



DEPARTMENT OF CORRECTIONS
Offender Management and Rehabilitation



Title:	Correctional Case Management	DOC Policy: 90.1.3
Effective:	6/15/11	Supersedes: N/A
Applicability:	All functional units	
Directives Cross-Reference:		
<p style="text-align: center;">Correctional Case Management – Div 207 Prison Term Modification – Div 97</p>		
Attachments:		
<p style="text-align: center;">Attachment A – Case Planning Attachment B – Suggested Services by Levels of Supervision Attachment C – Mental Health Attachment D – Multidisciplinary Team Meetings Attachment E – Earned Time Process</p>		

I. PURPOSE

The purpose of this policy is to establish Correctional Case Management as a continuation of the Oregon Accountability Model and to define effective case management practices in accordance with the rule on **Correctional Case Management** (OAR 291-207). This policy provides direction to all Department of Corrections employees, volunteers, and contractors in the delivery of effective and efficient case management practices.

II. DEFINITIONS

- A. Automated Criminal Risk Score (ACRS): A statistical calculation developed by the ODOC Research Section to predict an offender's risk of re-offending within three years of release.
- B. Case Management: A proactive, collaborative, multi-disciplinary process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's needs or risks, as well as responsivity factors. Case Management is the process which links all the elements involved in an inmate's management. The process of Case Management unifies procedures and personnel to balance departmental resources and an inmate's needs throughout his/her term of incarceration and community supervision.
- C. Case Plan: A dynamic document created by Department of Corrections counselors collaboratively with an inmate that specifically identifies the inmate's evidenced based assessed risk and needs, accompanied by risk reduction strategies and plans of action, with timelines.
- D. CIS Corrections Information System (CIS): A computer system dedicated to tracking information critical to the management of inmates/offenders under the custody and/or supervision of the Oregon Department of Corrections.
- E. Criminogenic Risk Factors: Factors that contribute to an inmate's risk for future criminal behavior.
- F. Comprehensive Adult Student Assessment System (CASAS): A self-administered assessment used to determine inmates' reading and math abilities.

- G. Custody Classification: Initial classification upon admission to the Oregon Department of Corrections, classification review or classification overrides used to determine an inmate's custody classification level.
- H. Earned Time Credit: Sentence reduction credits (days), up to 30 percent of the sentence imposed, that can be earned by an inmate sentenced under sentencing guidelines, pursuant to ORS 421.121, and the rule on **Prison Term Modification** (OAR 291-097)
- I. Evidence-Based Practices: The body of research and clinical knowledge that describes correctional assessment, programming and supervision strategies that lead to improved correctional outcomes such as the rehabilitation of inmates and increased public safety. Such principles not only meet the public's expectations for economical business strategies, efficiency and effectiveness but also reflect fairness and accountability.
- J. Inmate: Any person under the supervision of the Department of Corrections who is not on parole, probation or post-prison supervision status.
- K. Level of Service Case Management Inventory (LS/CMI): An assessment used to determine an inmate's criminogenic risk factors.
- L. Multi-disciplinary Team (MDT): Stakeholders from different divisions within a functional unit who come together to provide comprehensive assessment, consultation and perspectives concerning an inmates' incarceration and successful reentry to the community.
- M. Personality Assessment Inventory (PAI): A self administered psychological assessment.
- N. Reentry: The activities and programming conducted to prepare inmates to return safely to the community and to live as law abiding citizens. Reentry includes the release process, the flow of inmates back into communities and how they are supervised after release, the effects on public safety as a result, how the Department of Corrections manages releases, and what communities can do to absorb and reintegrate returning offenders.
- O. SMI: Seriously Mentally Ill.
- P. Static-99: A ten item actuarial assessment instrument for use with adult sexual offenders who are at least 18 year of age at time of release to the community.
- Q. Supervision Levels for Case Management (Limited, Intermediate, and Intensive): The relative frequency and intensity of interventions, contact, and available programs/services accessible to inmates needed to ensure productive incarceration and successful reentry.
- R. Texas Christian University Drug Screening (TCUDS): A drug and alcohol assessment used to determine level of dependency.
- S. University of Rhode Island Change Assessment (URICA): A self administered questionnaire used to measure responsivity to change.
- T. Victimization/Aggression Assessment: An assessment used to determine an inmate's level of vulnerability or potential for aggressive behavior while incarcerated.

