I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Department Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to use the Maine Integrated Risk Reduction Model (MIRRM) as the case management model for prisoners to ensure that each prisoner’s risk and criminogenic needs are identified and addressed in an effort to lower risk and reduce recidivism.

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V. ATTACHMENTS

None

VI. PROCEDURES

Procedure A: Prisoner Intake and Reception Classification Process, General

1. As part of the intake and reception classification process, within thirty (30) days of a prisoner being admitted into the intake and reception facility, using information provided by designated facility staff and the prisoner, the prisoner’s strengths,
2. Appropriate facility staff shall complete screenings, to include, but not be limited to, medical, mental health, risk of sexual vulnerability or sexual violence, and substance abuse screenings, within seven (7) days of the prisoner’s admission into the intake and reception facility, unless otherwise directed by other departmental policies, e.g., PREA and health care screenings.

3. Appropriate facility staff shall complete assessments, to include, but not be limited to, medical, mental health, risk of sexual vulnerability or sexual violence, and substance abuse assessments, within fourteen (14) days of the prisoner’s admission into the intake and reception facility, unless otherwise directed by other departmental policies, e.g., PREA and health care assessments.

4. Documentation of these screenings and assessments shall be entered into CORIS or ERMA, as applicable, by the staff conducting the screening or assessment.

5. If a prisoner has not had an applicable departmental approved criminogenic risk and needs assessment instrument completed within the year prior to the date of admission to the intake and reception facility, the intake case manager, or other designated facility staff, shall complete the criminogenic risk and needs assessment instrument during the intake and reception classification process.

6. The intake case manager, or other designated facility staff, shall complete an intake summary within eighteen (18) days of the prisoner’s admission into the intake and reception facility as set out in Department Policy (AF) 22.1, Intake Processing.

7. The intake case manager, or other designated facility staff, shall include in the intake summary the results of any screenings and assessments completed and shall review them with the prisoner.

8. The intake case manager, or other designated facility staff, shall verify education credentials, if not already verified (e.g., included in a pre-sentence investigation report), and document the verification in CORIS and include it in the intake summary.

9. The intake case manager, or other designated facility staff, shall also review with the prisoner his or her educational, vocational, and employment history, substance abuse history and treatment, medical and mental health care history and treatment, community programs, and family relationships, and document the review in the intake summary.

10. In addition, the intake case manager, or other designated facility staff, shall review each prisoner’s documented criminal and institutional history and review these areas with the prisoner to determine whether the prisoner is a domestic violence offender, sex offender, or gang member, or has a history of violence.
against criminal justice officials, and, if so, the staff shall enter the information into CORIS. The staff shall document the review in the intake summary.

11. If a prisoner is admitted into the intake and reception facility as a result of a violation of conditions of supervision in the community (probation, parole, supervised release for sex offenders, or supervised community confinement), the intake case manager, or other designated facility staff, shall review the information entered into CORIS about the violation and other information regarding the prisoner’s risks and needs so the pertinent information can be included in the intake summary.

12. The intake case manager, or other designated facility staff, shall include in the intake summary recommended programs and services.

13. Using the intake summary, Central Office classification staff shall complete within twenty-one (21) days of the prisoner’s admission into the intake and reception facility an initial classification instrument.

14. Within twenty-eight (28) days of the prisoner’s admission into the intake and reception facility, the intake Unit Team shall conduct an initial classification review with the prisoner present, if appropriate.

15. The intake Unit Team shall recommend for the prisoner a custody level, (including any recommended overrides), a housing assignment (including any recommendation for a transfer to another facility), and programs and services as set out in Department Policy (AF) 23.1, Classification System. The recommendations shall be documented in CORIS.

16. The Department’s Director of Classification, or designee, shall review custody level and any facility transfer recommendation(s) made by the intake Unit Team within thirty (30) days of the prisoner being admitted into the intake and reception facility and determine whether to make any modifications. The Department’s Director of Classification, or designee, shall document the decision in CORIS.

