

 <p>Massachusetts Department Of Correction POLICY</p>	Effective Date	Responsible Division Deputy Commissioner, Clinical Services and Reentry
	7/30/2021	
	Annual Review Date	
	7/30/2021	
Policy Name	M.G.L. Reference: M.G.L. c. 124, § 1 (e); M.G.L. c. 111, § 71.	
103 DOC 493 REENTRY POLICY	DOC Policy Reference: 103 DOC 153; 103 DOC 404; 103 DOC 407; 103 DOC 447; 103 DOC 630	
	ACA/PREA Standards: 4-ACRS-5A-02; 4-ACRS-5A-11; 4-ACRS-5A-12; 4-ACRS-5A-13; 4-ACRS-5A-20; 5-ACI-4B-29; 5-ACI-5F-01; 5-ACI-5F-05; 5-ACI-6A-34; 5-ACI-7B-13	
Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: All Department employees, contract service providers, volunteers, and all inmates serving a criminal sentence of at least twelve (12) months duration and releasing to the community from a Department institution.
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department's Central Policy File Each Institution's Policy File	
<p>PURPOSE: The Department of Correction (Department) strives to provide assessment driven, evidence based programming, discharge planning services, and release preparation to inmates prior to their release from incarceration. These services are designed to facilitate and promote an inmate's successful reintegration into the community.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner of Clinical Services and Reentry Superintendents Deputy Superintendents Director of Reentry Services Division</p> <p>CANCELLATION: 103 DOC 493 cancels all previous Departmental and institutional policy statements, bulletins, directives, orders, notices, rules and regulations regarding reentry and release preparation, which are not consistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 493 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

TABLE OF CONTENTS

493.01	Definitions	3
493.02	Philosophy & Reentry Mission Statement	6
493.03	Institutional Reentry Committee	7
493.04	Reentry Orientation	9
493.05	Housing and Homelessness	9
493.06	Reentry Case Management	10
493.07	Medical, Mental Health and Substance Use Treatment	11
493.08	Superior Court Probation Partnerships	12
493.09	Referral to Regional Reentry Center (RRC)	13
493.10	Employment	13
493.11	Final Release Plan	14
493.12	Performance Measures	14
493.13	Emergencies	14

493.01 DEFINITIONS

At Risk for Experiencing Homelessness: Any inmate who reports that he/she/they is homeless at admission, or reports a lack of support/resources for housing upon release, or refuses to provide a release address during the discharge planning process.

Certified Application Counselor (CAC): An individual (affiliated with a designated organization) who is trained and able to help consumers, small businesses and their employees as they look for health care coverage options through the marketplace, including helping them complete eligibility and enrollment forms.

Case Management: A multidisciplinary team approach which performs reentry focused duties facilitating and promoting successful reentry into the community.

Certificate of Discharge/Certificate of Release (COD/COR): The releasing document for an inmate's final release/discharge.

Correction Program Officer (CPO): The staff person at a correctional institution who, when assigned classification duties, collects information obtained through inmate interviews and available casework records, and prepares a summary of this information for classification, program compliance and reentry preparation.

Forensic Transition Team: A regionally based Department of Mental Health (DMH) clinical team which identifies inmates eligible for DMH aftercare services. This team meets with the inmate three months prior to release and following him/her/them three months post release to oversee the transition and to facilitate continuity of care.

Health Services Administrator (HSA): The individual designated by the contractual medical provider, or, if there is no contractual medical provider, by the Department, to oversee and manage one or more institutional Health Services units and associated treatment areas.

Inmate Experiencing Homelessness: An inmate who has self-reported that he/she/they does not have a housing plan prior to release.

Identification Documents: Documents which reflect an individual's identity, including but not limited to, the following: Birth Certificate, Driver's License, State ID, Social Security Card, Passport, Veterans DD-214 form, Alien Registration Card (Green Card), Marriage Certificate, Health Insurance Card, Military ID, High School Diploma, GED or Hiset, and educational transcripts, trade licenses, and Release Portfolio.

Individual Reentry Plan (IRP): A report consisting of the inmate's name, commitment number, institution, PCF number, age, US military service and eligibility (if applicable), housing information including final release address, SSI/SSDI benefit information (if applicable), medical and mental health information including appointments (when applicable), MassHealth information (if applicable), Regional Reentry Center locations and contact information,

employment status and information, JobQuest profile ID and password (if applicable), and One-Stop Career Center contact information.

Inmate Management System (IMS): The Department's automated information system that provides processing, storage and retrieval of inmate-related information needed by Department personnel and other authorized users within the criminal justice system.

Institution Reentry Committee (IRC): The inter-agency, multi-disciplinary, facility based committee established within each institution, chaired by the Reentry Liaison, which meets regularly to develop an IRP for every inmate prior to release to the community.

Institutional Parole Officer (IPO): A Parole Board staff member who works within a Department institution to compile information and conduct pre-parole interviews and investigations on inmates with parole eligibility for presentation at Parole Board hearings.

MassHealth: The state medical and mental health care insurance program available to inmates upon release.

