STATE OF MARYLAND

Department of Public Safety and Correctional Services

Office of Treatment Services

Social Work Services Program

Operations Manual

Clinically Approved: _____
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Office of Treatment Services

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Mission Statement

It is the mission of the Social Work Services Program to provide an array of professional services which includes group, individual and release planning that address and improve offenders' thinking, attitudes and resultant behaviors and in this way protect the public, the staff and the offenders within our care. The target population includes all inmates that have been identified through referral by correctional staff, especially those who qualify as "special needs" cases and are in the greatest need of connectivity to community services.

Vision Statement

The Social Work Services Program will support the mission of the DPSCS through provision of social work services, incorporating teamwork with other disciplines, other agencies and community providers. Evidence-based group programming and individual services will promote successful institutional adjustment and confront attitudes and values that affect behavior so that the offender will have a successful transition into the community. Release planning will provide special needs inmates with community services that they will need to maximize their transition and adjustment to the community. Social workers will be provided the opportunity to continue their professional development and personal enrichment while adhering to an accepted code of ethics.

Guiding Principles

Social work practice is based on six (6) core values that are set forth in the National Association of Social Workers Code of Ethics as listed below:

Service: Social workers' primary goal is to help people in need and to address social problems.
Social Justice: Social workers challenge social injustice.
Dignity and Worth of the Person: Social workers respect the inherent dignity and worth of the person.
Importance of Human Relationships: Social workers recognize the central importance of human relationships.
Integrity: Social workers behave in a trustworthy manner**.**
Competence: Social workers practice within their areas of competence and develop and enhance their professional expertise.

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Organization, Operations & Administration

This chapter establishes the organizational structure, management, operation of the Social Work Services program, and the administration of the program.

All social work services within the Department of Public Safety and Correctional Services (Department) shall be established through the Office of Treatment Services (OTS) as determined by the Assistant Secretary for Treatment Services (Assistant Secretary) and the Director of Social Work Services (Director).

The Assistant Secretary shall be the authority for the promulgation of all social work program policies and procedures in consultation with the Director.

The Director shall be responsible for the planning and development of the Department's social work services program.

The Director shall also be responsible for monitoring the delivery of social work services for the Department to ensure that the principles of professional practice as indicated by this operations manual are carried out.

The Director's duties shall include but are not limited to the following:

- Program development and administration
- Review and revision of the social work program manual, yearly or as needed
- Coordination of the social work program with medical, mental health, addictions, case management and other program areas.
- Program monitoring and evaluation

All social work services shall be managed in compliance with this operations manual for the Social Work Services Program. The Social Work Services Program Operations Manual shall:

- Provide for the organization, management/operations and administration of the program
- Be developed by the Director in conjunction with the staff for review by the Assistant Secretary
- Be approved and promulgated by the Assistant Secretary
- Be reviewed and revised annually for recommendation to the Assistant Secretary
- Govern the delivery of services that are provided as resources permit

The manual also includes all policies relating to Social Work Services as well as all forms used by the Social Work Units.

All Social Work Services shall be operated in compliance with the statutory regulations of the State of Maryland Code of Maryland Regulations (COMAR), and the directives of

the Social Work Services Program Manual to the extent that departmental and its agencies resources permit.

All services in the social work program shall be performed through the clinical authority of a licensed certified social worker or a licensed graduate social worker or licensed social work associate under the supervision of a Licensed Certified Social Worker – Clinical (LCSW-C).

These social work professionals shall be supervised and evaluated in the performance of their duties by a regional supervisor or site supervisor of social work who shall be a LCSW-C.

Each region of the Maryland correctional system shall have a regional social work supervisor who is responsible for coordinating the program within the region.

The regional social work supervisor shall be licensed at the LCSW-C level.

The regional social work supervisor answers directly, both clinically and administratively, to the Director. The regional social work supervisor reports to the wardens within the region on the social work programs and services.

The regional social work supervisor shall plan, organize, implement, coordinate and account for the activities of the social work program through the office of the Director and will be responsive to the wardens in his/her region and will attend the wardens' staff meetings, participating as an institutional staff member.

The duties of the regional social work supervisor shall include, but are not necessarily limited to the following:

- Supervision and provision of the social work program services as specified in the social work manual
- Supervision of social work staff and students and the intern program
- Provision of input to the Director and the Wardens regarding:
    - budget needs
    - program needs
    - staffing needs
    - participation in team meetings, work groups, committees, etc.
    - program evaluation
    - records maintenance

The Director shall delegate administrative responsibilities to the regional social work supervisor or the site supervisor, whichever is more appropriate.

The social worker shall be administratively responsible to the managing officer of the facility/designee and clinically responsible to the Director through the social work services designee.

Policies

This chapter establishes policies of the Social Work Services Program. Procedures and protocols are promulgated to define the program and are subject to modification based on resource availability.

It is the policy of the Social Work Services Program to provide counseling interventions that will address, rehabilitation of social behavior, problem resolution; and complex aftercare planning services for special needs inmates (i.e. HIV/AIDS/Hep-C infected serious mental illness, mental retardation, dialysis, cancer, heart disease, etc.).

Social Work Services will also provide services in accordance with accepted standards of community practice, and the ethical principles of social work as promulgated by the National Association of Social Workers; and delivering services in a non-discriminatory manner.

Social Workers will function in cooperation with administration, custody, case management, the medical provider, mental health, education, and other staff within the institution.

Social Workers will conduct all services in an efficient, effective and appropriate manner within the confines of agency policy; and be preformed in an ethical manner.

All inmates receiving social work services in non-crisis or non-emergency situations shall be informed about the services being offered and further, the inmate shall have the opportunity to consent to participation in those services.

A confidential social work file shall be maintained on every inmate receiving social work services.

The Social Work Services Program, through the guidance of the Director, shall incorporate quality assurance procedures, documentation and reporting systems and mechanisms for evaluation of procedures.

The Social Work Services Program is guided by the National Association of Social Workers Code of Ethics.

The Director shall be responsible for monitoring the delivery of social work services in the Department and to ensure adherence to the principles of professional practice.

Internship programs for both Bachelor level Social Work (BSW) and Master's level Social Work (MSW) students may be established in any of the regions of the State, with approval from the Director. Supervision for the students will be provided by an appropriately qualified social worker within the region/institution.

The regional supervisor or a designee will be responsible for coordinating the internship program within the region, but other qualified social workers may be the direct field instructor for the student(s).

The Director or a designee will be responsible for developing continuing education unit (CEU) programs for the social work staff. A goal of 50% of the required CEUs for a license renewal period will be set.

Professional Licensure & Supervision

This chapter establishes minimum licensure and supervision criteria needed in order to practice social work services for the Department.

All social work staff will be licensed in Maryland as required by Maryland Health Occupations Article, Title 19.

All social work staff must have their Maryland license regardless of their educational background. If someone is hired pending passing their licensure exam, they will not hold the title of social worker and will have two years in which to obtain their license.

For anyone hired after February 8, 2005 if they do not obtain their license within two years from employment with the Department, they will be terminated from their position within the social work department.

The clinical authority for the social work program shall be the Director. The Director shall be a licensed MSW and preferably be licensed at the clinical (LCSW-C) level.

All social work staff will be supervised by a LCSW-C.

Documentation of supervision of all social work staff regardless of licensure level will be provided on the Social Worker Supervision Record form (Appendix 1).

It shall be the responsibility of the Director or designee to conduct yearly audits of the supervision documentation as part of the quality assurance process.

The supervisor shall be responsible for assisting in the professional growth and development of the supervisees.

Program Planning, Development and Evaluation

This chapter establishes a baseline for the planning, development and evaluation of programming provided by Social Work Treatment Services.

The social work program consists of services designed to increase offenders' ability to reenter society successfully and become productive and contributing members of society.

The program consists of four main services:

- Assessments for inmate treatment programming
- Brief counseling around adjustment, mental health and family issues
- Cognitive-based treatment groups and
- Re-entry planning for inmates with chronic medical and mental health conditions

The Director exercises the following procedures for program planning, development, and evaluation:

- Meetings: Nine meetings a year will be conducted with regional social work supervisors to address staffing, services, resources, facilities and program needs. Social Work site supervisors will participate in three of these meetings. In addition all social work staff in the Division will meet 3 times a year.
- Monthly Reports: Regional Supervisors report to the Director monthly, quantifying the provision of services and describing program achievements and needs.
- Internal Research Projects: The Director coordinates internal research projects designed to assess the efficiency and utility of social work programs.
- Audits: The Director or a designated team conducts yearly audits consisting of chart reviews, monthly reports of service and direct observation of the program in all institutions. A written report listing areas of compliance or non -compliance will be sent to the regional supervisor. The regional supervisor will prepare a response to the audit report within 30 days listing steps to correct deficiencies and a projected completion date for compliance.
- Action Plans: The Director will prepare yearly action plans in consultation with regional social work supervisors and the Assistant Secretary. These reflect information gained in the audit process. Actions plans will be one of the main tools used for program planning and for monitoring program quality and progress.

INVOLUNTARY HIV PRE-TEST AND POST-TEST COUNSELING: COURT-ORDERED OR STAFF EXPOSURE

When court order or request from warden's office (or designee, such as Personnel) for a staff exposure is received, it should be assigned for pre-test counseling immediately.

An informed consent is obtained and bubble sheets filled out. If the individual refuses to sign the informed consent, he should be told that he may be forced to submit. (If a court order, can be; if staff exposure, can be if found guilty of an infraction). Mark the informed consent and lab slip "Return Results to Social Work" to alert medical that social work is responsible for post-test counseling.

After the social worker gets the informed consent signed, the social workers should photo-copy the informed consent and send it to the Regional Social Work office with the bubble forms. The original informed consent and lab slip should be put in an envelope and given to the infection control nurse or designated person in the facility where the inmate is located.

The warden is then notified of the signed consent or refusal.

When the lab result is returned from medical, assign it for post-test counseling. After post-test counseling is done, the lab slip and post-test completion form are returned to the regional supervisor office. The results are logged and then the lab slip and post-test counseling forms are sent to the infection control nurse or the designated person in the facility for filing.

A memo needs to go to the warden with the results if it was a staff exposure. (A phone call to the warden's office can be done but a written memo is required.)

If it is a court-ordered request, then following post-test counseling, the lab slip and Post-Test Completion Form (Appendix 17) are returned to the regional supervisor's office that then sends the information to the Director.

For both staff exposures and court orders, the regional supervisor sends a copy of the informed consent, lab slip, and completion form to the Director. (In case of a court order, the Director then notifies the Health Department in the community.)

Informed Consent

This chapter will establish the confidentiality rights of those inmates served by Social Work Services Program and the procedures and protocols to ensure those rights.

It is the policy of the Social Work Services Program that all inmates participating in social work treatment be informed of the limits of confidentiality and acknowledges awareness of the same.

For the purposes of informed consent and all documents with that regard, treatment includes the following:

- Individual counseling (Appendix 2)
- Screening or assessment interviews (Appendix 3)
- Group treatment (Appendix 2)
- Release planning (Appendix 4)
- Involuntary testing (AIDS Administration form)

The social worker shall inform an inmate about the purpose, nature, scope, and potential benefits and limitations of social work services at the time the service is initially made available to the inmate.

The inmate shall be informed briefly of recordkeeping practices, confidentiality, and accessibility of the social work record(s), which is/are retained in the regional social work office, as well as portions that are relevant to the inmate base file.

The inmate shall be informed that the nature and type of confidentiality differs depending on the type of service being provided. Services provided by the social work staff that are of a treatment nature are considered confidential with the following exceptions:

- Confidentiality does not apply to the service provider becoming aware of the threat to institutional security;
- Confidentiality is not honored if the social worker becomes aware of an inmate's intent to harm themselves or others;
- Confidentiality cannot be honored if the social worker becomes aware of suspected or actual child abuse that is not currently managed or was managed by a Department of Social Services or other appropriate agency;
- Confidentiality may not be honored if an inmate's mental status is raised as a question in legal proceedings.

An inmate shall sign the appropriate Informed Consent form(s) for the service to be delivered.

The consent form stipulates the service to be provided and the inmate shall acknowledge having been informed of the service and the limits of confidentiality by his/her signature.

The practitioner obtaining consent from the inmate for service delivery shall sign the form and the signed form shall become a part of the inmate's social work record.

Access to Records

This chapter establishes policy on proper access to social work records and disclosure of information within.

The regional social work supervisor shall ensure that all social work records are kept in a secure area accessible to authorized personnel requiring the record in the regular performance of their duties.

The social work record may include but not be limited to:

- Group records
- Psychosocial assessments
- Individual treatment plans
- Clinical case management release planning
- Reports of contacts

Healthcare providers including medical and psychology staff and those designated access to social work files as their specific duties may require, shall have **unrestricted access** to the social work record as it exists within the Department and the base file. Those personnel with **unrestricted access** to the social work files are limited to the following:

- On site physicians and specialists
- Psychiatrists
- Psychologists
- Psychology Associates or Licensed Professional Counselors
- Social Workers
- Physician Assistants

Those personnel with **restricted access** shall make a request to the regional social work supervisor in writing. The regional social work supervisor or designee shall log this request in the social work record with the date of compliance.

The persons listed below shall have designated access to the social work record (s) on a **need to know basis** by request. These personnel may be required to sign out the record(s) and ensure their safe return; and shall acknowledge the confidential nature of the material and their obligation to maintain that confidentiality:

- Warden of the institution;
- Investigatory unit staff;
- Policy review and publication staff;
- Interagency staff (i.e. Department of Mental Health and Hygiene, Maryland Commission on Correctional Standards, Department of Human Resources or another agency stipulated by the director of social work.);
- Staff designated by the institutional warden;
- Staff of the Maryland Parole Commission.

A person in interest may receive a copy of the social work program record, or see and copy the social work program record within a reasonable time after making the request in writing to the institutional warden or designee. The written request shall be accompanied by a completed Authorization for Release of Social Work Records form (Appendix 5) signed by the inmate.

A social worker may disclose a social work record without authorization of a person in interest under the following circumstances:

- To the provider's legal counsel regarding only the information in the social work record that relates to the subject matter of the representation;
- To any provider's insurer or legal counsel or authorized employees or agents of a provider's insurer or legal counsel, for the sole purpose of handling a potential or actual claim against any provider;
- Accreditation of the facility by special standards setting entities;
- If a healthcare provider makes a professional determination that an immediate disclosure is necessary to provide for the emergency healthcare needs of an inmate or recipient;
- To a government agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress;
- In compliance with duly authorized court proceedings;
- To the director of a medical or mental health facility to which the recipient of services is transferred if disclosure is a necessity for continuity of care of the inmate. The regional social work supervisor shall establish procedures for a person in interest to request addition to or a correction of a social work record, the procedures shall be established in accordance with the provisions of the Article-Health General Sections IV-304, ACM.

A person in interest may request copy of his/her social work record by sending the request in writing to the warden. This request shall specify who shall pay the copy charges (if any) and how payment is to be made.

An inmate designee may receive a copy of the social work record when accompanied by Appendix 5 signed by the inmate, or by subpoena.

- The institutional warden shall forward the written request to the regional social work supervisor
- The regional social work supervisor shall review the file to determine if access to any person (s) is to be denied
- The regional social work supervisor or designee shall make a copy or a summary of the portion of the file available. (See next page on restrictions of disclosure)
- A copy of the summary shall be inserted into the social work record
- The regional social work supervisor or designee shall notify the institutional finance department of the request and the number of copies to be paid for
- The institution may require that payment be made before the record is copied

A social work record shall be made available in response to an appropriately filed subpoena.

- All subpoenas for social work records shall be forwarded to the regional social work supervisor
- The regional social work supervisor or designee shall verify the subpoena through the issuing clerk of the court log receipt and verification of subpoena

- The regional social work supervisor shall contact the Attorney General's office at Headquarters for advice and direction on appropriate action
- If so advised by the Attorney General's office, the regional social work supervisor or designee shall forward the appropriate social work record as indicated in a sealed envelope with a "confidential" notation

If the regional social work supervisor believes that disclosure of any portion of the social work record could be injurious to the health of an inmate or recipient, the social work supervisor may refuse to disclose that portion of the social work record to the inmate, recipient, or person of interest, and on written request shall:

- Make a summary of the undisclosed portion of the social work record available to the inmate, recipient, or person of interest
- Insert a copy of the summary in the social work record of the inmate or recipient
- Permit examination and copying of the social work record by another health care provider who is authorized to treat the inmate or recipient with the same condition as the social work provider denying the request

Institutional personnel not specified under this policy do not have access to the social work record. If input is needed for institutional programming purposes, staff shall make written request through the regional social work supervisor, and or request a consultation regarding questions they have concerning inmates.

The regional social work supervisor shall respond to warden or consultation requests within the guidelines of institutional policy and ethical concerns.

Record Entries

This chapter establishes proper procedures and protocols for documenting social work interventions.

Social Work staff shall use Section 5 of the inmate base file to document social work interventions, including:

- **Individual Assessments** – File or submit for filing the original Psychosocial Assessment (PSA) for comprehensive individualized program planning after approval by the regional social work supervisor.
- **Domestic Violence Group Screenings** – Send the Domestic Violence Group Eligibility Determination Letter to the appropriate classification case manager to document the date assessed and the result.
- **Treatment Groups –** File or submit the Contract for Groups form (Appendix 8) on each new group participant, except for HIV support group members.
    - Submit a copy of the group pass list to the classification case management department and request "no transfer" status until the group is completed.
    - File or submit a Group Drop Notice form (Appendix 10) on any inmate terminated prior to group completion.
    - File or submit the Group Member Evaluation form (Appendix 11) on all inmates completing a treatment group.
- **Release Planning Services**
    - Document all cases open for social work release planning and medical parole on OBSCIS Alert Screen by placing the code 30, with the comment SOCWK REQ.
    - On medical parole cases, the social worker must submit the completed Medical Parole Release Plan from (Appendix 31), to the social work regional supervisor and to the Case Manager who is handling the case within the timeframe specified in the Medical Parole Directive.
    - Submit a Medical/Case Management Alert form (Appendix 29) to the medical department and the case management specialist when plan is developed and housing and medical appointments are in place.

Social work staff shall document interventions pertaining to medical services, including:

- **Older Inmate Assessments** – The Older Inmate Assessment Form (Appendix 21) is forwarded to the appropriate medical staff after the social worker completes sections DD14 through DD21. (Medical then completes sections DD22 through DD30 and returns the original form to the Social Work Regional Supervisor.) The regional supervisor forwards the completed form to the Director or Administrator at OTS.
- **Release Planning Services**
    - Submit a copy of the signed authorization to request/release information, (Appendix 25) to the medical records department.
    - Submit a copy of the completed Social Work Release Plan Information form (Appendix 27) to the medical records department and to the Transition Coordinator or designated case manager so that it can be forwarded on to the appropriate Parole office in the community.

