

REPORT TO THE LEGISLATURE  
Pursuant to P.A.124 of 2007  
Section 406(1)  
Minimum Standards for MPRI Sites and Expenditures

The Michigan Department of Corrections, along with our local partners, are moving the Michigan Prisoner ReEntry Initiative (MPRI) from its current statewide status to “scale” in Fiscal Year 2009 so that beginning on October 1, 2008 every prisoner who enters the system will have the benefit of the MPRI Model. Our goal is that by the time the Governor completes her second term on January 1, 2011 the Initiative will cease to exist as a project and will simply be the way we do business. In order for the Model to be fully implemented, MDOC has engaged in a process to interpret the Model for all of our policies, procedures, programs and funding streams and have a clear and productive line of communication from the top of our agency to the field where much of the work of prisoner re-entry takes place.

Our challenge is to simultaneously change the way we do business to achieve the mission of MPRI, while assuring that every new process is accountable and effective. As the Office of Offender ReEntry (OOR) and our partners work to take MPRI up-to-scale, we have engaged in an ongoing, stringent process of quality assurance as part of the implementation of the MPRI. Because of our commitment to continual quality improvement, OOR regularly improves the minimum standards of MPRI and makes modifications as necessary to increase its accountability and effectiveness. As part of the process, in addition to these preliminary standards, in January 2008 OOR will be convening local MPRI stakeholders and asking for their input into what additional minimum standards will help improve the quality and efficiency of MPRI. Following this series of focus groups, a survey will be sent to all MPRI teams to get their input on the full range of minimum standards. As a result of this iterative process, we will be well prepared to report to the Legislature, as required, in March of 2008 on the status and process for minimum standards.

The following are the preliminary minimum standards that MDOC has determined will ensure the Initiative is as effective and efficient as possible.

1. ***Acceptable Range for Administrative Costs:*** 10-15% of the total cost of the contract.
2. ***Local Program Results:*** Local program results are reported and quantified using an OMNI-compatible spreadsheet that codes the services delivered to each offender using MPRI funding. (see Attachment A)
3. ***Acceptable Range Per-Participant Expenditures:*** Because services are delivered through a tailored plan for each individual offender, the range of services varies from \$0.00 - \$10,500 per participant.
4. ***Referral Procedures:*** Procedures for referral and follow-up to substance abuse treatment and mental health treatment have been developed and are currently in place (see Attachments C and D). The referral process for prisoners with chronic healthcare needs or who are medically fragile is currently being redeveloped and folded into the Medically Fragile ReEntry Project that will be launched in 2008 (see Attachment B).

In summary, these preliminary minimum standards will be refined over the next few months as MDOC develops the report on standards to the Legislature that is due March 1, 2008.

Attachments

# Attachment A: Local Data Collection Spreadsheet

The following describes the fields that are currently part of the MPRI Data Collection Spreadsheet that local sites use to report program results.

- **Offender Name:** Field is automatically populated with an offender's name when an MDOC # is entered.
- **MDOC #:** Field for an offender's 6-digit identification number.
- **Date of Birth:** Optional field provided to sites.
- **Parole Date:** Optional field provided to sites.
- **Service Group:** Field consists of a drop down menu in which to specify an offender's service group. Choices are as follows: CRP, IRU, Max Out, MPRI, Parolee Increased Risk, TRV/IDRP
- **County:** Refers to the County in which the offender is being supervised.
- **Program Name:** Name of the service provider. Provider Names are presented in a drop down menu format. Providers are linked to the county selected in the prior field.
- **Program Type:** Refers to the area of service. Program Types are presented in a drop down menu format and are linked to specific program names. Examples: Employment, Shelter/Residential, Mental Health/Counseling, Substance Abuse Treatment, etc.
- **Service Type:** Describes the type of service being provided. Service Types are presented in a drop down menu format and are linked to Program Type. I.e., Program Type of Shelter/Residential – Service Types would include: Transitional Housing, Supportive Housing, Commercial Placement, Housing Assistance/Payment, etc.
- **Referral Date:** Initial date when an offender was referred to a provider.
- **Enrollment Date:** Date when a service began and/or was received.
- **Termination Date:** Date when a service was completed and/or terminated.
- **Termination Reason:** Field that contains a drop down menu of possible termination reasons. I.e., Absconded From Program, Absconded From Supervision, Death, Discharged from Supervision, Medically Ineligible, Poor Attendance, Refused to Participate, Successful Completion, etc.
- **Other:** Open field provided to sites for miscellaneous notes

