POLICY DIRECTIVE

Policy:	**DOC 1.5.14 CASE MANAGEMENT IN ADULT SECURE FACILITIES**
Effective Date:	11/15/2024 Page 1 of 6 with attachment
Revision Date(s):	
Signature/Title:	/s/ Scott Eychner, Rehabilitation and Programs Chief

I. PURPOSE

To provide the framework for case management within adult secure care facilities and how staff will use case management to address and support appropriate institutional behavior, programming, education, treatment, individual program services plan, release planning, system risk, and transition services for inmates.

II. DEFINITIONS: See Glossary

III. PROCEDURES

A. Standard Case Planning

1. Initial case plans for newly admitted inmates will be created by a Case Manager within 45 days after admission and will be updated throughout the inmate's secure facility incarceration. Case plans will include the following:
   a. Custody Classification;
   b. Individual program services plan;
   c. Release Planning (within 5 years of a possible release);
   d. Secondary Risk Assessments;
   e. Financial Obligation Worksheet;
   f. Documentation if previously in foster care (if under age 26);
   g. Department of Labor and Industry Employment Action Plan;
   h. Court-ordered conditions; and
   i. MORRA.

2. Staff review of case plans with inmates may occur any time, but at minimum must:
   a. occur at the same time as classification reviews and during any scheduled contact in compliance with policy requirements;
   b. include review of all case plan elements and associated plans of action assigned to the inmate to determine program status, goals established, and accomplishments; and
   c. be focused on the inmate rather than on file review.

3. The case plan should be updated regularly as changes in the inmate's circumstances and behavior become known, as needs/issues arise, as goals are accomplished, etc.

4. Recording Case Notes:
   a. Case Managers are responsible for documenting the case management contact and discussion points in the offender management system.
   b. The following information should be noted after each case management contact:
      1) any substantive release plan changes
         a) address change
         b) job change
         c) transportation on day of release
         d) any changes to aftercare programming or treatment
      2) goals and accomplishments

a) new goals set
b) progress notes on previously set goals
c) completed goals

3) assessments
a) custody classification
b) review of next custody level change
c) PREA Assessment
d) PREA Retaliation Monitoring as applicable
e) Inmate PREA education
f) Transgender checks twice per year as applicable
g) MORRA

B. Caseload Management by Risk Level

1. Inmates will be assigned to one of the following case management levels, as determined by the inmate's MORRA risk classification:

MORRA Risk Categories for Males		MORRA Risk Categories for Females	
Scores	**Rating**	**Scores**	**Rating**
0-14	Low	0-14	Low
15-23	Moderate	15-21	Low/Moderate
24-33	High	22-28	Moderate
34+	Very High	29+	High

2. Required minimum contact standards for Very High/High risk inmates:
   a. the Case Manager must have a minimum of 2 case management contacts per year;
   b. beginning at least 1 year prior to the inmate's parole eligibility date, and until the inmate's release, the Case Manager must meet with the inmate at least 1 time per month; and
      1) Note: Case management contacts required for Restrictive Housing may be used to fulfill this requirement.
   c. at least 6 months prior to the inmate's parole eligibility date, the Case Manager must review and confirm the inmate's release plan with collateral contacts.
      1) Note: The Case Manager may request assistance from the Case Management Supervisor to schedule a high needs multi-disciplinary meeting when conducting release planning for Very High/High risk inmates.
3. Required minimum contact standards for Moderate risk inmates:
   a. the Case Manager must have a minimum of 1 case management contact per year;
   b. beginning at least 6 months prior to the inmate's parole eligibility date, and until the inmate's release, the Case Manager must meet with the inmate at least 1 time per month; and
   c. at least 6 months prior to the inmate's parole eligibility date, the Case Manager must review and confirm the inmate's release plan.
      1) Note: The Case Manager is encouraged to contact the Case Management Supervisor for assistance with challenging cases.
4. Required minimum contact standards for Low/Moderate and Low risk inmates:
   a. the Case Manager must have a minimum of 1 case management contact per year; and
   b. at least 6 months prior to the inmate's parole eligibility date, the Case Manager must meet with the inmate to:
      1) review the inmate's progress; and
      2) review and confirm their release plan and preparations for release.
5. Case Managers are required to review all case plans for inmates at least 6 months prior to their parole eligibility date, regardless of their level, to verify the inmate has a Social Security card, birth certificate, driver license or state ID (if eligible), and DD-214 status (if eligible), and

completes the Montana Medicaid application form (if eligible as determined by DPHHS and willing).
   a. Case Managers will document in the release plan the status of the inmate's identification documents, or the date the inmate applied for the documents.
   b. Six months prior to release, IPPOs/Correctional Case Specialists and Case Managers will initiate work with the high needs multi-disciplinary case work group for any inmates with significant medical or mental health issues that require:
      1) coordination of services or care planning; or
      2) assistance to place them in the community based on these identified needs.

