
 Corrections and Community Supervision	TITLE Community Based Sex Offender Evaluation and Treatment Support		NO. 9390
			DATE 11/05/2019
DIRECTIVE		DISTRIBUTION A, B	PAGES PAGE 1 OF 3
SUPERSEDES Dir.# 9390 Dtd. 11/07/18	APPROVING AUTHORITY 		
REFERENCES (Include but are not limited to)			

- I. **PURPOSE:** To provide Community Supervision staff with a means to support sex offender evaluation and/or treatment, on a limited basis for certain eligible parolees, in order to assist in the parolee's reintegration and transition to the community and to address public safety concerns. This directive will assist staff in determining eligibility for sex offender evaluation and/or treatment assistance, processing requests for assistance, and performing related activities.
- II. **POLICY:** It is the policy of the Department of Corrections and Community Supervision (DOCCS) to make financial assistance available, on a limited basis, to assist Community Supervision staff who must manage a sex offender evaluation and/or treatment need presented by a parolee who meets certain specified criteria, in order to address public safety and supervision needs. Each Community Supervision Region will have access to funding for sex offender treatment, as determined on a regional basis, in accord with case needs, local rates, and service availability.

Sex offender evaluation and/or treatment assistance may only be used for cases that are determined by the Parole Officer to be indigent, where DOCCS would be the payee of last resort, and where sex offender evaluation and/or treatment is a condition of supervision. DOCCS will make a maximum total of \$1,000.00 available per eligible parolee for evaluation and/or treatment sessions. In any instance where extended assistance is required, a case review must occur, and, if approved, a request for renewal submitted.

Regional Reentry Operations staff is responsible to assist field staff with the identification of appropriate sex offender evaluation and treatment services and assist with case referrals to sex offender treatment services. Re-entry Operations staff is responsible to track and report on regional use of sex offender evaluation and/or treatment assistance funds, as well as the completion of and timely submission of sex offender evaluation and/or treatment vouchers to the DOCCS Division of Budget and Finance.

III. **PROCEDURE**

A. Case Eligibility, Request and Approval

1. Bureau Chief (BC), Senior Parole Officer (SPO), Parole Officer (PO), and Reentry Operations Responsibility
 - a. During the course of a community preparation investigation, or upon the initial arrival of a parolee newly released to community supervision, or where the lack of sex offender evaluation and/or treatment services becomes an issue during the course of supervision, the PO will identify the need for referral of the case for sex offender evaluation and/or treatment assistance. The PO must confirm that the parolee is indigent, that DOCCS would be the payee of last resort, and sex offender evaluation and/or treatment is a condition of supervision.

The PO will review the case with regional Reentry Operations staff. Where the PO and Re-entry Operations staff agree that DOCCS assistance is required in order to secure sex offender evaluation and/or treatment services, the case should be brought to the attention of the SPO for further review. The PO will ensure a chronological entry is made in the Case Management System (CMS) to detail the case review with Reentry Operations staff.

- b. The PO will conference the case with the SPO and will make a chronological entry in CMS regarding the case conference and rationale for the sex offender evaluation and/or treatment request. If the case is recommended for DOCCS assistance and it is determined that the case meets eligibility criteria, the SPO will request the BC to approve and submit a request for sex offender evaluation and/or treatment assistance funds to regional Reentry Operations staff.
- c. Where a case is approved for sex offender evaluation and/or treatment assistance, the BC will forward [Form #CS9390A](#) "Request for Payment for Sex Offender Evaluation and/or Treatment" to regional Reentry Operations staff. Where this form is submitted via email, a form with original signatures must be completed and forwarded to Reentry Operations by the BC within one business day.
- d. The assigned SPO, PO, and regional Reentry Operations staff will collaborate to identify, secure, and vet a resource willing to provide sex offender evaluation and/or treatment services at a fair rate.

B. After Approval

1. Request for Sex Offender Evaluation and/or Treatment Payment, Case Tracking and Recertification of Need
 - a. Reentry Operations staff will make a chronological entry in CMS and keep a record of any written requests received from a BC for sex offender evaluation and/or treatment funds. Reentry Operations staff will submit requests to the Regional Director (RD) or designee for approval, advise the BC/SPO/PO of the decision, and will keep a log of all approved sex offender evaluation and/or treatment cases, timelines, and costs on [Form #CS9390B](#), "Monthly Sex Offender Evaluation/Treatment Tracking Form," and report regional usage of funds on a quarterly basis to the BC, RD, and the Division of Budget and Finance.
 - b. The SPO and PO will ensure that any case approved for sex offender evaluation and/or treatment assistance is tracked and that updates are reported to the BC.
 - c. The BC will develop and maintain controls to monitor sex offender evaluation and/or treatment services in accord with available funds.
2. Voucher Processing/Vendor Reimbursement
 - a. All vouchers for sex offender evaluation and/or treatment assistance payment are to be reviewed by the regional Reentry Operations staff to verify the accuracy of the charges submitted for payment by the treatment provider. Vouchers will be submitted to the Division of Budget and Finance by the regional Re-entry Operations after RD or designee approval has been received.

- b. Approved vouchers will be forwarded to the Division of Budget and Finance. Vouchers must be **original** and have [Form #CS9390A](#) for each case attached. Vouchers must be legible and must include the NYS vendor ID (this number must match the name used by the vendor in the submission). The vendor must complete the dates and services provided and sign with their name and title/position.
 - c. Reentry Operations staff must sign approved vouchers in the "Merchandise Received" box on the voucher with first initial, last name, and title. Vendors should be advised by Reentry Operations staff that DOCCS has 30 days to pay the vendor once the original voucher and attachments are received by the Division of Budget and Finance, provided there are no issues with the submission.
 - d. Any case identified as requiring a sex offender evaluation and/or treatment assistance extension will be resubmitted by the SPO to the BC for case review. If approved, a request for renewal must be submitted to Reentry Operations by the BC, and CMS updated accordingly. Reentry Operations staff will submit the request to the RD or designee for approval, advise the BC/SPO/PO of the decision, and track any approved case.
3. Regional Responsibilities
- a. The RD will be informed of the total amount of funding allocated to their region. The RD will be responsible for all disbursements made.
 - b. The RD and Reentry Operations staff is responsible to ensure that all staff requesting to access sex offender evaluation and/or treatment assistance correctly applies the criteria specified above.

NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REQUEST FOR PAYMENT FOR SEX OFFENDER EVALUATION AND/OR TREATMENT

To: _____, Re-entry Operations, _____ Region
From: _____, Bureau Chief, _____ Bureau
RE: _____, (Case Name) _____ NYSID #
Date: _____

The above referenced parolee is indigent and has a condition of supervision for sex offender evaluation and/or treatment. Public safety would be jeopardized by the lack of sex offender evaluation and/or treatment services.

This request is a (check one):

First request: ☐

Extension request: ☐

Funds are requested for sex offender evaluation and/or treatment as follows:

Provider Name and Address: _____

Dates of Service: From: _____ To: _____

Total Costs: _____

Additional Information: _____

Bureau Chief Signature: _____ **Date:** _____

FOR REGIONAL OFFICE USE ONLY:

Regional Director/Designee Action: ☐ Approved ☐ Not approved

Regional Director/Designee Signature: _____ **Date:** _____

cc: case file

New York State Department of Corrections and Community Supervision
Monthly Sex Offender Evaluation/Treatment Tracking Form

Region _____

Month/Year _____

[illegible]