



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ☐ Adult Operation Only ☒ JUVENILE Operations Only ☐ DEPARTMENT-WIDE

IMPP #: 11-106J

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DECISION MAKING: Case Management

Original Date Issued: 08-17-16 Replaces IMPP Issued: 08-17-16 **CURRENT EFFECTIVE DATE: 04-25-23**

Approved By: , Secretary Next Scheduled Review: 01/2026

POLICY

Facility case managers shall provide high quality, thorough, case management to all residents, to include targeted referrals to programming and resources, monitoring progress and identifying/minimizing barriers, and working with the resident in the development of a risk-reducing case plan. Case managers should make every reasonable effort to engage internal partners and external community supports such as family throughout this process.

DEFINITIONS

Case Management: The overall management of a resident's case, including addressing risk-reduction through a targeted, goal-oriented case plan which addresses each resident's unique, assessed risk and needs areas.

Case Plan: A set of goals and steps to address risk/needs 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-reduction programs and services with progress tracked and recorded.

Internal Classification: The completion of the Screening for Victimization and Abusiveness screening tool in accordance with IMPP 10-139D.

Program Conference: The formal process through which the case manager facilitates the review of the current status of a resident's case management. This process involves discussion and feedback from all other members of that resident's team such as facility staff, program providers, community supervision staff, family members, and other stakeholders as appropriate.

PROCEDURES

I. Case Management

- A. Each resident admitted to the Reception and Diagnostic Unit (RDU) shall participate in an assessment process, assessing risk/needs using the Youth Level of Service/Case Management Inventory (YLS/CMI) per IMPP 11-113J, completing an internal classification per IMPP 10-139D, and any other assessments and evaluations as necessary.
 1. Before transferring the resident from RDU, each resident shall be assigned an incentive level per IMPP 11-101J.
- B. Upon completion of the RDU process, the resident will be assigned to a living unit within the facility, at which time, they will also be assigned a case manager.
- C. The assigned case manager shall be responsible for the overall case management of that resident, which shall include developing the risk-reduction case plan, facilitating referrals for programming

and resources, monitoring the housing/job/education/program assignment of the resident, conducting program conferences; and other elements of case management noted in Section III.B. of this policy.

II. Case Planning

- A. When a case manager is assigned a case, he/she shall:
1. Review the central file, risk/need profile of the resident, recommendations from RDU, and in consideration of the resident's time to serve, internal classification status per the screening at admission, risk of recidivating (YLS/CMI risk level), areas of risk/need per the YLS/CMI, and level of motivation and ability. This information shall be used to develop a risk-reduction case plan.
 2. The case plan should be opened and work should begin on the case plan within seven (7) days of the case assignment.
 - a. Case plans shall be developed according to best practice regarding risk, need, and responsivity.
 3. The most current YLS/CMI score shall be used to develop the case plan. If no YLS/CMI has ever been completed on the resident, a YLS/CMI shall be completed by a certified assessor.
 4. The case 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.
 5. When establishing case plans, referrals to programs and services to advance risk-reduction plans shall be based upon the resident's current risk/need.
 6. Based on the case plan, the case manager shall make referrals to programs and services as needed and per established criteria, working with program providers and the Program Director 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.
 - a. When making program referrals, the resident's internal classification status shall be considered.
 7. The case plan shall be prepared and stored electronically; with a hard copy signed by the case manager and the resident and entered into the resident's central file at each 180 day conference.
 - a. When the case manager meets with the resident to work on the plan, progress notes shall be made in the plan reflecting updates.
 - b. At a minimum, the case manager shall review the plan with the resident every 30 days to update progress towards objectives.
 - c. If a resident is transferred from one case manager to another, the sending case manager 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 case manager shall continue the work on the case plan, making any modifications deemed appropriate.

III. Case Review

- A. Each case shall have a regularly scheduled program conference, which shall occur every 180 days for all residents, in addition to the pre-release conference that will occur 30 days prior to the resident's scheduled release.

