Department of Public Safety and Correctional Services Office of Programs, Treatment, and Reentry



Social Work Services Program Operations Manual OPS.126.0001

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SOCIAL WORK SERVICES PROGRAM OPERATIONS MANUAL

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Definitions

- A. In this Manual, the following terms have the meanings indicated.
- B. Terms defined.
 - "Code of Ethics" means a written set of ethical and value-based principles for a profession, providing guidance in ethical decision-making. The National Association of Social Workers' Code of Ethics guides the social work profession in terms of ethics.
 - (2) "Confidentiality" means the ethical stance that a professional can only release or share information about a client with their consent.
 - (3) "Continuing education" means the requirement by licensing boards that licensed professionals continue to receive training and education to further their professional knowledge and skills, described in written guidelines that vary by state. In Maryland, a licensed certified social worker is required to complete 40 hours of continuing education units (CEUs) in programs and categories approved by the Maryland Board of Social Work Examiners for each 2-year period of licensure.
 - (4) "Council on Social Work Education" means the accrediting body for Master of Social Work programs nationwide.
 - (5) "Domestic violence" means a pattern of abuse and controlling behaviors, both emotional and physical, exercised by one intimate partner over another.
 - (6) "Entitlement" means funds or services for which individuals qualify based on their membership in a particular classification or status.
 - (7) "Emergency contact" means an individual designated by an incarcerated individual to be notified in the event of a medical, behavioral, safety, or other urgent situation involving that incarcerated individual.
 - (8) "Internship" means placement in an agency that provides experiential learning and academic credit for students.
 - (9) "License (social work)" means the authorization to provide services specified by state statute and regulated by standards of care, qualifications, and credentials.

- (10) "Managing official" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: "Managing official means the administrator, director, warden, superintendent, sheriff, or other individual responsible for the management of a correctional facility."
- (11) "Mandated reporter" means an individual who holds a professional position and is legally required to report suspected abuse, neglect, or threat of harm to self and others to a government authority when they have reasonable cause for suspicion per Md. Code Ann., Fam. Law §§5-704, 5-705 and Md. Code Ann., Health-General §10-620.
- (12) "Maryland Board of Social Work Examiners" means the State board under the Maryland Department of Health responsible for the licensing of social workers in Maryland. https://health.maryland.gov/bswe/Pages/default.aspx
- (13) "Medicaid" means the federal program that provides health and medical care to those without the financial resources to pay for their own care, based on eligibility criteria.
- (14) "National Association of Social Workers (NASW)" means the professional organization of social workers in the United States
- (15) "NASW Code of Ethics" means the written guide for ethical behavior for social workers, published by the National Association of Social Workers.
- (16) "OCMS" means the department's Offender Case Management System of record in accordance with Executive Directive ADM.035.0001 Offender Case Management System.
- (17) "Social work" means the professional activity of helping individuals, families, groups, couples, organizations, or communities to enhance or restore their capacity for social and psychosocial functioning.

Chapter 1 – Mission, Vision, and Guiding Principles

Mission

It is the mission of the Department of Public Safety and Correctional Services (Department) social work department to provide an array of professional services which include group and individual services and release planning that address and improve incarcerated individual's thought patterns, attitudes and resulting behaviors in an effort to protect the public, Department staff and the incarcerated individuals within Department care and custody. The target population includes incarcerated individuals who are identified through referral by agency staff or who self-refer. Priority for release planning is given to incarcerated individuals who are identified as having special needs and are in the greatest need of linkages to community services. Social work also provides additional services as needed to incarcerated individuals to support the mission of the Department.

Vision Statement

Social work shall support the mission of the Department by providing comprehensive social work services to incarcerated individuals, including working with other disciplines as well as outside agencies, and community providers. Evidence-based group programming and best practice individual services will promote the successful transition to institutionalization by confronting attitudes and values that affect behavior of incarcerated individuals. This will enable incarcerated individuals to have a more successful reentry into the community. Release planning provides those with special needs individualized reentry plans to ease 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 COMAR regulations as well as the National Associations of Social Workers (NASW) Code of Ethics .

Guiding Ethical Principles

The following ethical principles are based on social work's core values as set forth in the NASW Code of Ethics:

- **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.

Guidance for Conflict of Interests

The Code of Ethics offers a set of values, principles, and standards to guide decision-making and conduct when ethical issues arise. Social workers follow a process of ethical decision-making. When conflicting obligations arise, social workers may face complex ethical dilemmas with no simple answers. These dilemmas may occur when a social worker's ethical obligations conflict with Department policies or relevant laws and regulations. In such cases, social workers must make a reasonable effort to resolve the conflict in a manner consistent with Department policy and the values, principles, and standards expressed in the Code of Ethics. If a reasonable resolution seems impossible, social workers should seek proper consultation before making a decision.

Chapter 2 – Organization, Operations, and Administration

- A. The social work services program within the Department shall be established through the Office of Programs, Treatment, and Reentry as determined by the Assistant Secretary of Programs Treatment and Reentry, and the Director of Social Work (Director).
- B. This social work services program manual is intended for social workers providing services to incarcerated individuals within a Department correctional facility, excluding the Patuxent Institution.

C. Social work services shall:

- (1) Be conducted in an ethical manner, including the safeguarding of confidentiality and informed consent, within the confines of appropriate security measures;
- (2) Be designated to identify and address the needs of an incarcerated individual in order to provide necessary treatment interventions that promote prosocial functioning and community adjustment. All referrals from other departments should go through the regional supervisor, or designee;
- (3) Be managed in compliance with this manual for the Department's social work services program. This manual includes all policies, procedures and forms for the social work services program;
- (4) Be operated in compliance with the statutory regulations of the COMAR and the directives of this manual to the extent that the department and agency resources permit;
- (5) Be performed through the clinical authority of a Licensed Certified Social Worker-Clinical (LCSW-C), or a Licensed Master Social Worker (LMSW);
- (6) Be administratively responsible to the facility managing official, or designee and clinically responsible to the Director or designee; and
- (7) Work in cooperation with all programs and services within the department and with appropriate community resources to provide necessary connections to meet the needs of the incarcerated population.

D. Department social workers shall:

- (1) Adhere to licensure and continuing education requirements established by the Maryland Board of Social Work Examiners (Board). Failure to do so may result in termination;
- (2) Be supervised and evaluated in the performance of their duties by a regional supervisor, or site supervisor who shall be a LCSW-C;

- (3) Possess a current Maryland license as required by the <u>Health Occupations Article</u>, <u>Title 19</u>, <u>Annotated Code of Maryland</u>; and
- (4) Train social work interns and new social work staff as directed.
- E. A regional social work supervisor shall:
 - (1) Be an LCSW-C and Board-approved supervisor;
 - (2) Coordinate the social work services program within the region they are assigned;
 - (3) Work in coordination with the site supervisor to plan, organize, implement, coordinate, and account for the activities of the social work services program through the office of the Director;
 - (4) Be responsive to the managing officials in their region;
 - (5) Attend the managing official's facility staff meetings and other facility meetings participating as a social work department head;
 - (6) Provide administrative and clinical supervision to social work staff and student interns as specified in this manual;
 - (7) Provide input to the Director and facility managing official regarding:
 - (a) Budget needs;
 - (b) Maintenance needs;
 - (c) Participation in team meetings, workgroups, committees, etc.;
 - (d) Program evaluation;
 - (e) Program needs;
 - (f) Records; and
 - (g) Staffing needs.
 - (8) Provide required and requested reports to facility managing officials within their assigned region. The Director and Assistant Director of Social Work (Assistant Director) shall be copied on all such reports; and
 - (9) Report directly to the Director or the Director's designee (e.g., Assistant Director).
- F. The Assistant Director shall:
 - (1) Fulfill administrative responsibilities as directed by the Director;

- (2) Monitor the delivery of social work services for the department to ensure that the principles of professional practice, as indicated by this manual, are followed;
- (3) Be licensed as an LCSW-C in Maryland;
- (4) Be a Board-approved supervisor; and
- (5) Provide direct clinical and administrative supervision to the regional social work supervisors.

G. The Director shall:

- (1) Be responsible for the development and administration of the department's social work services program's goals, policies, services, monitoring, and evaluation;
- (2) Be the authority for the dissemination of all social work services program policies and procedures;
- (3) Be the clinical authority for the social work services program;
- (4) Conduct annual licensure verification of social workers (including prior verification for all offers of employment) and periodic audits of continuing education units (CEUs);
- (5) Coordinate the social work services program with medical, mental health, addictions, case management, and other program areas, as well as relevant community organizations;
- (6) Delegate administrative responsibilities to the Assistant Director, regional social work supervisors, or site supervisors as appropriate;
- (7) Monitor the delivery of social work services for the department to ensure the principles of professional practices, as indicated in this manual, are followed;
- (8) Be licensed as an LCSW-C in Maryland;
- (9) Be a Board approved supervisor;
- (10) Provide direct clinical and administrative supervision to the Assistant Director and regional social work supervisors; and
- (11) Review and revise OPS.126.0001 Social Work Services Program Operations Manual (Division of Correction) annually, or as necessary.

<u>Chapter 3 – Program Planning, Development, and Evaluation</u>

- A. The social work services program consists of services designated to improve an incarcerated individual's adjustment within a correctional facility and enhance their ability to reenter society successfully. Reduction of recidivism and enhanced safety within facilities is an underlying goal of social work services.
- B. Social work in the department consists of four main services:
 - (1) Cognitive-behavioral and other treatment groups;
 - (2) Release planning for special needs individuals;
 - (3) Assessment for treatment programming; and
 - (4) Brief counseling interventions.
- C. Social work staff may assist an incarcerated individual with family involvement meetings and child custody issues as time and staffing allow. Additionally, social work staff may be involved in special initiatives, treatment programs, or work groups with approval from the Director or Assistant Director.
- D. The Director may use the following tools to conduct social work program planning, development and evaluation:
 - (1) Meetings.
 - (a) Individual and group meetings shall be held with regional supervisors and may include site supervisors when appropriate.
 - (b) Statewide staff meetings shall be held twice per year and, if appropriate, CEUs will be provided.
 - (2) Monthly Reports. Regional supervisors shall ensure that all social work services program staff have submitted their required monthly statistics by the 5th of each month.
 - (3) Internal Research Projects. In conjunction with the department's research committee, the Director may coordinate internal research projects with the goal of assessing the efficiency and utility of existing and proposed social work projects.
 - (4) Audits.

- (a) The Director shall establish teams, or designate individuals to conduct annual quality assurance audits.
- (b) Audits shall consist of reviews of charts, electronic medical records, OCMS, and direct observation of the social work programming in facilities.
- (c) A written summary of audit findings shall be sent to the Director and Assistant Director who shall review and disseminate the summary to the regional supervisors.
- (d) A regional supervisor shall submit a corrective action plan, as necessary, within 30 days to the Director and Assistant Director.

Chapter 4 – Informed Consent

- A. It is the policy of the social work services program that an incarcerated individual participating in social work services shall be informed of their confidentiality rights, and acknowledge the limits of confidentiality.
- B. For the purposes of informed consent, and all documents with that regard, treatment includes the following:
 - (1) Group treatment;
 - (2) Release planning;
 - (3) Screening or assessment; and
 - (4) Individual counseling.
- C. Social workers shall inform an incarcerated individual about the purpose, nature, scope, and potential benefits and limitations of social work interventions at the time services are initially made available to the individual.
- D. An incarcerated individual shall be informed, to the extent needed, about recordkeeping practices, confidentiality and accessibility of the social work records, as well as advised about what document, or sections of documents, may be placed into the incarcerated individual's case record (i.e. base file).
- E. An incarcerated individual shall be informed that the nature and type of confidentiality differs depending on the type of services being provided.
- F. OPS.126-1aR General Informed Consent for Social Work Services form (Appendix A) shall be signed by an incarcerated individual and specify the services to be provided. The social worker obtaining consent for services performed shall also sign the form which then becomes part of the incarcerated individual's social work record. By signing this form an incarcerated individual acknowledges:
 - (1) Having been informed of the services offered; and
 - (2) The limits of confidentiality.
- G. Social workers are mandated reporters. Confidentiality does not apply when a social worker becomes aware of the following concerns that shall be reported as noted:

- (1) A threat to the safety, security, and good order of the correctional facility shall be reported to the managing official or other correctional security supervisor (Health Insurance portability and Accountability Act of 1996 [HIPAA] Privacy Rule, 42 U.S.C. §§1320 et seq., 45 C.F.R. §164.512(k)(5); Maryland Confidentiality of Medical Records Act [MCMRA], Md. Code Ann., Health-Gen. §4-307);
- (2) An incarcerated individual's intent to harm themselves or others shall be reported as appropriate to correctional personnel, family members, law enforcement, and/or threatened person (Md. Code Ann., Cts. & Jud. Proc. §5-609);
- (3) Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a correctional facility shall be reported according to Department policies and procedures (28 C.F.R. §115.61); or
- (4) Suspected child abuse or elderly/vulnerable adult abuse that has not previously been reported to the Department of Social Services or other appropriate agency shall be reported to the appropriate authorities, even if the child is now an adult (Md. Code Ann., Fam. Law §§5-704, 5-705; Md. Code Ann., Hum. Servs. §1-201.

