I. **PURPOSE**

The purpose of this policy and administrative procedure is to establish the development and delivery of Programs, Re-Entry, and adult case Management services for offenders committed to the Department of Correction.

II. **POLICY**

The Re-Entry process prepares an offender for life after incarceration. This process combines assessment with a multi-disciplinary approach to reduce criminal thinking and behaviors while providing offenders with the necessary skills to succeed in the community.

The Department recognizes the need for a case Management approach to help prepare the offender for Re-Entry into the community. Case Management coordinates the delivery of treatment services, including the management of evidence-based programs, courses, and activities, which provides for a continuum of supervision and care for agencies serving the offender. Case Management targets a reduction in recidivism through the formulation and implementation of an individualized Case Plan. Case Management in a correctional environment is utilized for the following purposes:

- To provide effective evidence-based programs, courses, activities, and services to address the criminogenic needs of each offender;
• To increase the offender’s potential for successful reintegration into society; and,
• To provide for the safety and security of the community.

In order to implement a Case Management process, the Department shall utilize the Unit Team concept. Assessment and classification of offenders facilitates short-term and long-range planning and program development in the correctional system as a whole and at each facility, parole district, or program location.

The Department’s efforts toward reducing recidivism are formulated through Evidence-Based Practices (EBP), and those efforts are set forth in this policy and administrative procedure. Nationally, EBP methods are showing success in Re-Entry through all aspects of the Criminal Justice System, not only in correctional facilities.

III. DEFINITIONS:

For the purpose of this policy and administrative procedure, the following definitions are provided:

A. ACTIVITY: Facility specific activities that are approved by the Superintendent, which do not meet the criteria of a program or course.

B. ASSISTANT SUPERINTENDENT OF RE-ENTRY (ASR): The Assistant Superintendent of a facility who supervises and manages the Unit Team Managers, programs, and services.

C. CASE MANAGEMENT: The process of identifying and assessing the offender’s risks and needs, developing a Case Plan, linking the offender to appropriate services, monitoring progress, advocating for and holding the offender accountable as needed. Case Management occurs from intake through release and ensures placement is secured, medical/mental health needs are met, links to appropriate services upon release are provided, and this information is provided to the post-release supervising agency.

D. CASEWORK MANAGER (CWM3): A member of Unit Team that acts as the initial point of contact for day to day offender issues in the unit, coordinates case Management matters and facilitates offender access to programs and services, works with offenders to create Case Plans, and assists in preparing the offender for the release and Re-Entry process. The CWM3 may be responsible for the supervision of Correctional Caseworkers.
THE DEVELOPMENT AND DELIVERY OF PROGRAMS, RE-ENTRY, AND ADULT CASE MANAGEMENT

E. CASE PLAN: A formal document that integrates information from multiple sources including the Indiana Risk Assessment System (IRAS) to strategically address offender needs by identifying goals and assigning interventions.

F. CLASSIFICATION: The process used by the Department to divide offenders into subgroups with the goal of placing each offender in an environment that meets his/her appropriate security level and is consistent with the risk and needs of the offender.

G. COMMUNITY TRANSITION PROGRAM (CTP): A court supervised program that an offender, at the discretion of the sentencing court, may participate in prior to the offender's earliest possible release date.

H. CORRECTIONAL CASEWORKER (CCW4): A member of Unit Team that acts as the initial point of contact for day to day offender issues in the unit, coordinates Case Management matters, facilitates offender access to programs and services, works with offenders to create Case Plans, and assists in preparing the offender for the release and Re-Entry process.

I. COURSE: Group or self-study approved by the Commissioner or designee with standardized curriculum that does not qualify for a time cut/earned credit time.

J. CRIMINOGENIC NEEDS: Factors in an offender’s life that are directly related to recidivism.

K. DISCHARGE: The final unconditional release of an offender from the jurisdiction of the Department.

L. DOC ASSIST: The assistance provided by parole staff in securing a home placement for sex offenders that is secured by financial assistance provided by the Department.

M. EARLIEST POSSIBLE RELEASE DATE (EPRD): The date on which an offender would be entitled to discharge or release, taking into consideration: (1) The term of the sentence; (2) the term of any other concurrent or consecutive sentence which the offender must serve; (3) credit time which the offender has earned prior to sentencing; and, (4) the maximum amount of credit time which the offender would earn if the offender remained in the current credit class during the period of confinement.
N. EVIDENCE-BASED PRACTICES (EBP): The use of systematic decision-making processes or provision of services which have demonstrated, through available scientific evidence, to consistently improve measurable offender outcomes.

O. EXECUTIVE DIRECTOR OF RE-ENTRY AND MEDICAID: Position responsible for planning and directing the case Management system within the Department.

P. INTERSTATE COMPACT OFFENDER TRACKING SYSTEM (ICOTS): A web-based system that facilitates the transfer of supervision of probationers and parolees from one state to another.

Q. INDIANA COURT INFORMATION TECHNOLOGY EXTRANET (INcite): A web-based application used to score and store the Indiana Risk Assessment System risk assessments. INcite is managed by the Judicial Technology and Automation Committee (JTAC).

R. INDIANA RISK ASSESSMENT SYSTEM (IRAS): Made up of five separate assessment instruments to be used at specific points in the criminal justice process to identify an offender’s risk to reoffend and criminogenic needs. The instruments are used to promote and assist with the development of individualized Case Plans.

S. INDIANA RISK ASSESSMENT SYSTEM PRISON INTAKE TOOL (IRAS-PIT): An assessment instrument designed to be used with offenders on their admission into the prison system.

T. INDIANA RISK ASSESSMENT SYSTEM PRISON SUPPLEMENTAL RE-ENTRY TOOL (IRAS-SRT): An assessment instrument designed to be used with offenders prior to release from prison.

U. INDIANA RISK ASSESSMENT SYSTEM PRISON STATIC TOOL (IRAS-ST): An assessment instrument designed to be used for offenders who refuse to participate in the assessment process or are incapable due to mental health or medical issues.

V. INTAKE UNIT: A unit designated by the Commissioner to receive offenders from a court for diagnostic and classification purposes.

W. NEEDS: Those static (cannot be changed) and dynamic (can be changed) risk factors that are closely associated with an individual’s criminal behavior.
X. OFFENDER INFORMATION SYSTEM (OIS): The electronic database utilized by classification to record, store, and review offender information.

Y. OFFENDER CASE MANAGEMENT SYSTEM (OCMS): The electronic database utilized by the Unit Team to record, store and review offender data including Case Plans and Progress Reports.

