



# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:**  Adult Operation Only  JUVENILE Operations Only  DEPARTMENT-WIDE

---

IMPP #: 11-106A

PAGE #: 1 of 6

**DECISION MAKING: Facility Case Management**

Original Date Issued: 02-19-20 Replaces IMPP Issued: 02-19-20 **CURRENT EFFECTIVE DATE: 03-14-23**

Approved By: , Secretary

Next Scheduled Review: 02/2026

---

## POLICY

Unit Team Counselors shall provide case management to all residents, which includes developing a recidivism-reduction case plan, and managing custody and classification issues.

## DEFINITIONS

**Case Management:** The overall management of the case including addressing recidivism-reduction through a case plan with goals and addressing all custody and classification issues.

**Case Plan:** A set of goals and steps to address risk/need areas with a resident to reduce the risk of that resident recidivating in the future that includes using motivational interviewing, assessing motivation and readiness, and guiding the resident to participate in risk/recidivism-reduction programs and services with progress tracked and recorded.

**Case Review:** The process of the Unit Team Counselor reviewing the status of the case on various issues related to risk reduction, risk containment, custody and classification.

**Custody Classification:** A process to assess the level of risk a resident poses to correctional security or to the community in the event of authorized or unauthorized access to the public. Custody classification is conducted through the use of objective criteria established in the Custody Classification Manual.

**Program Management Committee:** Senior level staff at the facility chaired by the Warden or designee who makes decisions about custody, movement, and other critical security and risk containment issues.

## PROCEDURES

### **I. Case Management**

- A. Each resident admitted to the KDOC shall participate at the Reception and Diagnostic Unit (RDU) in an assessment process per IMPP 11-102A, assessing risk/needs using the Level of Service/Case Management Inventory (LS/CMI) or Women's Risk Needs Assessment (WRNA) per IMPP 11-113A, completing a PREA Assessment per IMPP 10-139D and otherwise identifying areas of risk and need. When this process is completed, RDU staff shall prepare a recommended program plan per IMPP 11-107, with recommendations for programming to address risk/recidivism-reduction. Before transferring the resident from RDU, each resident shall be assigned an incentive level per IMPP 11-101A, and a custody level per the Custody Classification Manual and process.
  1. When a parole violator with no new sentence is admitted, an abbreviated process is to be used for admission, whether the resident is admitted at RDU or another facility.
- B. When the resident is finished with the admission process and sent to a correctional facility or living unit where s/he is to reside during incarceration, after any initial further assessment, review or

orientation completed by the facility/unit is finished, within seven (7) days the resident shall be assigned a Unit Team Counselor.

- C. The assigned Unit Team Counselor shall be responsible for case management with the resident, which shall include developing a risk/recidivism-reduction case plan, updating custody and classification, and conducting periodic case reviews. The risk/recidivism-reduction work shall be coordinated with custody and classification, and the case review shall be used to address all aspects of the case.