# **Attachment B: ReEntry Healthcare Referrals**

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Currently, parolees without health insurance are referred to public health agencies to access the healthcare resources that are available to all other indigent community members. While parole agents take the lead in making these referrals, MDOC does not currently provide any additional resources to returning prisoners to manage their healthcare needs, and often parolees are left to coordinate their own care. MDOC is planning to expand on this minimum standard so that parolees have greater access to healthcare to meet their often chronic medical needs.

Through the Michigan Prisoner ReEntry Initiative (MPRI), MDOC has been piloting a re-entry health project based in Muskegon in partnership with the Muskegon Community Health Project (MCHP). The purpose of the pilot is to develop the referral and aftercare processes associated with establishing a medical care network for parolees with severe and chronic medical conditions through centralized administration in collaboration with local partners.

In August 2007, MDOC expanded this project to include a dozen medically fragile prisoners that were returning home to all parts of Michigan to examine the expansion of this preliminary system and test its statewide infrastructure. The project includes the following core components:

## **In-Reach**

The MCHP and/or its contractors conduct an initial “in-reach” to perform the following functions:

- Secure the medical record
- Conduct a Needs Assessment
- Determine calendar/release
- Identify “home” (what county- community)
- Provide benefit enrollment support

The Central navigation staff track all of the processes identified and develop reporting mechanisms for MDOC.

## **Centralized Enrollment**

The MCHP centrally screen each parolee for eligibility in the following programs, develop applications and submit for assistance:

- Medicaid (including case management and physician documentation for CHORE services)
- Social Security benefits (using the SOAR evidence based practice)
- Veteran’s medical assistance, as well as any other benefits, including housing, nursing home and transportation assistance
- Food Stamp Program
- Pharmaceutical Assistance
- Adult Benefit Waiver
- Replacement of vital records/government based identification
- Inter-Tribal Council medical and other services for Native Americans
- Other – based on special needs

The Centralized Referral and Enrollment staff submit and monitor all applications and provide specialized enrollment support, especially in the area of applications for Social Security and Medicaid benefits. Specialized support through a single point of service reduce costs and result in higher success rates as seen through the implementation of the SOAR program for the application of Social Security benefits.

## **Medical Home Referral**

The MCHP identifies medical homes for referral of parolees. The MCHP and its network use the 27 federally qualified health centers with 126 service sites and the 3 federally qualified health centers (look-alike) with 13 service sites, the Blue Cross free clinics, the Michigan 2007 Medicare Participating Provider/Suppliers – Rural Health Clinics and the donated medical practice models and hospitals. A portion of the funds available to each parolee is offered to providers in the event that the parolee is not immediately eligible for SSI or other government programs providing reimbursement for care. The payee will be responsible for the payment of services and the payee will be monitored by the MCHP. Every parolee is placed into a medical home in his/her home community. Medical homes will be determined based upon accessibility, appropriate services and demonstrated use of best practice models for disease management.