    - Submit Appendix 29 to notify the medical staff of pending releases and need for medication and the case management staff that a plan is in place.
- **Infirmary Patient Visits** – When a social worker visits the prison infirmary, notations should be made in the patient medical files stating the date, time and purpose of the visit. As the electronic patient health record (EPHR) is implemented, notations should be placed in the appropriate place in this electronic file.

Social Work Program Services

This chapter establishes the types of social work services provided to the inmate population.

The social work program shall be maintained in cooperation with all of the programs and services within the Department and be integrated with programs and resources in the community.

The program shall be designed to identify and assess the needs of inmates while incarcerated and provide treatment that is focused on productive personal and social behavior for both institutional and community adjustment.

The social work program shall consist of services that include but are not necessarily limited to:

- Cognitive behavioral group treatment;
- Release planning for inmates with special needs;
- Assessment of inmates' psychosocial functioning and treatment needs;
- Individual cognitive behavioral treatment;
- HIV test counseling for involuntary cases;
- Support groups for inmates with HIV or other special needs;
- Training, research and evaluation;
- Other services as deemed appropriate by the Director.

All services in the social work program shall be provided by an appropriately licensed social worker or an individual pending licensure that is appropriately supervised by a LCSW-C.

The social work program shall be conducted in an ethical manner, including the safeguarding of confidentiality and informed consent, within the confines of appropriate security measures.

The social work program shall be coordinated with other treatment activities of each institution.

The social work program shall be conducted in accordance with the current social work operations manual, as approved by the Director and the Assistant Secretary.

Assessment & Referral

This chapter will establish proper procedures and protocols for the assessment and referral of inmates, in the custody of the Department, that have been identified as having a need for social work services.

Social Workers shall assess the psychosocial functioning and needs of inmates, within the limits of staffing resources and as deemed appropriate by the regional social work supervisor.

Referrals for assessment may be made by:

- The Director;
- The regional social work supervisor or designee;
- The case management department;
- Other treatment services departments including medical, psychology, and education.

The format for assessments will vary according to the purpose of the assessment however an informed consent (Appendix 3) will be obtained.

- Older inmate assessments will be completed on the form generated at OTS (sample copy below). Instructions on completion of older inmate assessments can be found in the older inmate assessment section of the social work manual.
- Domestic violence assessments will be completed on the forms contained in this manual (Appendices 18-19).
- Pre-group treatment assessments of anti-social thinking patterns will be completed where possible on the Personal Inventory of Criminal Thinking Styles (PICTS) form and the Criminal Sentiments Scale (CSS) form, which can be obtained from Psychology. Other designated assessment tools may be used to determine readiness for group.
- Release planning needs assessments will be recorded on the appropriate release planning forms (Appendices 4 & 24 & 26).
- Assessments for comprehensive individualized program planning will be formatted as described below.
- Assessments of functioning for purposes of applying for benefits, such as medical assistance and social security will be completed and attached to the medical information form.

The comprehensive individualized program planning assessment format will include:

- Criminal history – a brief synopsis of the individual's criminal history, indicating how it is connected to other significant behaviors and needs
- Family history – a brief description of the individual's self-reported family history corroborated by information from family members or other documents. This shall include current contact with family members and level of support.
- Education – a brief statement of the individual's educational history, including a description of abilities and behaviors that contribute to intellectual functioning.
- Employment history – a brief description of previous employment, as well as a description of skills, interests and abilities relating to employability.

- Health – a brief description of general physical and mental health, including any problem areas and treatment background. This includes chemical dependency.
- Clinical impressions – a summary of the individual's current psychosocial functioning level, both strengths and weaknesses.
- Program Recommendations – identification of interventions and programs needed to enhance the individual's adjustment and personal growth.

Psychosocial assessments completed for comprehensive individual program planning shall be forwarded to the regional social work supervisor for review and then placed in Section 5 of the inmate base file.

Instructions for individual assessment and counseling are as follows:

- When given a referral, schedule as soon as possible considering priority of situation and other necessary duties. General requests should be responded to within five working days. Cases that may involve potential abuse, suicide or harm to self or others need to be seen within one working day.
- Upon meeting with the individual explain what services can be provided and obtain a signature on Appendix 2 or 3 as appropriate.
- If the person is referred for assessment to determine needed services, complete the Individual Assessment form (Appendix 7) indicating what action was taken. Return this form to your supervisor at the end of the month.
- List name, etc. on the Individual Services Counseling form (Appendix 6). If more space is needed under comments, attach a separate sheet.
- If the individual counseling assignment develops into a release planning case, open a file after discussing with your supervisor. Inform the regional supervisor of a new release planning case.
- If the individual counseling assignment becomes something that cannot be resolved in one or two meetings, then discuss with a supervisor and if appropriate, open a file and note on the Individual Services Counseling form that an on-going file exists.
- At the end of the month, hand in a copy of the Individual Services Counseling form and indicate on the statistics form the number of individual cases seen, separating out any that became on-going treatment.
- When an on-going individual counseling case is closed, it should be filed in a central location in the Social Work Department at that institution, not in the social worker's desk or filing cabinet.

GERIATRIC ASSESSMENTS

The process for assessment of geriatric inmates involves the Social Work Services Program, the Office of Inmate Health Services, and the Office of Planning, Policy, Regulation and Statistics (OPPRS).

The purpose of the assessments is twofold:

- To gather data on the population age 60 and over to assist in program planning
- To identify inmates who required intervention to:
    - assist in release planning
    - pursue a medical parole

- provide treatment in prison to address physical health, mental health and psychosocial needs

The assessment process will take this form:

1) On or about the 15th of the month, OPPRS will identify those inmates 60 and over whose annual physical examinations will occur two months hence, e.g., in May they will generate data on those to get physicals in July.

2) The inmates' names with accompanying data will be delivered to the Director.

3) The Director will keep a copy and forward the data sheets to each regional social work supervisor in whose region cases are to be done.

4) The regional social work supervisor will keep a copy or a log and assign the cases to institutional social workers for completion of all elements on the Older Inmate Assessment form (Appendix 21) through **DD 21**.

5) The psychosocial assessment portion must be completed by the last week of the month prior to the month when the physical is due, e.g., complete July physical group by the end of June.

6) Upon completion the institutional social worker returns the completed form to the regional social work supervisor or the designee who screens for needed follow-up and accuracy of data reporting.

7) By the final day of the month prior to that month in which the physical is due (June for July physicals) the regional social work supervisor will deliver the group of assessment forms for that region to the regional medical director, keeping a copy as a control mechanism.

Procedures for Completion of Older Inmate Assessment

1) The assessment form has DD values completed through DD 13. The geriatric database file explains how to record the 30 items on the form (file located in social work department). Sample form follows. Social Workers complete DD 14 to DD 21.

2) Administer the Mini-Mental Status Examination (Appendix 22)
   a) MMSE video that shows how to administer the scale is available from HQ
   b) Read attached notes
      Forms: MMSE and Recording Sheet for items 29 and 30.
      Inmate writes items 29 and 30 on form in ink.

3) Administer the Depression Scale (see page 29).

4) Please make sure you complete and return the social work portion of the assessment to the assessment coordinator as soon as possible. If there will be a delay, please let him know so he can coordinate with the medical records office since that office will be scheduling the physicals.

5) When sending the assessment please attach the depression scale and MMSE paperwork. You may want to keep copies for yourself.

6) If the inmate tells you of a medical concern, put a note on the bottom of the form, but also tell the inmate to put in a sick slip and/or discuss this with the physician at the time of the physical. Document on the form that you advised the inmate to discuss this with the medical staff.

7) If the assessment indicates depression, refer to the psychology department and document on the form.

8) Note any issues that may require release planning.

9) If MMSE shows significant impairment in cognitive functioning, notify assessment coordinator and medical department immediately.

Older Inmate Assessment Form

SAMPLE

DIVISION OF CORRECTION - OLDER INMATE ASSESSMENT FORM PAGE 1
REPORT FOR MAR. 2007 AS OF APPROX 5 JAN 2006

* LAST NAME		(DD1)	MMS SCORE	_____	(DD20)
FIRST NAME	JOHN	(DD2)	DEPRESSION SCORE	_____	(DD21)
MIDDLE NAME	HENRY	(DD3)	KARNOFSKY SCORE	_____	(DD22)
DOC NUMBER		(DD4)	DIAGNOSIS-P	_____	(DD23)
GENDER	MALE	(DD5)	DIAGNOSIS-S	_____	(DD24)
DOB		(DD6)	DIAGNOSIS-T	_____	(DD25)
SSN	MISSING	(DD7)	DISABILITY-P	_____	(DD26)
RACE	WHITE	(DD8)	DISABILITY-S	_____	(DD27)
REGION	BALTO	(DD9)	DISABILITY-T	_____	(DD28)
INST	MRDCC	(DD10)	ADAPTIVE DEVICE	_____	(DD29)
SENTENCE LENGTH		(DD11)	DATE COMPLETED	_____	(DD30)
SENT. START DATE	99/99/9999	(DD12)			
MOST SEVERE OFFENSE		(DD13)			
SECURITY CLASS	_____	(DD14)			
CLOSEST RELATIVE	_____	(DD15)			
FAMILY VISITORS	_____	(DD16)			
ENTITLEMENT	_____	(DD17)			
SUBSTANCE ABUSE HIST	_____	(DD18)			
MENTAL HEALTH HIST	_____	(DD19)			

SOCIAL WORKER _____ PHYSICIAN/DESIGNEE_____

Geriatric Codes

Security

1=Maximum
2=Medium
3=Minimum
4=Pre-Release

Closest Relative

1=Spouse
2=Child
3=Mother
4=Father
5=Sibling
6=Grandchild
7=Aunt/Uncle
8=Other

Family Visitors

Indicates # of visits in the 90 days prior to assessment from any family member or potential caregiver. List in two characters e.g. 01, 02

Entitlement

Inmate is entitle to or receiving retirement or received them before incarceration.

1=Yes
2=No

Substance Abuse

1=Severe
2=Moderate
3=None

Mental Health History

1=Serious
2=Moderate
3=None

Mini-Mental Status Examination Score by Age and Education Level

Perform on most mental status and neuron-psychological tests is affected by age and education: false negative examinations are common in those very bright and highly educated, and false positives occur with low educational levels, particularly grade school or less. The AHCPR Guideline on Alzheimer's diagnosis recommends that confounding factors such as age and educational level be considered in interpretation of mental status test scores. The following table provides median MMSE scores by age and educational level.

Age	**Education**				
	0-4y	5-8y	9-12y	>=12y	Total
18-24	23	28	29	30	29
25-29	23	27	29	30	29
30-34	25	26	29	30	29
34-39	26	27	29	30	29
40-44	23	27	29	30	29
45-49	23	27	29	30	29
50-54	23	27	29	29	29
55-59	22	27	29	29	29
60-64	22	27	28	29	28
65-69	22	28	28	29	28
70-74	21	26	28	29	27
75-79	21	26	27	28	26
80-84	19	25	26	28	25
>=85	20	24	26	28	25
Total	22	26	29	29	29

Source: Adapted from Crum RM, Anthony JC, Basset Ss, et al. Population-based norms for the mini-mental state examination by age and educational level. JAMA 1993;269:2386-91. Copyright 1993, American medical Association.

The larger the difference between the patient's score and the age/education associated median, the more likely significant cognitive impairment exists.

Modified Hachinski Ischemic Score:

- This tool crudely quantifies elements of the history and examination relevant to the risk of vascular dementia.
- When present, each of the following clinical features will add two points: abrupt onset, history of stroke, focal neurological sings, focal neurological symptoms.
- Each of these clinical features adds one point: stepwise deteriorations, somatic complaints, emotional incontinence, history or presence of hypertension.
- The higher the score, the greater the risk of vascular dementia. A total score of four or more was used by Rosen as the cut point in the validation studies.

Ref. Rosen WG, Terry Rd, Fuld PA, et al, Pathologic verification of ischemic score in differentiation of Dementias. Ann Neurol 1980:7:487

Geriatric Depression Scale, Short Form

A score of six or more suspicious for depression. False positive in dementia may result as Alzheimer's disease as complaints of memory, sleep disturbance, apathy, and increased dependence are shared by depression and early AD. False negatives may also be more common in AD patients, where self-monitoring is impaired. Optimal detection of depression requires both the patient and an informant be questioned on depressive symptoms.

Karnofsky Performance Scale

(Commonly used for assessing terminally ill patients)

Name: _____ Today's Date: _____

100 Normal, no complaints, no evidence of disease

90 Able to carry on normal activity: minor symptoms of disease

80 Normal activity with effort: some symptoms of disease

70 Cares for self: unable to carry on normal activity or active work

60 Requires occasional assistance, but is able to care for needs

50 Requires considerable assistance and frequent medical care

40 Disabled: requires special care and assistance

30 Severely disabled: hospitalization is indicated, death not imminent

20 Very sick, hospitalization necessary: active treatment necessary

10 Moribund, fatal processes progressing rapidly

(formatted for WWW by Robert S. Stall, M.D, ~ posted 9/20/97)

Geriatric Database

1	DATABSE: GERI DB1	2	VARIABLE: DEPRESSION SCALE
3 Description: SCREENING FOR POSSIBLE DEPRESSION			
4 VARIABLE LABEL: DEP SCORE			
5 CARD:	6 SOURCE: GERI FORM		
7 COLUMNS:	8 LENGTH: 2	9 TYPE: C	

10 VALUE LABELS:

INDICATE RAW SCORE OBTAINED FROM INTERVIEW OBSERVATION AND QUESTIONING AS 01-11

PREPARE INTERVIEWEE BY TELLING HIM/HER THAT THE FOLLOWING IS A GENERAL DISCUSSION ABOUT HIS/HER HEALTH

DURING THE PAST TWO YEARS, HAVE YOU, ON MORE DAYS THAN NOT HAD:

1. POOR APPETITE _____
2. OVEREATING _____
3. INSOMNIA _____
4. SLEEPING TOO MUCH _____
5. FATIGUE _____
6. LOW ENERGY _____
7. POOR CONCENTRATION _____
8. PROBLEMS REMEMBERING _____
9. TROUBLE MAKING DECISIONS _____
10. FEELINGS OF HOPELESSNESS _____
11. DEPRESSED MOOD _____

(SOURCE: DSMIII-R) DATE:

1	DATABSE: GERI DB1	2	VARIABLE: MEDICAL DIAGNOSES

3 Description: Inmate's Primary Medical Problem		
4 VARIABLE LABEL: MED DX-P		
5 CARD:	6 SOURCE: GERI FORM	
7 COLUMNS:	8 LENGTH: 2	9 TYPE: C

10 VALUE LABELS:

ENTER INMATE'S PRIMARY MEDICAL DIAGNOSIS

01 = CORONARY ARTERY DISEASE
02 = CONGESTIVE HEART FAILURE
03 = CARDIAC ARRHYTHMIAS
04 = HYPERTENSION
05 = PERIPHERAL VASCULAR DISEASE
06 = ASTHMA
07 = CHRONIC OBSTRUCTIVE LUNG DISEASE
08 = SARCOIDOSIS
09 = PNEUMOCONIOSIS
10 = DIABETES MELLITUS
11 = THYROID DISEASE
12 = SEIZURE DISORDER
13 = SENILE DEMENTIA
14 = CEREBROVASCULAR DISEASE
15 = PARKINSON'S DISEASE
16 = MALIGNANCY
17 = CONNECTIVE TISSUE DISEASE
18 = PEPTIC ULCER DISEASE
19 = RENAL FAILURE
20 = INFLAMMATORY BOWEL DISEASE
21 = CHRONIC CHOLECYSTITIS
22 = CHRONIC PANCREATITIS
23 = SICKEL CELL ANEMIA
24 = CHRONIC DERMATOLOGIC CONDITION
25 = CHRONIC HEPATISIS
30 = HIV INFECTION (NOT AIDS)
31 = HIV INFECTION (AIDS)
99 = OTHER

1	DATABSE: GERI DB1	2	VARIABLE: MEDICAL DIAGNOSES

3 Description: Inmate's Primary Medical Problem		
4 VARIABLE LABEL: MED DX-P		
5 CARD:	6 SOURCE: GERI FORM	
7 COLUMNS:	8 LENGTH: 2	9 TYPE: C

10 VALUE LABELS:
ENTER INMATE'S PRIMARY MEDICAL DIAGNOSIS

01 = CORONARY ARTERY DISEASE
02 = CONGESTIVE HEART FAILURE
03 = CARDIAC ARRHYTHMIAS
04 = HYPERTENSION
05 = PERIPHERAL VASCULAR DISEASE
06 = ASTHMA
07 = CHRONIC OBSTRUCTIVE LUNG DISEASE
08 = SARCOIDOSIS
09 = PNEUMOCONIOSIS
10 = DIABETES MELLITUS
11 = THYROID DISEASE
12 = SEIZURE DISORDER
13 = SENILE DEMENTIA
14 = CEREBROVASCULAR DISEASE
15 = PARKINSON'S DISEASE
16 = MALIGNANCY
17 = CONNECTIVE TISSUE DISEASE
18 = PEPTIC ULCER DISEASE
19 = RENAL FAILURE
20 = INFLAMMATORY BOWEL DISEASE
21 = CHRONIC CHOLECYSTITIS
22 = CHRONIC PANCREATITIS
23 = SICKEL CELL ANEMIA
24 = CHRONIC DERMATOLOGIC CONDITION
25 = CHRONIC HEPATISIS
30 = HIV INFECTION (NOT AIDS)
31 = HIV INFECTION (AIDS)
99 = OTHER

1	DATABSE: GERI DB1	2	VARIABLE: SPECIFIC

3 Description: PRIMARY DISABILITY AT THE DATE OF ASSESSMENT		
4 VARIABLE LABEL: DIDABILITY-P		
5 CARD:	6 SOURCE: GERI FORM	
7 COLUMNS:	8 LENGTH: 2	9 TYPE: C

10 VALUE LABELS:

01 = LEGALLY OR TOTALLY BLIND

02 = VISUALLY IMPARED (NOT LEGALLY BLIND)

03 = TOTALLY DEAF

04 = HEARING IMPARED (REQUIRES ADAPTIVE DEVICE)

05 = CANNOT SPEAK AT ALL

06 = CANNOT SPEAK INTELLIGIBLY

07 = LOSS OF SINGLE LIMB

08 = LOSS OF MULTIPLE LIMBS

09 = PARAPLEGIA

10 = QUADRIPLEGIA

99 = OTHER

DATE: xx/xx/xx

Domestic Violence Group Screening

This chapter establishes the proper criteria, procedure and guidelines for screening inmates for a domestic violence group.

The Case Management Manual states: "An inmate who has ever been convicted of a domestic violence-related offense shall have completed a domestic violence group during the current incarceration as directed by the Division of Correction (DOC) staff prior to consideration for work release".