III. POLICY

A. Correctional Case Management

1. All business decisions and policy changes potentially impacting correctional case management operations or interacting with correctional case management policy will be routed through the Case Management Office to ensure compliance with the principles of case management.
2. Case management is the shared responsibility of all Department of Corrections employees, contractors, and volunteers. Effective case management ensures that the inmate's correctional case plan is developed, regularly reviewed, and revised when

appropriate; that the inmate receives adequate services; and that his/her progress is being measured and recorded in the case record regardless of supervision level.

3. Case management in the department is comprised of the following principles:
 - a. All correctional staff has a valuable role in the delivery of multidisciplinary services in prisons. Despite differences in their training, culture, and job specific mission, they all have some common goals. When all correctional staff share appropriate information and assist in the case planning of inmates, both the quality of change and the safety of the correctional environment improve. Mutual respect, proper orientation and training, and ongoing communication and cooperation provide the foundation of correctional case management;
 - b. Intake determines the most appropriate placement for all new arrivals into the Department of Corrections based on safety and security factors, length of sentence, and inmate custody classification. Case management begins when the inmate is assessed for his/her individual needs during the Intake process;
 - c. Case planning begins when the inmate is transferred to his or her institution and primary counselor;
 - d. Each inmate is treated as an individual rather than as part of a group;
 - e. Case management programs and interventions are structured around individual risk/needs;
 - f. Programs and interventions contain clear, achievable goals;
 - g. Goal achievement is rewarded by the system;
 - h. Positive behaviors and personal accountability are expected in order to achieve goals;
 - i. Each inmate has the ability to provide input into his/her case plan;
 - j. Quality pro-social interactions between staff and inmates is the expectation of the Oregon Accountability Model and is the best evidence- based practice that can be offered consistently throughout the Department of Corrections;
 - k. Preparing an inmate to re-enter the community is a priority;
 - l. Inmates receive support in various ways, including education, employment skills, program and treatment services;
 - m. There is an emphasis on being proactive rather than waiting for problems to develop;
 - n. Accurate record keeping for monitoring progress is an ongoing part of the case management process;
 - o. Feedback to the inmate about case planning and progress is a vital and ongoing part of the case management process; and
 - p. Quality assurance measures are utilized to ensure consistency and reliability of case management techniques, as well as a consistent statewide case management practice.
4. Case Planning (Attachment A)
 - a. The individualized case plan identifies interventions and supervision strategies, facility work assignments, programming, treatment, and educational/vocational activities that are appropriate to the inmate's strengths and needs. The plan will promote positive change and assist in developing pro-social behaviors to facilitate prison adjustment and successful reentry.