## II. Case Planning

- A. When a Unit Team Counselor is assigned a case, that Counselor shall review the electronic central file, risk/need profile of the resident, recommendations from RDU, and in consideration of the resident's time to serve, status per the screening at admission under IMPP 10-139D, risk of recidivating (LS/CMI or WRNA risk level), areas of risk/need per the LS/CMI or WRNA, , custody classification, level of motivation and ability, develop a recidivism-reduction case plan for all moderate and high risk residents. The case plan shall be opened, and work is to begin on the case plan within 30 days of the case assignment. The 120-day review process shall be utilized for low risk residents.
  - 1. The RDU LS/CMI or WRNA score shall be used to develop the case plan. Except, if the resident did not receive an assessment at the most recent admission, due to the length of his/her current incarceration, the Unit Team Counselor shall rely upon the most recent assessment available. If no assessment has ever been completed on the resident, one shall be completed by a certified assessor.
  - 2. The program plan shall be used as recommendations, but in the course of case planning, different programs may be accessed for advancing the case plan when appropriate.
  - 3. When establishing case plans, the criteria for placement in resident programs per IMPPs 10-101A, 10-102D, 10-104D, 10-108D and 10-109A may provide guidance. However, ultimately referrals to programs and services to advance recidivism-reduction plans shall be based upon the resident's current risk/need.
  - 4. Based on the case plan, the Unit Team Counselor shall make referrals to programs and services as needed, working with program providers to get the resident enrolled; helping to keep the resident motivated and engaged; and addressing progress or issues that arise during the course of the program or service. When making program referrals, the resident's status per the screening at admission under IMPP 10-139D shall be considered.
  - 5. The case plan shall be prepared using the electronic Case Plan in Athena.
    - a. When the Unit Team Counselor meets with the resident to work on the plan, progress notes shall be made in the plan reflecting updates.
    - b. If a resident is transferred from one Unit Team Counselor to another, the sending Unit Team Counselor shall make an entry in the case plan indicating the status of progress on the case plan, including status in any programs; and, the receiving Unit Team Counselor shall continue the work on the case plan, making any modifications deemed appropriate.
    - c. When the resident reaches the point where reentry planning begins per IMPP 11-117A, as part of preparing the reentry plan, progress made during case planning shall be summarized in the reentry plan. The case plan ends, and the reentry plan begins.
      - (1) The Unit Team Counselor shall meet with the resident at appropriate intervals to advance the case plan.

- (a) If the resident has 36 months or more to serve, and/or is low risk/need, and the case plan does not need to progress as quickly, the case plan updates shall occur less frequently than every 120 days.
- (b) If the resident has less than 36 months months to serve, and/or is higher risk/need, progress on the plan needs to occur more quickly, and review of the case plan shall occur at least every 120 days, and more often if needed to ensure the plan is completed before release.

### **III. Case Review, Custody & Classification**

- A. Each case shall have a regularly scheduled case review, which shall occur:
  - 1. Every 120 days for residents with less than 36 months to serve.
  - 2. Annually for residents with 36 months or more to serve.
- B. After the initial custody classification at admission, each resident's case shall be reviewed for custody at the resident's regularly scheduled case review, for all custodies except minimum, which shall be event driven.
  - 1. It is in the Warden's discretion whether to make any classification decision (custody, housing, visitation, etc.) part of the case review process, or to make other arrangements for custody review of all cases.
  - 2. Within 72 hours after receiving a custody classification decision, the resident may appeal the decision to the Warden by submitting the appeal through the Unit Team Counselor on a Form-9.
    - a. If the Warden did not participate in the custody classification decision, the Warden shall review the decision and the resident's written appeal and return a written response to the resident within 15 working days of receipt.
    - b. If the Warden was a participant in the custody classification decision, the resident's appeal shall be forwarded to the Deputy Secretary of Facilities Management or designee for review, who shall return a written response to the resident within 15 working days of receipt.
    - c. The decision of the Warden or Deputy Secretary or designee is final.
- C. At the case review described in Section III.A. above, in addition to addressing custody, the Unit Team Counselor shall address:
  - 1. Ensuring job and program assignments are made consistent with IMPP 10-139D.
    - a. A chronological entry shall be made in Athena at the time of the case review, which specifically reflects that this information was considered when such occurs and impacts housing, job or program placement.
  - 2. Good time award: Annual good time awards shall be submitted as three (3) separate 120-day awards, which may be completed on an annual schedule.
  - 3. Updates to emergency notification, disposition of deceased body, telephone list and visiting list.
  - 4. Any changes in central monitoring as necessary and submit such changes per IMPP 12-125D.

