

Idaho Department of Correction 	Standard Operating Procedure	Control Number: 613.02.01.001	Version: 2.1	Page Number: 1 of 8
	Operations Institutional Programs and Activities	Title: Team Case Management		Adopted: 06-06-1997 Reviewed: 08-17-2006 Next Review: 08-17-2008

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BOARD OF CORRECTION IDAPA RULE NUMBER.

[None](#)

POLICY STATEMENT NUMBER 613

[Team Case Management](#)

POLICY DOCUMENT NUMBER 613

[Team Case Management](#)

DEFINITIONS

[Standardized Definitions List](#)

PURPOSE

Team case management (TCM) provides a consistent approach to correctional management. By dividing the offender population into smaller, more manageable groups, team case management can improve facility safety, operational effectiveness, and increase communications between staff and offenders. Team case management provides staff the ability to create a pro-social, proactive model to promote and support offenders' habilitation process and their successful return to the community.

SCOPE

The scope of this standard operating procedure includes offenders housed in Idaho Department of Correction (IDOC) facilities, IDOC correctional facility staff, and applicable contract providers.

RESPONSIBILITY

The Deputy Administrator of Programs is responsible for oversight of compliance with this standard operating procedure (SOP).

Facility heads are responsible for the following:

- Implementing this standard operating procedure (SOP) and ensuring that staff members practice the provisions contained herein.

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- Establishing field memorandums in accordance with this SOP.
- TCM team leaders are responsible to ensure that meetings are scheduled and held in accordance with this standard operating procedure.

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GENERAL REQUIREMENTS

1. Introduction

Team case management is based on unit management, which is the concept of breaking large prisons into smaller more easily managed units.

In addition, all IDOC staff members are considered role models. Therefore, ethical, professional relationships and communication between offenders and staff members can improve the offenders' rehabilitation process.

2. Team Case Management Identification

A correctional facility's mission, location, and size will affect the structure of team case management units. A CWC or work camp might have one unit team, whereas a larger prison such as the Idaho State Correctional Institution (ISCI) will have several. It is important that the team manages the unit it is assigned and be comprised of staff members having routine contact with the offenders. Facility field memorandums must identify the following:

- The number and location of team case management units at the facility.
- Team Case Management team leaders.

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3. Team Case Management Members

The TCM is a multidisciplinary team that includes uniform, treatment, and case management staff. The facility head or designee may identify additional team members from maintenance, food service, education, etc.

4. Team Case Management Responsibilities and Contact Principles

Under the guidance and direction of facility administrators and applicable standard operating procedures and department policies, TCM teams are responsible for the daily operations of their units. Goals of TCM include controlling/managing the unit, problem solving, and communicating with offenders. When a problem or issue is beyond the TCM span of control, the team leader should take the issue to the facility head or other appropriate authorities for resolution.

Establishing and maintaining communications with the offenders is an important task. Team leaders are responsible to develop methods of communication between the team and the offenders. Contacts between case management team members and offenders should be defined by the following principles:

Assessment-based Contacts

The purpose of assessment-based contacts relates to the offender's assessed risk and need. From the LSI-R, Texas University Drug Screen, T.A.B.E. and other assessments, staff members can determine the purpose and frequency of assessment-based TCM contacts. Generally, the higher the risk and need, the more frequent the contacts.

However, it is important that all offenders communicate with TCM members. Although the purpose of contacts may differ, communicating with an offender serving 25 years to life is just as important as communicating with an offender nearing release. Examples of what determines assessment-based contacts include but are not limited to the following:

- high to moderate LSI-R scores
- low mental functioning offenders
- mental health offenders
- new arrivals
- proximity to release
- restrictive housing offenders
- suicide risk
- violent offenders
- youthful offenders

LSI scores help case managers develop case plan goals and identify the purpose for contacts with the offender. Case plan goals are developed in accordance with Standard Operating Procedure [607.26.01.004](#), Case Planning for Offenders. Based on the offender's case plan, TCM can make referrals to education, institutional jobs, recreation, religious activities, substance abuse programs, cognitive programs, and medical services to help the offender accomplish case plan goals. Such referrals can be made by use of a referral form (See Appendix 1, Case Management Team Referral Form). Staff can also make referrals using other methods or upon request from an offender to the

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appropriate resource. Program referrals and other program related information will be documented in the chrono section of CIS.