Chapter 5 – Access to Records

- A. A regional social work supervisor shall ensure that all social work records are kept in a secure area. Access shall be restricted to authorized personnel requiring the record in the performance of their regularly assigned duties.
- B. The social work record may include, but not be limited to:
 - (1) Group files;
 - (2) Individual treatment plans;
 - (3) Psychosocial assessments;
 - (4) Release planning files; and
 - (5) Reports of contact with the incarcerated individual's family members, community providers, or others.
- C. Unrestricted Access.
 - (1) Staff identified in §C(2) of this chapter require access to social work files and shall have unrestricted access to social work records.
 - (2) Personnel with unrestricted access are limited to the following:
 - (a) Comprehensive health care vendors licensed mental health staff;
 - (b) Comprehensive health care vendors medical staff;
 - (c) Psychology staff; and
 - (d) Social work staff.
- D. Restricted Access.
 - (1) Department personnel with restricted access are:
 - (a) Attorney General's Office staff;
 - (b) Audit staff;
 - (c) Incarcerated Individual Grievance Office staff;

- (d) Interagency staff as stipulated by the Director, including but not limited to:
 - (i) Maryland Department of Health;
 - (ii) Maryland Commission on Correctional Standards;
 - (iii) Department of Human Resources; or
 - (iv) Other agencies as stipulated.
- (e) Internal investigators (e.g., IID);
- (f) Maryland Parole Commission;
- (g) Department Policy review and publications staff;
- (h) Department reentry staff;
- (i) Managing official of a Department correctional facility; and
- (j) Staff designated by a Department correctional facility managing official.
- (2) Request for Restricted Access.
 - (a) A written request shall be submitted to the regional social work supervisor detailing the basis for access to social work records. The requestor shall designate if they wish to view and/or copy the social work records.
 - (b) The regional social work supervisor shall submit all requests to copy social work records to the Director. In accordance with state and federal laws, the Director has the authority to grant or deny access within 5 working days of receipt of the request.
- E. Disclosure of Social Work Record.
 - (1) A social worker shall disclose social work records without an incarcerated individual's consent for the following exceptions:
 - (a) Audits or accreditation of the facility by governmental or professional standard setting entities (Md. Code Ann., Health-Gen. §§4-305; 4-307);
 - (b) If a health care provider makes a determination that an immediate disclosure is necessary to provide for the emergency healthcare needs of an incarcerated individual (Md. Code Ann., Health-Gen. §4-305; Corr. Servs. §3-602).

- (c) In compliance with duly authorized court proceedings (Md. Code Ann., Cts. & Jud. Proc. §9-121; Corr. Servs. §3-602);
- (d) If the incarcerated individual's mental status is raised as an issue or question in a legal proceeding (Md. Code Ann., Cts. & Jud. Proc. §9-121);
- (e) If the incarcerated individual or their representative makes a claim against the licensed social worker for malpractice (Md. Code Ann., Cts. & Jud. Proc. §9-121);
- (f) To a government agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress (Md. Code Ann., Corr. Servs. §3-602; Health-Gen. §4-306);
- (g) To any healthcare provider's insurer, or legal counsel for the sole purpose of handling a potential or actual claim against the healthcare provider (Md. Code Ann., Health-Gen. §§4-305; 4-306).
- (h) To the director of a medical or mental health facility to which the incarcerated individual is transferred if disclosure is necessary for continuity of care (Md. Code Ann., Health-Gen. §4-307);
- (2) The Director shall establish procedures for an interested party to request an addition to or a correction of a social work record. Procedures shall be established in accordance with the provisions of the Health General Article, §4-304, Annotated Code of Maryland.
- (3) Retention of social work records is established in accordance with the *Department* of General Services Records Management Division Records Retention and Disposal Schedule, Schedule No. 1406-18 (Social Work). A copy of the document is located on the R: Drive.

Chapter 6 – Documentation and Record Entries

- A. Social work staff shall document each interaction with an incarcerated individual, including but not limited to:
 - (1) Assessments;
 - (a) Domestic violence assessments
 - (b) Prison Rape Elimination Act (PREA) assessments
 - (c) Social work or other assessments
 - (2) Acute crisis intervention;
 - (3) Group sessions;
 - (4) Incarcerated individual request for social work services;
 - (5) Individual counseling sessions; and
 - (6) Release planning services.
- B. Documentation Requirements.
 - (1) All written and typed documentation shall be dated, signed by the social worker, and completed within 24 hours of services performed.
 - (2) Group notes shall be completed using *OPS.126-1bR Social Work Group Progress Notes* (Appendix B).
 - (3) Release planning notes, individual counseling notes, medical parole case notes, and assessments shall be documented on *OPS.126-1cR Social Work Progress Notes* (Appendix C) and electronic health record.
 - (4) Documentation shall be:
 - (a) Completed in accordance with processes outlined in this manual for each type of service.
 - (b) Written so that other staff can use the information to assist an incarcerated individual in the absence of their assigned worker.

- (c) Contain full names and contact information of all contacts and community resources relevant to each case in the appropriate area.
- (d) Provide detailed information regarding what was discussed, tasks completed, needs for the future and plan for next steps.

C. OCMS Documentation.

- (1) Social workers shall document relevant information in the "Case Notes" section of OCMS, including but not limited to:
 - (a) Any individual meeting with an incarcerated individual;
 - (b) Contact with an incarcerated individual's family member or friend;
 - (c) Completion of assessments; or
 - (d) Group treatment program start, drop, and completion dates.
- (2) The social work supervisor shall enter an alert in the Alerts section of OCMS upon assignment of a case to social work staff.
- (3) All case notes shall be entered into OCMS within 24 hours of services performed.
- (4) OCMS case notes shall be 1-2 sentences in length and include general information on the services provided, as well as the name and title of social worker providing the service.
- (5) OCMS case notes shall not contain an incarcerated individual's confidential health information such as diagnosis, medications, or treatment details.

Chapter 7 – Individual Counseling and Treatment

- A. Referrals for individual treatment shall be made to the regional social work supervisor, or designee. Individual counseling will only be initiated in cases where brief, solution-focused treatment is needed to address a specific issue. The regional social work supervisor shall:
 - (1) Screen requests for individual treatment; and
 - (2) Assign approved cases to facility social work staff.
- B. The assigned social worker shall meet with the referred incarcerated individual to complete the *OPS.126-1dR Social Work Individual Counseling Contract and Treatment Plan* (Appendix D) within 10 working days of assignment.
 - (1) The goal(s) of individual treatment shall be clearly identified prior to the start of counseling.
 - (2) Each OPS.126-1dR Social Work Individual Counseling Contract and Treatment Plan (Appendix D) is valid for up to 10 sessions of individual treatment. If the need should exceed this time period, a new plan must be developed and approved by the regional social work supervisor.
- C. Individual counseling sessions shall:
 - (1) Not exceed 1 hour; and
 - (2) Be facilitated in a space that assures confidentiality, within the limits of security and facility resources.
- D. The goal of individual treatment shall clearly fit into one, or more of the following areas pertaining to social work services program goals:
 - Enhance adjustment while incarcerated;
 - (2) Prepare for successful reentry into the community;
 - (3) Assist with providing support or connections to appropriate referrals for family emergencies such as:
 - (a) Death;
 - (b) Case of suspected child abuse; and

- (c) Cases of suspected adult abuse.
- (4) Provide crisis intervention; or
- (5) Address foster care or other child custody issues.
- E. Documentation for individual treatment includes the following:
 - (1) Completed *OPS.126-1dR Social Work Individual Counseling Contract and Treatment Plan form* (Appendix D) signed by the incarcerated individual and the social worker prior to beginning treatment. A completed treatment plan shall:
 - (a) Clearly describe the identified needs, strengths, goals of treatment, desired outcomes; and
 - (b) Clearly define the frequency and duration of treatment.
 - (2) Completed OPS.126-1aR General Informed Consent for Social Work form (Appendix A);
 - (3) Completed *OPS.126-1cR Social Work Progress Notes* (Appendix C) documented in the social work file and/or electronic health record.
 - (a) The initial note should include an assessment and relevant history.
 - (b) Each contact after the initial assessment should include the date and summary of the session.
- F. The social worker shall:
 - (1) Place a case note into OCMS when an individual counseling case is assigned stating that social work will be seeing the incarcerated individual for counseling. No confidential information should be disclosed regarding the case;
 - (2) Submit a case file within 10 days for supervisory review upon completion of an individual counseling contract; and
 - (3) Record the number of individual counseling sessions conducted on the monthly social work statistics.
- G. The social work supervisor shall:
 - (1) Review submitted individual counseling files for completeness and content; and

- (2) Complete *OPS.126-1eR* Social Work *Individual Counseling File Checklist* (Appendix E).
- H. Long-term individual counseling may be completed in specific situations at the approval of the Director.

Chapter 8 – Group Programming

- A. The social work group program shall include both treatment groups and support groups.
- B. The social work treatment group program shall consist of:
 - (1) Cognitive-behavioral counseling groups; and
 - (2) Educational groups.
- C. The function of treatment groups shall be to directly address the criminogenic needs of incarcerated individuals in services of the following goals:
 - (1) Improved acclimation to incarceration;
 - (2) Development of social skills to address specific life experiences such as health, intimate relationships, coping with trauma, and effective parenting; and
 - (3) Preparation for successful reintegration into the outside community.
- D. Treatment group interventions shall be defined by specific written protocols that have been approved for use by the Director. Group treatment protocols shall:
 - (1) Be evidence based;
 - (2) Not exceed 2 hours;
 - (3) Be facilitated in a space that assures confidentiality, within the limits of security and facility resources;
 - (4) Detail the number of sessions to be conducted;
 - (5) Include an outline for each session;
 - (6) List specific goals and objectives for cognitive and/or social skills acquisition in the program; and
 - (7) Detail the material to be presented.
- E. Treatment group referrals. Referrals for social work treatment group shall be made by the following:

- (a) A correctional case management specialist in consideration of the incarcerated individual's programming needs;
- (b) Staff from other disciplines, such as medical, psychology, or education, when they perceive that an incarcerated individual has needs that can be addressed through social work group treatment; or
- (c) Self-referral by an incarcerated individual who would like to participate in social group treatment.
- F. Treatment Group Eligibility.
 - (1) Assignment to a treatment group is based on social work clinical discretion.
 - (2) Social workers shall:
 - (a) Assess the suitability of each incarcerated individual for participation prior to assigning them to a particular treatment group;
 - (b) Maintain waitlists for treatment groups; and
 - (c) Make every effort to consider the following when making group assignments:
 - (i) Parole requirements;
 - (ii) Justice Reinvestment Act (JRA) eligibility;
 - (iii) ADA designated incarcerated individuals;
 - (iv) Treatment readiness; and
 - (v) Length of time remaining on term of confinement.
 - (3) An incarcerated individual is eligible to participate in social work treatment group programming regardless of the length of the individual's sentence or term of confinement.
- G. Treatment Group Incentives.
 - (1) Prior to the start of a treatment group, social workers shall provide facility case management staff with a list of incarcerated individuals selected for designated groups.