5. The resident's privileges/incentives level for accuracy.
  6. Detainers, including any known pending, and including asking the resident about any that may have been overlooked and following up on new information.
  7. The resident's sentence summary, and if the resident raises an issue, or there is an apparent question or discrepancy, that shall be reported to the Classification Administrator.
  8. Employment, addressing issues that require attention, and ensuring the employment situation is the most suitable for the resident in consideration of his/her employment needs upon release.
  9. Housing, addressing any issues that require attention, and ensuring the resident's housing situation is the most suitable for the resident.
  10. Victim issues, including domestic violence and orders of protection.
  11. The resident's identification documents, including birth certificate, social security card, driver's license or Kansas identification (unless these are already being addressed as part of the recidivism-reduction case plan), taking steps to assist the resident in obtaining information and documentation so s/he can have community identification.
  12. If the resident is managed as a sex offender, consult with the Unit Team Manager on the status of treatment; whether the resident needs to be referred for treatment; whether an override is necessary or appropriate; reviewing treatment progress reports or discharge summaries; reviewing any violation reports if there has been a revocation; considering whether the resident is likely to be reviewed by the Sexually Violent Predator Multi-Disciplinary Team; all to ensure that the resident's case management and case plan are consistent with the resident's sexual offending history, including custody, visitation, phone and visiting lists, property and release plan.
    - a. The Unit Team Counselor shall first contact his/her Unit Team Manager prior to contacting the Director of Sex Offender Management if s/he has questions about the information contained in the treatment reports/discharge summary, violation reports, or otherwise related to sex offending history or behavior.
  13. If the resident has a diagnosed behavioral illness, the Unit Team Counselor shall consult with the behavioral health staff at the facility to determine the impact of the behavioral illness on the resident's custody, classification and case plan, and ensure that work done on the case is coordinated with behavioral health care, including involving a discharge planner in reentry planning when the resident is eligible for those services.
  14. If the resident is an appropriate candidate for a custody level by exception or needs a transfer to another facility for any reason, the Unit Team Counselor shall make a recommendation for an exception or transfer to the Program Management Committee.
  15. Any work that needs to be done on the risk/recidivism-reduction case plan.
- D. The Counselor shall make an Athena chronological entry only when a significant development or event occurs, unrelated to progress on the case plan which needs to be documented in the case plan. (NOTE: Detainers, disciplinary reports, other behavior issues, visitation issues, etc. often do pertain to the case plan.)

#### **IV. Parole Violators No New Sentence and Cases Controlled by the Prisoner Review Board**

- A. When parole violators with no new sentence are admitted, RDU is to conduct an abbreviated assessment if they are admitted at RDU; thereafter, or in the event the admission is directly to another facility, parole violator cases, the Unit Team Counselor shall:
  1. Complete a resident custody classification.

2. Complete any necessary screening pursuant to IMPP 10-139D.
  3. Review the violation report from the parole officer to determine what caused the revocation; and meet with the resident to determine what case planning can be done to help the resident stabilize and use the abbreviated reentry plan to reflect any case planning that was accomplished.
  4. Review the proposed residence plan from the parole officer, or if one was not included contact the revoking parole officer for a proposed residence plan; and work with the parole officer and release planner to prepare a release plan.
  5. If the resident is managed as a sex offender, consult with the treatment provider to identify any issues related to sex offending behavior that needs to be addressed as part of release planning.
  6. Complete and submit a reentry plan.
- B. When a resident's release is controlled by the Prisoner Review Board (PRB),
1. The Reentry and Release Planning office shall take the following action upon receipt of a resident's parole hearing results,
    - a. Notify the Classification Administrator and the resident's Unit Team Counselor of the decision within two (2) working days.
    - b. Assist the Unit Team Counselor in addressing housing or treatment placements required for the resident's release.
    - c. Track residents who have been paroled or placed on continued status for timely follow up.
    - d. Notify the PRB when the necessary steps have been accomplished to finalize the release plan, for a final decision on completed cases.
  2. The resident's Unit Team Counselor shall:
    - a. Notify the resident of the decision, using the automated notice from the Board in Athena.
    - b. Work on the resident's residence plan for paroled residents, and work on a case plan to address issues identified by the Board for continued residents, updating the Reentry and Release Planning office on progress, so that office can report back to the Board when the work is completed, to either release the resident or make a decision on continued cases.

**V. Supporting and Reporting Case Management**

- A. Each facility shall establish a case management team, made up of representation of unit team, program providers (KDOC and contract), the Classification Administrator and the R3 Coordinator/Case Management Reentry Administrator, to address program support of case management, including establishing referral and placement processes, and to track and increase program completion rates and outcomes. This group shall provide local oversight of the processes and content of programs and services for reducing recidivism, to ensure residents are assessed, placed, make progress and complete programs as effectively as possible to enhance risk/recidivism-reduction.
- B. The Wardens shall ensure that training targeted to the duties and responsibilities of Unit Team Counselors related to case planning and case management is available, and will work with Staff

Development to ensure effective risk/recidivism-reduction work with residents is current, accurate, and sufficient.