Examples of assessment-based contacts:

- An offender scores high in the domain of criminal beliefs, attitudes, and orientation. A case plan goal has referred him to a cognitive program. One purpose of a contact is to confirm that the offender is in the program. If the offender is in the appropriate program follow up contacts should address behaviors that either support progress and positive change or challenge criminal thinking. If the offender is not in a program, TCM may be able to help the offender get enrolled by resolving issues such as a work or other scheduling conflicts.
- Frequent contacts to monitor an offender's well-being are appropriate for offenders who have a high risk for suicidal behavior. (See Standard Operating Procedure [315.02.01.001](#), Suicide Risk Management and Intervention.)
- Youthful offenders are at risk for gang involvement, victimization, and violent behaviors. Staff contacts are important to check their safety, vulnerability, and behavior. (See Standard Operating Procedures [607.26.01.010](#), Offender Assessments and [325.02.01.001](#), Prison Rape Elimination.)
- Contacts with violent offenders are important to help manage their anger, lack of problem solving skills, and other areas of concern.
- As offenders approach a release or parole hearing date, TCM contacts are important to ensure that the offenders are prepared for release to include completing action plans and programs identified in their case plan goals, developing release resources, and monitoring behavior problems. (The standards for contacts as offenders near release are found Standard Operating Procedure [607.26.01.004](#), Individual Case Plan.)
- Offenders housed in restrictive housing must be closely monitored in accordance with Standard Operating Procedure [319.02.01.001](#), Restrictive Housing.

Event-driven Contacts

A timely response to inappropriate behavior is vital to both the safe and secure operation of the facility and to support behavior modification. This is the basis for the event-driven contacts.

When an offender has a behavior-related problem, the IDOC goal is to intervene within 24 hours of learning about the event. Events that indicate a need for TCM intervention or follow up include, but are not limited to the following:

- A written warning
- A disciplinary offense report (DOR)
- Being terminated from a job
- Rule violations
- Missing a program group or education class
- A personal crisis such as a death in the family

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Quick intervention can curb behavior before it worsens. This approach has an added benefit of increasing safety and reducing the likelihood of additional behavior problems. In addition, the team may become aware of behavior that is unusual for an offender caused by stress such as a death in the family.

The interventions vary based on the severity of the behavior and may range from a verbal warning to a DOR. Follow-up contacts are equally important.

Example of event-driven contacts:

- An offender receives a DOR at work. Within 24-hours, a TCM member talks to the offender. The purpose of the contact is to reduce the risk of the offender acting out in some destructive way because of the DOR.
- Following the DOR hearing, a TCM member contacts the offender again. The purpose of this second contact is to assess the offender for such things as depressed feelings or violent tendencies. In addition, the TCM member uses the opportunity to reinforce program goals or to discuss the need for programming in accordance with the offender's case plan.

Front-loaded Contacts

The front-loaded contacts are based on the idea of investing time in the supervision of the offender early. Much like a good supervisor spends more time and energy with a new employee, TCM staff should increase supervision of offenders new to their unit. Front-loaded contacts provide orientation (letting them know our expectations and familiarizing them to the unit) and staff getting to know them. At a minimum team leaders are responsible to ensure that procedures and practices are developed and implemented to give newly arrived offenders orientation to the unit and that an appropriate team member reviews the offender's case plan in accordance with Standard Operating Procedure [607.26.01.004](#), Case Planning for Offenders.

Front-loading supervision begins at the reception and diagnostic units where newly received offenders are given a battery of assessments and orientation to IDOC practices regarding such things as rules, property, mail, programs, education, and legal resources.

Each time an offender moves, there should be a brief orientation to the new unit or facility and the staff should get to know the offender and learn about his risks, needs, and case plan goals.

5. Specific Contact Standards

TCM leaders are responsible to ensure that TCM members have contacts with offenders based on this SOP and facility field memorandum. Field memorandums may include specific frequency for contacts, but must conform to front-loading, assessment-based, and event-driven offender management principles.

TCM leaders are responsible to ensure that offenders have access to the TCM to review problems and concerns that affect the unit.

6. Case Management Team Meeting

All available information should be considered when making TCM decisions. The TCM leader or designee is responsible to obtain information from adjunct participants and other sources as needed.

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TCM meetings should occur weekly at a designated area. Each meeting will be documented using Appendix 2, Meeting Attendance Record. Assigned case management team members or their designees must attend TCM meetings. Additional staff members should attend TCM meetings when their expertise and views are relevant to the meeting. Offenders should be included in TCM meetings when appropriate.

Suggested areas for TCM review and management include, but are not limited to:

- Behavioral issues
- Case Plans
- Job assignments
- In-house issues
- Medical needs
- Moves: reasons for in-house, living unit, or relocation to a new facility
- Parole board preparation
- Parole plans
- Passing on information from the facility head or administration
- Program issues, assignments, referrals, attendance
- Reclassifications
- Resource allocation and discussion
- Staffing concerns
- Special needs
- Unit operations
- Various reports

7. Information Management

IDOC staff will use the TCM file and CIS as information sources, as well as offender management tools. TCM files will be maintained in a secure area in the offenders' current housing unit. TCM information is considered confidential and staff members should follow the guidelines in the Idaho Public Records Act manual, Department Policy 108, Public Access to Records.