## **Local (Community Based) Navigation**

The MCHP has entered into a unit-based subcontract with locally functioning health care consortia/networks that are able to develop and administer local navigational programs for parolees. Local navigators consist of community health workers who are responsible for locally-based advocacy and support to the parolee. Where possible this infrastructure will cover a regional area. Each navigator:

- Works with the medical home on behalf of the central system and parolee
- Helps coordinate support services to the parolee including housing, transportation, etc. Once housing is identified, the local navigator will assist in the negotiations of the rate and provide such information as needed for the MCHP to develop a contract for the housing
- Integrates him/herself into local MPRI activities (where possible) and access support community services through these networks

The local navigators ensure that:

- Appointments are kept
- Notification to MCHP of specific medical needs that will require additional contracts, i.e. physician services may need to be paid until the parolee is Medicaid eligible. The local navigator will negotiate for the best price and submit its recommendations to the MCHP for the contracted services
- Pharmaceutical assistance is in place
- Ensure that other medical services are in place
- Data is entered about the physical and dental health status of the parolee on a web based electronic record
- Link the parolee with faith-based organizations
- Link the parolee with education programs for disease management
- Meet with the parolee in their housing at least once per month to ensure that care is being adequately provided and that the contract requirements are being met by the provider of the housing

## **Support Services**

MCHP enter into unit-based contracts with a contractor able to *supply housing with medical support* for parolees unable/unwilling to receive such care at home. The type of housing is based on the treatment needs identified in the initial assessment. The contractor will supply nursing home beds and other appropriate facilities for stabilizing the parolee's health.

The MCHP will provide limited funds via contracts with local physicians or durable medical suppliers until benefits are in place to reimburse for such services.

MCHP through its central navigational staff will identify special need cases for additional *wrap-around* including: HIV/AIDS; native and minority populations; those with mental illness and substance abuse history.

Following this pilot, MDOC is preparing an RFI that will be posted in mid-December to help guide the Department in the development of a statewide process to ensure medically fragile prisoners have the healthcare

services they will need when they parole. The Department will seek a qualified vendor to coordinate statewide services for medically fragile parolees.

The purpose of the Medically Fragile ReEntry Project is to provide targeted case management services for medically fragile individuals upon their release into the community. This program is intended to reduce the number of medically fragile prisoners past their ERD by establishing services allowing them to be safely released to the community where their healthcare needs and public safety restrictions can be addressed. Often when a prisoner is released with these healthcare needs, he or she is eligible for Medicaid and, coupled with funding for community health care under this project, will form the funding base for the Medically Fragile ReEntry Project.

# Attachment C: Substance Abuse Treatment

Number: 2005-01 (REVISED)

Effective Date: 11/21/2007

## FOA MEMORANDUM

**TO:** All Field Staff

**FROM:** John S. Rubitschun  
Field Operations Administration

**SUBJECT:** Referrals to Residential Substance Abuse Treatment and Transitional Housing

Access to MDOC funded residential substance abuse treatment programs is restricted to those cases for which such treatment has been pre-approved by the Substance Abuse Section (SAS). If SAS determines that residential substance abuse treatment is not justified, the offender shall be referred to outpatient or other available alternatives.

Residential substance abuse treatment programs that receive Office of Community Corrections (OCC) funding will not be managed under this system. Field agents should continue to access OCC programs as established by local guidelines.

Referrals to MDOC funded residential substance abuse treatment, Domiciliary Intensive Outpatient Program (DIOP) OR SAS Transitional Housing shall be documented in case notes and in the Transition Accountability Plan (TAP). Referrals are completed as follows:

- The supervising or referring agent shall complete the CFJ-306 in OMNI within Reports/Offender Booking Reports and then direct an e-mail to [MDOC-OSAS@michigan.gov](mailto:MDOC-OSAS@michigan.gov) as notification of the referral. The subject line of the e-mail shall be "Referral" followed by the offender's name and MDOC number. Due to confidentiality laws, it is imperative that the referring agent forwards the CFJ-306 to the appropriate e-mail address as identified above.

Note: The CFJ-306 must be completed in OMNI before a referral is made. If e-mail is unavailable, the supervising agent shall fax notification of the referral to SAS at (517) 241-8490, using the subject information as noted above.

