



*State of North Carolina
Department of Public Safety
Prisons*

Chapter: C
Section: .1400
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POLICY & PROCEDURES

.1401 PURPOSE

The purpose of this policy is to establish the rules and expectations for Correctional Case Management and Correctional Counseling for inmates housed in a NC Department of Public Safety Prison Facility. Also, the purpose is to provide direction and the expectations for the delivery of effective and efficient case management.

.1402 POLICY

It is the policy of the Prisons Section and Rehabilitative Programs and Services that each inmate receives services based on the needs identified in the inmate's Risk/Needs Assessment (RNA). Inmates that have not been assessed by the RNA will receive services based on their case management assessment and plan. Also, each inmate will be provided correctional guidance and counseling as needed by their designated case manager. Correctional Case Management must include the following:

- (1) Planning, coordinating and facilitating the delivery of programs and services to each inmate during their period of incarceration and for their return to the community.
 - (2) Encouraging inmates to maintain positive behavior and personal accountability to achieve their goals and to eliminate disruption in the prison environment.
 - (3) A comprehensive case plan to address all areas where needs have been identified.
 - (4) Facility-approved incentives and consequences as relevant for individualized case plan participation and progression.
 - (5) On-going correctional counseling and engagement in jobs, programs, activities and services relevant to each specific case for long-term inmates and Lifers not preparing for re-entry into society.
- (a) The case management process is dependent upon an assessment of each inmate to determine the focus of services to be provided during confinement. The services provided are designed to promote the greatest opportunity for positive change and aide in making a successful transition back to the community.
- (b) Each prison facility will designate a primary and a secondary Disability Case Manager (DCM). The DCM will provide case management services for the disabled inmates. The disabled inmates will include inmates with developmental disabilities, inmates enrolled in

the Exceptional Students Program and other inmates who are otherwise disabled under the American with Disabilities Act. DCM should not be frequently changed as the DCM must be trained and experienced in providing case management services for the disabled population.

(c) Limited case management is provided to offenders that are committed under the 90 Day Confinement in Response to Violation (CRV) and 3-Month Post-Release Re-imprisonment (PR3).

(d) The process of correctional counseling is intended to motivate and encourage the inmate to change by helping them to recognize and address thinking, behaviors and actions that have led to criminal behavior through their participation in programs and services. The goal is to lead inmates to an increased awareness of the self-destructive nature of their behavior and of alternative behavior choices.

.1403 DESCRIPTIONS AND EXPECTED CASE MANAGEMENT PRACTICES

Descriptions given are applicable to this policy and they provide the guiding principles for the expected standards and the philosophy of Case Management Practices.

- (a) Case Management Specialist - A supervisory level program staff person assigned to a prison facility that is designated the role of managing case management for the prison facility.
- (b) Case Manager – Prison Facility staff who provides case management services for inmates during their period of incarceration.
- (c) Initial Case Manager – Prison Facility staff who are designated as the first case manager after admission processing is complete to provide services to inmates assigned to their caseload for management purposes.
- (d) Disability Case Manager – Prison Facility staff designated to provide case management services for developmentally disabled inmates and for those inmates approved under the American Disability Act.
- (e) Case Management – A collaborative process of intake, assessment, criminogenic risk/needs identification, case plan development and implementation, guidance and monitoring that moves an inmate through the rehabilitation process during their sentence in an organized manner and focuses on addressing the inmate's criminogenic risk, needs, and barriers to successful community reintegration. Effective case management ensures an inmate's case plan is regularly reviewed and revised with input from the inmate. The inmate is encouraged and motivated to participate in and complete their case plan. The inmate receives adequate services and their progress is measured and recorded in OPUS files.
- (f) Correctional Counseling – Personal interviews, interactions and professional alliances with an inmate with the goals of assessing the participation of the inmate in their case plan. Providing feedback and support to the inmate to make the changes in their behavior and attitude that is necessary to prevent prison disruption and future criminal behavior.