- B. At the case review described in Section III.A. above, the case manager shall address:
1. Ensuring housing, job and program assignments are made consistent with the resident's internal classification in accordance with IMPP 10-139D.
 - (1) A chronological entry shall be made in case notes at the time of the case review, which specifically reflects that this was considered when such impacts housing, job or program placement.
 2. Updates to emergency notification, telephone list and visiting list.
 3. The resident's privileges/incentives level for accuracy.
 4. Detainers, including any known pending and including asking the resident about any that may have been overlooked and following up on new information.
 5. The resident's sentence summary, release date, or other related information; and if the resident raises an issue, or there is an apparent question or discrepancy, that shall be reported to Records Office Supervisor and Program Director.
 6. Education/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.
 7. Housing, addressing any issues that require attention, and ensuring the resident's housing situation is the most suitable for the resident.
 8. Victim issues, including domestic violence and orders of protection.
 9. Family, to identify any needs that the resident and/or family has that must be (or are currently being) addressed to facilitate a successful release for the resident to the home environment. Family involvement in the resident's case management shall be a continual process that begins at intake and continues through release, with the understanding that a resident's default release plan will be to return home unless granted an exception through the Program Director and the KDOC Central Office.
 10. 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 case plan), taking steps to assist the resident in obtaining information and documentation so he/she will have community identification.
 11. Programming and treatment, consulting with treatment providers, program providers, and other partners as necessary to determine the status of any treatment or programming in which the resident is currently participating and/or consulting with these providers to facilitate the resident's entry into needed programming and treatment.
 12. If the resident has a diagnosed mental illness, the case manager shall consult with the behavioral health staff at the facility to determine the impact of the behavioral illness on the resident's internal 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.
 13. Any work that needs to be done to further the risk-reduction case plan.
- C. As part of the case review process, case managers shall utilize the Case Management Checklist (Attachment A) as a tool, to ensure that all necessary elements of the resident's case management are addressed. The Case Management Checklist shall be completed at every 180-day conference.
- D. The case manager shall make a case note chronological entry when a significant development or event occurs, unrelated to progress on the case plan which should be documented in the case plan.

- a. Detainers, disciplinary reports, other behavior issues, visitation issues, etc. shall be documented by a case note chronological entry as they often do pertain to the case plan.

IV. Supporting and Reporting Case Management

- A. The Program Director, in partnership with the Staff Development Manager, shall ensure that training targeted to the duties and responsibilities of case managers related to case planning and case management is available, and is current, accurate, and sufficient to provide information and skills for the case managers to manage their assigned cases effectively and engage in risk reduction work with residents.
- B. Each Unit Team Manager or Program Director designee shall complete a Case Management Review (Attachment B) with each case manager, at least once per quarter. These case management reviews provide the ability to observe interactions between case managers and residents as part of case management, allow the opportunity for coaching/feedback, and serve as a mechanism for quality assurance of case management practices. A copy of each completed Case Management Review shall be provided to the case manager whose case was reviewed and to the Program Director.
- C. The Program Director shall hold quarterly meetings with Unit Team Manager(s)/designee(s) or the case manager(s) for the express purpose of engaging in planning and problem-solving to support risk-reduction. The Program Director shall provide the Deputy Superintendent with reports from the quarterly meetings, using Attachment C.

V. 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, residents, 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, residents, or residents, or an independent duty owed by the Department of Corrections to employees, residents, 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 is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

IMPP 10-139D, 11-101J, 11-113J

HISTORY

08-17-16 Original
04-25-23 Revision 1

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Case Management Checklist	1 page
B	Case Management Review	2 pages
C	Program Director Quarterly Report to Deputy Superintendent	1 page