- SAS is responsible for screening all referrals to MDOC funded residential substance abuse treatment programs while reviewing the CFJ-306 and offender case notes in OMNI. For those offenders who carry the MPRI designation, SAS will review the goals and tasks in the TAP. To be eligible for services the TAP must include goal and a task for housing or residential treatment.

Note: In order to guarantee availability of accurate screening data, the supervising agent shall ensure that offender information recorded in OMNI (e.g., case notes, SA test results, employment,

residence, previous treatment, etc.) and the TAP is complete and up-to-date. This includes but is not limited to all tabs within Assessment/Case Planning, Offender Details and the Needs and Goals contained within the TAP.

- SAS staff will contact the supervising and/or referring agent once the screening is complete and will advise whether residential substance abuse treatment, DIOP, or SAS Transitional Housing is approved. If approved, SAS will provide the program referral information including treatment location, contact person, date and time of entry via e-mail. If residential substance abuse treatment, DIOP or SAS Transitional Housing is denied, SAS will provide the reason(s) for denial to the supervising and referring agent if applicable.
- As part of the MPRI process to address gaps in service capacity for parolees in need of residential treatment and/or transitional housing, Program Services Unit (PSU) staff within SAS will review referrals that were denied due to lack of existing financial resources. Referrals that were denied will be considered for placement with a provider (residential or transitional housing) only for those parolees designated to obtain MPRI services. Placements will only occur for those MPRI parolees who have a completed TAP which identifies the Need and a requested Task.
- The supervising agent shall document the SAS response in case notes and in the TAP within the Task field area ensuring the offender is either instructed to enter residential substance abuse treatment, transitional housing (as provided in the SAS program referral information) or referred for outpatient or other available alternatives. This includes processing the request to the Parole Board for added special conditions as needed. Supervising agents shall coordinate transportation to residential and transitional housing locations.
- Immediately upon receiving SAS approval for placement in residential substance abuse treatment, the supervising agent shall record the referral in the OMNI Offender Referral tab of Contract Management/Offender Referral Maintenance and create the CFJ-140 in OMNI within the Reports/Program Assignment Report. Agents shall also update the TAP within the Task field area.

SAS will assess for residential treatment placement and prioritize those placements based on established risk factors. Offenders that pose a significant risk to the public shall receive priority for residential treatment placement. Priority for the residential placement is based on the following criteria in identifying significant risk:

1. Offender type (i.e., prisoner, parolee or probationer).
2. The nature of the offense for which the offender is currently serving.
3. MDOC assault risk factors or COMPAS scores.
4. Type of drug abused (e.g. alcohol, heroine).
5. Substance use or abuse that is indicative of the need of substance abuse treatment in a residential setting in order to stabilize the offender (e.g., the offender is unable to maintain employment, has been evicted from their home placement or has been arrested regarding alleged criminal activity)
6. Prior residential treatment failures
7. Documented Need within TAP is required on all cases but will be applied only for those referrals initially denied but meet criteria above.

Examples of offenders that could receive priority:

1. Parolees serving for identified sex offenses
2. Parolees convicted of OUIL 3<sup>rd</sup>
3. Parolees with a MDOC assault screen of very high or high
4. Parolees with a COMPAS score of 8 to 10 on the violence and recidivism scales
5. Parolees with significant mental health history
6. Pregnant women
7. CRP prisoners



For offenders in need of emergency placement (i.e., an offender needing same-day placement due to medical needs or local detention limitations, etc.), the supervising agent or referring agent, when applicable; shall complete the CFJ-306 in OMNI within Reports/Offender Booking Reports and then telephone SAS at (866) 672-3800 to advise of the emergency referral. The remainder of the referral process shall be completed as indicated above. Note: If the need for emergency placement occurs when the agent does not have access to OMNI, SAS staff will complete the CFJ-306 in OMNI based on information provided during the telephone referral.

