



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.23

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Effective Date: November 1, 2021

Distribution: A

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Approved by: Tony Parker

Subject: STANDARDS FOR CLINICAL CASE MANAGEMENT

- I. AUTHORITY: TCA 41-21-204; TCA 41-21-503; TCA 41-21-504; TCA 41-21-505; TCA 41-21-506; TCA 41-21-507; TCA 41-21-509; TCA 41-21-515; TCA 41-21-516; TCA 4-3-603; and TCA 4-3-606.
- II. PURPOSE: To establish a uniform set of guidelines and procedures to be used by TDOC for direct case planning and clinical case management, in addition to outlining the clinical case management process for offenders.
- III. APPLICATION: Tennessee Department of Correction (TDOC) and privately managed facilities.
- IV. DEFINITIONS:
 - A. Behavioral Health Administrator (BHA): A licensed or qualified mental health professional who is approved by the Warden/Acting Warden and the Director of Behavioral Health Services to assume the responsibility of coordinating the delivery of behavioral health services.
 - B. Case Management Plan (CMP): A continuously updated and edited series of goals and action steps that govern the confinement, supervision, treatment, sanctioning, transition, and rehabilitative needs of individuals sentenced to serve their sentence under the authority of the TDOC. Updates and edits are determined by validated risk and needs assessment/reassessments as well as qualifying events.
 - C. Clinical Case Management Services: Services that involve engagement of the patient, assessment, planning, linkage with resources, consultation with families, collaboration with behavioral health, medical, community services, and security to provide efficient needs of the offender.
 - D. Clinical Case Manager: The staff member(s) responsible for the assessment and coordination of offender clinical case management services during incarceration and for making arrangements for the continuum of these services through community resources and/or partnerships as needed.
 - E. Community Resource: Any public or private agency that provides services, counseling, or any type of assistance which helps offenders cope with the responsibilities of community supervision and/or addresses the barriers that can keep an offender from being successful in the community.
 - F. Counseling Services Team: A team comprised of the offender's assigned clinical case manager, reentry specialist, career development specialist, institutional parole specialist, and chief counselor.
 - G. Dashboard: An electronic data visualization tool that displays the current status of metrics and key performance indicators (KPIs) for an enterprise.

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- H. Expiration of Sentence: The date upon which an offender is considered to have completed his or her sentence of incarceration without parole or probation supervision being required.
- I. Forensic Social Work (FSW) Program: Community based program within TDOC Division of Rehabilitation Services that seeks to provide treatment services and support for offenders who are under state probation or parole by developing rapport and assessing needs that will address the offenders medium to very high risk “criminogenic” factors.
- J. Health Services Administrator (HSA): A designated facility staff member who is administratively responsible to the Warden or designee for the provision of health services to the inmate population.
- K. Housing Provider: A halfway house, residential treatment program, residential work program, transitional house, group home, nursing home, assisted living home, or any legitimate community-based facility that will accept the residential placement of an offender.
- L. Institutional Probation and Parole Specialist (IPPS): A TDOC Community Supervision employee in a dedicated position that serves as a probation parole liaison for offenders, institutional staff, Community Supervision staff, and the Board of Parole (BOP) and whose work assignment is based out of an institution.
- M. Medical Furlough: The release of an inmate from TDOC institutional custody (for medical reasons) to the supervision of the TDOC Division of Community Services.
- N. Offender Management System (OMS): A management information system designed to track offender populations and characteristics throughout TDOC.
- O. Offender Reentry Application: An electronic application on the offender management system (OMS) that is used by the institutional reentry staff members to enter the required diagnostic information in the designated text fields at the specified milestones.
- P. Reentry Services: Services specifically related to the inmates’s/residents/participant’s transition back into the community, i.e. state identification, vital documents, inmate programming, Veteran’s benefits, transportation, mental health, medical, connection with community resources, TRICOR transitional services, etc.
- Q. Scheduled Parole Hearing Date (SPHD): The certified date an offender is scheduled to appear before the Board of Parole to receive a grant hearing. The scheduled parole hearing date will appear on OMS screen LPDP, the Parole Board Eligibility Docket.
- R. Transitional Housing: A program of supervised living designed to seamlessly shift offenders from incarceration back into the community and provide reentry.
- V. POLICY: The TDOC shall develop an individualized clinical case management plan for each offender who requires medical or behavioral health services.
- VI. PROCEDURES:

