



Standard Operating Procedures

Reentry Case Management

VERSION 2

Send Comments / Questions / Clarifications To:

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Reentry Case Management Summary

The purpose of reentry case management is to utilize evidence-based practices to connect medium to high-risk felony offenders, high-risk misdemeanants, and sex offenders with community resources in order to reduce the likelihood of re-offense and recidivism back into prison or jail.

Increasing public safety and community well-being by increasing linkages to treatment, housing, employment, and basic service supports are the key factors that the reentry program will be evaluated on.

The reentry case manager works with DOC whenever possible to coordinate the pre-release and post-release access of services for individuals who are transitioning from DOC institutions into the community. The case manager draws from the services and supports in the community to help meet the needs of individual reentrants. The reentry case manager will:

- Coordinate pre-release planning efforts with institutional and field probation officers and identified community providers. Case managers should make every effort to coordinate services prior to release whenever DOC grants access to correctional facilities. In the event that access to a correctional facility is denied, the case manager will notify the Program Manager.
- Provide case management services for an active caseload of up to 30 individuals releasing from incarceration and residing in Alaska.
- Share aggregated information about reentrant needs with State funded reentry coalition coordinators and coalition members to enhance and expand access to transitional supports such as housing, employment, and treatment.
- Collect and monitor participant specific data to assess short and long-term participant outcomes. This includes completing both monthly and quarterly reports.

Introduction

The 5 Practice Areas of Reentry Case Management

1. Connect with reentrants: (A) pre-release and (B) post-release.
2. Utilize risk assessments and R-N-R principles to (a) assess the community supports needed, (b) create a transition plan using those risk assessments, and (c) communicate regularly with DOC staff to continue to provide the appropriate wrap-around services in the community.
3. Participant Services, Non-financial
4. Participant Services, Financial Assistance
5. Plan for aftercare

Approach

The following practice standards were developed during the initial implementation of reentry case management services through funding provided as part of SB91 to the Division of Behavioral Health, Department of Health and Social Services. Continued review and updates to this approach are provided by the:

- Division of Behavioral Health, Department of Health;
- Department of Corrections;
- Reentry case managers as part of the DBH grant;

- Alaska Mental Health Trust; and
- Reentrants receiving reentry case management services (via recidivism reduction funding).

The basis for the reentry case management approach reflects a growing consensus about what works to assist individuals within the criminal justice system to remain actively engaged within their communities. This manual was updated for use beginning in FY25. Further, this version incorporates feedback from a number of stakeholders including probation officers, DBH program managers, reentrants, and local Reentry Coalition Chairs and members.

How to use this document

Audience

This document was created as an in-depth resource for DBH reentry case managers, referred to in this document as case managers, utilizing DBH Recidivism Reduction funding.

Case managers should view this document as a detailed follow-up to the Alaska Community Reentry Manual, which provided an overview of reentry coalition and case management work.

This document may be revised. Revisions will be noted in section XI. Release Versions. Whenever this occurs, the DBH Program Manager will notify case managers and grantees. When appropriate a supplemental section will be provided.

New case managers will be required to review this document and provide a signed acknowledgement to the DBH Program Manager provided on the last page of this document.

Purpose

During implementation of the case manager program, feedback was received about the need for the following:

- An in-depth guide that reentry case managers could refer to for program policies, procedures, and practices; case management requirements; documents and software instruction; and performance and quality improvement measures;
- A standardized reentry case management process across the state of Alaska to encourage consistency and fidelity to evidence-based methods;
- A document that can inform new hires about the methods and practices that should be utilized by reentry case managers; and
- A document that could be shared with other stakeholders interested in DBH reentry casemanagement.

Document Sections, Acronyms, and FAQ

This document is separated into seven sections:

I. Policies, Procedures, and Practices

This section contains information about how the program should function, the role of case managers, and the responsibilities that case managers are responsible for fulfilling.

II. DBH Reentry Case Manager Requirements

This section discusses the types of training case managers need to complete, and where case managers can find updates about new training opportunities.

III. Performance and Quality Improvement

This section contains information about how the program may be evaluated; including how case managers will be evaluated for effectiveness and fidelity to the program structure, and the methods and structure in place for continual program improvement.

IV. Required Participant Paperwork & DOC documents

This section contains information about the documents used for reentry case management, the types of tracking systems used.

V. Media Guidelines

This section contains information about how case managers should handle inquiries from the media.

VI. Reentry Case Manager Professional Code of Conduct

VII. Release Versions

This section is updated with the draft and final version release dates and version numbers.