- (g) Limited Case Management - A process of planning, guidance, and monitoring that is structured for CRV, PR3 and transient inmates that are at a facility for time limited assignments such as treatment, court and investigation.
- (h) Transitional Services – A systematic focus on assessment and planning for the purpose of assisting the inmate in adjusting to confinement and preparing for a successful transition back to the community.
- (i) Case Management Assessment – An evaluation of all issues important to an inmate’s adjustment to prison and their willingness to actively participate in their case plan.
- (j) Case Plan – A written SMART (specific, measurable, attainable, realistic, time-bound) plan/strategy that addresses the inmate’s needs through jobs, programs, activities and services in order to promote the greatest opportunity for positive change. The plan identifies an inmate’s risk, criminogenic needs and barriers, accompanied by risk reduction strategies that include a plan of action for each identified need of the inmate.
- (k) Case Notes – Recorded information by the Case Manager in the inmate’s OPUS files that document assessment results, updates to the case plan, jobs, programs, activities and services provided and/or participated in, events experienced by an inmate during confinement, contacts and interactions with the inmate and any other significant, pertinent information related to the inmate’s case. Facts about the inmate should be recorded in a concise and factual style. Information should adhere to Prisons confidentiality policies.
- (l) Case Management Roster – A tool on-the-web which Case Managers are expected and required to use daily which assists them in performing tasks (i.e. scheduled contacts, classification, AOC alerts, etc.) due for each inmate assigned to their caseload.
- (m) Case Management Quick Reference Checklist – A guide which is used sequencing the delivery services to assist the inmate in becoming successful while incarcerated and to prepare for transition back into the community. The checklist identifies the various transition services which should be provided to all inmates based on facility resources, custody levels, and program availability.
- (n) Risk/Needs Assessment (RNA) – The RNA identifies inmates who are at risk of re-offending and it prioritizes inmates for intensity of intervention based on their risk of re-offending. It places inmates in Service Priority Levels 1-5, with 1 being the highest and 5 being the lowest risk for the inmate to re-offend. The Needs Assessment identifies the inmate’s criminogenic needs (needs that contribute to their criminal behavior) that should be addressed through the inmate’s participation in jobs, programs, activities and services. Criminogenic needs are factors that are dynamic and can change through intervention and change of circumstances.
- (o) Full Summary Report (Risk/Needs Service Priority Level Report): A summary report of the RNA used to assist in case assessment and planning for staff use only.
- (p) Offender Assessment Report (NC Division of Adult Correction Assessment Results): A report written in layman’s terms summarizing criminogenic needs and barriers to be discussed with inmate and utilized as a key component of correctional counseling. A copy of this report is to be given to the inmate.
- (q) Responsivity Principle – Being responsive to temperament, learning style, motivation, gender and culture when assigning inmate to jobs, programs, activities and services.
- (r) Dosage – The amount of structured programming and intervention an inmate receives based on the inmate’s risk/needs assessment. High risk inmates receive the greatest

- dosage of programming and intervention while the lowest risk inmates receive the least dosage of programming and intervention.
- (s) Motivational Interviewing – Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and empathy.
 - (t) Jobs, Programs, Activities and Services (JPAS) – approved labor assignments, interventions, and resources offered by Prisons used to enhance positive offender change and/or reduce idleness.
 - (u) Transition Plan – A plan that states where the inmate will live when released from prison and identifies the interventions and services to be provided in the community as part of aftercare.
 - (v) Adaptive Behavior Assessment - An evaluation of the developmentally disabled inmate's functioning at the facility of assignment.
 - (w) Mental Health Treatment Plan - The plan for services developed cooperatively by the DCM case manager and designated mental health professionals. The treatment plan outlines appropriate mental health services and rehabilitation activities.
 - (x) Case Management Progress Note for the Developmentally Disabled – A monthly summary of case management activities and progress made toward treatment plan goals for the Developmentally Disabled (DD) inmate.

.1404 CASE MANAGEMENT SYSTEM

- (a) Case Management System Coordination

Each facility provides case management that coordinates all inmate JPAS and supports security operations through regular communications with each inmate. Referrals to specialized staff for those needing professional attention occur as part of the case management system.

- (b) Case Management Caseload

All inmates are assigned to the caseload of a Case Manager by designated supervisory staff or by the facility Case Management Specialist. Caseload assignments should consider the individual skills of the Case Manager, Service Priority Level of the inmate, and the special needs of the inmate. The design, the mission and staffing pattern of the facility as well as other institutional requirements can guide the allocation of inmates among Case Managers.

