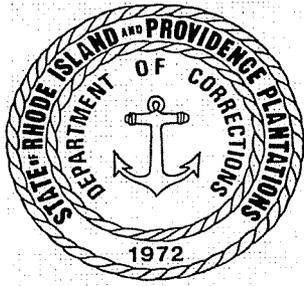


RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE



POLICY NUMBER: 20.10 DOC	EFFECTIVE DATE: 12/31/07	PAGE 1 OF 10
SUPERCEDES: N/A	DIRECTOR: <i>Robert T. W. II</i>	
SECTION: RELEASE		SUBJECT: OFFENDER REENTRY: TRANSITION FROM PRISON TO THE COMMUNITY

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director; § 42-56-29, Receiving and orientation unit - Study of incoming prisoners; § 42-56-30, Classification board; § 42-56-31, Determination of classification and rehabilitation programs of prisoners; § 42-56-32, Classification unit

REFERENCES: ACA Standards 3-4292, Special Needs Offenders; 3-4380, Social service programs; 3-4381, Needs of offender population; 3-4382, Community social service resources; 3-4384, Counseling program; 3-4388, Substance abuse programs; RIDOC policies 5.01-3 DOC, Management of Semi-Active and Archival Records; 6.05-1 DOC, Program Evaluation; 9.36-3 DOC, Substance Abuse Treatment, Testing and Sanctions for Offender Under RIDOC Supervision; 15.01-2 DOC, Classification Process; 18.59-2 DOC, Confidentiality of Medical Information; 21.01-1 DOC; Offender Employment: Selection, Training and Supervision of Offender Workers; 21.02-1 DOC, Offender Pay; 28.22 DOC, Probation and Parole Case Management: Confidentiality; 28.23-1 DOC, Probation Case Management: Restitution; 28.25-1 DOC, Adult Probation and Parole Offender Fees

PUBLIC / OFFENDER ACCESS? YES

AVAILABLE IN SPANISH? NO

I. PURPOSE:

To create an integrated correctional system that fosters the preparation of incarcerated individuals to lead productive, healthy and crime-free lives.

II. POLICY:

- A. The Rhode Island Department of Corrections (RIDOC) promotes public safety by preparing offenders for release, assesses their rehabilitative, program and treatment needs, and provides opportunities, encouragement, and plans to access programs, activities and services that address the issues which contributed to said offenders' incarceration. RIDOC will target offenders sentenced to more than one year as the priority population. Offenders sentenced to less than one year and one day will be accommodated as resources allow.
- B. Professional staff, which include Counselors, Discharge Planners, Probation Officers and Parole Officers, coordinate with other state agencies and community agencies to remove obstacles and secure resources required for successful institutional participation and program compliance and smooth transition to the community.
- C. In cooperation with offenders, Counselors, serving as case managers, develop Individualized Program Plans (IPP's) based on needs assessments, institutional records, and sentence lengths. Counselors will support mandatory compliance with IPP's through the use of motivational interviewing, positive reinforcement and incentives.
- D. Counselors/Case Managers review and update IPP's every six (6) to twelve (12) months or as needed throughout the periods of incarceration.
- E. Counselors share IPP's with Discharge Planners and Probation/Parole Officers sixty (60) days prior to release to create a revised IPP focused on transition and community needs and risks and to share relevant information among all affected staff. Collaboration with family and community support groups is encouraged during this period.
- F. All affected staff, to include RIDOC and community agency staff, maintain all relevant information in the Transition from Prison to Community Data System (TPCDS). NOTE: TPCDS users are required to read and complete the TPCDS User Acknowledgement and Confidentiality Statement (see sample at Attachment 1) and return said form to the Reentry Services Unit.
- G. Community corrections and professional services staff coordinate the transition from prison to community through the utilization of the TPCDS, discharge planning, and coordination of high risk releases.