Common Terms

Below is a list of common terms and acronyms that are used throughout this document in reference to reentry case management. A full list of community reentry terms and acronyms can be found in the Alaska Community Reentry Program Manual, V3 pgs.6-9.

Term / Acronym	What it stands for
AK Community Reentry Manual	A document that talks about reentry coalition and case management initiatives across the state
Community Reentry	Support services and programming that occurs in the community and is geared towards assisting individuals who have been involved with the criminal justice system
DBH Reentry Case Manager (case manager)	A case manager that works with offenders 90-days prior to release and continues to assist them for six-months, post-release in the community. DBH Reentry Case Managers are responsible for working within a specific, evidence-based program structure
Offender	An individual who is currently incarcerated at a Department of Corrections (DOC) facility
Reentrant	An individual who has been released from a DOC facility and is transitioning back to living in the community as a law-abiding resident
Participant	An individual who is receiving services from the DBH reentry case manager and is a part of the case management program
Institutional Probation Officer (IPO)	An institutional probation officer is a DOC employee who provides supervision to offenders within DOC institutional facilities
Community Residential Center (CRCs)	A community residential center is a DOC funded facility that houses and provides supports for individuals within the correctional system. Individuals may be on furlough, parole, probation, or be a confined misdemeanor or restitution placement.
Furlough	Individuals on community custody who reside at the CRC while completing their sentence.
Probation Officer (PO)	A probation officer is a DOC employee who works in the community and supervises DOC offenders who have been released on electronic monitoring, furlough, or probation/parole

FAQ (Frequently Asked Questions)

Question	Answer
How long is the case management program?	The program is nine-months post-release.
When does it begin?	The case management program can begin up to 30-days prior to release.
What are the phases of the program?	<p>There are three transitional phases of the program, separated by 3-month periods. The transitional phases of the program are:</p> <ul style="list-style-type: none"> • Phase 1 (Months 1-3) • Phase 2 (Months 4-6) • Phase 3 (Months 7-9)
What are transitional plans / aftercare plans and how do they work?	<p>Each transitional phase has particular areas of focus. For example, Phase 1 is typically concerned with immediate needs post-release such as housing and food security. A Phase 2 case plan might focus on transitioning someone to permanent housing. Phase 3 focuses on self-sufficiency measures and ensuring a reentrant has established relationships with any needed community providers.</p> <p>Another difference between the phases is the level of intensity of case management services provided. An individual in Phase I is meeting with their case manager on a weekly basis whereas someone in Phase III might be meeting with their case manager on a monthly or as needed basis.</p> <p>It is important to note, that some reentrants may spend more or less time in a Phase depending on their individual needs and circumstances.</p>
How are transitional plans created?	The creation of any case plan (transitional plan) or discharge plan is a collaborative process. Prior to releasing, a reentrant will meet with a DBH Case Manager who will complete an intake packet with the reentrant and also identify the reentrant's main concerns upon release. Additionally, a copy of any Release Plan created by DOC will also be obtained. A case manager will use all information gathered to create an individualized case plan. When the DBH Case Manager and reentrant meet for the first-time post-release, the case manager will review the case plan with the reentrant and ensure they agree with the plan and course of action.
Who qualifies to be a reentry case manager?	<p>Reentry case managers, on-behalf of the DBH reentry case management grant, are hired through the agency (fiscal agency) awarded the grant.</p> <p>Reentry case managers are also required to pass additional background and hiring requirements developed by the Department of Corrections.</p>
What agencies qualify to be grantees for the DBH case management grant?	<p>Grants for this program are awarded through the Division of Behavioral Health, Department of Health.</p> <p>The Department of Health has a Grants and Contracts arm that administers and executes award on behalf of the Department.</p>
Additional questions about the DBH Reentry Program should be directed to the DBH Reentry Grant Program Manager.	

I. Policies, Procedures, and Practices

Program Participant Eligibility

The DBH reentry case management program has a target population of individuals recently released from incarceration and deemed high risk of recidivating and residing in the State of Alaska.

Additional criteria for eligibility includes:

- At least one felony conviction,
- Released no more than 6 months before enrollment in the DBH Reentry Program,
- Identified as med-high, to high-risk of recidivating by an LSI-R score of 18 or higher. Comparable assessments may be used on a case-by-case basis for federal reentrants, and
- Individuals convicted of sexual offenses are eligible regardless of their LSI-R score.