Once an offender is admitted into residential treatment, SAS staff will monitor the offender's treatment. While an offender is in residential treatment, the supervising agent shall establish the offender's appropriate supervision level at "CRP - Residential Drug Treatment" or "Parole Minimum Administrative" or "Probation Minimum Administrative".

SAS will make every attempt to advise the supervising agent/supervisor of the offender's estimated discharge date no later than two weeks prior to that date. The supervising agent shall ensure appropriate placement for offender success is arranged for all parolees but by coordinating with representatives from the MPRI Transition Team for all MPRI parolees. Supervising agents shall also ensure that reporting instructions are provided to the offender prior to release from treatment and documented in case notes.

Upon discharge or termination from residential treatment or transitional housing, the supervising agent shall immediately terminate the program referral in the OMNI Referral Termination tab in Contract Management/Offender Referral Maintenance as well as update the TAP within the Task area while also establishing the offender's appropriate supervision level.

DKS/TLC/CT:11/07



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

PATRICIA L. CARUSO  
DIRECTOR

*Sent Via E-Mail*

**Date:** November 30, 2007

**To:** MPRI Community Coordinators

**From:** Chris Trudell, Assistant Manager  
Office of Offender ReEntry

**Subject:** Increased Residential Substance Abuse Treatment and Transitional Housing  
Service Capacity for MPRI-Designated Parolees

Earlier this year, I gathered information from you with the goal of identifying funding and capacity gaps for residential treatment and housing. Many of you identified three general areas which needed improvement. These were the need for increasing capacity for both transitional housing and residential substance abuse treatment and the need for MPRI parolees to gain quick access to these services.

With this in mind, the Office of Offender ReEntry, Field Operations Administration and the Office of Substance Abuse Services, collaborated on a funding arrangement to address all three areas. This effort successfully increased capacity within our state-administered contract structure to support more beds for housing and treatment and improved procedures to streamline access to these services for MPRI parolees.

As most of you know, many parolees may not have received timely services due to a lack of resources in funding or bed capacity. This new resource will prevent that from happening.

This plan is not intended to supplant the existing Administrative Agency governance structure which supports meeting gaps through creating capacity at the local level. It is intended to provide a needed resource for eliminating gaps within our state-level system. Creating capacity is most effective when coordinated through the local level and our role, at the state level, can be most effective when supporting that effort through both improving our state-level system to be responsive to local needs and encouraging our local partners to target resources to create capacity where none exists. Consistent with this approach, funding for this fiscal year will be administered centrally within the Office of Offender Reentry specifically working through our existing state-level contract system to provide increased capacity to meet your local needs with the caveat that local efforts continue to create capacity where none exists.

With this effort, access to these services have been streamlined to ensure bed capacity is available to service MPRI parolees who would have otherwise not gained access due to capacity or funding limits. Our Department's Office of Substance Abuse Services will manage this process and an internal operating procedure has been established to ensure that all MPRI parolees will be streamlined quickly into care.

Every effort will be made to place parolees in the nearest available provider location, consistent with that provider's acceptance criteria and the services they provide, but we cannot guarantee a location. The last page of this memo contains a provider index which lists participating providers and the services for which we've increased capacity.

Documentation of these services has been improved consistent to a recently revised Field Operation Memo entitled; 2005-01 Referrals to Residential Substance Abuse Treatment and Transitional Housing (see attached FOA Memorandum). Improvements include requiring the Transition Accountability Plan (TAP) be updated as the basis for the referral and that continued documentation of these services occur through discharge.

As the year progresses, I will be in contact with each of you to see how this process has impacted your area as your continued feedback is essential.

Your comments, concerns and questions are always welcome. Please continue to contact me at any time @ (517) 241-5674 or e-mail @ [trudelcm@michigan.gov](mailto:trudelcm@michigan.gov).