- b. Institution counselors are required to maintain current case plans for each inmate on their caseload.
 - (1) The primary purpose of a case plan is to develop guidelines (see attachment A) that document inmate needs and corresponding resources to address those needs, along with timelines including forecasting custody classification changes and consequent facility transfers for provision of interventions and cell/bunk management.
 - (2) The case plan will also document responsibility taken by the inmate when developing skills needed to make a successful reentry.
- c. The case plan process is intended to be collaborative in nature.
 - (1) All stakeholder concerns about an inmate must be routed through the counselor to ensure appropriate communication, case plan compliance, and documentation.
 - (2) It is expected that special needs inmates, including Seriously Mentally Ill inmates and other special populations, require a high level of collaboration between counselors and other case managers working with that inmate, as well as with security and other institution staff.
- d. Each inmate will have only one integrated case plan. The automated case plan in the Case Management Module must be used. Any other plans for circumstances such as behavior/risk plans, Behavioral Health Services plans, security threat management plans, etc., are required to be integrated into the overall case plan.
- e. Circumstances should be assessed to determine when inmates may need to be supervised differently on a temporary basis. This does not always mean overriding an inmate to a higher supervision level. Temporary interventions may be suitable to re-focus the inmate and allow for return to previously established supervision practices.
- f. Intensive and intermediate supervision level inmates that are determined to likely remain stable for a long period of their incarceration should be considered for transfer to a lower supervision caseload. Treatment and programming resources should be limited to those inmates preparing for release or that have an immediate need for services due to DOC directive, state or federal regulation, behavior, mental health, or physical health issues.
- g. Forecasting of inmate movement should occur. Inmates will be proactively placed on transfer lists by institution counselors as a result of custody classification and/or case planning goals. Forecasting is especially important for mentally ill inmates and inmates identified for alcohol and drug treatment.
- h. Program readiness planning for all inmates assessed as needing alcohol and drug treatment and who meet the eligibility criteria should begin when the inmate's custody classification becomes level 1 or 2.
 - (1) The completion of preparation programming as determined by the case plan (Pathfinders, Parenting, Education, etc.) should be forecasted to ensure timely transfer to the treatment facility.
 - (2) Preparation programming may also include self help materials and less formal institution-specific group activities recommended by the counselor.
- i. Reentry is part of the case planning process. It begins at the point of admittance to a prison and extends beyond release. Reentry is a philosophy and a process, rather than a specific program.

5. Automated Criminal Risk Score (ACRS)

a. Case management services are structured around individual risk and needs.

(1) ACRS determines the risk of future criminal behavior for all inmates housed in DOC institutions and is the primary determinant in level of services an inmate will receive. Studies have shown that actuarial risk assessment tools like the ACRS are more accurate at predicting risk to re-offend than professional judgment alone. Studies also show that the prediction of risk is most accurate when the basis is an actuarial tool used along with professional judgment.

(2) Inmates are assigned a level of criminal risk based upon several factors which are predominately static in nature.

- Age
- Number of prior incarcerations
- Sentence length
- Earned time
- Previous revocation
- Prior theft conviction
- Type of crime

b. ACRS has a high predictive validity when the information used in the calculation is accurate. In some cases, the predictive validity of the assessment is lessened by the absence of information such as out-of-state records and the lack of inclusion of certain offenses (DUI, domestic assault, etc.).

c. To ensure accurate ACRS calculations when convictions not captured in CIS are discovered, intake and/or institutions counselors will use the manual ACRS calculator to determine the correct score. Recalculated scores should be documented in CIS and case plan.

6. Supervision Levels (Attachment B)

a. Supervision levels are used to determine the relative frequency and intensity of interventions, contact, and available services (see attachment B) needed to ensure productive incarceration and successful reentry.

b. The initial determination for each inmate's supervision level will be by Automated Criminal Risk Score (ACRS). When necessary, other assessments beyond or in conjunction with ACRS should be considered when determining supervision levels:

- Criminal risk factors as determined by an LS/CMI assessment;
- PMAS/associations;
- TCUDS;
- Custody Classification;
- Mental health; and
- Vulnerability/aggression.
- URICA

7. Supervision level overrides

a. The supervision level override feature provides for either increases or decreases in the level of supervision. The supervision level override is intended to address risk factors that are not included as part of the ACRS scoring or other department sanctioned assessments. These factors are based upon:

(1) Inmate-specific issues that, in the professional judgment of the institution counselor, appear to impact the risk the inmate poses to him/herself, the institution, other inmates, staff and/or successful reentry to the community;

