

Case Management



Montana State Prison

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CHAPTER

1

Introduction

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1. Purpose

The purpose of case management at Montana State Prison (MSP) is to create and maintain an environment conducive to offender change as measured by positive institutional behavior and reduced recidivism. The role of a case manager is to provide day to day offender case management using available resources and the offender's Institutional and Transitional Case Plans (ICP and TCP). Case management duties include risk and needs assessments, integrated case plan development, motivational interviewing, parole reports, and responding to other identified needs. The case manager is responsible for working with offenders and Institutional Probation/Parole Officers (IPPO) on successful discharge planning.

Four key concepts govern MSP's case management process:

1. **Risk**: identifying offenders at the greatest risk of recidivating
2. **Need**: identifying appropriate interventions
3. **Responsivity**: removing barriers to positive offender change
4. **Fidelity**: ensuring process integrity

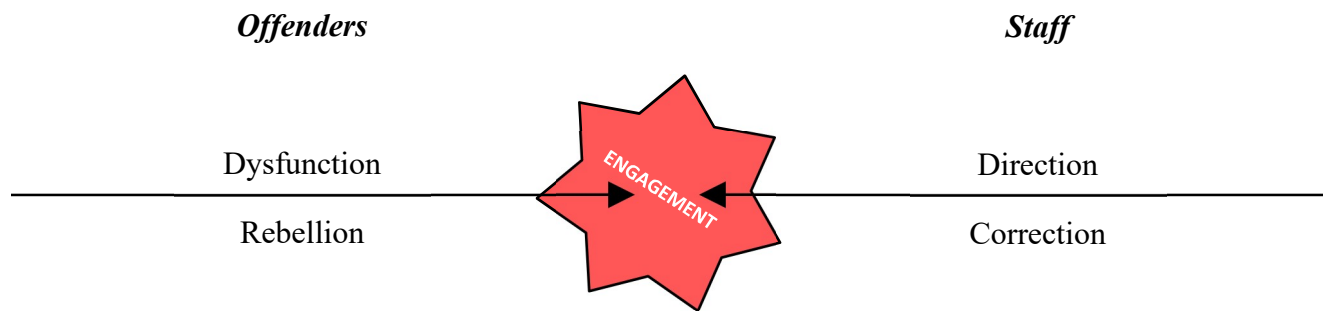
Case Managers join other corrections professionals in engaging offenders at the point of their need in order to protect and rehabilitate. The Montana Department of Corrections' organizational purpose emphasizes that staff be strong enough to restrain *and* wise enough to restore.

Please see *Philosophy of Reentry* at:

<https://www.youtube.com/watch?v=fN50m4gMKBk>

Crime is a by-product of rebellion and dysfunction continuums. In other words, some offenders embrace an anti-social worldview (rebellion), and others lack necessary skills for success (dysfunction). Dysfunction is characterized by ignorance and weakness; rebellion is characterized by arrogance and willfulness. Since thinking drives behavior, offender needs are diverse. An effective Case Manager helps to identify and respond to the unique mix of issues presented by each offender.

A comprehensive and cohesive correctional system provides *direction* for offenders in dysfunction, and *correction* for those in rebellion. Direction empowers and releases. Correction, in this context, limits and restrains. Case Managers guide offenders through a process of self-reflection about issues most likely to interfere with their success following release. Case Managers engage offenders through different strategies of case management based on the offender's risk level and specific criminogenic needs.



2. Overview of Core Roles

The core roles of a case manager include responsible communication utilizing best correctional practices.

The case manager compiles data from the risk and needs assessment(s) to generate and implement ICP, TCP, and parole reports.

They monitor treatment and educational needs and keeps staff and inmates informed of progress.

They analyze and evaluate an offender's individual record to prepare reports and complete applications related to release planning.

They ensure the safety and security of staff and offenders.

They assist with unit needs as a flexible member of the Unit Management Team (UMT).

3. Department of Corrections' Goals, Values, and Vision

A. Goals

- To increase public safety through reduced recidivism.
- To increase victim safety and peace of mind by providing accurate, timely information, and support.
- To inform and educate the public through effective communication.
- To increase staff pride through increased professionalism.

B. Values

To be professional, proud, and positive.

C. Vision

For Montana to have the lowest recidivism rate in the nation.

CHAPTER

2

Communication

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1. Core Role

Case managers communicate effectively with inmates, corrections professionals, stake holders, and the public.