III. PROCEDURES:

A. Definitions:

1. Transitional Accountability Plans (TAP's) - offender plans regarding treatment, transition, and care are created by Counselors/Discharge Planners in cooperation with offenders to identify and address their existing risk and need areas. The purpose of all offender treatment, transition and care plans is to better prepare offenders for eventual return to the community. There are two (2) distinct types of plans:
 - a. Individualized Program Plans (IPP's) - offender treatment plans created by Counselors in cooperation with offenders to address existing risks and needs while offenders are incarcerated.
 - b. Reentry Plans - plans initiated by Counselors, but completed by Discharge Planners in cooperation with offenders toward the end of offenders' sentences. Reentry plans indicate areas of continuing risk and/or need and include plans for follow-up treatment in the community (e.g., dates, locations of appointments, probation and parole), to address those areas.
2. Counselors - for the purposes of this policy, Counselors are RIDOC personnel who are the primary case managers for all incarcerated and Home Confinement offenders. Counselors will be trained in and will utilize motivational techniques in all case management functions.
3. Discharge Planners - personnel assigned to work with offenders to develop plans to aid with transition to life in the community upon release, and to provide motivation and support pre- and post-release for compliance with the plan.
4. Individualized Program Plan (IPP) Compliance Levels - in addition to using their professional judgment, Counselors will designate the level of cooperation and initiative that offenders exhibit in complying with their IPP's according to the following levels of compliance:
 - a. Fully Compliant - offender fully cooperates with the Counselor when developing and reviewing IPPs. Offender takes initiative to implement IPP. Offender has requested programming, is on a waiting list and/or is enrolled in program.

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- b. Somewhat Compliant - offender cooperates with the development of most areas of the IPP. Offender delays implementation of IPP. Offender is selective as to which areas of IPP development and implementation s/he is cooperative.
 - c. Somewhat Non-Compliant - offender adheres to some of the IPP but fails to take initiative, follow through and/or take IPP seriously. Involvement and cooperation are at a minimum.
 - d. Non-Compliant - offender refuses to cooperate and/or participate in the IPP process. Offender takes no initiative to develop or follow through with IPP. Offender does not take IPP and/or Counselor's assistance seriously.
5. Community Agency Staff - staff that are employed directly by community agencies but work inside prison facilities daily.
 6. Major Mental Illness - a list of criteria as defined by the Department of Mental Health, Retardation and Hospitals (MHRH). (See sample at Attachment 2.)
 7. Special Conditions of Probation/Parole - requirements ordered by the courts that supplement or modify standard conditions. Special conditions commonly include such requirements as restitution, counseling, community service, no contact orders, substance abuse treatment, mental health treatment, batterer intervention programs, etc. , which will be included in all TAP's.
 8. Treatment Team - RIDOC staff and contract personnel whose duties involve providing and/or monitoring the continuum of care offered to offenders from initial contact with the Department to release into the community.
- B. Individualized Program Plans (IPP's) for Applicable Offenders:
1. Within thirty (30) days after an offender serving more than one year has arrived at a facility, assigned Counselors will meet with each offender to review all available information regarding the offender, to include initial classification recommendations, assessments, police reports, classification reports, etc.

- a. In cooperation with the offender, Counselors will develop treatment plans (e.g., an IPP) to be completed while the offender is incarcerated.
- b. The IPP is designed to meet the offender's individual needs, address underlying issues leading to incarceration and create a treatment plan that if implemented successfully should reduce the likelihood of the offender re-offending.
- c. Counselors shall meet with offenders at regular intervals or as needed to review and discuss areas of concern and available classes and/or programs to address these concerns. All meetings are documented in IPP files in the TPCDS.
- d. Program providers will enter progress notes and all relevant interventions in the TPCDS at regular intervals, noting accomplishments, attitude, problems and/or obstacles so as to provide information to Counselors. Counselors will regularly discuss program compliance with offenders.

2. Assignment and Transfer of Cases:

- a. Once assigned to a sentenced facility, Reentry Services Unit staff (e.g., Professional Services staff, supervising Counselor) assign the offender to a Counselor.
- b. Management of the offender's IPP will be transferred to another Counselor when said offender is moved to another sentenced facility.
- c. An offender's case may also be transferred to another Counselor for reasons approved by the Professional Services Coordinator (Institutional Services).

3. Compliance/Non-Compliance

- a. Counselors advise offenders that IPP compliance is linked to maintaining prison employment and advancing to higher levels of prison employment.

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- b. Counselors complete the "Plan Compliance" field in the TPCDS according to the following criteria:
 - (1) Fully compliant;
 - (2) Somewhat compliant;
 - (3) Somewhat non-compliant;
 - (4) Non-compliant.
 - c. The Parole Board and Classification Boards will have full access to offenders' levels of compliance, which may factor into said Boards' decisions.
 - d. If an offender refuses to comply with his/her IPP, s/he will lose his/her job and will be placed at the bottom of employment waiting lists. S/he will not progress beyond the lowest pay level until s/he agrees to comply with his/her IPP.

4. Difficult Case Conferences:

Offenders who are consistently uncooperative and non-compliant with their IPP's and are not making progress in rehabilitation will be discussed at multi-disciplinary difficult case conferences to develop strategies for management. Repeated efforts to motivate offenders will be encouraged.

