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EFFECTIVE: March 1, 2022
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SUMMARY OF REVISION/REVIEW

PURPOSE – Language updated. PROCESS – Language updated. I. PROGRAMS – Section completely rewritten. II.A. – Language updated. II.B. – Language updated. II.C.2. – Language updated. III. – Language updated. III.A. – Language updated. III.B. – Language updated. III.C. – Language updated. III.D. – Language updated. III.E. – Language updated. IV. – Language updated. IV.A. – Language updated. IV.B. – Language updated. V. – Language updated. V.A. – Language updated. V.A.1. – Language updated. V.A.2. – Language updated. VI. – Language updated. Minor grammar changes throughout.

APPROVED:

Rob Jeffreys

[Rob Jeffreys \(Dec 20, 2024 14:35 EST\)](#)

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PURPOSE

The Nebraska Department of Correctional Services (NDCS) is dedicated to offering rehabilitative programs to support holistic wellbeing and successful reentry.

NDCS employs a comprehensive approach to identifying and prioritizing structured program opportunities including clinical treatment, cognitive behavioral interventions, academic programs, employment preparedness, family reunification and reentry readiness. (Neb. Rev. Stat. §83-182.01)

TRANSFORM Nebraska is an integrated framework which prioritizes the holistic development and well-being of incarcerated individuals, recognizing that successful reintegration into society requires addressing various factors contributing to criminal behavior by incorporating multiple dimensions of rehabilitation. Through TRANSFORM Nebraska, NDCS aims to address the complex needs of individuals within the correctional system, promoting personal growth, behavior change and ultimately increasing reintegration success.

NDCS will not discriminate based on an inmate's race, color, religion, sex, pregnancy, age, national origin, disability, marital status, or genetics in providing access to programs. (ACI-3D-04, ACI-5E-02)

This policy addresses all aspects of non-clinical programs and the aspects of clinical treatment as it relates to record keeping, classification, and reentry preparation.

PROCESS

The 5-Key Model for Reentry and Well-being Development™ is an evidence-based model that has identified five key ingredients to living a full and healthy life. The five ingredients are: positive relationships, positive social engagement, healthy thinking patterns, effective coping strategies, and meaningful work trajectories. Each program available to the NDCS population is intended to increase the presence of one or more of the keys.

Upon arrival at the first facility following the intake facility, each individual will meet with a peer facilitator to complete Role Induction and Focus Mapping. The goal of Role Induction is for individuals to receive a clear explanation of the 5-Key Model as well as to obtain buy-in and engagement for participation. After learning about the 5-Key Model each individual will complete a Focus Map, conceptualizing their understanding of the five keys and their individually perceived barriers. The Role Induction and Focus Map will be shared with the individual's unit case manager for review at their first scheduled success plan.

Prior to the completion of their first scheduled success plan individuals will be assigned the Reentry Well-being Assessment Tool (RWAT) to be completed on their tablet. The RWAT is a self-administered intervention tool intended to highlight key areas and generate discussion between the individual taking the assessment and their unit case manager. The RWAT assists both persons in identifying opportunities for meaningful engagement in programming. More about the RWAT and its application are available Policy 201.06 *Case Management Services*.

Programs within NDCS facilities may be delivered in-person, virtually, or via correspondence as approved by the facility warden and the program protocol. Programs may be facilitated by NDCS team members, community partners, or peer facilitators consistent with applicable training and necessary credentials.

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I. PROGRAMS

To ensure the highest standards of quality and efficacy, NDCS consults best practices that are derived from comprehensive research and proven methodologies to determine programmatic offerings.

Whenever possible, the use of evidence-based programming is preferred.

Individuals are eligible to participate in evidence-based programs in accordance with the criteria established in each program's specific program protocol to ensure adherence to evidence-based model and program fidelity.

One type of evidence-based programming is Cognitive Behavioral Interventions (CBI). A CBI program is grounded in the principles of cognitive behavioral therapy and helps individuals discover and change the thought processes that will lead to increased well-being. CBI programs emphasize personal accountability, help people understand the thoughts that lead to their choices, and teach alternative behaviors and thought processes.

Several programs offered to the NDCS population are evidence-based cognitive behavioral interventions. Of the number of programs available, the following section highlights several key interventions. A complete Program Register is maintained by the Rehabilitative Services Division and available for reference in a centralized location.