2. Montana Offender Risk/Reentry Assessment (MORRA)

MORRA is the cornerstone of the integrated case management system for adult male offenders in the Montana Department of Corrections, and serves as the foundation for effective reduction of an offender's risks to recidivate.

MORRA, validated by the University of Cincinnati, is predictive in identifying an offender's risk of recidivating. The offender's response to a standard set of questions determines their risk areas. These high-risk areas must be addressed and corrected to reduce the individual's likelihood to recidivate. Staff must be trained in both MORRA and Motivational Interviewing before they can conduct MORRA Assessments.

<http://cor.mine.mt.gov/MORRA>

A. Prison Screening Tool (PST)

The PST is designed to be used with offenders during their initial intake to the Martz Diagnostics Intake Unit (MDIU). The instrument is designed to be administered through file review and a structured interview, although some items can be obtained through a self-report questionnaire. (Note: If an offender scores low on the PST, the PIT is not required. The offender will then build a Low Risk Track case plan based upon the Preliminary Assessment Summary (PAS)).

The PST measures four items:

- Employment at time of arrest
- Longest length of employment for the past two years
- Living situation prior to incarceration
- Stability of residence prior to incarceration

B. Prison Intake Tool (PIT)

The PIT is designed to be used with offenders as they enter prison. The instrument is administered through file review, a structured interview, and is verified through other collateral sources. (Note: The PIT is only administered to those who score moderate/high on the PST.) Some items can be obtained through a self-report questionnaire. The PIT is the instrument used to develop the ICP. The PIT consists of the current age of the offender and 31 additional items across the following five domains:

- Criminal History
- Education, Employment, and Financial Situation
- Family and Social Support
- Substance Abuse and Mental Health
- Criminal Attitudes and Behavioral Patterns

The higher an offender scores on any MORRA assessment, the greater the offender's risk of reoffending.

C. Supplemental Reentry Tool (SRT)

The Supplemental Reentry Tool (SRT) is completed with inmates who reach parole eligibility minus 18 months, and who have been incarcerated for *less* than four (4) years. The SRT is utilized for the development of the TCP and is designed to be used with offenders prior to release from prison. The SRT is designed to be administered through a file review, structured interview, and the self-report questionnaire. The SRT will be administered to all offenders, even those who scored low on previous MORRA Assessments. The SRT should be administered every twelve (12) months, or when a critical event occurs. The SRT consists of the current age of the offenders and 31 additional items across four (4) domains:

- Criminal History
- Education, Employment, and Financial Situation
- Substance Abuse and Mental Health
- Criminal Attitudes and Behavioral Patterns

D. Reentry Tool (RT)

The Reentry Tool (RT) will be completed with offenders who reach parole eligibility minus 18 months, and who have been incarcerated for *more* than four (4) years. The RT is also utilized for the development of the TCP for all offenders preparing for release from prison. The RT is designed to be administered through a file review, structured interview, and the self-report questionnaire. The RT should be administered with all offenders, even those who have scored Low on previous MORRA Assessments. The RT should be administered every twelve (12) months, or when a critical event occurs. The RT consists of the current age of the offender and 18 additional items across three (3) domains:

- Criminal History
- Education, Employment, and Financial Situation
- Criminal Attitudes and Behavioral Patterns

E. Process overview

See “Addendum A” for process overview, risk/need correlation, treatment options, and risk categories. Primary criminogenic needs are Antisocial History, Antisocial Cognition, Antisocial Peers, and Antisocial Personality. Secondary criminogenic needs are Family History, Vocational/Educations, Substance Abuse, and Leisure Time.

F. Motivational Interviewing

The goal of Motivational Interviewing is to address areas of ambivalence toward change. The ambivalence may come from lack of insight into the problem, denial, or serious road-blocks on any give path.

3. Montana State Prison Case Plans

Case planning establishes the goals, objectives, and action steps necessary to address an inmate's primary criminogenic needs as identified through MORRA. In addition, the case plan includes secondary assessments, identified responsivity issues, and input from the offender. The plan uses SMART Goals, and is multidisciplinary in nature. SMART Goals are specific, measurable, attainable, relevant, and time-based.