Z. PAROLE: The administrative conditional release of an offender from a facility prior to the expiration of his/her sentence.

a. PAROLE ASSIST: The assistance provided by parole staff in securing a shelter or other placement for offenders with no placement options. The parole assist is unfunded.

b. PAROLE SERVICES: The division of the Department that supervises offenders released to parole from incarceration.

c. PAROLE VIOLATOR: An offender who has been found by the Indiana Parole Board to have violated one or more conditions of parole.

d. PORTFOLIO: A folder of information and documents compiled by staff for each offender with an EPRD that includes originals or copies of certificates, resumes, birth certificates, Social Security cards, BMV-issued identification cards, and other materials to be used in the community and provided to the offender upon release.

e. PROBATION: A conditional release ordered by a court that allows the offender to serve a portion of a sentence under the supervision of a probation officer in lieu of incarceration.

f. PROGRAM: An earned credit time/time cut program of study, approved by the Commissioner or designee, which included any of the following criteria: Standardized Curriculum, Validated Evidence-Based Practices, and/or Established Performance Measure.

g. PROGRAM MANAGEMENT AND REFERRAL SYSTEM (PRMS): The electronic referral system housed within OCMS that tracks offender Program/Course participation.

h. PROGRESS REPORT: The document prepared by the Unit Team for distribution upon request to government agencies and other organizations providing a lawful
service to offenders during the period of incarceration or upon release to the community.

i. RE-ENTRY MONITOR: The staff person serving as a resource and trainer for facility staff, contractual staff, and community criminal justice partners regarding Case Management policy expectations, technology issues for OCMS/PMRS, and programs through the Department.

j. RE-ENTRY PORTFOLIO: A folder of information and documents compiled by staff for each offender with an EPRD that includes originals or copies of certificates, resumes, birth certificates, Social Security cards, BMV-issued identification cards, and other materials to be used in the community and provided to the offender upon release. The Re-Entry Portfolio Face Sheet (Attachment 2) should be used when creating a Re-Entry Portfolio on behalf on an offender.

k. SAFEKEEPER: An offender whom a court has determined cannot be managed in a local facility, and has ordered the offender to the Department prior to sentencing.

l. SENTENCE COMPUTATION AND RELEASE SECTION: A section within the Division of Classification in Central Office that assures accurate and timely computation of offender sentences and provides for the on-time release of offenders to the appropriate community supervision.

m. SERVICE REFERRAL: A request for service or documents provided by an agency other than the Department (e.g., birth certificates, Social Security cards, etc.).

n. SEX OFFENDER MANAGEMENT AND MONITORING PROGRAM (SOMM): Specialized programming for adult sex offenders providing a continuum of programs and supervision to both incarcerated offenders and offenders under community supervision.

o. SUPERVISOR OF CLASSIFICATION: The facility staff person who works with the Unit Team to render the final decision on all offender Classification activities within the facility.

p. UNIT TEAM MANAGER (UTM): The administrator and supervisor of a unit who is responsible for the Casework Manager and Correctional Caseworker.

q. UNIT TEAM (UT): A group of Re-Entry staff persons designated by the Superintendent, responsible for overseeing an offender’s Re-Entry process.
IV. UNIT TEAM COMPONENT AND RESPONSIBILITIES

The staff member with primary responsibility for the implementation and review of the offender’s Case Plan is the CCW4 or CWM3.

Unit Team staff shall solicit information from other staff involved in various areas that may impact the offender’s Case Plan including, but not limited to, Custody, Classification, Education, Health Services, Recreation, Food Services, Addictions Recovery, and Program staff. Unit Team offender review meetings shall be conducted on an as-needed basis. A physical meeting of staff shall not always be needed; however, meetings shall be called when necessary.

The Superintendent or designee shall establish the working hours and schedule for the Unit Team Staff. Unit Team Managers, Casework Managers, and Correctional Caseworkers shall be scheduled to ensure their availability to unit offenders.

Unit Team staff meetings shall be held monthly. The staff meeting schedule shall be developed by the Unit Team Manager and approved by the Assistant Superintendent of Re-Entry. A summary of each staff meeting shall be made and maintained by the Unit Team Manager. A copy of this summary shall be forwarded to the Assistant Superintendent of Re-Entry, the Executive Director of Re-Entry and Medicaid, and the assigned Re-Entry Monitor and shall be made available to all unit staff.

If any position designated in this policy and administrative procedure does not exist at a facility, the Superintendent shall designate a staff position to carry out these duties.

Where the Unit Team Manager and/or Case Manager is a staffing table position and the position requires direct supervision of other Unit Team staff (i.e. Caseworker, Case Manager), the Executive Director of Re-Entry and Medicaid, or designee, shall serve as a member of the interview and selection panel.

A. Assistant Superintendent of Re-Entry Responsibilities:

1. Supervise the Unit Team Managers;
2. Coordinate inter-unit activities and relationships between various units and other facility service providers;
3. Monitor unit activities to ensure compliance with the policies and administrative procedures of the Department;
4. Direct appropriate staff in the delivery of services and programs; and,
5. Other duties as assigned.

B. Supervisor of Classification Responsibilities:

1. Coordinate overall facility classification, including re-classifications and intra-facility assignments in conjunction with the Unit Team.
2. Establish agendas and may chair classification committee meetings;
3. Classify and assign offenders to their initial housing, program or unit;
4. Supervise offender transfer and/or release in coordination with the UT and other staff;
5. Provide classification support services to the UT;
6. Review UT classification recommendations and make final decisions;
7. Develop and administer all facility level internal procedures related to classification;
8. Ensure that all required classification reviews are conducted;
9. Coordinate inter-facility transfers;
10. Process referrals to the Central Office Classification Analyst;
11. Collect and submit offender population statistics as required;
12. Supervise the Management of the facility Offender Records Section;
13. Provide classification training to staff as needed;
14. Maintain an on-going review of the Offender Information System (OIS) Classification Data;
15. Supervise Classification staff to accomplish Classification objectives;
16. Review the quality of reports and documents sent to courts, parole, probation, etc. for quality assurance; and,
17. Other duties as assigned.

C. Unit Team Manager Responsibilities:

1. Supervise, train, and review the performance of Casework Managers assigned to the Unit Team, assessing individual strengths and weaknesses, using regular evaluations and frequent informal reviews of staff performance in accordance with the standards, guidelines, and policies of the Department and the State Personnel Department;
2. Address the changing needs of the offenders assigned to the unit by continually assessing the relevance of unit programming and re-structure as needed with the approval of the Assistant Superintendent of Re-Entry;
3. Foster positive channels of communication between Unit Team and other departments at the facility and between Unit Team staff and offenders;
4. Establish agendas for and may chair classification committee meetings;
5. Schedule and conduct monthly Unit Team staff meetings;
6. Maintain appropriate records of Unit Team activities;
7. Monitor Unit Team staff for adherence to policy and procedure through the use of routine quality assurance reviews and caseload audits;
8. Review and approve Progress Reports for offenders assigned to the unit;
9. Coordinate with Custody staff to ensure unit safety and sanitation needs are met;
10. Coordinate with the Physical Plant Director, Safety Hazard Manager, and/or Fire Chief on Unit safety issues;
11. Act as Assistant Superintendent of Re-Entry when designated;
12. Coordinate with classification staff and the sentence computation and release section to assist in preparation for the release of each offender;
13. Review the quality of reports and documents sent to courts, Parole, probation, etc. for quality assurance;
14. Ensure implementation of the offender grievance process through the Unit Team;
15. Ensure that information and staff from other areas are included in the decision making process when recommendations for assignments to a specialized area (e.g., Education, Mental Health Services, etc.) are made; and,
16. Other duties as assigned.

