

 Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY		
	CASE MANAGEMENT SERVICES		
	REVISION DATE December 15, 2019	NUMBER 201.06	PAGE 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 17, 2009
 REVISED: May 19, 2010
 REVISED: May 25, 2011
 REVIEWED: June 9, 2012
 REVISED: May 24, 2013
 REVIEWED: August 27, 2014
 REVISED: May 29, 2015
 REVISED: May 31, 2016
 REVISED: May 31, 2017
 REVISED: May 31, 2018
 REVISED: December 15, 2019

SUMMARY of REVISION/REVIEW

Formerly entitled Case Plan, this policy incorporates Policy 201.14 Risk-Needs-Responsivity Assessment and is renamed Case Management. Significant changes have been made to the content, including required processes, documentation and reporting.

APPROVED:



Scott R. Frakes, Director
 Nebraska Department of Correctional Services

	POLICY							
	CASE MANAGEMENT SERVICES							
	<table border="1"> <thead> <tr> <th>REVISION DATE</th> <th>NUMBER</th> <th>PAGE</th> </tr> </thead> <tbody> <tr> <td>December 15, 2019</td> <td>201.06</td> <td>2 of 6</td> </tr> </tbody> </table>	REVISION DATE	NUMBER	PAGE	December 15, 2019	201.06	2 of 6	
REVISION DATE	NUMBER	PAGE						
December 15, 2019	201.06	2 of 6						
STATEMENT OF AVAILABILITY								
<p>*This Policy is to be made available in law libraries or other inmate resource centers.</p>								

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

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 ensures inmates are preparing themselves for release upon admission and throughout their incarceration. 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 RISK NEEDS RESPONSIVITY ASSESSMENTS (RNR) AT INTAKE FACILITIES

- A. To determine an inmate's risks and needs, an accurate and concise review of their criminal history is required. The information shall be entered into the Criminal Conviction Record (CCR) of the RNR system. Relevant information can be obtained from the NCIC, NCJIS, Pre-sentence Investigation (PSI) and/or Court Records. The record will be entered at the intake facility. Additions/changes to the CCR will be completed by records staff members.
- B. Following entry of the CCR, the case manager may begin the RNR, which requires an in-person interview with the inmate and use of the interview guide. Should the inmate refuse to participate, the refusal shall be documented in the data system and on the Parole Board Guidelines.
- C. RNRs will be completed on every newly committed inmate within 30 days of admission to the intake facility, excluding those whose tentative release date (TRD) is within six months of admission. An inmate with less than six months to TRD who is set for a parole hearing will have an RNR assessment completed in order to complete the Parole Board Guidelines.
- D. An inmate who has been recently revoked from parole will be reassessed if their TRD is at least six months from readmission. Inmates returned from the Work Ethic Camp or a community corrections center will be reassessed only if there has been an episode of violence or a new laws violation.

II. REASSESSMENTS OF RNR

- A. Reassessments will occur every six months or at a significant event for individuals who are within three years of release (parole hearing date or TRD). Individuals who remain at a reception center longer than six months will not be reassessed until they arrive at the non-intake facility, unless a significant even occurs.
- B. Reassessments will be completed every 12 months or at a significant event for individuals who have more than three years before their TRD and do not have a parole hearing scheduled.

	POLICY		
	CASE MANAGEMENT SERVICES		
	REVISION DATE December 15, 2019	NUMBER 201.06	PAGE 3 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

- C. Reassessments will be completed for individuals assigned to community custody only if a significant event occurs.

A SIGNIFICANT EVENT is defined as a serious misconduct resulting in a loss of good time, assignment to longer-term restrictive housing or an institutional transfer to a higher level custody facility and/or completion of recommended risk-reducing programming or treatment. In addition, a significant event includes major life events, such as marital/relationship changes, loss of home, employment, or a significant person in the individual's life and/ or new criminal convictions.

III. PAROLE GUIDELINES

- A. Parole 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 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.

IV. 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

	POLICY		
	CASE MANAGEMENT SERVICES		
	REVISION DATE December 15, 2019	NUMBER 201.06	PAGE 4 of 6
	STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.		

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 Board of Parole 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. (4-4309)
2. The case manager and the inmate will review the assessed risk level and corresponding needs in order to identify goals during and following incarceration. Goals will vary by individual according to the person's risk levels and the related 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

	POLICY		
	CASE MANAGEMENT SERVICES		
	REVISION DATE December 15, 2019	NUMBER 201.06	PAGE 5 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

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 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.
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.

V. 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 guidelines (if applicable); 4) case plan and 4) 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.

REFERENCE

- I. STATUTORY REFERENCE – None noted
- II. NDCS POLICIES – None noted

 Good Life. Great Mission. <hr/> DEPT OF CORRECTIONAL SERVICES	POLICY		
	CASE MANAGEMENT SERVICES		
	REVISION DATE December 15, 2019	NUMBER 201.06	PAGE 6 of 6
STATEMENT OF AVAILABILITY *This Policy is to be made available in law libraries or other inmate resource centers.			

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Standards for Adult Correctional Institutions (ACI) (4th Edition): 4-4309
- B. Performance-Based Standards for Adult Community Residential Services (ACRS) (4th Edition): 4-ACRS-5A-03 and 4-ACRS-5A-04.