A. Positive Personal Development Programs

The following are primary evidence-based cognitive behavioral interventions offered by NDCS. These programs can be facilitated by NDCS team members, peers, and community partners, in accordance with the respective program protocol.

1. Express, Learn, Grow consists of three, four-week modules that can be completed individually and in any order. These modules are co-facilitated by one team member and one peer.
 - a. Unlocking Your Thinking introduces participants to various mind traps and challenges to address destructive thinking patterns that can lead to negative behaviors.
 - b. Ideas for Better Communication encourages participants to build connections with others, develop effective listening and problem-solving skills, and break down destructive relationship roadblocks.
 - c. Understanding and Reducing Angry Feelings teaches participants to identify anger triggers, differentiate between healthy and unhealthy anger, set goals, plan strategies for interrupting angry patterns, and utilize progressive muscle relaxation techniques.
2. Positive Relationships consists of two four-week modules that can be completed individually and in any order. These modules are co-facilitated by two peers.
 - a. Rewarding Relationships explores the subject of building positive relationships, setting personal boundaries, improving communication, and connecting with loved ones.

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- b. *Building Social Networks* allows individuals to complete a peer inventory, discuss surrounding themselves with friends who are positive influences, and identify strategies for handling situations related to old friends or family members who are negative influences.
3. Power from Within consists of a two-week module that allows participants to consider past success coping with anxiety, stress and feeling overwhelmed to develop strategies for improving these thoughts and feelings. This module is co-facilitated by two peers.
4. Spotting Your Positive consists of two multi-week modules that focus on individuals' daily, community and leisure activities, and can be completed individually and in any order.
 - a. *Healthy Lifestyles* increases focus and participation in positive lifestyle behaviors in addition to improving involvement in support acts. This module is seven weeks in length and facilitated by two peers.
 - b. *Reentry Reality* increases strategies to navigate disappointed thoughts and feelings, move past failures, cope with cravings and urges around unhealthy choices. This module is nine weeks in length and facilitated by one team member and one peer.
5. Now, Next, Later includes 19 workshops to help participants prepare for a successful reentry to include interview skills, resume writing, renter responsibilities, financial literacy, etc. This curriculum is provided to individuals residing at NCCW, NCYF, NSP, OCC, RTC TSCI and WEC in five two-week modules. This curriculum is provided to individuals residing at CCC-L and CCC-O as 19 individual workshops. In either format, participants can complete individually and in any order. All modules are facilitated by at least one team member or one community partner.
6. 7 Habits on the Inside is designed to help participants develop personal effectiveness, take initiative, and learn how to balance key priorities. This cognitive-behavioral program is co-facilitated by two peers.
7. Domestic Violence Intervention Programs
 - a. *Achieving Change Through Values-Based Behavior (ACTV)* is a cognitive behavioral intervention that addresses problematic thoughts that lead to the inappropriate behaviors of domestic violence and abuse. This program is co-facilitated by two team members.
 - b. *Choice, Change, Consequences* is a cognitive behavioral intervention that focuses on developing new ways of thinking and improving relationships. This program is facilitated by a community partner and only available to individuals residing in a community corrections center.

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B. Nursery and Parenting Education

Gender-specific parenting education is available at several facility locations.

1. The parenting and nursery program at the Nebraska Correctional Center for Women (NCCW) provides incarcerated mothers the opportunity to gain skills in parenting and develop personal awareness and experience in social settings along with learning about pre- and post-natal health care of infants and children.

Together with behavioral health team members, the NCCW parenting and nursery coordinators ensure that pregnant individuals have access to comprehensive counseling and assistance in keeping with their expressed desires in planning for their unborn children. (ACI-5E-10)

2. Incarcerated fathers have the opportunity to participate in a multi-phase program consisting of the following courses:

Destination...Dad™ is an evidence-based suite of programs to enhance parenting and reunification between incarcerated men and their sons. It consists of three specific programs, provided by a contractor within NDCS facilities. Individuals are encouraged to participate at all stages of incarceration. Being a parent is not a prerequisite for enrollment. In addition to the program components listed below, participants have the opportunity for interaction with their children during special visits and events, creating opportunities for engagement such as videos for the child(ren) to have at home, video chats, Father Daughter Dances, Father Son Hang Outs, and other opportunities as developed.

Destination...Dad™ InsideOut Dad® - This parenting program gives incarcerated dads the tools they need to become more involved, responsible, and committed in the lives of their children.

Destination...Dad™ Within My Reach™ - A skill-based program with tools to help participants interact in a more enriching and satisfying way with others in their lives.