Case Managers make referrals to the social work department for screening based on the above criteria.

When a screening is completed, the case manager is notified whether the man is eligible and placed on the waiting list, or has a domestic violence problem but is not treatment-ready and would not be appropriate for group at this time, or is ineligible due to lack of a pattern of domestic violence.

The most recent definition of domestic violence includes the terms "a pattern of" and "exercised by one intimate partner over another". Those two distinctions should be taken into account when screening and inmate for domestic violence history.

If the inmate's level of denial or resistance is so great that it is determined that the person would not benefit from group and could be disruptive to the group process the inmates would be noted as "ineligible for admission due to not being treatment ready". The recommendation would then be that the inmate receives domestic violence treatment in the community. This fact should be recommended to the Division of Parole and Probation (DPP) as a release condition.

REFERRAL PROCEDURE

Upon receipt of a Domestic Violence Group Screening Request/Referral (Appendix 20), the domestic violence coordinator should check current release date the parole status and mark this information on the forms. Check to see if man is being considered for a Mutual Agreement Plan (MAP), Case Management Plan (CMP), or work release.

Log the referral on an institution referral and assignment form. (Sample form attached)

Prioritize the assignments by release date or MAP, CMP, work release consideration.

Note on log the name of case manager making referral, the assignment date, and social worker assigned.

When Domestic Violence Batterers Program Screening/Evaluation Forms (Appendix 18) are returned, note the completion date, date received, and whether eligible or ineligible.

After determining eligibility, the social worker doing the screening should send the DV Eligibility Determination form (Appendix 19) to the case manager letting them know whether or not the person was found eligible and that the case manager should pursue scheduling the domestic violence group if found eligible.

The domestic violence coordinator tracks the process by maintaining the following information: the man's name, DOC#, institution, date referred, date screened, release date, and whether it is for a MAP, CMP, or work release consideration. Note the date the letter was sent to the case manager. NOTE: Case managers can schedule group directly by making a reservation on the appropriate OBSCIS screen.

Eligible screening forms are filed in an eligible folder alphabetically until the inmate is scheduled for a group. If scheduled for group in another region the Domestic Violence coordinator in that region should request screening information prior to the start of the group.

Once a group is within two months of starting, all screening forms for the inmates to be included in that group are put in a folder and given to the group leader.

At the same time as the previous step, a memo is sent to the case management unit listing the men scheduled to start the next group. It is the responsibility of case management to ensure that inmates are transferred to the institutions where the domestic violence group is being held. It is also the responsibility of case management to ensure that inmate in domestic violence groups are not transferred out of the institution prior to completion of the group.

Below is a sample of the institution referral and assignment form for domestic violence groups:

Domestic Violence Screenings/Referrals and Assignments

DOMESTIC VIOLENCE SCREENINGS/ REFERRALS AND ASSIGNMENTS

INMATE'S NAME	DOC #	DATE REFERRED	BY WHOM	DATE ASSIGNED	DATE DUE	SOCIAL WORKER	DATE COMPL.	DATE REC'D FROM Swer	ELIG./ INELIG.	COMMENTS

SCREENING GUIDELINES

Review the inmate base file prior to conducting the screening with the inmate. Pay particular attention to the charges that may be related to domestic violence (i.e. assault, malicious destruction of property, trespassing, telephone misuse, violation of protective order, etc.)

Prior to the screening, send the inmate a letter notifying him/her of the date and purpose of the interview.

Upon meeting with the inmate, explain the purpose of the screening.

Inform the inmate that several questions will be asked about conflicts between the inmate and his/her partner(s).

Explain that social work is trying to get an idea of what is happening in his/her relationships that are destructive and hurtful to all people that are involved.

Explain that this is strictly an assessment on how domestic abuse/violence has impacted him/her and his/her partner(s) relationship and to assess for a pattern of abuse.

Review the Screening/Assessment Interview Informed Consent form (Appendix 3) and get signature before the interview begins.

Explain about the domestic violence group offered in the DOC. Discuss the eight themes that are addressed in the group. Discuss the Power and Control Wheel and the Control Log.

Allow enough time; the screening will probably take 60-90 minutes.

Remember that when specific behaviors and situations are discussed, the social worker needs to assess how these are related to a pattern of domestic violence.

At the end of the interview, explain the recommendation to the inmate.

Send Appendix 19 to case management.

Individual Treatment

This chapter establishes protocols for the approval of, and states the intended goals of, individual treatment of inmates by a social worker.

Referrals for individual counseling shall be made to the social work regional supervisor or designee.

The social work regional supervisor or designee shall screen requests for individual treatment to assure the appropriateness of the referral.

Individual counseling may only be initiated on a time-limited basis to focus on a specific problem(s). Cases that can be resolved in less than three counseling sessions will not be opened as individual counseling cases.

The goal of the individual treatment must clearly fit into one of the following areas pertaining to social work program goals:

- To enhance adjustment while incarcerated
- To prepare for successful re-entry into the outside community
- To facilitate appropriate referrals regarding family members in cases of suspected child or adult abuse or other family emergencies
- To address foster care or other child custody issues
- To provide crisis intervention

Documentation of individual treatment shall be made as follows:

- Appendix 2 shall be signed and retained in the individual social work case file
- The Progress/Contact Notes (Appendix 28) in the individual social work case file will include:
    - Presenting problem
    - Assessment
    - Treatment plan, including goal and number of sessions
    - Date and brief summary of each session
    - Date of case closing and closing summary

Each social worker will record the number of individual treatment counseling cases open, number of sessions conducted, and number of cases closed on the social work monthly statistical report.

Group Treatment

This chapter establishes the procedures for referral to, and the function of, group treatments offered to the inmate population.

The social work group treatment program shall consist of time-limited cognitive-behavioral counseling groups; on-going support groups for individuals with specific medical or psychosocial needs; and may include educational groups.

The function of the cognitive-behavioral group treatment shall be to directly confront the criminogenic needs of inmates in service of the following goals:

- Improved adjustment to incarceration
- Preparation for successful integration into the outside community
- Development of social skills to address specific life experiences such as healthy intimate relationships (elimination of domestic violence), healthy pregnancy and parenting

The purpose of the support groups is to provide peer support and educational information in order to foster responsible self care and positive social adjustment.

Group treatment counseling sessions shall not exceed two (2) hours.

Within the limits of security and facility resources, all group treatment sessions shall be conducted in a space that assures confidentiality.

All group treatment interventions shall be defined by specific written treatment protocols that have been approved for use by the Director. Each protocol will specify the following:

- The specific focus of the program
- Specific goals and objectives for cognitive and social skills acquisition in the program
- The number of sessions to be conducted during the time-limited group process
- An outline and plan for each session

Referral for social work group treatment may be made as follows:

- By correctional case management specialists in consideration of individual programming needs for case management programs, e.g. for domestic violence screening and treatment
- By other disciplines such as medical, psychology or education, when they perceive an inmate has needs that can be addressed through social work group treatment.

- By inmates themselves who would like to participate in social work group treatment

The social work department shall assess the suitability of each inmate for participation prior to assigning an inmate to a particular treatment group.

Waiting lists shall be maintained for the various treatment group programs, and priority assigned according to clinical assessment of need and treatment readiness, as well as length of time remaining and other programming needs.

Documentation:

- All inmates wishing to participate in a social work treatment group must complete Appendix 8**,** and be given a copy of the Rules and Regulations for Groups form (Appendix 9); the original of the contract shall be filed in the inmate base file, and a copy maintained in the social work group file; a signed Appendix 2 will also be obtained and the social worker will witness the inmate's signature
- A Group-Log-Attendance/Assignments form (Appendix 12) shall be maintained for each group and retained in the completed social work group file
- Group Progress Notes (Appendix 13) on each group session, outlining the progress of the group and other pertinent data, shall be completed and retained in the group file
- If an inmate drops from the treatment group for any reason, Appendix 10 shall be completed; the original shall be sent to the correctional case manager to be filed in the inmate base file and a copy maintained in the social work group file; drop notices are not completed for support group members
- At the conclusion of the group, Appendix 11 shall be completed and shared with the inmate in an individual interview; the original shall be given to the inmate and a copy filed in the inmate base file and a copy maintained in the social work group file; an evaluation form is not completed on support group members
- Group statistical information shall be included as indicated on the monthly social work statistical reports (Appendix 32).

GROUP FILES

Group files should consist of the following:

- Appendix 12
- Appendix 13 clipped/stapled together
- Appendix 11 (original given to inmate, copy to base file and copy in group file)
- Group member certificates (original given to inmate)
- Appendices 8 & 10 (original to base file; copy in group file)
- Optional – Participant Group Evaluation form (Appendix 15)
- Appendix 2

When group is completed and members have been given their evaluation, the group folder should be given to your supervisor for review. Supervisor should check for completeness and content, and then sign and date the front cover and turn file in to be placed in closed files.

A list of everyone who completed group and whether they should be placed on another group waiting list should be given to the group coordinator.

Closed group folders should be kept in a central location in the social work department office of the institution where the group was held, unless there is no social work office at that facility. In that case those closed group files will be kept in the office determined by the Regional supervisor.

For ease of file reviews, alphabetically arrange the informed consents, contracts, drop notices, certificates, and evaluations.

Release Planning Services

This chapter establishes the procedures for referral to, and the function of, release planning services offered to the inmate population.

The regional supervisor or designee will maintain a database of individuals meeting the special needs criteria for release planning services. The Release Planning data Collection form (Appendix 33) will be used both to track release planning referrals and to assign and gather data on release planning cases.

Referrals should be discussed at the Pre-Release Treatment Team meeting with decisions made about release needs, detainers or other encumbrances and what each department will be responsible for.

Assignments should be made a minimum of nine months prior to release.

An interview will be held within ten working days of assignment with the purpose of introducing the release planning process, obtaining an informed consent (Appendix 3 & Appendix 4) and beginning the process of developing the Social Work Release Planning Agreement Worksheet (Appendix 26).

An assessment of the individual's needs will be made (Appendix 24). If it is determined that the needs do not meet the criteria for the special needs population referral or if the individual refuses services, document this for the file and return the referral to the regional supervisor or designee with an explanation. In the event of a refusal of services, have the inmate sign a statement to that effect on the release planning informed consent.

The inmate should be engaged in the process of preparing for release planning. The inmate should be provided with opportunities to perform tasks to meet his/her goals.

The social worker should meet with the inmate on a regular basis to develop rapport and address issues that could influence his/her successful return to the community or possible re-incarceration. Techniques such as motivational interviewing should be utilized to help with attitude and behavior changes.

The social worker or benefits coordinator will assist with applications for entitlements for which the inmate is likely to be eligible.

An alert code (30) will be placed on OBSCIS for the purpose of alerting case management of the need to contact social work before restoring good conduct credits or making parole recommendations.

When the release plan is nearing completion Appendix 29 is sent to both case management and medical to alert them of the need for medications and the housing location for purposes of Parole and Probation assignment.

The original release plan is provided to the inmate. A copy is placed in the social work file and the medical file. A copy is sent to the mental health file and the parole & probation agent as appropriate.

The social worker completes the Face Sheet/Service Notes form (Appendix 30)**.** The completed file is turned into the site supervisor and then to the regional supervisor.

Release planning is documented on a monthly basis on the Monthly Reports form (Appendix 32) and the Release Planning Data Collection form (Appendix 33).

PROCESS

Psychology and medical staff will refer inmates who meet the criteria of Special Needs/Vulnerable to the regional supervisor of social work. An appropriate referral would include an inmate diagnosed with an Axis I, Borderline, mentally retarded or brain damaged, dementia disorder, geriatric, HIV+, cancer, heart disease, dialysis, and other chronic conditions that would require follow-up medical/mental health appointments in the community. NOTE: Referrals may also come from other individuals in the institution.

Team meetings will be coordinated by the social work department. Team meetings should be held at least once a month to determine which inmates should be referred for release planning services and what services would benefit the inmate. The team meeting should include mental health, medical, case management and other departments as needed.

At initial interview with the inmate, the social worker assesses the following:

- appropriateness of referral
- need for identification (Social Security card, Birth Certificate)
- housing needs
- mental health care needs
- medical care needs
- benefits needs
- addiction issues
- disability
- transportation from prison
- institutional functioning
- engagement with worker
- family and other support
- literacy needs
- community programming needs

Appendix 3 and the Release Planning Informed Consent form (Appendix 4) will be obtained at the time of the first interview. Other releases, as appropriate, will be obtained and Appendix 26 will be developed as work with the inmate proceeds.

The regional supervisor will assign cases to the social worker within 9-12 months of the inmate's release date. The social worker should remember to check with case management/commitment for scheduled parole hearing dates, changes in inmate's release date and detainers. An Alert Code (30) will be put on OBSCIS for anyone assigned for release planning services.

Inmates should be seen approximately once a month initially. Sessions should become more frequent as the inmate gets closer to his/her release date. The completed release plan (Appendix 27 or Appendix 31) should be signed by social worker and inmate at time of release.

AFTER CARE FLOW CHART

Below are examples of how to provide release planning services to the inmates we serve:

Medical

IF INMATE IS:

HIV+, no symptoms, no meds – schedule follow-up appointment; apply for PAC; no MA or SSI.

HIV+, asymptomatic/symptomatic, on meds – schedule follow-up appointment; apply for PAC; consider MA and SSI. With doctor's documentation of disability, pursue MA and SSI.

Note: Though the examples for medical referrals are regarding HIV+ inmates, the same process should be followed for all medical cases referred to Social Work.

Mental Health

MH Axis I, in remission, no meds – discuss need for follow-up appointment with Psychology; apply for PAC

MH Axis I, no symptoms, on meds – schedule follow-up appointment; apply for PAC; consider MA and/or SSI.

MH Axis I, with symptoms, on meds – schedule follow-up appointment; apply for PAC, MA and/or SSI.

Other Needs

Non-special-need inmate on medication and able to work – apply for PAC; refer to transition coordinator where available.

Non special need inmate, homeless, sex offender – refer to transition coordinator or case management; give appropriate shelter information.

Note: Release planning services should only be provided to inmates who are homeless or convicted sex offenders if they meet the criteria for special needs. If your documentation supports application for any medical or mental health disability even if the doctor disagrees, you may still pursue entitlement benefits.

PRE-RELEASE TEAM MEETINGS

Preliminary Guidelines:

- Psychology and medical will refer to the regional supervisor of social work anyone who meets the criteria of a special needs/vulnerable inmate. (This includes Axis I diagnoses or Borderline; mentally retarded or brain damaged, dementia, Geriatric (over age 60), HIV+, cancer, heart disease, and other conditions that would require follow-up medical/mental health appointments in the community and may restrict an individual from being able to earn enough to support him/herself).
- Referrals should be made as soon as the person is identified regardless of how far away the release date might be.
- Social Work will place an alert, using code 30, on the OBSCIS alert screen on anyone who meets the criteria for release planning services.
- Case Management will contact the regional supervisor of social work, or the assigned social worker if known, before returning good conduct credits to an inmate when there is an alert posted.
- When contacted by case management, social work will review the current status of the individual with psychology or medical. After determining the needs of the inmate, social work will respond to case management regarding the approximate amount of time needed to complete an effective release plan so that case management can determine how much good conduct credit can be returned.

Team Meeting Process:

- The two-year release list will be obtained by social work, psychology, and medical.
- Social Work, psychology, and medical will identify on the list anyone meeting the special needs designation.
- The list will be returned to case management with those inmates highlighted. Case Management will then check for detainers or other obstacles for release on those individuals.
- At a team meeting held at least monthly, each individual on the list would be reviewed by the multidisciplinary team and triaged for needed services. The team would consist of a representative from social work, psychology, case management and as needed and, if possible, representatives from medical, substance abuse, and any other unit helpful to the process.

- Responsibility for addressing the identified needs will be noted on the aftercare plan. All participating members of the team will sign the plan.
- Any confusion over lines of responsibility will be reconciled by the unit Directors.
- The aftercare working document will be maintained by the social work department or the psychology department depending on the resources of the facility.
- Aftercare plans will be reviewed on a monthly basis. Any special conditions will also be considered at these meetings.
- The final aftercare plan will be provided to the inmate prior to release, placed in the medical file and the release-planning file held by the social work department.
- Where there are transition coordinators in place, a copy of the aftercare plan will be provided to that person so that they can relay the information to the DPP designee for follow-up. In the absence of transition coordinators, the social worker should provide information to the DPP designee where possible.
- If the inmate is transferred to another institution/region prior to completion of the aftercare plan the social work department of the sending institution will forward any pertinent information to the social work department of the receiving institution/region.

ASSIGNMENTS

Release planning services will be provided to individuals who meet the criteria for special needs or vulnerable. (This include, Axis I diagnoses, Borderline, mentally retarded or brain damaged, dementia, geriatric (over age 60), HIV-positive, cancer, heart disease, dialysis, and other conditions that would require medical/mental health follow-up in the community.)

Regional Supervisor/designee manages the assignment and tracking of release planning cases. Regional Supervisors assign cases in consultation with the designee(s). Assignments are made on Appendix 33.

Social workers will complete and submit the monthly report form to the supervisor documenting the service activities for each month (Appendices 32-33).

Referrals for Release Planning: (Please review Pre-release Team Meeting Preliminary Guidelines for further directions)

- The regional supervisor/designee keeps a list of all special needs inmates and tracks their release dates. Referrals may come from psychology, medical, case management, other staff or a self-referral by inmate.
- When the inmate is *at least* nine months from a release date, he is assigned to a social worker for release planning services.
- The regional supervisor/designee assigns all appropriate referrals to a social worker for completion of the Social Work Assessment form (Appendix 24) and at

the first interview it is determined whether release-planning services will be provided. The social worker then informs the regional supervisor/designee.

Opening a File:

- Open a file on every release planning case. Use Appendix 30 to help set up the file.
- If unclear at the team meeting or if a referral is received outside the team meeting, do an assessment of whether release-planning services are needed and appropriate. Let the regional supervisor know your recommendation within four weeks. This should be done by a multi-disciplinary team meeting at least on a monthly basis whenever possible. **(Note: Please refer to the Pre-release Team Meeting instructions).**
- See the client within ten working days of receiving the referral even if the release date is nine months or more in the future.
- Develop Appendix 26 with the inmate.
- Keep progress notes up to date. Try to establish rapport so that issues around substance abuse, medical follow-up, family support, and other needs are discussed.
- Once medical appointments are made, the social worker facilitates the transfer of medical or mental health records by helping the inmate complete specific release of information forms and sending the requests on his behalf to medical records in the dispensary where he receives treatment. The following forms may be needed:
    - Medical Request & Authorization to Release Information (DCD form 130-500aR).
    - Authorization for Release of Mental Health Records (DCD form 124-311R).
- If necessary (i.e. if insufficient time to have records sent in advance) advise inmate of the cost to request records to carry with them at the time of release if they want that option.
- When the case is completed, turn the file into the supervisor. Do not hold closed files.

File Management:

The social worker receives a case assignment from the regional supervisor on Appendix 33.

- Collect basic information from OBSCIS screens, i.e. release date, sentence length, offense(s), detainers, basic identifiers, emergency address; review base file
- Schedule initial interview within ten working days of assignment
- Assess for the following:
    - housing
    - medical treatment
    - substance abuse

    - mental health
    - financial resources
    - family and community supports
    - veterans or other benefits
- Sign consents for receiving services and release of information

Progress/Contacts Notes:

Progress notes are written immediately after each session with client. These include the following: date, amount of time of session, summary of content of session (i.e. planning decision, client's functioning, resource education, future plans). Telephone and consultation contacts made are recorded and include date, purpose, name, and phone number of contacts and content of contact.

A record of the release planning process and related information should be current and complete.

Records for each case are kept in a manila folder. The folder has the inmate's name (last name first) and DOC# printed on the outside tab. Release date is added to the tab when the file is complete.

Appendix 30 is placed in the front of the folder. When the case is closed, the note is completed and a copy is given to the regional supervisor.

ALERT TO MEDICAL AND CASE MANAGEMENT

A follow-up medical appointment and a plan for getting medication are arranged for as soon as possible following release.

Notify the medical department of the inmate's need for a supply of medications and his appointments by both calling the Nurse Manager and sending Appendix 29. Medical can give up to a 30-day supply of medication. This is routinely done for HIV+ patients. However, for other conditions the medical/mental health providers may have reason to limit the amount of medication provided. If there is a discrepancy between the medication supplied and when the community appointment is scheduled, discuss this with the Health Services Administrator (HSA).

Send a copy of the alert form to the case manager so that they can determine the appropriate DPP office to supervise the inmate following release.

Contact the case manager to ensure release date details are secure.

Consult with case management and DPP office where client will be assigned if there is medical and mental health issues which need the attention of the DPP agent.

TRANSFER OF CASES

For inmates transferring to the Regimented Offender Treatment Center (ROTC):

- Determine at the initial release planning assessment whether ROTC is part of the inmate's plan; look for a COP/ROTC alert on OBSCIS screen 18.
- For inmates bound for ROTC, complete the plan as much a possible prior to departure from the facility.
- Communicate the plan to ROTC program coordinator.
- If a medication supply will be needed, contact the medical provider at Patuxent Institution (home of the ROTC Program).

Inmates Transferring to Other Institutions:

- Notify the regional supervisor/designee of the transfer.
- Send the file to the regional supervisor/designee in the region of the transfer.
- Follow-up with the regional supervisor/designee or the assigned social worker.

CLOSING A FILE

- Complete Appendix 27.
- Meet with the inmate several days before release; review plan and give original to inmate.
- File a copy of the plan in inmate's social work file and send a copy to the medical file and to psychology file and parole office, if appropriate.
- Organize file and submit to supervisor for review within two weeks of inmate's release.

STATE OF MARYLAND IDENTIFICATION

The following is information on how to obtain identification following release. The information that follows is from a homelessness resource site. There is also information in the Ex-Offender Resource Guide that is located at:

www.oedworks.com/exoffender/resource_guide.pdf

Please check the Federal REAL ID act to ensure that this information is current..

Identification:

- In the first month following assignment determine whether client has primary identification documents, i.e. birth certificate and social security card and knows how to obtain picture I.D. after release.

- Advise inmate to contact their case manager (CM). (However, advocate for the inmate with the CM and impress upon the CM that these items are vital to release planning).
- Explain that case managers have the responsibility to help inmates get social security cards and birth certificates before release. The case manager sends inmate forms and helps with the process. When the documents are returned to the inmate, they are intercepted in the mailroom and sent to the case manager. They are then filed in the inmate's base file and returned to him at the time of release. (For indigent inmates the cost of obtaining a birth certificate and for postage for the social security card will be paid out of inmate welfare funds).

Social Security Card:

There is no fee for a social security card, but an identifying document must be sent with the application. For this, the case manager uses a copy of the "07" I.D. screen from OBSCIS to include with their application. Applications are sent to the local office where the institution is located.

Birth Certificate:

State Health Department's Vital Records information can be found on the internet. Each state has a fee ranging from $6 to $15.

TREATMENT PROVIDERS

- The assigned social worker will schedule an intake interview to assess the inmate using Appendix 24.
- Following the initial interview and having a signed consent form, the social worker will review the medical and mental health records and consult with medical and mental health staff as needed. In consultation with the inmate, a treatment provider will be identified and appointments made.
- Review the tentative aftercare plan with the inmate. Ensure that all entitlements are applied for and submitted in a timely manner. Application for services and appointments usually begin four months before the release date. Appointment dates for follow-up care should be made for as soon as possible following release.
- Once treatment appointments are made, the social worker facilitates the transfer of the medical and/or mental health records by helping the inmate complete specific release of information forms and sending them on his behalf to the medical records office in the institution where he receives treatment.
- Once the Release Plan is finalized notify medical of the inmate's need for a supply of medications and his appointments by sending Appendix 29. Medical is to give up to a 30 day supply of prescription medications. Be aware that with some medications (i.e. Narcotics, psychotropics) the physicians may be hesitant to release an inmate with that amount of medications.
- Notify case management also using Appendix 29. Check with case management to ensure the release date is secure. Consult with the case manager and DPP,

when appropriate, where inmate will be assigned if there are medical or mental health issues which would affect meeting DPP requirements.

- The primary responsibility for ensuring continuity of care for inmates receiving mental health treatment is the social work department.
    - The social worker, upon referral, works with the medical and psychology departments to ensure appointments are made and financial resources identified to pay for psychotropic medications and services.
- Assess inmates with mental health issues for eligibility for transfer to the Mental Health Transition Unit at Patuxent Institution. Eligible inmates must:
    - be within nine months of release date;
    - have a major mood, anxiety, or psychotic disorder Axis I;
    - be returning to Baltimore City;
    - substance abuse disorder or pedophilia is not the sole diagnosis;
    - not be on segregation.
- Call the social worker at the Transition Unit to discuss and refer the case.
- If not accepted into the Transitional Unit then proceed with the following:
    - Identify a treatment provider. Call MAPS at 1-800-888-1965 and request a list of providers in or near the zip code of the client's residence or contact the Core Service Agency in the county or city of residence for list of providers.
    - Call provider and make an appointment. The providers usually get authorization for service for MAPS.
    - For Baltimore City, Baltimore Mental Health Systems, Inc. has a complete services directory. www.bmhsi.org
    - Most providers require inmates to have applied for Medicaid before their first appointment. Medical Assistance should be applied for at least two months prior to release. If, due to change in release date, etc., the application has not been done instruct the inmate on where to go and how to apply- or connect with a case manager in the community who will assist with this.
- Make appropriate benefit applications. (See Benefits/Entitlement Section)
    - Complete Maryland Primary Adult Care (PAC) application; and send in, along with a birth certificate within one month of release. On day of release fax the PAC office the date of release and the community address.
    - Providers get authorization from MAPS-MD. Authorization should be discussed at the time of contact with provider.
    - For questions about MAPS-MD call: 1-800-888-1965.

CONTINUATION OF MEDICATION

Ensuring medication is not interrupted from the time of release until time of an appointment requires careful planning.

Consult with Nurse Manager and/or Assistant Administrator of Correctional Medical Services to arrange for medication supply to last until first appointment.

RESOURCES

HIV Treatment:

- *Aids Resource Guide 2002 for Baltimore City & Surrounding Counties* (Published by AIDS Action, 2105 N. Charles Street, Baltimore, MD 21218 Phone: 410-837-24376.
- *People Living with HIV/AIDS Resource Manual for DC/MD & VA* (Published by HIV Community Coalition, 813 "L" Street SE, Washington, DC 20003 Phone: 202-543-6777)

Local Health Department:

- For HIV and other clinics, listing of sites and numbers, WEBSITE: http://md.publichealth.org
- *Maryland Directory of Health Services for Low Income Person 5/2001* (Published by Office of Primary Care, Dept. of Health and Mental Hygiene Phone: 410-767-5301)

Free Clinics:

- Directory of Maryland Emergency Shelters and Transitional Housing Programs (Published yearly by the Office of Transitional Services Phone: 410-767-7719)
- Health Care for Homeless, 111 Park Avenue, Baltimore, MD Phone: 410-837-5533
- Contact Local DSS or Health Department
- Maryland Primary Adult Care, (PAC) Health Care Program for People on the Maryland Pharmacy Assistance Program. To get assistance for enrollment in a MCO call the Enrollment Helpline and speak to a Field Enrollment Counselor: Phone # 1-866-676-5880

HOUSING

- Housing & shelter programs are listed by county in the:
    - Maryland Directory of Emergency & Transitional Programs (update yearly) and published by the Office of Transitional Services, 311 W. Saratoga Street, Baltimore, MD 21202. Phone: 410-767-7719.
- *Project Home*
    - Provides supervised housing where *single, elderly, and disabled* adults, including persons with AIDS, receive room and board, personal care and assistance with daily living. Usually care homes are private homes that accept disabled adults.

- *Project Home AIDS* is a part of the Project Home Program – Individuals with AIDS or who have at least two disabling conditions related to their HIV status who do not have appropriate housing due to their medical condition may be eligible.
- *The Don Miller House*, at 5000 York Road, Baltimore, MD 21212 is a residence for individual adults with AIDS sponsored by AIDS Interfaith Residential Services.
- *Project Home* and *Project Home AIDS* are administered by local departments for Social Services (listed under "Financial Services").
    - Statewide Project Home/AIDS
      DHR
      311 W. Saratoga Street
      Baltimore, MD 21201
      Program Specialist: 410-767-7323
    - Baltimore City
      300 W. Metro Plaza
      Baltimore, MD 21215
      Jackie Adams – Project Supervisor
      Phone: 410-361-5005, ext. 316

- *Shelter Plus Care Program*
    - HUD funds are used by a number of agencies to fund housing units for individuals who are homeless and disabled. Targeted disabilities are serious mental illness, chronic alcohol and/or other drug abuse, and AIDS or related disabilities.
    - Shelter Plus Care serves inmates in the jail population (however, sometimes they are willing to accept one of our inmates) with a serious mental illness and is homeless. It is administered by the Maryland Mental Health Administration and the program is available in 20 of 24 Maryland jurisdictions.
    - In Baltimore City, Shelter Plus is administered by the Office of Homeless Services (OHS) at 410-361-9439. Contact OHS for a list of agencies with Shelter Plus Care funds.

Special Release Planning Services

This chapter establishes the procedures for referral to, and the function of, special release planning services offered to the inmate population.

DIALYSIS RELEASES

Complete orientation with inmate as early as possible. Explain why compliance with treatment plans and directions from staff while incarcerated will help determine whether or not he/she will be readily accepted by a private provider. Most dialysis resources are private/for profit units that don't have to accept a given individual and don't willingly take on patients they believe will cause trouble, although special scheduling is sometimes possible.

At first meeting with client determine whether or not he/she has ever received treatment in the community for renal disease. If so, what was the nature of treatment; who was the Nephrologist involved; was he/she receiving dialysis or receiving training in CAPD (Continuous Abdominal Peritoneal Lavage). * Get all consents signed at this time.

If treatment was received determine how services were paid for. How will services be paid for post release? Medical Assistance or Social Security received previously? Was dialysis coverage provided through the State's Maryland Kidney Disease Program (MKDP)?

Assure client that the cost of treatment will be covered as long as basic criteria of financial needs are met (being unemployed or/and homeless will qualify). Also, inform client that being on dialysis is prima facie proof of disability for the Social Security Administration.

Schedule a meeting with a member of the dialysis treatment team to ascertain whether client has been compliant to all treatment directives, including meds, diet, fluid balances.

Also, determine if there are any behavioral problems, such as becoming loud or argumentative with staff, playing with machinery – dials, tabs, etc., or has any history of canceling a treatment session early ("signing off"). You will need to be able to honestly and accurately describe the client to potential providers.

Resist any urge to describe the client in unrealistically positive terms – once "burned," twice shy. You may have great difficulty placing with that provider in the future.

DISCHARGE PLANNING FOR DIALYSIS PATIENTS

- Determine probable release date. Planning should commence a minimum of 45 days or more prior to release.
- Discuss preliminary issues with inmate:
    - Where did he/she get treatment before incarceration (if any)?

    - How was it paid for?
    - Where will he/she live?
    - Which existing center does he/she prefer to utilize? (preferably his/her old one.)
    - What will be his/her source of income?
    - How will he/she get to the Center?
- Call the selected center and ask if they will accept the packet of medical information. In other words, will they consider taking the patient? Do they have an available chair?
    - If they agree, arrange with medical records and dialysis for pertinent information, including dialysis client information and lab work reports, to be copied to social worker and faxed to each center willing to consider the inmate for placement. If a psychosocial assessment is also requested, complete Appendix 5 and/or Appendix 25 to release information through the Warden's Office for base file information or make sure Social Work Informed Consents (Appendices 2-4) cover for the release of information. (Use Medical Records Request form to insure only needed records sent to Treatment Center or to you as the worker).
    - If they don't agree, start searching in ever-widening circles from planned residence for a center. Be a good advocate/sales person!
    - Once they make a final decision (you have to check back regularly), you can either prepare for transfer or search further, depending upon response.
- If the inmate was on dialysis prior to incarceration, he/she probably had a Kidney Disease Program (KPD) card. All dialysis patients in Maryland are eligible. If the inmate meets the KDP criteria, the treating center will help complete an application at the time of the first appointment. The KDP is not currently accepting applications before the end of incarceration, but you will be able to determine through interviewing the inmate whether or not he/she meets the criteria for certification and can share this information with possible provider.
- Initiate Medical Assistance and Social Security applications as appropriate.
- Meet with the inmate to review the release plan, especially regarding the instructions about where and when to present for the first dialysis treatment.
- Review with inmate how to obtain emergency dialysis care via presentation at the emergency room of hospitals with dialysis unit (this should be included in the personalized release plan).
- Remind inmate that there are dialysis centers that will provide temporary or transient treatment during travel or re-location. They can learn more by calling 1-800-634-6254. In Baltimore, B.M.A. (Bio-Medical Association) will help patients locate geographically-correct services locally or nationally and may even make some initial contacts on their behalf.

MEDICAL PAROLE PROCESS

Medical paroles are a special parole consideration based on the medical vendor's assessment that a medical condition will result in death or that the individual would be better served in the community. Case Management gives consideration of dangerousness

and social work prepares a prospective aftercare plan. Detailed instructions for completing the medical parole process can be found in Division of Correction Directive 130-08.

Social work will develop a proposed plan. No applications for medical assistance or social security benefits will be submitted until a medical parole is approved. When submitting the plan the social worker needs to include enough time to apply for benefits when giving an estimate of time needed to complete the plan if approved.

Medical paroles differ from compassionate releases in that the medical parole is considered for someone who has been convicted and is serving a sentence within the criminal justice system. Compassionate releases are considered for individuals charged with an offense but not yet adjudicated. The latter would only occur at pre-trial facilities.

Instructions on Medical Parole/Release Desk Notification:

- When there is <u>any change</u> to the home plan, a revised form must be prepared immediately and submitted to the Director, if the parole packet has not yet been sent to the MPC.
- If the packet has gone to the MPC, a copy goes to the release unit at MPC as well as to the Director.
- If it should happen that the final steps toward the release resulted in a substantial change (e.g. the person is no longer in the hospital), the release unit will need a <u>minimum</u> of 24 hours to change the OBSCIS screens, cut the orders and have them served on the inmate by a parole case worker. Keep in mind medical condition or not, this is still a parole and must follow the policies of the MPC.
- The medical parolee does not have the prerogative to orchestrate his/her own plan. If family members must assist with such issues as SSI and Medicaid completions, transportation, etc., they need to know from us when the parolee leaves and where the placement is.

Benefits Applications

This chapter will establish the procedures, and provide example documentation, for the application of benefits for eligible inmates.

INMATE PRE-RELEASE MEDICAID APPLICATION

Transition Agreement:

To provide assistance to inmates in need of immediate medical treatment upon their release (Action Transmittal-follows);

Departments involved:

- Public Safety and Correctional Services
- Health and Mental Hygiene
- Human Resources

Inmate Eligibility Criteria:

- Reside in the state of Maryland upon release;
- Be serving a sentence and have a projected release date of at least eight weeks in the future;
- Have no detainers that would result in incarceration in another jurisdiction;
- Be terminally ill; or
- Be diagnosed with a chronic physical or mental illness requiring treatment upon release.

The responsibilities of the social worker are as follows:

- Identifies inmates that meet established criteria;
- Completes a needs assessment to determine whether inmate is a candidate for services;
- Collects required documentation and verifications;
- Helps inmate complete the application form.

The process for inmate verifications involves gathering the following information:

- Social Security Number;
- Resources (bank accounts, etc.);
- Completed 402B and 4204 forms by medical department/social worker;
- Verification of application for potential benefits (Social Security-SSI/SSDI);
- Signature of inmate or representative on completed DHR/FIA 161 form;
- Signature of inmate or representative on completed DHR/FIA 9702 application;
- Type of living arrangement upon release;
- Verification of income;

- Documentation of how living expenses will be paid once in the community.

The Family Investment Administration provides all forms necessary to establish eligibility for the FIA program, they are as follows:

- DHR/FIA 9702 Application
- 402B Medical Form
- DHR/FIA 4024 Medical Assistance Program Vocational, Educational and Social Data Form
- DHR/FIA 161 Authorization to Release Medical Information

Procedures for social worker to file for medical assistance through Social Services:

- Forwards application, verifications and case summary information to Local Department of Social Services (LDSS) Inmate Liaison 60 days prior to inmate's release;
- Include social worker's name and telephone number on application as authorized representative;
- Notifies LDSS Inmate Liaison by phone as soon as release date has been set;
- Informs inmate, on the date of release, the status of their application and provides the LDSS address;
- Informs inmates that he/she must contact the LDSS to apply for benefits other than Medical Assistance.

The LDSS Inmate Liaison shall:

- Date stamp the application to register the application date;
- Assign the application and accompanying documents to a case manager for processing.
    - Inmates returning to households receiving temporary cash assistance and food stamps are added to case when head of household reports the change.

The LDSS Case Manager shall:

- Contact the Department liaison by phone or fax if additional verifications are needed;
- Follow up request with DHR/FIA 1052 Request for Information to inmate c/o Department liaison;
- Deny the application if verifications requested have not been returned by the 30th day;
- Submit referral to State Review Team if all verifications needed for medical evaluation have been received;
- Writes DPSCS *Request on* 707 Referral form and enters delay reason on CARES

The State Review Team determines medical assistance eligibility.

The following are sample forms needed to apply for medical assistance.