Attachment - FOA Memorandum 2005-01 (Revised)

cc: Dinah Moore, Field Operations Regional Administrator  
Mike Glynn, Field Operations Regional Administrator  
Darlene Schimmel, Field Operations Administrator  
Ken Brzozowski, Administrator, Office of Community Corrections  
Le'Ann Duran, Manager, Office of Offender ReEntry  
Beth Arnovitz, Executive Director, Michigan Council on Crime and Delinquency  
Tom Combs, Manager, Substance Abuse Services  
FOA MPRI Co-Chairs  
MPRI Resource Liaison Team  
James Yarborough, Policy and Community Development Administration  
Yolanda Perez, Office of Offender ReEntry  
Ontay Johnson, Office of Offender ReEntry  
File

| <b>MPRI Capacity Provider Index</b>         |                        |  |                                       |
|---|------------------------|--|---------------------------------------|
| <b>Provider</b>                             | <b>County Location</b> | <b>MPRI Residential Treatment Beds</b> | <b>MPRI Transitional Housing Beds</b> |
| Salvation Army Harbor Light - Detroit       | Wayne County           | Yes                                    | Yes                                   |
| SHAR  | Wayne County           | Yes                                    | No                                    |
| Detroit Rescue Mission                      | Wayne County           | No                                     | Yes                                   |
| ARETE                                       | Saginaw                | Yes                                    | No                                    |
| CPI   | Oakland                | Yes                                    | No                                    |
| Saginaw Psychological Services              | Saginaw                | Yes                                    | No                                    |
| Salvation Army Harbor Light – Monroe/Macomb | Monroe/Macomb          | Yes                                    | No                                    |
| Turning Point Recovery                      | Oakland                | No                                     | Yes                                   |
| New Paths Inc.                              | Genesee                | No                                     | Yes                                   |
| CEI House of Commons                        | Ingham                 | Yes                                    | No                                    |
| Great Lakes Recovery                        | Marquette/Chippewa     | Yes                                    | Yes                                   |
| Harbor Hall                                 | Petoskey               | Yes                                    | Yes                                   |
| Project Rehab                               | Kent                   | Yes                                    | Yes                                   |
| Addiction Treatment Services                | Grand Traverse         | Yes                                    | Yes                                   |
| Kalamazoo Probation Enhancement             | Berrien/Kalamazoo      | No                                     | Yes                                   |
| Alternative Directions                      | Kent                   | No                                     | Yes                                   |
| Sunrise                                     | Alpena                 | Yes                                    | Yes                                   |

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| <b>MICHIGAN DEPARTMENT OF CORRECTIONS<br/>DRAFT<br/>PROGRAM SERVICES UNIT</b>          | <b>Revision Date:</b><br><br>11/7/07 | <b>Procedure Number</b><br><br>01.02 |
| <b>SUBJECT:</b><br>Placement of offenders on the waiting list for Residential Services | <b>Page:</b><br><br>1 of 4           |                                      |

**OBJECTIVE:** To establish a procedure for the prioritizing the placement of offenders when financial capacity for residential services is reached. To ensure that Transition Accountability Plans for MPRI designated offenders are updated to accurately document the delivery of services coordinated through the Substance Abuse Services Section. To ensure that services managed by SAS, but financed through separate administrative funding streams, are verifiable through billing documentation and documentation within the Transition Accountability Plans.