- (2) Crime-specific risk issues, especially those involving, multiple DUII and domestic violence incidents.
 - a) Felony DUII inmates are a significant risk to the community and are considered statistically at high risk to recidivate.
 - b) Domestic violence offenders with a history of multiple offenses pose a significant risk to recidivate.
 - (3) Policy directives of the department regarding delivery of correctional services.
- b. All supervision level overrides must be discussed at the Multidisciplinary Team meeting, authorized by the Assistant Superintendent of Correctional Rehabilitation or Correctional Rehabilitation Manager, and documented in the case plan. All overrides will be monitored at a supervision or peer supervision level as determined by each institution for accuracy, consistency and appropriateness. Overrides must be based on one or more of the following factors:
- Assaultive behavior;
 - Sex offender;
 - Offender risk and needs (vulnerability, mental health concerns, Prison Management Alert System, suicide prevention, addictions, etc.);
 - Extreme criminal record;
 - Major non-compliance;
 - Institution counselor discretion;
 - LS/CMI assessment;
 - Conformance to case plan;
 - Length of prison term;
 - ACRS recalculation;
 - Custody classification.
- c. Supervision level overrides shall remain in effect until a change in circumstances warrants a reassessment and subsequent adjustment.
8. Inmates with a Serious Mental Illness (SMI)
- a. Case management of Seriously Mentally Ill inmates is based upon the following:
- (1) All inmates meeting the criteria for an MH-3 code (Attachment C) are therapeutically treated and managed as Seriously Mentally Ill (SMI). Active case management and effective case planning is critical.
 - (2) The inmate is actively suicidal or has a recent, serious suicide attempt (within three years).
 - (3) Holding offenders accountable is the mission of ODOC and an important principle of managing seriously mentally ill inmates. Interventions and sanctions for seriously mentally ill inmates may differ from typical sanctions and interventions, but are still an effective tool. Professional communication and planning among staff is essential to ensure effective interventions.
 - (4) All DOC staff, contractors, and volunteers play an essential role in the supervision of seriously mentally ill inmates.
 - a) Managing this population is built upon supervising, monitoring, and reporting inmate behaviors, as well as modeling appropriate interactions and accountability.

- b) Maintaining professionalism and not taking inmate actions personally, understanding that behaviors may be influenced by mental health symptoms, is a core principle for supervision of seriously mentally ill inmates.

9. Multidisciplinary Team (Attachment D)

- a. All institutions are required to hold regularly scheduled formal Multidisciplinary Team meetings (See attachment D). Informal and ad hoc multidisciplinary discussions will also occur, as needed.
 - (1) Though institution counselors are the core resource for inmate case management and planning, the Multidisciplinary Team approach to problem solving will used.
 - (2) The institution counselor will present difficult and persistent problems or issues which impact multiple correctional disciplines for discussion and decisions.
- b. Multidisciplinary Team meetings should be specific in nature.
 - (1) The reason an inmate is placed on the agenda will be clearly communicated prior to the meeting. Focus should be on the assessed risk and/or needs of the inmate being discussed.
 - (2) The multidisciplinary team meeting must not be used primarily to discuss routine management issues that do not require the resources of the full multidisciplinary team.
- c. The Multidisciplinary Team consists of the institution counselor of the inmate being discussed, the Assistant Superintendent of Correctional Rehabilitation, and/or Correctional Rehabilitation Services Manager, as well as all other stakeholders having a working knowledge of the inmate issue being addressed. This ensures a well rounded, practical, and effective resolution.
- d. If a major contributor cannot attend a meeting, that person shall provide written documentation to the team regarding progress, concern, possible solutions, interventions, or case plan alteration recommendations.
- e. Agendas and minutes of formal meetings will be made available by posting or routing to all staff.
 - (1) Action items and noteworthy outcomes of informal or ad hoc multidisciplinary team meetings will be communicated with appropriate stakeholders.
 - (2) Decisions must be reviewed with the affected inmate either during the meeting process or individually with the institution counselor. In some cases, written feedback may be provided to the inmate.
- f. The best interest of the inmate will be used in determining steps to promote long term change of behavior intended to reduce an inmate's potential for dangerous or disruptive prison activities or potential return to prison once released.