Once a contact is entered into the chrono section of CIS it cannot be modified, amended, or deleted by anyone other than the person that entered it. This provides the state of Idaho with a sound legal document that is secure in the event it needs to be used in court.

Each contact entry will be recorded in the chrono section of CIS and will include the following:

- Date
- Location (facility)
- The staff member's logon name

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This information is logged in CIS when documenting the contact. The staff member's logon name is system generated so it does not have to be in the content of the contact.

Any team member can conduct TCM contacts with offenders. However, certain situations require a specific team member. For example, a case manager would normally conduct contacts regarding the modification of a case plan, preparation of a parole plan, or application for transitional housing funds.

Follow-up information regarding programs or a goal in the offender's case plan will be documented in the chrono section of CIS in accordance with Standard Operating Procedure [607.26.01.004](#), Case Planning for Offenders and the process steps in this SOP.

TCM contact entries in the chrono section of CIS should include:

- Problematic behavior
- Positive accomplishments and positive behaviors
- Record significant events such as work, moves, classifications, staffing, and special needs

TCM OMP Documentation

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
TCM team	1	Assesses programming needs from the assessments in OMP. (See Standard Operating Procedures 607.26.01.004 Case Planning for Offenders, and 607.26.01.010 Offender Assessment.)
TCM team	2	Ensures there is an active goal in OMP for each program the offender is participating in.
TCM team	3	Makes program referrals necessary to help offenders accomplish case plan goals.
TCM team	4	Records all follow-up programming information in the Chrono Section of CIS.
TCM team	5	In addition, documents the following topics in OMP: <ul style="list-style-type: none"> • Program assignments • Program progress or lack of progress • Case plans

For further assistance, see your designated Super User.

8. Team Case Management File

The TCM file will originate in a reception-diagnostic unit (RDU). (The file will originate from RDU for new IDOC offenders only after approval and implementation of this standard operating procedure.) Contents of TCM file:

Right side:

Institutional information

- Housing unit rules
- Cell check-in (current)

Property/hobby craft

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- Property inventory (current)
- Approved hobby craft memoranda

Miscellaneous

- Religious memoranda
- Legal
- Other

9. Quality Assurance

As designated in the institution's field memorandum, each month an institution program manager, human services supervisor, or case management team member will randomly select and audit a minimum of five (5) offender TCM records in the chrono section of CIS using Appendix 4 Team Case Management Audit Checklist.

The facility head or designee will conduct a biannual audit of a minimum of ten (10) offender TCM records in the chrono section of CIS and other TCM processes in accordance with this SOP. The results of the audit will be documented in a report and forwarded to the housing units for review. A copy of all audit result reports will be maintained at the facility.

Annually the Division of Operations will conduct a facility audit in accordance with Standard Operating Procedure [607.26.02.005](#), Quality Assurance for Program Management.

REFERENCES

Appendix 1 – Case Management Team Referral Form

Appendix 2 – Team Case Management Meeting Attendance Record

Appendix 3– Team Case Management Audit Checklist

-- End of Document --

**IDAHO DEPARTMENT OF CORRECTION
CASE MANAGEMENT TEAM REFERRAL FORM**

Date: _____

Offender Name: _____

IDOC No.: _____

Housing Unit: _____

Referred to: _____

Reason for Referral:

Offender signature

Team Member Signature

Date



Follow-up Response:

To: _____

Date: _____

From: _____

Subject: _____

Offender Name: _____

IDOC No.: _____

Housing Unit: _____

Action Taken:

**IDAHO DEPARTMENT OF CORRECTION
CASE MANAGEMENT MEETING ATTENDANCE RECORD**

Facility:

Date:

Team:

Team Leader:

Attendees:

Issues:	Brought by:	Outcome:

**IDAHO DEPARTMENT OF CORRECTION
CASE MANAGEMENT AUDIT CHECK LIST**

Offender Name: _____

IDOC #: _____

Location: _____

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Offender contact(s) documented in the chrono section of CIS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Face-to-face contacts made by a case management team member in accordance with the principles of this SOP? |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate case plans with referrals made to education, work assignment, recreation, substance abuse, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) or more of the following criteria used when conducting case management team meetings? Job assignment, reclassifications, moves, in-house moves, staffing, medical needs, program issues, program plans, special needs, reports, counseling, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Contents of case management file in proper order? |
| <input type="checkbox"/> | <input type="checkbox"/> | Case management file on <u>each</u> offender? |
| <input type="checkbox"/> | <input type="checkbox"/> | Case management file kept in a secure area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are weekly TCM meetings documented using Appendix 2 Team Case Management Meeting Record? |

Comments:

Auditor:

Date: