

ARIZONA DEPARTMENT OF CORRECTIONS

**COSIG PROJECT:
"KNOWLEDGE FOR A BETTER TOMORROW"**



RE-ENTRY OPERATIONS MANUAL

March 2nd, 2007



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RE-ENTRY OVERVIEW

1. MODEL:

This re-entry manual is guided in large part by APIC from the national GAINS Center. APIC is an evidence-based model designed to help co-occurring inmates through the reentry process in a manner that produces improved outcomes. The acronym APIC comes from the four areas a successful reintegration plan addresses:

- **Assesses** the clinical and social needs and public safety risks of the inmate.
- **Plan** for the treatment and services required to address the inmate's needs.
- **Identify** required community and correctional programs responsible for post-release services.
- **Coordinate** the transition plan to ensure implementation and avoid gaps in care.

The manual includes handouts, checklists and worksheets for the inmate reentry information and referral binder.

2. COSIG PROGRAM OVERVIEW:

The Program is designed to develop and implement an integrated program of co-occurring disorders, pre- and post-release services to adult inmates of the Arizona Department of Corrections. A primary goal of the program is to increase opportunities for successful re-entry into the community.

- Co-Occurring Integrated Clinical Team:** Inmates participating in the program will be staffed by an integrated clinical team that consists of: Licensed Substance Abuse Treatment Counselors, Licensed Mental Health Counselor, Re-entry Coordinator, Correctional Officers III, Parole Officers and the inmate's family members/significant others as appropriate.
- Co-Occurring Informed Assessment:** Inmates participating in the program will be assessed using instruments such as the Addiction Severity Index (ASI), Brief Psychiatric Rating Scale (BPRS), and the Socrates.
- Individualized Transitional Release Planning:** An Individualized Transitional Release Plan (ITRP) will be provided to each inmate. The

integrated clinical team will develop an ITRP which will focus on the inmate's strengths for re-entry into the community.

- d. Co-Occurring Recovery Management:** All inmates will have at a minimum, one face-to-face contact with their Re-entry Coordinator per month throughout the duration of their participation.
- e. Pre-Release Residential Co-Occurring Treatment Services:** Inmates will participate in classroom treatment which will be divided into five Phases.
- f. Co-Occurring Subsidized Housing:** Inmates participating in the program will be provided subsidized housing, if needed upon discharge. Housing may be provided for up to six months. It is expected that the inmate will seek gainful employment to keep his housing. All housing must meet ADC standards and is approved by the Re-entry Coordinator and Parole/Probation Officer.
- g. Re-Entry Services:** Inmates participating in the Program will be provided with referral and enrollment assistance services from their ADC Re-entry Coordinator. This referral will include RBHA, AHCCCS, DES, Treatment Referrals, and Employment Services. Inmates will have continuing follow-up contact with the Re-entry Coordinator for a period of up to six (6) months after inmate's release.
- h. Alumni/Relapse Prevention Group:** Inmates will be encouraged to attend monthly alumni meetings. These meetings will be co-facilitated by a former inmate with co-occurring disorders and an ADC treatment staff (time limited involvement—aid in initial set up of group) and will be convened in a community location to provide recently released inmates with a social support network to aide in their community-re-adjustment and in the maintenance of sobriety and mental health stability.

3. RE-ENTRY/ RECOVERY MANAGEMENT:

The goal of re-entry/recovery management is *continuity of recovery*, which, for the inmate's transition, can be defined as the ongoing assessment and identification of needs and the provision of treatment without gaps in services or supervision. Accountability is an important element of a transition plan.

Re-entry/Recovery Management functions typically include the following activities:

- Assessing an inmate's needs and abilities to ensure community re-entry

- Planning for Co-occurring treatment services
- Maintaining contact with the Probation/Parole Officers
- Brokering treatment and support needs
- Monitoring and reporting progress to other transition team members
- Providing inmate support and helping the inmate with all involved systems (i.e., treatment, criminal justice, and child welfare)
- Protecting the confidentiality of inmate and treatment records consistent with Federal and State regulations regarding right to privacy (42 Code of Federal Regulations [C.F.R.], Part 2)

Re-Entry / Recovery Concept:

The increase in the use of the term *boundary spanner* to describe part of the function of a Re-entry Coordinator underscores the fact that all organizations have boundaries. In social service systems, those lines are often unclear because of overlapping functions or gaps in functions. To avoid the fragmentation of care that often results from uncoordinated systems, the Re-entry Coordinator or boundary spanner become the primary link between the inmate and all necessary social services. The Re-entry Coordinator and or boundary spanner should come from the community-based treatment program.

a. In Prison

The Re-entry Coordinator will get direction for the participants primary counselors. All inquires will go through the primary Re-entry Coordinator. It is the primary responsibility of the Re-entry Coordinator to coordinate and prepare the inmates return to the community.

b. In the Community

Ideally, the Re-entry Coordinator assumes primary responsibility for identifying resources and helping the inmate learn how to access them. The Re-entry Coordinator's duties include clear, concise, and accurate documentation of the offender's progress, including development of transition plans, legal status, program protocols, and assessment results. This information should be shared with the treatment staff / providers, supervising criminal justice agency, and other systems partners, as appropriate, who are collaborating on activities related to the inmate's transition plan. The Re-entry Coordinator needs a broad, in-depth knowledge of the programs, modalities, and services of the providers in the community to ensure an appropriate match for the offender.

Based on the assessment, the Re-entry Coordinator should forward recommendations to the community supervision officer about the most appropriate treatment options.

The Re-entry Coordinator/boundary spanner is especially useful for inmates in transition to the community, and should be able to address different sets of legal, clinical, and social issues that arise at different points along the road to recovery. Depending on the point in the system(s) where the offender is found, an entirely different set of legal, clinical and social issues arise, and the Re-entry Coordinator/boundary spanner should have the capacity to address them all.

Re-entry Coordinator/boundary spanners should manage the sometimes conflicting interests of many organizations. Therefore, those who perform this function should have an in-depth knowledge of the systems with which they interact, which may require some years of experience. Individuals who perform well in this role know both the formal and informal norms of the organizations, as well as their internal operations and politics, Re-entry Coordinator/boundary spanners should be respected and have credibility from all the organizations with which they interact. In an ideal situation, the system supports the Re-entry Coordinator/boundary spanner with a full-time position that pays a reasonable salary. The job title and pay should be based on the functions performed, rather than on professional degrees. It may be helpful to conceptualize the Re-entry Coordinator/boundary spanner in the context of the provision of case management. Although many systems find difficulty in financially supporting such a role, the function of the Re-entry Coordinator/boundary spanner is a useful model that may be adaptable in local jurisdictions. (Steadman, 1992).

STAFFING

1. RE-ENTRY COORDINATOR-INMATE CONTACT

a. In-Prison

The Re-Entry coordinator will participate in new participant's orientation. The method to use will be that of Motivational Interviewing techniques.

Upon entry into the Co-Occurring Residential Treatment Program, the inmate will have an initial contact with their Re-entry Coordinator no more than seven (7) days after full acceptance into the program. During this initial contact the inmate will fill out the Re-entry Preparedness Questionnaire (Appendix A) form and discuss their re-entry needs and goals with the Re-entry coordinator. This form begins the Individual Transitional Release Plan (ITRP) development for the inmate and should be completed no more than ninety (90) days after inmate is fully accepted into program.

Upon completion of the Re-Entry Preparedness Questionnaire, the first part of the ITRP for the inmate, monthly staffings will occur that include, not only the inmate, but the Re-entry Coordinator and treatment staff. As determined by the inmate, it is expected that the Re-entry Coordinator will meet with the inmate to discuss timelines or elements included in the ITRP or deadlines as outlined in this manual that will be discussed at the staffings. Documentation will be included on an "Individual Progress Note" and placed in the inmate's treatment file.

According to deadlines required by ADC for release, initial release contact must occur at the 7 months prior to release mark. At this time the Re-entry Coordinator and inmate will review housing options. The Re-entry Coordinator and inmate will complete necessary applications and forward them to the COIII to be included in the inmate's ADC Release Packet.

- **10 working days prior to the 30 day exit staffing:** Complete entitlement paper work for submission to RBHA, DES, and Social Security Administration etc. Identify housing and begin any required parole clearances on addresses.
- **7 days prior to release:** Submit DES application.
- **30 day prior to release meeting:** Identify and complete any missing components of inmate re-entry referral and information binder. Complete "first night" plan and identify any deficient

reentry component areas. Initiate plan to compensate for deficiencies. Address any re-entry needs.

- **30 days prior to release:** The Re-entry Coordinator will meet with the inmate once weekly for the next 4 weeks before release. The objective will be to revisit “first night” plan, ensuring that both inmate and Re-entry Coordinator are clear on all aspects. Re-entry Coordinator will inform inmate of all contact information and ensure that all contact information is located in the binder, which the inmate will receive upon release. Address any re-entry needs and how inmate will receive clothing, food, etc., if necessary.

b. Out-of-Prison

It is expected that the Re-entry Coordinator will have continual contact with the released inmate during all six (6) months of the re-entry component. This contact will be a graduated, “step-down” contact involving more contacts during the first month of re-entry than at any other time. The schedule that follows is a minimum contact schedule; Parole Officer and Re-entry Coordinator should make contact any time there is significant change in the released individual’s re-entry plan or life. Documentation will be included on an “Individual Progress Note” and placed in the treatment file.

- **First Month:** Re-entry Coordinator will have twice weekly contact with released individual. All contacts in first month must be face-to-face contacts.
- **Months 2-4:** Re-entry Coordinator will have contact with released individual two (2) times per month. Contacts cannot be made in the same week, and must be separated by 10 business days. All contacts must be face-to-face contact.
- **Months 5-6:** Re-entry Coordinator will have contact with released individual one (1) time per month. Contact must be face-to-face.

Collateral Contacts: It is expected that a certain amount of collateral contacts between Re-entry coordinator and the released individual’s support system members will happen periodically throughout the six (6) month re-entry component. Including other Out-of-Prison contacts as detailed by the schedule above, the Re-entry Coordinator should have one (1) collateral contact for each released individual per month: Acceptable collateral contacts include:

- Adult family members (18+) living with released individual
- Adult family members (18+) of released individual **NOT** living with released individual, but included in ITRP planning

- Persons in a work or educational Supervisory Role
- House managers (for those in transitional housing)
- Treatment case clinical liaison

Face-to-Face: For contacts between Re-entry Coordinator and released individual to be considered face-to-face, the Re-entry coordinator must physically travel to a place where they can meet with the released individual. Fully documented meetings must take place in a private environment where released individual can freely answer Re-entry Coordinator's questions without fear of being overheard. Acceptable locations include, but are not limited to:

- Released individual's house
- Local restaurant or coffee shop

Phone: contacts between Re-entry Coordinator and released individual occurring over the phone must be fully documented and occur at a pre-designated time agreed upon by both Re-entry Coordinator and inmate. Documentation will be included on an "Individual Progress Note" and placed in the treatment file.

2. RE-ENTRY COORDINATOR-PAROLE OFFICER CONTACT

a. In-Prison

It is expected that the Re-entry Coordinator and the inmate's Parole Officer (PO) will have at least one in-prison meeting; this meeting will occur after the thirty (30) days prior to release staffing that the PO attends. Re-entry coordinator and PO will address all information discussed in staffing and clarifying any aspects not fully worked out during staffing.

b. Out-of-Prison

It is expected that Re-entry Coordinator and Parole Officer will continue to have contact upon inmate's re-entry into the community. This contact will be a graduated, "step-down" contact involving more contacts during the first month of reentry than at any other time. The schedule that follows is a minimum contact schedule, Parole Officer and Re-entry Coordinator should make contact any time there is significant change in the released individual's reentry plan or life. Within 24 hours of release Re-entry Coordinator and inmate will report jointly to assigned PO.

- **First Month:** Each contact the PO has with inmate will be reported to Re-entry Coordinator, including outcomes of meeting.
- **Months 2-4:** PO and Re-entry Coordinator will meet monthly to discuss the outcomes of meetings between them and the released individual.

- **Months 5-6:** PO and Re-entry Coordinator will make contact once (1) a month.

3. RE-ENTRY COORDINATOR- COSIG TREATMENT STAFF

In-Prison

Re-entry Coordinator and treatment staff will have contact at every staffing session, resulting in monthly contact for the duration of the treatment program. Treatment staff should initiate contact when significant change occurs in inmate's progress throughout the course of treatment.

RE-ENTRY SERVICES

1. INMATE RE-ENTRY INFORMATION AND REFERRAL BINDER: "TO RECOVER DAILY" (TO BE KNOWN AS THE RD BOOK)

The binder is a collection of the worksheets, assessments, documents, certificates and plans created from the ITRP and by the clinical services team for the inmate. These documents will be produced throughout the in-prison treatment phase, and the binder will be kept in a locked filing cabinet in the Re-entry coordinator's office until the inmate is released. Inmates will have the ability to place any document into their binder throughout the course of the in-prison treatment. Upon release, the inmate will leave the facility with the binder in hand. The RD book will help the inmate to remember lessons learned in treatment and allow him to continue his treatment in the community. The RD book will be prepared and completed within five (5) days of release. A copy of the RD book will be identified as COSIG Release Packet and placed in the individual in prison clinical chart.

2. MEDICATION

An inmate will be given 30 days of Mental Health related medications and 30 days of other general medications upon release. The Re-Entry Coordinator will request instruct the inmate to prepare and forward a KITE to both psych and medical staff to request release medications 14 days prior to the inmates release.

a. In-Prison

While in prison, the inmate will be monitored by the program's medical and mental health staff to ensure medication compliance as prescribed by

ADC staff. The Psychiatric Nurse assigned to the program will conduct educational sessions for inmates regarding medication purpose, side effects, use, benefits of compliance and the importance of having and using a primary care provider (PCP) upon release.

The Re-entry Coordinator and inmate will complete and forward an AHCCCS (Arizona Health Care Cost Containment System) application seven (7) days prior to release to ensure continuity of medications and healthcare needs. The Re-entry Coordinator assumes responsibility for securing additional mental health related medications should the inmate be unable to get a behavioral health appointment on the outside within 14 days of release.

b. Out-of-Prison

The Re-entry Coordinator ensures that inmate has a plan for the maintenance of his medications. This will include ensuring the first medical (PCP) appointment is made with the inmates approved AHCCCS provider. Additionally, should inmate request further assistance, Re-entry Coordinator may accompany the inmate to his first appointment and issue reminder calls as necessary. Furthermore, the Re-entry Coordinator will cover such issues as where to get prescriptions filled, budgeting for medications in the household budget and what types of contact information are needed in case of an emergency. The plan for medication maintenance must appear in the inmate's RD book.

Re-entry Coordinator will set up an intake for services at appropriate RBHA relevant to inmate's county of release. This intake is scheduled to occur within five (5) days of release. The Re-entry Coordinator will complete and forward to the RBHA representative the "ADC/RBHA" Request for Services Form and ADC Continuity of Care Form 60 days before the inmate's release. The RBHA staff will review and set up an intake for services to happen within five (5) days of release. A copy of the returned Request for Services Form will be forwarded to the Parole Officer, shared with the treatment team and placed in inmate's RD book.

3. IDENTIFICATION

a. Birth Certificate

Re-entry Coordinator ensures appropriate paperwork is filed no more than 180 days prior to the inmates release to obtain birth certificate. Re-entry Coordinator ensures birth certificates are sent to a secure location that has been approved by the inmate. Upon receipt, the birth certificate is stored in the inmate's COSIG clinical chart.

b. State Issued ID

Within ten (10) days, of release, date at which ADC ID expires, the Re-entry Coordinator will transport the inmate to ADOT to obtain a state issued ID. Prior to release, Re-entry coordinator will ensure inmate has proper documentation needed to obtain state issued ID. As part of completing the in prison treatment, ADC will pay for the cost of the state issued ID.

4. Housing

The Re-entry Coordinator will review the preparedness questionnaire with inmate to determine housing needs. Choices will include, but are not limited to: integration with family, transitional housing, shelter and personal housing. The housing plan will include how to maintain housing needs in the long term, and once completed, the plan will be placed in the RD book. The Re-entry Coordinator will prepare and present the housing plan at the inmates exit staffing.

a. Returning to Family

Should inmate be returning to family upon release, the Re-entry coordinator:

- Will contact inmate's family and ensure that family agrees with the decision to reintegrate inmate into family unit.
- Will ensure that family is aware of inmate's medical and medication needs.
- Will ensure that family is supportive of inmate's decisions regarding sobriety.
- Will assist family in becoming part of the inmate staffing prior to release.
- Will design plan with inmate to obtain any needed family counseling, parenting classes and relationship management skills.

b. Transitional Housing

Should inmate be seeking transitional housing, the Re-entry Coordinator:

- Will help the inmate find transitional housing that will accept inmate with co-occurring issues.
- Will help the inmate find transitional housing that will accept individuals on psychotropic medications (if necessary).
- Will help the inmate submit appropriate paperwork for parole approval of address with seven (7) months prior to release.
- Will help the inmate complete any additional requirements made by transitional house.

c. Shelter

Should inmate be seeking shelter housing, Re-entry Coordinator:

- Will help the inmate find a shelter that will accept inmate with co-occurring issues.
- Will help the inmate find a shelter that will accept individuals on psychotropic medications (if necessary).
- Will help the inmate submit appropriate paperwork for parole approval of address.
- Will help the inmate complete any additional requirements made by the shelter.
- Will ensure that the inmate obtains a copy of the inmates continuity of care form that is prepare and requested from the units psych nurse.

d. Apartment (personal rental)

Should the inmate be seeking to rent his own place, the Re-entry Coordinator:

- Will ensure that treatment team is in agreement
- Will ensure that inmate has an attainable budget set up
- Will ensure that inmate is capable of living on his own
- Will aid inmate in finding an appropriate rental unit
- Will help inmate submit appropriate paperwork for parole approval of address
- Will ensure that inmate fully understands requirements of living on his own.

Within fourteen (14) days prior to release, the Re-entry coordinator and inmate will prepare a food and household needs list. Within 24 hours of release, the Re-entry coordinator will transport inmate and help him to obtain a community food box, if needed.

5. ENTITLEMENTS

The Re-entry Coordinator and inmate will complete and forward an AHCCCS application seven (7) days prior to release to ensure inmate is enrolled as Title XIX. If necessary, within 72 hours of release, the Re-entry Coordinator will transport the inmate to the local DES office to apply for all entitlements, including but not limited to, food stamps and general assistance.

Additionally, the Re-entry Coordinator and inmate will complete an application for Social Security benefits thirty days prior to release.

6. TRANSPORTATION

The Re-entry Coordinator will review the preparedness questionnaire with inmate and develop a viable transportation plan prior to release. If needed, the Re-entry coordinator will educate the inmate on how to use public transportation, providing bus passes, route maps and phone numbers.

Included in inmate's RD book, which inmate receives upon release is no less than five (5) one-trip bus passes. Within five (5) days of release, the Re-entry Coordinator will transport the inmate to the public transportation office, and inmate will apply for a thirty (30) day bus pass or a handicap "H" card. The Re-entry Coordinator will obtain and complete necessary forms to obtain a low income or disability reduce monthly bus pass.

7. EMPLOYMENT

If housing or other programs in which inmate is enrolled require or provide **NO** other employment plan, within seven (7) days of release the inmate and Re-entry Coordinator will complete an application at the One Stop Center.

8. TREATMENT SERVICES

Within five (5) days of release, the Re-entry Coordinator and inmate will complete an Intake-For-Services, utilizing the already scheduled appointment set up by RBHA. Within thirty (30) days of release, the Re-entry Coordinator will facilitate a staffing with the community treatment team.

9. GENERAL MEDICAL HEALTH SERVICES

Within 24 hours of release, the Re-entry Coordinator and the inmate will contact the AHCCCS office to inquire on the inmate's status. If AHCCCS has been approved, the Re-entry Coordinator and inmate will schedule an intake with the assigned PCP. This intake will include a complete physical to assess current medical, dental and vision needs.

If AHCCCS has not been approved, the Re-entry Coordinator will refer the inmate to the county medical program for the homeless. In Pima County, this is El Rio; in Maricopa County this is the Department of Public Health.

10. DOCUMENTATION

All program participants will have a clinical file as part of their services in the in-prison component of the Co-Occurring Disorders Treatment program. This will include an ITRP written with the participation of the inmate and the entire integrated treatment team. The intent of having the inmate keep their own RD book is that this is a living document and allows them to be invested in their recovery and successful re-integration into the community.

11. FAMILY INTERACTION

Upon intake into the program, Re-entry Coordinator will make an assessment of family/significant other relationships identified by the inmate. With the participants signed request, the Re-entry Coordinator will contact the family/significant other. The Re-entry Coordinator will obtain the necessary consent to share the participant's information with the family members/significant others and will be invited to participate in the treatment planning and "staffing" processes for the participating inmate. Those family members who have been deemed as a potential residence for the inmate upon release will be included in the release planning 120 days prior to actual release date. One of the purposes will be to educate the family members on the ITRP. The Re-entry Coordinator will conduct a family needs assessment by telephone 120 days prior to release and will attempt to educate family members about the importance of treating co-occurring disorders and will include, but not be limited to, aiding in setting up community education about the substance abuse and mental health issues facing their family members.

12. ALUMNI GROUPS

As part of post-release re-entry services, participants who successfully complete the in-prison program will be encouraged to attend monthly alumni meetings. These meetings will be co-facilitated by a former inmate and an ADC Substance Abuse Counselor. These meetings will take place at a community location. Meetings will provide a recently released inmate with social supports and aid in their recovery and mental health stability.

COORDINATION WITH RBHA (REGIONAL BEHAVIORAL HEALTH AUTHORITY)

ADC, DBHS and the Governor's Office are collaborating on a project to help adult inmates in the Arizona State Prison Complex Tucson-Manzanita Unit obtain appropriate behavioral health services when re-entering the community. The

ADC COSIG Re-entry coordinator and RBHA/treatment provider shall coordinate and implement access to services.

ADC/RBHA CONTINUITY OF CARE REFERRAL PROTOCOL

- The Arizona Department of Corrections (ADC) COSIG Re-entry coordinator shall assist the COSIG Participant to complete and sign a “Request for RBHA History” form 7 months prior to the participant’s release.
 - The ADC COSIG Re-entry Coordinator will fax the completed request to the appropriate RBHA.
 - The RBHA shall review the request form and document any previous RBHA History limited to the following:
 - RBHA History – shall include enrollment with another RBHA.
 - RBHA Program Indicator.
 - Treatment Provider assignments.
 - The RBHA shall return the completed “Request Form” within 5 working days of receipt.
- The ADC COSIG Re-entry Coordinator prepares release plan no later than 7 months prior to release and forwards to the ADC Corrections Officer III who prepares the release packet.
- The ADC COSIG Re-entry Coordinator will complete and fax a “Behavioral Health Referral” form and fax within 45 days prior of the COSIG participant’s release to the RBHA and parole office. The requested RBHA will complete the referral form and fax return to the COSIG Re-entry Coordinator within 7 working days of receipt.
- Parole Officer and RBHA/treatment representative shall attend COSIG participant’s exit staffing 30 days prior to release.

RE-ENTRY NEEDS

Re-entry Coordinator will review preparedness questionnaire with inmate 30 days prior to release and will secure the following if needed:

1. CLOTHING

Inmate will receive one full change of clothing upon release if requested.

2. FOOD BOXES

Re-entry Coordinator will transport inmate within 24 hours of release to obtain a food box if requested.

3. TOILETRIES

Inmate will receive basic toiletry kit upon release if requested.

4. CONTACT INFORMATION

Within RD book inmate will have emergency contact information for their:

- **Re-entry Coordinator**
- **Parole Officer**
- **Treatment Providers**
- **Housing**

CRISIS MANAGEMENT

Each inmate's RD book will include a list of emergency contact numbers. The inmate will be given a phone card to use in the event that any crises should arise. The inmate will also have the phone number of the ADC treatment team, should the inmate need additional assistance. Contacts will include but not be limited to: County Crisis Services, PCP number, treatment provider, help on-call, family and friends who have agreed to assist the inmate during a crisis and ADC treatment team staff.

1. RAP PLAN (RECOVERY ASSISTANCE PLAN)

Each inmate and the treatment team will develop a RAP Plan 30 days prior to release. This plan will be included in the inmate's RD book. The RAP Plan will be presented to the in-prison community prior to the inmates release.

24-Hour Crisis Services Pima County

If you are located in Pima County, contact SAMHC Behavioral Health Services, the community wide crisis services provider, at 520-622-6000 or 1-800-796-6762.

If you are located in Graham, Greenlee, Santa Cruz or Cochise Counties, contact Southeastern Arizona Behavioral Health Services (SEABHS), at **1-800-586-9161**.

24-Hour Crisis Services Maricopa County

When you or someone you love is in a life-threatening situation, just pick up the phone and call. Don't wait another minute; help is just a call away.

(602) 222-9444

Toll-Free: (800) 631-1314

Hearing Impaired: (602) 274-3360

All RBHA Members should have a crisis plan as a part of their Individualized Service Plan. If you are not sure how to access after hours crisis services through your agency, please check with your provider to determine after hours emergency procedures for future situations.

2. COMMUNITY SAFETY FOR THE ARIZONA DEPARTMENT OF CORRECTIONS:

Agency Strategic Issues and Goals

STRATEGIC ISSUE 1: Improving Public Safety Now through Facility and Field Operations by Employing Corrections' Best Practices.

GOAL 1: Ensure all agency personnel are proficient in the department's core correctional competencies and adhere without exception to all core correctional policies and procedures.

GOAL 2: Create an environment in a secure setting that promotes opportunities for offenders to practice civil and productive behavior while under the state's supervision.

GOAL 3: Provide a continuum of sanctions, supervision strategies, and program services that facilitates released offenders to become self-sustaining and law-abiding citizens.

STRATEGIC ISSUE 2: Improving Public Safety later by reducing Relapse, Revocation And Recidivism

GOAL 4: Prepare offenders throughout their sentence at ADC to successfully re-enter society and remain crime free and self-sustaining.

GOAL 5: Release inmates and discharge parolees as civil and productive ex-offenders.

STRATEGIC ISSUE 4: Providing victim-focused and victim-friendly services to crime victims and survivors.

GOAL 9: Expand victims' access to the Department, provide meaningful contact for victims with offenders, and offer credible support services to victims and their families.

GOAL 10: Provide opportunities for offenders to be involved in victims' focused activities that will help them better understand the impact of their criminal conduct on crime victims and to make amends for their unlawful behavior.

3. SPIRITUALITY IN OFFENDER MANAGEMENT

Spirituality is about:

- *recognizing*, accepting, appreciating and nurturing the inner spirit, the soul that makes each of us a human being
- *understanding* that the soul is the source of all the positive qualities and values that enrich our lives such as compassion, honesty, respect and co-operation
- *realizing* that we have a choice as to how we use our inner resources
- *focusing* on the good within others and transcending the labels and barriers of gender, race, religion, class and culture that often separate us from our common humanity
- *empowering* our innate goodness in order to develop the inner strength, peace and energy, so enabling us to deal more effectively with the challenges of modern life and make a more positive contribution to the world
- *discovering* the spiritual laws that govern our existence and give a deeper meaning and purpose to our lives
- *re-connecting* with a higher source

6. Can you live alone?

Yes No

7. Are you able to shop for food and cook?

Yes No

8. Have you ever made **and** stuck to a household budget?

Yes No

9. Do you have a place to go when you are released?

Yes No

If yes, please describe:

IMPORTANT PEOPLE:

10. Are you currently in a relationship?

Yes No

If **Yes**, please describe your current relationship:

Married

Married but separated

Divorced

Single, never married

In a committed relationship, not married

Widowed

11. If you are currently in a relationship, is your partner incarcerated?

Yes No

12. If you are in a relationship, do you plan to return to your partner?

Yes No

13. Do you have children? (If answer is no, go to question 18)

Yes No

14. When did you last have contact with your children?

Month _____ Day _____ Year _____

15. Do you have adult children currently incarcerated?

Yes No

16. When did you last have contact with your children's current caregiver (if they have one)?

Month _____ Day _____ Year _____

17. Please list the approximate ages of your children.

Gender	Approximate age of child	Last known City, County and State of Residence

18. Are there people on the outside you have not had contact with that you wish to re-establish contact with?

Yes (If yes, please fill out table below) No

Relationship to you:	Last known contact information:	Last date of contact:

19. Do you need help contacting the people listed above?

Yes No

20. Do you want any of them to be a part of your release plan?

Yes No

21. Do you have anyone waiting for you on the outside?

Yes No

If yes, who?

What is their contact information?

Phone number _____ Address _____

EDUCATION/TRAINING:

22. Are you a Veteran of the Armed Forces?

- Yes No

If yes, do you know if you are eligible for benefits?

- Yes No

23. What is the highest level of school you have attended?

- | | |
|--|---|
| <input type="checkbox"/> Less than 6 th Grade | <input type="checkbox"/> G.E.D |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> Less than 2 years College/Technical School |
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Professional Degree/Ph. D |
| <input type="checkbox"/> 12 th grade | |

24. What is the highest level of school you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Less than 6 th Grade | <input type="checkbox"/> G.E.D |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> Less than 2 years College/Technical School |
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Professional Degree/Ph. D |
| <input type="checkbox"/> 12 th grade | |

25. Where were you employed the longest before you came to the Department of Corrections?

26. Do you have specialized training relating to employment? (Examples include: skills, licensing or certifications)

- Yes No

If yes, please describe:

27. What are your interests regarding employment post release?

PERSONAL NEEDS:

28. Will you need clothing once you are released?

Yes (if yes, please fill out table below)

No

Pants size	Shirt Size	Shoe size

29. Will you need toiletries once you are released?

Yes No

30. Do you use a calendar to keep track of you appointments, meetings or special events?

Yes No

31. Have you ever used public transportation?

Yes No

32. Do you have any financial obligations that need to be taken care of once you are released (Not including child support or alimony payments)?

Yes No

If yes, please describe:

33. Do you owe child support?

Yes No

34. Do you have any unresolved legal matters that you need to take care of once you are released?

Yes No

If yes, please describe:

If yes, what City, County and State are the legal issues in?

City_____ County_____ State_____

35. Are you registered as a sex offender in a state other than Arizona?

Yes No

36. Did you have a driver's license on the outside?

Yes No

37. Do you have any form of legal photo ID other than a driver's license?

Yes No

GENERAL MEDICAL ISSUES:

38. Did you have a Primary Care Provider on the outside?

Yes No

If yes, when did you last see them?

Month_____ Day_____ Year_____

If yes, what did you see them for?

39. Do you have any general medical (**not including** mental health or substance abuse) needs that would require you to see a doctor on a regular basis?

Yes No

If yes, please describe:

40. Do you take medications for any general medical (**not including** mental health or substance abuse) needs?

Yes (if yes, please fill out table below) No

Name of medication	Reason for taking

41. Do you use glasses?

Yes No

If yes, do you have glasses now?

Yes No

42. Do you use a hearing aid?

Yes No

If yes, do you have one now?

Yes No

43. Can you walk without help?

Yes No

44. Do you need assistance to get up or down stairs?

Yes No

45. Do you need dental care?

Yes No

If yes, please describe:

MENTAL HEALTH/SUBSTANCE ABUSE NEEDS:

46. What medications are you currently taking for mental health issues?

Name of medication	Reason for taking

47. Do you know your diagnosis?

Yes No

If yes, what are you currently diagnosed with?

48. What medications have you taken in the past for mental health issues (if you've never taken anything different than the medications you currently take, there is no need to fill out table)?

Name of medication	Reason for taking

49. Did you ever receive mental health services on the outside?

Yes No

If yes, what is the name of your service provider?

50. Did you attend any kind of support group on the outside for mental health or substance abuse issues on the outside?

Yes No

51. What is your drug of choice? _____

52. Have you ever attended a 12-step or support group that utilized sponsors
 Yes No

53. Did you have a sponsor?
 Yes No

If yes, do you have the name and contact information of your sponsor?
 Yes No

Would you like to contact your sponsor before your release?
 Yes No

54. Have you ever attended a SMART Recovery Meeting:
_____ Yes _____ No

55. What do you think will help you stay clean and sober and maintain your recovery program?

56. What do you think will help you keep your mental health issues in check?

SOCIAL QUESTIONS:

57. Please indicate your religious preference: _____

58. Is it easy for you to ask other people for help?
 Yes No

If no, what do you think will assist you in learning to ask for help?

59. What do you like to do for fun?

60. Have you ever belonged to any clubs or social organizations on the outside?

Yes No

If yes, please name them: _____

61. Do you have any hobbies?

Yes No

If yes, please describe:

RELEASE QUESTIONS:

62. Do you have a plan for your first night of release?

Yes No

If yes, please describe:

63. Where do you see yourself 1 month after your release?

64. Where do you see yourself 3 months after your release?

65. Where do you see yourself 6 months after your release?

66. What are your concerns about your release?

67. Who can you talk to about these concerns?

67. Do you have a birth certificate: Yes No

68. What state, county were you born in: _____

69. If no birth certificate, if there someone on the outside that could get a copy for you:

Name: _____ Address: _____ Phone: _____

Thank you for taking the time to fill out the questionnaire. The answers you provided will be used to help you and your team plan for your release. If you have any questions or concerns about your release or the questions asked here please talk to any member of the treatment team.

APPENDIX B: INDIVIDUAL TRANSITIONAL RELEASE PLAN (ITRP)

Individual Transitional Release Plan (ITRP)				
Inmate Name:		Date of Birth:		Today's Date:
Last	First	M.	__ / __ / ____ mm d d y y	__ / __ / ____ mm d d y y
Gender:	ADC ID #		Date of Admission:	Projected Release Date:
<input type="checkbox"/> M <input type="checkbox"/> F	SSN #		__ / __ / ____ mm d d y y	__ / __ / ____ mm d d y y
Name of Facility:		Name of Re-entry coordinator:	County, City of Release and Primary RBHA:	

Needs in the community after release	Action taken 180 days prior to release	Action taken 90 days prior to release	Action taken 30 days prior to release	Final plan:
--------------------------------------	--	---------------------------------------	---------------------------------------	-------------

Integrated Service needs: (Check if needed)				
	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____

Medications- Psychotropic: (Check if needed)				
Other:	__ / __ / ____	__ / __ / ____	__ / __ / ____	__ / __ / ____

Housing: Family Transitional Shelter/Halfway Rental Unit Homeless Other: _____ _____ _____	--/--/----	--/--/----	--/--/----	--/--/----
---	------------	------------	------------	------------

	--/--/----	--/--/----	--/--/----	--/--/----
--	------------	------------	------------	------------

Medical Health Care Benefits: (Check if needed)	--/--/----	--/--/----	--/--/----	--/--/----
---	------------	------------	------------	------------

Income/Support Benefits: (Check if needed)				
--	--	--	--	--

Food & Clothing needs: (Check if needed)				
--	--	--	--	--

Transportation needs: (Check if needed)	 --/--/----	 --/--/----	 --/--/----	 --/--/----
Social Support needs: (Check if needed)	 --/--/----	 --/--/----	 --/--/----	 --/--/----
Family/important others: (Check if needed)	 --/--/----	 --/--/----	 --/--/----	 --/--/----
Household/financial issues: (Check if needed)	 --/--/----	 --/--/----	 --/--/----	 --/--/----

Education needs: (Check if needed)				
	--/--/----	--/--/----	--/--/----	--/--/----

Employment needs: (Check if needed)				
	--/--/----	--/--/----	--/--/----	--/--/----

Other needs:				
	--/--/----	--/--/----	--/--/----	--/--/----

ITRP participant's signatures

Inmate: _____

Date: __/__/----

Re-entry coordinator:

Date: __/__/----

Date: __/__/----

MH Counselor: _____

Date: __/__/----

SA Counselor: _____

Date: __/__/----

C.O III: _____

Date: __/__/----

Parole Officer: _____

Date: __/__/----

Project Coordinator: _____

Date: __/__/----

Family/significant others: _____

Date: __/__/----

Family/significant others: _____

Date: __/__/----

Family/significant others: _____

Date: __/__/----

Other: _____

Date: __/__/----

Other: _____

APPENDIX C: COUNSELOR INSTRUCTIONS FOR ITRP/QUESTIONNAIRE

Instructions for completing the COSIG Re-Entry Questionnaire and Checklist are as follows:

Re-Entry Questionnaire

1. It is recommended that the form be completed for all inmates with co-occurring disorders within 5 days of entering the program.
2. Staff should share with the inmate that the purpose of this worksheet is to have the inmate self look at what they can do, what they have done, and what they may need to re-entry into the community.

