

Reentry Planning for Offenders/SVPs with Medical Conditions or Mental Disabilities with no Home Plan

1.1 Introduction

This document is intended to be used as a resource in the event of release by the Virginia Department of Corrections (DOC) of a homeless offender with medical conditions or mental disabilities or by the Department of Behavioral Health and Developmental Services (DBHDS) of a civilly committed sexually violent predator (SVP) into the community without a home plan. Localities should develop their own protocols using these guidelines adapted to their unique circumstances.

The guidelines apply when there is adequate time to work with the DOC Community Release Unit¹ or DBHDS to ensure appropriate reentry planning. However, in the event of emergency reentry planning typically for offenders with medical conditions and/or mental disabilities or SVPs on conditional release by the court, each locality is encouraged to develop an emergency protocol when the reentry will occur with less than six months advance notice. This document can be used as a guide, and the locality is strongly encouraged to plan ahead with all agencies in its jurisdiction that could play a role in implementing emergency reentry procedures (e.g., Local Reentry Council, local government authorities, local department of social services (LDSS), local probation and parole office, community services board/behavioral health authority (CSB/BHA), etc.).

1.2 Notification of Anticipated Release

The DOC Community Release Unit or DBHDS shall notify the appropriate LDSS Director of the release of a homeless offender with a medical condition or mental disability or a DBHDS civilly committed SVP in need of community assistance no less than six months prior to the anticipated release.² DOC or DBHDS, in coordination with the DOC offender or DBHDS civilly committed SVP, has the primary responsibility for reentry planning. For DOC, this includes obtaining a birth certificate and social security card (Va. Code § 53.1-10), pre-release benefits applications (to include Supplemental Security Income (SSI), Medicaid, SNAP and TANF), a verified and accepted home plan or attempts made (e.g., family, transitional programs, or residential treatment), an individualized reentry plan with support services (e.g., medical equipment, home health care, appropriate placement, and special transportation), a current mental health status exam for an offender with mental disabilities³, referral to the Veteran's Reentry Specialist

¹ DOC reentry planning is carried out by a transitional team consisting of medical and mental health staff, counselors, clinical social workers, offender workforce development specialists, probation and parole officers, and community reentry specialists.

² The DOC Community Release Unit will notify the community as soon as practicable in the event that home plans and medical and mental health needs change when release is less than six months away.

³ Current mental status exams are conducted for offenders who are "mentally disabled" and applying for SSI.

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if applicable, obtaining a Uniform Assessment Instrument (UAI) for potential assisted living and nursing home placements, and continuity of medical, mental health and substance abuse services (including a 30-day supply of medications and medical supplies). For DBHDS, discharge planning shall be completed pursuant to Code of Virginia § 37.2-911.

1.3 Local Reentry Team

The Local Reentry Team (Team) may be convened when an offender or SVP with medical conditions and/or mental disabilities is discharged to ensure that the community plan meets the needs of the offender or SVP, supports his successful return to the community, and provides for public safety. Though a face-to-face meeting of the Team is preferable, a conference call or other method of communication is appropriate.

Representatives from the following agencies may be included on the Team:

- DOC Community Reentry Specialist
- Family member or legal representative
- Local probation and parole office
- LDSS
- Local Reentry Council
- Community Services Board(CSB)/Behavioral Health Authority(BHA)
- DSS Long-Term Care Units
- DARS Adult Protective Services and Rehabilitative Services divisions
- Treatment and transitional housing programs and shelters
- Long-term care providers and/or personal care and home health providers
- Area Agency on Aging
- DBHDS Office of Sexually Violent Predators on SVP cases

In an emergency reentry, the offender or SVP's safety and well-being and that of the public are paramount. DOC and DBHDS have the primary responsibility for reentry planning as set forth in Section 1.2. However, the involvement of the Team will vary based upon the offender or SVP's needs, local resources, requests for assistance, whether the reentry is an emergency situation, and the Team availability. The purpose of the Team is to seek to ensure every offender or SVP who is released into the community is released in the most efficient manner that addresses everyone's safety. In some reentry situations, the Team may have little involvement; in others, the Team may be needed to a greater degree.