6. Case Managers are required to review all release plans for inmates at least 3 months prior to their parole eligibility date, regardless of their level, to determine whether the inmate is appropriate for referral to the Department of Public Health and Human Services, Veterans Administration, Vocational Rehabilitation Services, Department of Labor and Industry, and other community partners as appropriate on a case-by-case basis.
   a. Case Managers will document the status of the inmate's needs in the offender management system.
   b. In collaboration with Health Services staff, Case Managers will initiate a discharge plan for an inmate with medical, dental, or mental health conditions when notified of the inmate's anticipated release. If the notification is not provided, Case Managers must still ensure continuity of care is extended into the community for that inmate. All aspects of medical discharge planning processes will be documented in the electronic health record.
      1) Any inmate refusal during the medical discharge process will be documented:
         a) in the electronic health record or in a chronological entry in the offender management system; and
         b) for medical refusals, on a *Refusal of Treatment* form.
   c. Case Managers will gather information from the electronic health record for upcoming community-based post-discharge appointments and communicate it to the inmate at discharge. Case Managers who have received a release of information will also share electronic health records and any relevant case plans with any in-reach and/or post-discharge Case Manager assigned to the inmate.
   d. The Case Manager will emphasize the importance of post-discharge follow-up care and assure the inmate's understanding of follow-up care. The inmate will sign an acknowledgement of the discharge plan.
   e. Case Managers will notify the offender that Health Services will provide a 30-day supply of current medications and information concerning how to access health records at the time of release.
   f. Case Managers will initiate a release of medical information form within the electronic health record when requested to facilitate exchange of clinically relevant information to community services upon discharge.

7. Thirty days prior to release, when the inmate is transitioning to supervision status, a transition meeting will occur with the following parties in attendance at a minimum: Case Manager, Probation and Parole Officer, and inmate. These meetings may occur virtually.

8. Case Managers are required to meet with the inmate, unless one of the following occurs:
   a. the inmate declines to appear; or
   b. the inmate is housed in a contract facility or out-of-state.
      1) Note: Inmates housed in contract facilities or housed out-of-state will receive case management by current facility-assigned staff as required in contract.

9. Case Managers are required to participate in all parole board hearings for inmates assigned to their caseload (including inmates identified for possible parole release).
   a. Case Managers may assist the inmate during a parole hearing and provide information to the parole board regarding the inmate's current status and preparations for release. The

information provided will at minimum include the following:
1) proposed residence;
2) employment plan;
3) institutional behavior since last hearing;
4) specific needs, care, and most recent treatment history;
5) goals and progress;
6) Case Manager recommendation related to whether the proposed plan mitigates identified risk areas identified through the MORRA, screening tools, and secondary assessments if applicable; and
7) active warrants and detainers, if any.

b. When a scheduling conflict arises involving multiple inmates, Case Managers should attend the hearing of the inmate with the highest risk.
c. If the Case Manager is unable to attend a scheduled parole hearing for Very High/High risk inmates, the Case Management Supervisor or designee must attend in place of the Case Manager.
d. In accordance with *DOC 4.6.7 Medical Parole*, medical parole reports are initiated and composed by the IPPO/Correctional Case Specialist. The supervisor of these staff will track and document progress of each case. Case Managers will coordinate resources as necessary for these cases.

C. Case Management Training and Evaluations

1. The Case Management Supervisor is responsible for coordinating training for Case Managers and ensuring that any new training topics are coordinated with the training team. Case management training sessions will occur at least twice per year. Training will be provided to Case Managers and other designated staff and may include, but is not limited to, the following topics:
   a. prioritizing and managing caseloads;
   b. classification;
   c. evidence-based programming;
   d. case planning;
   e. individual program services plan;
   f. release planning;
   g. offender placement options;
   h. assessments; and
   i. motivational interviewing.
2. The Case Management Supervisor ensures training objectives are being met.
3. Performance evaluations will be completed by Case Management Supervisors annually.

D. Case Management Audits

1. The Rehabilitation and Programs Division Program Services Manager or designee will be responsible for coordination of regular case management audits using a standardized audit format.
   a. Audits will be conducted bi-annually and will include a minimum of 10% of a Case Manager's caseload.
   b. The Program Services Manager or designee will be responsible for appointing staff as auditors to assist with the bi-annual audit; the auditors must be proficient in case management and related requirements.
2. The audit team will provide a report to the Rehabilitation and Programs Chief and the respective facility administrator. The report will include an analysis of the following:
   a. case plans;
   b. custody classification; and
   c. recidivism tracking.