17. The unit clerk, or other designated facility staff, shall review the decision of the Department’s Director of Classification, or designee, to determine if any modifications were made and shall notify the case manager, or other designated staff, and the Unit Team, as well as the prisoner, of any modifications.

18. Once the prisoner has been classified, the intake case manager, or other designated facility staff, shall meet with the prisoner to begin the development of the prisoner’s individualized case plan, to include identifying the top high risk domain areas and the prisoner’s goals. The meeting and the results of the meeting shall be documented in CORIS.
Procedure B: Prisoner Engagement and Individualized Case Plan Development

1. Within 48 hours of placement of a prisoner in the housing unit assigned during the intake and classification process, the Unit Manager, or designee, shall assign the prisoner to a case manager.

2. The case manager, or other designated facility staff, shall meet with the prisoner to complete an orientation to the housing unit within ten (10) days of the prisoner’s placement in the housing unit.

3. Within ten (10) days of the prisoner’s placement in the housing unit, the case manager shall meet with the prisoner to explain the role of the case manager to engage, build rapport with, motivate, and establish a working relationship with the prisoner.

4. The case manager shall explain the goals of the Maine Integrated Risk Reduction Model (MIRRM) to the prisoner, which include, but are not limited to, facilitating behavioral change by identifying the prisoner’s strengths and assets and applying these to reduce the criminogenic needs identified by the screening and assessment instruments and explain the expectations of the prisoner regarding his or her behavior, programming requirements, and re-entry planning.

5. If a prisoner has not had an applicable departmental approved criminogenic risk and needs assessment instrument completed within the year prior to the date of admission to the intake and reception facility or during the intake and reception classification process, the prisoner’s case manager shall complete the criminogenic risk and needs assessment instrument within thirty (30) days of the prisoner’s placement in the housing unit.

6. If the prisoner has not had an individualized case plan completed at a departmental facility within the year prior to the date of admission to the intake and reception facility, the prisoner’s case manager shall develop an individualized case plan within thirty (30) days of the prisoner’s placement in the housing unit.

7. The individualized case plan shall build upon the results of the meeting between the prisoner and the intake case manager, or other designated facility staff, as set out in Procedure A.18. The case plan shall be developed with participation from the prisoner. The prisoner’s case manager shall review with the prisoner the screening and assessment results, including the prisoner’s strengths and areas for growth, as part of collaboratively building a case plan.

8. The individualized case plan shall address the prisoner’s criminogenic risks and needs, be strength based, consider responsivity factors, establish clear goals, and include action steps with a reasonable timeline for accomplishing action steps. In addition to individual assignments tailored to the prisoner’s criminogenic risks and needs and responsivity, the plan shall include core programs (i.e., programs necessary to address high risk areas specific to the prisoner, e.g., substance abuse treatment, family violence education program, cognitive-
behavior therapy, etc.), if appropriate based upon the prisoner’s criminogenic risks and needs.

9. The individualized case plan shall also identify the appropriate persons and resources to be contacted by the prisoner for each action step. If applicable, the case manager shall note in the case plan any reason why a prisoner is unable to complete a core program, e.g., program is full, prisoner does not have enough time to complete the program prior to current release date, etc.

10. The individualized case plan shall be entered into CORIS. A printed copy of the case plan shall be signed by both the case manager and the prisoner and placed in the prisoner’s unit file.

11. Within thirty (30) days after completion of the prisoner’s individualized case plan, the Unit Team shall review the case plan to ensure it includes appropriate core programs and individual assignments. Any additions to the case plan shall be entered into CORIS.

12. At or prior to the prisoner’s first reclassification review, the Unit Team shall have a meeting with the prisoner to review the case plan and modify it as appropriate. Any modifications shall be entered into CORIS.

Procedure C: Individualized Case Plan Monitoring and Review

1. The case manager shall monitor compliance with the prisoner’s individualized case plan through contact with the prisoner and relevant staff and through observation.