10. Principles of Application of Earned Time (Attachment E)

- a. Earned time is applied by the Offender Information and Sentence Computation unit in accordance with the rule on **Prison Term Modification** (OAR 291-097), using feedback provided by the institution counselor regarding compliance with the program expectations of the inmate's case plan.
- b. The institution counselor and/or Multidisciplinary Team will review all instances where the inmate has received a program "Remove for Review" code to determine whether the inmate is in compliance with his or her case plan for the purpose of earned time calculation. See the earned time process (Attachment E).
- c. Only mandatory and required programs will be considered in determining case plan

program compliance for the purposes of earned time, although all program expectations will be documented in the case plan. Mandatory and required programs will only be considered for earned time when officially offered to the inmate. The date the program is offered to the inmate will be documented.

- (1) Mandatory programs are defined by statute, regardless of caseload supervision level:
 - ABE/GED/ESL education programs; and
 - Work assignments.
 - (2) Required programs are those programs documented on case plans as required to address the inmate's individual risks and needs. Required programs are not necessarily mandatory programs as defined in statute.
- d. The institution counselor and/or institution multidisciplinary team is responsible to review the issues surrounding program or work review codes and determine the appropriate exit code and consequent intervention that corresponds to the level of program non-compliance.
- (1) The institution counselor and/or multidisciplinary team may decide that in the best interest of the inmate, program failure is not warranted and address the incident using lesser interventions.
 - (2) Professional judgment and best interest of the inmate should be used when making a decision.
- e. If it is determined that the inmate is not compliant with case plan expectations in regard to program but earned time credits should not be effected, other interventions that result in a reduction of Performance Recognition Awards and non-cash incentive levels can be used.
- f. If the determination is made that earned time will not be granted for the review period due to program noncompliance, the original "Remove for Review" code will be replaced with the "Failed Oregon Corrections Plan" (FOCP) code.
- Institutional conduct compliance is determined accordance with the rule on **Prison Term Modification** (OAR 291-097),
- g. All fail code entries will be documented in the case plan. FOCP codes will be accompanied with a reason code that identifies circumstances of the fail.
 - h. Inmate progress reports for Oregon Youth Authority, Interstate Compact, and ghost inmates will be reviewed for case plan and conduct compliance by the assigned counselor when received.
 - i. All fail code entries will be monitored at a supervision or peer supervision level as determined by each institution for accuracy, consistency and timeliness of code entries.

B. Quality Assurance

1. Each institution is responsible for quality assurance measures within their unit.
2. Case plans will be reviewed a minimum of every six months for intermediate and intensive supervision level cases. Cases that are at the limited level need to be reviewed only as circumstances warrant.
3. Internal quality assurance measures, such as peer review and supervisory audits, will be used to maximize consistency and reliability of case management tasks. These reviews will be done on a regularly scheduled basis as determined by the functional unit, and may be done in conjunction with preparation for institution security audits. Internal quality assurance may include:

- a. Spot checks of assessments including LS/CMI, Static-99;
 - b. Review of case plan development and maintenance;
 - c. Observation, review and feedback of LS/CMI interviews or Motivational Interviews;
 - d. Proper use of level of supervision overrides;
 - e. Accurate and appropriate case documentation;
 - f. Consistency of Earned Time application and proper use of Program Exit and Review codes; and
 - g. Adherence to case management policy.
4. External quality assurance measures, including peer site review and formal audits, will be used to ensure a statewide case management practice.

C. Retention Schedule

Hard copy and electronic documentation concerning the case management of inmates should be kept in accordance with the authorized Department of Corrections retention schedule.

