



KANSAS DEPARTMENT OF CORRECTIONS

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|  | INTERNAL MANAGEMENT POLICY AND PROCEDURE | SECTION NUMBER 11-107 | PAGE NUMBER 1 of 3 |
| | | SUBJECT: DECISION MAKING: Offender Program Plans | |
| Approved By:  Secretary of Corrections | | Original Date Issued: | 05-17-93 |
| | | Current Amendment Effective: | 08-26-14 |
| | | Replaces Amendment Issued: | 01-20-14 |

POLICY

A program plan shall be established for all offenders sentenced to the custody of the Secretary of Corrections that identifies the criminogenic risk/need areas of the offender, based on assessment of risk/need or other special needs. The program plan shall provide the basis for Unit Team Counselors to prepare case plans, and the case plan shall indicate what programming is required of the offender. If an offender has Sex Offender Treatment on his/her program plan, SOTP shall be included in the case plan developed by the Unit Team Counselor (unless the offender is assessed as low risk enough to receive treatment only in the community, or unless the offender has six (6) months or less to serve). If the Prisoner Review Board identifies a program that must be completed before an offender with an indeterminate sentence will be released by the Board, that program shall be included in the case plan developed by the Unit Team Counselor.

DEFINITIONS

Offender Program Plan: A document identifying the criminogenic risk/need areas for the offender which shall be addressed in a case plan, including SOTP when required and any program required by the Board for an offender with an indeterminate sentence to be released.

PROCEDURES

I. Establishing the Offender Program Plan

- A. Each offender admitted to the custody of the Kansas Department of Corrections shall be assessed for criminogenic risk/need, as well as for mental health or other special needs. Based on assessed areas of risk/need, a recommended program plan shall be completed at RDU using Attachment A, Offender Program Plan.
- B. All offenders with indeterminate sentences who have been released from custody and have returned to custody, as parole violators with no new sentence(s) shall have a program plan established to reflect any current needs.
 - 1. Recommendations by the Prisoner Review Board (PRB) during parole revocation hearings shall be reflected in the program plan.

II. Case Plan and Program Assignments

- A. Once an offender has completed the RDU process, and is assigned a Unit Team Counselor, the Unit Team Counselor shall complete a case plan per IMPP 11-106, which reflects assigned programs for purposes of K.A.R. 44-6-115e, in keeping with IMPP 11-106.
 - 1. The recommendations in the program plan completed at RDU shall be considered in developing the case plan and establishing assigned programs in the case plan.

2. If SOTP is included in the program plan, SOTP shall be included in the case plan as an assigned program.
 3. If the PRB has indicated a program is necessary for an offender with an indeterminate sentence to be released, such program shall be included in the case plan as an assigned program.
- B. Based upon the case plan, the Unit Team Counselor shall arrange for the offender to be assigned to programs using the following factors:
1. The risk/needs reflected in the program plan;
 2. The amount of time the offender has to serve;
 - a. Offenders shall not be placed in programs they have insufficient time to complete .
 3. The offender's motivation and readiness;
 4. Any barriers to participating in the program such as aptitude, mental health, or medical issues;
 5. In consideration of whether the offender is a likely candidate for work release and programming will help prepare him/her for work release;
 6. Programming available at the facility where the offender is housed (or if the offender can be moved to another facility for a needed program without creating any security issue or without unduly disrupting a pro-social family, mentor or other relationship);
 7. Prioritizing programs in consideration of the above factors; and,
 8. Any other factors relevant to the offender being able to timely and successfully complete the program, and the program's relevant to his/her risk/needs.
- C. Consistent with IMPP 11-106, "Assigned programs" for purposes of K.A.R. 44-6-115a(e) shall be,
1. Sex offender treatment when SOTP is reflected on the program plan, the offender is not low risk enough to get treatment in the community (not in the facility), and the offender has six (6) months or longer to serve.
 2. Any program included in the case plan developed by the Unit Team Counselor.
- D. When the case plan is completed reflecting required programs, the offender shall be informed of his/her assigned programs, and shall be advised that good time will be withheld if s/he does not successfully completed the programs.
1. If the offender refuses to participate in the programs, this shall be reflected in the case plan, and shall result in the withholding of good time consistent with KAR 44-6-115a.
- E. The Unit Team Counselor shall make referrals to programs reflected in the case plan, conferring with program providers as necessary to ensure that the program is an appropriate dose and fits the offender's risk/needs, completing any written or electronic/TOADS referral as required.
1. Once the offender is placed in the program, the Unit Team Counselor shall track progress in the program, conferring with the program provider as necessary, working with the offender as necessary to assist him/her in successfully completing the program, and tracking progress and completion in the case plan during case reviews.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish

State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 75-5210a
K.A.R. 44-5-105, 44-6-101, 44-6-115a
IMPP 11-106

ATTACHMENTS

Attachment A – Offender Program Plan, 2 pages

**OFFENDER PROGRAM PLAN
(SUMMARY OF RISK AND NEED/RECOMMENDATIONS)**

Offender Name: _____ Number: _____ Unit: _____
Parole Eligible Date: _____ (If offense controlling release occurred before 07-01-88)
Guidelines Release Date: _____ (If offense controlling release occurred on or after 07-01-93)
Offense: _____ Controlling Sentence: _____
Custody Classification: _____

Academic Education

Offender Does Not Have a High School Diploma or GED
 Offender was assessed for Special Education
Note: Whether the offender should enroll in GED readiness or other education or vocational training programs should be determined by the assigned Unit Team Counselor, as part of an overall education and employment plan.

Drug/Alcohol Abuse/Misuse

Address substance abuse/misuse risk/need as directed by the assigned Unit Team Counselor.
(Check this box if offender is Medium/Moderate or Higher on Drug/Alcohol Domain of the LSIR.)

Sex Offender Treatment

Complete sex offender treatment program.
 Needs cannot be met in a facility at this time as the offender has only six (6) months or less to serve.
 Offender does not require treatment in the facility as s/he is low risk enough to receive treatment in the community only.

Employment/Career & Technical Training

Address employment/education risk/need as directed by the assigned Unit Team Counselor.
(Check this box if offender is Medium/Moderate or Higher on the Employment/Education domain of the LSIR.)

Anti-Social

Address anti-social Attitudes & Orientation (Companions, Leisure Time) risk/need areas as directed by the assigned Unit Team Counselor.
(Check this box if offender is Medium/Moderate or Higher on either Criminal History or Attitudes & Orientation domains of LSIR.)

Family

Address Family risk/need as directed by the assigned Unit Team Counselor.
(Check this box if offender is Medium/Moderate or Higher on the Family/Marital domain of the LSIR.)

Financial

Address financial risk/need as directed by the assigned Unit Team Counselor.
(Check this box if the offender is Medium/Moderate or Higher on Financial domain of LSIR.)

Mental Health

Address mental health needs as recommended by mental health provider and/or as directed by the assigned Unit Team Counselor
(Check this box if RDU evaluation reflects need for any level of mental health care.)

COMMENTS/RECOMMENDATIONS:

Managed as a Sex Offender per IMPP 11-115:

___ **Yes**

___ **Current Case**

___ **Old Case, Case Number:** _____, **State of:** _____

___ **No**

OFFENDER PROGRAM PLAN ACKNOWLEDGMENT

I acknowledge that I have been provided a copy of my program plan. I understand that this program plan will be used by my Unit Team Counselor to determine what programming will be included in my case plan. Further, that programs included in my case plan, as well as programs required by the Prisoner Review Board (if my release is discretionary under an indeterminate or off-grid sentence), as well as Sex Offender Treatment (if I am required to receive SOTP in the facility), are my assigned programs, and my failure to successfully complete those programs shall result in the withholding of good time credits which affect my date of release. I also understand that if I have been sentenced to an indeterminate or off-grid term, that my failure to enter into or participate in programs on my program plan will likely have an adverse impact upon my chance for parole.

I hereby () AGREE () REFUSE to acknowledge plan.

Offender Signature

Date

Classification Committee Member

Date

Master File 1 copy, Offender 1 copy, Unit Team 1 copy