- C. Each Unit Team Counselor shall use his/her caseload report to track progress and status on each case, to ensure case planning is occurring as required, in addition to the 120-day case reviews.
- D. Each Unit Team Manager (UTM) shall complete a monthly Case Management Review with at least two (2) counselors, focusing on cases within 36 months of release, using the Case Management Review (Attachment A). The UTM shall ensure that all supervised counselors are getting case reviews.
- E. Each Unit Team Manager shall make monthly reports to the Classification Administrator using the Unit Team Monthly Report to Classification Administrator (Attachment B) and attaching copies of all Case Management Reviews completed that month to help the Classification Administrator and Warden and his/her leadership team assess and continue building capacity for unit team staff to deliver risk/recidivism-reduction services.
- F. Classification Administrators shall hold monthly meetings with Unit Team Managers for the express purpose of engaging in planning and problem-solving to support risk/recidivism-reduction. The Classification Administrator shall provide the Warden, the Deputy Secretary of Facilities Management, the Executive Director of Programs and Risk Reduction and the Director of Case Management or their respective designees with reports from the monthly meetings, using the Classification Administrator Monthly Report to Warden, (Attachment C).

**VI. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and residents and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or residents, or an independent duty owed by the Department of Corrections to employees, residents, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS**

None.

**REFERENCES**

IMPP 10-101A, 10-102D, 10-104D, 10-108D, 10-109A, 10-139D, 11-101A, 11-102A, 11-107, 11-113A, 11-117A, 12-125D

**HISTORY**

02-19-20 Original  
03-14-23 Revision 1

**ATTACHMENTS**

<b>Attachments</b>	<b>Title of Attachments</b>	<b>Page Total</b>
A	Case Management Review	2 pages
B	Unit Team Monthly Report to Classification Administrator	1 page
C	Classification Administrator Monthly Report to Warden	1 page

### CASE MANAGEMENT REVIEW

**Counselor:** \_\_\_\_\_ **UTM:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Review #1:**

Resident Name / #: \_\_\_\_\_ Release Date: \_\_\_\_\_ LS/CMI or WRNA: \_\_\_\_\_

1. Case Planning: Did the counselor assist the resident in establishing at least one relevant and realistic goal addressing a risk area, using motivational interviewing techniques? And, has progress been tracked? Describe.
2. Transitional planning: If the resident is 18 months or less from release, has the counselor worked with the resident on,
  - a. Community identification. Describe.
  - b. Any pending detainer Describe.
  - c. A good residence plan? Describe.
3. Interaction: Did the counselor use an EPICS tool with the resident to respond to a behavior? Describe.

**Counselor:** \_\_\_\_\_ **UTM:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Review #2:**

Resident Name / #: \_\_\_\_\_ Release Date: \_\_\_\_\_ LS/CMI or WRNA: \_\_\_\_\_

1. Case Planning: Did the counselor assist the resident in establishing at least one relevant and realistic goal addressing a risk area, using motivational interviewing techniques? And, has progress been tracked? Describe.
2. Transitional planning: If the resident is 18 months or less from release, has the counselor worked with the resident on,
  - a. Community identification. Describe.
  - b. Any pending detainer. Describe.
  - c. A good residence plan? Describe.
3. Interaction: Did the counselor use an EPICS tool with the resident to respond to a behavior? Describe.

\_\_\_\_\_  
Unit Team Manager

\_\_\_\_\_  
Date

**Role Clarification**

1. Identify the KDOC goals; public safety resident change.
2. Ask resident what he hopes to accomplish while under supervision.
3. Identify what you hope to accomplish with/for this resident.
4. Define the supervision process; conditions of supervision; negotiable/non-negotiable situations; role of resident, officer, tx provider and other MDT members in parole process.