The following scenarios do not automatically make an individual ineligible services:

- Open criminal cases, if a potential reentry participant has an open case, case managers should reach out to the DBH program manager for guidance before screening out.
- Enrollment in a therapeutic court
- On Federal probation or released from a federal correctional facility
- Being under a guardianship
- Currently on Electronic Monitoring (EM)

If case managers are ever unsure of an individual's eligibility to participate in the reentry program, they should email the DBH program manager for guidance. For the first 90 days of employment, case managers will notify the DBH program manager before screening out cases. The only exceptions are when an individual has no felony convictions, a low LSI-R score, or has been released for more than six months.

Program Structure

The reentry case management program is intended to be a 9-month transitional program that (1) addresses reentrants' immediate needs upon release (2) develops an individualized case plan that addresses identified criminogenic factors, and (3) ensures reentrants have established linkages to community supports and services after discharge.

Referrals can be made at any time 30-days prior to release.

Intake meetings between reentry case managers and offenders will be scheduled as soon as a referral is received but not more than 30 days prior to release. Case managers should make every effort to conduct intakes in person. However, access to DOC facilities at times may be limited. When access to a correctional facility is not possible, case managers should attempt to schedule a telephonic intake by contacting the facility's Institutions Probation Officer (IPO) and/or the Education Coordinator. Whenever a case manager is denied access to a correctional facility, they should email the DBH Program Manager.

There are three transitional post-release “phases” of the program. An aftercare plan is created prior to discharge from the program. Each phase has its own “transition plan,” which builds off of the reentrants original DOC Release Plan. Case managers should build an individualized case plan for reentrants that combines information from the DBH Intake Form, the DOC Release Plan, and with input from the reentrant.

Case Management Transitional Plans

Transition Plan 1: Months 1 to 3

- Case managers meet with reentrants upon release and finalize case plan.
- Case Managers work with reentrants on transitional support needs. Primary focus is on core needs such as housing, medical care, and employment.
- Case Managers should be meeting with reentrants once a week. Refer to the case management intensity level in this document for further guidance.

Transition Plan 2: Months 4 to 6

- Case Managers work with reentrants to increase community support services. Focus areas include transitioning to permanent housing, ensuring access to any public entitlements, additional employment training or certification goals.
- Case Managers should be meeting with clients every other week. Refer to the case management intensity level in this document for further guidance.

Transition Plan 3: Months 7-9

- Case Managers work with reentrants on self-sufficiency
- Focus area includes developing an after-care plan.
- Ensuring compliance with any other case plans requirements.
- Refer to the case management intensity level in this document for further guidance.

The aftercare plan should occur prior to discharge from the program and can occur during any of the phases listed above.

The program structure for reentry case management occurs in four stages:

1. The referral stage
2. The pre-release stage
3. The post-release stage
4. The discharge and aftercare stage

The Referral Stage

Referrals for this program primarily come from institutional probation officers (IPOs) but can also come from family, friends, field probation officers and self-referrals.

The Pre-Release Stage

The pre-release stage refers to offenders who are currently incarcerated at a DOC institution.

Intake


Intakes can occur any time prior to 30-days of release. If a case manager is unable to meet with a reentrant before a release an intake may occur after release.

An in-reach for this program refers to a one-on-one meeting with offenders who have been referred by DOC **and** meet eligibility criteria. The in-reach gives an opportunity for the offender and the case manager to meet each other and discuss program requirements and support service needs.

The method by which an in-reach is conducted (i.e. in person, over the phone, or via video conferencing) depends on the location of the offender, the location of the case manager, and the technological abilities of the DOC institution.

How to Schedule an In-reach

1. **Use the contact list for the DOC single points of contact** to schedule an in-reach at the facility where the offender currently resides.

 **Please Note:** If you are scheduling an in person in-reach your meeting may rescheduled by DOC correctional staff. Please be respectful of DOC staff and adhere to the directives given by DOC staff while you are within DOC institutions.

Case managers have two primary objectives while attending the in-reach:

- Identifying the offender's key needs to be addressed, as well as the offender's goals, interests, and future plans upon release.
- Establishing a professional connection that can be further developed post-release in order to create a comprehensive transition plan of care.

Here are some examples of what could be discussed or accomplished during an in-reach:

- Completing the DBH intake form – this allows you to get important information in order to begin to create an individualized case plan.
- The reentry case management program and the long-term goals of the offender once released back into the community. Goals should be documented from the offender's perspective.

Here are some common questions offenders might ask during an in-reach:

- What services can case management offer?
- What do I have to do to get services through case management? What is the time commitment?
- What happens if I decided I don't want case management anymore? Could that impact my parole or probation?
- How long is the program?

The Post-Release Stage

The post-release stage starts when an offender is released from an institution back into the community.

The work that case managers complete inside, including gathering information and making support service connections, will continue once the reentrant is out in the community.

Participant Plans and Releases of Information

The following forms and documentation are required in order for case managers to begin working with participants at any stage of the program:

- A copy of the **offender release plan** (also referred to as the offender management plan)
- A copy of the DOC **Release of Information (ROI)**
 - A completed ROI should have the case manager's name and organization in order to be valid. If the offender's release location changes and a transfer of the case needs to be made to another case manager in another location, a new ROI will need to be signed with the new case manager's name and organization.

Orientation

Case managers should be ready and prepared to meet with reentrants once they release back into the community. This may include meeting reentrants in the community or at an agency's office.



Often, reentrants referred for case management services do not have accessible, consistent transportation. Case managers should expect to travel to the reentrant or arrange for the reentrant to meet with case managers in the community or at the agency's offices.

During orientation, reentrants should complete any case management agency ROIs needed, the *behavioral contract*, and the *transition plan* for phase 1 (T1) should be finalized with the reentrant.

If case managers are providing monetary supports to reentrants, it is important that the orientation establishes what services the reentrant will be receiving, as well as how often the reentrant should be checking in with the case manager.

In addition, there are three very important statements that need to be made at this meeting. You can personalize these statements, but there needs to be clarity behind the intention of the statements.

A Statement about Confidentiality

If you report to me that you have violated the conditions of your release, that you are planning on hurting yourself or others, or that you are going to commit a crime, I will report this information.

The intention of the statement: There are certain conditions in which we will report to law enforcement or your supervising parole / probation officer and we want you to know this upfront.

A Statement for Individuals on Probation or Parole

Your probation officer and I work together to get you the services that you need. You may be asked to have a meeting with providers that work with you to address issues or barriers. We call this meeting a wrap-around meeting.

The intention of the statement: Helping you to succeed is a team effort. If we see that you need additional help, we are going to bring the right folks together so that we can hear from you what you need to be successful in the community.

A Statement about the Program Being Voluntary

Your participation as part of this program is voluntary. If at any time you decide to opt-out you can. When possible, please let us know that you no longer wish to receive case management services, so that we can use reentry resources for new participants in need of support services.

The intention of the statement: This is not a mandatory program.

Front-loading Services

Research from meta-analysis collected about criminal justice reform work across the country has shown that frontloading services for reentrants can reduce recidivism.

Front-loading services includes doing the following immediately post-release:

- Utilizing risk scores to match services / service intensity;
- Identifying the criminogenic needs of the individuals coming out into the community and matching services to account for those needs; and
- Ensuring that services, such as housing, treatment, and basic assistance are administered early and in a way that is responsive and appropriate to accommodate different learning styles.

Service Intensity

Service intensity refers to the level of individualized support provided for program participants while out in the community. Service intensity can also help to determine the amount of contact that a case manager should have with a participant.

Important factors to consider when determining service intensity for this program are:




- The number of service supports needed by the participant, including emergency support

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services such as housing, treatment, and access to food and medical treatment;

- The level of risk for recidivism, as determined by DOC risk assessments;
- The severity of the conviction, (i.e. misdemeanor or felony);
- The criminal history of the participant, (i.e. is this a first offense or does the participant have a history of criminal involvement);
- The amount of time since the most recent conviction, (i.e. does the participant have multiple convictions that happened recently [within the last 3 years]); and
- The length of time the participant was most recently incarcerated (i.e. longer periods of time, may reflect more serious convictions and lead to a participant needing extra supports to get acclimated back into the community).

The following table can be used as a guide for the intensity and duration of case management meetings. Case managers should feel comfortable utilizing transition plans, feedback from DOC probation officers, discussions with the reentrant, and the factors above in tailoring the amount of contact to best support the needs of the participant.