A. Low Risk Institutional Case Plan (LR-ICP)

The LR-ICP is based on:

- PST
- Preliminary Assessment Summary (PAS)
- Case manager interaction
- File review

B. Institutional Case Plan (ICP)

The ICP is based on:

- PIT
- Primary criminogenic needs
- Secondary criminogenic needs
- Secondary assessments
- Court orders/recommendations
- Responsivity issues
- Parole Board dispositions
- ICP Workbook
- Offender input

C. Transitional Case Plan (TCP)

The TCP is based on:

- SRT/RT
- Primary criminogenic needs
- Secondary criminogenic needs
- Secondary assessments
- Court orders/recommendations
- Responsivity issues
- Parole Board dispositions
- Nine Elements of Re-Entry Success
- TCP Workbook
- Offender input

For supporting documents and information see “Addendum B”: PAS, ICP, LR-ICP, TCP, ICP Workbook, TCP Workbook, Inmate Refusal Form, and Reentry by the Numbers.

D. Low Risk Institutional Case Plan (LR-ICP)

The LR-ICP is a self-directed case plan which requires less case management interaction than an ICP. The LR-ICP gives low risk offenders an outline of risks and needs, which they may choose to address. The PAS becomes the LR-ICP once the offender is placed in a housing unit. The offender signs the LR-ICP and utilizes it as an institutional guide for treatment and programming. A digital copy is saved to the *Reentry 20xx MSP* folder on the I: Drive and a hard copy is signed and placed in the mini-file.

The ICP, TCP, PAS and the LR-ICP are located at:
<\\corhIncen16\MSPData\Reentry 2018 MSP\Start Here>

E. The Institutional Case Plan (ICP) Workbook

As the inmate develops his ICP using the ICP Workbook, the role of the case manager is to use Motivational Interviewing techniques and guide the inmate towards SMART goals. This stage of the process involves garnering buy-in from the inmate.

The ICP Workbook is reviewed with the inmate. The case manager looks for any areas that the inmate may have overlooked while completing the workbook. This form indicates specific needs to address, not necessarily in priority. Goals will be developed during the work session with the inmate and case manager. It is important that the comments section include actual statements and thoughts from the inmate. This workbook may take multiple visits to complete.

F. SMART Goals

SMART goals enable the inmate and case manager to structure a case plan around sound goal setting techniques. The acronym SMART stands for:

- Specific: one clear task that relates to the long-term goal
- Measurable: identifiable milestones in achieving the goal
- Achievable: goals are realistic to the individual person and can be accomplished
- Relevant: action steps listed form a direct link to the desired goal
- Time-Based: completion target dates associated with individual need

A few helpful hints for guiding your inmate case plan:

- Oftentimes, it is necessary to keep the inmate on track and focused on the goal at hand. Several inmates are reviewed in each session so time is of the essence.
- Use Motivational Interviewing skills to redirect if necessary.
- Avoid presenting the inmate's case plan for them. This is the inmate's plan and them being pro-active in the process is key!

After the T&P Team meeting:

- Meet with the inmate again in the housing unit to review and finalize the plan.
- Print, sign, and file
- Upload a copy of the plan to: I/Case Plan- (Treatment and Programming Workgroup)

4. Continued Caseload Contact

Communication is the essence of good case management. Case managers regularly communicate with inmates, unit managers, work supervisors, classification and disciplinary staff, IPPO's, service providers, and custody staff.

A. Review Institutional and Transitional Case Plans (ICP and TCP)

Case managers regularly review case plans and communicate with inmates to facilitate positive change. Regular communication ensures that, as needs change over time, the inmates plan is adjusted to reflect appropriate goals.

B. Release Planning

Staff and inmates should be aware that release planning typically intensifies during the last six (6) months of incarceration.

This phase will begin once the inmate has been awarded parole, has identified a release track, or is approaching discharge. The IPPO will review the conditions of parole with the inmate. If the parole is contingent upon completion of any program/treatment, the necessary staff contacts will be made to have the inmate enrolled in the appropriate program/treatment.

When the requirements for a parole have been satisfied, the IPPO will send the RFI (Request for Investigation) to the Board of Pardons and Parole (BOPP). The RFI will include the details of the inmates proposed plan (residence, housing, and treatment in the community).

The inmate is responsible to set up appointments in their community, but may need assistance in making these calls. These appointments may include setting up aftercare, public assistance, and job and/or housing interviews. The case manager will also enroll the inmate in Medicaid, Social Security Benefits, and Veterans Administration Benefits, as applicable. The assigned Parole Officer will investigate the plan proposed by the inmate and either approve or deny the plan. Their decision will be relayed to the IPPO, BOPP, and the inmate. It is at this point that a target release date is set.