VI. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: _____
Birdie Worley, Rules Coordinator

Approved: _____
Mitch Morrow, Deputy Director

Case Planning

1. Components of each case plan will contain or identify:
 - a. Prioritized goals based on assessments such as LS/CMI, TCUDS, CASAS, PAI, URICA, Victimization/Aggression Assessment, mental health status or other instruments assessing need or risk to recidivate;
 - b. Desired outcomes for each goal;
 - c. Action steps or tasks linking the inmate to the appropriate services;
 - 1) Action steps are time sensitive, measurable, achievable, and specific;
 - 2) Action steps should not be identified as a range, e.g. 30-60 minutes/days or as an unspecified period of time, e.g. as needed, if appropriate;
 - 3) Who is to do what in order to accomplish the action steps/tasks; and
 - 4) Prioritized completion dates.
2. Institution counselors will review the case plan with the inmate as necessary and modifications will be made as indicated by the inmate's behavior, compliance with the plan, and responsiveness to change.
 - a. Progress should be outcome oriented, measurable, and recorded in the case plan.
 - b. When goals and action steps are completed, they will be replaced by the next prioritized risk/needs areas identified.
3. The case plan should follow the inmate upon transfer to a different institution or reentry to the community.
4. Reentry and release planning is part of the case planning process.
 - a. Case planning should include release preparation, including participation in appropriate education and reentry programming. Reentry planning should address community responsibilities, supervision responsibilities, family support, employment readiness and barriers to successful reentry. Strategies should be developed to address those barriers.
 - b. Efforts should be made to secure identification such as birth certificates, social security cards, and DMV issued photo identification cards for all inmates prior to release.
 - c. Reach-in contacts in person or by telephone between community corrections officers and inmates should occur when necessary.

Suggested Services by Levels of Supervision

At all levels of supervision, services noted below should be seen as possible interventions and case management practices. Institution counselors will use professional judgment and seek feedback from other stakeholders as necessary in determining appropriate services for an individual inmate. Case plans are required for all inmates regardless of level of supervision. Other listed services for each level of supervision should be seen as guidelines, not as an all inclusive list. Only those services appropriate for the individual inmate based on his/her needs should be chosen.

Limited supervision – Automated Criminal Risk Score .00 - .14 or supervision level override

Examples of possible services include:

- 1) Reactive interaction between counselor and inmate;
- 2) Emergency interventions;
- 3) Inmate reporting by written communication ;
- 4) Reports and assessments;
- 5) Self-help exercises issued by counselor or other staff;
- 6) Documentation.

Intermediate supervision – Automated Criminal Risk Score .15 - .49 or supervision level override

Examples of possible services include but are not limited to:

- 1) Reports and assessments;
- 2) Routine reporting;
- 3) Periodic face-to-face contact with counselor while inmate is at work or participating in treatment and/or programs, and leisure activities;
- 4) Inmate contact logs (journal);
- 5) Mandatory treatment and/or required program participation;
- 6) Long and short term goal setting;
- 7) Interventions;
- 8) Issued self-help exercises;
- 9) Documentation.

Intensive supervision – Automated Criminal Risk Score .50 and above or supervision level override

Examples of possible services include but are not limited to:

- 1) Reports and assessments;
- 2) Line of site bunk or cell assignment;
- 3) Daily reporting;
- 4) Adjunct monitoring by housing unit officers, work crew supervisors, and program/treatment staff;
- 5) Regular face-to-face contact with counselor while inmate is at work or participating in treatment and/or programs, and leisure activities;
- 6) Inmate contact logs (journal);
- 7) Mandatory treatment and/or required program participation;
- 8) Long and short term goal setting;
- 9) Interventions;
- 10) Issued self-help exercises;
- 11) Intensive Management Unit or Mental Health Infirmary placement;
- 12) Documentation.

Mental Health

1. Depending on the severity of the diagnosis, inmates are assigned the following mental health code.

1. MH-0	Less severe
2. MH-1	
3. MH-R	↓
4. MH-2	
5. MH-3	Most severe

2. Inmates meeting the diagnostic criteria for an MH-3 code are therapeutically treated and managed as seriously mentally ill (SMI). Active case management and effective case planning for this segment of the DOC population is critical.

