STATEMENT OF AVAILABILITY

*This Administrative Regulation is to be made available in law libraries or other inmate resource centers.

SUMMARY of REVISION/REVIEW

AR 201.06 has many changes throughout please read thoroughly.

APPROVED:

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Nebraska Department of Correctional Services
PURPOSE

To establish procedures for the development of a personalized case plan for each inmate committed to the Nebraska Department of Correctional Services (NDCS).

GENERAL

Each institution, consistent with its function and the nature of its inmate population, shall implement this Administrative Regulation within the limits and guidelines that follow.

PROCEDURE:

This Administrative Regulation is to establish development, implementation and review of personalized case plans and programming referrals for each inmate.

I. DEVELOPMENT OF THE PERSONALIZED CASE PLAN

A. A personalized case plan (PCP) shall be completed within 60 days after his/her initial assignment to a facility other than a community corrections center. A PCP will be completed on each inmate within 14 days after his/her assignment and transfer to a community corrections center. All inmates regardless of their sentence structure and risk level will receive a case plan, and the plan shall be developed with the participation of the inmate. If the inmate refuses to participate, the refusal will be documented to include staff efforts to involve the inmate and the inmate’s response. The document shall specifically describe the steps the inmate is expected to take to achieve identified goals. Steps shall have realistic schedules for completion, with clearly identified completion dates.

B. Referrals to non-clinical programs are considered part of the case planning process. PCP goals will vary by individual according to the person’s risk levels and the related elevated needs domains as indicated by the risk/needs/responsivity (RNR) assessment tool. The top three needs domains as indicated by the RNR assessment tool shall be addressed in the case plan. Individuals assessed as High and Moderate Risk will be referred to non-clinical programs by unit staff and for clinical programs by clinical staff. When clinical programs are recommended and there is sufficient time for the inmate to complete the program, such clinical programs will be incorporated into the case/personalized plan. Education staff will provide referrals for education programs. Inmates assessed as Low Risk may be considered for programming as space is available. Referrals to non-clinical programs will be made in the Non-Clinical Program Tracking screen in NICaMS.

C. Referrals to clinical and non-clinical programs are considered part of the PCP and shall be made in a timely manner, enabling the inmate to complete needed programming prior to his/her Parole Eligibility Date (PED) whenever possible. When not possible due to sentencing structure, the plan shall consist of programming that will assist the individual as much as possible to address his/her elevated need domain areas.

D. If an inmate’s PED is less than 3 years, the PCP will be reviewed/revised with the inmate at least semi-annually consistent with the date of initial approval. It may be reviewed/revised more frequently if deemed appropriate. Inmates whose PED is greater than 3 years will have their PCP reviewed at least once every 12 months.
E. A review of the PCP with the inmate will be required within 60 days of transfer from one institution to another or from one unit to another, and the plan will be revised as appropriate to ensure attainability at the new living location assignment. Any revisions in the PCP will be reasonable, attainable and take into consideration the amount of time left before the inmate’s PED or Tentative Release Date (TRD) in the case that the person will not parole.

F. Programming may include, but is not limited to: academic and vocational education, including teaching such classes by qualified inmates; substance use treatment; mental health and psychiatric treatment, including criminal personality programming; constructive, meaningful work programs; non-clinical and cognitive restructuring programs; and any other program deemed necessary and appropriate by the department.

G. A modification in the PCP may be made to account for the increased or decreased abilities of the inmate or the availability of any program, or as the result of any identified challenge the inmate may be experiencing that programming is available to address. Any modification shall be made with the active participation of the inmate.

H. Disciplinary action may not be imposed upon any inmate solely because of the inmate’s failure to comply with the Department approved case plan. However, the inmate shall be notified 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 PCP and unit staff shall consider the realistic ability of the individual to complete the program before placing a program on the PCP. 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 PCP, nor listed as "mandatory" on the Board of Parole Guidelines.

II. REVIEW PROCESS

A. The case manager/designee will review the PCP with the inmate. The staff person and the inmate will sign and date the PCP form. If the inmate refuses to sign the form, the staff person will note such and continue the process.

B. The PCP will be included with the classification packet (paper or electronically) for review of programming needs. Copies of the completed PCP form will be distributed to the main file and to the inmate. A copy will also be scanned to the inmate management file and stored electronically in the Q Drive\General Information\Classification.

C. 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.

D. An inmate who completes a program under one inmate identification number, and either returns on a Parole Violation or is sentenced under another inmate identification number, may be referred to repeat a previously completed program.
III. DEFINITIONS

A. Active Participation. The inmate plays a significant part in the development of their case plan. This includes unit staff and the inmate discussing the results of the R-N-R assessment tool, program recommendations and the goals of the inmate. The PCP is a living document. Steps and goals should build upon each other to address inmate need.

B. Intake/Reception Facilities. Case plans will not be prepared at the Diagnostic and Evaluation Center (DEC) but will be completed within 60 days of arrival to the inmate's facility of record. DEC is a short term facility without extensive programming offerings and DEC case managers are responsible for entering Criminal Conviction Records (CCRs) and initial R-N-R assessments (STRONG-A). At the reception/intake units of NCCW andNCYF, staff may complete case plans as appropriate.

C. A general guideline to follow is clinical programs will be addressed before PED. Non-clinical programs will be addressed during the first and second 1/3 of the sentence before PED. Discharge planning, re-entry and employment programs will be addressed during the final third and/or during the last three years before the PED. However, length of sentence will determine where an individual is placed on waiting lists. Additionally, inmates with shorter sentences may need programming in several areas at the same time.

REFERENCE

I. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS

A. Standards for Adult Correctional Institutions (ACI) (4th Edition): 4-4300