Community resources are located at:

<\\corh\ncen16\MSPData\Public\Case Management\Community Reentry Resources>

5. Groups

Offenders will be screened and approved for appropriate groups. Group/program placement is predicated upon a thorough file review, court recommendations or orders, BOPP recommendations, the MORRA Assessment, and the Institutional and/or Transitional Case Plan goals and objectives. Upon approval, they will be placed on waiting lists for their group. There are groups that are facilitated by licensed staff, non-licensed staff, and educational staff. All staff facilitating groups will be required to maintain the appropriate training. Groups facilitated by Treatment and Programming staff include Chemical Dependency (CD), Sexual Offender Program (SOP), Anger Management (AM), and Thinking for a Change (T4C).

A. Chemical Dependency

The Intensive Treatment Unit (ITU) is designed to provide a comprehensive treatment experience. The ITU provides an open-ended program for individuals in need of a more intensified treatment modality. ITU participants attend three distinct phases of treatment: Psychoeducational, Individualized Programming, and Relapse Prevention.

The Outpatient Relapse Prevention (RP) Program is designed for individuals with prior treatment or recovery information and/or experience. This program may be completed in the community based on a Licensed Addiction Counselors (LAC) referral, a BOPP recommendation, or court order/recommendation. Program materials focus on identifying relapse triggers, developing a specific plan to deal with those triggers, and the reciprocal nature of addictive relapse and criminal behavior. The group consists of 24 hours of group time plus individual meetings as needed.

B. Sex Offender Program

The Sex Offender Program Phase I is an educational phase for offenders who have a documented history of sexually deviant behavior. Most who participate are court ordered to complete, although a small percentage are voluntary. Anyone convicted of a sexual offense must by law complete this phase. This program is approximately 16 weeks and may be facilitated by a unit staff or sex offender treatment therapist. Groups are one time per week for approximately two hours. The individual is not required to admit guilt to his sexual conviction in this phase,

although it is beneficial if they do. After completion of Phase I, the individual is then screened by SOP staff to determine need for further treatment.

Sex Offender Program Phase II is a cognitive and behavioral based program for offenders who have completed Phase I. This program usually takes between 15 – 24 months to complete. The goal is to tailor the program to each individual. Phase II is broken down into five separate levels and the individual must pass a proficiency test after each level to move into the next higher level. Topics such as accountability, defense mechanisms, deviant thought/arousal, empathy, thinking errors, relapse prevention, anger-power-control, alternative thinking, and many others are explored in depth during this process. The group promotes accountability through honesty, confrontation, trust, consistency and patience. This phase of treatment is offered in two different formats. One format is known as the Intensive Treatment Unit (ITU) that allows the individual to live in a unit specifically housed with only sex offenders. Groups are conducted in the living area of their own unit and the environment fosters accountability because the group has contact with each other twenty-four hours a day. Groups are two hours in length and are conducted twice per week. We also offer Phase II treatment on an Outpatient (OP) basis, which allows the individual the opportunity to continue to live in his already assigned housing unit with a variety of other offender types. They then attend group one time per week for two hours at a location outside of their assigned housing unit. CP&R and AM group requirements can also be satisfied in these SOP Phase II settings. After completion of Phase II the individual is then required to enter and participate in the SOP Phase III aftercare portion of treatment until they discharge from incarceration.

Sex Offender Program Phase II – Special Needs is a cognitive and behavioral based program for offenders whom have exhibited some type of impairment that may hinder them for progressing in treatment. They must also admit guilt or partial guilt to their sexual offense conviction(s). Impairment could mean illiteracy, brain injury, mental illness, developmental disability, etc. Participants in this group are housed together in Unit A. One inmate mentor, who has previously completed SOP Phase II and has volunteered to help with the learning process, is also housed in this unit. Groups are conducted one day per week for two hours. The length of program can vary depending on ability, but it is most can complete within two years. These groups are facilitated by a fully licensed therapist with a Master's degree. CP&R and AM group requirements can also be satisfied in this group setting.

Sex Offender Program Phase II – Statutory is a cognitive and behavioral based program for select individuals who meet certain criteria which include: under the age of 25 when offense committed; victim at least 13 years of age; taking full responsibility for offense; completed Phase I; “consenting” victim or unaware of age; and/ or no previous history of sexually offending behavior. This program utilizes the exact assignments that are used in the regular Phase II program, but offers a more tailored version. They must also admit guilt or partial guilt to their sexual offense conviction(s). The program is about eight months in length, is on an outpatient basis, meets once per week for about two hours, and is facilitated by a fully licensed therapist with at least a Master’s degree. CP&R and AM group requirements can also be satisfied in the SOP Phase II setting. After completion, the individual is then required to participate in the SOP Phase III aftercare portion of treatment.