D. Casework Manager Responsibilities:

1. Supervise, train, and review the performance of Correctional Caseworkers assigned to the Unit Team, assessing individual strengths and weaknesses, using regular evaluations and frequent informal reviews of staff performance in accordance with the standards, guidelines and policies of the Department and the State Personnel Department;
2. Monitor Correctional Caseworkers for adherence to policy and procedure through the use of routine quality assurance reviews and caseload audits;
3. Assess each assigned offender’s risk and needs utilizing the IRAS ;
4. Develop, implement, and review each assigned offender’s Case Plan;
5. Refer offenders to Programs, Courses and work assignments;
6. Coordinate with all appropriate facility staff to address Re-Entry and release issues;
7. Act as Unit Team Manager when designated;
8. Provide group and individual programming as required;
9. Prepare Progress Reports as required;
10. Coordinate with Classification staff to make appropriate Classification recommendations;
11. Conduct unit orientation for newly received offenders;
12. Provide day-to-day assistance for assigned offenders;
13. Prepare reports as required or requested by a supervisor;
14. Maintain high security standards in the unit and facility; and,
15. Other duties as assigned.

E. Correctional Caseworker Responsibilities:

1. Assess each assigned offender’s risk and needs utilizing the IRAS;
2. Develop, implement, and review each assigned offender’s Case Plan;
3. Refer offenders to Programs, Courses, and work assignments;
4. Coordinate with all appropriate facility staff to address Re-Entry and release issues;
5. Provide group and individual programming as required;
6. Prepare Progress Reports as required;
7. Act as Casework Manager when designated;
8. Coordinate with Classification staff to make appropriate Classification recommendations;
9. Conduct unit orientation for newly received offenders;
10. Provide day-to-day assistance for assigned offenders;
11. Prepare reports as required or requested by a supervisor;
12. Maintain high security standards in the unit and facility; and,
13. Other duties as assigned.

F. Unit Custody Staff Responsibilities:

1. Ensure unit security and offender accountability;
2. Participate in unit classification committees as requested;
3. Ensure high degree of sanitation in the unit;
4. Assist offenders informally to resolve their problems;
5. Encourage offenders to accept assistance from staff;
6. Perform facility security functions as assigned;
7. Provide information to Unit Team regarding offender progress, behavior and attitude;
8. Other duties as assigned.
G. Custody Supervisor Responsibilities:

1. Assume responsibility in an emergency situation as outlined in the Emergency Response Manual;
2. Coordinate with the Unit Team Managers in matters pertaining to unit and facility security;
3. Perform security inspections of units as required;
4. Review and approve all Unit Post Orders in coordination with the Assistant Superintendent of Operations; and,
5. Other duties as assigned.

H. Custody Shift Supervisor Responsibilities:

1. Ensure adequate coverage for vacancies or unanticipated absences in the unit;
3. Coordinate with the Unit Team Manager in matters pertaining to unit and facility security; and,
4. Other duties as assigned.

V. DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS, COURSES, AND ACTIVITIES:

It is the intent of the Department that all proposals for new programming for offenders be given consideration and that staff ensures that the proposed Program/Course meets the needs of the offender population in a cost-effective and efficient manner. All Programs and Courses in the Department must be consistent with the objectives of the facility and the goals and objectives of the Department, as well as consistent with other programming in the Department. In order to ensure that all Programs and Courses meet these criteria, it is imperative that a proposed Program or Course be reviewed by appropriate staff prior to implementation.

In order to ensure that these proposals are adequately reviewed, all proposed Programs or Courses must be submitted to the Executive Director of Re-Entry and Medicaid for review and approval prior to implementation. In order to complete this review, staff is to fully complete the APPLICATION FOR PROGRAM DEVELOPMENT (See Attached). The completed application shall be submitted to the Superintendent for review and approval. If the Superintendent approves the application, the Superintendent shall send the application along with his/her recommendation to the Executive Director of Re-Entry and Medicaid. The Executive Director of Re-Entry and Medicaid shall ensure that the application and
recommendation is reviewed by all pertinent staff and, if approved, that each of these staff persons signs the form indicating their recommendation.

After review by appropriate staff, the application shall be forwarded to the Commissioner or designee for final review and approval. The Executive Director of Re-Entry and Medicaid shall ensure that the final decision and application are returned to the submitting Superintendent along with any instructions regarding the proposed Program/Course. The Executive Director of Re-Entry and Medicaid shall ensure that the approved Program or Course is added to PMRS and the Department’s Program and Course Catalog.

Superintendents shall have the responsibility of regulating Activities offered at the Facility. Each facility shall be required to maintain a “Catalog of Activities” offered and shall ensure it is updated annually and submitted to the Executive Director of Re-Entry and Medicaid by January of each year.

VI. RE-ENTRY PROCESS-EPRD 180 DAYS OR MORE:

The following procedures apply to offenders who have 180 days or more to EPRD upon arrival at their initial housing facility.

A. Orientation

The facility orientation shall include information on Case Management and Unit Management processes at the facility. Facility Orientation shall include but not limited to Sexual Violence Assessment Tool (SVAT), Prison Rape Elimination Act (PREA) Education, Case Management/Unit Team overview, Law Library information, Health Services procedures, etc. Except in unusual circumstances, reception and orientation for offenders transferred from another Department facility shall be completed within seven (7) calendar days after arrival.

Effective July 1, 2015, House Enrolled Act (HEA) 1269 requires the Department to coordinate with the Family and Social Services Administration (FSSA), making Medicaid coverage available to eligible offenders who are incarcerated and to help coordinate benefits coverage for offenders transitioning to civilian life. Offenders could be considered ineligible for coverage if they are unable to provide a birth certificate and Social Security card for the purposes of the Medicaid application.

All facility Admissions and Orientation programs shall ensure that information on the purpose and benefits of the Medicaid participation, as well as the importance of obtaining release documentation (i.e. birth certificate, Social Security card) prior to release are included as part of the intake process. Institutional packets should be reviewed upon
arrival to determine what release documents will be needed prior to release. If an offender does not have a birth certificate available to him/her, staff shall work with the offender to apply for the document. If the offender does not have a Social Security card, staff shall apply for the document as soon as the offender is in within 120 days of release. Attachment 5 outlines the procedure for requesting duplicate Social Security cards.

B. Assessment

All Unit Team Managers, Casework Managers, Correctional Caseworkers, and Intake Unit Classification Specialists or any staff member designated by the Superintendent to act in any of these capacities shall become a certified user of IRAS. They shall complete any necessary training to obtain the certification within ninety (90) days of accepting their position and shall maintain the certification as required by Indiana Judicial Center statewide policy.

