



Virginia Department of Corrections

Inmate Management and Programs

Operating Procedure 820.1

Inmate Case Management

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4-ACRS-5A-02, 4-ACRS-5A-03, 4-ACRS-5A-04,
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4-ACRS-6A-01-1, 4-ACRS-6B-01; 2-CO-3C-01, 2-
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Content Owner/Reviewer: Wendy Goodman
Administrator of Case Management and
Program Infrastructure

Signature Copy on File

1/26/24

Signature

Date

Signatory: H. Scott Richeson
Deputy Director of Programs, Education,
and Re-entry

Signature Copy on File

2/1/24

Signature

Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Annual Review - A uniform yearly review of an inmate's classification, needs, and objectives. The Initial Classification Date (ICD) is used to establish the review date for an inmate received on or after February 1, 2006. The Custody Responsibility Date (CRD) is used to establish the review date for an inmate received prior to February 1, 2006.

Case Management Review - An action taken to document the specific processes completed during an inmate's annual review.

Cognitive Therapeutic Community (CTC) - A structured, residential substance use disorder treatment program that incorporates cognitive and behavioral programming to aid in the recovery from alcohol and other drug addictions.

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) - The DOC approved risk/needs assessment, which consists of different versions for community corrections and institutions. COMPAS is a support system for supervision and case-management decisions, a database used in combination with VACORIS, a tool that assesses two critical risks, violence and recidivism, and a tool for determining the criminogenic needs that are used to develop case plans and set programming.

Counselor - Position responsible to provide a range of casework management services and re-entry assistance, programming, and guidance for inmates in a facility to enhance the security of the facility and promote inmates' long-term pro-social behaviors.

Evidence Based Practices (EBP) - Correctional decision making derived from research findings about practices proven to change inmate/probationer/parolee behavior thereby reducing the risk for recidivism.

High Risk Sexual Aggressor (HRSA) - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee at high risk of being sexually abusive.

High Risk Sexual Victim (HRSV) - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee confirmed as a sexual victim or identified as being at high risk of being sexually victimized.

Home Plan - The physical address at which the inmate, probationer, or parolee will reside upon release, including residential programs or private residences.

Inmate - A person who is incarcerated in a Virginia Department of Corrections facility or who is Virginia Department of Corrections responsible to serve a state sentence.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

Institutional Classification Authority (ICA) - The institutional employee designated to conduct inmate case review hearings.

Institutional Program Manager (IPM) - The position at an institution that coordinates program activities, monitors VACORIS for accurate data entry, and ensures programs are being offered with fidelity.

Intensive Re-entry Program (IRP) - A cognitive community program that inmates with a moderate or high risk of general recidivism participate in during their last seven months of incarceration; participating inmates are transferred to the IRP closest to the locality of their release plan.

Mental Health Clinician - An individual with at least a master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

Re-entry Case Plan - A case plan that outlines short term and long-term program needs based on an assessment of the inmate's individual criminogenic factors.

Re-entry Timeline - A plan developed for each inmate within the first 180 days of entering a DOC institution and updated at their annual review to ensure that the appropriate EBP and skills development programs are provided so that the treatment needs of the inmate are addressed in chronological order and completed prior to release.



Release Tracks - A track that an inmate is projected to be on at the time of release, which can and may change throughout their incarceration.

Skills Development Program - A structured service or activity facilitated by employees of the DOC or other state agency, qualified volunteers, or contractors, offered to increase inmate skills with the goal of promoting pro-social, law-abiding behaviors.

Transition Team - An interdisciplinary team which may consist of Counselors, Clinical Social Workers/Supervisors, Workforce Development Specialists, Mental Health and Wellness Services staff, Medical staff, Re-entry P&P Officers, and other staff who assist inmates by providing re-entry planning services; the Counselor is designated as the primary coordinator for re-entry planning.

Unit Manager - Position responsible for ensuring the safe, secure, and orderly operation of a particular housing unit or group of housing units under their supervision.

Veteran - Anyone who has served in the armed services regardless of length of time or discharge classification.

Women's Risk/Needs Assessment (WRNA) - The risk/needs assessment tool sanctioned by DOC for institutions and community corrections that includes gender-neutral risk/needs information, but also is inclusive of gender-specific factors such as mental health, child/adult abuse and/or victimization, relationship dysfunction, parental stress, and housing safety. Areas of strength such as self-efficacy, parental involvement, family support, and education are also assessed. The WRNA is used to develop gender-responsive case plans and identify programming needs designed to reduce recidivism of female inmates/probationers/parolees.