**INFORMATION:**

- A. The Department of Corrections' Substance Abuse Services (SAS) Section contracts with residential service providers to provide a variety of services to offenders identified by the Department's Field Agents. The SAS Manager is responsible for establishing an average or target bed count that is sustainable, given the financial resources available for residential services. The SAS Manager shall communicate this target bed count to the Program Services Unit (PSU) supervisor. The PSU supervisor shall monitor the actual bed count on a regular basis. Should the actual bed count be at or lower than the target bed count, then the residential services network shall be in OPEN status. If the actual bed count is higher than the target count the network shall be in WAIT LIST status. The PSU supervisor shall be responsible for keeping the PSU coordinators informed of the network status.
- B. SAS prioritizes treatment placements based on the department's risk screening instruments, the offender's status, their history of substance abuse and degree of incapacity due to substance abuse or mental health status. Some offenders are considered a priority for immediate placement in a residential substance abuse treatment facility based on their criminality, mental health or medical status. These Priority Placement offenders include:
1. Paroled Sex Offender
  2. Parolees convicted of OUIL 3<sup>rd</sup>
  3. Parolees with a MDOC screening Very High or High Assault Risk
  4. Parolees with a COMPASS score of 8 to 10 on the violence and recidivism scales
  5. Parolees with significant mental health history
  6. Pregnant women
  7. CRP prisoners
- C. Offenders that are not considered Priority Placement shall receive a Secondary Placement designation. Secondary Placements shall be placed on the waiting list for services when the network is in WAIT LIST status. While on the waiting list for services, PSU placement coordinators shall assign the offender to one of the following four categories:
1. Category One
    - a. Parolees completing IDRP or TRV with a SASSI score of 4 or a SASSI score of 3 and commercial placement.
    - b. Parolees with significant and current alcohol or drug use
    - c. Area Manager ordered treatment with evidence of drug dependence.
    - d. Parolees whose drug of choice is highly addictive (e.g., heroin, cocaine, methamphetamine)

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2. Category Two
  - a. Evidence of frequent use of drug of choice (other than marijuana).
  - b. Parolees with two or more positive urine samples in the last three months.
  - c. Completed residential treatment in the last twelve months with current frequent use.
  - d. Area Manager order treatment with evidence of regular use.
3. Category Three
  - a. Parolees with little evidence of regular drug use but with a history of alcohol or drug dependence.
  - b. Parolees with Low assault risk with erratic pattern of use.
  - c. Parolees with current noncompliance or poor prognosis in outpatient treatment but no evidence of significant current use.
  - d. Parolees with positive drug tests results for marijuana only and history of other drug dependence.
4. Category Four
  - a. Parolees with Marijuana as the only drug used.
  - b. Probationers.

D. While waiting for placement in residential services, Secondary Placement offenders may participate in outpatient substance abuse treatment services. For offenders with co-occurring substance abuse and mental health disorders, treatment services for mental health problems are available through the offender's community mental health resources. These services shall be facilitated by the offender's agent.

**PROCEDURE:**

| <u>Who</u>      | <u>Does What</u>   |
|-----------------|--|
| Field Agent     | <ol style="list-style-type: none"> <li>1. Completes the CFJ-306 in OMNI. Forwards an e-mail to the MDOC-OSAS GroupWise address requesting placement in residential substance abuse treatment, Domiciliary Intensive Outpatient Program or transitional housing services. For offenders that carry the MPRI designation, updates the Transition Accountability plan consistent with FOA Memorandum 2005-1 which requires referring agents to add a GOAL for both housing or residential treatment and a task with each goal.</li> </ol> |
| PSU Coordinator | <ol style="list-style-type: none"> <li>2. Screens CFJ-306 and agent's case notes to determine initial program placement based on risk factors, substance abuse treatment needs, special needs, housing needs, offender's availability and offender's supervision location.</li> <li>3. For Priority Placement offenders, immediately contacts the appropriate service provider, schedules the offender's intake date and notifies the supervising agent of the program location and intake date.</li> </ol>                            |