Within seven (7) calendar days of receipt of notification of certification, the staff member shall take the necessary steps to become an authorized user of the INcite System by completing and submitting the signed INcite User Agreement (Attachment 1).

A staff member transferring from an agency that uses the IRAS Community Supervision Tool (IRAS-CST), including Parole Services Division, is not required to recertify on the PIT and SRT unless recommended by supervisory staff at the facility. A new INcite User Agreement must be completed to reflect IDOC as the staff person’s current agency in the INcite system.

Scoring documents from the IRAS assessment including the interview guide, offender self-report, and hard copy score sheet do not need to be saved in the offender’s institutional packet.

a. IRAS Prison Intake Tool (IRAS-PIT)

The IRAS-PIT shall be completed per the expectations set forth by the University of Cincinnati and the Judicial Center by conducting a face-to-face interview with the offender and ensuring the information in the PIT interview guide is discussed. The assessment shall be completed for all adult offenders at the facility level. The IRAS-PIT shall be completed for all adult offenders at the facility level and the results entered into the INcite system within thirty (30) calendar days of his/her arrival at the facility. The data from the IRAS-PIT shall be used by Unit Team staff as the foundation for Case Planning and referrals.
If the IRAS-PIT cannot be completed due to the offender’s unwillingness or inability, a supervisor shall validate the circumstances and enter an OCMS note documenting the reason for the incomplete assessment.

If an offender refuses the IRAS-PIT assessment, an OCMS note shall be entered documenting his/her refusal. At this time the IRAS-Static Tool shall be completed in place of the IRAS-PIT by Unit Team staff. The offender shall be offered an opportunity to participate in the IRAS-PIT assessment at each subsequent mandatory minimum contact. If an offender refuses the IRAS-PIT assessment, no Program referrals shall be made. If the offender agrees to participate in the IRAS-PIT assessment, the assessment shall be completed within thirty (30) days by Unit Team staff.

If the offender is incapable of participating in the IRAS-PIT assessment process due to mental health issues or other special needs, an IRAS-Static Tool shall be completed. A Case Plan shall be generated using the incapable Case Plan type and appropriate referrals and interventions shall be made.

Risk level overrides should go no higher than one risk level and any override shall require documentation in INcite and OCMS. An OCMS note shall be entered listing the reason for and level of override. When appropriate, risk level overrides of more than one risk level shall require supervisor approval and an additional OCMS note entry by the supervisor documenting review of the override.

If an offender requiring an IRAS-PIT is received from a prior facility without the assessment on file, Unit Team staff shall complete the assessment.

b. IRAS Supplemental Re-Entry Tool (IRAS-SRT)

The IRAS-SRT shall be completed and the results entered into the INcite system for all offenders sixty (60) days prior to the offender’s CTP commencement date or sixty (60) days prior to the offender’s release to probation, community corrections, parole, or discharge.

If an IRAS-SRT is completed and entered into the INcite system sixty (60) days prior to an offender’s CTP commencement date, another IRAS-SRT will not be required at release.

If the IRAS-SRT cannot be completed due to the offender’s unwillingness or inability, a supervisor shall validate the circumstances and enter an OCMS
note documenting the reason for the incomplete assessment. At this time the IRAS-Static Tool shall be completed in place of the IRAS-SRT by Unit Team staff.

An IRAS-SRT is not required when an offender is released from court. In these cases, an OCMS note shall be entered documenting the reason that the IRAS-SRT was not completed.

C. Case Planning

Unit Team staff members shall maintain their caseloads in OCMS. Any caseload transfer shall be entered in OCMS within seven (7) calendar days.

The Case Plan shall be developed from the IRAS-PIT assessment. The Case Plan shall be developed, reviewed, and signed by the offender within thirty (30) calendar days of arrival at the housing facility. The Case Plan shall be updated as necessary. Prior to developing the Case Plan, Unit Team staff shall review the IRAS-PIT scores, and relevant classification information, including type of release supervision, any visitation restrictions, and CTP eligibility.

If an offender refuses the IRAS-PIT assessment, no Program referrals shall be made; however, a Case Plan shall be generated in such a case documenting the offender’s refusal to participate in the Re-Entry process. Unit Team staff shall offer the offender the opportunity to rescind the refusal at each subsequent mandatory minimum contact. This shall be documented in OCMS notes. If the offender rescinds the refusal to participate, staff shall document the rescission in OCMS case notes. An IRAS-PIT assessment shall be completed and a new Case Plan generated within thirty (30) calendar days following the rescission.

If the offender is incapable of participating in the IRAS-PIT assessment process due to mental health issues or other special needs, an IRAS-Static Tool shall be completed. A Case Plan shall be generated using the incapable Case Plan type and appropriate referrals and interventions shall be made.

D. Program and Course Referrals

All Program and Course referrals shall be completed in PMRS by assigned Case Management Staff. All referrals shall be associated with an IRAS domain and a documented need.
Facilities shall designate staff responsible for the timely entry of PMRS data. All PMRS actions including referral, wait list, start date, end date, and completion type shall be completed within five (5) business days of the action’s occurrence.

If an offender quits or is terminated from a Program, or refuses a referral to a Program, Unit Team shall complete the referral as enrolled and completed on the same date and enter one of the following completion types:

a. Client Quit Program;
b. Client was Terminated;
c. Client Refused the Program;
d. Changed Programs;
e. Client Inappropriate for Services; or,
f. Re-refer at a Later Date

A review in the Case Plan along with an OCMS note shall be required detailing the circumstances when an offender quits, is terminated, or refuses a Program/Program referral.

Any offender who is in a Program who drops out, is terminated for any reason, or unsuccessfully completes the Program (e.g. does not meet all requirements to successfully complete the program) will be ineligible to enroll in any other Program for a period of 180 days from the date that the offender is officially removed from the Program. In addition, the facility may determine that the offender is Course and/or job ineligible and assign the offender to idle status for a fixed period of time not to exceed 180 days.

E. Personalized Interventions and Service Referrals

All Personalized Interventions and Service Referrals shall be completed in OCMS. Any Activity that an offender participates in shall be documented as a Personalized Intervention.

All OCMS Service Referral actions including start date, end date, and completion type shall be entered within five (5) business days of the action’s occurrence. Additionally, an OCMS note shall be entered detailing each Service Referral action.
F. Reviews

A formal Case Plan update and review shall take place annually in conjunction with the offender’s annual Classification review. In addition to updating and reviewing the Case Plan and Classification Designation, Unit Team staff shall review OIS flags, update SVAT assessments, ensure job evaluations are completed and reviewed with the offender and Minor Visitation Restrictions are reviewed, if necessary. The offender shall sign the updated Case Plan at the annual review. An OCMS note shall be entered noting the details of the annual review, the updates/reviews made to the Case Plan, and that the required documents were completed as well.

In addition to the Annual Review, Unit Team staff shall meet face-to-face with each offender assigned to their caseload at least once every ninety (90) days. These contacts shall be documented in OCMS notes using the ninety (90) day note type. These meetings may include but are not limited to Case Plan reviews, the discussion of behavioral issues, release needs, programming issues, pending time cuts, possible reclassifications, and work release eligibility.