2. If a prisoner has four (4) years or less remaining to serve based on his or her current custody release date, the case manager shall have contact with the prisoner every six (6) months for a case plan review. At the case plan review, the case manager shall review the prisoner’s compliance with the case plan goals and action steps and revise the plan, if necessary. The case manager shall document the case review in CORIS.

3. The case manager shall report the results of the case plan review at the prisoner’s semi-annual reclassification review.

4. If a prisoner has more than four (4) years remaining to serve based on his or her current custody release date, the case manager shall have contact with the prisoner every twelve (12) months for a case plan review. At the case plan review, the case manager shall review the prisoner’s compliance with the case plan goals and action steps and revise the plan, if necessary. The case manager shall document the case review in CORIS.

5. The case manager shall report the results of the case plan review at the prisoner’s annual reclassification review.
6. In addition, the case manager shall, with the prisoner’s participation, as appropriate, revise the prisoner’s individualized case plan at significant occurrences during incarceration. Some significant occurrences include, but are not limited to:
   a. upon completion of or termination from a recommended program;
   b. upon commission of a significant rule violation which may affect a criminogenic domain (for example, violence or drug use); and
   c. upon significant prisoner progress or regression toward objectives and goals documented in the case plan.

7. Whenever there is a change in a prisoner’s case manager, the new case manager shall review the individualized case plan and revise it as necessary.

8. Anytime the individualized case plan is revised, the case manager shall enter the revised case plan into CORIS. A printed copy of the revised case plan shall be signed by both the case manager and the prisoner and placed in the prisoner’s unit file.

Procedure D: Case Management

1. Using the principles of the Maine Integrated Risk Reduction Model (MIRRM), case managers shall maintain meaningful contact with prisoners assigned to his or her caseload by meeting with the prisoner at least once every three months. These contacts may include, but are not limited to, review of the prisoner’s individualized case plan status, review of progress and program status, counseling services, crisis intervention, re-entry planning, etc. The Unit Manager, or designee, may require more frequent contact with a prisoner when warranted by the prisoner’s behavior or other factors.

2. The case manager shall explain the responsibility of the prisoner to participate in programs and services identified in his or her individualized case plan. The case manager shall facilitate the prisoner’s access to services and programs identified in the individualized case plan.

3. During contact with a prisoner, the case manager shall monitor and assess the prisoner’s behavior using gender responsive engagement and supervision strategies to promote pro-social thinking and behaviors during interactions with the prisoner.

4. A prisoner shall not be disciplined for failure to participate in a service or program. However, unless the prisoner is unable to complete a program through no fault of the prisoner, failure to comply with the case plan shall result in a loss of the privilege to transfer to a lower security facility or participate in community based programs, such as furlough, community transition release (work release, education release, public restitution), and supervised community confinement. Failure to comply with the case plan with respect to programs shall result in an
inability to earn meritorious good time or deductions for programs as set forth in
Department Policy (AF) 11.5, Calculation of Prisoner Release Date.

5. A prisoner may make a request for a program or service in addition to what is
recommended in his or her case plan to his or her case manager, who shall
evaluate the appropriateness of the request and ensure that the request does not
conflict with the main goal of the case plan.

6. The case manager, or other designated staff, shall monitor the waiting list for
programs. Whenever possible, program placement priority shall be given to
prisoners based upon, but not limited to, the following:
   a. the prisoner’s earliest possible release date;
   b. if applicable, anticipated date of transfer of the prisoner to a minimum
      security facility or supervised community confinement;
   c. risk assessment level, with priority given to high risk prisoners down to low
      risk prisoners until the program is full; and
   d. motivation level of the prisoner.

7. The case manager shall begin the release planning process with a prisoner who
is being released to a community in Maine at least nine (9) months prior to his or
her earliest custody release date. The case manager shall meet with the prisoner
once a month until release.

8. The case manager shall begin the release planning process with a prisoner who
is not being released to the community, e.g., being released to the custody of
another jurisdiction or to a jail, psychiatric hospital, out-of-state residence, three
(3) months prior to his or her earliest release date from Department of
Corrections custody. The case manager shall meet with the prisoner once a
month until release.