Destination...Dad™ Common Sense Parenting® - Participants learn to build healthier connections with their children by using skills that help them encourage positive behavior, discourage negative behavior, and teach alternatives to problem behavior.

C. Vocational & Life Skills Grant Programs (VLS)

VLS programs are provided by organizations receiving grant funding and working in partnership with NDCS to facilitate vocational or life skills training to individuals while incarcerated, on parole, or under probation supervision and for up to 18 months after discharge.

VLS programs provide a variety of services aimed to lead to meaningful employment opportunities and to address stabilizing factors such as housing, education, mental health, substance use, and supportive relationships.

Referral to VLS programs is consistent with the design of the particular program to ensure adherence to the evidence-based model.

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D. Education

Participation in an educational program during incarceration is proven to increase an individual's success upon reentry and offer improved economic opportunities. NDCS provides educational services available to all individuals regardless of age.

Education programs are available at all NDCS facilities and includes: *Adult Basic Education (ABE)*, *Adult Secondary Education (ASE)*, *English as a Second Language (ESL)*, high school diploma, *General Education Development (GED)*, special education, employment preparation, vocational education, post-secondary education, and college correspondence courses.

All education services information including assessment, referral, progress, and outcomes will be entered and maintained in NICaMS.

See Policy 106.01 *Educational Services* for additional information.

E. Cornhusker State Industries (CSI) Programs

CSI supports all Nebraskans by helping incarcerated men and women develop marketable job skills and positive work ethic aiding their return to the community as responsible and employable citizens.

Inmates employed by CSI are eligible to participate in CSI certification programs and CSI apprenticeship programs.

See Policy 113.18 *CSI: Job Classification and Stipend Plan*, for additional information.

F. Enrichment Programs

Enrichment programs can add to an individual's sense of purpose and provide meaningful engagement opportunities for participants. These programs are structured but do not yet have empirical evidence associated with them. Individuals have the opportunity to request participation in enrichment programs in accordance with availability. Eligibility is determined by the program's established criteria. Timing of enrollment is determined by the program providers.

Enrichment programs are also made available to individuals through the ViaPath tablet system. Thousands of hours of educational content and resources are available through the Edovo and Cypherworx tablet applications.

G. Clinical Treatment

Clinical treatment programs are designed to address specific behavioral health needs and are delivered by licensed behavioral health professionals. Selection of specific treatment curriculum, process, and offerings are determined by NDCS behavioral health clinicians.

Clinical treatment recommendations are determined by licensed and trained mental health team members with assistance from the NDCS behavioral health review teams.

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All referrals to clinical treatment will be entered into the Clinical Recommendation tab in NICaMS.

Participants are generally eligible to participate in clinical treatment when they are within three years of parole eligibility date (PED), tentative release date (TRD), or scheduled parole board hearing, whichever is earliest. Prioritization for enrollment is based on multiple factors, including: acceptance or refusal of treatment recommendation; sentence structure and proximity of release; behavior, including prior recent termination from clinical treatment; and participation in other clinical treatment or mental health services.

Clinical team members will ensure that all eligible participants will have a documented acceptance or refusal entered in NICaMS within the previous 90 days from treatment begin dates.

All outcomes of clinical treatment participation will be entered into NICaMS. When participants are terminated or withdrawn from treatment, appropriate description of reason for removal will be entered in the “Agency Viewable Notes” section of NICaMS Clinical Recommendations.

For specific information related to Clinical Treatment, see Policy 115.09 *Substance Use Disorder Treatment Programming*; Policy 115.12 *Special Needs Inmate Programs*; and Policy 115.23 *Mental Health Services*.

II. NON-CLINICAL PROGRAM IMPLEMENTATION

A. Program Proposals

NDCS team members or community members/providers seeking to start any program type will submit a program proposal to the assistant deputy director-programs using a standardized *Non-Clinical Program Proposal* (Attachment A) and include specific curriculum to be used in the program.

Programs which are grant-funded will follow the process outlined in Policy 101.02 *Grants Administration*.

Programs which are contract-funded will follow the process outlined in Policy 113.07 *Service Contracts*.

The assistant deputy director-programs/designee will coordinate input from wardens, the assistant deputy director-reentry and other stakeholders as needed to identify applicability of the particular program in relation to organizational capacity and overall agency programming goals.

Within 30 days of receipt of the program proposal the assistant deputy director-programs/designee will provide the decision in a formal response.