5. Class/Program Waiting Lists:

- a. If an offender agrees to enroll in classes/programs, but there is no room in said classes/programs, the offender is placed on a waiting list, and continues to work in his/her job at his/her existing pay rate while waiting to be accepted into the desired class/program. NOTE: RIDOC reserves the right to advance inmates on waiting lists for compelling reasons (e.g., consideration by Parole Board).
 - (1) Affected Counselors monitor waiting lists closely and consider the length of time remaining on the offender's sentence and risk score as criteria for entry.

- (2) It should also be noted that RIDOC, due to lack of resources, may not be able to meet all offenders' needs.
- b. Once an offender is accepted into a class/program, it may be necessary for the Deputy Warden or designee to adjust the offender's work schedule so that it interferes as little as possible with the offender's class/program attendance.

If necessary, the offender (if reassigned) may be given a part-time job (at his/her current pay rate) or night job with the understanding that upon successful completion of the class/program, s/he will be placed at the top of the employment waiting list.

6. Evaluation of Program Participation:

In addition to entering program participation into the TPCDS, program providers notify Counselors if they are dissatisfied with offenders' participation (e.g., poor attitude, excessive absenteeism).

C. Release Preparation/Transitional Planning (Reentry):

RIDOC offers transitional services through the provision of appropriate discharge planning and continued case management in the community by contractors for a minimum of sixty (60) days following release.

1. Case Coordination - The Professional Services Coordinator (Transitional Services) convenes monthly Counselor/Discharge Planner meetings in each facility with RIDOC personnel designated by the Warden and with staff from appropriate discharge planning agencies. The following are sample topics discussed at said meetings:
- a. discharge planning assignments;
 - b. case reviews;
 - c. discussions of difficult cases;
 - d. in-service education regarding available services in the community and related discharge issues.

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2. Assignment - Offenders are assigned to appropriate discharge planners according to the following services:
 - a. general discharge planning;
 - b. high risk discharge planning [e.g., sex offenders, domestic violence batterers, convicted of violent crime(s), serving long sentences, homeless];
 - c. specialized planning services including, but not limited to:
 - (1) serious and persistent mental illness;
 - (2) serious medical conditions/medical parole;
 - (3) infectious disease (e.g., HIV);
 - (4) special education/under 21 years of age;
 - (5) court-ordered release to substance abuse residential treatment;
 - (6) special conditions of probation or parole;
 - (7) critical releases, which include, but are not limited to, those who are likely to reoffend immediately and those whose release will come to the public's attention immediately
 3. Case Planning - After offenders are categorized as high risk, general, or specialized case management, they are assigned to the appropriate Discharge Planner who completes the TAP.
 4. Critical Release Planning
 - a. High risk offenders may be identified as critical releases by any staff member. All designations will be sent to or made by the Counselor in charge of affected offenders' IPP's at the time of designation.
 - (1) At least six (6) months prior to release, Counselors forward the names of all critical release offenders to the Professional

Services Coordinator (Transitional Services) or designee who then forwards the names to Discharge Planning and to Community Corrections Administrators.

- (2) When appropriate, a critical release planning team may be assembled to assist in preparing the discharge plan.
- b. At least ninety (90) days prior to release, discharge plans for critical release offenders are completed and sent to the Professional Services Coordinator (Transitional Services) for review. The Professional Services Coordinator (Transitional Services) will then forward the plans to the Director, Assistant Director of Rehabilitative Services, Assistant Probation and Parole Administrators and the affected facilities' Wardens or designees at least thirty (30) days prior to said offenders' release for appropriate action.

5. Planning Steps for All Categories of Discharge Planning

- a. Authorization for Release of Information - Each offender is asked to sign an Authorization for Release of Information Form (see sample at Attachment 3) to accept discharge planning services and agree to have his/her case discussed at monthly case meetings. Release of information forms will be kept current and in compliance with all confidentiality policies and laws.

The release is specific regarding the nature of the information being shared and will include an expiration date for the release.

- b. Planning - A discharge plan (e.g., TAP) is then prepared and documented by the Discharge Planner in cooperation with the offender. The plan includes at a minimum the special conditions of probation or parole as noted in the Probation/Parole database and plans for housing, employment and treatment, if appropriate. Every effort will be made to work with the family members who will be included in the planning whenever possible and appropriate.
- c. Community Contact - After the plan is written, appropriate community referrals and community agency contact(s) are made to include applications for State and Federal benefits if eligible.