- (2) Facility case management staff shall determine the incarcerated individuals who are eligible for diminution credits and pay for their participation in the treatment group program.
 - (a) Qualifying participants are paid at the education rate if they are assigned to the group.
 - (b) Participant assignments are made based on the Case Management Manual.
- (3) An incarcerated individual who is Justice Reinvestment Act eligible is able to receive additional credits for participation in the following JRA approved social work treatment groups:
 - (a) Communications; (b) Decision Points;
 - (c) Decision Making;
 - (d) Domestic Violence;
 - (e) Moral Reconation Therapy;
 - (f) Relationships;
 - (g) Seeking Safety (Trauma);
 - (h) Thinking, Deciding, and Changing;
 - (i) Thinking for a Change;
 - Victim Impact: Listen and Learn; and
 - (k) Trauma Education and Support for Survivors (TESS).
- The Department has approved the following treatment groups to provide diminution credits and pay to those incarcerated individuals assigned to these groups:
 - (a) Anger management;
 - (b) Communications;
 - (c) Decision Making;

		(d)	Decision Points;			
		(e)	Domestic violence;			
		(f)	Moral Reconation Therapy;			
		(g)	Parenting – including Inside Out Dad;			
		(h)	Reentry;			
		(i)	Relationships;			
		(j)	Thinking, Deciding, and Change;			
		(k)	Thinking for a Change; and			
		(1)	Trauma Education and Support for Survivors (TESS).			
H. The facilitating social worker shall ensure the following documentation for group treatment participation is complete and retained in the group file.						
	(1)		PS.126-1fR Social Work Group Rules and Contract form (Appendix F), to be signed y the participating incarcerated individual.			
	(2)	<u>A</u>)	PS.126-1aR General Informed Consent for Social Work Services form (Appendix), to be signed by the participating incarcerated individual and witnessed by the cilitating social worker.			
	(3)		PPS.126-1gR Social Work Group Attendance Log (Appendix G), to be maintained or each group.			
	(4)		PS.126-1hR Social Work Group Assignment Log (Appendix H), to be maintained reach group.			
	(5)		DPS.126.1bR Social Work <i>Group Progress Notes form</i> (Appendix B) for each sessio which outline:			
		(a)	Progress of the group;			
		(b)	Progress of the individual participants; and			
		(c)	Other pertinent data.			

I. Group Drop Notice for Treatment Groups.

- (1) The facilitating social worker shall:
 - (a) Complete *OPS.126-1iR Social Work Group Drop Notice form* (Appendix I) if a participant is dropped from a treatment group for any reason;
 - (b) Retain a copy of *OPS.126-1iR Social Work Group Drop Notice form* (Appendix I) in the social work group file;
 - (c) Provide a copy of *OPS.126.1iR Social Work Group Drop Notice form* (Appendix I) to the incarcerated individual.
 - (d) Provide original *OPS.126.1iR Social Work Group Drop Notice form* (Appendix I) to case management.
- (2) Case management shall retain the provided *OPS.126.1iR Social Work Group Drop Notice form* (Appendix I) in the incarcerated individual's base file.
- J. Incarcerated Individual Job Assignment Removal.
 - (1) If an incarcerated individual is assigned to a group as their primary job assignment and is removed for any reason, the facilitating social worker shall:
 - (a) Complete section 1 of *OPS.126.1jR Incarcerated Individual Job Assignment Removal form* (Appendix J); and
 - (b) Submit section 1 of OPS.126.1jR Incarcerated Individual Job Assignment Removal form (Appendix J) to case management, in addition to OPS.126.1iR Social Work Group Drop Notice form (Appendix I).
 - (2) Case management shall retain the provided forms in the incarcerated individual's base file.
- K. Group Member Evaluation for Treatment Groups.
 - (1) Within 10 working days upon completion of a social work group treatment program, the facilitating social worker shall:
 - (a) Conduct an individual interview with all group participants;
 - (b) Provide *OPS.126-1kR Social Work Group Member Evaluation form* (Appendix K) to participant during individual interview.

- (c) Retain a copy of *OPS.126-1kR Social Work Group Member Evaluation from* (Appendix K) in the social work group file;
- (d) Provide a copy of OPS.126-1kR Social Work Group Member Evaluation from (Appendix K) to case management for placement in the participant's base file; and
- (e) Provide original *OPS.126-1kR Social Work Group Member Evaluation from* (Appendix K) to the participant.
- (2) OPS.126-1kR Social Work Group Member Evaluation from (Appendix K) shall not be completed for participants of social work support groups.
- (3) Group statistical information shall be documented on an ongoing basis for both treatment and support groups.
- (4) An OCMS case note entry shall be made for each group participant:
 - (a) At the start of the group;
 - (b) If removed from the group; and
 - (c) Upon completion of the group.
- L. Treatment Group Files.
 - (1) The following shall be maintained in treatment group files, in the following order:
 - (a) OPS.126.1gR Social Work Group Attendance Log form (Appendix G);
 - (b) OPS.126.1hR Social Work Group Assignment Log form (Appendix H);
 - (c) OPS.126.1bR Social Work Group Progress Notes form (Appendix B) clipped/stapled together;
 - (d) OPS.126-1aR General Informed Consent for Social Work Services form (Appendix A) from each participant;
 - (e) OPS.126-1kR Social Work Group Member Evaluation form (Appendix K) (original to participant, copy to base file and group file);
 - (f) Group member certificates (original to participant, copy to base files and group file);

- (g) OPS.126-1fR Social Work Group Rules and Contract form (Appendix F) (original to base file, copy to group file, copy to participant); and
- (h) OPS.126-1/R Social Work Participant Group Evaluation form (Appendix L) (for those participants who choose to complete one); and
- (i) OPS.126-1iR Social Work Group Drop Notice form (Appendix I) (original to base file, copy to participant and group file) for any participant who dropped the group prior to completion.
- (2) The facilitating social worker shall submit group files to the social work supervisor for review within 15 working days following the completion of a social work treatment group program.
- (3) The social work supervisor shall:
 - (a) Review submitted group files for completeness and content; and
 - (b) Complete the *OPS.126-1mR* Social Work *Group Treatment File Checklist* (Appendix M) to document final review.
- (4) Closed treatment group files shall be kept in a central location in the social work department in the facility where the group was held. The regional social work supervisor shall determine a storage location if the facility does not have a designated social work office.
- M. The social work support group program shall consist of:
 - Support groups for incarcerated individuals with specific medical, mental health, or other psychological needs; and
 - (2) Providing incarcerated individuals with support and educational information in order to foster responsible self-care and positive social adjustment.
- N. Support group interventions shall be:
 - (1) Based upon the needs of the facility population; and
 - (2) Offered to incarcerated individuals on a voluntary basis without day or pay incentives.
- O. Support Group Referrals. Referrals for social work support groups shall be made by the following:

- A correctional case management specialist in consideration of the incarcerated individual's needs;
- (2) Staff from other disciplines, such as medical, psychology, or education, when they perceive that an incarcerated individual has needs that can be addressed through a social work support group; or
- (3) Self-referral by an incarcerated individual who would like to participate in a social work support group.
- P. Support Group Eligibility.
 - (1) Participation in a support group is based on social work clinical discretion.
 - (2) Social workers shall:
 - (a) Assess the suitability of each incarcerated individual for participation prior to allowing their participation in a particular support group;
 - (b) Maintain waitlists for support groups; and
 - (c) Make every effort to consider the following when making group assignments:
 - (i) ADA designated incarcerated individuals; and
 - (ii) The incarcerated individual's needs and fit within the support group topics.
- Q. The facilitating social worker shall ensure the following documentation for support group participation is complete and retained in the group file:
 - (1) OPS.126-1aR General Informed Consent for Social Work Services form (Appendix A), to be signed by the participating incarcerated individual and witnessed by the facilitating social worker.
 - (2) *OPS.126-1gR Social Work Group Attendance Log* (Appendix G), to be maintained for each group.
 - (3) OPS.126-1bR Social Work Group Progress Notes form (Appendix B) for each session which outline:
 - (a) Progress of the group;
 - (b) Progress of individual participants; and

- (c) Other pertinent data.
- (4) OPS.126-1iR Social Work Group Drop Notice form (Appendix I) shall not be completed for a participant in social work support groups.
- R. Support Group Files.
 - (1) The following shall be maintained in support group files, in the following order:
 - (a) OPS.126-1gR Social Work Group Attendance Log form (Appendix G);
 - (b) OPS.126-1bR Social Work Group Progress Notes form (Appendix B) clipped/stapled together; and
 - (c) OPS.126-1aR General Informed Consent for Social Work Services form (Appendix A) from each participant.
 - (2) The facilitating social worker shall submit group files to the social work supervisor for review within 15 working days following the completion of a social work support group.
- S. Statistical Reporting for Treatment and Support Groups.
 - (1) Group statistical information shall be documented on an ongoing basis for both treatment and support groups.
 - (2) Each social worker shall record the following:
 - (a) Start and end dates for each group;
 - (b) The number of group sessions held;
 - (c) The number of participants who started the group;
 - (d) The number of participants who were dropped from the group; and
 - (e) The number of participants who completed the group.
 - (3) Reporting data shall be entered into the "Group Services" section of the <u>Social</u> Work Statistics SharePoint site.

Chapter 9 – Domestic Violence Group Screening

- A. The social work services program facilitates domestic violence groups that are based on the <u>Duluth Model for domestic violence intervention</u>.
- B. An incarcerated individual must be screened by a social worker to determine eligibility using the approved screening tool.
- C. Referral Process.
 - (1) OPS.126-1nR Domestic Violence Program Assessment Referral form (Appendix N) is required for an incarcerated individual to receive a domestic violence screening.
 - (2) Referrals shall be submitted if an incarcerated individual has been charged with or convicted of a crime where the underlying circumstances indicate the crime was indicative of domestic violence or abuse.
 - (3) Referrals shall be based on the department's definition of domestic violence.
 - (4) The first section of *OPS.126-1nR Domestic Violence Program Assessment Referral* form (Appendix N) shall be completed and submitted to the regional social work supervisor, or designee.
 - (5) If an incarcerated individual self refers, *OPS.126-1nR Domestic Violence Program Assessment Referral form* (Appendix N) shall be sent to case management to complete. Receipt of the completed referral form from case management initiates the screening.
 - (6) The regional social work supervisor, or designee shall:
 - (a) Verify the incarcerated individual's release date and parole status;
 - (b) Record the referral on the Statewide Domestic Violence Assessment Log (located on the social work R: Drive); and
 - (c) Distribute referral materials to the assigned social worker, if appropriate.
- D. Screening Process.
 - (1) Upon receipt of a referral, the assigned social worker shall obtain and review the State's version of charges from case management.

- (a) If the State's version of charges is unavailable, the social worker shall obtain the required information from the incarcerated individual's base file and OCMS to assist in completion of the assessment.
- (b) Attention shall be paid to charges related to domestic violence such as arson, animal abuse, assault, child abuse, destruction of property, neglect, rape, trespassing, telephone misuse, and violation of a protective order.
- E. Incarcerated Individual's Screening Interview.
 - (1) The social worker shall:
 - (a) Explain the purpose of the screening and inform the incarcerated individual that questions will be asked about conflicts between them and their partners in order to determine how possible domestic abuse/violence has impacted their lives and relationships.
 - (b) Review *OPS.126-1aR General Informed Consent for Social Work form* (Appendix A) and have the incarcerated individual sign prior to beginning the assessment process.
 - (c) Complete *OPS.126-1oR Domestic Violence Batterers Program*Screening/Evaluation form (Appendix O) during the interview with the incarcerated individual.
 - (d) Score the assessment at the end of the interview and determine a recommendation for treatment.
 - (e) Inform the incarcerated individual of the assessment recommendation and provide any needed explanation.
 - (f) Provide completed *OPS.126-1nR Domestic Violence Program Assessment Referral form* (Appendix N) to the regional supervisor or designee.
 - (2) Treatment recommendation options include the following:
 - (a) Eligible for the domestic violence group treatment program;
 - (b) Ineligible due to lack of a pattern of domestic violence; or
 - (c) Ineligible due to not being treatment ready.
 - (3) Treatment Readiness.

- (a) A social worker may determine that the incarcerated individual's level of denial or resistance is so great that the individual would not benefit from the group treatment or may be disruptive to the group process.
- (b) In the event that the incarcerated individual is not ready for treatment, the social worker may make a recommendation that the individual:
 - (i) Be screened again at a later date; or
 - (ii) Should receive domestic violence treatment in the community.
- F. Completed Domestic Violence Program Assessment Referrals.
 - (1) OPS.126-1nR Domestic Violence Program Assessment Referral form (Appendix N) and supporting documentation shall be submitted to the regional social work supervisor or designee.
 - (2) The regional social work supervisor or designee shall:
 - (a) Record the outcome of the assessment on the Domestic Violence Assessment Log and in the assessment dashboard section of OCMS; and
 - (b) Submit a memo to case management listing the incarcerated individuals who will be included in the next domestic violence group treatment program. This will ensure selected incarcerated individuals:
 - (i) Are not transferred out of the facility prior to the completion of their assigned group treatment program; and
 - (ii) Receive diminution credits for their participation in the domestic violence group treatment program.
 - (c) Return completed *OPS.126-1nR Domestic Violence Program Assessment Referral form* (Appendix N) to case management for placement in the incarcerated individual's base file.

Chapter 10 – Release Planning Services

- A. Social work release planning services are available to an incarcerated individual with special needs who is within 1 year of their release date. The purpose of providing release planning services is to help an incarcerated individual return to the community with tools and resources that will assist them in a successful reentry. Release planning services provide continuity of care, which increases the likelihood that these individuals will continue to receive social work services in the community.
- B. Social work release planning services shall be provided to incarcerated individuals with special needs, such as:
 - (1) A serious mental illness diagnoses and accompanying functional limitation (see priority population list and criteria);
 - (2) A major medical diagnoses (e.g. dialysis, HIV, traumatic brain injury, cancer);
 - (3) A diagnosed intellectual disability;
 - (4) A physical disability (e.g. deaf, blind, individual in a wheelchair);
 - (5) Lengthy sentence(s) (20 years or more); and
 - (6) Those who are 65 years of age or older or especially frail.
- C. Referrals for release planning services may come from any department or by self-referral. All referrals shall be sent to the regional social work supervisor, or designee for review.
- D. The regional social work supervisor, or designee shall:
 - (1) Regularly review the 12-24 Month Release List to identify all qualifying incarcerated individuals receiving release planning services;
 - (2) Screen all referrals using the electronic health record, OCMS, and consultation with other departments to determine potential eligibility; and
 - (3) After initial screening, if an incarcerated individual appears to be eligible, assign the case to a social worker for a formal in person eligibility assessment using *OPS.126-1pR Social Work Release Planning Assessment form* (Appendix P).
- E. The assigned social worker shall:

- (1) Conduct in person eligibility assessment with the incarcerated individual using OPS.126-1pR Social Work Release Planning Assessment form (Appendix P);
- (2) Obtain the required signature from the incarcerated individual on *OPS.126-1aR*General Informed Consent for Social Work Services form (Appendix A). If the incarcerated individual refuses to participate in release planning services they shall be requested to sign off on this form and will not be assigned for further release planning services; and
- (3) Return OPS.126-1pR Social Work Release Planning Assessment form (Appendix P) with final recommendation to the regional social work supervisor or designee regarding the incarcerated individual's eligibility for social work release planning services.
- F. If an incarcerated individual is determined to be eligible for social work release planning services, the regional social work supervisor, or designee shall:
 - (1) Assign a social worker for release planning services no more than 1 year prior to the case release date;
 - (2) Add the assignment to the Social Work Release Plan SharePoint site;
 - (3) Add an alert notification in OCMS;
 - (4) Complete the top section of *OPS.126-1qR* Social Work *Release Planning Case*Assignment and Face Sheet (Appendix Q); and
 - (5) Provide completed documentation to the assigned social worker to initiate the assignment of the case.
- G. Upon receipt of the assignment, the assigned social worker shall:
 - (1) Create a file for each assigned release planning case in which all documentation shall be kept;
 - (2) Interview the incarcerated individual within 10 working days of assignment. If the interview is delayed, document justification within the incarcerated individual's social work record;
 - (3) Obtain required signatures from the incarcerated individual on *OPS.126.1aR*General Informed Consent for Social Work Services form (Appendix A) and
 OPS.126.1rR Authorization to Release Information form (Appendix R); and

- (4) Obtain the required signature from the incarcerated individual on *OPS.126-1aR* General Informed Consent for Social Work Services form (Appendix A) if the incarcerated individual refuses to participate in release planning services.
- H. The assigned social worker should meet with each release planning client at least once per month. Regular meetings will assist with building rapport and addressing issues that arise which could influence the individual's successful return to the community.
 - (1) The incarcerated individual should be engaged in the process of preparing for release.
 - (2) Techniques such as motivational interviewing should be utilized to address attitude and behavior changes.
 - (3) Documentation of each face-to-face contact shall be made in the incarcerated individual's electronic health record and OCMS. All other contact made on behalf of the incarcerated individual, such as phone calls shall be documented on OPS.126-1cR Social Work Progress Notes form (Appendix C) in the social work file.
 - (4) All documentation shall be completed within 24 hours of the services provided.
- Social workers shall assist assigned release planning incarcerated individuals with applications for all entitlements and benefits (SSI, SSDI, Medicaid, etc.) for which they may be eligible. Applications shall be filed in accordance with current department agreements and practices.
 - (1) OPS.126-1rR Authorization to Release Information form (Appendix R) shall be completed and signed whenever detailed information is released to a specific agency or individual.
 - (2) OPS.126.1sR Request and Authorization to Release Information form (Appendix S) shall be submitted for all requests for information from outside agencies.
- J. The assigned social worker shall develop a release plan based on the incarcerated individual's needs. Release planning services include, but are not limited to:
 - (1) Assistance reconnecting with family/supports in the community;
 - (2) Assistance with obtaining housing;
 - (3) Assistance with transportation;
 - (4) Connection to veteran's services;

- (5) Entitlement applications;
- (6) Referral to job training/employment services;
- (7) Referral to medical providers;
- (8) Referral to nursing home or assisted living care;
- (9) Referral to other community providers as needed;
- (10) Referral to substance abuse treatment; and
- (11) Referral to mental health providers.
- K. The assigned social worker shall be responsible for coordinating with other departments such as case management, medical, reentry, and psychology throughout the release planning process to address issues with submission of housing plans, and changing psychiatric or medical needs.
 - (1) A signed *OPS.126-1tR Social Work Release Plan form* (Appendix T) shall be retained in the incarcerated individual's social work file.
 - (2) A copy of the signed *OPS.126-1tR Social Work Release Plan form* (Appendix T) shall be provided to the incarcerated individual within 7 days prior to release.
- L. Release Planning Case Files.
 - (1) The assigned social worker shall:
 - (a) Ensure all documentation is up to date in:
 - (i) Electronic Health Record;
 - (ii) Individual Social Work file;
 - (iii) OCMS; and
 - (iv) Social Work Release Plans SharePoint site;
 - (b) Organize client files based on *OPS.126-1uR Social Work Release Planning File Checklist* (Appendix U); and
 - (c) Submit completed case files to the regional social work supervisor or designee within 30 days of the incarcerated individual's release or closing date.

- (2) The regional social work supervisor shall coordinate to have the release planning case file assigned to a new facility in the event of an incarcerated individual's transfer.
- (3) A release planning case file may be closed at any time after assignment due to:
 - (a) Death;
 - (b) Extension of term of confinement;
 - (c) Refusal to participate; or
 - (d) Release.
- (4) All release planning services shall be documented by the assigned social worker on the Social Work Release Plans SharePoint site as the work is completed.

M. Medical Parole Release Plans.

- (1) Medical parole is a special parole consideration that is determined by the Maryland Parole Commission. An incarcerated individual who is interested in being released through the medical parole process must independently contact the medical department or Parole Commission.
- (2) Social work begins release planning for a medical parole case only after the request is approved by the Parole Commission.
 - (a) The Parole Commission will notify the Director of the approved medical parole case.
 - (b) The Director shall inform the appropriate regional social work supervisor.
 - (c) The regional social work supervisor shall:
 - (i) Add the case information to the Social Work Release Plans SharePoint site; and
 - (ii) Assign the case to a social work staff member in their region.
 - (d) The assigned social worker shall:
 - (i) Interview the incarcerated individual within 48 business hours to begin the release planning process;

- (ii) Complete all tasks, paperwork, and statistical documentation as required for a regular release plan;
- (iii) Secure a home plan as soon as possible;
- (iv) Complete the OPS.126-1vR Medical Parole Release Plan form (Appendix V); and
- (v) Submit the medical parole release plan to the regional social work supervisor.
- (e) The regional social work supervisor shall review and submit the medical parole release plan to the Director.
- (f) The Director shall send the medical parole release plan to the Parole Commission for approval.
- (3) A date for release will be established following approval of the medical parole release plan by the Parole Commission.
 - (a) Social work staff may need to adjust the plan based on the established release date.
 - (b) All revisions to the original medical parole release plan shall be submitted through the chain of command to the Director.
 - (c) The Director shall be sent a weekly update on progress of each medical parole case through the chain of command.
- (4) Medical parole differs from compassionate leave in that medical parole is a conditional release from confinement granted by the Parole Commission to an incarcerated individual who has been determined to be eligible for such release. Compassionate leave is a leave of limited duration that may be granted to an incarcerated individual to visit a member of the individual's immediate family who is seriously ill or to attend the funeral of a member of the individual's immediate family.
- N. Regional Reentry Team Meetings.
 - (1) The regional social work supervisor shall coordinate a monthly meeting with internal and external reentry partners in their region to coordinate care and

prevent duplication of work for release planning cases. Those invited to the meetings should include, but not be limited to:

- (a) Maryland contractual medical enrollment staff;
- (b) Maryland Correctional Enterprises (MCE) Reentry Coordinator;
- (c) Maryland Department of Health Medicaid enrollment staff;
- (d) Maryland Department of Labor Reentry Navigator;
- (e) Medical discharge planners;
- (f) Mental Health Reentry Specialist;
- (g) Reentry and transitional services staff;
- (h) Relevant case management staff; and
- (i) Social work staff.
- (2) The purpose of the regional reentry team meeting is to:
 - (a) Ensure coverage and continuity of care for all release planning cases;
 - (b) Address barriers and challenges to services provided; and
 - (c) Identify gaps in reentry services.
- (3) The regional reentry team may also discuss cases and needs for specific incarcerated individuals.
- O. Benefits Applications.
 - (1) Social workers shall assist an incarcerated individual with special needs in applying for relevant entitlements prior to their release.
 - (2) Other incarcerated individuals in need of assistance with entitlement applications shall be assisted at the discretion of the regional social work supervisor or referred to other reentry staff.

Medical Assistance

- (3) Medical assistance or Medicaid applications shall be completed for each incarcerated individual within the department.
 - (a) Social work shall communicate with the medical department and partners at the Maryland Department of Health (MDH) to ensure incarcerated individuals have active Medicaid prior to release if they qualify.
 - (b) These entities, in most cases, will complete the application for medical assistance, but on some occasions, assigned social workers will complete the paper Medicaid application and forward it to medical or MDH for processing.
- (4) Medicaid numbers should be given to release planning clients on the Social Work Release Plan whenever possible.

Social Security Income (SSI) / Social Security Disability (SSDI)

- (5) Social work staff shall complete an application for SSI/SSDI for qualifying release planning cases in accordance with the Memorandum of Understanding (MOU) with the Social Security Administration (SSA).
 - (a) SSA requests completion of OPS.126-1wR Claims Lead Referral form (Appendix W) as described in the MOU.
 - (b) The assigned social worker shall complete the online application with the incarcerated individual and await receipt of a date and time for a phone interview from SSA.
 - (c) The assigned social worker shall complete the phone interview with the incarcerated individual.
- (6) The assigned social worker shall inform the incarcerated individual that upon release, the individual will need to report to their local SSA office to provide verification of release in order to obtain benefits or continue their claim.
- (7) Incarcerated individuals who are identified as having a serious mental illness (SMI) diagnosis and who have a significant documented history of hospitalization, impairment, and homelessness due to their illness may be eligible for the SSI/SSDI Outreach, Access and Recovery (SOAR) program, which may expedite their SSI/SSDI claim.
 - (a) The assigned social worker shall contact the local SOAR advocate to make this referral.

(b) If SOAR is unable to assist, the assigned social worker shall proceed with completing the application for the incarcerated individual.

Supplemental Nutrition Assistance Program (SNAP)

- (8) According to the Department of Human Resources, applications for SNAP cannot be initiated prior to release.
- (9) The assigned social worker may assist an incarcerated individual with completing the paper application for SNAP benefits, which can be submitted upon release.