**Behavioral Analysis**

1. Explain the document to the resident.
2. Have the resident complete the document.
3. Review the completed document.
4. Interview the resident.
5. Ask the resident what trends he sees and whether the results help identify anything he would like to work on.
6. Begin developing, with the resident, targets to change in an effort to reduce risk.

**RACE**

Recognize, Avoid, Cope, Evaluate

1. Recognize – Identify one high-risk person, place, or thing related to the Behavioral Analysis Chart.
2. Develop an action plan to avoid the high-risk influence-not a passive process.
3. Develop an action plan for coping with high-risk influence if that influence cannot be avoided.
4. Evaluate the outcome.

**CHART**

Check-in, Homework, Assess and Apply, Reinforce Teach

1. Check-in: any crisis situations that need to be addressed.
2. Homework: review of any homework assignments.
3. Assess & Apply: help the resident identify foreseeable real-life situations in which the resident can use the skill.
4. Reinforce: reinforce any progress the resident has made.
5. Teach: corrective feedback and/or structured learning.

**Effective Use of Reinforcement**

1. Tell the resident what they did that you like and why it is important.
2. Ask the resident to describe the short- and long-term benefits of continuing to use the behavior you are discussing.
3. Contract with the resident to use the skill/behavior you are discussing in the future again.

**Effective Use of Disapproval**

1. Identify inappropriate behavior, tell resident in an objective manner that you disapprove of what was said or done.
2. Ask the resident to explore the short- and long-term consequences of continuing to engage in that behavior.
3. Ask the resident to identify and discuss pro-social alternatives that could replace the unacceptable behavior.
4. Contract with the resident to use the pro-social alternative in the future.
- If intervention is administered add steps 5 and 6 -----
5. Tell the resident what the consequences will be.
6. Deliver the consequences.

**Effective Use of Authority**

1. Identify a situation where the resident is in a decision-making position.
2. Present the available choices and the attendant consequences of each choice.
3. At the next available opportunity follow-up by determining if objectives were met.
4. In general, be sure to look for and reward compliance.

**Teaching the Cognitive Model**

1. Identify a problem behavior or situation that would benefit from the cognitive model and offer the model as a solution.
2. Explain the three main components of the cognitive model: external forces, internal thoughts, behavior.
3. Ask the resident to examine his situation using the cognitive model.
4. Contract with the resident to use the cognitive model in a future situation.

**Problem Solving**

1. Stop and think and identify the problem.
2. Clarify goals.
3. Generate alternative solutions and choose the best option.
4. Develop the Plan.
5. Implement the plan.
6. Evaluate the plan.



## UNIT TEAM MANAGER MONTHLY REPORT TO CLASSIFICATION ADMINISTRATOR

UTM: \_\_\_\_\_ Living Unit: \_\_\_\_\_ Month: \_\_\_\_\_

**Note: Attach copies of Case Management Review Forms completed this month.**

What recidivism-reduction goal did the unit focus on this month?

What barrier to recidivism reduction did the unit identify this month, and how did you address it?

Example of a success in program participation:

Issue(s) identified to be addressed regarding program placement/participation/completion and recommendation to address:

Issue(s) identified about case planning and recommendation to address:

What practice sessions did you complete with unit team this month, related to the use of EPICS or risk reduction case management, whether 1:1 or in a group? Describe please.

**ADMINISTRATOR MONTHLY REPORT TO WARDEN**

**NOTE: Attach copies of Case Management Review Forms and UTM reports completed this month.**

What recidivism-reduction goals did the facility focus on this month?

What barriers to recidivism reduction did the facility identify this month, and how were they addressed?

What is the status of the implementation of the facility's risk reduction case management plan?

Do you/the Unit Team Managers have recommendations for policy or procedure issues to review to continue implementing recidivism reduction?

What practice sessions were completed with unit team staff this month, whether 1:1 or in groups, related to the use of EPICS or risk reduction case management? Please describe.

How would you rate the capacity of the unit team staff to deliver recidivism-reduction services and strategies with residents at this time, 1 being low, 5 being high? Explain why this rating.

What do you have planned for next month to continue addressing risk reduction case management and the use of EPICS?