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- A. Clinical case management shall be responsible for the assessment, planning, and coordination of reentry services for offenders requiring clinical services or clinical placement upon release in order to promote continuity of care.
- B. Clinical case management shall effectively address the assessed need(s) of the offender, ensuring the offenders' correctional case plan is developed, regularly reviewed, and revised, and that the offender receives adequate services that are measured and recorded.
- C. Offenders with identified clinical needs (medical, behavioral health, substance use) shall be assigned a clinical case manager to ensure proper assessments and services are provided consistently with TDOC policies and procedures.
- D. The clinical case manager shall be assigned upon an offender's admission to a facility and once identified with a medical and/or behavioral health need.
 - 1. The assigned clinical case manager shall access the following information through the OMS, the noted documents or databases, an interview with the offender, and collateral sources.
 - a. Criminal history
 - b. Medical profile
 - c. Behavioral health profile
 - d. Dental profile
 - e. Detainers
 - f. Citizenship
 - g. Confirm that a DNA sample has been collected
 - h. Language barriers
 - i. Chemical dependency assessment
 - j. Sex offender assessment and treatment recommendation
 - k. Veteran status
 - l. Emergency contact
 - m. Community services
 - 2. As necessary or appropriate for the individual offender, the clinical case manager shall:
 - a. Coordinate community services upon the offender's release
 - b. Conduct offender assessments to determine reentry care plans

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- c. Coordinate internal and external resources to facilitate a continuum of care
 - d. Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
 - e. Note social services history
 - f. Discuss with the offender his/her release plan
 - g. Follow-up on the offender's eligibility for early release programs within the facility and/or community
 - h. Monitor the offender's progress and adjustment through reading incident reports, making collateral contacts, and individual meeting
 - i. Respond to offender inquiries regarding release plan and application for benefits
 - j. Respond to professional or collateral inquiries
 - k. Make case notes on offender and collateral contacts (e.g., OMS, medical chart, etc.)
 - l. Explain to the offender(s) the parameters of release plan options and discuss available community programs
- E. The clinical case manager shall communicate with the counseling services team and the Reentry Discharge Planning Committee listed below to assist with offenders' reintegration into the community.
- 1. Offender/Inmate
 - 2. Offender's family member(s)
 - 3. Associate Warden of Treatment
 - 4. Chief Counselor
 - 5. Reentry Specialist
 - 6. Behavioral Health Administrator
 - 7. Health Services Administrator
 - 8. Clinical Case Manager
 - 9. Clinicians (Providers)
 - 10. Chaplain and Program Personnel
 - 11. Institutional Probation and Parole Specialist (IPPS)

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12. Forensic Social Workers (FSW):

- a. The clinical case manager shall complete Forensic Referral Social Worker, CR-3927, and forward to the appropriate FSW Supervisor to request an appointment date and time with the assigned FSW prior to their final meeting with the offender.
 - b. The FSW Supervisor shall forward the clinical case manager the date, time, and location of the offender's FSW appointment in the community.
 - c. The clinical case manager shall ensure this information is shared with the offender along with the date, time, and location for any community mental health appointments.
 - d. Prior to the offender's departure from the institution, the clinical case manager shall forward the Discharge Mental Health Summary, CR-3616, including the date, time, and location for any community mental health appointments to the appropriate FSW Supervisor.
 - e. In the event that an inmate refuses coordination of mental health services, the clinical case manager will forward the Refusal of Medical Services, CR-1984, to the FSW supervisor in the location of the offender's release.
- F. The clinical case manager shall reevaluate the offender reentry plan twelve months prior to the offender's day of release.
1. The clinical case manager shall receive a referral from the facility HSA and/or BHA on offenders with medical or behavioral health reentry needs.
 2. Upon receipt of the referral, the clinical case manager shall:
 - a. Review the scheduled parole hearing date (SPHD), future action date (FAD), and/or sentence expiration date (SED).
 - b. Make a determination of the offender's needs.
 - c. Shall review the physical and behavioral health assessments that include health education and the development of the reentry plan.
 - d. Collaborate with Reentry Discharge Planning Committee.
 - e. Verify the following components to ensure a seamless transition for the offender from incarceration to the community:
 - (1) Family reunification
 - (2) Transportation
 - (3) Follow-up appointments
 - (4) Benefits