Chapter 11 – Pretrial Transitional Services

- A. Social work shall provide services to pretrial incarcerated individuals with the goals of:
 - (1) Decreasing frustration among the population; and
 - (2) Providing connection to community resources to prevent recidivism.
- B. Pretrial transitional services may include the following:
 - (1) Completion of a brief needs assessment *OPS.126-1xR Social Work Pretrial Mini- Assessment* (Appendix X) for pretrial.
 - Assistance with applying or following up on entitlements (medical assistance, SSI, SSDI);
 - (3) Assistance with obtaining legal/court information;
 - (4) Assistance making community health and mental health appointments;
 - (5) Assistance with child welfare issues;
 - (6) Assistance with pregnancy and childcare;
 - (7) Coordinate release planning needs when requested by the Office of the Public Defender;
 - (8) Coordinate with the Department of Social Services "Ready by 21" program for identified incarcerated individuals that are under the guardianship of the State of Maryland;
 - (9) Advocacy for medical/mental health services within the department;
 - (10) Referral to community providers;
 - (11) Referral to housing programs; and
 - (12) Referral to veteran's community organizations and the Veterans Administration.
- C. Referral for pretrial transitional services can be initiated through self-referral, case management, custody, psychology, medical, or by social work staff.

- D. Depending on the nature of the referral, requests can be responded to in writing or in person.
- E. Pretrial staff shall make an effort to coordinate with medical staff to develop a system of notification for pregnant incarcerated individuals so that appropriate services can be provided.
- F. Social workers may receive requests for individual counseling and participation in groups from pretrial incarcerated individuals. These services and procedures are the same as for the rest of the incarcerated population and the procedures outlined in those sections of this manual shall be followed.
- G. Pretrial social work services are to be documented on the relevant SharePoint Social Work statistics site in a timely manner.

Chapter 12 – Auxiliary Duties of Social Work

- A. Incarcerated Individual Requests.
 - (1) Social work may receive requests from an incarcerated individual or from other departments on behalf of an incarcerated individual.
 - (2) All requests from an incarcerated individual shall be responded to in writing or by face-to-face meeting when necessary, based on need and at the discretion of the social worker.
 - (3) Incarcerated individual request responses shall be completed within 10 working days and documented on the social worker's monthly statistics report.
 - (4) A face-to-face meeting held in response to an incarcerated individual's request shall be documented in the case notes of OCMS and the individual's electronic health record if appropriate.
- B. Serious Illness, Injury, or Death of Incarcerated Individuals or Family Members.
 - (1) If the facility is notified of an incarcerated individual family member's critical illness, injury, or death, the staff member receiving the information shall:
 - (a) Document the information on *OPS.126-1yR Incarcerated Individual Emergency Notification form* (Appendix Y); and
 - (b) Forward the completed form to the chaplain or designee.
 - (2) In the absence of the chaplain, social work may serve as the designee.
 - (3) When serving as the designee, a social worker shall:
 - (a) Notify the incarcerated individual as soon as possible;
 - (b) Arrange a phone call, if needed;
 - (c) Document notification and complete the remainder of *OPS.126-1yR Incarcerated Individual Emergency Notification form* (Appendix Y); and
 - (d) Send completed *OPS.126-1yR Incarcerated Individual Emergency Notification* form (Appendix Y) to case management and a copy of the completed form to the chaplain.

- (4) The Religious Services Manual states:
 - (a) The chaplain or designee shall review and verify all pertinent information received.
 - (b) Phone calls may be afforded to an incarcerated individual when emergencies involve immediate family members and shall be paid for by the State.
- (5) The chaplain or designee shall notify the incarcerated individual's emergency contact when an incarcerated individual dies or is in serious medical condition. If the Intelligence and Investigative Division (IID) is investigating a suspicious death, emergency contact notification can be made by IID, upper-level custody staff or facility administration.

C. New Employees.

- (1) See "Instruction for Onboarding New Employees" located in the shared social work R: Drive.
- (2) Complete all relevant forms located in the "New Employee Forms" file located in the shared social work R: Drive.

D. Hunger Strikes.

- (1) Social work shall fulfill its role for hunger strikes as detailed in the Clinical Services and Incarcerated Individual's Health: Health Administration Manual.
- (2) The Health Administration Manual states:
 - (a) Medical personnel shall contact social work within 72 hours of the onset of the hunger strike.
 - (b) Social work shall facilitate the identification of the incarcerated individual's emergency contact, inform them of the situation, and be the primary contact with the emergency contact as a liaison with medical and appropriate custody personnel.

E. Burial Assistance.

(1) Limited financial assistance for funeral expenses may be available to families under specific circumstances if an incarcerated individual dies in the custody of the department.

- (2) All inquiries shall be forwarded to the Director.
- F. Social Work Student Interns.
 - (1) The Director will make every effort to have Affiliation Agreements/MOUs with many local schools of social work in place.
 - (2) If a potential student intern contacts any social worker, they should be referred to the regional social work supervisor.
 - (3) The regional social work supervisor shall:
 - (a) Gather contact information from the potential student intern;
 - (b) Identify the school the student is attending and the field placement contact person affiliated with the school's Social Work Program;
 - (c) Contact the Director to determine if an agreement with the identified school of social work exists. If an agreement does not exist, allow 4-6 months to develop a signed agreement;
 - (d) Schedule an interview with the student and provide a tour of the facility;
 - (e) Notify the Director of the interview results;
 - (f) Refer the potential student intern to the facility's Volunteer Activity Coordinator to begin the application process to become an official volunteer with the department; and
 - (g) Ensure the potential student completes the volunteer orientation and preservices through the facility training coordinator prior to their start date.
 - (4) The Director shall contact the school of social work to initiate the Affiliation Agreement/MOU process. Agreements will be valid for at least 5 years and attempts will be made to keep them updated for possible future students.

Chapter 13 – Statistical Reporting

- A. Statistical reporting shall be completed and submitted regularly by all social work staff.
- B. Social work staff shall:
 - (1) Document all services provided to an incarcerated individual for each facility in which they have provided services.
 - (2) Maintain an up-to-date caseload list and track all services provide each month.
 - (3) Complete and submit reporting of individual work to the <u>Social Work Statistics</u> (<u>Individual Services</u>) <u>SharePoint site</u> on the 1st day of each month, for the previous month.
 - (4) Complete and submit reporting of group services to the <u>Social Work Statistics</u> (<u>Group Services</u>) <u>SharePoint site</u> on the date the group is actually opened or closed. This report shall include the following:
 - (a) Number of participants;
 - (b) Number of participants added monthly;
 - (c) Number of participants dropped monthly; and
 - (d) Number of sessions held.
 - (5) Release planning services are to be documented on the <u>SharePoint Social Work</u>
 <u>Release Plans site</u> when cases are assigned or closed with any resource referral being documented as the referrals are made.
- C. The regional social work supervisor or site supervisor shall ensure all social work staff have entered their data into the relevant <u>Social Work Statistics SharePoint sites</u> by the 5th day of each month.

References and Standards

American Correctional Association (ACA) Standards:

ACI 4 th Edition	ACI 5 th Edition	
4-4273	5-ACI-4A-27	Administrative Status/Protective Custody
4-4428	5-ACI-5E-01	Scope of Services
4-4429	5-ACI-5E-02	Scope of Services
4-4429-1	5-ACI-5E-03	Scope of Services
4-4431	5-ACI-5E-05	Scope of Services
4-4432	5-ACI-5E-06	Program Coordination and Supervision
4-4433	5-ACI-5E-07	Counseling
4-4434	5-ACI-5E-08	Counseling
4-4435	5-ACI-5E-09	Counseling
4-4442	5-ACI-5F-01	Release Preparation
4-4443	5-ACI-5F-02	Temporary and Graduated Release
4-4392	5-ACI-6B-11	Students and/or Interns
4-4396 (M)	5-ACI-6C-03 (M)	Confidentiality
4-4397 (M)	5-ACI-6C-04 (M)	Informed Consent
4-4403	5-ACI-6C-10	Privacy
4-4410 (M)	5-ACI-6D-02 (M)	Internal Review and Quality Assurance
4-4415	5-ACI-6D-07	Inactive Records

American Correctional Association (ACA) CORE Standards:

ACI 4 th Edition	Reference	
1-CORE-4D-07 (M)	4-ALDF-4D-13 (M)	Confidentiality
1-CORE-4D-07 (M)	4-ALDF-4D-14 (M)	Confidentiality
1-CORE-4D-08 (M)	4-ALDF-4D-15 (M)	Informed Consent
1-CORE-4D-11	4-ALDF-4D-09	Privacy
1-CORE-5A-01	4-ALDF-5A-01	Programs and Services
1-CORE-7B-01	4-ALDF-7B-03	Selection, Retention, and Promotion
1-CORE-7B-02	4-ALDF-7B-05	Orientation
1-CORE-7B-03	4-ALDF-7B-08	Annual Training

Maryland Commission on Correctional Standards (MCCS):

•	MCCS .08A	Confidentiality of Care Records
•	MCCS .08D	Official Publications/Annual Review
•	MCCS .08E	Case Records
•	MCCS .08F	Background Checks

 MCCS .08G Training

Code of Maryland Regulation (COMAR):

- COMAR 12.08.01.00 COMAR 12.08.02.00
- COMAR 12.10.01.00
- COMAR 10.42.01.00
- COMAR 10.42.02.00
- COMAR 10.42.03.00
- COMAR 10.42.04.00
- COMAR 10.42.05.00
- COMAR 10.42.06.00
- COMAR 10.42.07.00
- COMAR 10.42.08.00
- COMAR 10.42.09.00
- COMAR 10.42.10.00
- A. Annotated Code of Maryland. General Health Article §4-304.
- B. Annotated Code of Maryland. Health Occupations Article §19-101 §19-502.
- C. Department of General Services. Retention and Disposal No. 1406-18. DGS-550-1.
- D. SSA Agreement

Social Work Supplements

- A. Social Work Request Log
- B. Social Work Individual Services Log
- C. Social Work Supervision Record
- D. Facility Rounds Tracking Sheet
- E. Mini-Mental Status Exam Supplement
- F. Priority Populations List



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK REQUEST LOG

			Date		Date		Date	
First Name	SID#	Housing	Received	Summary of Request	Assigned	Completed By	Completed	Response
	FIIST Name			Trist Name SID # Housing Received Received	Thist reduces a summary of request	This Name 315 # Housing Necerve 3unimary of Nequest Assigned	Trist Name Side Francisco Completed by Com	This traile 3D # Housing Received Sulminary of Request Assigned Completed by Comple

			CTIONAL SERVICES CES LOG			
So	ocial Worke	r:	Facility:			
N	/lonth/Year:		_			
Date	Referred	Referral Source	Incarcerated Individual's Name	SID#	Nature of Request	Comments/Resolution
				_		



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK SUPERVISION RECORD

Name: Facility:						
Superviso	r:		License #:			
Date	Type: I or G	# Hours	General Topic	Supervisor's Initials		



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES FACILITY ROUNDS TRACKING SHEET

cial Worker:		Facility:		Date:
Name:		SID #:		
		Circle One:		
		Support Services		
			<u> </u>	
Name:		SID #:		
		Circle One:		
		Support Services		
Issue:				
		SID #:		
Housing:		Circle one:	Pretrial	Sentenced
Ind. Counseling	Crisis Int.	Support Services		Gen. Info.
Issue:				
Name:		SID #:		
				Sentenced
		Support Services		Gen. Info.
Issue:				
		SID #:		
		Circle One:	Pretrial	Sentenced
	Crisis Int.	Support Services		Gen. Info.
Issue:				

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Non

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

WIINI-WENTAL STATUS EXAM	VIINATION	
Name:	SID #: Date: of Exam:	
Cilifician.	Date. Of Exam.	
I. Orientation (maximum score: 10)		
Ask "what is todays 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 facility?" "What floor are we on?" "What town or city are we in?" "What country are we in?" "What state are we in?"	Date (e.g. Jan 21) Year Month Day (e.g. Monday) Season Institution Floor Town Country/County State	1 2 3 4 5 6 7 8 9 10
II. Registration (maximum score: 3)		
Ask the incarcerated individual if you may test their memory. Ther "ball", "flag", "tree" clearly and slowly, allowing about one second each. After you have said all 3 words, ask the incarcerated individurepeat them. The first repetition determines the score (0-3), but continue to say Up to 6 trials until the incarcerated individual can repeat all 3 word if they do not eventually learn all 3, recall cannot be meaningfully	for "flag" ual to "tree" them Number of trials: ds.	11 12 13
III. Attention and Calculation (maximum score: 5)		
Ask the incarcerated individual to begin at 100 and count backwar Stop after 5 subtractions (option: you may ask them to spell "WOF backward if they are unable to do the math). The score is the num subtractions or letters in correct order – e.g.: 93, 86, 79, 72, 66 or 93, 76, 69, 52, 45 or	RLD" "86" "L" ber of "79" "R" dlrow = 5 "72" "O"	14 15 16 17 18
IV. Recall (maximum sore 3)		
Ask the incarcerated individual to recall the 3 words you previousl them to remember. (Learned in Registration).	y asked "ball" "flag" "tree"	19 20 21