G. Re-Entry Portfolio Development

The Re-Entry Portfolio for each offender includes originals or copies of certificates, resumes, birth certificates, Social Security cards, Bureau of Motor Vehicles (BMV)-issued identification cards, and other materials to be used in the community and provided to the offender upon release. If a Re-Entry Portfolio has not been created at the time of the offender’s arrival at the facility, designated staff shall create a portfolio using the Re-Entry Portfolio Face Sheet form (Attachment 2).

Unit Team staff shall collaborate as necessary with Re-Entry and Release staff to assist the offender in obtaining any necessary documentation for the Re-Entry Portfolio.

H. CTP

Sixty (60) days prior to the offender’s CTP Commencement Date, Unit Team staff shall create a Progress Report for the court and complete the IRAS-SRT. Unit Team staff shall notify their supervisor that the Progress Report and IRAS-SRT have been completed. The supervisor shall review and lock the Progress Report in OCMS and ensure the IRAS-SRT has been completed in INcite. Unit Team staff shall verify that placement has been entered. If not yet entered, staff
shall enter the placement and submit the placement investigation request to parole if necessary.

I. Placement

When entering placements, a primary and an alternate address is required regardless of the type of release supervision. If a Parole Release, both addresses shall require a request for investigation. If a Probation Release, the placement screen’s sponsor field shall identify which placement is the primary and which placement is the alternate address.

If only one address is available, Unit Team staff shall review the offender’s packet, visitation list, telephone list, money donors, prior placements, and OCMS placement notes to ensure all efforts have been exhausted. All efforts to locate an alternate placement and the reason for not entering an alternate placement shall be documented in OCMS.

Placements and requests for Parole Placement Investigations shall be submitted in OCMS 180 days prior to the offender’s release or sixty (60) days prior to the offender’s CTP commencement date, whichever occurs first. The parole packet shall be sent to the parole district office prior to requesting the placement investigation in OCMS.

Prior to entering placements and submitting placement investigation requests to Parole Services, Unit Team staff shall make every attempt to validate phone numbers and addresses. Placement shall also be verified as an actual residence by researching the address through a mapping program, such as Google Earth. The mapping program will provide verification that the location is a valid housing location, and in the case of a sex offender, provide a visual of the area to determine whether schools or parks are nearby. This verification shall be documented in notes. Additionally, staff shall research prior placement denials to determine suitability for current placement. If placement is a shelter, a halfway house, a mission, or Parole Assist, Unit Team staff shall ensure all placement options are exhausted and documented prior to those placements being entered.

When entering an Interstate Compact placement, the out-of-state placement is always entered as the alternate placement. An accompanying primary placement in Indiana must also be entered in OCMS. Interstate Compact placements shall be entered in OCMS at 180 days to EPRD and ICOTS action shall be initiated at 120 days prior to EPRD.
The process for DOC Assist for sex offenders shall begin at least 180 days prior to EPRD. OCMS notes documenting all DOC Assist actions shall be entered within two (2) business days of occurrence and shall include details of each interaction. At a minimum, the following steps shall be followed:

1. The offender and the Unit Team shall discuss all possible placements where the offender may reside and the Unit Team shall exhaust all possible placements and document in notes before determining that the offender shall need a DOC Assist placement.

2. In exhausting all possible placements, staff and the offender shall consider contacting those on the offender’s visitation list, phone list, other family members and any other persons listed in the Pre-Sentence Investigation report (PSI) who may be able to provide the offender with a residence.

3. Unit Team shall complete a records check for wanting authorities, offender flags, placement history, and Trust Fund balance. Offenders with Trust Fund balances equal to or greater than two hundred dollars ($200.00) shall be considered self pay. In these cases, Unit Team staff shall coordinate with Parole staff to determine available community resources for offender self-pay.

4. Unit Team shall contact the supervising Parole District Supervisor to inform of the placement concerns and the possible need for a DOC Assist placement for the offender.

5. Once all placement options have been exhausted and documented in notes, the offender shall be required to sign the DOC Assist Agreement (Attachment 3) and abide by its conditions. The offender shall be notified that failure to abide by the conditions may result in disciplinary action being taken against the offender.

6. Unit Team staff shall ensure that the offender’s Trust Fund account is frozen once the DOC Assist Agreement has been signed by the offender or once it has been determined that the offender will be self pay.

7. Unit Team staff shall forward the DOC Assist agreement via email to the SOMM Program Director, the Re-Entry Monitors, the Executive Director of Re-Entry and Medicaid, the Parole District Supervisor, the Parole Agent if known, and the Unit Team Manager.
Throughout the process, the offender, the Parole Agent and Unit Team staff shall collaborate to obtain and verify a suitable non-DOC Assist placement for the offender. If such a placement is found, the offender shall be denied the “DOC Assist” placement.

J. Progress Reports

Pre-Release Progress Reports shall be completed by Unit Team staff sixty (60) days prior to the offender’s Community Transition Program Commencement Date (CTPCD), or at one hundred eighty (180) days prior to the offender’s EPRD, whichever occurs first. Pre-Release Progress Reports shall be completed in OCMS with hard copies to Probation/Community Supervision only.

Progress Reports are considered restricted information. Department policy authorizes that restricted information may be released to governmental agencies providing a lawful service to an offender. It is not necessary for these agencies to produce a court order to obtain restricted information.

When a request for a Progress Report is received by telephone, the staff person receiving the request shall ask that the person make the request in writing. The written request may be sent via e-mail, mail, or fax to the facility.

Responses to requests for Progress Reports shall be completed and the Progress Report submitted to the requesting agency within five (5) working days of receipt of the request. If the request cannot be honored within five (5) working days, the Assistant Superintendent of Re-Entry shall contact the requesting agency and advise of the delay and when the information shall be provided.

Progress Reports are valid for ninety (90) days from the date the report was reviewed and approved. A Progress Report must be reviewed by a supervisor within thirty (30) days of the report being created. If the report is older than thirty (30) days, the report cannot be reviewed and a new report must be completed. Secured placement is not mandatory. If a Progress Report is due and placement has not been secured, the author shall document all efforts that have been made in an attempt to secure a placement in the “Release Residence” section of the report.

Progress Report authors shall conduct a comprehensive record review in order to complete the Progress Report thoroughly.
The following types of Progress Reports may be completed for an offender:

1. Court / Criminal Justice Agency Requested: An offender signature is not necessary unless requested by the court. A Progress Report completed, reviewed and approved within ninety (90) days of the date of the court / agency request is acceptable for presentation to the court.

2. CTP: An offender signature is not necessary for a CTP Progress Report. CTP Progress Reports are due sixty (60) days prior to CTP commencement date. A Progress Report completed, reviewed, and approved within ninety (90) days of the CTP commencement date is acceptable for court notification and another report shall not be required.