Transition Phase	LSI-R Score Range*	Minimum suggested case management contacts
T1	Medium	Face-to-face contacts at least weekly
	Medium-High	Face-to-face contacts multiple times a week
	High	Face-to-face contacts multiple times a week, with shorter check-ins for housing and employment outcomes
T2	Medium	At least two face-to-face contacts a month
	Medium-High	At least four face-to-face contacts a month
	High	Face-to-face contacts multiple times a week, with shorter check-ins for housing and employment outcomes
T3	Medium	At least one face-to-face contact a month
	Medium-High	At least two face-to-face contacts a month
	High	At least four face-to-face contacts a month
Discharge and Aftercare		
<p><i>* if the participant is a sex-offender or homeless, you should consider using the suggested contacts for high-risk individual; if by transition phase three (3) you still have an individual in need of housing assistance, you should consider increasing the number of contacts to better assist the reentrant with locating permanent housing supports</i></p>		

The Discharge and Aftercare Stage

Discharge

When a participant is removed from the case manager's caseload, a specific discharge process must be followed. Participants are officially discharged through AKAIMS.

Case managers should carefully review each discharge option to ensure that the right discharge code is chosen.

By identifying the correct discharge, confusion can be eliminated about why certain participants did not complete the program. Discharge information may be used by the State to evaluate the effectiveness of the program.

Here are the discharge headings and the AKAIMS individual discharge types.

	AKAIMS discharge options
Heading	<p>RP – Admin. Removal – Reentrant has been pardoned or sentence has been suspended</p> <p>RP – Admin. Removal – Reentrant has died RP – Admin. Removal – Reentrant has had parole/probation revoked for reasons other than those identified as “Program Non-Compliant”</p> <p>RP – Admin. Removal – Reentrant has moved in- state to a location without a Reentry Case Manager RP – Admin. Removal – Reentrant has moved out- of-state</p> <p>RP – Admin. Removal – Reentrant was removed from caseload by probation officer (but is otherwise in compliance)</p> <p>RP – Admin. Removal – Reentrant release date has changed</p> <p>RP – Program Complete – Cooperative Discharge <i>The participant completed the current program in one program “cycle” with some disruptions for PTRPs.</i></p> <p>RP – Successful Program Complete – Cooperative Discharge <i>The participant completed the current program in one program “cycle” with no DOC disciplinary actions taken.</i></p> <p>RP – Participant Opt-out</p> <p>RP – Program Non-Compliant – Reentrant is not in compliance with case management requirements</p> <p>RP – Program Non-Compliant – Reentrant recidivated</p>

Aftercare

If a participant declines to participate in the creation of an aftercare plan Participants of the case management program may be discharged, for various reasons, at any time in the program. Regardless of the reason for discharge, the case manager is responsible for connecting with the participant to ensure that efforts are made to create an aftercare plan, effective once the participant has been discharged.

Participant Opt-Outs

The DBH reentry case management process is voluntary for program participants.

At any time in the process, participants can opt-out of the case management program and the case manager will be responsible for discharging the participant, if the case manager reached the in-reach stage with the participant.

In addition, when reentrants are out in the community, they can also opt-out of the program. When a participant opts- out of the program, monetary services provided through the case management program should end, and the case manager will need to complete an aftercare plan with the reentrant, if the reentrant agrees to have one done.

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II. DBH Reentry Case Manager Requirements

Hiring Requirements

DBH reentry case managers have specific hiring requirements as they will be accessing, collecting, and utilizing DOC participant information, once the appropriate ROI is in place.

Case managers will be responsible for properly accessing, storing, and entering important participant-level information. In addition, case managers will be working with several state stakeholders who have processes in place that must be followed.

The hiring requirements for this program are to ensure the following:

- Case managers are able to clear DOC background checks in order to have access to DOC facilities, including institutions and jails;
- Case managers are aware of and agree to the DOC HR requirements, including PREA, confidentiality, ethical behavior standards, and DOC contractor responsibilities; and
- Case managers are aware of and agree to DBH grantee deliverable requirements around hiring, including HIPAA certification.

Hiring decisions are solely to be made by the hiring agency. However, candidates that do not meet DOC requirements may not have full access to a correctional facility or may be limited to telephonic communication only. Agencies should consider these requirements when making any hiring decisions.

The Department of Corrections may require case managers to complete the following forms before they are granted to access to DOC facilities. Case Managers should reach out to their local DOC facility's IPO to determine what forms are needed and how to submit them for DOC review.

- 6-202.01a
- 7-202.15a
- 8-PREA Employment Disclosure forms
- 9-Request for Clearance

Any questions about the hiring requirements of this grant should be directed to the DBH Program Manager.

Mandatory Trainings / Meetings

On-going training is an important piece of case management work. As programs are implemented, timelines shift, refinements are made, and objectives can be amended to better reflect community needs.