PURPOSE

This operating procedure provides for counseling, case management services, and re-entry assistance for inmates housed in Department of Corrections (DOC) institutions.

PROCEDURE

I. Counseling Services Mission

- A. The DOC promotes long-term public safety by preparing inmates for success through appropriate supervision and the provision of a continuum of services, in collaboration with state and local partners, from the time of the inmate's first contact with the DOC through transition and reintegration in the community.
- B. Each institution has a department, unit, or designated staff member responsible for inmate case management, assessment of an inmate risks and needs, programmatic assignments to meet identified needs, re-entry preparation and assistance, as well as the evaluation of inmate progress towards addressing their needs.
- C. Depending on the institution's mission and staffing level, staff will coordinate with other institution service providers such as education, mental health, medical, and recreation to provide a range of services and resources appropriate to the assessed criminogenic needs of the inmates. (2-CO-3C-01)
- D. Although some services and programmatic assignments are to address specific criminogenic needs, the DOC prohibits discrimination in the provision of services, programs, and activities administered for program beneficiaries and participants. (5-ACI-5E-02; 2-CO-3C-01)
 1. Staff must not discriminate against an inmate based on the inmate's race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, genetics, veteran status, disability, or political views when making administrative decisions and providing access to services and programs. (5-ACI-3D-04; 4-ACRS-6B-01[I])
 2. Staff must ensure that services and programs are accessible to inmates with disabilities who reside in the institution.
 3. Staff and inmates have access to Mental Health Clinicians, the DOC ADA Coordinator, a trained and qualified individual, who is educated in the problems and challenges faced by inmates with physical and/or mental impairments, and the institution ADA Coordinator who is trained in the mandated legal requirements regarding disability accommodations; see Operating Procedure 801.3, *Managing Inmates and Probationers/Parolees with Disabilities*. (5-ACI-5E-03; 4-ACRS-6A-01-1[I])

II. Counseling Services Staffing

- A. The Administrator of Case Management and Program Infrastructure is a qualified and trained staff member with at least a bachelor's degree in the social or behavioral sciences or other related field and who is responsible for the administration and supervision of the DOC social services program. (5-ACI-5E-06)
- B. Counselors and other persons qualified by either formal education or training provide a planned, organized counseling services program at the institution. (5-ACI-5E-07)
- C. The DOC has a formal mechanism in place to determine the appropriate level of staffing for each institution. (5-ACI-5E-08)
 1. The mechanisms used to determine staffing levels include the following:
 - a. Type of inmate population
 - b. Type of institution
 - c. Legal requirements



- d. Goals to accomplish
- e. Assessed needs of the inmate population
2. The institution's use of a team and use of paraprofessionals, volunteers, and students may influence the number of professional staff required.