.1405 CASE ASSESSMENT & PLANS FOR INMATES WITH RNA COMPLETED

- (a) Risk/Needs Assessment Instrument

The Risk/Needs Assessment Instrument allows staff to prioritize inmates for intervention based on their risk of re-arrest combined with level of needs (criminogenic and barriers). It assigns the Service Priority Level (Levels 1-5) which identifies inmates who are at greatest risk for re-arrest and who also have needs which can be addressed through jobs, programs, activities and services available. Level 1 is highest priority and Level 5 is least priority.

(b) Case Assessment

The assessment is accomplished by utilizing the Risk/Needs Assessment (RNA) tool which is completed by the Case Analyst while the inmate is in admission processing. The RNA tool consists of the 3 parts: Offender Trait Inventory, Offender Self Report Questionnaire, and the Staff Interview and Impressions. The purpose of the assessment is to identify the risk, needs and barriers to success that the inmate may have. The results of the tool assist with the creation and continuation of a plan for the inmate's period of incarceration and their transition back to the community. Needs identification occurs throughout the period of incarceration therefore, assessment is an ongoing process.

If the assessment is not completed during Admission Processing, the Initial Case Manager will complete the RNA and case plan within 30 working days of inmate's assignment to caseload.

(c) Case Plan

Within 15 days of assignment to the Initial Case Manager, a Case Plan for each inmate is developed utilizing the IP59 OPUS screen. The Plan is updated by initial and subsequent Case Managers during the inmate's stay in prison to reflect behavior and attitude changes, compliance with the plan, and achievements. Plans are to be modified as needed.

If Initial Case Manager completes the RNA, the RNA and case plan are to be completed within 30 working days of assignment to caseload.

(d) Inmate Participation

Participation in the case plan is expected of all inmates and should be encouraged through correctional counseling. Efforts are made to encourage participation in as many components of the plan as possible prior to completion of the sentence. Case Managers should monitor each inmate's progress to determine the next steps required to complete the plan. Case Managers should use incentives and consequences to help encourage and motivate inmates' participation in their case plan.

.1406 CASE ASSESSMENT & PLAN FOR NON-RNA INMATES

Inmates in the general population who are not assessed by the RNA will continue to be assessed and case plans developed for them on the IP59 by their case managers until such time as the RNA (if applicable) can be done for the inmate utilizing the RNA tool.

- (a) If an inmate is red-flagged on the case management roster to have the RNA completed, the Initial Case Manager will complete the RNA for the inmate and complete the plan within 30 days of arrival to the facility.
- (b) If an inmate is not red-flagged to have the RNA completed, the following procedures will occur:
 - (1) The assessment process is a review of pertinent information relating to issues identified in the major life areas. The case assessment and plan is completed within 30 days of an inmate's assignment to the Initial Case Manager upon completion of admission processing.
 - (2) The findings of the Case Analyst, and information obtained from interviewing the inmate and various sources (i.e. OPUS) is the basis for the case assessment and the plan. Needs identification occurs throughout the period of incarceration therefore, assessment is an ongoing process. Case plans should be reviewed and updated as accomplishments occur and as needs change.

.1407 CASE MANAGEMENT REQUIREMENTS FOR ALL

(a) Caseload Assignment

- (1) The Case Management Specialist or designee assigns new inmates to a Case Manager within three (3) working days following arrival at the facility. Inmates who have completed admission processing, have vacated a designated admission processing bed and who remains at the same facility, are assigned a Case Manager within three (3) working days of assignment to the facility.
- (2) All inmates are assigned a Case Manager with the exception of admission processors, presentence diagnostics, safe-keepers and death row inmates. The assigned Correctional Case Analyst or designated Diagnostic Staff serves as the Case Manager for admission processors needing services.

(b) Inmate Contacts

- (1) The Initial Case Manager makes their first contact with the inmates that are new arrivals at the facility no later than three (3) working days after being assigned to their caseload. The purpose of the first contact with the inmate is to allow the inmate to ask questions, for the Case Manager to answer questions as well as to provide information that serves to orient the inmate and to inform the inmate of procedures to request an appointment with the Case Manager or other staff. In addition, the Initial Case Manager will discuss the results of the Offender

Assessment Report with the inmate and will begin formulating the Plan based on the RNA tool results. If the RNA tool is not complete, Initial Case Manager will complete the RNA, discuss Offender Assessment Report with inmate and then begin formulating the Plan.