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Form E to	OPS.126.0001 Socia	l Work Manual
DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL MINI-MENTAL STATUS EXAMINATION	L SERVICES	
V. Language (maximum score 9)		
this? Repeat for pencil, score one point for each time named correctly.	Watch Pencil	22
Repetition: Ask the incarcerated individual to repeat "No ifs, ands, or buts." Score one point for correct repetition.	Repetition	24
Three-state command: Give the incarcerated individual a blank paper and Say "Take the paper in your right hand, fold it in half, and put it on the floor." Score one point for each action performed correctly.	Takes in right hand Folds in half Puts on floor	25 26 27
Reading: On a blank piece of paper, print the sentence "Close your eyes" in letters large enough for the incarcerated individual to see clearly. Ask the incarcerated individual to read it and do what it says. Score correct only if they actually close their eyes.	Closes eyes	28
Writing: Give the incarcerated individual a bank piece of paper and ask them to write a sentence. It is to be written spontaneously. It must contain a subject and verb and make sense. Correct grammar and punctuation are not necessary.	Writes sentence	29
Copying: On a clean piece of paper, draw intersecting pentagons as Illustrated, each side measuring about 1 inch, and ask the incarcerated Individual to copy it exactly. All 10 angles must be present and 2 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		

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Total Score:

Score (maximum score: 30)

Add number of correct responses

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES MINI-MENTAL STATUS EXAMINATION Name: SID #: Clinician: Date: of Exam:
Clinician: Date: of Exam:
I. Write a sentence:
II. Copy the picture of the intersecting pentagons:

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DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES PRIORITY POPULATIONS LIST

Severely Mental III

Priority Population Definition – Adults (MSI)

9/1/03, 3/10/14, 7/8/14 Revised Reviewed 5/10/07, 1/25/10 Included Diagnoses (DSM-5 – Including ICD-9 and ICD-10 diagnosis codes): 295.90/F20.9 Schizophrenia 295.40/F20.81 Schizophreniform Disorder 295.70/F25.0 Schizoaffective Disorder, Bipolar Type 295.70/F25.1 Schizoaffective Disorder, Depressive Type 298.9/F28 Other Specified Schizophrenia Spectrum and other Psychotic Disorder 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder 297.1/F22 **Delusional Disorder** 296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe 296.34/F33.3 Major Depressive Disorder, Recurrent Episode, With Psychotic Features 296.43/31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe 296.44/F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features 296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe 296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features 296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic 296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified 296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode Unspecified 296.80/F31.9 Unspecified Bipolar and Related Disorder 296.89/F31.81 Bipolar II Disorder 301.22/F21 Schizotypal Personality Disorder 301.83/F60.3 Borderline Personality Disorder - and -

In order to be included in the PRIORITY POPULATION, individuals must meet the target diagnostic criteria and meet the following functional limitations:

- ☐ Inability to maintain independent employment;
- □ Social behavior that results in interventions by the mental health system;
- □ Inability, due to cognitive disorganization, to procure financial assistance to support living in the community;
- ☐ Severe inability to establish or maintain a personal support system; or
- □ Need for assistance with basic living skills.

The diagnostic criteria may be waived for the following two conditions:

- An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland; or
- 2. An individual in a Mental Hygiene Administration facility with a length of stay of more than 6 Months who required RRP services, but who does not have a target diagnosis. This excludes individuals eligible for Developmental Disabilities services.

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Appendix

- A. OPS.126-1aR, General Informed Consent for Social Work Services
- B. OPS.126-1bR, Social Work Group Progress Notes
- C. OPS.126-1cR, Social Work Progress Notes
- D. OPS.126-1dR, Social Work Individual Counseling Contract and Treatment Plan
- E. OPS.126-1eR, Social Work Individual Counseling File Checklist
- F. OPS.126-1fR, Social Work Group Rules and Contract
- G. OPS.126-1gR, Social Work Group Attendance Log
- H. OPS.126-1hR, Social Work Group Assignment Log
- I. OPS.126-1iR, Social Work Group Drop Notice
- J. OPS.126-1jR, Incarcerated Individual Job Assignment Removal Form
- K. OPS.126-1kR, Social Work Group Member Evaluation
- L. OPS.126-1IR, Social Work Participant Group Member Evaluation
- M. OPS.126-1mR, Social Work Group Treatment File Checklist
- N. OPS.126-1nR, Domestic Violence Program Assessment Referral
- O. OPS.126-1oR, Domestic Violence Batterers Program Screening Evaluation
- P. OPS.126-1pR, Social Work Release Planning Assessment Form
- Q. OPS.126-1qR, Social Work Release Planning Case Assignment and Face Sheet
- R. OPS.126-1rR, Authorization to Release Information
- S. OPS.126-1sR, Request and Authorization to Release Information
- T. OPS.126-1tR, Social Work Release Plan
- U. OPS.126-1uR, Social Work Release Planning File Checklist
- V. OPS.126-1vR, Medical Parole Release Plan
- W. OPS.126.1wR, Claims Lead Referral Form
- X. OPS.126-1xR, Social Work Pretrial Mini-Assessment
- Y. OPS.126-1yR, Incarcerated Individual Emergency Notification of Family Member Illness, Injury, or Death.



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES GENERAL INFORMED CONSENT & LIMITS OF CONFIDENTIALITY FOR SOCIAL WORK SERVICES

l,	, agree to part	icipate at this time in the following program(s) and				
, 	(Print Name and SID Number)					
services o	discussed with the social work department.					
	Assessment Release Planning	Individual Treatment				
	Medical Parole Group	Other:				
INFORMI	ED CONSENT: By signing this document, I acknowledge	the following:				
	benefits and risks of the offered social work services(s).					
		nade to me as to the desired result of the social service(s).				
3.		e right to refuse the offered social work services(s) at any				
		am may be provided by a Licensed Masters Social Worker				
		so information is shared amongst all members of the team				
	and during clinical supervision with the appropriate lice					
		rk services provided may be shared with other employees				
		s if it is determined that there is a need for them to know				
	for continuity of care or decision-making purposes.	s in it is determined that there is a need for them to know				
ļ	tor continuity of care of decision-making purposes.					
LIMITS O	F CONFIDENTIALITY: By signing this document, I acknow	wledge that all information and documentation concerning				
social wo	ork services will be kept confidential and will not be rele	ased without my (or my personal representative) specific				
written a	uthorization except as required by law, or permitted by	law, or in a situation deemed potentially life-threatening.				
This discl	osure is permitted in certain circumstances, including, k	out not limited to the following:				
1.	Consent: If the client gives express consent to disclose t	he information				
	Court-Ordered: When a court determines that the infor					
		he suspected abuse, neglect, self-neglect, or exploitation				
	of a child or a vulnerable adult.	ne suspected abuse, neglect, self-neglect, of exploitation				
		nt poses a serious and imminent threat to themselves or				
	-	it poses a serious and infinitelit tilleat to themselves of				
	others, or to the security of the facility.	adition is introduced as an issue in a legal arrangeling				
5. I	Legal Claims: When the client's mental or emotional co	ndition is introduced as an issue in a legal proceeding.				
I have be	en informed and understand these limitations of confid	entiality and consent by signing below.				
9	Signature:	Date:				
,	Witness:	Date:				
Δt thic tir	me, I decline to participate in the social work service(s)	that are identified above. Lunderstand that this refusal				
	disqualify me for future services through the Social Wo					
9	Signature:	Date:				
* This form should be read to the individual in its entirety.						

Appendix B to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP PROGRESS NOTES

_			
Group Type:			
Date:	Session #:	Attendance #:	
		for session were completed and any speuld be signed by the group facilitator.	cial

Appendix C to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK PROGRESS NOTES

Name:		SID#:
Facility:		Social Worker:
Please be sure to	sign each entry	
Contact Date	Case Notes	

Appendix D to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK INDIVIDUAL COUNSELING CONTRACT AND TREATMENT PLAN

Name:	SID#:
Presenting Problem(s):	
Treatment Goals:	
Strengths:	
Desired Outcomes:	
Frequency and Duration of Counseling: (This change or after a maximum of 10 sessions).	s plan should be updated if goals or presenting issues
	counseling services through the Social Work Department. n or against the security of the institution will be reported
	child abuse will be reported to Child Protective Services
as required by ivial ylatid law.	
Client's Signature	Date
Social Worker's Signature	 Date



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK INDIVIDUAL COUNSELING FILE CHECKLIST

Use this checklist to ensure that individual counseling files are completed and in order. Files are to be turned in to the supervisor within 10 days of completion.



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP RULES AND CONTRACT

Group Title:	Leader(s):
Facility:	Meeting Day(s) & Time(s):
1. All institutional rules and regulations apply to the	e group.
2. Members are expected to attend every session. If While two excused absences may be permitted, a dismissal from this group. Groups having fewer the excused absence. Excused absences include such proceedings, legal and family visits, or as determined.	a third absence will result in the member's nan ten (10) sessions can only permit one reasons as health care, parole hearings, court
3. All members are expected to participate in group homework assignments.	discussion and to complete and hand in all
4. What is said in group is to remain confidential. M within the rules and regulations of the institution	
5. Threats to harm oneself may be reported to appr	ropriate personnel to prevent suicide.
6. Threats to harm another person will be reported that person (required by Maryland law for all so	• • • • • • • • • • • • • • • • • • • •
7. Threats to the security of the institution will be recorrectional security supervisor.	eported to the managing official or other
8.Disclosure of child abuse (physical, sexual, emotion even if the abused child is now an adult (required	
9. Once a group meeting begins, members will rem	ain in the room.
10. Should group membership be reduced below fix determine whether or not the group shall continued will be scheduled into the next available group.	
11. Incarcerated group participants will acknowledge by signature and date on this form.	ge receipt of rules and regulations for groups
By signing this contract, I am making a commitment this group. I agree to follow the above group rules a requirements can result in dismissal from the group	at all times. I understand that failure to meet these
Printed Name:	SID #:
Signature:	Date:



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP ATTENDANCE LOG

Worker's Name:		Group Name:	Number:
Start:	End:		
Time:	Place:	Frequency:	

												Mee	ting A	ttend	ance										Hours	Comp.
	Member's Name	SID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	Completed	Or Drop Out Date
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										

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DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP ASSIGNMENT LOG

Worker's Name:		Group Name:	Number:
Start:	End:		
Time:	Place:	Frequency:	

										Δ	ssign	ments	s Com	plete	d									
	Member's Name	SID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								

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, on

Participant Name:		PUBLIC SAFETY & CORRECTIONAL SERVICES AL WORK GROUP DROP NOTICE
was terminated from, for the following reason(s): (Date) Paroled/Released Attendance Transfer PC/Segregation Job/School conflict Other:		
, for the following reason(s): (Date) Paroled/Released	Participant Name:	SID #:
(Date) Paroled/Released Attendance Transfer PC/Segregation Job/School conflict Other:	was terminated from	Group #
Transfer PC/Segregation Job/School conflict Other:		following reason(s):
Job/School conflict Other:	Paroled/Released	Attendance
Other:	Transfer	PC/Segregation
	Job/School conflict	
	Other:	
Comments/Recommendations:		
	Comments/Recommendations:	

_		• •		
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$\boldsymbol{\mathcal{L}}$	I S L I	เม	uu	OH

Original – Base File Copy – Group File Copy - Participant

Group Leader _____

Date ____



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES INCARCERATED INDIVIDUAL JOB ASSIGNMENT REMOVAL FORM

		(First Name)	(Last Name)	(ID Number)
	Work Detail:	Shift:	Bed	d/Cell:
	Role of person making recommendation	:		
	Reason(s) for the recommendation:	Refused Assignment	□ Job perform	ance unsatisfactory
	С	Other. Explain below:		
-				
-				
(2)	FINAL DETERMINATION of the SHIFT CO	DMMANDER:		
2)	The detail shall: Remain as assigned Lose the assignments.		-working bed. (Fo	
	The detail shall: Remain as assigned Lose the assignments.	ed. (Return form to the seent and transfer to a non	-working bed. (Fo	
	The detail shall: Remain as assigned Lose the assignment Other:	ed. (Return form to the seent and transfer to a non	-working bed. (Fo	
	The detail shall:	ed. (Return form to the seent and transfer to a non	-working bed. (Fo	
(3)	The detail shall:	ed. (Return form to the seent and transfer to a non MENT Bed: Title on Officer for a new bed	-working bed. (Fo	Date:
(3)	The detail shall:	ed. (Return form to the seent and transfer to a non MENT Bed: Title on Officer for a new bed MPLETED for the above I	e: assignment) isted incarcerated	Date:d individual.
(3)	The detail shall:	ed. (Return form to the seent and transfer to a non MENT Bed: Title on Officer for a new bed MPLETED for the above I Bed: ual removal by case man	e:assignment) isted incarcerated	Date:

Appendix K to OPS.126.0001 Social Work Manual

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP MEMBER EVALUATION

Name:		SID #:	
		Facility:	
Group State Date:		Group End Date:	
I.	Quality of Participation		
II.	Commitment to Continuing	Growth	
	Front leave Translation and Income		
III.	Further Treatment Issues ar	nd/or Recommendations	
	Crown Loador(a) Signatura		
	Group Leader(s) Signature:		-
		Date:	
	Participant Signature:		-
Dist	ribution Original – Participant Copy – Base File Copy – Group File	Date:	



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK PARTICIPANT GROUP MEMBER EVALUATION

roup Na	me: Group Number:
. Wha	at activities and topics did you like best?
 2. Wha	at activities and topics did you dislike or find not helpful?
B. Did t	the group leader(s) help you feel comfortable in group so you could express yourself freely?
4. Do y	ou feel that the group leader presented the material clearly?
5. Wha	at new topics or changes should be made in future groups?
 5. Was	the group valuable to you or not? Explain.
Comment	ts:



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK GROUP TREATMENT FILE CHECKLIST

Use this checklist to ensure that group files are completed an in order. Files are to be turned in to the Supervisor within 15 working days of the completion of the group.

Group Name:	Group Number:
Start Date:	End Date:
Date file submitted to su	pervisor:
Items Present:	(The items should be in this order.)
	Attendance Log
	Assignment Log
	Informed Consents
	Group Rules and Contract Forms
	Group Progress Notes
	Group Member Drop Forms
	Group Member Evaluations
	Participant Group Evaluations
	Copies of Certificates
	Monthly Incarcerated Individual Payroll Forms (if completed)
	Any relevant correspondence
Date Approved by Superv	visor: Supervisor's Initials:
Comments:	



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES DOMESTIC VIOLENCE PROGRAM ASSESSMENT REFERRAL

Name:	SID#:
Release Date:	Parole Status:
Current Offense(s):	Sentence:
Reason for Referral:	
Porcon Making Potorral	Data Pafarrad:
	Date Referred:
Facility:	
•	equest and the state's version of the offense to the Regional Social he social work department will prioritize referrals based on release
date.	ne social work department will prioritize referrals based on release
	Part II Social Work
	Part II Social Work
Social Worker Completing Assessm	Part II Social Work
Date Assigned:	nent:
Date Assigned:	nent: Date Completed:
Date Assigned: Assessment Result: Eligible f unsuitable for participation at th	Date Completed: ☐ Ineligible ☐ Unsuitable at this time. is time, identify under what condition or time frame should the
Date Assigned: Assessment Result: Eligible	Date Completed: ☐ Ineligible ☐ Unsuitable at this time. is time, identify under what condition or time frame should the
Date Assigned: Assessment Result: Eligible If unsuitable for participation at the incarcerated individual be referred	Date Completed: ☐ Ineligible ☐ Unsuitable at this time. is time, identify under what condition or time frame should the
Date Assigned: Assessment Result: If unsuitable for participation at the incarcerated individual be referred Follow up Assessment:	Date Completed: Date Completed: Ineligible Unsuitable at this time. is time, identify under what condition or time frame should the I for a:
Date Assigned: Assessment Result: If unsuitable for participation at the incarcerated individual be referred Follow up Assessment: Other Comments:	Date Completed: Date Completed: Ineligible Unsuitable at this time. is time, identify under what condition or time frame should the I for a:
Date Assigned: Assessment Result: If unsuitable for participation at the incarcerated individual be referred Follow up Assessment: OCMS Assessment Dash	Date Completed: Date Completed: Ineligible Unsuitable at this time. is time, identify under what condition or time frame should the I for a:
Date Assigned: Assessment Result: If unsuitable for participation at the incarcerated individual be referred Follow up Assessment: OCMS Assessment Dash	Date Completed: Date Completed: Ineligible Unsuitable at this time. is time, identify under what condition or time frame should the I for a: board was updated by regional social work supervisor.

Appendix O to OPS.126.0001 Social Work Manual



Nam	ne:	SID#:	DOB:	
Inte	rview Date:	Interviewer:	_	
Facil	lity:	Housing Location:	CRD:	
Viole viole Cert resp	evaluation is used to assessed eligibility a ence Batters Program, a program designa ence in intimate relationships. The progra ain questions have scoring items beside to onses to these items, and using this score need this program.	ited for incarcerated individuals was teaches skills for healthy, non-them. The interviewer will calculate	who have a hist violent relatior te the sum of t	ory of nship. he
A.	Family History			
	Who were your caregivers when you we of them. (Use the back of the page if mo		tionship with e	each
2.	When you were growing up, did you eve	r witness violence between your p	parents or othe	er
	Caregivers?		Yes = 1	No = 0
	Do you feel you were abused as a child? If yes, explain. (Use the back of the page	if more space is needed.)	Yes = 1	No = 0
	Note: Under Maryland law, child abuse he non-accidental physical injury, which ind is caused by a parent or other person whe sexual touching of a child by a caretaker	icated significant harm or the risk no has the responsibility to care fo	of significant l	narm, and



	While you were growing up, did any member 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.)
В.	Personal History
5.	What is your marital status? □ Single □ Married □ Separated □ Divorced
6. 7.	Are you currently involved with the victim(s) of your domestic violence? Yes = 1 No = 0 How were you supporting yourself prior to being incarcerated?
8.	Do you have a history of alcohol or drug abuse? 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, suicide attempts, or a head injury 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.)



	History of Violence			
10.	Do you believe you have a pattern of violence to Explain your answer.	oward an intimate partner(s)?	Yes = 1	No = 0
11.	Does your criminal record include charges of vio	lence towards an intimate partne	r(s)?	
	If yes, list the charge(s).		Yes = 1	No =0
12.	Describe the most recent episode in which you to (Use the back of the page if more space is needed)	·	partner:	
13.	Were lethal weapons present in your home or e	asily accessible to you?	Yes = 1	No = (
14.	Did you ever use a weapon against your partner	(s)?	Yes = 1	No = 0
15.	Did you ever threaten or seriously consider (plan	n) to kill:		
	(a)	yourself?	Yes = 1	No = 0
	(b)	your partner?	Yes = 1	No = (
	(c)	another family member?	Yes = 1	No = (
	• •	another family member? another person?	Yes = 1 Yes = 1	No = (
16.	• •	another person?		



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

			REL	ATIONSHIP CHART				
Name of Victim	Length of Relationship	Status of Relationship	Number of Children	Types of Abuse	Specific Injuries	Medical Treatment Needed?	Number of Episodes	Number of Times Police Called

Page 4,	Enter Tot	al Number	of Victims	(up to 5)	

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Appendix O to OPS.126.0001 Social Work Manual



Need for Treatment		
Do you believe that you need help to stop using violence in intimate relations Explain why or why not.	ships? Yes = 1	No = 0
using violence in intimate relationships. (Ose the back of the page if more spe	ice is needed	
Do you want to participate in the Domestic Violence Batterers group while inc Maryland Department of Public Safety and Correctional Services?		
Explain why or why not.	Yes = 1	No = 0
	Do you believe that you need help to stop using violence in intimate relations Explain why or why not. If you answered "yes" to #19, what are a few goals that you need to work tow using violence in intimate relationships? (Use the back of the page if more spanning violence in intimate relationships? (Use the back of the page if more spanning violence). Do you want to participate in the Domestic Violence Batterers group while incoming Maryland Department of Public Safety and Correctional Services?	Do you believe that you need help to stop using violence in intimate relationships? Explain why or why not. Yes = 1 If you answered "yes" to #19, what are a few goals that you need to work toward in order to using violence in intimate relationships? (Use the back of the page if more space is needed. Do you want to participate in the Domestic Violence Batterers group while incarcerated in Maryland Department of Public Safety and Correctional Services?



E. Assessment/Summary
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 standardized therefore, interpretation of the score and determination of eligibility is based on clinical judgement. 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 high level of denial.
9 to 20 Indicated 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

Appendix P to OPS.126.0001 Social Work Manual



Name:			Screening Date:			
DOC/SID#:	DOB:			Age:	Social	Security #:
DOC/3ID#.	DOB.			Age.	Social	security #.
Present Offense:			Sent	ence:		Release Date:
# of Incarceration Prison			Age	of First Inc	carceratio	n:
Date of Incarceration:			Mos	t Serious (Offense:	
Type of Release:			MCE	Past or Cu	urrent Par	ticipation:
Detainer(s):			County of Residence:			
Sex Offense(s):			Histo	ory of Don	nestic Viol	ence:
□ Yes □ No)				Yes	□ No
I. Condition	Yes	No	1	Comm	nents / Ad	ditional Information
				Self-repo		Electronic Health Record
SMI History						
History of Suicidal						
Thoughts / Attempts						
Chronic Medical Condition						
Intellectually Challenged/TBI						
Geriatric/Long Term Incarceration						
Other						
			_			
II. Duration of Condition	Yes	No				ditional Information
History of Treatment				Mental He	ealth	Physical Health
Community						
Prison						
History of Hospitalization						
Community						
Prison						

Appendix P to OPS.126.0001 Social Work Manual



III. Current Treatment		Yes	No	Comments / Ac	dditional Information
By Psychology					
By Psychiatrist					
By Medical Doctor					
IV. Current Medication					
				Compliant Yes/No	
Medication	Prescr	ibed for	r	Self-Report	If not compliant – why?
5!	1		/	ldress:	
Home Plan With whom are/will you be live		Yes			
With whom are/will you be li		Yes 			
With whom are/will you be live	ving:	Yes n			
With whom are/will you be live	ving:	_	0		
	□ Yes		0		
With whom are/will you be live. Relationship: Needs Supportive Housing Homeless Before Prison Last County of Residence	□ Yes		0		
With whom are/will you be live. Relationship: Needs Supportive Housing Homeless Before Prison Last County of Residence VI. Family / Social Support	□ Yes		0		
With whom are/will you be live Relationship: Needs Supportive Housing Homeless Before Prison	□ Yes		0		
With whom are/will you be live. Relationship: Needs Supportive Housing Homeless Before Prison Last County of Residence VI. Family / Social Support Marital Status	□ Yes		0		
With whom are/will you be live and the second secon	□ Yes		0		
With whom are/will you be live. Relationship: Needs Supportive Housing Homeless Before Prison Last County of Residence VI. Family / Social Support Marital Status # of Children Age Range:	□ Yes □ Yes		0		

Appendix P to OPS.126.0001 Social Work Manual



Emergency Contact:		
Other Supports: (i.e., who calls you, who visi	its you,	, who could help provide transportation)
VII. Work History		
Lack Work Skills Yes No		
Employment Skills:		
Jobs Held:		
Longest Employment:		Last Job Held:
Date of Last Employment:		
Ever Served in the Military Yes	No	
Branch:		Length of Srvices:
Type of Discharge:		Did You See Combat:
VII. Educational History	✓	Name of Educational Institution/Other Comments
Highest Grade Completed		
GED		
Special Education	\perp	
Vocational/ Trade School	\perp	
Did you receive any of the following:		
Diploma		
Degree	\bot	
Certification	\bot	
Specific Job Training (fork lift, masonry)		



Substance	Age of First Us	of First Use # of Years Used Last Use Received Treatme						
Substance	Age 0111131 03		# 01	10013 0300	Lust Osc	Received Treatment		
X. Entitlements in	n Community							
What Type(s)	1 Community							
Medical Ass	sistance							
SSI/SSDI								
• Other								
		_						
XI. Identification		Yes	No	Comments				
Social Security Ca	ocial Security Card							
Birth Certificate								
MD ID Card								
DD214								
		[Disposit	tion Comments	: :			
□ Accept for S	Social Work Release	e Plann	ing Ser	vices				
	edical Discharge Pla							
	entry and Transitio		-					
□ Other:								
Social Worker								