Monthly Case Management Meetings

Attendance is required for the monthly case management meetings hosted by the DBH Program Manager. Monthly meetings are typically held on the third Monday of the month at 10:00 am. From time to time the meeting will occur on a Tuesday if the third Monday is a holiday. The Program Manager will notify participants at least 30 days in advance if the meeting is moved to a Tuesday. It is up to each agency to

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ensure the Program Manager has updated contact information for newly hired staff. The monthly case management meetings are held using web-conferencing software and are intended to be “working meetings” where case managers share the challenges / successes that they are facing out in the field. Both DOC and DBH staff are available to receive feedback, create action items, and answer questions.

Agendas and notes are generated for most meetings and will be distributed, via email, to case managers and case management grantees. If a case manager is ever not able to attend a meeting, they should email the DBH Program Manager as soon as possible and copy their direct supervisor on the email.

[New Case Manager Training](#)

New case managers will be expected to meet the DBH Program Manager on either a weekly or biweekly basis for the initial 90 days after being hired. This is to ensure that case managers have a good understanding of the program and reporting requirements. This is also an opportunity to discuss cases with the Program Manager to ensure that program guidelines are being followed. Client meetings take priority over these one-on-one meetings. If a new case manager is not able to meet with the Program Manager, for whatever reason, they should notify the Program Manager as soon as possible.

[HIPAA Training \(including the HIPAA certificate\)](#)

HIPAA training is required for all reentry case managers prior to receiving case management referrals. HIPAA training is not by-passed by education or experience level, and is required of all DBH grantees working directly with participants.

After completing the training, case managers should save a PDF copy of their HIPAA certificate of completion and send it to the DBH Program Manager via email.

[Security Training \(DOC Institutions\)](#)

DOC requires that all reentry case managers take security training, provided through DOC, about appropriate behavior within DOC institutions. This training may be institution specific or it may be training that pertains to all institutions. DOC has discretion over which training is offered.

Case managers will also need to fill out the DOC paperwork and agreements related to working within a DOC institution.

Each case manager should reach out to their community’s local DOC correctional facility to obtain instructions on how to complete these tasks and instructions on how to submit any required forms.

[CM Professional Standards and SOP Agreement](#)

Case managers are expected to work according to the reentry case manager code of conduct. This ensures that case managers understand the importance of professionalism and boundaries in their contact with program participants.

Case managers will need to sign and date that they have read the SOP, and will follow the guidance for

professional standards as listed in the SOP. Case managers will then need to email the signed form to the DBH Program Manager. Both the Professional Standards and SOP Agreement can be found in this document.

CM Notes & Participant Contact (AKAIMS)

Case managers are required to receive training on utilizing the AKAIMS software system to track participant demographic information, reentry case management notes, and how to upload required scanned documents. New staff should contact the DBH Program Manager and AKAIMS Training Staff to schedule a time for training.

Boundary Training (Institutional / Field)

Maintaining professional boundaries with program participants is important; specifically, this will ensure that (1) the case manager is modeling appropriate behavior and social boundaries, and (2) that the case manager is not engaging in any behaviors which could be interpreted as inappropriate either by the program participant or by DOC institutional or field office staff.

Establishing trust with both DOC staff and program participants begins with clear, professional boundaries. Case managers should carefully read the Reentry Case Manager Professional Code of Conduct.

Reoccurring training

As the case management program continues to be refined, additional training may be required of case managers.

The DBH Program Manager will try to incorporate as many training opportunities within the context of the monthly case management meeting as possible. However, if training is required outside of the bi-weekly case management meeting, the DBH Program Manager will notify case managers via email the training dates, times, and method of delivery.

Targeted Outreach and Engagement

The primary focus of case management should be on establishing a caseload and working with other community providers to link reentrants with services.

In order to increase pre-release engagement with case managers; however, collaborative outreach efforts between local reentry coalitions and case managers is strongly encouraged.

Connecting participant-based work with broader reentry efforts can help to increase awareness of reentry case management and create community support for services and programs for reentrants.

III. Performance and Quality Improvement

DBH Reentry Monthly Reporting Log

The DBH Reentry Monthly Reporting Log should be completed and emailed to the DBH Program Manager each month. Reports should be received by the 5th of each month, unless that date falls on a holiday or
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weekend. When the 5th falls on a holiday or weekend, reports should be submitted the next business day. Reports can be submitted as early as the first day of the month.

The Monthly Report has been designed to keep administrative burden to an absolute minimum. If AKAIMS information is kept current, it is expected this report should take no more than 15 minutes to complete once a month.