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- d. RIDOC's Substance Abuse Coordinator organizes all residential substance abuse placements. Outpatient treatment will be arranged by the Discharge Planner and will be integrated into the TAP.
6. Probation/Parole - Discharge plans for all offenders assigned to probation or parole are forwarded to appropriate Probation and Parole staff by Discharge Planners sixty (60) days prior to release.
 - a. Designated Probation and/or Parole staff advise appropriate Discharge Planners (i.e., RIDOC staff or Discharge Planning agency staff) when said Probation or Parole staff receive discharge plans and/or "Notification of Release from Secure Facilities" forms (see sample at Attachment 4).
 - b. In the case of all critical releases, Probation or Parole staff meet with affected offenders and appropriate Discharge Planners during the thirty (30) days prior to release dates to discuss discharge plans and confirm scheduled appointments.
 - c. Copies of all discharge plans will be filed in the TPCDS, IPP files (if available) or 6-part folders (if the offender does not have an IPP file).
 7. Evaluation
 - a. For monitoring purposes, the Professional Services Coordinator (Transitional Services) will discuss evaluation requirements with applicable discharge planning agencies. These requirements should be incorporated into Departmental contracts with said agencies.
 - b. At the request of the Director or designee, Planning and Research staff will provide long-term analyses consistent with policy 6.05-1 DOC, Program Evaluation, or a successive policy.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Corrections

**Transition from Prison to Community Data System (TPCDS)
User Acknowledgement and Confidentiality Statement**

(Fax completed forms to Reentry Services Unit 462-0765)

The intent of the TPCDS is to allow the case manager and case management team to provide a continuum of care for each offender. The TPCDS is not intended to replace or be used in place of the confidential medical and mental health records.

I _____ agree that as part of the Department's case management team, I will be reviewing and/or entering information into the TPCDS; that this information is confidential, and that I cannot remove and/or discuss the contents of this material outside the scope of my assigned duties within the Department of Corrections or with any person or persons who are not authorized to have access to this material, and if I have any questions about releasing information, I will contact my supervisor.

I understand that this agreement does not supersede any federal or state laws or departmental policy as described in 18.59-3 DOC "Confidentiality of Medical Information" and that confidential mental health, medical health care or substance abuse treatment information shall not be released or transferred without the written consent of the inmate or as allowed under federal or state laws, specifically RIGL § 5-37.3-4(b)(1) - (22) of the chapter "Confidentiality of Health Care Communications and Information Act" or the Code of Federal Regulations entitled 42 CFR 2, Part 2.

I further acknowledge and agree if I disclose any confidential material I obtain from the Database I may be subject to a suit for civil damages, and may be subject to discipline up to and including termination.

By my signature below, I acknowledge that I have read, understand and agree to all of the above.

Signature

Date

Printed Name

Title

Unit/Agency/Facility

Phone:

File: Reentry Services Unit

Revised 04/2007

INTERNAL USE ONLY:	
Date Received:	_____
Approved:	_____
User Type:	_____

Rhode Island Department of Corrections
CSP CLIENT CRITERIA

Agency _____ Date _____

Case No. _____ Surveyor _____

A. Client is 18 years of age or older with a severe and/or persistent mental or emotional disorder limited to those in the table below. Yes ___ No ___ (If "Yes", check appropriate item)

<u>Schizophrenic/Psychotic Disorders</u>		<u>Mood Disorders</u>	
___ 295.1	Schizophrenia, Disorganized Type	___ 296.0	Bipolar I Disorder, Single Manic
___ 295.2	Schizophrenia, Catatonic Type	___ 296.2	Major Depressive Disorder, Single
___ 295.3	Schizophrenia, Paranoid Type	___ 296.3	Major Depressive Disorder, Recurrent
___ 295.6	Schizophrenia, Residual Type	___ 296.4	Bipolar I Disorder, Most Recent Episode, Manic
___ 295.9	Schizophrenia, Undifferentiated Type	___ 296.5	Bipolar I Disorder, Most Recent Episode, Depressed
___ 295.7	Schizoaffective Disorder	___ 296.6	Bipolar I Disorder, Most Recent Episode, Mixed
___ 297.1	Delusional Disorder	___ 296.7	Bipolar I Disorder, Most Recent Episode, Unspecified
___ 298.9	Psychotic Disorder, NOS	___ 296.80	Bipolar Disorder, NOS
		___ 296.89	Bipolar II Disorders
		___ 296.9	Mood Disorder, NOS
<u>Personality Disorders</u>			
___ 301.20	Schizoid Personality Disorder		
___ 301.22	Schizotypal Personality Disorder		
___ 301.83	Borderline Personality Disorder		