- (2) Subsequent assigned Case Managers will make their first contact with the inmates that are new arrivals at the facility no later than three (3) working days after being assigned to their caseload.
- (3) The assigned Case Manager meets with each of their assigned inmates as often as necessary to address the needs of the inmate, classification and program reviews.
- (4) Mandatory contacts based on Service Priority Level (SPL):
 - (a) SPL 1 & SPL2: not less than one (1) time every 60 days
SPL 3: not less than one (1) time every 90 days
SPL 4 & 5: not less than one (1) time every 120 days
 - (b) Nine (9) months from release, all inmates will be seen not less than one (1) time every calendar month for transition purposes.
 - (c) Note the specialized case management intervals below:

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| Exceptional Student: | not less than one (1) time every 30 days |
| Developmentally Disabled: | not less than one (1) time every 30 days |
| Adults with Disability: | not less than one (1) time every 60 days (Once every calendar month beginning 9 months from release) |
 - (d) Not less than once every calendar month for 90 Day CRV and PR3 offenders
 - (e) Inmates without a SPL will be seen not less than one time every other calendar month.
- (5) Inmate contact is made for a variety of purposes to include, but not limited to implementing or updating the case management plan with OPUS documentation, coordinating the delivery of services, providing guidance and support, assisting in preparing for reentry, and monitoring the inmate's progress.
- (6) Each facility shall establish a system to notify an inmate of a change in Case Manager assignment. The following procedures will be utilized:
 - (a) The inmate is notified by the newly assigned Case Manager through written communication that he/she is the new Case Manager and should be documented as an office contact in OPUS.

(b) Notification should occur within seven (7) working days of being assigned to the Case Manager.

(c) The newly assigned Case Manager will resume the normal contact schedule as indicated by policy.

(d) **Transition Procedures For All Inmates**

- (1) Planning for an inmate's successful transition back to the community begins at admission to prison and consists of developing an action plan, coordinating the delivery of JPAS, monitoring the inmate's progress, encouraging participation in the plan and resource linkage.
- (2) Assignments to JPAS should be prioritized based on the following: Service Priority Level (if applicable), case plan, the amount of time remaining on the sentence, the length of time required to complete the assignment, court recommendations, and the other activities listed in the case plan.
- (3) Assignments that require a greater investment of time such as academic education, vocational training, cognitive behavioral intervention, substance abuse treatment, mental health intervention and others are planned early enough in the sentence to ensure program completion and to ensure that the full benefits of the program are realized.
- (4) The Case Management Quick Reference Checklist is a tool to aid in the sequencing of case management services and transition services delivered to inmates.

(e) **Transition Planning For All Inmates**

- (1) Transition planning consists of developing plans for the inmate in the community they plan to reside in upon release and includes:
 - (A) a residence plan;
 - (B) a plan that includes the interventions and services to be provided in prison that will enhance their transition to the community;
 - (C) a plan that includes the interventions and services to be provided in the community and identification of the community resources for the services;
 - (D) documentation of the plan in the inmate record;
 - (E) evidence of the implementation and monitoring of the plan through regular case note entries; and

- (F) an employment plan (if applicable).
- (2) All inmates will be asked for a residence **plan 9 months** prior to release. The Case Manager will verify all residence plans prior to entering them on the IP55 screen. Verification of the plan will be done by **contacting** the proposed residence to confirm that the inmate can reside at that address. For confirmed plans; the Case Manager will contact the residence 30 days prior to release to assure that the plan is still viable. Supporting documentation on confirmed plans will be entered on the IP55 under the F14 comment. Comments on all other attempts to secure a residence plan will be entered on the IP60 screen by using the 69 comment type. When inmates are transferring for release the sending facility will verify the residence plan 2 weeks prior to the transfer. When it is determined that the plan is not viable the facility will initiate efforts to secure a viable residence plan by talking with the inmate and utilizing all available resources.
- (3) Official documents such as forms of identification, Social Security cards, Driver's License, birth certificates, educational certificates, vocational certificates, school transcripts, referrals to community agencies and other documents to aid in transition are filed in the inmate record in the transition document envelope and are given to the inmate at the time of release.
- (4) The Official Release Document located under the Release Checklist on OPUS on WEB will be signed by releasing official and provided to inmate at the time release.
- (5) All inmates will be issued two forms of identification upon their release. Duplicate Social Security cards are obtained for those inmates who have had a Social Security card in the past but no longer have their card. The **DPS Prisons Exit Identification Card** will serve as one form of identification and will be issued to inmates upon their release.
- (f) **Documentation For All Inmates**
- (1) Information on all services provided and contact with an inmate should be documented as part of the inmate record. Case management contacts, assessments and plans, transition services, transition plans and aftercare planning are documented in OPUS.
- (2) After the initial contact is documented, the beginning case notes should reflect a review of the case assessment and plan, **the Offender Self-Assessment Report (if applicable)** and any updates to the plan.
- (3) Subsequent case notes by the same Case Manager should comment on an inmate's current activities, services being provided, progress being made and