Appendix Q to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK RELEASE PLANNING CASE ASSIGNMENT AND FACE SHEET

Facility: Social Security #:			DOB:							_	
Release Date: Type of Release:			□ ſ	ИP	□ P	arole		MS	□ Exp.		Cour
Case Assi	gned to:			(on _						_
								(Da	ate)		
Incar	cerated Individual should	be seen for a face to	face i	meetir	ng wi	thin 1	0 day	s of	assignme	ent	
Problem	Area (check all that appl	ies; mark the primary	need	l as nu	ımbe	r 1)					
	HIV			Dialy	'sis						
	Medical			Men	tal H	ealth					
	Intellectual Disability			Othe	r:						
Release F	Plan Component: (check	if completed)		Cont	act N	/lade \	With :	:			
	Social Work Consent(s)			Med	ical_						
	Housing										
	Mental Health appointn	nent									
	Medical appointment										
	Substance Abuse appoir	ntment		Paro	le _						
	Medical Assistance appl	ication		Supp							
	Social Security application	on		Reen	itry S	ervice	s				
	Progress Notes			Othe							
	Release Plan										
Birth Cer	tificate			Yes		No		Pen	ding		
Social Sec	curity Card			Yes		No		Pen	ding		
Commen	ts:										
											_
											_
File Comp	oletion Date:										

Appendix R to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES AUTHORIZATION TO RELEASE INFORMATION

 My medical and/or 	mental health conditions;	
My family and social	al history;	
 My current charges 	and sentence or pending charges; and	
Any requirements t	o register as a sex offender.	
I authorize this disclosure t	to allow the Social Work Department to facilitate treatment a	and
	and/or to prepare for my release plan.	
I understand that the disclo	osed information will only be provided to facilitate my treatm	nent.
Signature:	Date:	
Witness:	Date:	
		

Appendix S to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

URPOSE		nt of Public Safety and Correctional Se individual's health information.	rvices to request and
l,(Last Na	me, First Name, Middle – AKA)		
(S	ocial Security #)	(Date of Birth)	(SID/DOC/Federal #)
(Street A	Address)	(City)	(State/Zip)
Hereby conse	nt to disclose my specified hea	Ith information:	
FROM (Sendir	ng Facility)	To (Rece	eiving Facility/Person)
Treatment Da	tes:		
History a	and Physical	Laboratory Reports	Consultation
Mental I	Health	Imaging Reports	Other:
Purpose of the	e Disclosure:		
	ntion is valid for one year and wirking its valid for one year and wirking its value on:	vill expire one (1) year from the date s $_{-}$ / $_{-}$	-
I understand:	- -	Month Day	Year
	rization is voluntary.		
		ne by giving written notice of revocation	on.
	be a charge for copying and hoppicable State guidelines.	andling my request and that all fees w	rill be in compliance
- That once	information covered by this au	thorization has been disclosed, re-dis	closure of the
informatio Federal re		and the information may no longer be	protected by the
- I have read	d and understand the contents e, use, and disclose my health	of this authorization, and I give my peinformation.	ermission to request
and receiv			
and receiv			
	Personal Representative Signa	ture Date	

Appendix T to OPS.126.0001 Social Work Manual

	DEPARTMENT OF PUBLIC SAFETY & SOCIAL WORK RELI		
Name	: SID#	D#:	-
Facilit	y: Date o	of Release	-
Hous	ing:		
1	Name of Placement (if applicable):		
	Address:		
[Phone Number:		
i (Contact Person:		
	Comments/Instructions:		
_			
Paro	e Probation:		
ſ	lame of Field Office:	_	
,	Address:		
(Contact Person (if applicable):		
	ou will need to report to this office to be assigned an		
(Comments/Instructions:	(Bate)	
_ _			
Socia	l Security Administration:		
ſ	Name of Field Office:		
,	Address:		
ļ ,	Phone Number:		
i r	Comments/Instructions: You will need to go to the soossible to further process your benefits; take your bielease paperwork, and any social security paperwork you will need to open up a bank account to have your	birth certificate, social security card, rk with you. If you qualify for SSI/SSDI	

Appendix T to OPS.126.0001 Social Work Manual

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK RELEASE PLAN	
Medical Assistance:	
Your Medicaid application has been completed by on (Name) (Date)	
Medicaid # (if applicable):	
Comments/Instructions: If address provided on the Medicaid application is different from where you will be residing, you will need to contact your local health department or Department of Social Services.	
Medical Care:	
Provider: Address: Phone Number:	
An appointment has been scheduled for you on at (Date) (Time)	
Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).	
Mental Health:	
Provider:	
Address:	
Phone Number:	
An appointment has been scheduled for you on at (Date) (Time)	
Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).	
Substance Abuse or NA/AA Resources:	
Provider:Address:	
Phone Number:	
An appointment has been scheduled for you on at (Date) (Time)	
Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).	

ork Manual

	Appendix T to OPS.126.0001 Social
	DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK RELEASE PLAN
Department of Sc	cial Services:
Address:	
Phone Number	
Comments/Inst	tructions: Go here to apply for any additional benefits such as Temporary
Cash Assistance	e (TCA), Food Stamps (SNAP), and Temporary Disability of Adult Person
, ,	r any other services you may qualify for. Take with you a list of your
medications, di	agnoses, medical card (Medicaid # if you don't have the card), and a form of ID).
Other Resources	(as applicable):
Transportation	:
Employment:	
Job Center:	
GED Program:	
MVA:	
Other:	
Documents:	
Your birth certi	ficate, social security card, and MVA ID (if you have one) will be provided to
you in your rele	ease packet at the time of release.
Important Numbe	ers:
 Marvland 211 - 	- First Call For Help
•	nd Crisis Lifeline
Social Worker:	
Name:	
Office Phone N	umber:

Signature Staff Signature Date Date

social worker assigned to assist me with release planning services. By signing, I am also acknowledging that have accepted the plan and I understand that it is my responsibility to keep the appointments

and/or follow the instructions on the plan.



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK RELEASE PLANNING FILE CHECKLIST

Use this checklist to ensure that release planning files are completed and in order. Files are to be turned in to the supervisor within 30 days of release or closure of the case.

Name:	SID#:
Date Assigned:	Date of First Interview:
Closed Date:	Date File Submitted to Supervisor:
Items Present: (Items should be in this orde	r.)
 Social Work Release Plane Progress/Contact Note Case Correspondence (Completed Application Verification of SSI/SSDI Verification of Medicai Social Work Assessment General Informed Constitution Social Work Department Department Request a 	s (including initial referral) is and Referral Forms I Application d Application
Are all OCMS notes completed?	Yes □ No
Are all electronic health records notes comp	oleted? Yes No
Date Approved by Supervisor:	Supervisors Initials:
Comments:	

Appendix V to OPS.126.0001 Social Work Manual

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES MEDICAL PAROLE RELEASE PLAN
Name: SID#:
Facility:
Medical Care:
Agency:
Address:
Phone Number:
Contact Person:
Appointment Date/Time:
Housing:
Caregiver/Support Person:
Address:
Phone Number:
Confirmed Available Yes No
Financial Support:
Type:
Application Initiated (Date):
Contact Person:
Address:
Phone Number:
Special Needs:
Type:
Plan:
Anticipated Barriers/Clinical Concerns (use separate sheet as necessary)
days will be needed to implement this plan.

Appendix V to OPS.126.0001 Social Work Manual

Appendix v to OP3.126.0001 Social Work Manu
DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES MEDICAL PAROLE RELEASE PLAN
Important Numbers:
 Maryland 211 – First Call For Help 988 – Suicide and Crisis Lifeline
Social Worker:
Name:
Date:

Appendix W to OPS.126.0001 Social Work Manual



To SSA Field Office:				
ATTN:				
	DER GENER	AL IDENTIFYING	INFORMATION	
Last Name:		First Name:		
Social Security Number (SSN):		Other Names and	SSNs Used:	
Date of Birth:		SID#		
Date of Onset:		If Prior to Age 22, provide Parents Name, DOB, and SSN:		
Place of Birth:		US Citizen		
		□ Yes		
If not a US citizen, provide INS status	(Lawful Perma	│ □ No anent Resident Alier	n Refuge, etc.)	
Date of Entry Into US: Alien Registr (If Applicable)		Types of INS Documentation: (If Applicable)		
	DISABILITY	'INFORMATION		
What are your illnesses, injuries, or c	onditions that	limit your ability to	work?	
When did your illnesses first bother y	/ou?			
When did you become unable to wor	rk because of y	your illnesses, injuri	es, or conditions?	
Did you work any time after your illn ☐ Yes ☐ No If yes, provide th	=	, or conditions first	bothered you?	

Appendix W to OPS.126.0001 Social Work Manual



Based on department o	bservations, the	incarcerated individual:			
☐ Does appear to be able to handle funds.					
☐ Does not appear to be able to handle funds.					
If the incarcerated indiv	idual "does not a	appear to be able to handle	funds," pro	vide information of person	
who might serve as a re	presentative pay	ee upon release from prisc	n.		
Name:					
Address:					
Telephone	e:				
		INCOME			
Do you currently receive	e any income?	□ Yes	□ No		
If yes, list the type, amo	-	nd date last received below			
Туре	Amount	Frequency (weekly, mon	thly, etc.)	Date Last Received	
		RESOURCES			
Do you currently have a	ny resources:	□ Yes	□ No		
If yes, list the type and v	-				
Туре	Value	Bank Accounts			
Cash:		Туре		Account Number	
		□ Checking □	Savings		
Property:		□ Checking □	Savings		
		Current Balance:			
Other (please specify):		Other (please specify):			
EXPECTED RELEASE DATE AND RESIDENCE					
Current Facility Address	:				
					
	-				
Current Mailing Address, for SSI claims purposes (if different from department facility address above):					
					
			<u></u>		

Appendix W to OPS.126.0001 Social Work Manual



Type of residence you will be released to: Provide residence information: Name: Address: Telephone: THIRD PARTY CONTACT UPON RELEASE
Name: Address: Telephone: THIRD PARTY CONTACT UPON RELEASE
Address: Telephone: THIRD PARTY CONTACT UPON RELEASE
Telephone: THIRD PARTY CONTACT UPON RELEASE
THIRD PARTY CONTACT UPON RELEASE
News
Name:
Address:
Telephone:



Name:	Title:	
Address:		
Telephone Number:		Extension:
Fax Number:		Date Completed:
	•	_
days between 9:00am and 3:00pm. SSA shoul	•	_
The incarcerated individual can be made avail days between 9:00am and 3:00pm. SSA shoul Telephone Number: Fax Number	d call this department number to	conduct the interview.

Appendix X to OPS.126.0001 Social Work Manual

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES SOCIAL WORK PRETRIAL MINI-ASSESSMENT

Name:	SID #:
Clinician:	SSN #:
Incarceration Date:	Status (Pretrial, Sentenced):
Current Charge:	Most Serious Offense:
Presenting Problem:	
Current Home Plan:	
Military Service (Y/N):	
Community Provider History:	
Age:	
Highest Level of Education:	
Mental Health History:	
Medication:	
Next Steps:	
Refer to other department (Y/N):	
Accept for Social Work Services (Y/N):	
Social Worker	Date

Appendix Y to OPS.126.0001 Social Work Manual



DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES INCARCERATED INDIVIDUAL EMERGENCY NOTIFICATION OF FAMILY MEMBER ILLNESS, INJURY, OR DEATH

Part 1: To be filled out completely by staff member taking call.	
Date: / /	Time: A.M. / P.M.
Incarcerated Individual's Name:	SID #:
Facility:	Housing Unit:
Calling Party's Name:	Relationship to Incarcerated Individual:
Address of Calling Party:	Telephone Number of Caller:
Name of Person in Emergency:	Relationship to Incarcerated Individual
Type of Emergency: ☐ Death ☐ Sickness ☐	Accident Other:
Source of Information:	
Hospital	Time:
Mortuary:	Address:
City:	Phone:
Date/Time of Funeral: /	/ A.M. / P.M.
Room Number:	Physician:
Condition of Patient:	
Chaplain Notified: / / /	A.M. / P.M.
Comments (Incarcerated Individuals Response)	
Incarcerated individual notified: Yes No	
Notification made by:	
Signature of staff member taking call:	
Sign	Print