Mental Health Code Definitions

- a. MH-0: Assigned to an inmate who has been assessed by a BHS treatment provider and does not meet the criteria for a diagnosis that requires mental health services.
- b. MH-1: Assigned to an inmate who has been assessed by a BHS treatment provider and, based on diagnosis with mild acuity (assessment of functioning), does not meet the criteria for mental health services.
- c. MH-R: Assigned to an inmate who has been assessed by a BHS treatment provider and has been diagnosed with a condition that either needs no active therapeutic intervention or symptoms can be controlled through medication.
- d. MH-2: Assigned to an inmate who has been assessed by a BHS treatment provider and has been diagnosed with one or more of the following conditions.
 - 1) Anorexia
 - 2) Bulimia
 - 3) Eating Disorder (not otherwise specified)
 - 4) Borderline Personality Disorder
 - 5) Pervasive Developmental Disorders (autism spectrum disorders (ASD))
 - 6) Major Depressive Disorder, single episode
 - 7) Schizotypal Personality Disorder
 - 8) Tourette's
 - 9) Cyclothymia
 - 10) Agoraphobia
 - 11) Panic Disorder
 - 12) Obsessive-Compulsive Disorder
 - 13) Depression (not otherwise specified)
 - 14) Mood Disorder (not otherwise specified)
 - 15) Dysthymic Disorder
 - 16) Paranoid Personality Disorder
 - 17) Post Traumatic Stress Disorder
 - 18) Brief Psychotic Disorder
 - 19) General anxiety Disorder

e. MH-3: Assigned to an inmate who has been assessed by a BHS treatment provider and has been diagnosed with one or more of the following conditions.

- 1) Psychotic Disorder (not otherwise specified)
- 2) Schizophrenia (all sub-types)
- 3) Bipolar Disorder I and II (unregulated/with active symptoms)
- 4) Major Depressive Disorder, recurrent
- 5) Schizophreniform Disorder
- 6) Dementia
- 7) Delusional Disorder Schizoaffective Disorder
- 8) Substance-induced Psychotic Disorder (excluding intoxication and withdrawal)
- 9) Brief Psychotic Disorder

Multidisciplinary Team Meetings

1. All institutions are required to hold regularly scheduled formal multidisciplinary team meetings. Informal and ad hoc multidisciplinary discussions will also occur to make determinations that should not wait until a regularly scheduled meeting occurs, or to address issues that do not require the full multidisciplinary team. Though institution counselors are the core resource for inmate case management and planning, a multidisciplinary team approach to problem solving will be used. The institution counselor will present difficult and persistent problems or issues which impact multiple correctional disciplines for discussion and decisions.
2. All multidisciplinary meeting decisions, regardless of meeting format, will be documented in the case plan.
3. Attendees or stakeholders for multidisciplinary teams include:
 - a. Assistant Superintendent of Correctional Rehabilitation;
 - b. Correctional Rehabilitation Manager;
 - c. Institution Counselor;
 - d. Behavioral Health Services representative
 - e. Medical representative;
 - f. Treatment/program provider;
 - g. Education instructor;
 - h. Release Counselor;
 - i. Transition Coordinator;
 - j. Oregon Corrections Enterprises representative;
 - k. Work crew supervisor; and
 - l. Security, including Security Threat Management representative.
4. Multidisciplinary reviews will generally involve non-routine concerns which take into account the best interest of the inmate. Examples of multidisciplinary review topics include, but are not limited to:
 - a. Case plan development;
 - b. Case plan modification due to change in circumstances;
 - c. Continued or escalating prison behavior issues;
 - d. Development of timelines and preparation strategies for entering program or treatment;
 - e. Level of supervision overrides or short term increases in supervision based on circumstance;
 - f. Classification overrides;
 - g. Suicide prevention;
 - h. Mental health treatment or program delivery strategies;
 - i. Health issues and program/treatment possibilities;
 - j. Intervention and risk reduction strategies and progress;
 - k. Education, certification, vocational strategies and progress;
 - l. Program exit/reason codes/earned time;
 - m. Significant work assignment and eligibility issues;
 - n. Transfer;
 - o. Special housing placement/release recommendations; and
 - p. Specific concerns related to release from prison and community reentry.