3. Pre-Release: An offender signature is not necessary for a pre-release Progress Report. Pre-release Progress Reports shall be completed 180 days prior to EPRD and if the offender is to be released to Probation or Community Corrections, the Progress Report must be forwarded to the county upon approval of the report.

K. Release

Unit Team staff shall collaborate with Classification and Re-Entry staff in preparing the release of each offender.

180 days prior to the offender’s EPRD, Unit Team staff shall ensure that placement has been entered and other necessary actions have been taken including, but not limited to completing a comprehensive Release Review Guide. The Release Review Guide is automated in OCMS notes. The questions will be completed through the questionnaire on the notes screen and will automatically populate into notes. The Release Review Guide is attached to this policy and administrative procedure (Attachment 4).

Sixty (60) days prior to the offender’s EPRD, Unit Team staff shall ensure placement is entered and approved, the IRAS-SRT is completed, and a review of the Release Review Guide is conducted to address an outstanding issues identified on the Guide. Staff shall document in OCMS notes the status of any outstanding issue(s) on the Release Review Guide.
L. Special Needs Offender Releases

An offender with special needs is considered to be an offender who has been diagnosed with mental or physical health issues that significantly impact the offender’s ability to perform normal activities of daily living. These offenders may include offenders with: mental illness, emotional impairments, organic brain syndrome, mental retardation, or physical impairments that seriously impact the offender’s mobility. These offenders may have placement-related issues due to their medical/mental health issues.

Additionally, offenders who require injectable medications, durable medical equipment, assisted living, extensive nursing care, extensive mental health services, or civil commitment may be considered a special needs offender.

Unit Team staff shall identify the special needs offender at 180 days to EPRD and notify the following staff via email:

1. IDOC Executive Director of Mental Health and Special Populations;
2. Contracted Medical Provider Regional Mental Health Director;
3. Contracted Medical Provider Assistant Regional Mental Health Director;
4. Assistant Superintendent of Re-Entry;
5. Lead Psychologist at the facility;
6. Contracted Medical Provider Re-Entry Coordinator;
7. Contracted Medical Provider Regional Psychiatric Director;
8. Parole District Supervisor;
9. Staff at the facility assigned the release processing duties;
10. Unit Team Manager;
11. SOMM Program Director (in cases involving sex offenders);
12. Executive Director of Re-Entry and Medicaid;
13. Re-Entry Monitor; and,
14. Re-Entry Medicaid Monitor

The e-mail indicated shall include the following information:

1. Offender Name;
2. Offender DOC Number;
3. Offender Facility and housing assignment;
4. Specific Mental Health Services and/or Medical Issues Identified; and,
5. Placement Needs
VII. RE-ENTRY PROCESS-EPRD LESS THAN 180 DAYS:

The following procedures apply to offenders who have less than 180 days to EPRD upon arrival at their initial housing facility.

A. Orientation

The facility orientation shall include information on case Management and unit Management processes at the facility. Facility orientation shall include, but not be limited to SVAT Assessment, PREA Education, Case Management/Unit Team overview, Law Library information, and Health Services procedures. Except in unusual circumstances, reception and orientation for offenders transferred from another Department facility shall be completed within seven (7) calendar days after arrival.

Effective July 1, 2015, House Enrolled Act (HEA) 1269 requires the Indiana Department of Correction to coordinate with the Family and Social Services Administration (FSSA), making Medicaid coverage available to eligible offenders who are incarcerated and to help coordinate benefits coverage for offenders transitioning to civilian life. Offenders could be considered ineligible for coverage if they are unable to provide a birth certificate and Social Security card for the purposes of the Medicaid application. Policy and Administrative Procedure 01-07-104, “Medicaid Application Process and Responsibilities,” provides the procedures for securing Medicaid benefits for offenders.

All facility admissions and orientation programs shall ensure that information on the purpose and benefits of the Medicaid participation, as well as the importance of obtaining release documentation (i.e. birth certificate, Social Security card) prior to release are included as part of the intake process. Institutional packets shall be reviewed upon arrival to determine what release documents will be needed prior to release. If an offender does not have a birth certificate available to him/her, staff shall work with the offender to apply for the document. If the offender does not have a Social Security card, staff shall apply for the document as soon as the offender is in within 120 days of release.

B. Assessment

1. IRAS Prison Intake Tool (IRAS-PIT)

The IRAS-PIT shall be completed per the expectations set forth by the University of Cincinnati and the Judicial Center by conducting a face-to-face interview with the offender and ensuring the information in the PIT interview guide is discussed. The IRAS-PIT shall be completed for all adult offenders at the facility level and the results entered into the INcite system within thirty (30) calendar days of
his/her arrival from the intake facility. The data from the IRAS-PIT shall be used by Unit Team staff as the foundation for Case Planning and referrals.

If the IRAS-PIT cannot be completed due to the offender’s unwillingness or inability, a supervisor shall validate the circumstances and enter an OCMS note documenting the reason for the incomplete assessment.

If an offender refuses the IRAS-PIT assessment, an OCMS note shall be entered documenting his/her refusal. At this time, the IRAS-Static Tool shall be completed in place of the IRAS-PIT by Unit Team staff. The offender shall be offered an opportunity to participate in the IRAS-PIT assessment at each subsequent mandatory minimum contact. If an offender refuses the IRAS-PIT assessment, no Program referrals shall be made. If the offender agrees, the IRAS-PIT assessment shall be completed within thirty (30) days by Unit Team staff.

If the offender is incapable of participating in the IRAS-PIT assessment process due to mental health issues or other special needs, an IRAS-Static Tool shall be completed.

Scoring documents from the IRAS assessment including the interview guide, offender self-report, and hard copy score sheet do not need to be saved in the offender’s institutional packet.

Risk level overrides should go no higher than one risk level and any override shall require documentation in INcite and OCMS. An OCMS note shall be entered listing the reason for and level of override. When appropriate, risk level overrides of more than one risk level shall require supervisor approval and an additional OCMS note entry by the supervisor documenting review of the override.

If an offender requiring an IRAS-PIT is received from a prior facility without the assessment on file, Unit Team staff shall complete the assessment.

2. IRAS Re-Entry Tool (IRAS-SRT)

An IRAS-SRT is not required for offenders arriving at their initial housing facility with less than 180 days to EPRD.
C. Release Review

Unit Team staff shall complete the Release Review Guide with each offender within thirty (30) calendar days of the offender’s arrival to the facility. This interview shall be conducted in a manner to answer relevant questions regarding release planning.

Prior to the interview, Unit Team staff shall review any flags in OIS, relevant Classification information including type of release supervision and CTP eligibility, and any visitation restrictions. A comprehensive Release Review Guide is attached to this policy and administrative procedure (Attachment 4). The Release Review Guide is automated in OCMS notes and questions will be completed through the questionnaire on the notes screen and will populate into notes.

Unit Team staff shall maintain their caseload in OCMS. Any caseload transfer shall be entered in OCMS within seven (7) calendar days.

D. Case Planning

A Case Plan is not required for offenders arriving at their initial housing facility with less than 180 days to EPRD.

