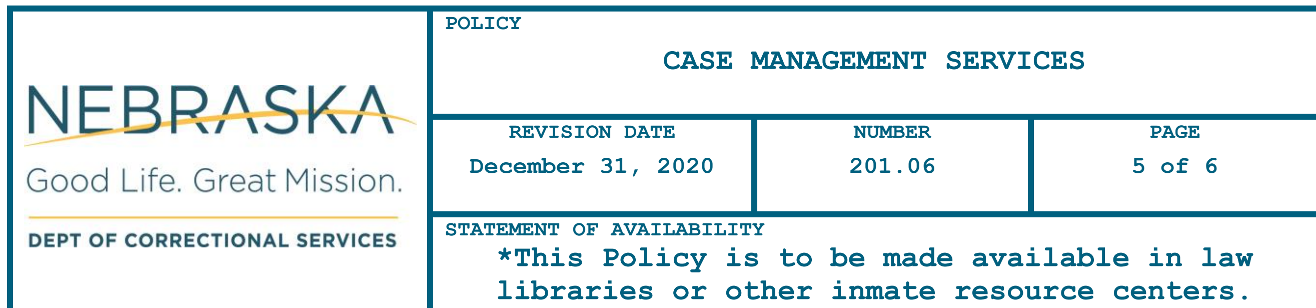
3. Case plans must be updated when programs are completed or changes have been made to program recommendations. Changes to the case plan may be made at any time to account for the increased or decreased abilities of the inmate, the availability of any program, and/or as a result of any identified challenge the inmate may be experiencing that programming may be available to address.

4. If an inmate refuses to participate in the development of the case plan, the refusal will be documented in contact notes, to include staff efforts to involve the inmate and the inmate's response. Disciplinary action may not be imposed upon any inmate solely because of the inmate's failure to comply with the case plan. However, the inmate shall be informed that such failure may be considered by the Board of Parole in its deliberation on whether or not to grant parole to an inmate. The Board of Parole may consider all programs listed on the case plan and unit staff shall consider the realistic ability of the individual to complete the program before adding a program to the case plan. If there is the likelihood a program cannot be completed by the person's PED, the referral shall be made; however, should not be designated as mandatory on the case plan, nor considered "mandatory" when completing the Parole Board Guidelines.

5. The case manager/designee will review the finalized case plan with the inmate and provide a copy to the inmate. The staff person and the inmate will sign and date the case plan form. If the inmate refuses to sign the form, the staff person will note such and continue the process.

B. Development and Content

1. The case manager will review all relevant information regarding the inmate, to include the classification study, the completed RNR and required clinical treatment programs prior to initiating the case plan. Case plans for youthful inmates will determine program needs that are developmentally appropriate for adolescents



and shall include consideration of physical, mental, social and educational maturity of the youthful offender. (1B-15)

2. The case manager and the inmate will review the assessed needs in order to identify goals during and following incarceration. Goals will vary by individual according to the person's elevated needs domains as indicated by the RNR.

3. The case plan shall describe the specific steps the inmate will take to achieve the identified goals, which may include required programming. Steps shall have realistic schedules, clearly identifying expected completion dates based on the person's parole eligibility date.

4. Referrals to clinical treatment programs will be made by qualified behavioral health staff. When clinical programs are recommended, such clinical programs will be incorporated into the case plan. In the event there is insufficient time for the inmate to complete the recommended clinical program, such shall be noted on the case plan.

5. Referrals to cognitive behavioral interventions (CBI) will be made based on risk and needs levels. Individuals assessed as high and moderate risk with elevated needs in either the attitudes/behaviors, aggression, friends, and /or family domains will be referred to available CBIs, which will be included in the case plan. Inmates assessed as low risk may be considered for cognitive-behavioral programming, as space is available. Completion of a clinical treatment program may negate the need for additional CBIs.

6. Referrals to education programs will be made by teachers based on standardized assessment scoring and will be included in the case plan.

7. A program determined to be completed by one facility, will be recognized as completed by all NDCS facilities unless there is a substantial justification for further program participation. This may include behavior which indicates a repeat of a clinical or cognitive program is needed.

8. An inmate who has completed a program during a previous incarceration or during the current incarceration and returned from community supervision, may be referred to repeat a previously completed program.

9. The comprehensive reentry plan will be incorporated into the case plan with assistance from a reentry specialist.

IV. CONTACT NOTES

A. Each inmate shall have at least two documented contacts per month. The contacts may be unit caseworkers, case managers or unit managers and shall include a description of the type of contact and any specific information discussed regarding the inmate's case plan, RNR, programming, clinical needs, family support, institutional behavior or other relevant concerns. Case managers are responsible for ensuring the two contacts per month are documented for each inmate on their caseloads.

B. Unit managers are required to review documentation regularly to ensure that inmates have regular contact and are receiving the required assessments. On a quarterly basis, the unit manager is required to audit at least 10 percent of their assigned housing unit population, noting that the following documents are current and consistent with established timelines:

1. Custody classification
2. Contact notes (two per month)
3. Parole Board guidelines (if applicable)
4. Case plan
5. RNR

The unit manager shall submit a report of findings from the audit to the unit administrator by the 15th day of the month following the end of the quarter.

C. Unit administrators shall submit a report to the warden with the combined results of all unit manager audit results. The warden shall submit to the NDCS programs administrator, a combined report of quarterly audit results by the 15th of January, annually.

<u>REFERENCE</u>

I. STATUTORY REFERENCE – None noted

II. NDCS POLICIES – None noted

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

A. Expected Practices for Adult Correctional Institutions (ACI) (5th Edition): 5-ACI-1B-15, 5-ACI-5E-01, 5-ACI-5E-04

B. Standards for Adult Community Residential Services (ACRS) (4th Edition): 4-ACRS-5A-03, 4-ACRS-5A-04