Supportive Documentation from Family

Date: _____

TO:_____
_____
_____
_____

RE: _____ DOC
_____

Dear _____:

Thank you for your assistance in providing support for the above named inmate. In order to complete his Medicaid application, please provide the items checked below:

_____ Signed written statement that you will be providing room and board for the individual named above following release. (Enclosed)

_____ Copy of your driver's license or state identification card

_____ Copy of utility bill showing proof of residence

_____ If Applicable and Enclosed, signed written statement that you are willing to be the Authorized Representative for Medicaid purposes.

Please send these items to

Attention: _____
_____
_____
_____
_____

If you have any questions or need further information, please contact me at the above address, by phone, _____ or by FAX at _____.

Sincerely,

_____
Social Work Department

Enclosures

Cc: File

Sample Cover letter for Medicaid application

Date

Baltimore City Dept. of Social Services
Long-Tem Care Unit, 5th Floor
2000 N. Broadway
Baltimore, MD 21213

RE: _____
DOC #: _____
DOB: _____

Dear:

Enclosed please find a Medicaid application and appropriate documentation for the above-named individual.

Thank you for you assistance with expediting this application.

If you need further information, please contact me at _____.

Sincerely,

_____
Social Work Department

Encs.

Cc File

Family Letter (Template)

Date: _____

TO:_____
_____
_____
_____

RE: _____
Name **DOB** **SS#**

Dear _____,

I, _____, hereby declare that I will
(Name of Person(s) Providing Support)

Provide room and board for the individual named above following his release from incarceration.

_____ will reside at:
(Name of Customer)

_____ _____
_____ **(home phone number)**
_____
(home address)

following his release from
_____.
(institution)

Sincerely,

_____ _____
(signature) **(printed name)**

_____
(phone number)

Cc: File

Representative payee (Template)

Date: _____

_____
_____
_____

RE: _____ , _____, _____
Name **DOB** **SS#**

Dear _____,

I, _____, hereby declare that I am willing
(Name of Person(s) Providing Support)
To be authorized Representative for _____ and am willing to fulfill
(Name of Customer)
Duties and responsibilities of Authorized Representative for the purposes of securing Family Investment Administration Entitlements for the individual named above.

_____ will reside at:
(Name of Customer)

_____ _____
_____ **(home phone number)**
_____
(home address)

following his release from
_____.
(institution)

Sincerely,

_____ _____
(signature) **(printed name)**

_____
(phone number)

_____ _____
(witness) **(phone number)**

Contact Information (if different from above):

_____ _____

_____ _____

_____ _____

(name and address) **(phone #s: home, cell, or work)**

Cc Authorized Representative, _____
Customer, _____
File

Name of Inmate

Medicaid Case Summary

1. Identifying Information

_____ is a _____ - year old, _____ male serving a sentence for _____. Social Security number is verified per the DPSCS system. His Social Security Number is _____. His birth date of _____ is verified per DPSCS system.

2. Family Relationships

He has no spouse or minor children in his care, nor is he anticipated to have them on his return to the community.
Or
Specify family relationships including information on spouse and minor children.

3. Educational/Vocational

Mr. _____ completed the _____ grade (or Specify educational level including (GED). He reports that he can read and write (or appropriate literacy level).
He denies having vocational skills or a trade (or specify vocational skills or trade).

Mr. _____ has/does not have a history of stable employment (specify employment history).

He has not worked since _____ (date). He is unable to work at this time due to his physical condition.

4. Assets/Resources

Mr. _____ denies that he has any liquid assets or resources (or specify liquid assets and records).
He has _____ (specify amount) in an Inmate Account.

5. Contact Information

If further information is needed, please contact _____ at
_____
facility address
Phone:_____

PHARMACY ASSISTANCE BECOMES PRIMARY ADULT CARE

As of July 1, 2006 Pharmacy Assistance became the Maryland Primary Adult Care (PAC) program. New forms can be obtained from the website: www.dhmh.gov then click on links to PAC or http://www.dhmh.state.md.us/mma/pac

The agreement regarding applying for these benefits is still in effect and the original procedures still apply with two noted changes:

- The individual has to select a managed care organization. This information will be sent to the person in the community with their card, so this selection can wait until after the person is released. However, for a list of the PAC Managed Care Organizations (MCO) contact the liaison listed on the agreement instructions attached.
- Proof of citizenship has to be provided. This can be done with a birth certificate. If the person is a naturalized citizen the PAC office will check on this.

Procedures for correctional facility applicants applying for PAC:

- Applications and program descriptions on http://www.dhmh.state.md.us/mma/mpap
- Application/Completion
    - Be completed and signed by applicant;
    - In address section, put the prison address as home address and put C/O the social work department in front. Leave the mailing address blank;
    - Must include also a printed name, phone number and signature of social worker or case worker;
    - Living arrangement should have "correctional facility" circled;
    - Marital status must be properly circled-there is no single designation;
    - If married and not separated and if the inmate is returning to live with the spouse, the spouse and children's names must be entered;
    - If living with a girl/friend/boyfriend and there are some children, only include information on the inmate.
- Application Mailing
    - Must be mailed only to MPP Box 386;
    - Applications can be sent 30 days prior to release;
    - Original application/not copy must be mailed along with a copy of the birth certificate.
- Applicant will be automatically denied and a letter will be sent to the inmate C/O the social worker; however, the application is held for six months.
- For denial for any reason other than the prison address such as wrong SS number the social worker will fax corrections on an agency letterhead.
- The social worker will fax an official notice of release at day of release to 410-528-6043. The notice to include:
    - The name and Social Security Number of the applicant;

    - The release date/benefit begin date will be the first day of the release month;
    - Home street address and or mailing address;
    - A supporting statement from the person or agency giving food and shelter (see above forms).
- Upon receipt Primary Adult Care will revise the application within 48 hours or two business days of receipt.
- A pharmacy can call 1-800-226-2142 to access verification.

Special Circumstances:

If the inmate is released early: call the 800# and report. (Identify yourself-they have a list of all the correctional facilities and social workers)

The inmate must have correct address, if he/she moves he/she could lose benefits.

Give inmate the 800# to call to update information or to inquire about a problem.

Inmates may apply for both Primary Adult Care and Medical Assistance. If they qualify for MA, this overrides PAC.

Fax a copy of Social Security card with the application if it is available.

For inmates on work release, their income needs to be listed. Obtain the proper employment forms from the Social Security Adminstration ($90 per month + $20 is disregarded) $1000 per month gross wages qualifies someone for PAC. Payment stubs with amount and frequency of pay must be submitted. If the employer sends a letter, it must be on letterhead. If the inmate loses his/her job at release, the social worker reports this to PAC.

On verification of no income, if application for Medicaid has been made, indicate that.

Permanent Legal Resident – must have lived in U.S. for five years. The alien registration number is needed if the person is not a legal resident

Contact on Applications – FAX # 410-528-6043, phone # 410-767-3980

Follow-Up on Status of Applications – phone # 1-800-226-2142

Monthly Reports

This chapter will establish procedures for data collection and monthly reporting of statistical information.

The regional supervisor or designee will prepare a monthly report that summarizes the activities of the social work department in the region. Appendix 32 will be used for each institution.

The monthly report form will be submitted to the warden of the specific institution. A copy will be maintained within the regional supervisor's office.

Where there are multiple institutions within a region the regional supervisor may prepare one combined report for the maintaining institutions and one combined report for the pre-release institutions. These combined reports are to be sent to the Director.

In addition to the monthly report, information specific to release planning will be collected on Appendix 33 to which the Director will have access.

Appendix 32 should be forwarded to the Director by the 15th of the month following the reporting period.

A brief narrative should be prepared by the regional supervisor each month and sent to the Director summarizing pertinent issues such as:

- Personnel issues or concerns
- Problems in service delivery
- Quality assurance issues, including training needs
- General considerations or recommendations

STATISTICS

Social Workers submit the summary report, along with other reports listed below, to the site supervisor. The site supervisor reviews and submits to the regional supervisor or designee by the seventh working day of each month.

The report should include:

- Appendix 32
- Appendix 33
- Appendix 6
- Monthly Group Report form (Appendix 14)
- Voluntary Support Groups form (Appendix 16)

Forms maybe completed and transmitted electronically.

Instructions for completion of the monthly report electronically are as follows:

- Copy the form for each institution in the region. Type the name of the institution in the upper left-hand corner. The month is already listed. (Each social worker in an institution will need to make a copy for themselves of all institutions where they do work).
- Each month click on the current month at the bottom of the screen.
- Do not put anything in the cells except numbers. If you put anything else (a comma, *, a letter, etc.) the formula cannot calculate the sum. (On the totals page the word VALUE will show up instead of a number).
- Under groups, you put in the number of groups started, or ended during the month. There is a place for the number of sessions held during the month. This will help to show groups that are in process that did not start during that month.
- On the open groups, there is a column for the number of groups (not sessions) active during the month. For example you might have two separate HIV support groups meeting in an institution.
- Under the release planning section the medical paroles are separated out. When you fill in a cell, hit the tab or the arrow keys to move to another cell. This way the total for the month will automatically tally. If you do not tab over the total column will not calculate accurately.
- Number of inmates transferred out of the region is for anyone who leaves the region, not just transferred from one prison to another within the same region, even if the social worker is in a different institution.
- Under “individual services”, the last two items are specific to the RESTART sites at this time.
- There is a section for involuntary HIV. Please use this for staff exposures and court ordered testing only.
- Any special issues, problems, etc. can be put in the remarks section.

Section on Agreements

Inmate Pre-Release Social Security Application

AGREEMENT BETWEEN
THE SOCIAL SECURITY ADMINISTRATION
AND
THE MARYLAND DEPARTMENT OF PUBLIC SAFETY and CORRECTIONAL SERVICES

I. Purpose, Definitions and Anticipated Results

A. Purpose

The purpose of this agreement is to identify and formalize procedures which will facilitate timely entitlement to Supplemental Security Income (SSI) and Social Security benefits for disabled and aged inmates of the Maryland Department of Public Safety and Correctional Services (DPSCS) system. These prerelease initial claim application procedures will allow inmates to file for SSI benefits prior to their release providing for a smoother transition back into the community.

B. Definitions

1. "SSA" means Social Security Administration.

2. “SSA Parallel DO” means the Social Security Administration District Office that serves a particular correctional institution.

3. "DPSCS" means Maryland Department of Public Safety and Correctional Services.

4. “SSI" means Supplemental Security Income. SSI is a Federal needs-based benefit provided under title XVI of the Social Security Act. It is paid to aged (65 and older), blind, or disabled individuals who meet all eligibility criteria (e.g., limited income, resources, citizenship, etc.).

5. "RSDI" means Retirement, Survivors, and Disability Insurance. RSDI refers to Social Security benefits that are funded from the Social Security trust fund. RSDI benefits are provided under title II of the Social Security Act.

6. "Disability" is defined by the Social Security Administration as: the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

C. Anticipated Results

It is anticipated that with both SSA and DPSCS staff working together, eligible inmates will have their eligibility for SSI benefits substantially developed before they are released from prison.

II. Responsibilities of Each Agency

A. Responsibilities of Maryland Department of Public Safety and Correctional Services:

1. DPSCS will do a medical record and file review to identify inmates who are potentially eligible for SSI benefits and who can be released within 30 days after SSA has established potential eligibility including the disability determination as needed.

2. DPSCS will provide a Claims Lead Referral Form as notification to SSA when an inmate is identified as a prerelease claim candidate.

   a. SSI disability claims should be initiated no earlier than 90 - 120 days prior to the inmate's expected release date.

   b. SSI claims for aged individuals (age 65 year or older) should be initiated no earlier than 30 days prior to the inmate's expected release date.

   c. The prerelease application procedure is a process unique to the SSI program. Inmates, who are eligible only for RSDI benefits but not the SSI prerelease process, should be referred to the local SSA District Office to have their claim(s) taken upon release from prison.

3. DPSCS will make the inmate available to SSA for a telephone claims interview.

4. Prior to the scheduled telephone interview, DPSCS employees will assist the inmate in completing and submitting electronically SSA's on-line Adult Disability Report and promptly forward to the parallel SSA DO the required number of SSA-827's (Authorization to Disclose Information to the Social Security Administration) signed by the applicant.

5. DPSCS will notify the local SSA DO promptly of any changes in circumstances that affect the release of the inmate. DPSCS will also notify SSA when the inmate leaves the facility and provide the new residence address and telephone number.

6. DPSCS will advise its correctional facilities about this agreement.

7. DPSCS will designate a liaison at each facility to serve as the contact point for any issues related to this prerelease agreement.

B. Responsibilities of the Social Security Administration

1. Upon receipt of the written notification of a prerelease claim candidate, SSA will schedule a telephone appointment to complete the SSI/SSA applications and appropriate related forms. SSA will notify the designated DPSCS contact regarding the date and time for the interview.

2. SSA will provide up to three training sessions for DPSCS personnel on how to complete the on-line Adult Disability Report and the eligibility requirements for the SSI and Social Security programs.

3. SSA will contact the Maryland Disability Determination Services (DDS) and arrange for the DDS to train DPSCS personnel on SSA's disability process and policies. Such training will help DPSCS (1) identify individuals who are most likely to meet SSA's definition of disabled, (2) assist inmates in completing disability forms, and (3) be aware of what types of medical evidence are needed by the DDS to make a correct disability decision.

4. SSA shall provide the name, address, and telephone number of the SSA District Office contact for each DPSCS facility that will participate in the prerelease procedure.

5. SSA will process all claims in an expeditious manner.

6. SSA will issue a memorandum to all Maryland SSA District Offices detailing the prerelease process with DPSCS.

III. Duration and Modification of the Agreement

A. Duration

This agreement will be effective when signed by both parties and shall remain in effect until terminated by either party.

B. Modification

This agreement may be amended at any time by a written modification of this agreement that satisfies both parties.

IV. Signatures

Signature in witness hereto, the parties have executed this agreement by their duly authorized officials.

SOCIAL SECURITY ADMINISTRATION

By: _____ Date: _____

MARYLAND DEPARTMENT OF PUBLIC SAFETY and CORRECTIONAL SERVICES

By: _____ Date: _____

AGREEMENT BETWEEN THE MARYLAND DEPARTMENT OF HUMAN RESOURCES/INCOME MAINTENANCE ADMINSTRATION
AND
THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

This agreement between the Department of Human Resources acting through the Family Investment Administration and Local Departments of Social Services (herein known as FIA) and the Department of Public Safety and Correctional Services (herein known as DPSCS) is established to create a mechanism for assisting inmates, who are terminally ill or chronically physically or mentally ill and in need of community services or hospitalization, to access the benefit programs administered by the FJA upon their release from incarceration.

Section 1.

DURATION -- This agreement shall take effect on September 1, 2004 and shall continue unless and until one party terminates in conformity with section 2 below.

Section 2.

TERMINATION — This agreement may be terminated by notice of either party, within 30 days, upon written notification. This agreement may be revised as necessary.

Section 3.

MAILING ADDRESSES — All notices, reports and correspondence to the respective parties to this agreement shall be sent to the following: Assistant Secretary for Treatment Services, DPSCS, 300 East Joppa Road, Suite 1000, Towson Maryland 2 1286-3020; Executive Director, Family Investment Administration, 311 West Saratoga Street, Baltimore, Maryland 21201, or their designees.

Section 4.

ELIGIBILITY CRITERIA — Male and female inmates incarcerated under the care and custody of the Department of Public Safety and Correctional Services who meet the

criteria listed below, shall be identified and screened by DPSCS staff as potential recipients of the services provided by the FIA upon release:

Inmates shall reside in the State of Maryland upon release;

Inmates shall be serving a sentence and have a projected release date of at least six weeks in the future;

a. Inmates shall not have detainers that would result in incarceration in another jurisdiction; and

b. Inmates shall:

    1. be terminally ill; or

    2. be diagnosed with a chronic physical or mental illness requiring treatment upon release.

Section 5.

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES PROCEDURES

The DPSCS shall establish procedures for identifying inmates covered by this agreement and assessing and transmitting information to Local Departments of social Services. The DPSCS shall:

a. establish a position at DPSCS headquarters to handle issues arising from this contract. Staff in the DPSCS will direct problems and suggestions for improving service to the target population to this position;

b. identify all inmates who appear to meet the criteria in Section 4 of this agreement;

c. complete needs assessments to determine if inmates are candidates for services;

d. develop release plans that will indicate whether inmates will reside in the community (with family or friends, in a rental situation, etc.) or reside in institutions (hospital, hospice, nursing home; etc.);

e. make referrals to Local Departments between 60 and 30 days prior to the inmates' expected release dates. The referrals will include a release plan, an application for benefits and all forms and documentation necessary for Local Departments to determine eligibility for benefits. (Inmates to be released to State operated facilities will not be referred to Local Departments. Eligibility for Medical Assistance is handled by staff at these facilities).

f. notify Local Departments handling the referrals, as soon as certain release dates are set;

g. on the dates of release for inmates with community release plans, give the inmates information about the status of their applications for benefits and, if applying for other benefits, instructions to report to the Local Departments where case material has been sent; and

h. on the dates of release for inmates with release plans to institutions, such as nursing homes, hospices or hospitals, make arrangements for inmates to be transferred to the institutions and notify the Local Departments when this has been done.

Section 6.

FAMILY INVESTMENT ADMINSTRATION PROCEDURES —

The staff of the FIA shall:

a. provide training to selected DPSCS staff on FLA procedures to be followed to determine eligibility for programs and to issue benefits;

b. provide DPSCS staff with the applications and forms necessary to establish eligibility for the FIA's programs;

c. maintain a position, within the Family Investment Administration, to handle issues arising from this contract. Staff in Local Departments of Social Services will direct problems and suggestions for improving service to the target population to this position;

d. Local Departments of Social Services shall:

   i. Designate an individual to serve as liaison with DPSCS staff making referrals to the Local Department;

   ii. Review referrals from the DPSCS and notify the DPSCS immediately if more information is needed or if it appears that inmates will be ineligible for benefits;

   iii. Once certain release dates are set, schedule interview appointments for benefits other than MA for the inmates to be released with community plans;

   iv. Interview released inmates and complete the application process for benefits other than MA;

   v. Expedite the issuance of benefits to which the inmates are entitled. (Review of DPSCS referrals submitted by Local Departments to FIA's State Review

Team for determination of eligibility for Federal Medical Assistance will be completed with 10 days of receipt by the team);

vi. If a released inmate does not keep an interview appointment for benefits other than MA, notify the DPSCS staff that made the referral on the next business day; and

vii. For inmates to be released to institutions, such as a nursing home, hospice or hospital, establish Medical Assistance eligibility and notify DPSCS staff at the institutions that coverage will begin when the inmates are released to the institutions. After the inmates' release to the institutions, ensure that all necessary documentation supporting eligibility for Medical Assistance is in

the case records.