Participant AKAIMS Data-tracking and Case Notes

Keeping consistent and accurate reentry case management notes is important for reentry case management work. While agencies are free to choose how to internally document case notes and required forms, case managers are required to maintain the following items in AKAIMS:

- An accurate status of opened and closed cases in AKAIMS. Only open cases should be open in AKAIMS. Not properly closing cases leads to inaccuracies related to case counts.
- Client profiles should be created for program participants within 5 business days of enrollment into the DBH Reentry Program. Non-episode contacts should be logged immediately.
- Each client is required to have at least one progress note per month. Grantees may utilize AKAIMS to document *additional* notes or use an internal logging system but must complete at least one case management note per client, per month.

Participant Surveys and Feedback

Program participants are the focus of the work that happens in case management. Soliciting feedback from participants assists both the case manager and the program stakeholders in identifying gaps in the program.

Participant surveys should be provided to participants at the following transition phases creation of a phase III Transition plan and completion of program.

The goal of participant surveys is to allow reentrants to state, in their own words, what assistance they've received (or expect to receive) and what assistance they still need.

Participant surveys should be uploaded into AKAIMS once complete, as part of the participant's record in AKAIMS.

Case Manager Evaluations

Case manager evaluations will be performed by the DBH Program Manager. Case manager evaluations will be completed at least once prior to the end of a grant award cycle, during a formal site evaluation, with more frequent evaluations performed at the DBH Program Manager's discretion.

Evaluations will assess the case managers understanding and use of programmatic processes and will be used to monitor growth in challenge areas reflected as part of the evaluation. The case manager evaluation is not meant to replace the grantee or sub-grantee's own employee performance review.

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The results of the case manager evaluation will be shared with the case manager and the grantee organization. Aggregated findings from the case manager evaluations may be used by the DOH Program Manager to develop additional training and support opportunities for case managers across the state.

IV. Required Participant Paperwork

Required AKAIMS Document Uploads

The DBH Reentry Program requires that case managers upload completed documents into AKAIMS and also keep a hard copy in client files. Agencies can store additional information in both AKAIMS and paper files. Agencies can also utilize internal record keeping methods *in addition* to the above requirements.

Case Managers are required to upload the following items into AKAIMS within 5 business days of completion:

- A completed DBH Case Management Intake Form
- A signed ROI for DOC
- A copy of the reentrant's Offender Management Plan, provided by DOC
- A completed and signed initial case plan (Transition Phase I)
- A completed and signed Transition Phase II case plan
- A Completed and signed Transition Phase III case plan
- A completed and signed discharge/aftercare plan
- Completed Participant Surveys for each Transition Phase and Discharge

Up to 25 documents can be uploaded to AKAIMS – including .pdf, .doc(x), .xls files. Digital uploads should be consistent and timely.

The DBH Program Manager will conduct AKAIMS participant file reviews regularly to ensure that the correct information is being uploaded.

Reentry case management notes saved in AKAIMS should be professional, as they will become part of a participant record, reviewable by the State.

Required for hard copy participant files

Hard copy participant files should be stored in a way that complies with HIPAA and Criminal Justice Information requirements.

- A completed DBH Case Management Intake Form
- A signed ROI for DOC
- A copy of the reentrants Offender Management Plan, provided by DOC
- A completed and signed initial case plan (Transition Phase I)

- A completed and signed Transition Phase II case plan
- A Completed and signed Transition Phase III case plan
- A completed and signed discharge/aftercare plan
- Receipts for any services or items purchased on behalf of the reentrant
- Any submitted applications for financial assistance, for example, DOC's one page application for funding.

V. Media Guidelines

Case Management Contact Media Guidelines

The following media guidelines are intended for case managers for use if they are engaging in media activities within their position as a case manager or on behalf Reentry Case Manager Program funded through the Division of Behavioral Health.

The Division of Behavioral Health does not have the ability to monitor every social network channel or media outlet, and expects case managers to be professional and aware of the challenges of posting or contacting media if representing viewpoints on behalf of the case management program or within the context of your role as a reentry case manager.

Case managers working with individuals, either currently incarcerated or supervised by DOC staff, should be aware of the restrictions around posting media (including, but not limited to, pictures, audio and/or video, and written text) of and/or about offenders or reentrants. In addition, case managers should maintain appropriate boundaries in utilizing media (including, but not limited to, pictures, audio and/or video, and written text) especially when working with participants of the program, as part of their caseload.

