

R.C.C.C. RIVER CITY CORRECTIONAL CENTER  POLICIES AND PROCEDURES	EFFECTIVE DATE: 6/26/06
	ANNUAL REVIEW: Yes
	DATE REVIEWED: 3/3/08
SECTION: Programs	
SUBJECT: Administration of a Validated and Reliable Risk and Needs Instrument Upon Intake	
DRC CBCF STANDARD: General Specific, #28	
ACA STANDARD: #4-ACRS-5A-1	PAGE <u>1</u> OF <u>4</u> PAGES

## I. POLICY

It is the policy of RCCC that all programs will be designed to reduce offender risk and needs shall administer a validated and reliable risk and needs instruments upon intake.

## II. PROCEDURES

The River City Correctional Center (RCCC) will evaluate offender competencies related to successful transition into the community, by performing the following targeted interventions: objective assessment of offender risk and need, individualized interventions targeted to factors that relate to offender individual criminal behaviors, personalized treatment plan and scheduled objective case reviews, assignment of a Case Manager, completion of a discharge summary and assistance in locating employment.

- A. Each resident's risks and needs will be objectively assessed and regularly reviewed in order to determine the type of programming needed.
  1. During screening, an Intake Officer will identify and document in the "Referral Assessment Form" and "Level of Service Inventory - Revised" (LSI-R) priority services that the Program Member (Resident) shall need to address for successful transition into the community.
  2. The resident's demographic information and history will be recorded on the "Referral Assessment Form".
  3. The resident's criminogenic needs and risk of recidivism will be assessed using the LSI-R. Resulting areas of need to be addressed in treatment will be listed in the file for review by the clinical staff.
  4. An initial medical assessment and the Mental Status Overview must be completed within 24 hours of admission. Case Manager will discuss any problem areas with a supervisor as soon as possible.
  5. The assigned Case Manager must complete initial treatment plan within 72 hours of admission.
  6. All assessment results will be presented and discussed during the resident's initial case

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review, which occurs four weeks following admission. A summary of all assessments will also be presented at this time on a “Diagnostic Summary” form.

7. Throughout the resident’s stay in the program his/her progress and possible need for referral will be monitored by the Case Manager and reviewed regularly by the clinical staff.
8. Residents in need of referral for particular services outside the program will be discussed with the clinical staff via case reviews.
  - a. All referrals resulting from this process will be documented in the resident file with a progress note entry and on the resident’s treatment plan. An “Authorization to Release Information” will be signed by the resident and witnessed by River City Correctional Center staff.
  - b. The Case Manager will normally initiate referrals, unless the community agency is more effectively contacted by other staff.
  - c. The Case Manager may request a psychological consultation due to concerns about resident’s mental status. The Case Manager and Psychologist will complete the “Psychological Interview” form.
9. Individualized interventions will be targeted to specific factors that relate to criminal behaviors and shall be documented in the resident file via treatment plans and/or progress note entries.
10. The Case Manager will meet individually with the resident to develop individualized treatment goals targeted to criminogenic needs which have been identified on the LSI-R, the Therapeutic Community Client/Staff Assessments, and the Addiction Severity Index (ASI).
11. The Case Manager and resident will meet at least bi-weekly in order to address treatment goals and service needs.
12. The Case Manager, Education Specialist, and Employment Specialist will collaborate with each resident within 30 days of admission to develop and implement an individualized Treatment Plan using the Therapeutic Community Client/Staff Assessment competencies. Competency areas include: maturity; responsibility; values; drug/criminal lifestyle; maintaining images; work attitude; social skills; cognitive skills;

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emotional skills; self-esteem/self efficacy; understands program rules, philosophy, and structure; community engagement and participation; attachment, investment, and stake; and role modeling. Thereafter, ongoing personalized treatment will be reviewed, updated, and documented bi-weekly in case reviews and as needed. The Treatment Plan will be revised by the staff and the resident every thirty days. All treatment plans will include the following:

- a. Problem statements, objectives, and goals.
  - b. Measurable criteria of expected behavior and accomplishments.
  - c. Time schedules for achievement and scheduled case reviews.
  - d. Signature of Case Manager and resident.
13. Any changes to personalized treatment plans will be reviewed and discussed with the resident by the Case Manager.
  14. Goals and Objectives will be updated as needed.
    - a. Changes/updates will be documented in the treatment plan and signed and dated by the Case Manager and resident every 30 days.
  15. The Case Manager will review the resident's case at least bi-weekly with the clinical staff to exchange information regarding resident's program progress. Probation officers are kept apprised of resident's progress via, email, letters, and/or phone calls.
  16. The Case Manager will document the outcome of each resident's case on the case review form, which will be signed/dated and placed in the resident's file.
- B. Each resident's progress and plans for discharge shall be summarized on a "Discharge Summary" form which will include:
- a. Summary of the resident's program activities and goals met;
  - b. Unusual occurrences such as rules infractions or major disciplinary issues;
  - c. Discharge referrals/recommendations;
  - d. Arrangements for Continuing Care;
  - e. The "Discharge Summary" will be copied and forwarded to the Probation Department and the Continuing Care (Aftercare) Program.

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The original "Discharge Summary" will be maintained in the resident file.