Sex Offender Program Phase III – Aftercare is required for all individuals who have completed SOP II (ITU or OP), SOP II Special Needs, or SOP II – Statutory. The focus of this group is to afford the individual an ongoing opportunity to address any issue relevant to their treatment needs. Discussions often include relapse prevention techniques, discharge planning, or Parole Board issues. This group meets one time per month and is facilitated by a fully licensed Therapist with at least a Master’s degree. The individual participates in this group until he discharges from Prison.

C. Thinking for a Change (T4C)

Thinking for a Change is an integrated cognitive behavioral change program developed with the National Institute of Corrections (NIC). It is an evidence-based program designed to enhance an individual’s prosocial cognition. It incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem solving. There are 25 individual lessons covering a wide variety of topics such as: “Active Listening, Giving Feedback, Knowing Your Feelings, Responding to Anger, Problem Solving, and Negotiating.

The following criteria must be met in order inmate to be placed on the T4C waiting list:

- Score Moderate to High in the Criminal Attitudes and Behavioral Patterns section of the MORRA
- BOPP Recommended based on MORRA criteria

D. Core Correctional Practices (CCP) Skills Groups

In the 1980s, Andrews and Keissling introduced Core Correctional Practices, commonly referred to as CCPs, as a way to increase the therapeutic potential of rehabilitation. Core Correctional Practices are approaches staff should utilize with participants. Research shows, if implemented properly, Core Correctional Practices can reduce recidivism by teaching participants how to engage in long-term prosocial behavior. UCCI has developed a formalized training protocol to instruct staff on these skills and their support of cognitive behavioral programming. CCPs are relevant to direct care, security staff, and treatment staff. Specific topics addresses in training include: the principles of effective intervention, core correctional practices (relationships skills, effective use of reinforcement, effective use of disapproval, effective use of authority, prosocial modeling, cognitive restructuring, social skills training and problem-solving skills), principles of effective behavior management system, and implementation of CCP. Further, Coaches and Trainers protocols have been developed to support both staff and agency sustainability of proficiency, quality, and ongoing implementation.

The following criteria must be met in order inmate to be placed on the CCP Skills Group waiting list:

- Score Low in the Criminal Attitudes and Behavioral Patterns section of the MORRA
- Overall MORRA score must be High to Very High
- BOPP Recommended based on MORRA criteria

E. CBT Anger Management

Anger Education is a twelve (12) week psychoeducational program designed to provide information on stress management, cognitive behavioral principles, coping mechanisms, defense mechanisms, and healthy communication. Currently the course work comes from *Beyond Anger* by Ernie Larson. Inmates follow a curriculum based on worksheets, DVD interactive programs, and group discussions.

Anger Management programs required to meet court orders for batterer's interventions and Partner/Family Member Assault (PFMA) charges are not included in this program. (Inmates requiring court ordered AM will not be able to obtain this level of treatment at MSP at this time.)

The following criteria must be met in order inmate to be placed on the CBT Anger Management waiting list:

- Two out of three boxes must be checked on the Treatment Request Form
- Crime
- The questions in the Criminal Attitudes and Behavioral Patterns section of the MORRA pertaining to fighting, threatening, assault, using anger to intimidate others, and their temper control.
- Disciplinary Infraction History covering the past six (6) months
- Court Ordered

F. Victim Impact: Listen and Learn

Victim Impact: Listen and Learn is geared toward helping offenders become more aware of the impact that crime has on victims. The goal is to assist offenders in taking responsibility for their actions and begin to make amends.

The basic precepts of the *Victim Impact* curriculum are:

- Victims and the impact of crime are the focus
- Victims' personal experiences are the centerpiece
- Victims have their rights and one of them is to have their voices heard
- Anyone can become a victim of crime
- Victimization creates a “ripple effect” throughout the community
- Offenders have the opportunity to change their thinking and their behavior
- Offenders have an obligation to make amends to their victims, directly and indirectly

G. Life Skills and Parenting

This program is an 8-week court approved course focusing on Life Skills and Parenting. The curriculum for this class is based upon the Nurturing Parent Program and The Building Life Skills Program/McGraw Hill. The inmates/students are introduced to subject areas such as budgeting, job searches, and other pertinent life skills that they can develop and apply to make their reentry into the community more successful. The inmates/students are introduced to safe, nurturing, and productive parenting skills. These courses are taught by a fully accredited teacher for all custody levels.