Earned Time Process

1. At the time of an inmate's earned time review, an Offender Information and Sentence Computation Prison Term Analyst will review an electronically generated list for Failed Oregon Corrections Plan code and level 1 or 2 major rule violations in order to determine program and conduct compliance.
2. Although all programming will be documented in the case plan, only mandatory and required programs will be considered in determining case plan program compliance for the purposes of earned time. Mandatory and required programs will only be considered for earned time when officially offered to the inmate. The date the program is offered to the inmate will be documented.
 - a. Inmates whose behavior leads to Level 1 or 2 misconduct and are unavailable to be offered and placed into a mandatory or required program as defined by this policy due to special housing assignment will be considered noncompliant in determining case plan program compliance for that review period
 - b. Inmates who are identified for entry into a program and whose custody level increases as a result of a level 3 or 4 misconduct may receive a custody override in order to participate in the program.
3. Inmates who initially refused placement in a mandatory or required program, or who were unavailable for placement in a mandatory or required program, may be offered that program or another program again in subsequent review periods if time remaining on sentence allows. This does not mean earned time not granted as a result of initial refusal will be reinstated.
4. In order to determine case plan compliance for the purposes of earned time, counselors will receive automatic notification when an inmate has received a Remove for Review code on their work or program assignment.
5. Professional judgment and best interest of the inmate should be used when making a decision.
6. The institution counselor and/or institution multi-disciplinary team will be responsible to review the issues surrounding the Remove for Review code and determine the appropriate exit code and consequent intervention that corresponds to the level of program non-compliance. Upon review of circumstances, the institution counselor and/or multidisciplinary team may decide that in the best interest of the inmate, program failure is not warranted and choose to address the incident using lesser interventions.
7. If program/case plan non-compliance is determined but earned time should not be affected, appropriate alternative fail codes may be used as a program intervention which will result in a reduction of performance recognition awards and non-cash incentive levels.
8. If program/case plan non-compliance is determined and earned time will not be granted for the review period, the original Remove for Review code will be replaced with FOCP (Failed Oregon Corrections Plan – Case Plan).
 - a. FOCP program/case plan non-compliance is defined as:
 - (1) Level 1 or 2 major misconduct violation as defined in the rule on Prohibited Inmate Conduct (OAR 291-105) that occurred during or as a result of the program/work assignment;
 - (2) Refusal to participate in a mandated or required program/work assignment; and
 - (3) Continued disruptive behavior after enrollment and the inmate is removed from the program.
 - b. All fail code entries will be monitored at a supervision or peer supervision level as determined by each institution for accuracy, consistency and timeliness of code entries.

- c. All fail code entries will be documented in the case plan. FOCP codes will be accompanied with a reason code that identifies circumstances of the fail.
- d. Upon review and as appropriate, alternative interventions may be considered in-lieu of daily failures documented on form CD 188b.
- e. Mandatory programs are definite by statute and are regardless of caseload supervision level:
 - 1) ABE/GED/ESL education programs; and
 - 2) Work assignments.
- f. Required programs are based upon identified criminogenic LS/CMI risk factors, or DOC sanctioned assessments such as TCUDS for intermediate and intensive supervision levels:
 - 1) Alcohol and Drug Treatment for inmates with Sub 3 & 4 scores or TCUDS score 3+
 - 2) Cognitive Programs
- g. Alternative Incarceration Program:
 - 1) Alternative Incarceration Program (AIP) compliance will be determined in accordance with the rule on Prison Term Modification.