Re-Entry Checklist

1. Discuss each Recovery Service Area with the inmate to determine if there is a need to include in the RD binder.
2. If you have determine a need check the box on the ITRP.
3. In the Potential Needs column write down the Id need... ie. Inmate will be homeless
4. Under the 6-month section list what need to be done during the next 6 months to address the identified need, i.e., Inmate completes a housing needs assessment during the next 6 months.
5. Under the 120-day section, record the progress and status of section 6 month. Also include what needs to be addressed in the 30-day section. The 120-day section will be review by the COSIG treatment team and will also include Parole and the RBHA.
6. 30-day section will have final outcome of all identified needs. The final section will be used to create the RD section of the inmate's binder.
7. Staff will indicate the steps needed to set-up identified services and dates that have been completed. If multiple staff is completing this form, each person will identify the steps that he/she has completed in the section with initials as well as name at the top of this form.

APPENDIX D: RBHA/ADC REQUEST FOR SERVICES FORM

RBHA/ADC Request for Services Form			
Inmate Name:		Date of Birth:	Date referral completed:
Last	First	M.	
		__ / __ / ____	__ / __ / ____
		mm d d y y	mm d d y y
Gender:	ADC ID #	Mental health Score:	Release Date :
<input type="checkbox"/> M			
<input type="checkbox"/> F	SSN #	Substance Abuse Score:	__ / __ / ____
			mm d d
Name of Facility:	Name of Re-entry coordinator:	County, City of Release and Primary RBHA:	

Release Address: _____

Pima County Maricopa County Other AZ County

Check if homeless upon release

Reason for Referral/Presenting:

Service Requested: Substance Abuse Mental Health SMI

Release Date: _____ Supervision End Date: _____

Criminal or Sentencing History Related to Referral (including Violence or Sex Offense):

History of Substance Abuse or Psychiatric Treatment:

Incident	Date

Medical Problems/Medications:

Medical Issue	Medication

CONSENT TO RELEASE INFORMATION:

I, _____ (Print Inmates Name), hereby consent to communication between my assigned RBHA the Arizona Department of Corrections (ADC), and to providing my referred RBHA behavioral health/substance abuse services.

The purpose for this disclosure is to allow the release of clinical information between ADC; my Parole Officer, assigned treatment provider, and my assigned RBHA. The information to be disclosed includes, but is not limited to, my clinical diagnosis, program attendance, program cooperation, clinical prognosis and all other pertinent information required to facilitate the most appropriate placement/treatment for my referred behavioral health services.

I understand this consent cannot be cancelled. It will remain in effect until either my parole is completed or revoked. Any disclosure made between stated parties is bound by Part 2, Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and HIPAA. Information can be disclosed only in connection with official duties.

Date: _____ Parolee Signature: _____

RBHA RESPONSE

Previously RHBA enrolled: Yes No

Assigned Provider: _____

Intake Appointment Date/Time: _____

Origin: *5/6/03*

ParoleReferralForm (A)-1 .doc

Revised: *9/8/03*

PART TWO: WHAT I'M LIKE WHEN I'M NOT FEELING WELL:

PART THREE: WHAT ARE MY TRIGGERS:

PART FOUR: WHAT DO I NEED TO DO TO KEEP ME IN RECOVERY:

PART FIVE: SUPPORTERS

List those people you want to take care of you when the symptoms you listed are obvious. They can be family members, friends, or health care professionals. Have at least five people on your list of supporters.

Name: _____

Relationship: _____

Phone Number: _____

Task: _____

Name: _____

Relationship: _____

Phone Number: _____

Task: _____

Name: _____

Relationship: _____

Phone Number: _____

Task: _____

Name: _____

Relationship: _____

Phone Number: _____

Task: _____

Name: _____

Relationship: _____

Phone Number: _____

Task: _____

I do not want the following people involved in any way in my care or treatment:

Name: _____

Reason: _____

Name: _____

Reason: _____

Name: _____

Reason: _____

If my supporters disagree on a course of action, I would like the dispute to be settled in the following way: _____

PART SIX: MEDICATION

Physician: _____

Phone Number: _____

Physician #2: _____

Phone Number: _____

Pharmacy: _____

Phone Number: _____

List the medications you are currently taking and why you are taking them. Include the dosage and the name of the prescribing physician. Include over-the-counter medications and herbal supplements, including those you take only occasionally.

List the medications you would prefer to take if medications or additional medications became necessary, and why you would choose those.

List the medications that would be acceptable to you if medication became necessary and why you would choose those.

List the medications that must be avoided and give the reasons.

PART SEVEN: TREATMENTS

List treatments that help reduce your symptoms and when they should be used.

List treatments you want to avoid.

PART EIGHT: HOME/COMMUNITY CARE/ RESPITE CENTER

Set up a plan that you can stay at home or in the community and still get the care you need.

PART NINE: TREATMENT FACILITIES

List treatment facilities where you prefer to be treated or hospitalized if that becomes necessary.

List treatment facilities you want to avoid.

PART TEN: HELP FROM OTHERS

List those things that others can do or get you that would reduce your symptoms and help you get back to your recovery program:

List those things that you need others to take care of for you and who you want to do what.