E. Program and Course Referrals

All Program and Course referrals shall be completed in PMRS by assigned Case Management Staff. All referrals must be associated with an IRAS domain and there must be a documented need.

Facilities shall designate staff responsible for the timely entry of PMRS data. All PMRS actions including referral, wait list, start date, end date, and completion type shall be completed within five (5) business days of the action’s occurrence.

If an offender quits or is terminated from a Program, or refuses a referral to a Program, Unit Team shall complete the referral as enrolled and completed on the same date and enter one of the following completion types:

- a. Client Quit Program;
- b. Client was Terminated;
- c. Client Refused the Program;
- d. Changed Programs;
- e. Client Inappropriate for Services; or,
- f. Re-refer at a Later Date
A review in the Case Plan along with an OCMS note shall be required detailing the circumstances when an offender quits, is terminated, or refuses a Program/Program referral.

Any offender who is in a Program who drops out, is terminated for any reason, or unsuccessfully completes the Program (e.g. does not meet all requirements to successfully complete the program) will be ineligible to enroll in any other Program for a period of 180 days from the date that the offender is officially removed from the Program. In addition, the facility may determine that the offender is Course and/or job ineligible and assign the offender to idle status for a fixed period of time not to exceed 180 days.

F. Personalized Interventions and Service Referrals

All Personalized Interventions and Service Referrals shall be completed in OCMS. Any Activity that an offender participates in shall be documented as a Personalized Intervention.

All OCMS Service Referral actions including start date, end date, and completion type shall be entered within five (5) business days of the action’s occurrence. Additionally, an OCMS note shall be entered detailing each Service Referral action.

G. 90-Day Contacts

Unit Team staff shall meet face-to-face with each offender on their caseload at least once every ninety (90) calendar days. These contacts shall be documented in OCMS notes using the ninety (90) day note type. These meetings may include but are not limited to release planning and placement issues.

H. Re-Entry Portfolio Development

The Re-Entry Portfolio for each offender includes originals or copies of program certificates, resumes, birth certificates, Social Security cards, BMV issued ID cards, and other materials to be used in the community and provided to the offender upon release.

Unit Team staff shall collaborate as necessary with Re-Entry and release staff to assist the offender in obtaining any necessary documentation for the Re-Entry Portfolio. If a Re-Entry Portfolio has not been created at the time of the offender’s arrival at the facility, designated staff shall create a Re-Entry Portfolio using the Re-Entry Portfolio Face Sheet (Attachment 2).
I. CTP

Sixty (60) days prior to the offender’s CTP commencement date, Unit Team staff shall create a Progress Report for the court; an IRAS-SRT is not required. Unit Team staff shall notify their supervisor that the Progress Report has been completed. The supervisor shall review and lock the Progress Report in OCMS. Unit Team staff shall verify that placement has been entered. If not yet entered, staff shall enter the placement and submit the placement investigation request to parole if necessary.

J. Placement

If placement has not been entered and the request for the parole placement investigation has not been submitted in OCMS, Unit Team staff shall enter and submit the request immediately. The parole packet shall be sent to parole district office prior to requesting the placement investigation in OCMS.

When entering placements, a primary and an alternate address is required regardless of the type of release supervision. If a Parole Release, both addresses shall require a request for investigation. If a Probation Release, the placement screen’s sponsor field shall identify which placement is the primary and which placement is the alternate address.

If only one address is available, Unit Team staff shall review the offender’s packet, visitation list, telephone list, money donors, prior placements, and OCMS placement notes to ensure all efforts have been exhausted. All efforts to locate an alternate placement and the reason for not entering an alternate placement shall be documented in OCMS.

Prior to entering placements and submitting placement investigation requests to Parole Services, Unit Team staff shall make every attempt to validate phone numbers and addresses. Placement shall also be verified as an actual residence by researching the address through a mapping program such as Google Earth. The mapping program will provide verification that the location is a valid housing location and, in the case of sex offenders, provide a visual of the area to determine whether schools or parks are nearby. This verification shall be documented in notes. Additionally, staff shall research prior placement denials to determine suitability for current placement. If the placement is a shelter, half-way house, mission, or Parole Assist, Unit Team staff shall ensure all placement options are exhausted and documented prior to those placements being entered.
1. Interstate Compact:

When entering an Interstate Compact placement, the out-of-state placement is always entered as the alternate placement. An accompanying primary placement in Indiana must also be entered in OCMS. If not already entered, Interstate Compact placements shall be entered immediately in OCMS. ICOTS action shall be initiated at 120 days prior to EPRD. If the offender’s EPRD is less than 120 days, and ICOTS action has not been initiated, Unit Team staff shall initiate ICOTS action immediately.

2. DOC Assist for Sex Offenders:

If the process for DOC Assist for Sex Offenders has not been initiated, Unit Team staff shall initiate the process immediately. OCMS notes documenting all DOC Assist actions shall be entered within (2) two business days of occurrence and shall include details of each interaction. At a minimum, the following steps shall be followed:

a. The offender and Unit Team shall discuss all possible placements where the offender may reside and the Unit Team shall exhaust all possible placements and document in notes before determining that the offender shall need a DOC Assist placement.

b. In exhausting all possible placements, staff and the offender shall consider contacting those on the offender’s visitation list, phone list, other family members and any other persons listed in the Pre-Sentence Investigation report (PSI) who may be able to provide the offender with a residence.

c. Unit Team, or facility assigned designees, shall complete a records check for wanting authorities, offender flags, placement history, and Trust Fund balance. Offender with Trust Fund balances equal to, or greater than, two hundred dollars ($200) shall be considered self pay. In these cases, Unit Team staff shall coordinate with Parole staff to determine available community resources for offender self pay.

d. Unit Team shall contact the supervising Parole District Supervisor to inform of the placement concerns and the possible need for a DOC Assist placement for the offender.

e. Once all placement options have been exhausted and documented in notes, the offender shall be required to sign the DOC Assist Agreement.
(Attachment 3) and abide by its conditions. Offender shall be notified that failure to abide by the conditions may result in disciplinary action being taken against the offender.

f. Unit Team staff shall ensure the offender’s Trust Fund account is frozen once the DOC Assist Agreement has been signed by the offender, or once it has been determined that the offender will be self pay.

g. Unit Team staff shall forward the DOC Assist Agreement via email to the SOMM Program Director, the Re-Entry Monitors, the Executive Director of Re-Entry and Medicaid, the Parole District Supervisor, the Parole Agent, if known, and the Unit Team Manager.

Throughout the process, the offender, the Parole Agent and Unit Team staff shall collaborate to obtain and verify a suitable non-DOC Assist placement for the offender. If such a placement is found, the offender shall be denied the “DOC Assist” placement.

K. Progress Reports

Pre-Release Progress Reports shall be completed by Unit Team staff sixty (60) days prior to the offender’s Community Transition Program Commencement date (CTPCD), or at one hundred eighty (180) days prior to the offender’s EPRD, whichever occurs first. Pre-Release Progress Reports shall be completed in OCMS with hard copies to Probation/Community Supervision only.