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4. For Secondary Placement offenders, placement shall depend on the status of the network:
  - A. If the network status is OPEN, immediately contacts the appropriate service provider, schedules the offender's intake date. PSU staff updates the TAP by:
    1. Updating the "TASK" for the appropriate GOAL (either housing or residential treatment) by entering the projected admission date in the "Start Date" window and entering the name and address of the provider in the "Provider" window.
    2. Notifies the supervising agent of the program location and intake date and advises them that TAP has been updated to reflect this.
  - B. If the network status is WAIT LIST, determines if the offender is designated as MPRI. Takes the following steps based on offender designation.
    1. Places non-MPRI offenders in the appropriate category on the PSU waiting list, informs agent that the financial resources are not currently available to secure immediate placement.
    2. For MPRI designated offenders, checks the Transition Accountability Plan (TAP) to ensure the goals and tasks identify the need for residential services. Should the TAP identify a need for service, immediately contacts the appropriate service provider, schedules the offender's intake date. Notifies the provider that this offender carries the MPRI designation and that they should invoice services for this offender under the "96" prefix on Admission Form CAH-280. PSU staff enters "MPRI Parolee – Provider Notified" in the "Notes" window within the "TASK" on the TAP. . Informs the supervising agent of the program location, the intake date, and that the TAP has been updated.

PSU Supervisor

5. Continues to monitor network status and the number of offenders that are on the PSU waiting list. Should the network status be OPEN and offenders present on the waiting list, informs PSU coordinators to begin placing offenders from the waiting list.

PSU Coordinator

6. After receiving authorization for waiting list placements, attempts to place Category One offenders. Once the Category One list is exhausted, proceeds to place offenders in Category Two. Continues down the list of categories until all offenders are placed or the network is returned to WAIT LIST status.

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| PSU Billing Specialist     | 7.  | Receives monthly billing packet from provider, checks the PSU database to ensure the charges are consistent with what has been authorized.  |
|                            | 8.  | For those services charged to MPRI, provides a summary to the Office of Offender Reentry broken out in two parts for housing and residential treatment. Other information included will be offender specific.   |
| Office of Offender ReEntry | 9.  | OOR will periodically audit billings to verify that parolee meets criterion #4B above with the TAP TASK window, under notes, entry made by PSU authorizing placement as an "MPRI Parolee-Provider Notified".  |
|                            | 10. | OOR forwards approved or amended PSU summary to Finance for processing. Only services outlined under Section 4B of this procedure will be reimbursed through OOR. Communicates to the SAS manager the dollar amount of the charges that were authorized by OOR. |



# Attachment D: Mental Health ReEntry Project

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MDOC has created a Mental Health ReEntry Project that utilizes the expertise of Lifeways Community Mental Health Authority to provide targeted case management and mental health treatment services for prisoners with mental health disorders as part of a seamless transition to the community. The project works with prisoners who have a diagnosis of mental illness by preparing a detailed Transition Accountability Plan (TAP) which describes how their needs for treatment and aftercare will be met upon release from prison.

Key steps in the referral process include the following:

- During the Parole Board interview, a determination is made by Board members that the prisoner with a mental illness diagnosis could be suitable for parole if the Board could be reasonably assured that the prisoner would receive the necessary treatment and supportive services.
- Board members can refer a prisoner to the Mental Health ReEntry Project by **deferring** a parole decision pending the development of a detailed Transitional Accountability Plan (TAP) that describes the aftercare plans for the prisoner. Once this detailed TAP is created, the Board has an opportunity to review the plan, evaluate its soundness, and vote or deny the parole.
- The prisoner is transferred to a designated correctional facility where the Transition Team, which includes members of his or her treatment team and staff from the Lifeways develop the TAP. The TAP includes provisions for suitable residential placement, medication and other mental health treatment, and necessary supportive services.
- Upon completion, the TAP is forwarded to the Parole Board for its consideration. If the Board finds the Plan to be suitable, members may then vote to order a parole. If the Board is not satisfied with the Plan, members may vote to issue a continuance in which case the prisoner continues to serve his or her sentence in prison.
- If a parole is issued, Lifeways, the case management agency, continues to work with the prisoner and his or her community-based Transition Team, including the supervising parole agent, to ensure that provisions of the Plan are fully implemented immediately upon the prisoner's release to the community.