STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS	Title: **Case Management**	Page 1 of 6
Chapter: **Security and Supervision**	**# 371.02**	**Supersedes** #371.02 (dated 06/01/2012); #371.05 (dated 06/01/2012); #371.07 (dated 12/30/2002); #373.01 (dated 06/01/1993); #430.10 (dated 06/01/2012); Interim Procedure on Response Supervision Contact Standards – Field (dated 06/01/2012); Deletion of #371.17 Offender Contact Standards for Field Services Programs and New Interim Procedure on Response Supervision Contact Standards – Field (dated 01/01/2012); Interim Revision Memo – Case Staffings (dated 01/17/2012); #76.05 (dated 08/02/1999); #501.02 Reparative Probation Program (dated 08/02/1999)

Attachments, Forms & Companion Documents:
All attachments, forms, and companion documents associated with this directive are available on the Department's website.

Local Procedure(s) Required: No.
Applicability: All staff (including contractors and volunteers)
Security Level: "B" – Anyone may have access to this document.

Approved:

SIGNED	**10/14/2016**	**12/01/2016**
Lisa Menard, Commissioner	**Date Signed**	**Date Effective**

PURPOSE

This administrative directive outlines the Vermont Department of Correction's (DOC) general approach, principles, and philosophy towards the case management of all offenders under DOC supervision. This directive summarizes the holistic and collaborative approach of the DOC concerning effective offender case management in order to promote positive changes in offender behavior, successful reentry, and reduced recidivism.

Offenders in the custody of, and under supervision of, the DOC present with a variety of recidivism risk factors. Vermont offenders are generally diverse and often present with complex behavioral, mental health and substance abuse needs. The DOC's holistic and collaborative approach to case management includes the: (1) empirical assessment of risk and criminogenic needs; (2) identification of appropriate risk reduction interventions that are evidence based (adhere to risk, need, and responsivity principles); (3) development of collaborative case plans; and (4) utilization of core correctional practices.

The purpose of this holistic and collaborative approach is to: (1) assess an offender's overall risk to recidivate; (2) address the criminogenic and responsivity needs of the offender as well as stability factors (e.g., housing, medical care, transportation); (3) support the offender in taking responsibility for their criminal behavior and to actively engage in his/her case plan development; (4) provide opportunities for community partnership and family involvement in the case planning process; (5) identify and connect offenders to DOC risk reduction interventions, community programs, and community supports as appropriate; (6) continually engage offenders in the change process by employing core correctional practices; and (7) enhance community safety.

PHILOSOPHY

It is the DOC's philosophy that case management and case planning is a collaborative approach and the core process by which services are organized to promote, support, and guide offender change and to enhance community safety. The DOC's case management directive is grounded in the key Agency of Human Services (AHS) practices; it is client-centered, results-oriented, strengths-based, and holistic.

The DOC defines successful reintegration as offenders becoming prosocial citizens of society. The DOC believes that the best means of ensuring an offender's successful reintegration into their community, as well as enhancing community safety, is through effective case management. Although control and surveillance are legitimate strategies, community safety is better achieved through a strategy that encourages behavior change. The ultimate goal of effective case management is behavior change, risk reduction, and the reduction of recidivism.

Case management and case planning begins with, and is based on, empirical assessment of risk and criminogenic needs. Research demonstrates that matching the intensity of the interventions to the assessed level of risk (i.e., more intensive strategies for higher risk offenders) results in

better offender outcomes.[1] Research also demonstrates that offender outcomes are improved when intervention strategies address criminogenic needs. The risk assessment will form the basis of the offender's case plan. Case plans will target the offenders' top four to six criminogenic needs over the course of DOC supervision. In addition to addressing the offender's responsivity needs (e.g., intelligence level and functional abilities, gender, cultural background, developmental age, mental health condition, housing, medication, transportation, I.D., financial support) that interfere with the offender's ability to address his/her criminogenic need(s).

The DOC believes that case management is ongoing and dynamic. Case management is a process that begins as early as sentencing and continues seamlessly until the offender is discharged from supervision. As offenders' circumstances change significantly either positively or negatively (e.g., completion of a program or compliance violations) and as reassessments reflect changes in risk levels or risk factors, case management and case plans are reshaped, reflecting updated goals and strategies.