Offenders who arrive at their initial housing facility with less than 180 days to EPRD shall not have a Progress Report prepared unless one is necessary for CTP or one is requested by the court or a criminal justice partner agency.

1. Court / Criminal Justice Agency Requested: An offender signature is not necessary unless requested by the court. A Progress Report completed, reviewed, and approved within ninety (90) days of the date of the court / agency request is acceptable for presentation to the court.

2. CTP: An offender signature is not necessary for a CTP progress report. CTP Progress Reports are due sixty (60) days prior to CTP commencement date, an IRAS-SRT is not required. A Progress Report completed, reviewed, and approved within ninety (90) days of the CTP
commencement date is acceptable for court notification and another report shall not be required.

L. Release

Unit Team staff shall collaborate with Classification and Re-Entry staff in preparing the release of each offender. Unit Team staff shall ensure that placement has been entered and other necessary actions have been taken as listed on the Release Review Guide attached to this policy and administrative procedure (Attachment 4).

Sixty (60) days prior to the offender’s EPRD, Unit Team staff shall ensure placement is entered and approved and follow up on outstanding issues identified in the Release Review Guide.

M. Special Needs Offender Releases

An offender with special needs is considered to be an offender who has been diagnosed with mental or physical health issues that significantly impact the offender’s ability to perform normal activities of daily living. These offenders may include offenders with: mental illness, emotional impairments, organic brain syndrome, mental retardation, or physical impairments that seriously impact the offender’s mobility. These offenders may have placement-related issues due to their medical/mental health issues.

Additionally, offenders who require injectable medications, durable medical equipment, assisted living, extensive nursing care, extensive mental health services, or civil commitment may be considered a special needs offender.

If staff at the intake unit has not already done so, Unit Team staff shall identify the special needs offender upon arrival at the initial housing facility and notify the following staff via email:

1. Executive Director of Mental Health and Special Populations;
2. Contracted Medical Provider’s Regional Mental Health Director;
3. Contracted Medical Provider’s Assistant Regional Mental Health Director;
4. Assistant Superintendent of Re-Entry;
5. Lead Psychologist at the facility;
6. Contracted Medical Provider’s Re-Entry Coordinator;
7. Contracted Medical Provider’s Regional Psychiatric Director;
8. Parole District Supervisor;
9. Staff at the facility assigned the release processing duties;
10. Unit Team Manager;  
11. SOMM Program Director (in cases involving sex offenders);  
12. Executive Director of Re-Entry and Medicaid;  
13. Re-Entry Monitor; and,  
14. Re-Entry Medicaid Monitor

The e-mail indicated shall include the following information:

1. Offender Name;  
2. Offender DOC Number;  
3. Offender Facility and housing assignment;  
4. Specific Mental Health Services and/or Medical Issues Identified; and,  
5. Placement Needs

VIII. RE-ENTRY PROCESS FOR PAROLE VIOLATORS AND SAFE KEEPERS:

A. Parole Violators:

Until disposition from the parole board is determined, case Management for parole violators shall be limited to ensuring that the offender’s day-to-day needs are met. All significant interactions with the parole violator shall be documented in OCMS notes.

If the offender is remanded, the Re-Entry process shall be determined by length of time to EPRD.

B. Safekeepers:

Safekeepers shall be managed in the same manner as Parole Violators, with only day-to-day needs being addressed. All significant interactions with safekeepers shall be documented in OCMS notes. Safekeepers are not eligible for Earned Credit Time.

IX. QUALITY ASSURANCE:

A. Training

Training in this policy and administrative procedure shall be provided to every new Unit Team employee in accordance with Policy and Administrative
B. Case Load Audits

Supervisors shall conduct case load audits for each of their direct reports. Each supervisor shall complete one (1) abbreviated audit covering January through March each year, and one (1) comprehensive audit covering April through September each year. Supervisors shall audit five (5) offenders in each audit category for the abbreviated audit and ten (10) offenders shall be reviewed in the comprehensive audit. Selection of cases shall be at the discretion of the supervisor, but shall be made randomly and within the audit period. The use of the same case for a subsequent audit shall be avoided.

An audit category scoring less than eighty percent (80%) during the comprehensive audit period shall require the supervisor to develop a corrective action plan with the staff person that addresses how the staff person will improve the score over the next quarter. This corrective action plan may include description of abnormal circumstances (e.g., illness or vacations) that may have occurred during the current audit period resulting in a lowered score on the part of the staff person. The corrective action plan shall be forwarded to the assigned Re-Entry Monitor for review. Upon receiving the corrective action plan, the Re-Entry Monitor shall either approve or deny a request to resubmit an amended corrective action plan.

A staff person scoring less than sixty-five percent (65%) overall during the comprehensive audit period shall require the supervisor to complete a full case load audit of the staff person. The audit categories to be included in the full case load audit shall be determined by the supervisor. In addition to the full case load audit, the supervisor shall develop a corrective action plan with the staff person that addresses how the staff person will improve over the following quarter. The corrective action plan shall be forwarded to the assigned Re-Entry Monitor and the Executive Director of Re-Entry and Medicaid for review. Upon receiving the corrective action plan, the Re-Entry Monitor and the Executive Director of Re-Entry and Medicaid shall either approve or deny, and request resubmission of the corrective action plan. The supervisor shall complete a second comprehensive audit of the staff person after six (6) months.

The case load audit forms shall be provided by the Executive Director of Re-Entry and Medicaid. Updates shall be distributed as necessary.
Case load audit scores shall be considered for the purposes of performance appraisals. Case Management Quality Assurance shall be included in the work profile of every Case Manager, Case Worker, and Unit Team Manager.

C. Facility Audits:

The Department shall audit the implementation of the development and delivery of Re-Entry and Case Management services at each facility. Once (1) abbreviated review and one (1) comprehensive review shall occur annually. Upon completion of the audit, the Re-Entry Monitor shall conduct a debriefing with the ASR to provide an overview of the results of the audit.

Abbreviated audit results shall be provided to the ASR via email, but may be presented in person upon request by the facility. Comprehensive audit results shall be provided to the ASR in an in-person debrief session.

Facility audit scores of less than eighty percent (80%) on any audit category of the comprehensive audit shall require a corrective action plan for that audit category. The plan shall be submitted by the ASR to the Re-Entry Monitor and the Executive Director of Re-Entry and Medicaid within fifteen (15) calendar days of the debriefing. Upon receiving the corrective action plan, the Executive Director of Re-Entry and Medicaid shall either approve, or deny and request resubmission of the corrective action plan.

The facility audit forms shall be provided to the ASR by the Executive Director of Re-Entry and Medicaid. Updates shall be distributed as necessary.

X. APPLICABILITY:

This policy and administrative procedure is applicable to all Department facilities, including Parole District Offices, housing or supervising adult offenders.

___________________________  ____________________________
signature on file                          Date
Bruce Lemmon, Commissioner