In witness whereof, the undersigned duly authorized officers have subscribed their names on behalf of the Maryland Department of Human Resources and the Maryland Department of Public Safety and Correctional Services.

Kevin M. McGuire
Executive Director
Family Investment Administration
Department of Human Resources

9/30/04
Date

Richard B. Rosenblatt
Assistant Secretary
Treatment Services
Department of Public Safety
And Correctional Services

9-23-04
Date

Christopher J. McCabe
Secretary
Department of Human Resources

10/6/04
Date

Acting For: Mary Ann Saar
Secretary
Department of Public Safety
and Correctional Services

9-20-04
Date

This agreement prohibits the use of subcontractors that are not selected under a competitive bid process.

I have reviewed the agreement between the Department of Human Resources and the Department of Public Safety and Correctional Services and have found it meets requirements for legal sufficiency.

8/25/04
Michael O. Doyle, Assistant Attorney General

DHR **Department of Human Resources** **311 West Saratoga Street** **Baltimore MD 21201**	**Family Investment Administration** **ACTION TRANSMITAL**
Control Number:	**Effective Date: Upon Receipt**
AT#98-46 Obsolete	**Issuance Date:**

TO: **DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES**
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: **KEVIN MCGUIRE, EXECUTIVE DIRECTOR, FIA**
JOSEPH E. DAVIS, DIRECTOR, DHMH/OOEP

RE: **APPLICATIONS FOR PRISON INMATES PRIOR TO RELEASE**

PROGRAMS AFFECTED: ALL FIA PROGRAMS

ORIGINATING OFFICE; OFFICE OF PROGRAMS

SUMMARY:

In 1993, the Secretaries of DHR and the Maryland Department of Public Safety and Correctional Services (DPSCS) signed an agreement to assist certain inmates in filling out applications for FIA benefits and programs. This process will be initiated through interaction between Local Department of Social Services (LDSS) staff and Department of Public Safety and Correctional Services (DPSCS) staff prior to the inmates' release from incarceration. In 1998, FIA issued an action transmittal (FIAIOPR #98-46) that outlined the responsibilities for the two departments in serving this population, as well as procedures for processing these applications.

FIA, DHMH, DPSCS and local administrators recently held a series of meetings to review concerns about the procedures. As a result of those meetings, some changes have been made to the policy, and the Secretaries of the respective departments signed a new agreement. This action transmittal provides the guidelines and responsibilities for DPSCS, DHR, and LDSS staff in processing applications for FIA benefits. While it is expected that the majority of the applications will be for expedited Medical Assistance (MA), an inmate may also qualify for the Temporary Disability Assistance Program (TDAP), Temporary Cash Assistance (TCA) or Food Stamps (FS).

Eligibility Criteria .To be eligible, an inmate must:

- Reside in the state of Maryland upon release;
- Be serving a sentence and have a projected release date of at least six weeks in the future;
- • Have no detainers that would result in incarceration in another jurisdiction;
- • Be terminally ill; or
- Be diagnosed with a chronic physical or mental illness requiring treatment upon release.

ACTION REQUIRED:

A. Department of Public Safety and Correctional Services Responsibilities

The Department has established procedures for identifying inmates covered by this agreement and assessing and transmitting information to the LDSS Inmate Liaison (See Attachment A).

Department of Public Safety and Correctional Services staff:

1. Identifies all inmates who appear to meet the established criteria.
2. Completes a needs assessment to determine if inmate is a candidate for services.
3. Develops a release plan that indicates whether the inmate will reside in the community (with family or friends, in a rental situation, etc.) or reside in an institution (hospital, hospice, nursing home, etc.).
4. Makes a referral to LDSS 60 days prior to the inmates' expected release dates. The referrals must include a release plan, an application for benefits, and all verifications and documentation necessary for LDSS to determine eligibility for benefits. (Inmates to be released to state operated facilities will not be referred to LDSS). Staff at these facilities handles eligibility for MA). Applications for appropriate FIA programs are handled as follows:
    - DPSCS staff conducts a face-to-face interview to determine which FIA programs the inmate may be potentially eligible for and assists the inmate in completing the DHR/FIA application form. **This interview satisfies the face-to-face interview requirement for the medical assistance program only.** This is done within a time frame that allows the application to be forwarded to the LDSS at least 60 days prior to the inmate's release date. It also allows ample time for an SRT

determination to be made. The anticipated release date must be written at the top of the application when forwarded to the LDSS Inmate Liaison.

- DPSCS supplies the following minimum information:

    a. Address and type of living arrangement upon release,

    b. Verification of Social Security number,

    c. Current or projected income verification. If no income, documentation of how living expenses will be paid,

    d. Verification of resources such as bank accounts, life insurance, etc., if applicable,

    e. Evaluation of Impairment forms DHR/FIA 402B and DHMH 4204 **completed by the DPSCS medical** department to demonstrate the medical problem,

    f. Signature of customer or representative on DHR/FIA 161, Authorization to Release Information, **including name and telephone number of medical provider** completing medical documentation (402B and 4204).

    g. Verification that application for all potential benefits has been made.

- DPSCS staff contacts SSA and obtains verification of the status of SSDI/SSI applications if needed,

- DPSCS staff calls the LDSS Inmate Liaison in the jurisdiction where the customer will be living and alerts them that an application for benefits and the information needed to determine eligibility for the specified program is being forwarded. DPSCS provides the name and phone number of the DPSCS Inmate Liaison (See Attachment B) assigned to the specific case at this time. DPSCS staff forwards the application, all required verifications, and any appropriate documentation and case summary information from the interview to the appropriate LDSS Inmate Liaison.

- The information ***must be forwarded to the LDSS at least 60 days*** before the inmate is released (See Attachment C).

5. Notifies the LDSS Inmate Liaison by phone as soon as a release date is set.

6. On the date of release for inmates with community release plans, gives the inmates information about the status of their applications for benefits and the address of the LDSS where the case material has been sent. For applications other than MA, informs the inmate that he/she must contact

the local department to complete the application and fulfill the face-to-face interview requirement.

7. On the date of release for inmates with release plans to state institutions, make arrangements for the inmate to be transferred to the institution. If an application for benefits was forwarded to LDSS, notifies the LDSS Inmate Liaison that the inmate was transferred and when this was done.

B. Family Investment Administration Responsibilities

FIA Central provides DPSCS with DHR/FIA applications and forms necessary to establish eligibility for FIA programs.

Local Department FIA staff:

1. Upon receipt of an application from DPSCS, the LDSS Inmate Liaison date stamps the application to register the application date. The LDSS Inmate Liaison maintains a log of incoming DPSCS applications, case manager assignment, and case dispositions. The release date provided by DPSCS is the date the customer is eligible to receive benefits.

2. The LDSS Inmate Liaison assigns the application and accompanying documents to an FIA case manager to review the case for eligibility processing and pend on CARES.

3. The FIA case manager completes a referral to the DHR State Review Team (SRT). Write **"DPSCS Request"** on the SRT form for expedited SRT processing. SRT completes these referrals and returns them to the LDSS Inmate Liaison.

4. If additional information is needed, the LDSS Inmate Liaison contacts the DPSCS Liaison (See Attachment B) by phone or fax to request the additional information. Contact the regional supervisor in the areas that do not have a DPSCS Liaison listed. Also, send a DHR/FIA 1052 Request for Information to the inmate do the DPSCS Liaison to follow up the informal request. Set an alert to follow up by the 15th day.

5. If the requested information is not received within 15 days, (30 days if the DPSCS Liaison has requested additional time because he/she is having difficulty obtaining the required documentation), send second notice (1052) requesting outstanding verifications. Allow 10 days for verifications to be returned. If verifications are not returned, deny the application using appropriate denial code for failure to return required verification. Send appropriate notices to the inmate c/a the DPSCS Liaison.

6. Upon notification by the DPSCS that the inmate has been released, the FIA case manager provided all the required documentation and verifications are at the LDSS, makes an eligibility decision and sends appropriate notices to the inmate c/a the DPSCS Liaison.

- If application was denied for failure to provide requested verifications, the LDSS Liaison contacts the DPSCS Liaison by phone or fax requesting the outstanding verifications. Also send a DHR/FIA 1052 requesting outstanding verifications

- If the customer is determined eligible, the DSS case manager must fax information to the DHMH Division of Recipient Eligibility Programs (DREP) on the day of the inmate's discharge, so that DREP may activate the case on MMIS.

The next day, the MA card will be issued and the provider can check the Eligibility Verification System (EVS) to verify the person's eligibility, effective the 1st day of the month of eligibility for community MA.

State Review Team Responsibilities

- The State Review Team supervisor will review the referral packet to ensure that it contains the DHR/FIA 707, 402B, 4204, DHR/FIA l6land the expected release date. Failure to submit these documents will result in the referral packet being returned to the LDSS.

- The State Review Team supervisor has 30 days from the date the referral is received at SRT to render a disability decision. If additional medical documentation is required the decision may take up to 60 days. The LDSS Inmate Liaison must ensure all medical documentation is provided with the referral packet to expedite the process.

- The State Review Team supervisor will give priority to the DPSCS referrals and will return the disability decision to the LDSS as expeditiously as possible.

Due to changes in Social Security's disability listings, ALL 402B medical forms must be referred to the SRT for a disability determination.

CARES PROCEDURES:

When a DPSCS application is received in the local department, case managers must remember to take the following actions when processing an application:

- Follow normal application screening procedures (OPTION J from AMEN)

- In Interview (OPTION 0), on the ADDR screen, enter a "Y" in the Authorized Rep field.

- On the AREP screen enter R1 in the Rep Type field, and OU in the Relationship field. Then enter identifying information for the DPSCS contact person.

- If a customer is incarcerated during any processing month (Option P) enter “JL” in the Living Arrgmt field on the DEM1 screen in order to deny assistance for that month with the appropriate code.

- On the DEM2 screen, enter the appropriate disability type or “Other” in the Disab/Incap field.

- Also on the DEM2 screen, enter an Approval Source code that is acceptable for the program of assistance that an application has been filed. The Disability Begin Date will be the current date or the date of application.

- Finalize the application (OPTION Q) according to normal procedures.

ACTION DUE DATE: Upon Receipt

INQUIRIES: May be directed to Rose Fraqua (SRT), at (410) 767-8901, Fern Parson (CARES), at (410) 767-7064, Dorothy Strawsburg (DPSCS), at (410) 585-3371, Medical Assistance Policy Division (DHMH) at (410) 767-1463, or Deborah Weathers (DHR Policy), at (410) 767-7994. Refer systems questions to the Help Desk at (410) 767- 7002 or 1-800-347-1350.

cc: FIA Management Staff
Constituent Services
DHR Help Desk
Dorothy Strawsburg
DPSCS Staff

Local Department Inmate Liaison List

COUNTY	LIAISON	TELEPHONE NUMBER	FAX
ALLEGANY	Deb Foote	(301) 784-7070	(301) 784-7222
ANNE ARUNDEL	Mazie Johnson	(410) 269-4605 (Annap) (410) 421-8502 (GB)	(410) 974-8566
BALTIMORE CO	Catonsville Lillian Tanner Dundalk Hazel Whittenburg Essex Tenesha Lynch Reisterstown Margaret Jositiis Towson Jarrod Terry	(410) 853-3492 (410) 853-3446 (410) 853-3816 (410) 853-3028 (410) 853-3373	(410) 853-3456 (410) 853-3401 (410) 853-3850 (410) 853-3069 (410) 853-3310
BALTIMORE CITY	Primary Lana Howell Backup Elaine Modlin	(443) 423-6124 (443) 423-6087	(443) 423-6103 (443) 423-6101
CALVERT	James Olsen	(443) 550-6929	(410) 286-7429
CAROLINE	Rayshelle Robinson	(410) 819-4467	(410) 819-4504
CARROLL	Ann Moore	(410) 386-3365	(410) 386-3428
CECIL	Barbara Helsel	(410) 996-0335	(410) 996-0364
CHARLES	Ann Bluey	(301) 392-6650	(301) 870-3958
DORCHESTER	Sharlene Harris	(410) 901-4206	(410) 901-2927
FREDERICK	Denise Mayer	(301) 600-4571	(301) 600-2663
GARRETT	Tom Rosser	(301) 533-3081	(301) 334-5449
HARFORD	Carol Clark	(410) 836-4764	(410) 836-4917
HOWARD	Primary Hakim Olajide Backup Louise Andrews	(410) 872-4200 ext. 325 (410) 872-4200 ext. 318	(410) 872-4222
KENT	Sandra Crawford	(410) 810-7614	(410) 778-9694
MONTGOMERY	Maria Paganini	(240) 777-3457	(240) 777-3477
PRINCE GEORGE'S	Teresa Harris	(301) 909-7020	(301) 909-7001
QUEEN ANNE'S	Beatrice Brown	(410) 758-8047	(410) 758-8111
SOMERSET	Terry Jackson	(410) 677-4380	(410) 677-4300
ST. MARY'S	Melissa Perley	(240) 895-7049	(410) 895-7099
TALBOT	Martin Payne	(410) 820-6657	(410) 820-7067
WASHINGTON	Sharon Shafer	(240) 420-2320	(240) 420-2299
WICOMICO	Chris Bishop	(410) 713-3875	(410) 713-3870
WORCESTER	Germaine Garner	(410) 677-6881	(410) 677-6812

Updated January 19, 2007

Department of Public Safety Social Work Contacts

There are five regions in the state. There is a Regional Supervisor for each region who is in charge of the social work program in all the Public Safety institutions in that region. In addition there are site supervisors at many of the facilities in the regions.

Here is a list of the Regional Supervisors and also a list of all the facilities and the staff at those locations. The Regional Supervisor could be contacted by telephone or email. Some of the site supervisors and staff do not have email and not everyone has voice mail.

Regional Supervisors:

Baltimore:	Vacant	410-878-4165	
	Fax	410-878-4048	
Jessup:	Pam Norbeck	410-540-6755	pnorbeck@dpscs.state.md.us
	Secretary	410-540-6756	
	Fax	410-799-9061	
Eastern:	Marie Carter	410-845-4117	mmcarter@dpscs.state.md.us
	Secretary	410-845-4000 x 6349	
	Fax	410-651-5569	
Western:	Bill Taylor	301-729-7170	wtaylor@dpscs.state.md.us
	Secretary	301-729-7171	
	Fax	301-729-7211	
Hagerstown:	Mary Ann Ford	240-420-1538	mford@dpscs.state.md.us
	Secretary	240-420-1531	
	Fax	301-393-4531	

Facilities, Supervisors, if any, and Staff:

Baltimore:

MRDCC (Md. Reception and Diagnostic Correctional Center)

Vacant**, Regional Supervisor**	410-878-4165
vacant	410-878-4157
Jeronica Cain	410-878-4159
Renee David	410-878-4204

MTC (Metropolitan Transition Center)

Vacant, Supervisor	410-230-1503
Victoria Good	410-230-1532
Vacant	

HDU (Home Detention Center)

BPRU (Baltimore PreRelease Unit

BCCC (Baltimore City Correctional Center) 410-332-4340
Janet Washington-Rice

MCAC (Md. Correctional Adjustment Center)

Jessup:

MCI-J (Md. Correctional Institution-Jessup)

Pam Norbeck, **Regional Supervisor**	410-540-6755
Vacant	410-540-4328 or 3967
Secretary (vacant)	410-540-6756

MCI-W (Md. Correctional Institution-Women)

Michael Ruckle, Supervisor	410-379-3896
Mary Hyde Shulman	410-379-3910
Lauren Blackwell	410-379-9257
Della Rembert	410-379-3969
Lauri Nelson	410-379-3967
Jacqueline Perry	410-379-3974

BPRU-W (Baltimore PreRelease Unit-Women) 410-223-2260
Cheryl Hosten

JCI	(Jessup Correctional Institution)	
	Vacant, Supervisor	
	Debra Williams	410-540-6320
BCF	(Brockbridge Correctional Facility)	410-799-1363
	Jackie Short	
JPRU	(Jessup PreRelease Unit)	
SMPRU	(Southern Md. PreRelease Unit)	
TBC	(Herman L. Toulson Correctional Boot Camp)	
	Ellen Sarrett	410-799-4040 x6691
CLF	(Central Laundry PreRelease Facility)	

Eastern:

ECI	(Eastern Correctional Institution)	
	Marie Carter, **Regional Supervisor**	410-845-4117
	Rose Beteck	410-845-4214
	Sylvia Bratten, Supervisor	410-845-4000 x6347
	Christina Beavers	410-845-4000 x6350
	Secretary (vacant)	410-845-4000 x6349
ECI-A	(Eastern Correctional Institution-Annex)	
	Dione Handy	410-845-4000 x 5580
	David Parsons	410-845-4000 x5544
PHPRU	(Poplar Hill PreRelease Unit)	Contact David Parsons
EPRU	(Eastern PreRelease Unit)	

Western:

WCI	(Western Correctional Institution)	
	William Taylor, **Regional Supervisor**	301-729-7170
	Barbara Armentrout	301-729-7310
	Sherry Knieriem	301-729-7204
	Clint Lepley	301-729-7246
	Diane Amann	301-729-7221
	Secretary Pat Robinette	301-729-7171
NBCI	Anita Hartman-Rozas, Supervisor	301-729-7567
	Patricia Shellito	301-729-7429
	Regina Cubbage	301-729-3548
	Jessica Nice	301-729-7449
	Secretary Donnell Householder	301-729-7563

Hagerstown:

MCTC	(Md. Correctional Training Center)	
	Mary Ann Ford**, Regional Supervisor**	240-420-1538
	Robin Secrist	240-420-1537
	Judy Brown, Supervisor	240-420-1628
	Abigail Smith	240-420-1466
	Richard Young	240-420-1536
	Vacant	240-420-1530
	Vacant	240-420-1475
	Secretary Linda Williamson	240-420-1531

HED/EHU (Herman E. Donnelson/Emergency Housing Unit)

MCI-H	(Md. Correctional Institution-Hagerstown)	
	William Beckward, Supervisor	240-420-1312
	Vacant	240-420-1297
	Secretary Leslie Mills	240-420-1336
RCI	(Roxbury Correctional Institution)	
	Vacant , Supervisor	240-420-3260
	Minerva Rosenthal	240-420-3264
	Carol Jones	240-420-3263
	Secretary Roberta Barkley	240-420-3266

ATTACHMENT C

LOCAL DEPARTMENT OF SOCIAL SERVICES

Allegany County DSS
P.O. Box 1420
Cumberland, MD. 21502-1420
(301) 784-7000

Anne Arundel County DSS
80 West Street
Annapolis, MD. 21401
(410) 269-4500

Baltimore City DSS
c/o Edwin Dean
Central Medical Assistance
1920 N. Broadway
Baltimore, MD. 21213
(443) 423-6100

