



Virginia Department of Corrections

Inmate Management and Programs

Operating Procedure 820.1

Inmate Case Management

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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. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, 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.

Correctional Inmate 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 programing

Counselor - Position responsible to provide a range of casework management services and re-entry assistance, programming and guidance for inmates in a correctional 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 behavior thereby reducing the risk for recidivism

High Risk Sexual Aggressor (HRSA) - As identified by the *Classification Assessment* and Psychology Associate assessment, any inmate at high risk of being sexually abusive

High Risk Sexual Victim (HRSV) - As identified by the *Classification Assessment* and Psychology Associate assessment, any inmate 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 will reside upon release, including residential programs or private residences

Initial Classification Date (ICD) - The date on which the inmate was initially assigned to a Security Level

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 who coordinates program activities, monitors VACORIS for accurate data entry, and ensures programs are being offered with fidelity

Intensive Re-entry Program (IRP) - A two phase program that inmates participate in during their last twelve months of incarceration; participating inmates are transferred to the IRP closest to the locality of their release plan.

Psychology Associate - 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 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, that is offered to increase inmate skills with the ultimate goal of promoting pro-social, law abiding behaviors

Substance Abuse Cognitive Therapeutic Community (CTC) - An intensive, long-term, institution-based treatment program for incarcerated substance abusing inmates



Transition Team - An interdisciplinary team which may consist of Counselors, Clinical Social Workers/Supervisors, Offender Workforce Development Specialists, Mental Health 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 information of COMPAS, but also is inclusive of gender-responsive 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



PURPOSE

This operating procedure provides for counseling and case management services and the provision of 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. (2-CO-4F-01)
- B. Each institution has a department, unit, or designated staff member responsible for 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 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. There must be no discrimination based on an inmate's race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, genetics, veteran status, disability, or political views in 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. (5-ACI-2C-11; 4-ACRS-6A-04[I])
 3. Staff and inmate have access to Psychology Associates, 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 mandated legal requirements regarding disability accommodation; see Operating Procedure 801.3, *Managing Offenders with Disabilities*. (5-ACI-5E-03; 4-ACRS-6A-01-1[I])

II. Counseling Services Staffing

- A. A qualified, trained person who has at a minimum a preferred qualification of a bachelor's degree in the social or behavioral sciences or other related field administers and supervises each institution's counseling and case management services and programs. (5-ACI-5E-06)
- B. A planned, organized counseling services program is provided by Counselors and other persons qualified by either formal education or training. (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 served
 - b. Type of institution
 - c. Legal requirements
 - d. Goals to be accomplished
 - 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

1. Counselors must complete an appropriate risk/needs assessment for each inmate using one of the following COMPAS 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, life sentences or on death row
 - d. COMPAS Re-entry (All Scales) - Assesses the risk and needs of inmates preparing to leave an institution and transition back into the community
 - e. Women's Risk Need Assessment (WRNA) - The risk/needs assessment tool sanctioned by the DOC for institutions and community corrections that includes gender-neutral risk/needs information and gender specific factors related to female inmates
2. The Counselor must complete the initial assessment within 60 days of an inmate's transfer date, located on the transfer screen in VACORIS, into a Reception Center or other DOC 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 life sentences or on death row)
 - c. WRNA assessment
4. Within 30 days before or after the 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. If the *Annual Review Date* falls within six months of the inmate's release date, the reassessment is not required.
5. 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 testing, classification, or re-entry preparation/ Diagnostic, educational, psychological, or other required evaluation*; see Operating Procedure 861.1, *Offender Discipline, Institutions*.
6. Administration of a Risk/Needs Assessment
 - a. Official Record:
 - i. When the initial risk/needs assessment is completed, 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 only use information from inmate self-report or interview.
 - 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 complete *Interview* section of the risk/needs assessment, in cooperation with the inmate, via 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.
7. 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, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender 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 Psychology Associate to be assessed, monitored, and counseled; see Operating Procedure 730.2, *Mental Health 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 including 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 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 copy of the [Emergency Notification Information](#) should be maintained in the inmate's record
 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)