When it is known that an offender or SVP is being released, the Team will begin work as soon as practicable. The Team will communicate as needed to assess needs and develop a supportive community plan. The Team may assist until the safe reentry of offender or SVP is complete.

1.4 Funding for reentry

LDSS may use APS funds if available to assist with the offender's reentry; however such funds are extremely limited. Utilization of APS funds would not be appropriate until the offender has been released. APS funds may only be used when the LDSS has taken an APS report on the offender, and through its investigation of the report, determined that the offender (i) needs protective services to protect the offender from ongoing abuse, neglect, or exploitation; or (ii) is at risk of abuse, neglect, or exploitation and needs services to prevent abuse, neglect, or exploitation from occurring. The CSB/BHA may also be considered as funding sources for certain reentry services.

1.5 Information to be provided at release by DOC and DBHDS

- Birth certificate/DMV identification card and social security card.
- Benefits eligibility [VA, SSI, Medicaid, SNAP, TANF application]
- Home plan/attempts
- Individualized reentry/discharge plan
- A current mental health status exam for offender with mental disabilities
- UAI for potential assisted living or nursing home level of care
- Medical, mental health and substance abuse services needs, treatment plan and medication and supplies
- Information about the individual's family or legal representative

The Team will assist in the attainment of the above to the extent that DOC and DBHDS are unable to carry out this responsibility.

1.6 Guardianship/Conservator Petitions

The Office of the Attorney General (pre-release) and LDSS's attorney (post release/discharge) may need to be notified of the reentry and the possibility of the need for guardian/conservator petitions.

1.7 Responsibilities of the DOC and DBHDS

- DOC and DBHDS shall assist the offender or SVP in the reentry planning and discharge process.
- Ensure compliance with Reentry and Discharge Planning protocols and DOC/DSS/DARS MOU.
- Six months prior to discharge,⁴ notify LDSS Director that an offender or SVP with medical conditions and/or mental disabilities may need community assistance will be released or discharged into the jurisdiction.

⁴ The DOC Community Release Unit will notify the community as soon as practicable in the event that home plans and medical and mental health needs change when release is less than six months away.

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- Sixty days prior to discharge provide the LDSS with the status of documents in Section 1.4, as well as any additional information that may be of use at time of release.
- Identify the offender or SVP's medical condition and service needs, and determine the level of services required to safely release the offender/SVP into the community.
- Explain the situation to the offender or SVP or his representative.

1.8 DSS/DARS responsibilities

DARS Adult Services/Adult Protective Services Division (APSD) and DSS Long-Term Care Units

- The APSD and L-TC unit will provide assistance with reentry planning and serve on the Team as needed.

1.9 LDSS responsibilities

LDSS (Adult Services/Adult Protective Services/Eligibility Worker/Director)

- LDSS will process applications for public assistance programs in accordance with the DSS Medicaid Policy for Incarcerated Individuals and provide the Medicaid number to DOC prior to release and verify eligibility to providers as required for community services.
- LDSS will conduct UAIs at the request of DOC for those offenders who may require screening for nursing facility level of care.
- LDSS will organize and lead a local reentry team comprised of members who are able to address the individual needs of the offender and family.

LDSS employee(s) will serve on the Team. DOC and DBHDS have the primary responsibility for reentry planning as set forth in Section 1.2. LDSS staff may need to assist offenders or SVPs to obtain any needed documentation, disability or medical benefits, and placements not obtained by DOC or DBHDS in the reentry planning process. The LDSS shall follow all case management and ASAPS documentation requirements.

Please note that these are recommended roles for LDSS agencies participating on the Team and are based on past experience with offender reentry and SVP discharge processes. Reentry efforts will vary among localities. It is suggested that localities tailor this plan according to local needs and resources.