III. Inmate Assessments and Identification of Needs

A. Inmate Risk and Needs Assessment (4-ACRS-5A-01 [I])

1. Counselors must complete a risk/needs assessment for each inmate using one of the following assessments:
 - a. COMPAS Basic - Used as a temporary measure for inmates who refuse to complete the assessment.
 - b. COMPAS Lite (Institutions) - Pre-screener for institutions used in Reception Centers for new inmates.
 - c. COMPAS Long-Term (Male inmates with 20 years left to serve) - Assessment used for inmates with more than 20 years to serve, or life sentences.
 - d. COMPAS Re-entry (All Scales) - Assessment used for inmates preparing to leave an institution and transition back into the community.
 - e. Women's Risk Need Assessment (WRNA) - Assessment that includes gender-neutral risk/needs information and gender specific factors related to female inmates.
2. The Counselor must complete an initial assessment within 60 days of an inmate's transfer date, located on the transfer screen in VACORIS, into a Reception Center or other institution for intake from a jail or other non-DOC facility.
3. If a COMPAS Lite was initially completed, the inmate's Counselor must ensure that within 180 days of the inmate's transfer date, as reflected on the transfer screen in VACORIS, one of the following assessments is completed:
 - a. COMPAS Re-entry (All Scales)
 - b. COMPAS Long-Term (Male inmates with more than 20 years to serve or life sentences)
 - c. WRNA
4. Within 30 days before or after an inmate's *Annual Review Date* as listed on the inmate's *Home Page* in VACORIS, Counselors must reassess the inmate's risks/needs and update the COMPAS Re-entry, COMPAS Long-Term, or WRNA according to the following time frames:
 - a. Counselors will complete a COMPAS every other year on inmates with more than five years to serve from their annual review date.
 - b. Counselors must complete a COMPAS annually for inmates who have less than five years, but more than one year to release from their annual review date.
 - c. Counselors are not required to complete a COMPAS for inmates with less than a year from their annual review date to their release unless the inmate enters VADOC with less than one year to serve, which requires completion of an initial COMPAS.
 - d. Counselors are not required to complete a new COMPAS for parole-eligible inmates who had a COMPAS completed within the required time frames.
5. Counselors must document the status of the COMPAS on the inmate's *Case Management Review Checklist* in the *Facility Supervision* section of VACORIS.
6. If an inmate refuses to participate in the assessment, the Counselor must complete a COMPAS Basic and will submit a *Disciplinary Offense Report* for offense code 119b, *Refusal to participate in diagnostic, educational, psychological, or other required evaluation*; see Operating Procedure 861.1, *Inmate Discipline*.
7. Administration of a Risk/Needs Assessment



- a. Official Record:
 - i. When completing the initial risk/needs assessment, the Counselor must, at a minimum, review the inmate's most recent presentence investigation (PSI) and complete a Virginia Criminal Information Network (VCIN) records check.
 - ii. To complete the *Official Records* section of the assessment, Counselors must gather the required information from the PSI, VCIN, and other official sources containing criminal history, when appropriate, and not use information from inmate self-report or interview only.
 - iii. If the Counselor uses any inmate self-reported information in the calculation of the risk/needs assessment, that cannot be independently confirmed, e.g., juvenile record information, the information should be recorded in the *Facility Notes* of VACORIS.
 - b. Interview:
 - i. The Counselor must in cooperation with the inmate, complete the *Interview* section of the risk/needs assessment, utilizing a semi-structured interview between the Counselor and the inmate.
 - ii. The Counselor should always use the *Interview* section as an opportunity to establish rapport with the inmate, to utilize motivational interviewing skills and techniques, and to ensure that the inmate understands and appropriately answers the questions.
 - c. Self-Report:
 - i. The Counselor may give a hard copy of the *Self-Report* section of the risk/needs assessment to the inmate to fill out individually in the office, unless the inmate has not demonstrated an adequate reading and comprehension level.
 - ii. The inmate must not directly fill out any other section of the risk/needs assessment.
8. Staff must never give the inmate hard copies of blank or completed risk/needs assessments, screeners, alternate screenings, and case supervision reviews.

B. Classification Assessment

1. A Counselor or other designated non-clerical staff member must complete a *Classification Assessment* on each inmate in accordance with Operating Procedure 810.1, *Inmate Reception and Classification*, and Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*.
2. The Counselor or other staff member will use the information on the *Classification Assessment* to identify inmates at risk of being sexually abused by other inmates or sexually abusive toward other inmates. (5-ACI-3D-12, 5-ACI-3D-13)
3. The Counselor will refer any inmate identified as HRSA and HRSV to a Mental Health Clinician to be assessed, monitored, and counseled; see Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*. (5-ACI-3D-12, 5-ACI-3D-13)

IV. Case Management Responsibilities

- A. Upon arrival at a DOC institution, each inmate is assigned to a Counselor, to ensure appropriate supervision and personal contact. (5-ACI-5B-05; 4-ACRS-5A-07[I])
 1. This Counselor may be part of a treatment, transition, or a unit management team that performs this function.
 2. The Counselor will communicate and coordinate with other departments as needed to assist inmates in their adjustment to the institution and to advance the institution's mission to include serving as members of treatment, transition, and unit management teams.
 3. Counselors will be assigned duties that support the institution's mission and inmate population needs such as facilitating EBP programs, coordinating and facilitating Skills Development Programs or any combination of EBP and Skills Development programs.
- B. Counselors are responsible for the case management documentation for each assigned inmate to include



the following:

1. Reviewing the inmate's work classification during the inmate's annual review month and when warranted, assigning the inmate to the appropriate work classification in VACORIS; see Operating Procedure 425.1, *Outside Work Assignment* (Restricted).
2. Reviewing and, when necessary, updating the inmate's *Emergency Notification Information* 050_F11 in VACORIS at each annual review or sooner when a change is reported.
 - a. A copy of the *Emergency Notification Information* should be maintained in the inmate's record.
 - b. The Counselor will document their review and/or update of the inmate's *Emergency Notification Information* on the *Case Management Review Checklist* in VACORIS.
3. Reviewing and, when necessary, updating the *Family Environmental Information* available in VACORIS at each annual review
4. Completing a *Facility Parole Board Note* in VACORIS for any inmate with a Parole Eligibility Date for inclusion in the *Inmate Progress Report* (5-ACI-5B-10, 2-CO-4B-01)
 - a. The *Inmate Progress Report* provides a current and complete history of the inmate's performance in the institution and provides for a proposed home plan.
 - b. The *Inmate Progress Report* must be available for review by the Parole Board, prior the inmate's parole hearing.
 - c. Staff must not make separate and independent recommendations to the Parole Board regarding an inmate.
5. Registering sex offenders; see Operating Procedure 735.1, *Sex Offender and Crimes against Minors Registration*

C. Counselors must be available to counsel inmates upon request and at least one Counselor must always be on-call to provide crisis intervention services. (5-ACI-5E-09; 4-ACRS-5A-07[I]; 2-CO-4F-01)

D. The Chief of Housing and Programs (CHAP) assigns each Counselor to a supervisor, i.e., Unit Manager or IPM, who will complete a *COMPAS Case Plan Fidelity Review - Institutions* 820_F1 on the Counselor.

1. At institutions that do not have a CHAP, IPM, or Unit Manager, the Counselor's supervisor will determine how information is collected and these reviews are conducted.
 - a. Supervisory staff will use the *COMPAS Case Plan Fidelity Review - Institutions* 820_F1 to complete three *COMPAS/Case Plan Fidelity Reviews* on each Counselor, every quarter.
 - b. The same supervisor should complete all three reviews to look for patterns.
2. The CHAP or Counselor's supervisor, for quarterly report purposes, will maintain documentation on the *COMPAS/Case Plan Fidelity Reviews* completed and the staff member who completed the *COMPAS/Case Plan Fidelity Reviews*.
3. Copies of the *COMPAS Case Plan Fidelity Review* will be available to the Statewide Program and Statewide EBP Manager during site visits.
4. The *COMPAS Case Plan Fidelity Reviews* does not replace the requirement for designated supervisory staff to complete overall fidelity reviews on eight percent of their population each month, as these reviews contain additional information that goes beyond COMPAS.

V. Re-entry Case Plan (4-ACRS-5A-03 [I])

A. The Counselor or treatment team, when applicable, will develop a *Re-entry Case Plan* for each inmate transferred into a Reception Center or other DOC institution for intake from a jail or other non-DOC facility. The *Re-entry Case Plan* must be completed within 180 days of the inmate's transfer date as reflected on the transfer screen in VACORIS.