- 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 will be on-call at all times 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* 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. Reviewing 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 staff member should complete all three reviews to look for patterns.
 2. The CHAP or Counselor's supervisor, for quarterly report purposes, will maintain documentation of the *Reviews* completed and the staff member who completed the *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-01 [I], 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 *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 in order 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 in order to promote successful re-entry into the community on 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, and 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.
 - 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 help the inmate understand how a program will benefit them and to encourage and help motivate an inmate to attend programs identified on the *Re-Entry Case Plan*.
- E. If an inmate refuses to either enroll in or attend a program or the inmate attends the 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, *Offender Discipline, Institutions*.
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 not found guilty of the offense, the inmate should be placed 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 restored 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 specifically 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), Substance Abuse Cognitive Therapeutic Community (CTC), High Security Re-entry Release, Intensive Re-entry, Work Center/Work Release for inclusion on the *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 *Timeline*.
- D. The *Re-entry Timeline* must be reviewed at each annual review or as events warrant with the updates documented in VACORIS under the note type of *Timeline*.

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, when applicable, in a Reception Center 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 the psychological assessment or evaluation, vocational/educational assessment, medical evaluation, pre/post-sentence report, criminal history report, employment record, and all other appropriate information. (5-ACI-5B-04)
 - b. Input from the inmate, inmate's Counselor, security personnel, Housing Officer, and all other staff knowledgeable of the inmate. (5-ACI-5B-03)
- B. Special Needs (2-CO-4B-01)
 1. Sex Offender Services and Programs
 - a. Counselors will refer inmates to sex offender programming in accordance with Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*.
 - i. The Counselor must refer all inmates incarcerated or re-incarcerated for violating probation or parole for a sexual offense to sex offender psycho-educational services, such as the Sex Offender Awareness Program (SOAP).
 - ii. A Psychology Associate will screen inmates who complete a sex offender psycho-educational



- programming for participation in sex offender therapeutic programming.
- iii. Counselors must refer all inmates who meet the Sex Offender Residential Treatment (SORT) Program Referral Criteria 18 to 36 months prior to the inmate's release, using a [Sex Offender Residential Treatment \(SORT\) Program Referral](#) 735_F3
 - b. At institutions that offer therapy, counseling, or other interventions that are designed to address and correct the underlying reasons or motivations for sexually abusive behavior, a Psychology Associate 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, *Offender Discipline, Institutions*
 - c. Inmates at risk for sexual victimization are identified, monitored, and counseled; a Psychology Associate or other qualified professional will assess inmates identified as at risk for sexual victimization (HRSV).
2. Alcohol and Drug Abuse Programs
 - a. Counselors or other designated staff should identify inmates with alcohol and drug abuse problems using a standardized battery assessment, within the first 180 days after entering a DOC institution; these inmates are provided 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 drug and alcohol program assignments that meet the needs of the individual inmates
 - iv. Referrals
 - v. Monitoring and drug testing
 3. The institution Psychology Associate 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, *Re-entry Planning*.
 2. A Counselor or other designated staff member should screen each inmate at 36 months prior to release to ensure a transfer request is submitted, when appropriate, 18 months prior to the inmate's release.
 3. Submission of the transfer request 18 months prior to release ensures inmates who meet the security level requirement are provided 12 months of participation in the *Intensive Re-entry Program*; see Operating Procedure 820.2, *Re-entry Planning*.

REFERENCES

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

Operating Procedure 730.2, *Mental Health 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 Offenders with Disabilities*
Operating Procedure 810.1, *Offender Reception and Classification*
Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*
Operating Procedure 820.2, *Re-entry Planning*
Operating Procedure 830.3, *Good Time Awards*
Operating Procedure 861.1, *Offender Discipline, Institutions*

ATTACHMENTS

None

FORM CITATIONS

[Emergency Notification Information](#) 050_F11

[Sex Offender Residential Treatment \(SORT\) Program Referral](#) 735_F3

[COMPAS Case Plan Fidelity Review - Institutions](#) 820_F1