Baltimore County DSS
Catonsville District
c/o Melissa Caldwell
910 Frederick Road
Baltimore, MD. 21228
(410) 853- 3475

Essex District
c/o Rose Cunnigham
439 Eastern Avenue
Baltimore, MD. 21221
(410) 853-3906

Reistertown District
c/o Betty Foster
130 Chartley Drive
Reistertown, MD. 21136
(410) 853-3050

Towson District
c/o Shirlene Dodd
Drumcastle Center
6401 York Road
Baltimore, MD. 21212
(410) 853-3353

Calvert County DSS
200 Duke Street
Prince Frederick, MD. 20678
(410) 286-2100

Caroline County DSS
P.O. Box 100
Denton, MD. 21629
(410) 819-4500

Carroll County DSS
10 Distillery Drive
Suite 10
Westminster, MD. 21157
(410) 386-3300

Cecil County DSS
P.O. Box 1160
Elkton, MD. 21922
(410) 996-0100

Charles County DSS
P.O. Box 1010
LaPlata, MD. 20646
(301) 392-6400

Dorchester County DSS
P.O. Box 217
Cambridge, MD. 21613-0217
(410) 901-4100

Frederick County DSS
P.O. Box 237
Frederick, MD. 21705
(901) 694-4555

Garrett County DSS
12578 Garrett Highway
Oakland, MD. 21550
(301) 533-3000

Harford County DSS
2 S. Bond Street
Bel Air, MD. 21014
(410) 836-4700

Howard County DSS
7121 Columbia Gateway Drive
Columbia, MD. 21046
(410) 872- 4200

Kent County DSS
P.O. Box 670
Chestertown, MD. 21620
(410) 819-7600

Montgomery County DHHS
c/o Kate Harvey
401 Hungerford Road
5th Floor
Rockville, MD. 20850
(240) 777-1245

Prince George's County DSS
805 Bright Seat Road
Landover, MD. 20875
(301) 909-7000

Queen Anne's County DSS
125 Comet Drive
Centreville, MD. 21617
(410) 758-8000

Saint Mary's County DSS
c/o Nicki Sacks
P.O. Box 509
Leonardtown, MD. 20650
(240) 895-7000

Somerset County DSS
P.O. Box 359
Princess Anne, MD. 21853
(410) 677-2100

Talbot County DSS
P.O. Box 1479
Easton, MD 21601
(410) 822-1612

Washington County DSS
122 N. Potomac Street
Hagerstown, MD. 21741
(240) 420-2100

Wicomico County DSS
201 Baptist Street
Suite 27
Salisbury, MD. 21601
(410) 543-6900

Worcester County DSS
299 Commerce Street
Snow Hill, MD. 21863
(410) 677-6800

APPENDIX

Appendix 1

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

Social Worker Supervision Record

Name _____ Institution _____ Supervisor _____
License # _____

Date	Type: I or G		# Hours	General Topic	Supervisor's Initials

DPSCS Form OTS 126-110-1

Appendix 2

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK PROGRAM

Group/Individual Counseling Informed Consent

I, _____, (print name and number) agree to participate in _____ counseling provided by the Social Work Department. I understand that the content of counseling is confidential except for the following:

1. Case material may be discussed in supervision sessions with other Division of Correction social workers without my name being used.

2. Threats to harm oneself may be reported to appropriate medical personnel and/or family members to prevent suicide.

3. Threats to harm another person will be reported to correctional personnel, the police and/or that person (required by Maryland law for all counselors).

4. Threats to the security of the institution will be reported to the warden or other correctional security supervisor.

5. Disclosure of child abuse (physical, sexual, mental) will be reported to Child Protective services even if the abused child is now an adult (required by Maryland law for all counselors).

Signature _____

Date _____

DPSCS Form OTS 126-200-1

Appendix 3

MARYLAND DEPARTMENT OF PUBLIC SERVICE & CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Screening/Assessment Interview/ Informed Consent

I, _____, consent to participate in this clinical

Print Name and DOC Number

Screening/Assessment for _____ provided by the Social Work

(Domestic Violence, Older Inmate, Group, Programming)

Department. I understand that the content of this screening is confidential except for the following:

1. The recommendation about my need and/or eligibility for treatment/programming will be shared with the Case Management Department and/or any other essential Division of Correction and Department of Public Safety and Correctional Services agents for the purpose of providing necessary services.

2. The content of the screening may be discussed or shared with other Division of Correction social workers for the purpose of social work supervision or for provision of treatment services.

3. Threats to harm oneself may be reported to appropriate medical personnel and/or family members to prevent suicide.

4. Threats to harm another person will be reported to correctional personnel, the police and/or that person (required by Maryland law for all counselors).

5. Threats to the security of the institution will be reported to the warden and/or other correctional security supervisors.

6. Disclosure of child abuse (physical, sexual, mental) will be reported to Child Protective Services even if the abused child is now and adult (required by Maryland law for all counselors).

_____ _____

Signature

_____ _____

_____ _____

Witness Date

DPSCS Form OTS 126-200-2

MD DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Release Planning Informed Consent

I authorize any assigned social worker or social work associate in the Social work Department of the Maryland Department of Public Safety and Correctional Services and to
_____ to assist me in
(name of medical provider)
securing a community aftercare plan related to my:

(check one)

_____Mandatory Supervision _____ Medical Parole Release

_____Parole Release _____Expiration of Sentence

Signature
_____Date_____

Witness
_____Date_____

Following release, I authorize any assigned social worker, social work associate or member of the social work department in the Department of Public Safety and Correctional Services to request information from the community resources where services where initiated for me in order to document compliance with the release plan. This consent for follow-up will expire six months following release.

_____Date_____
Signature

Witness _____ Date _____

I refuse social work release planning services.

_____
Signature

Date_____

DPSCS Form OTS 126-200-3

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

Authorization for Release of Social Work Records

Inmate's Name _____ DOC# _____

I authorize _____ to release the following:
(Social Worker)

_____

_____

_____

_____

to _____
(Name)

_____
(Address)

for the purpose of: _____

_____

This release shall remain valid until _____ and may be revoked in writing at any time
(Date)

except to the extent of which the records have already been released.

Further, I understand that the confidentiality of these records is maintained in accordance with the specification of Health-General Article, Section 4-303, ACM.

_____
Signature

_____
Witness

DPSCS Form OTS 126-210-1

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Individual Services Counseling

Social Worker: _____

Institution: _____

Date Referred	Referral Source	Inmate Name	DOC #	Number of Interviews	Nature of Request	Comments/Resolution

DPSCS Form OTS 126-320-1

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK PROGRAM

Individual Assessment

_____
Institution/Facility

Inmate Name _____ **DOC#** _____

Date Interviewed _____

Social Worker _____

Reason for Assessment _____

_____

_____

Outcome:
_____ **No intervention necessary**
_____ **Refer to case management**
_____ **Refer to psychology**
_____ **Refer to health care services**
_____ **Refer to education**
_____ **Refer for social work program services**
_____ **Other** _____

DPSCS Form OTS 126-320-2

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
Social Work Department

Contract for Groups

I, _____, DOC # _____, have agreed

to join _____ Group # _____, meeting at _____
Time

at _____ on _____ and
Institution/Location Day of Week

_____.
Day of Week

I understand that the group will meet for _____ sessions. I have received a copy of the rules had an opportunity to discuss them and understand them. By signing this contract I am making a commitment to attend and complete the work assigned during this group. Failure to do so can result in dismissal from the group.

_____ _____
Signature Date

DISTRIBUTION
Original-Inmate Base File
Copy-Group File
DPSCS Form OTS 126-330-1

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
Social Work Department

Rules and Regulations for Groups

Group Title: _____

Leader(s): _____

Group Location: _____

Meeting Day(s) & Time(s): _____

1. All institutional rules and regulations apply to the group.

2. Members are expected to attend every session. No unexcused absences will be permitted. While two excused absences may be permitted, a third absence will result in the member's dismissal from this group. Groups having fewer than ten (10) sessions can only permit one excused absence. Excused absences include such reasons as health care, parole hearings, court proceedings, and family visits, or as determined by the group leader.

3. All members are expected to participate in group discussion and to complete and hand in all homework assignments.

4. What is said in group is to remain confidential. Members and leaders shall abide accordingly, within the rules and regulations of the institution.

5. Threats to harm oneself may be reported to appropriate medical personnel and/or custody staff to prevent suicide.

6. Threats to harm another person will be reported to custody staff and to that person (required by Maryland law for all counselors).

7. Threats to the security of the institution will be reported to the warden or other correctional security supervisor.

8. Disclosure of child abuse (physical, sexual, mental) will be reported to Child Protective Services even if the abused child is now an adult (required by Maryland law for all counselors).

9. Once a group meeting begins, members will remain in the room.

10. Should group membership be reduced below five (5), the regional supervisor of social work will determine whether or not the group shall continue. If the group must end, remaining members will be scheduled into the next possible group.

11. Inmate group participants will acknowledge receipt of RULES AND REGULATIONS FOR GROUPS by signature and date on DPSCS Form OTS 126-330-1.

DPSCS Form OTS 126-330-2

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

SOCIAL WORK DEPARTMENT

Group Drop Notice

Inmate Name _____ DOC # _____,

was terminated from _____ Group, # _____, on

_____, for the following reason(s):
Date

_____ Paroled/Released _____ Lack of interest

_____ Transfer _____ PC/Segregation

_____ Job/School conflict

_____ Dismissed due to: _____

_____

_____

Comments/Recommendations: _____

_____

_____

_____

Group Leader _____

Date _____

DISTRIBUTION
Original-Inmate Base File
Copy-Departmental File
DPSCS Form OTS 126-330-3

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK PROGRAM

Group Member Evaluation

Name _____ DOC# _____

FACILITY _____ Group Name & # _____

Group Begin Date _____ Group End Date _____

I. Quality of Participation

_____

_____

_____

_____

II. Commitment to Continuing Growth

_____

_____

_____

_____

III. Further Treatment Issues to be Addressed

_____

_____

_____

_____

Group Leader(s) Signature(s) _____

_____

Date _____

Distribution: Inmate
Basefile
Group File

DPSCS Form OTS 126-330-4

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
Social Work Department

Group Log-Attendance/ Assignments

Worker _____ Group Name _____ Number _____
Start _____ End _____
Time _____ Place _____ Frequency_____

Member's Name	Number	Meeting Dates /	/	/	/	/	/	/	/	/	/	/	/	/	Hours Completed	Completion or Drop Out Date

DPSCS Form OTS 124-330-5

DISTRIBUTION: Original-Group File
Other-As Directed

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

SOCIAL WORK DEPARTMENT

Group Progress Notes

Group Leader: _____

Group Type: _____ Section Number: _____

Start Date: _____ End Date: _____

Include group development individual progress, if goals for session were completed and any special tasks to be completed before next session.

Session # _____ Attendance #_____

Session Focus:

Workshops:

Artforms:

Role Plays:

Group Process:

DPSCS Form OTS 126-330-6

Problems:

Assignments:

DISTRIBUTION
Original-Institutional Social Work Group File
DPSCS Form OTS 126-330-6

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

SOCIAL WORK DEPARTMENT

Monthly Group Report

Institution: _____ Month:_____

Group Name: _____ Group Leader: _____

_____

Frequency of Sessions: _____

Starting Date: _____

Ending Date: _____

Number of Inmates Interviewed: _____

Contracted to Group: _____

	First Month	Second Month	Third Month
Drops Outs	_____	_____	_____
Paroled/Released	_____	_____	_____
Transfers	_____	_____	_____
PC/Segregation	_____	_____	_____
Dismissed due to behavior	_____	_____	_____
Other (explain)	_____	_____	_____
Presently attending	_____	_____	_____
Number completed	_____	_____	_____

DISTRIBUTION
Original-Social Work Supervisor
Copy-Group Leader
DPSCS Form OTS 126-330-7

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Participant Group Evaluation

1) What parts of the group did you like the best or were most helpful?

_____

_____

2) What parts didn't you like or were not helpful?

_____

_____

3) Did the group leader(s) help you feel comfortable in group so you could express yourself freely?

_____

_____

4) Was the material presented clearly?

_____

_____

5) What new topics or changes should be made in future groups?

_____

_____

6) Was the group valuable to you or not? Explain.

_____

_____

_____

COMMENTS:

DPSCS Form OTS 126-330-9

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Voluntary Support Groups

Group Type_____

_____ Number of Group Sessions

_____ Number of Persons Attending Groups

_____ Number of Admissions

_____ Number of Discharges

_____ Waiting List

DPSCS Form OTS 126-330-10

MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

Post-Test Counseling Completion Form

Name _____

DOC # _____

Institution _____

Testing Voluntary _____ Clinical _____

Post-test counseling completed (including results of HIV test)

Date _____

Institution _____

Referral for Partner Notification

Date of Referral _____

Partner Notification Interview Completion Date _____

Disease Intervention Specialist _____

This form should be filed in the inmate's medical record

DPSCS Form OTS 126-400-1

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DOMESTIC VIOLENCE BATTERERS PROGRAM

Screening/Evaluation From

Name: _____ DOC#: _____ DOB: _____

Interview Date: _____ Interviewer: _____

Institution: _____ Housing Location _____ CRD: _____

This evaluation is used to assess eligibility and priority for treatment in the DOC Domestic Violence Batterers Program, a program designed for inmates who have a history of violence in intimate relationships. The program teaches skills for healthy, non-violent relationship. Certain questions have scoring items beside them. The interviewer will calculate the sum of the responses to these items, and using this score, along with other indicators, will determine whether you need this program.

A. Family History

1. Who were your caregivers when you were growing up? Describe your relationship with each of them. (Use the back of the page if more space is needed.)

2. When you were growing up, did you ever witness violence between your parents or other caregivers? **Yes = 1 No = 0**

3. Do you feel you were abused as a child **Yes = 1 No = 0**
If yes, explain. (Use the back of the page if more space is needed.)
Note: Under Maryland law, child abuse has occurred when a child, under the age of 18, sustains a non-accidental physical injury, which indicates significant harm or the risk of significant harm, and is caused by a parent or other person who has the responsibility to care for the child. Any form of sexual touching of a child by a caretaker is child sexual abuse.

4. While you were growing up, did any members of your family suffer with alcoholism, drug addiction or mental illness? If so, explain. (Use the back of the page if more space is needed.)

B. Personal History

5. What is your marital status? ____ Single ____ Married ____ Separated ____ Divorced

6. Are you currently involved with the victim(s) of your domestic violence? Yes = 1 No = 0

7. How were you supporting yourself prior to being incarcerated?

8. Do you have a history of alcohol or drug abuse? Yes = 1 No = 0
If yes, describe this history, including when you started using, how much you used, and if you have ever been in treatment or attended self-help groups to get help for this problem. (Use the back of the page if more space is needed.)

9. If you have ever been hospitalized or treated for a mental illness, describe this history. Include when you were diagnosed, what the diagnosis was, and any past or current treatment or medications. (Use the back of the page if more space is needed.)

C. History of Violence

10. Do you believe you have a pattern of violence toward an intimate partner(s)? Explain your answer. Yes = 1 No = 0

11. Does your criminal record include charges of violence towards an intimate partner(s)? If "Yes, "list the charge(s). Yes = 1 No = 0
Note: The interviewer must verify the response to Question 11 through review of the base file and/or discussion with the case manager.

12. Describe the most receipt episode in which you used violence toward an intimate partner:
(Use the back of the page if more space is needed.)

13. Were lethal weapons present in your home or easily accessible to you? Yes = 1 No = 0

14. Did you ever use a weapon against your partner(s)? Yes = 1 No = 0

15. Did you ever threaten or seriously consider (plan) to kill:

(a) yourself	Yes = 1 No = 0
(b) your partner?	Yes = 1 No = 0
(c) another family member(s)?	Yes = 1 No = 0
(d) another person(s)?	Yes = 1 No = 0

16. Did your victim(s) ever need medical treatment because of injuries you caused?
Yes = 1 No = 0

17. Describe your most violent episode of abuse towards an intimate partner: (Use the back of the page if more space is needed.)

18. Complete this chart to identify all intimate partners who were victims of your abusive behavior. Use the first name of each person.

RELATIONSHIP CHART

Name of Victim	Length of Relation-ship	Status of Relation-ship	# of Children	Types of Abuse	Specific Injuries	Medical Treatment Needed?	# of Episodes	#Times Police Called

DPSCS Form OTS 126-334-1

Page 4, Enter Total # of Victims (up to 5) _____

D. Need for Treatment

19. Do you believe that you need help to stop using violence in intimate relationships? Explain why or why not. **Yes = 1 No = 0**

20. If you answered "yes" to #19, what are a few goals that you need to work toward in order to stop using violence in intimate relationships? **(Use the back of the page if more space is needed.)**

21. Do you want to participate in the Domestic Violence Batterers group while incarcerated in the Maryland DOC? Explain why or why not. **Yes = 1 No = 0**

E. Assessment/Summary (To be completed by the interviewer.)

Scoring: Enter the page totals, and add them to obtain the total number of "Yes" indicators.

Page 1 Total ____ (maximum 2)
Page 2 Total ____ (maximum 4)
Page 3 Total ____ (maximum 7)
Page 4 Total ____ (maximum 5)
Page 5 Total ____ (maximum 2)
Total Score _____(maximum 20)

Note: The following are guidelines for interpreting the score. This instrument has not been standardize therefore interpretation of the score and determination of eligibility is based on clinical judgment. Other factors, such as level of denial, cognitive functioning, and mental health issues may override the numerical score in determining treatment readiness. Use the summary section to explain your decision.

0 to 8 Ineligible, if there is no indication of a pattern of domestic violence.
1 to 8 Scores in this range may indicate a lower risk of future violence or a high level of denial
9 to 20 Indicates eligibility and need. Higher scores generally indicate a higher risk of future domestic violence.

Determination: Place an X next to the appropriate category.

____ Eligible and recommended for treatment.

____ Ineligible—due to not being treatment ready. (Submit a special conditions form.)

____ Ineligible—no evidence of a pattern of domestic violence.

Summary/Recommendations:

_____ _____
Signature of Social Work Interviewer Date

DPSCS Form OTS 126-334-1

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Domestic Violence Group Eligibility Determination

TO:

FROM:

DATE:

Inmate _____ DOC# _____ at _____
was screened for Domestic Violence Group on _____. The following recommendation is a result of the screening interview:

____ Eligible for admission into Domestic Violence Group

____ Ineligible for admission due to not being treatment ready

____ Ineligible for admission due to lack of evidence of pattern of domestic violence

Comments/Recommendations:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Letter of eligibility does NOT guarantee automatic reservation/placement in a domestic violence group. It is your responsibility to make a reservation on OBSCIS for the institution and group cycle you would like the inmate to participate in.