B. Program Protocols (Attachment B)

Prior to program implementation, a program protocol will be developed by the appropriate program manager and approved by the deputy director–prison operations and the deputy director–rehabilitative services. Protocols are specific and a detailed to guide

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implementation of a program at one or more facilities. At a minimum, program protocols will include the following components and ensure consistent application of program implementation across facilities.

1. Program Overview – purpose and description of the program including details of program curriculum and expected outcomes of the program.
2. Program Management – determines specific roles of program partners, facilitators, NDCS team members, etc., including necessary credentials of program facilitators and level of training required for non-NDCS employed program facilitators (escorted/unescorted).
3. Program Materials – identifies equipment, books, connectivity, etc. needed to perform the program and how each are managed throughout the program.
4. Participant Data – outlines the process for tracking and storing program participant outcomes.
5. Communication Plan – for communicating program information, including marketing program availability to the population, and sharing data between NDCS and outside agencies, if necessary.

Program Protocols will be effective upon approval and shall be centrally available to all team members.

C. Program Completion Events

1. At the discretion of the facility warden, program completion events can be held at the completion of individual programs and/or as cumulative quarterly/bi-annual events. Each facility practice will be documented in the respective procedure to ensure consistency across all programs offered at that location.
2. Photos of the program completion event may be taken by NDCS in accordance with Policy 002.01 *Access to Public Information*. Incarcerated individuals may purchase an individual photo using a photo ticket. Group photos or photos containing community partners/team members are not available for purchase by incarcerated individuals, but may be available to family via the program provider and/or NDCS social media channels.
3. Programs may request to include food and/or drink from the facility kitchens in their recognitions.
 - a. Requests for cookies (or similar food item) from the facility kitchen must be made at least 10-days prior to the event date unless otherwise determined by the warden/designee.
 - b. Facilitators or team members will complete the *Food Request Form* (Attachment D).
 - c. Outside food or drink may be brought in for programming completion with pre-authorization from the facility warden/designee. Requests must be made at least 10 days prior to the date of the event.

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III. PROGRAM SPACE PRIORITIZATION

Facility operational schedules and infrastructure design, including programming space and availability, demand intentionality in delivering corrections-based programming. To maximize effectiveness with limited resources program allocation may require prioritization to ensure the greatest rehabilitative impact. For this reason, programs will be prioritized in the following order:

- A. Clinical Treatment
- B. Education Programs
 - 1. Education services provided by NDCS licensed, credentialed teachers,
 - 2. Post-secondary prison education programs, and
 - 3. For-credit college courses.
- C. Evidence Based Programs
 - 1. 5-Key Model programs and Intentional Peer Support,
 - 2. NDCS funded programs, and
 - 3. Vocational & Life Skills grant funded programs.
- D. CSI Programs
- E. Enrichment Programs

Programming for individuals assigned to restrictive housing occurs in specifically designated spaces and do not compete with other programs for operational space. Therefore, programming designed to assist individuals with being more successful in general population shall be prioritized independently.

For more information about restrictive housing programs refer to Policy 210.01 *Restrictive Housing*.

IV. NON-CLINICAL PROGRAM ENROLLMENT & TRACKING

NDCS will collect data on all structured programming available to the incarcerated population. This data will be recorded in NICaMS Non-Clinical Program Tracking (NCPT).

As discussed in the PROCESS section of this policy, individuals, together with their unit case manager, will communicate regarding available programming options and how these options meet the unique needs of the individual. This conversation occurs during the case plan session, discussed further in Policy 201.06 Case Management Services. As a result of these conversations, individuals will select a program or programs they wish to participate in. For tracking purposes, this selection will be entered into NCPT as an “individual request”. Program selections for each individual will be entered/updated in NCPT within seven days of the completion of each case plan.

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A. Internal Data Entry

Appropriate case management team members, program managers, or program facilitators will enter programming information into NICaMS as identified in this policy and the program protocol. Entries in NCPT will serve as the basis for generating lists that determine participant selection. Specific participant criteria for each program is detailed in the program protocol.

Each time a participant is offered the opportunity to participate in a program they may choose to be enrolled or to defer participation until a later time. This information will be captured in NCPT. Individuals who wish to defer participation to a later date will receive the opportunity for inclusion at the next enrollment.

Participant progress will be captured in the non-clinical tracking screen including the start date of the program and specific step progress as detailed in the program protocol. All program participation, completion, etc. shall be entered into NICaMS within two business days of the event.