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- (5) Identification of housing needs
- (6) Vocational rehabilitation referrals
- (7) Forensic Social Workers

G. The clinical case manager shall provide on-going reentry services to the offender.

1. The clinical case manager shall maintain statistical data by updating and completing the following:
 - a. Dashboard tracking log
 - b. Clinical Services screen in Reentry Application
 - c. Medical furlough submissions on TDOC designated secured computer drives
2. The clinical case manager shall maintain continuum of services through review at the following intervals:
 - a. Twelve months
 - b. Six months
 - c. Three months
 - d. Sixty days
 - e. Day of release
3. The clinical case manager shall complete clinical services screen input and updates in the reentry application located on the intranet.
4. Clinical case managers shall assist with coordination of the process for medical furlough applications in accordance with Policy #511.01.1.

VII. ACA STANDARDS: 5-ACI-5B-11, 5-ACI-5E-02, 5-ACI-5E-04, 5-ACI-5E-05, and 5-ACI-5F-01

VIII. EXPIRATION DATE: November 1, 2024



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)



TENNESSEE DEPARTMENT OF CORRECTION
DISCHARGE MENTAL HEALTH SUMMARY

INSTITUTION _____

RE: _____
PATIENT NAME _____ TDOC ID _____
DATE OF BIRTH _____ AGE _____ GENDER _____

DIAGNOSED WITH:

SERIOUS MENTAL ILLNESS (SMI) SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI) NONE OF THE ABOVE

LEVEL OF CARE: _____

D5M5 DISCHARGE DIAGNOSIS: _____

CONSERVATOR Yes No:

Conservator Contact Name: _____ Telephone: _____
Address: _____

CURRENT MEDICATIONS:

<u>NAME</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>	<u>PRESCRIBING DOCTOR</u>

Recommendations: Community Appointment
Mental Health Services Yes No Date Time Agency
Substance Use Services Yes No If yes, please explain: _____

Comment(s): _____

STAFF SIGNATURE DATE

STAFF NAME (PRINTED)

This information has been disclosed to you for use in your official capacity, from records for which confidentiality is protected by law. See Tennessee Code Annotated 10-7-504(a) (1). See also Title 42 CFR Part 2, where applicable. Further disclosure of this information without the subject's specific authorization is prohibited.



TENNESSEE DEPARTMENT OF CORRECTION

Referral Forensic Social Worker

Instructions: Complete ALL applicable fields. Enter "N/A" in text fields that do not apply to the offender.

Offender Information:

Check if Sex Offender []

Last Name: Click to Enter Name First Name: Click to Enter Name.

Click to Enter Enter Click to Enter Enter Choose a Race or Click to Enter Gender: Choose an item. TDOC ID: TDOC. DOB: DOB Race: Type. Gender: an item.

Mailing Address: Click to Enter Mailing Address. Phone #: Click to Enter Phone. ZIP. Click to Enter City., TN Click to Enter ZIP. Alternate Phone #: Click to Enter Alternate Phone.

Case Type: Choose an item. Expiration Date: Click to enter text.

Current Offense(s): Click to Enter Current Offenses.

Supervision Information:

Risk Assessment Score: Choose an item Current Supervision Level: Choose an item. Current Supervision Type: Choose an item.

Referral Information:

Referral Priority: Choose a Priority

Click to Enter FSW Name. Office Location: Click to Enter Office

Last Drug Screen: a date. Results: Click to Enter Results.

Referral Requests/Offender Needs:

Appointment Date: Click to Enter Date.

- Crisis Intervention, Mental Health counseling, Domestic Violence Group, A/D assessment, Anger Management, Batterer's Intervention, Other, Relapse Prevention, Transitional/Life Skills

Reason for Referral:

- Court/Board Ordered, Officer Requested Sanction, Supervisor Requested Sanction, Risk/Needs Assessment, Other

Offender History: (Check all that applies and enter additional information for each checked item)

Table with 3 columns: Suicidal Ideations, History of Substance Use, History of Violence. Includes rows for Mental health Diagnoses, Medications, In-patient Treatment, Out-patient Treatment, and Attitude Toward Drug Use.

Probation Parole Officer: Referring PPO Name. Date: mm/dd/yyyy.