Case management is a collaborative process that includes classification, and assessment of risk, needs, and responsivity issues, as well as input from the offender and his/her support system. This information informs the development of an individualized case plan which effectively uses correctional and community resources. This then provides for effective supervision and support of the offender throughout his/her sentence. The offender's support system includes, but is not limited to, DOC Correctional Services Specialist (CSS) staff, DOC education and workforce development staff, DOC victim services staff, DOC medical staff, DOC reentry coordinators, DOC contract staff, the offender, familial relationships, friends, pro-social supports, and community partners.

In addition to the individualized aspects of case management, the DOC aims to incorporate core correctional practices into its overall case management philosophy. Core correctional practices are evidence-based practices that have been proven effective in changing offender behavior and reducing recidivism. These practices include relationship building, anti-criminal modeling, structural learning, cognitive restructuring, problem solving, effective reinforcement, effective disapproval, and effective use of authority.

The primary goal of the DOC case management process is to engage the offender in behavior change, risk reduction, reduction of recidivism, and to enhance community safety. The means to this end is outlined in the offender case plan.

The offender case plan outlines goals for addressing risk, need, and responsivity areas that will lead the offender toward successful reentry and stability within the community. The case plan is a written document that describes the offenders' goals over their time in DOC supervision; it includes specific steps to reach those goals, and realistic timelines. The case planning process involves the offender in constructing the plan; aligns case plan activities and strategies with interventions that address offender specific criminogenic needs; and is specific, concrete and easy to follow.

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[1] Bonta, James, and D. A. Andrews. *Risk-need-responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, 2007. Public Safety Canada, 2007. Web. <http://www.pbpp.pa.gov/Information/Documents/Research/EBP7.pdf>.

AUTHORITY

28 V.S.A. § 2a; 28 V.S.A § 101(1) -(2); 28 V.S.A. § 102(c) (1), (2), (3), (8) and (9); 28 V.S.A § 254; 28 V.S.A § 352; 28 V.S.A § 706; 28 V.S.A § 721; 28 V.S.A. § 723; 28 V.S.A. § 724; 28 V.S.A § 808.

REFERENCE

Agency of Human Services Four Key Practices. *APA Rule #00-10/Policy #256 Community Notification*; Department of Corrections Administrative Directives #76.05 *Positive Reinforcement*,#254.04 *Case Documentation – Electronic*, #323.01 *Inmate Release Money*, #344.01 *Collaborative Community Supervision*, #371.11 *Level C Performance Expectations*, #371.15 *Conditional Re-entry*, #371.17 *Offender Contact Standards for Field Services Programs*, #501.01 *Restorative Justice Programs*, and #502.01 *Victim Notification – Automated (VANS) & Non-automated*. American Correctional Association, Standards for Adult Correctional Facilities, 4th Edition, 2003, Standard 4-4442. American Correctional Association, Standards for Adult Probation and Parole Field Services, 3rd Edition, August, 1998, Standards 3-3125, 3-3131, 3- 3132, and 3-313

POLICY

Risk, Need and Responsivity

The DOC adheres to the risk, needs, and responsivity model in the DOC's programs and services. The risk principle states that offender recidivism can be reduced if the level of intervention services provided to the offender is proportional to the offender's risk to re-offend. The principle has two parts to it: 1) level of intervention and, 2) offender's risk to re-offend. This is effectively the identification of who will most benefit from risk reduction services. DOC identifies these individuals by conducting risk assessments on individual offenders. The risk assessments identify a reliable way of differentiating low risk offenders from high risk offenders. Once this identification is completed, appropriate intervention can be pursued.

The second portion of the model, need, identifies the criminogenic need areas which an individual shall address through intervention. The DOC identifies these criminogenic need areas and then an offender's top four to six criminogenic needs are identified in the offender's case plan and intervention methods are utilized. The DOC primarily targets interventions at eight identified need areas (1) criminal history; (2) antisocial personality pattern; (3) pro-criminal attitudes; (4) social supports for crime; (5) substance abuse; (6) family/marital relationships; (7) school/work; and (8) prosocial recreation activities. In addition to the above identified criminogenic needs, the DOC also targets interventions tailored to offenders who have committed violent crimes and/or crimes of a sexual nature.