**Procedure E: Additional Case Management Documentation**

1. The case manager shall document in CORIS, within 48 hours of occurrence, all
prisoner contacts, team meetings, additional assessments, and any other
significant occurrence.

2. When a prisoner transfers to a minimum or a community security facility, if not
conducted prior to the prisoner’s transfer, the case manager shall conduct an
applicable departmental approved criminogenic risk and needs assessment
instrument within forty-eight (48) hours of transfer to the facility.

3. When a prisoner is housed at a minimum or a community security facility, the
case manager shall have contact with the prisoner within fourteen (14) days of
transfer and every six (6) months thereafter for a case plan review. At the case
plan review, the case manager shall review the prisoner’s compliance with the
case plan goals and action steps and revise the plan, if necessary. The case
manager shall document the case review in CORIS. The case manager shall
report the results of the case plan review at the prisoner’s semi-annual reclassification review.

4. When a prisoner transfers from a minimum or a community security facility, the prisoner’s case manager shall enter notes in CORIS, that include, but are not limited to: a summary of the prisoner’s activities, unusual occurrences, community resource references that affected the outcome, if applicable, and any follow-up which a subsequent case manager may need to address, if applicable.

5. Prior to the transfer or release of a prisoner to supervision in the community (to probation, supervised release for sex offenders, supervised community confinement or parole), the case manager shall enter in CORIS a transfer summary of the case plan status, to include any objectives that have not yet been completed and are in need of continued follow through. This summary shall be completed as soon as possible within the thirty (30) days prior to the transfer or release, unless the transfer or release takes place without sufficient notice to meet this timeline, in which case the summary shall be completed as soon as possible after notification of the transfer or release, and, in any case, by no later than the day the case manager returns to work, if the case manager was not working on the day of transfer or release.

6. Data Assessment Plan (DAP) note format shall be used for all case management notes:
   a. Data: a factual description of the meeting, communication, or observation.
   b. Assessment: an evaluation of the current status and progress towards meeting goals.
   c. Plan: statements about what will happen next.

7. Case management notes shall reflect a logical connection with the individualized case plan.

VII. PROFESSIONAL STANDARDS

ACA:

ACI – 4-4287 Revised January 2006. Written policy, procedure, and practice provide for a reception program for new inmates upon admission to the correctional system. Except in unusual circumstances, initial reception and orientation of inmates is completed within 30 calendar days after admission.

4-ACRS-2A-07 A risk assessment is conducted for each offender either prior to admission or within forty-eight hours of admission.

4-ACRS-5A-01 An objective assessment of each offender’s risk and need, specifies the type of program needed and provides for regular review.

4-ACRS-5A-02 Offenders are provided with interventions targeted to factors that relate to their individual criminal behavior.
4-ACRS-5A-03 Staff design and complete an offender’s personalized program plan within fourteen days of admission. The plan includes measurable criteria of expected behavior and accomplishments, a time schedule for achieving specific goals, and scheduled progress reviews. The plan is documented with staff and offender signatures. Offenders have input into the planning, problem solving, and decision making related to their participation in the program.

4-ACRS-5A-04 Any change in a personalized program is reviewed and discussed with the offender. This review is dated and documented by staff and offender signatures.

4-ACRS-5A-05 Offender progress in the program is measured through objective assessment at least every six months and at discharge. The outcome of each review is documented.

4-ACRS-5A-07 Each offender is assigned a facility staff member who meets with and counsels that offender, as necessary, consistent with his or her individual treatment plan.

4-ACRS-5A-15 A report is prepared at the termination of program participation that reviews the offender’s performance. A copy of the report is maintained in the offender’s case record. The report shall include, at a minimum:

- A summary of the offender’s program activities
- Any unusual occurrences
- Community resource references that affected the outcome of supervision
- Objective assessment of the offender’s program participation