B. The *Re-entry Case Plan* will address the inmate's identified criminogenic needs to decrease the risk for



- recidivism and violence, and to ensure the appropriate and efficient use of agency resources.
1. The Re-entry Case Plan should include:
 - a. Goals and tasks based on the needs and objectives of the inmate as determined by staff with input from the inmate.
 - b. The initial EBP and Skills Development Program needs of the inmate as well areas of personal conduct, work, vocational, or educational program assignment and re-entry.
 2. Counselors must document program assignments on the *Re-entry Case Plan*; the preferred language should require the inmate to “successfully participate in and complete” the program.
- C. The Counselor should utilize the *Re-entry Case Plan* to continually monitor and evaluate the inmate's program needs and to establish objectives for addressing these needs to promote successful re-entry into the community upon release from incarceration. (4-ACRS-5A-05 [I])
1. The Counselor should periodically evaluate the inmate’s progress towards accomplishing their objectives and may revise the inmate’s *Re-entry Case Plan* any time the inmate’s program needs, objectives, or program assignments change.
 2. The *Re-entry Case Plan* should be revised within 30 days of an inmate’s transfer to another institution if the inmate’s needs or the availability of programs are affected by the transfer.
 3. Within 30 days before or after an inmate’s annual review date, the Counselor, and the Institutional Classification Authority (ICA) should review and utilize the *Re-entry Case Plan* to evaluate whether the inmate is progressing towards attaining their case plan objectives and to identify the ongoing needs of the inmate.
 - a. The inmate's progress is the major factor used to render the following annual review decisions:
 - i. Security level
 - ii. Transfer status
 - iii. Special program participation
 - iv. Good time award class level
 - v. Other decisions affecting the inmate.
 - b. The Counselor must document the revised *Re-entry Case Plan* goals and tasks in VACORIS and will document completion of this process on the *Case Management Review Checklist* in VACORIS.
 - c. The inmate’s annual goals should be tailored to available resources at the assigned institution.
 - d. The Counselor will evaluate each inmate based on progress towards their annual goals.
 4. The Counselor will review and discuss any changes to the inmate’s *Re-entry Case Plan* with the inmate; this review must be dated and signed by staff and the inmate. (4-ACRS-5A-04[I])
- D. The inmate’s Counselor should utilize *CORE Communication Skills* to assist the inmate in understanding how a program will benefit them and to encourage and help motivate an inmate to attend programs identified on their *Re-Entry Case Plan*.
- E. Staff will charge inmates who refuse to participate in a residential cognitive community, re-entry programming, or SORT or who are removed from these programs due to disruptive, non-participatory, or non-compliant behavior with offense code 119e, *Refusal to participate in or removal from a residential cognitive community program*; see Operating Procedure 841.1, *Inmate Programs*.
- F. For all other programs, inmates who refuse to enroll in or attend a program or attends a program but is disruptive, non-participatory, or non-compliant, staff should charge the inmate with offense code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*; see Operating Procedure 861.1, *Inmate Discipline*.
1. When an inmate is removed from the program based on an infraction related to the program, e.g., fighting in class, an additional charge for offense code 200 is not needed.

- a. If the inmate is found not guilty of the offense, staff should place the inmate in the next available program slot to re-enroll in the program. If the inmate again refuses or is non-compliant, staff should submit another *Disciplinary Offense Report*.
 - b. If the inmate is convicted of the offense, the staff member facilitating the program will refer the inmate to the ICA for a formal hearing to be placed in Class Level IV effective the date the charge was written; see Operating Procedure 830.3, *Good Time Awards*.
 - i. Regardless of the inmate's class level score, staff should use the Override #7, *Refusal of or removal from any required educational, program, vocational, or work assignment must result in an automatic override to Level IV*,
 - ii. The override will flag the inmates' record, so the inmate does not earn good time until successfully participating in the same program.
 - c. Staff must enter inmate program removal, accurately, into the *Programs Section* of VACORIS in a timely manner.
2. Once an inmate is assigned to Class Level IV, the inmate's class level must not be increased until the inmate successfully participates in the same program.
 - a. The inmate should be required to re-enter the exact same program, whenever practical.
 - i. The inmate will be required to enter an equivalent program if the same program is not available.
 - ii. The ICA will determine if a program is equivalent for class level purposes.
 - iii. No other type of program is equivalent to a CTC.
 - b. Once the staff facilitator considers the inmate to be actively participating in the program, the facilitator may bring the inmate's case before the ICA for a review of the inmate's good time class level.
 - c. Any change in the good time class level should be retroactive to the date the inmate re-entered the program. Time spent on a waiting list does not count towards good time earnings.

VI. Re-entry Timeline

- A. The Counselor or treatment team, when applicable, will develop a *Re-entry Timeline* for each inmate transferred into a Reception Center or other DOC institution for intake from a jail or other non-DOC facility based on the results of the COMPAS.
- B. The *Re-entry Timeline* must be completed within 180 days of the inmate's transfer date, as reflected on the transfer screen in VACORIS.
- C. The *Re-entry Timeline* is designed to address the individual criminal risks and identified program needs specific to each inmate by ensuring that appropriate EBP and skills development programs are completed in chronological order and includes which release track is forecasted for that inmate.
 1. The Counselor will enter the *Re-entry Timeline* into VACORIS under the note type of *Timeline*.
 2. The Counselor will determine the appropriate release track, i.e., Geriatric, Sex offender Treatment (SORT), Cognitive Therapeutic Community (CTC) for substance abuse, High Security Re-entry Release, Intensive Re-entry, Work Center, or Work Release for inclusion on the *Re-entry Timeline*.
 3. The Counselor must work with the inmate to determine the amount of time necessary to complete the appropriate programming and will recommend the inmate for transfer to the appropriate institution as needed to advance to the next step in their *Re-entry Timeline*.
- D. The Counselor must review the inmate's *Re-entry Timeline* at each annual review or as events warrant with any updates documented in VACORIS under the note type of *Timeline* and will document the review on the *Case Management Review Checklist* in VACORIS.