The final component of the model is the responsivity principle. The responsivity principle is the section of the model which is tailored to the individual needs of the offender. It encompasses the individual components necessary to ensure interventions in the identified criminogenic need areas are most effective at teaching offenders new behaviors. The responsivity principle allows the DOC to also utilize other services, such as transitional housing and community-based

resources (also referred to as stability factors) to ensure that an offender's individual circumstances are accounted for in ensuring that s/he is able to focus on social change.

Risk Reduction Interventions

The DOC administers correctional interventions in its effort to reduce the risk to persons and property from criminal behavior. [2] These interventions with offenders enhance successful reentry into the community, as well as to promote positive citizenship within the state and community. DOC employs evidence-based practices which have demonstrated positive effects in reducing the risk of recidivism and public harm and that promote offender success. Risk reduction interventions are offered to offenders who qualify based on risk assessment and/or the egregiousness of their crimes. The DOC recognizes that life skills, education, and workforce development reduces risk and can increase the capability of offenders to grow and develop by providing them with the knowledge and skills necessary to be responsible and productive members of society. DOC uses multiple venues to support the attainment of workforce readiness skills, including correctional industries, work camp, and facility employment.

The DOC provides interventions which target evidenced based criminogenic needs, specifically those identified as anti-social cognitions, anti-social peers, anti-social personality traits, education, employment, substance abuse, family and social supports, leisure and violence. The DOC employs evidenced based interventions in a holistic model.

Core Correctional Practices

The DOC case management process embraces the use of eight core correctional practices. They are: (1) relationship skills; (2) anti-criminal modeling; (3) structured learning; (4) cognitive restructuring; (5) problem solving; (6) effective reinforcement; (7) effective disapproval; and (8) effective use of authority. These are concrete practices that correctional staff can use with offenders to be more effective at changing behavior and reducing recidivism.[3]

Victim Involvement

It is the mission of the DOC to support community safety by ensuring offenders serve their sentences, take responsibility for their crimes, and have opportunities to make amends to their victims. The DOC believes that victims of crime can have an important role in both the supervision and treatment of criminal offenders. The DOC seeks to integrate victims' perspectives throughout the supervision process through collaboration, primarily with direct communication with field and facility casework staff. In addition, the DOC's Victim Services Unit serves a consultative and expert role providing support to both DOC staff and victims when needed.

[2] These programs are administered pursuant to 28 V.S.A. § 1(a)

[3] Core Correctional practices were first introduced in the 1980s as a way to increase the therapeutic potential of rehabilitative programs. Over 700 evaluations show that the programs that incorporate these practices with the risk, need, responsivity model have been associated with intervention effects compared to those that do not.

The integration of a victim voice, when voluntary, into the case management process provides an important resource for DOC staff in its efforts to keep the victim informed, encourages offender accountability, and working with offenders to address the harm their behavior has caused to the victim and community.

Gender Responsivity

The DOC recognizes that there are important differences between offenders in terms of offending histories, risk factors, and life circumstances, and that gender makes a difference when implementing case management strategies.

Within the robust body of research relating to risk, need, and responsivity, the DOC acknowledges the growing evidence regarding the role of gender in the criminal justice system. This evidence demonstrates that women's profiles and pathways to crime are different than men's, and that women respond differently to correctional interventions than men. As such, the case management process in working with the male and female populations shall be informed by this research. While a common framework of case management will be used for both men and women, the individual characteristics of the genders must be taken into consideration when performing case management and case planning responsibilities.

A growing body of research and evidence asserts that while gender neutral criminogenic risk assessments are predictive of risk for women, women have unique needs that are not captured in current gender specific risk/needs assessments. Therefore, the case management process with women should also consider these unique needs. Case plans should be informed by criminogenic risk factors in addition to gender responsive unique needs. Case planning should also incorporate gender responsive strengths and protective factors to build upon.

IMPLEMENTATION

This directive will be implemented with formalized training for all current staff.