DPSCS Form OTS 126-334-2

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Domestic Violence Group Screening Request/Referral

INMATE'S NAME _____ DOC# _____

DATE OF REFERRAL _____ CRD _____ PAROLE STATUS _____

PERSON MAKING REFERRAL _____ INSTITUTION _____

1.) Identify past or present nature of domestic violence charge(s) and date(s) committed:

_____

_____

_____

_____

_____

_____

2.) Current charge(s) and length of sentence:

_____

_____

3.) Inmate is being considered for (check all that apply):

____ MAP ____ CMP ____ Work Release

____ Screening Only (no plan being considered currently; screen for possible Program in the future)

4.) Has the inmate been informed of this referral? ____ yes ____ no

Send referral to Social Work Dept.

NOTE TO REFERRING SOURCE: Upon completion of the screening interview, you will be notified in writing whether or not the inmate is eligible for Domestic Violence Group. If the inmate is determined eligible for a domestic violence group it will be your responsibility to make a reservation on OBSIS for the institution and group cycle you would like the inmate to participate in.

DPSCS Form OTS 126-334-3

DIVISION OF CORRECTION

OLDER INMATE ASSESSMENT FORM

REPORT FOR NOV. 2007 AS OF APPROX 1 SEP 2007

* LAST NAME _____(DD20)

FIRST NAME _____(DD21)

MIDDLE NAME _____(DD22)

DOC NUMBER _____(DD23)

GENDER _____(DD24)

DOB _____(DD25)

SSN _____(DD26)

RACE _____(DD27)

REGION _____(DD28)

(DD1) MMS SCORE

(DD2) DEPRESSION SCORE

(DD3) KARNOFSKY SCORE

(DD4) DIAGNOSIS-P

(DD5) DIAGNOSIS-S

(DD6) DIAGNOSIS-T

(DD7) DISABILITY-P

(DD8) DISABILITY-S

(DD9) DISABILITY-T

INST	MCIH	(DD10)	ADAPTIVE DEVICE	_____(DD29)
SENTENCE LENGTH	288.00	(DD11)	DATE COMPLETED	_____(DD30)
SENT. START DATE	03/18/1995	(DD12)		
MOST SEVERE OFFENSE	CHILD ABUSE	(DD13)		
SECURITY CLASS	_____	(DD14)		
CLOSEST RELATIVE	_____	(DD15)		
FAMILY VISITORS	_____	(DD16)		
ENTITLEMENT	_____	(DD17)		
SUBSTANCE ABUSE HIST	_____	(DD18)		
MENTAL HEALTH HIST	_____	(DD19)		

SOCIAL WORKER _____ PHYSICIAN/DESIGNEE_____

Mini-Mental Status Examination

Inmate Name: _____ **DOC#:** _____

Clinician: _____ **Date of Exam:** _____

I. ORIENTATION (Maximum score: 10) Ask "what is today's date?" Than ask specifically for parts omitted, such as Ask: "Can you also tell me what season it is?" "Can you tell me the name of this institution?" "What floor are we on?" "What town or city are we in?" "What county are we in?" "What state are we?"	Date (e.g. Jan 21) Year Month Day (e.g. Monday) Season Institution Floor Town County/Country State	1 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
II. REGISTRATION (Maximum score 3) Ask the patient if you may test his memory. Then say "ball", "flag", "tree" clearly and slowly, allowing about one second for each. After you have said all three words, ask the patient to repeat them. This first repetition determines the score (0-3), but continue to say them up to six trials until the patient can repeat all three words. If he does not eventually learn all three, recall cannot be meaningfully tested.	"ball" "flag" "tree" # of trials: ____	11 _____ 12 _____ 13 _____
III. ATTENTION AND CALCULATION (Maximum Score 5) Ask the patient to begin at 100 and count backward by 7. Stop after five subtractions (option: you may ask them to spell "WORLD" backward if they are unable to do the math.) The Score is the number of subtractions or letters in correct order – e.g.: 93, 86, 79, 72, 65 or dlrow = 5 93, 76, 69, 52, 45 or ldrow = 3	"93" "D" "86" "L" "79" "R" "72" "O" "65" "W"	14 _____ 15 _____ 16 _____ 17 _____ 18 _____
IV. RECALL (Maximum Score: 3) Ask the patient to recall the three words you previously asked him to remember (Learned in Registration).	"ball" "flag" "tree"	19 _____ 20 _____ 21 _____
V. LANGUAGE (Maximum Score: 9) <u>Naming</u>: Show the patient a wristwatch and ask "What is this?" Repeat for pencil, score one point for each time named correctly.	watch pencil	22 _____ 23 _____
<u>Repetition</u>: Ask the patient to repeat "No ifs, ands, or buts". Score one point for correct repetition.	Repetition	24 _____
<u>Three-stage command</u>: Give the patient a blank paper and say "Take the paper in your right hand, fold it in half, and put in on the floor." Score one point for each action performed correctly.	Takes in right hand Fold in half Puts on floor	25 _____ 26 _____ 27 _____
<u>Reading</u>: On a blank piece of paper, print the sentence "Close your eyes" in letters large enough for the patient to see clearly. Ask the patient to read it and do what it says. Score correct only if he actually closes his eyes.	Closes eyes	28 _____
<u>Writing</u>: Give the patient a blank piece of paper and ask him to write a sentence. It is to be written spontaneously. It must contain a subject a verb and make sense. Correct grammar and punctuation are not necessary.	Writes sentence	29 _____
<u>Copying</u>: On a clean piece of paper, draw intersecting pentagons as illustrated, each slide measuring about 1 inch, and ask the patient to copy it exactly as is. All 10 angles must be present and two must intersect to score 1 point. Tremor and rotation are ignored.	Draws pentagons	30 _____
Level of consciousness: ___ coma ___ stupor ___ drowsy ___ alert Scoring: Normal>25 Mild>20 Moderate>15 Severe<14 SCORE: Aid number correct responses. (Maximum score: 30)	Total Score: _____	

DPSCS Form OTS 124-500-1

Name: _____ DOC#: _____

Date:_____

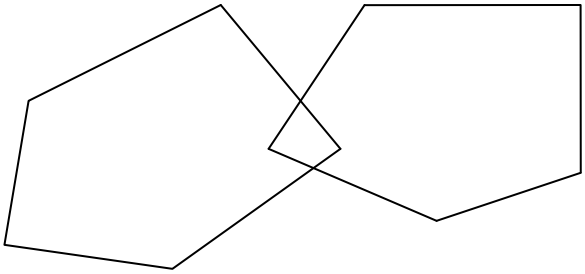
Older Inmate Assessments

Mini-Mental State Exam Supplemental Form

Write a sentence:

Copy the picture of the intersecting pentagons:

DPSCS Form OTS 124-500-2



MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Social Work Assessment

NAME: _____ **DOC #** _____ **DOB** _____
Present Offense: _____ **Sentence:** _____
# of Incarcerations – Prison: _____ **Jail/Detention:** _____
Longest Incarceration: **Most Serious Offense:**
MRD: **as of:** **Screening Date:**

I. Condition	YES/NO		Comments/Additional Information
Major Mental (Axis I):	☐	☐	
Borderline (Axis II)	☐	☐	
Chronic Medical Condition:	☐	☐	
Mental Retardation	☐	☐	
Geriatric	☐	☐	
Other:	☐	☐	

II. Duration of Condition	YES/NO		Comments/Additional Information
History of Treatment:			
• Community _____	☐	☐	
• Prison _____	☐	☐	
History of Hospitalization:			
• Community _____	☐	☐	
• Prison _____	☐	☐	
Current Treatment:			
• by Psychiatrist _____	☐	☐	
• by Psychologist _____	☐	☐	
• by Medical Doctor _____	☐	☐	

Medications:	☐	☐	
• **Type(s): _____**			
• **Length of time using: _____**			
• **Compliant**	☐	☐	

III. Social Factors	**YES/NO**		**Comments/Additional Information**
Housing Support:			
• **Needs supportive housing**	☐	☐	
• **Homeless before Prison**	☐	☐	
Family/Social Support:			
• **Marital Status _____**			
• **# of Children _____** ∗ **Age range _____** ∗ **Whereabouts of Children** **(ie. Relative, Foster Care)**			
• **Close contact: _____**	☐	☐	
• **Out of State: _____**	☐	☐	
• **Estranged: _____**	☐	☐	
D/V History:	☐	☐	
Treatment Program			
• **Community _____**			
• **Prison _____**			
Work History:			
• **Needs structured work setting**	☐	☐	

• **Lacks work skills**	☐	☐	
• **Longest employment _____**			
Military History:	☐	☐	
• **Branch _____**			
• **Length Time Served _____**			
• **Type Discharge _____**			
Educational Needs:			
• **Diploma: _____**	☐	☐	
• **GED: _____**	☐	☐	
• **Highest grade completed_____**			
• **Degrees/Certifications**	☐	☐	
• **Special Ed.: _____**	☐	☐	
• **Vocational:_____**	☐	☐	
Job Training Required: _____	☐	☐	

IV. Alcohol/Drug Use YES/NO Comments/Additional Information

History of abuse/addiction:	☐	☐	
TYPE (s): _____			
Number of Years Using: _____			
Treatment Program			
• **Community: _____**	☐	☐	
• **Prison: _____**	☐	☐	

V. Other Prison Treatment Programs Participation _____

VI. Entitlements in Community

What Type (s):
• **MA** _____
• **PAC** _____
• **SSI** _____
• **OTHER** _____

Disposition Comments:_____

_____

_____

☐ **Accept for Social Work Case Management**
☐ **Refer to Transitional Coordinator/CM**
☐ **Refer to Addiction Specialist**

Social Worker: _____ **Date:** _____

DPSCS Form OTS 124-500-3

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
RELEASE PLANNING PROGRAM

Authorization to Request Information

I authorize a social worker or social work associate in the Social Work Department of the Maryland Division of Correction and all employees and agents of _____, including
(name of medical provider)

medical, to request and receive information and copies of records about services or care provided to me by _____ for the purpose of assisting me in developing a medical aftercare plan, including necessary supportive services.

Signature _____ Date _____

Witness _____ Date _____

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
RELEASE PLANNING PROGRAM
Authorization to Release Information

I authorize any assigned social worker or social work associate in the Social Work Department of the Maryland Division of Correction and _____ to disclose information
(name of medical provider)

and records of my medical condition and my social history with other essential Division of Correction and Department of Public Safety and Correctional Services agents as part of my preparation for release. I further authorize the disclosure and release of documents from y medical file and or social work file to agencies in the community to which application for benefits or services is made on my behalf.

Signature _____ Date _____

Witness _____ Date _____

DPSCS Form OTS 126-500-4

Social Work Release Planning Agreement Worksheet

Name:_____Facility: _____
DOC#: _____ DOB: _____Release Date/Type: _____

Release Planning Tasks	Inmate Tasks	Social Worker Tasks
Obtain Identification Yes__ No__ N/A __		
Identify Housing Plan Yes__ No__ N/A __		
Obtain Medical Care Yes__ No__ N/A __		
Obtain Mental Health Care Yes__ No__ N/A __		
Employment/Education Yes__ No__ N/A __		
Substance Abuse Care Yes__ No__ N/A __		
Financial Benefits PAC Yes__ No__ N/A __ MA Yes__ No__ N/A __ SSI Yes__ No__ N/A __		
Other Yes__ No__ N/A __		

Inmate: _____ **Social Worker:**_____
Date:_____ **Date:**_____
DPSCS Form OTS 126-500-5

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Social Work Release Plan Information

Name: _____ **DOC#:** _____
Institution: _____ **Date of Release:** _____

MEDICAL

_____ **Other** _____
_____ _____
Contact/Phone: _____ _____
Address: _____ **Contact:** _____
Appointment: _____

HOUSING

Place: _____ **Other** _____
_____ _____
Contact: _____ _____
Contact: _____

FINANCIAL

_____ **Other** _____
_____ _____
Contact: _____ _____
Appointment: _____

Remarks: _____ **Social Worker:** _____
_____
_____ **Phone Number:** _____

My signature on this document indicates that I have participated in the development of my aftercare plan. I have been given the opportunity to review and discuss this aftercare plan with my DPSCS social worker assigned to assist me with release planning services. By signing, I am also acknowledging that I have accepted the plan and I understand that it is my responsibility to keep the appointments and/or follow the instructions on the plan.

_____ _____
Inmate Signature **Date** **Witness** **Date**

DPSCS Form OTS 126-500-6

Progress/Contact Notes

Inmate Name: _____ Inmate Number_____

Institution: _____ Social Worker_____

Contact Date	Case Notes

DPSCS Form OTS 126-500-7

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Medical/Case Management Alert

Date: _____

FROM: _____Social work Dept.

TO: _____ Medical Dept.

_____ Case Management Dept.

RE: RELEASE PLANNING NEEDS _____

_____ _____ will be
(name) (DOC#)

Released on _____. The Social Work Department wants to alert you to the following:

_____ The inmate will need enough medication to last until the scheduled appointment on _____.
(date)

** Please alert the Social Worker of any special issues, i.e., medication that is restricted, need for cane/wheelchair, not provided by Medical Dept., etc.

_____ The inmate will be living at this address:

_____

_____

_____

_____ Transportation arrangements are as follows:

____ by bus

____ by family member or friend picking up

____ other (explain)

** Case Manager – Please alert Social Worker if there is any pending action, i.e., detainer, restoration of diminution credits, etc. that could affect the release date.

DPSCS Form OTS 126-500-8

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
SOCIAL WORK DEPARTMENT

Face Sheet/Service Notes

Name/ID #_____Facility_____

Social Security #_____ Date of Birth_____

Release Date_____Type of Release (circle) MP, Parole, MS, Exp., Court

Problem Area (check all that applies; mark the primary need as number 1)

_____HIV
_____Medical (cancer, diabetes, sickle cell, etc.)
_____MR/DD
_____Mental Health
_____Elderly
_____Dialysis
_____Other

Release Plan component: (check if completed)

_____Informed Consent Parts 1 __2__3___
_____Individual Tx Confidentiality Consent
_____Medical/Case Management Alert
_____Progress Notes
_____Release Plan
____Medical appointment
_____Mental Health appointment
_____Substance Abuse appointment
_____Medical Assistance application
_____PAC
_____Social Security application
_____Birth Certificate Received Y__N__Pending___
_____Social Security card Received Y__N__Pending___

Contact Made with:

Medical _____
Family _____
Case Manager _____
Support Services _____
Parole _____
Other _____

Comments_____

_____

_____

File completion date_____

Social Worker _____

Pre-Release Services Received:

GED/Education Y___N___
Vocational Training Y____N___
SW Groups_____
Psychology Groups_____
Addiction Groups_____

Mental Health---Psychiatrist_____
Individual Counseling_____
Medication _____
Medical---Chronic Care clinic_____
Medication _____

DPSCS Form OTS 126-500-9

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERV ICES

Medical Parole Release Plan

Inmate Name _____ DOC# _____Institution_____

I. **Medical Care**

Agency _____

Address _____

Telephone _____

Contact Person _____

Appointment Date _____

II. **Housing**

Caregiver/Support Person _____

Address _____

_____

Telephone _____
Confirmed Available Yes _____ No _____

III. **Financial Support**

Type _____

Application Initiated (Date) _____

Contact Person _____

Address _____

_____

Telephone _____

IV. **Special Needs**

Type _____

Plan _____

_____

V. **Anticipated Barriers/Clinical Concerns (use separate sheet as necessary)**

If medical parole is granted, _____ days will be needed to implement this plan.

Social Worker_____Date:_____

DPSCS Form OTS 126-500-10

SOCIAL SERVICES
JULY MONTHLY REPORT

Institution/Region: **Prepared by:**

Group Services	Decisions	TDC	Com	Relationship	ReEntry	Parenting	D.Violence	Pre-Natal	Post-Natal	Conf. Res.	T4C	Trauma	MH
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
No. Groups Started													
No. Groups Ended													
No. Sessions Held													
No. Inmates Contracted													
No. Inmates Completed													

Open Groups=Monthly	No. Admit	No. Disch.	No. Sessions	Avg. Attend.	#Grps Active
	Month	Month	Month	Month	Month
HIV Support					
Dialysis					
Geriatric					
Baby Bonding					
Domestic Violence - Women					

Release Planning

	H	MH	D	G	SO	M	MR\DD	Other	Total Mo.
Carried Over from Previous Month									0
New Cases Assigned									0
No. Transferred out of Region									0
No. Released									0
No.Closed (not released/transferred)									0
No. Active @ end of Month	0	0	0	0	0	0	0	0	0

Medical Paroles

Carried Over from Previous Month									0
New Cases Assigned									0
No. Approved									0
No. Denied									0
No. Released/Died									0
No. Transferred out of Region									0
No. Active @ end of Month	0	0	0	0	0	0	0	0	0

Legend:
H = HIV
MH = Mental Health
D = Dialysis
G = Geriatric
M = Medical
SO = Sex Offender
MR = Medical Retardation
DD = Developmentally Disal

Individual Services	Month
No. Inmate Requests	
No. in person sessions	
No. Responses(written/phone)	
No. Ind. Counseling Cases Open	
No. Ind. Counseling Sessions	
No. Ind. Counseling Cases (Closed)	
No. Geriatric Assessments	
No. Dom. Violence Screenings	
No. CSI	
No. PICTS	

Release Planning	Month
No. of Inmates Referred	
No. of Inmates Screened	
No. of Inmates Accepted	

LEGEND

Release Types: ***MS*** *= Mandatory Supervision;* ***EXP*** *= Expiration of Sentence;* ***PAR*** *= Parole;* ***MP*** *= Medical Parole,* ***CR*** *= Court Release*

Special Needs: ***HC*** *= Hep C;* ***C*** *= Cancer;* ***HD*** *= Cardiac;* ***PM*** *= Pulmonary;* ***OM*** *= Other Medical;* ***MH I*** *= Mental Health;* ***MH II*** *= Other Mental Health;* ***H*** *= HIV;* ***A*** *= AIDS;* ***D*** *= Dialysis;* ***E*** *= Elderly;* ***MR*** *= Mentally Retarted;* ***DF*** *= Deaf;* ***B*** *= Blind;* ***WC*** *= Wheelchair;* ***O*** *= Other*

For ***MH*** *distinguish between* ***MH I*** *= Axis I or BPD;* ***MH II*** *= Other Diagnosis; for* ***HIV*** *Indicate* ***A*** *for AIDS defined*

RELEASE PLANNING DATA COLLECTION

Region:

Month:

Institution	Name	DOC #	DOB	SSN	Current Release Date	Release Type	Special Need	Date Benefit Application Sent		Date of Phone Interview	Date of Appt Scheduled			Date Assigned	Social Worker Assigned	Worksheet Developed	Comments	Actual Release Date
								PAC	*MA*	*SSI*	*Med*	*MH*	*Other*			*Y / N*		

Release Planning Data Collection

DPSCS Form OTS 126-900-2

Appendix 33