If there are any questions about what is or is not appropriate, questions should be directed to the DBH Program Manager, who may forward written requests for clarification to the Department of Corrections Public Information Officer.

Case managers will not utilize internal or external media channels and/or outlets to discuss confidential items; including, but not limited to, legal matters, litigation, protected information, and health information.

Any violations of the media guidelines will be addressed with both the case manager and the grantee organization, and a formal written complaint can be submitted by the Department of Corrections utilizing a Incident Report Form. Case managers are *strongly* encouraged to carefully read and follow the media contact guidelines to reduce the likelihood of there being any confusion about media contacts.

Media Communication & Media Contacts by Department

Media refers to all communication which reaches or influences people locally, nationally, or globally.

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Media includes physical formats (books, magazines, or newspapers), electronic formats (i.e. websites, blogs, Twitter, Instagram), or broadcast formats (websites, radio, or television).

Case managers should report all media contact to the DBH Reentry Program Manager as soon as possible, but no later than three (3) business days from the initial contact with a media organization or media representative. Case managers should notify the DBH Program Manager via email so that notice can be shared with any other state organization in need of this information.

Case managers should defer questions or information requests about the Division of Behavioral Health, Department of Health or the Department of Corrections to the Communications Coordinator or Public Information Officer (PIO) for either department.

These guidelines are not intended to curtail your right as an individual to connect with the media, however, it is *strongly* encouraged that case managers understand the potential for unclear distinctions between personal and professional viewpoints and the consequences that any vagueness can have in the context of this program.

It is not expected that case managers will have extensive media contact (within their role as a reentry case manager), as the work that they engage in should be primarily direct service related, with a focus on connecting program participants to services in the community.

Incident Reporting

Reentry case managers are required to formally report any unusual or impactful incidents with potential negative implications that occurred at an institution or out in the community. Incident reports should be forwarded to the DBH Program Manager and may be shared with the case manager and grantee organization. Incident reports submitted to the DBH Program Manager will be shared with the DOH Grants Administrator and become a part of the grantee organization's file.

VI. Reentry Case Manager Professional Code of Conduct

Reentry case managers are expected to uphold professional standards in their work with program participants, both within institutions and out in the community. Program participants for the reentry case management program are vulnerable adults, often with underlying behavioral health issues, which are complicated by repeated violations of the law and multiple incarceration stays.

Reentry case managers are the link between much needed support services and the program participant, and will regularly be in contact with multiple program stakeholders – including working directly with the Department of Corrections staff. It is imperative that case managers maintain appropriate boundaries and understand the important role that they play in helping to reduce recidivism.

With the above in mind, the following codes of conduct should be a part of the professional practice of all case managers:

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- Program participants are not to ride in personal vehicles, unless the organization has the appropriate insurance for the vehicle, the driver, the passenger, and approval has been received by DOC *if* the individual is under DOC supervision. *It is highly recommended that case managers do not transport program participants for the following reasons:*
 - The purpose of reentry case management is for the reentrant to build long-term community supports, including transportation supports.
 - If an accident should occur, liability could be an issue, and the State will not take on that liability for any grantee.
 - This could present multiple areas for boundary issues or misinterpretations.
- Program participants should not be calling personal cellphone numbers.
- All interactions with program participants should be documented in AKAIMS or hard file to reduce any misunderstandings or miscommunications.
- Reentry case management information; including DBH Reentry Intake Packet, Transition Plans, and Aftercare plans should be scanned and uploaded to AKAIMS no later than 5 days after creation or completion.
- Program participant information should be kept in AKAIMS and stored safely if paper files are involved. HIPAA and CJIS standards should form the basis of file storage decisions.
- Case Managers will develop positive working relationships with DOC staff and openly share concerns or feedback with DOC supervision staff. This program is built upon the trust that is developed between DOC and reentry case managers.
- Case managers will actively engage in trainings and meetings and provides feedback, in order for continuous program improvement.

VIII. Release Versions

Final Versions

- 2/28/18
- 1/15/2024

Draft Versions

- 8/14/17
- 12/18/17
- 1/12/18

[Standard Operating Procedure Signature Page](#)

This page should be signed, dated, and returned to the DBH Program Manager. The signature page is documentation that both the grantee and case manager have read this document and agree to the policies and procedures listed within.

Date: _____

Name
Grantee/Program Manager
Print

Name
Case Manager
Print

Grantee/Program Manager
Signature

Case Manager
Signature

Please return this form to the Program Manager via email.