H. Pep Talk

All students within the education department are offered Pep Talk. It is also available to other inmates if they would like to take it. Pep Talk was created by The Department of Labor and The Office of Public Instruction. It is a statewide community workforce development project which enables unemployed and underemployed adults in Montana to gain essential job skills and encourages them to move up the career ladder based on their skills, interests and personal needs by creating a personalized employment plan and resume. This is all put into a database and can also be accessed by the offender when they leave the institution.

CHAPTER

5

Reports

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1. Core Role

Case managers analyze and evaluate an inmate's individual record to prepare reports and complete applications.

2. Parole

Parole is the release of an inmate into the community prior to the completion of their sentence. They are subject to the supervision of the Department of Corrections (DOC) and the BOPP. Parole is a privilege, it is not a right, and it is granted only in the best interest of society. Parole is granted when the BOPP determines the inmate is able and willing to fulfill the obligations of a law-abiding citizen. Parolees are subject to revocation for violations.

There are several different hearing types:

- Initial Appearance
- Reappearance
- Case Review
- Administrative Review (Annual Review)
- Parole Revocation
- Parole Rescission
- Executive Clemency
- Medical Parole

A. Eligibility

Inmates usually make their initial appearance for parole consideration two (2) months prior to their parole release eligibility date. Inmates housed in a secure facility must have 120 days clear conduct prior to parole consideration. Inmates housed in a community corrections facility must have 90 days clear conduct. However, an inmate has the right to see the BOPP regardless of the amount of clear conduct they have earned. Inmates may be deemed ineligible for Parole Board consideration based on their individual court judgements.

B. Parole Reports

The BOPP uses the parole report as a very important tool in making release decisions. As a legal document, reports must be accurate, grammatically correct, free of typographical errors, and consistent in format.

For supporting documents and information see” “Addendum D”: Parole Plan, Parole Report Template, Parole Report Flow Diagram, Annual Review Parole Report Flow Diagram.

The Parole Reports can be located through:

<\\corhIncen16\MSPData\Public\Parole Reports>

Overview:

MORRA- Case Plan- Treatment & Behavior- Parole Report- Release Decision

C. Waivers

Inmates may waive either an initial appearance or reappearance before the BOPP. Case managers must contact the BOPP in the event that an inmate with two previous waivers is considering waiving an additional appearance. Inmates may not waive an Administrative Review (Annual Review).

Reasons for waiving include a lack of clear conduct or a need to complete treatment. Typically, inmates will waive their appearance during pre-parole school the month prior to their appearance. Waivers can be obtained from IPPO staff and unit staff.

D. Pre-Parole School

Pre-Parole School is conducted prior to an inmate's appearance before the BOPP. At this meeting, it is determined if the inmate will waive or appear, has completed court ordered treatment, has a viable parole plan, and has the necessary elements to be successful in the community. It is recommended that case managers attend Pre-Parole School as a vital component of the case management process.

3. Parole and Probation Division (PPD)

In order to be eligible for pre-release placement, an inmate must have a BOPP recommendation.

Prerelease Centers include:

- Butte Pre-Release Center
- Helena Pre-Release Center
- Missoula Pre-Release Center
- Gallatin County (Bozeman) Pre-Release Center
- Great Falls Pre-Release Center
- Alpha-House (Billings Pre-Release Center)

In order to be eligible for a community-based treatment center, an inmate must have a valid treatment recommendation and an approved application.

Community based treatment centers include:

- Warm Springs Addition, Treatment & Change Programs (WATCH)
- Connections Corrections Programs (CCP)
- NEXUS

A. Application for a PPD Facility

If eligible, an inmate will be given the appropriate application. Unit Staff will assist the inmate as needed. Once the inmate's portion is complete, unit staff will review and complete the evaluation portion of the application.

Staff will review the inmate's file, OMIS, and other available information to complete the evaluation portion of the application. The evaluation portion captures the inmate's parole eligibility date, discharge date, treatment the inmate has been recommended for and has completed, work history, criminal history,

escape history, adjustments at MSP and prior placements, victim information, Orders of Protection, STG activity, medical and mental health information, any special needs the offender may require, a miscellaneous section that includes restitution owed, Board history, disciplinary, and a recommendation/evaluation from staff.