IV. CLOSING

Questions about this policy should be directed to the Rehabilitation and Programs Chief.

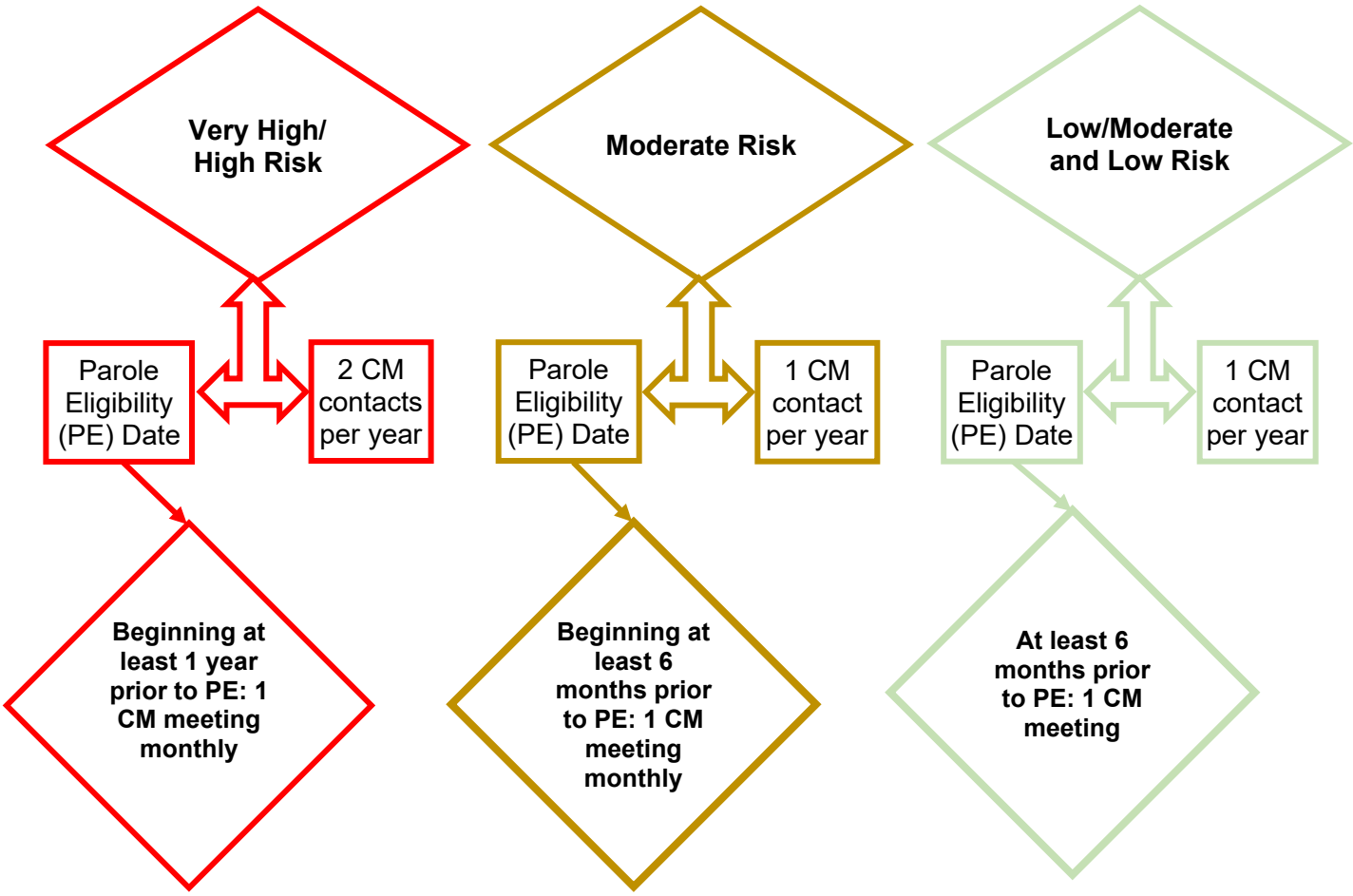
V. REFERENCES

A. *53-1-203, MCA*
B. *DOC 1.5.12 Risk and Needs Assessment for Case Plans; DOC 4.6.7 Medical Parole*

VI. ATTACHMENT

A. *Attachment A: Inmate Caseload Management by Risk Level*

ATTACHMENT A: INMATE CASELOAD MANAGEMENT BY RISK LEVEL



At least 6 months prior to PE Date – CM reviews and confirms inmate's release plan and verifies ID credentials

At least 3 months prior to PE Date – CM reviews for referral to DPHHS, VA, Voc. Rehab, and/or Dept. of Labor and Industry