CASE MANAGEMENT CHECKLIST

Case Manager: _____ Date: _____

Resident Name / #: _____ Release Date: _____ YLS/CMI Score: _____

1. Have you updated the resident's case plan? ☐ Yes ☐ No
 - a. How many goals are currently active/in progress on the CP? _____
 - b. Are goals related to the YLS/CMI risk/need areas? ☐ Yes ☐ No
 - c. Have you updated the progress notes to reflect the current status of these goals? ☐ Yes ☐ No
2. Is privilege/incentive level current? ☐ Yes ☐ No
3. Has an internal classification been completed? ☐ Yes ☐ No
4. Has the resident's housing assignment been examined, to address any issues that require attention, and ensuring the resident's housing situation is the most suitable for the resident? Has the resident's internal classification been considered when making housing, job and program placements? ☐ Yes ☐ No
5. Has community identification (including birth certificate, social security card, driver's license or Kansas identification) been obtained, or have steps been taken to assist the resident in obtaining information and documentation so s/he will have community identification. ☐ Yes ☐ No
6. Have detainers been addressed? ☐ NA ☐ Yes ☐ No
7. Has the resident's education and/or employment status been evaluated, to address issues that require attention, and to ensure that the education/employment situation is the most suitable for the resident in consideration of his/her needs upon release. ☐ Yes ☐ No
8. Has a Mentoring 4 Success (M4S) referral been considered, or completed? ☐ NA ☐ Yes ☐ No
If so, has a mentor been matched? ☐ Yes ☐ No
9. Have you consulted with treatment providers and other partners as necessary to determine the status of any treatment or programming in which the resident is currently participating and/or are they working to facilitate entry into needed programming and/or treatment through consultation or referrals with providers? ☐ Yes ☐ No

Programming Completed: _____

Programming Remaining: _____

Steps Taken/Comments: _____

10. Have you assessed and/or identified any needs that the resident and/or their family have, that must be (or are currently being) addressed in order to facilitate a successful release for the resident to the home environment? ☐ Yes ☐ No

Comments: _____

CASE MANAGEMENT REVIEW

Case Manager: _____ Reviewer: _____ Date: _____

Resident Name / #: _____ Release Date: _____ YLS/CMI Score: _____

1. Is there a current case plan for the resident? **Yes / No**
 - a. How many goals are active? _____
 - b. Are goals related to the YLS/CMI risk/need areas? **Yes / No**
 - c. Are there progress notes? **Yes / No**
 - d. Is the CM identifying and using resources effectively to support the plan? **Yes / No**
2. Is privilege/incentive level current? **Yes / No**
3. Are 180-day conferences completed timely and accurately? **Yes / No**
4. Has an internal classification been completed? **Yes / No**
5. Has the resident's housing assignment been examined, to address any issues that require attention, and ensuring the resident's housing situation is the most suitable for the resident?
Has the internal classification been considered when making housing, job and program placements? **Yes / No**
6. Has community identification (including birth certificate, social security card, driver's license or Kansas identification) been obtained, or have steps been taken to assist the resident in obtaining information and documentation so s/he will have community identification. **Yes / No**
7. Has the CM assessed or identified any barriers for the youth or their family that must be (or are currently being) addressed in order to facilitate a successful release for the youth to the home environment? **Yes / No**
8. Have detainers been addressed? **Yes / No**
9. Has the resident's education and/or employment status been evaluated, to address issues that require attention, and to ensure that the education/employment situation is the most suitable for the resident in consideration of his/her needs upon release. **Yes / No**
10. Has a Mentoring 4 Success (M4S) referral be considered, or completed? If so, has a mentor been matched? **Yes / No**
11. Has the case manager consulted with treatment providers and other partners as necessary to determine the status of any treatment or programming in which the resident is currently participating and/or are they working to facilitate entry into needed programming and/or treatment through consultation or referrals with providers? **Yes / No**
12. Is the case manager using multi-disciplinary teams or other resources to address problem cases? **Yes / No**
 - a. Are the details of these mutli-disciplinary meetings documented in case notes? **Yes / No**
13. Does it appear that the resident's case management and case plan are consistent with the resident's identified high risk/needs? **Yes / No**

Comments:

INTERACTION:

After observing the interaction between the case manager and resident regarding case planning,

1. Is the case manager addressing risk/need areas?
2. Is the case manager engaging and motivating the resident?
3. Is the case manager responding to resistance and behavior appropriately/effectively?
4. Did the case manager use any of the EPICS tools during the observed interaction?

Comments:

OVERVIEW:

Two strengths:

Two areas for growth:

_____ Reviewer	_____ Date
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_____ Case Manager	_____ Date
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PROGRAM DIRECTOR QUARTERLY REPORT TO DEPUTY SUPERINTENDENT

Number of Case Management Reviews completed this quarter.

- a. # with case plans: _____
- b. # with 2 risk-reduction goals: _____
- c. Observations about resource use: _____
- d. Observations about case planning: _____

What risk reduction goals did the facility focus on this quarter?

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

What key issue(s) did the Case Management Committee address this quarter, and with what outcome(s)?

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

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