Program outcomes will be entered in the non-clinical tracking screen.

“Successful Completion” will signify that the individual met all requirements of the program.

“Terminated” will be entered when an individual is removed from the program due to failing to meet the requirements, follow the rules of the program, or whose presence in the class poses a risk to other participants or the facilitator.

“Withdrawal” will be entered when an individual voluntarily removes themselves from the program, refuses to attend scheduled passes, or is transferred to another facility or mission specific housing prior to completion.

Individuals’ program status will be considered prior to transfer. Whenever possible, individuals currently enrolled in programming should not be transferred unless they can continue seamless participation in an operating cohort at the transfer facility.

B. External Data Entry

Community partner program providers may be approved for access to NICaMS for the sole purpose of program data entry in the non-clinical program tracking screen. All requests for NICaMS permission for non-NDCS team members requires completion of a *Consent to Access Secure Data and Agreement of Confidentiality* form (Attachment C) outlining the specific permissions granted and expectations. All *Consent to Access Secure Data and Agreement of Confidentiality* forms (Attachment C) require approval signature from the assistant deputy director–programs. All *Consent to Access Secure Data and Agreement of Confidentiality* forms (Attachment C) will be stored and maintained in a centralized location.

Consent to Access Secure Data and Agreement of Confidentiality forms (Attachment C) are applicable only to the specified individual signee and is not transferable to anyone else in the program provider organization.

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V. FIDELITY MONITORING

- A. Fidelity is the extent to which an intervention follows a program model. Maintaining program fidelity requires analysis and oversight to produce the behavior change or outcome the intervention is designed to achieve. Without ongoing quality assurance and fidelity monitoring to ensure adherence to the program model, over time, programs can become less effective.
 1. Fidelity monitoring of evidence-based programs will include a site visit, interviews with key team members, interviews with participants, group observations, and review of materials used for the program (Neb. Rev. Stat. §83-182.01(5)). Monitoring of programs will occur continuously and be completed by facilitated by NDCS team members or funded by the department to ensure quality and fidelity of program offerings. Team members responsible for fidelity monitoring will:
 - a. Coordinate with facility program coordinators to schedule observations of assigned programs. Program coordinators will monitor by ensuring scheduled observations occur with identified program facilitators.
 - b. Observe the program facilitator and collect data of the facilitator's adherence to the fidelity model for the given program and offer meaningful feedback immediately following the program observation.
 2. All data collected from program observations will be stored in a database. Overall fidelity scores for each program will be submitted to the research director on a monthly basis. Public reports on program fidelity will be presented in aggregate form. A facilitator's individual performance will not be reported publicly.

VI. PROGRAM AND PROCESS REVIEWS

The assistant deputy director-programs will submit an annual agency review to the director by February 1st identifying the needs of the incarcerated population to ensure the necessary programs and services are available. The review will include the number of individuals served, a description of the academic, vocational, library, religious, cognitive, and leisure time programs, and services available. (ACI-5E-04, CO-1A-23, ACI-1F-12)

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

- A. Neb. Rev. Stat. §83-182, §83-182.01

II. NDCS POLICIES

- A. Policy 002.01 *Access to Public Information*
- B. Policy 101.02 *Grants Administration*
- C. Policy 106.01 *Educational Services*
- D. Policy 113.07 *Service Contracts*

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- E. Policy 113.18 *CSI: Job Classification and Stipend Plan*
- F. Policy 115.09 *Substance Use Disorder Treatment Programming*
- G. Policy 115.12 *Special Needs Inmate Programs*
- H. Policy 115.23 *Mental Health Services*
- I. Policy 210.01 *Restrictive Housing*
- J. *Policy 201.06 Case Management Services*

III. ATTACHMENTS

- A. Program Proposal
- B. Program Protocol
- C. Consent to Access Secure Data and Agreement of Confidentiality
- D. Food Request Form

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-3D-04, 5-ACI-5E-04, 5-ACI-5E-01, 5-ACI-5E-05, 5-ACI-5E-06, 5-ACI-5E-08, 5-ACI-5E-10, 5-ACI-1F-12
- B. Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-5A-02, 4-ACRS-7F-05, 4-ACRS-5A-07, 4-ACRS-6D-01, 4-ACRS-6D-02, 4-ACRS-5A-11, 4-ACRS-5A-12
- C. Standards for Administration of Correctional Agencies (CO) (2nd edition): 2-CO-1A-23