OR

Client is 18 years or older with a severe and/or persistent mental or emotional disorder other than those listed above and holds prior status for CSP eligibility. Yes ___ No ___

OR

Client is 18-22 years of age whose eligibility was determined by the Memorandum of Agreement between DCYF and MHRH. Yes ___ No ___

B. Client has undergone psychiatric treatment more intensive than outpatient care (e.g. acute alternative, emergency services, day treatment, residential care, inpatient hospitalization) at least once in a lifetime. Do not include the current episode in this count. Yes ___ No ___

C. The client has exhibited on a continuing or intermittent basis for at least two years at least two of the following criteria for impaired functioning. (The two-year chronicity can be assumed unless there is no evidence of impairment.)

Functional Area	YES	NO
Client works in a sheltered setting or has markedly limited vocational skills or poor work history.		
The client requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help.		
The client shows an inability to establish or maintain a personal social support system.		
The client requires help in basic living skills.		
The client exhibits inappropriate social behavior that results in a demand for intervention by the mental health and/or criminal justice system.		

D. Client's disability is due primarily to a Developmental Disability or alcohol/substance abuse. Yes ___ No ___

**Rhode Island Department of Corrections
CSP Client Criteria (cont.)**

DETERMINATION

Based on the clinical record information, does the client meet the definition of a CSP client? (Select ONE item only)

- YES 'Yes' on items "A" and "B"; TWO "Yes" on Item C; and "No" on item D.
-
- NO The client does not meet criteria
-
- UNK. Status unknown. There is inadequate data available to make a determination.

Tremper 2/07

RHODE ISLAND DEPARTMENT OF CORRECTIONS
Medical Records Unit
PO Box 8249
Cranston, Rhode Island 02920

Telephone: 401-462-3880
Fax: 401-462-2683

Authorization to Request/Release Health Care Information

Patient: _____ DOB: _____ Inmate ID# _____
Print Name

I hereby authorize: _____

To disclose to: _____ Attention: _____

The following information (be specific):

- History and Physical Lab Results X-ray Reports/EKGs
- Contact Notes/Physician Orders Consults Medication Records
- HIV Test/AIDS related information (RIGL 23-6-17) Other _____
- Drug/Alcohol abuse information (42 CFR Part 2)

Covering the period from: _____ to: _____

Purpose of Disclosure: _____

I have read carefully and understand the above statements and voluntarily consent to disclosure of the above information (including alcohol and drug abuse records and/or HIV test, if relevant), to those persons/agencies named above. Information released with this authorization shall not be sold, transferred, or in any way given to any other person without first obtaining my additional written authorization. The Department of Corrections is not responsible for unauthorized re-disclosure by the designated recipient.

This authorization will have a duration of no longer than 90 days after the date on this form. I understand that I may revoke my permission at any time EXCEPT to the extent that action has been taken in reliance on it. If I wish to revoke this authorization, I will forward a request IN WRITING to the Chief, Program Development (Medical Records Unit) at the above address.

Signature _____ Date: _____

If you are currently an inmate and want a copy of your RIDOC medical record – you must sign this voucher as an Authorization for payment from your inmate account
(Note: Unsigned vouchers will not processed – you will not receive your copies)

Fee Schedule: \$0.25 per page for the first one hundred (100) pages
\$0.10 per page for every page over one hundred (100)

Signature _____ Date: _____

Please note: As a health care provider, there are no funds available for photocopies received from community providers. Please call the number above prior to forwarding copies if there is a cost associated with this service. Thank you.

Original – Medical Record Yellow – Copy Service
Pink – Inmate Accounts Green – Patient (retain this copy for your personal use)
Revised form: # 027 – 09/01; revised 12/04

RHODE ISLAND DEPARTMENT OF CORRECTIONS

NOTIFICATION OF RELEASE FROM SECURE FACILITIES

Sections I. and II. are to be completed by Discharge Planners and/or Counselors.

I. Please be advised that _____ is being released
Offender's Name and ID Number

from _____ on _____
Facility Release Date

S/he was referred to _____ for discharge planning.
Name of Discharge Planner or Counselor

II. His/her discharge plan is as follows:

Deficiencies in his/her discharge plan are as follows:

RIDOC Notification of Release from Secure Facilities – cont'd.

III. Deputy Warden's Notes:

Distribution:

- Director
- Assistant Director of Rehabilitative Services
- Assistant Probation and Parole Administrators, if applicable
- Probation or Parole Staff, if applicable
- File