accomplishments achieved. Case notes should reflect a logical connection with the established case plan.

- (4) When a change occurs in Case Managers, the first case notes of the new Case Manager should indicate the established assessment and plan have been reviewed and further indicate whether or not updates/changes have been made and discussed with the inmates.
- (g) Specialized Case Management for Inmates
- (1) Developmental Disabilities (DD)- Case management standards and requirements for developmentally disabled inmates are defined in Policy # TX VII –1 of the Health Care Manual. Those standards and requirements are implemented in conjunction with the requirements noted in this policy.
 - (2) American Disabilities Act (ADA) - Case management standards and requirements for inmates approved for an Accommodation under the American Disabilities Act are defined in Prisons Policy Chapter E.1600.
 - (3) Exceptional Students Program (ESP) – Case management standards and requirements for inmates are defined in the Educational Services Procedures Manuel under Section II – Standards.
 - (4) In addition to this Case Management policy, unique case management requirements for the Advanced Supervised Release (ASR) and 90 Day Confinement in Response to Violations (90CRV) or any other group deemed to receive specialized case management services are addressed in applicable Prisons policies that address their specific needs.
- (i) **Correctional Counseling For All Inmates**
- (1) The purpose of correctional counseling is to motivate the inmate towards positive change and encourage the inmate to take the necessary steps to change. Correctional counseling includes communication and counseling techniques that encourage inmates to become involved in programs and activities that will benefit them when they are released from prison. Correctional counseling aides in the secure operation of the facility by opening the lines of communication and encouraging appropriate behavior.
 - (2) A core message of correctional counseling is that each inmate is responsible for their actions and that they should change their behavior to promote cooperation and compatibility with others as well as display respect for the law.
- (j) Case Management Training

- (1) Each Case Manager is trained in providing case management services and correctional counseling.
- (2) The training curriculum for case management and correctional counseling is the responsibility of Prisons Administration and Rehabilitative Programs & Services. Prisons staff will instruct trainers who will then train Case Managers at each location.
- (3) The training for Disability Case Managers is administered by mental health services.
- (4) All Case Managers will be trained in Evidence-Based Practices for Case Management and Motivational Interviewing.

.1408 CASE MANAGEMENT AUDITS

- (a) The Case Management Specialist or other senior program staff at each facility is responsible for periodic audits of case management procedures and of case management documentation.
- (b) Audits are conducted two times each year and consist of a random sample of inmate cases, a review of case management procedures as practiced at the facility and a report on correctional counseling activities. Case management documentation of sample cases is reviewed by the supervisor conducting the audit. The primary purpose of the audit is to ensure that the Case Manager is meeting the requirements of this policy and to assure that inmates are being assigned to JPAS per the established case plan.
- (c) The Case Management Specialist or other senior program staff is responsible for corrective action when an audit reveals that the case management system requirements as specified in this policy have not been met.
- (d) Audit results and corrective actions are reported to the facility superintendent and to other managers as required.
- (e) The implementation of a standard audit format for case management is the responsibility of Rehabilitative Programs & Services.

.1409 CASE MANAGEMENT REFERENCES

In addition to this policy, there are several references to aid in case management.

- (a) Case Management Resource Manual- manual is located on the Programs Web page under Information, Resource Page, under Manuals section of the page http://internal.doc.state.nc.us/dop/program_services_forms.html
- (b) Director's/Division Memos- The memo web page should be checked every week for

current updated information and to read previous directives.
<http://internal.doc.state.nc.us/dop/memos.html>

(c) Program Services Resource Manual- manual is located on the Programs Web page under Information, Resource Page, under Manuals section of the page.
http://internal.doc.state.nc.us/dop/program_services_forms.html



March 23, 2017

Director of Prisons

Date

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