VII. Program Assignments

- A. The Counselor or a member of the treatment team should base the inmate's individual program



assignments on the results of the inmate's risk/needs assessment and the identified criminogenic factors that apply to that inmate. (4-ACRS-5A-02[I]; 2-CO-4B-01)

1. The inmate's program assignments should provide evidence-based interventions targeted to factors that relate to the individual's criminal behavior.
 2. The Counselor or treatment team in a Reception Center, when applicable, is responsible for identifying the program needs of each inmate, prior to the inmate's initial institution assignment utilizing the following resources:
 - a. All available assessments and reports including psychological assessments or evaluations, vocational and educational assessments, medical evaluations, pre- and post-sentence reports, criminal history reports, employment records, and all other appropriate information. (5-ACI-5B-04)
 - b. Input from the inmate, inmate's Counselor, security staff, Housing Unit Corrections Officer, and all other staff with pertinent knowledge of the inmate. (5-ACI-5B-03)
- B. Special Needs (2-CO-4B-01, 2-CO-4B-04, 2-CO-4F-01)
1. Sex Offender Services and Programs
 - a. Staff will assign inmates to sex offender programming in accordance with Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*.
 - b. At institutions offering therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior, a Mental Health Clinician or other qualified staff member should:
 - i. Determine if an inmate, found guilty of a disciplinary or criminal offense for sexual abuse, is required to participate in such interventions, as a condition of access to programming or other benefits. (§115.78[d], (§115.278[d])
 - ii. Charge HRSA inmates in an institution, who do not comply with therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for their sexually abusive behavior with offense code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*; see Operating Procedure 861.1, *Inmate Discipline*.
 - c. Inmates at risk for sexual victimization are identified, monitored, and counseled; a Mental Health Clinician or other qualified professional will assess inmates identified as at risk for sexual victimization (HRSV).
 2. Substance Use Programs
 - a. Counselors or other designated staff using a standardized battery assessment, should identify inmates with substance use problems within the first 180 days after entering an institution and provide the inmates with information, education, and/or treatment.
 - b. The standardized battery assessment must be documented and include, at a minimum, the following: (5-ACI-6A-23; 4-ACRS-5A-08[I])
 - i. Screening and sorting
 - ii. Clinical assessment and reassessment
 - iii. Medical assessment for appropriate substance use program assignments to meet the needs of the individual inmate.
 - iv. Referrals
 - v. Monitoring and substance use testing
 3. The Mental Health Clinician will enroll inmates with identified mental health needs in mental health programs, as appropriate. (2-CO-4B-04)
- C. Intensive Re-entry Programs Assignments
1. The DOC provides *Intensive Re-entry Programs* at designated institutions; see Attachment 1, *Intensive*

Re-entry Program Locations to Operating Procedure 820.2, *Inmate Re-entry Planning*.

2. A Counselor or other designated staff member should screen each inmate at 36 months prior to release to ensure, when appropriate, that a transfer request is submitted 18 months prior to the inmate's release.
3. Submission of the transfer request 18 months prior to release ensures inmates who meet the institution's security level requirement are provided 7 months of participation in the *Intensive Re-entry Program*; see Operating Procedure 820.2, *Inmate Re-entry Planning*.

REFERENCES

Operating Procedure 425.1, *Outside Work Assignment (Restricted)*

Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*

Operating Procedure 735.1, *Sex Offender and Crimes against Minors Registration*

Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*

Operating Procedure 801.3, *Managing Inmates and Probationers/Parolees with Disabilities*

Operating Procedure 810.1, *Inmate Reception and Classification*

Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*

Operating Procedure 820.2, *Inmate Re-entry Planning*

Operating Procedure 830.3, *Good Time Awards*

Operating Procedure 861.1, *Inmate Discipline*

ATTACHMENTS

None

FORM CITATIONS

Emergency Notification Information 050_F11

COMPAS Case Plan Fidelity Review - Institutions 820_F1