MassHire Career Center: Career centers across Massachusetts form the foundation of the state's delivery system for employment and training services for job seekers, employers and their workers. Some of the free services offered at the career centers may include, but are not limited to: access to skills training, career counseling, coaching on job search skills, workshops on a variety of job search strategies, networking groups, job fairs, unemployment insurance walk in services, access to computers and the internet, and assistance with resume building.

Medicaid Management Information System (MMIS): An electronic system available to providers participating in MassHealth that provides the most current MassHealth information, including, but not limited to, eligibility status, coverage type and additional benefit information.

Medical Parole: Release on parole pursuant to G.L. c. 127, §119A due to a terminal illness and/or permanent incapacitation, as determined by a licensed physician that is so debilitating that the inmate does not pose a public safety risk. The Parole Board shall impose terms and conditions for medical parole that shall apply through the date upon which the inmate's sentence would have expired.

Medical/Mental Health Discharge Planner: A contracted staff member responsible for the scheduling of a releasing inmate's appointments with community providers, including care for chronic illnesses, prenatal services, mental health and substance use services, and care for victims of sexually abusive behavior.

Office of Community Corrections (OCC): An organizational Department within the Office of the Commissioner of Probation (MA Probation Service), that supports safe communities by delivering community-based rehabilitative interventions such as cognitive behavioral therapy, Education, Career Services and community service opportunities through a network of CCCs and the CSP.

Parole/Parole Reserve: The procedure for the release of an inmate prior to the expiration of sentence, permitting him/her to serve the remainder of his/her/their sentence in the community under supervision and in compliance with specified conditions. The term “Reserve” in a Parole Board vote means that a certificate of release will be issued on or any time after the date indicated in the vote provided that certain conditions are satisfied.

Probation: Probation is a court-ordered sanction placed on a person convicted of a crime. The individual is allowed to remain in the community under the strict supervision of a probation officer.

Reentry Liaison: This is a core function title assigned to the Director of Treatment at each facility who is responsible for chairing the Institutional Reentry Committee (IRC) and has oversight of the reentry planning process.

Reentry Portfolio: A portfolio generated for inmates to store reentry documents to include but not be limited to: identification documents, reentry resources, community and institutional documentation/records.

Reentry Presentations: Informational sessions provided for releasing inmates designed to promote linkages with community based service providers and other agencies prior to release.

Reentry Specialist (RS): A trained and certified correctional staff person assigned to assist releasing inmates with securing suitable housing, who serves as a liaison to community stakeholders with reentry initiatives.

Reentry Specialist Program: This program utilizes a combination of technology, partnerships with the community, and a network of highly trained and motivated staff, to secure suitable housing and resources for releasing inmates and to streamline communication regarding housing and resources through a single point of contact within the institution.

Refuse to Disclose: Any inmate who is unwilling to provide a final release address during the discharge planning process.

Regional Reentry Centers (RRC): A post-release resource center operated by the Parole Board which assists with the transition from prison to the community.

Release to Supervision (RTS): Release to parole supervision without the need for a parole hearing, based upon completion credits earned through programming and education.

Supplemental Security Income (SSI): Benefits paid to individuals with a disability, 65 years of age or older, based on financial need.

Social Security Disability Insurance (SSDI): Benefits paid to a recipient who is an individual with a disability or 65 years of age or older, or his/her/their family member(s), if the recipient is considered insured, meaning the recipient worked long enough to pay into Social Security Taxes.

PHILOSOPHY & REENTRY MISSION STATEMENT

- A. The mission of the Reentry Services Division (RSD) is to monitor, support and direct a comprehensive, seamless reentry approach for inmates designed to promote public safety and result in a reduction of recidivism. Through collaboration with federal, county, state, community and faith-based agencies, the RSD will ensure continuity of care in areas including, but not limited to, housing, employment, medical and mental health care, substance use treatment, vocation and education.
- B. The reentry continuum is a sequence of events, beginning with an inmate's commitment to the Department, and continues until he /she/they is successfully discharged from supervision into the community.

The Superintendents of MCI Framingham and MCI-Cedar Junction (MCI-CJ) shall develop specialized procedures to ensure appropriate IRPs are developed for inmates who are serving a sentence of less than ninety (90) days upon commitment or return on parole violation, probation violation or escape.

- C. In addition to case management, assessments and motivation, all Department staff members contribute to the reentry process by collecting and documenting information in the IMS. This continuum includes, but is not limited to:
 - 1. Booking and admission activities;
 - 2. Conducting substance use, risk/needs, and educational/vocational assessments;
 - 3. Providing medical/mental health screenings;
 - 4. Developing Personalized Program Plans;
 - 5. Rendering classification decisions;
 - 6. Encouraging inmate program participation;
 - 7. Tracking program participation;
 - 8. Collaborating with other staff members during Institutional Reentry Committee meetings;
 - 9. Facilitating community stakeholder exchanges with inmates scheduled to release in upcoming months;
 - 10. Developing Individual Reentry Plans (IRP);

11. Compiling Reentry Portfolio documentation;
12. Making law enforcement / victim/ sex offender notifications;
13. Processing the final release of inmates into the community.

493.03

INSTITUTIONAL REENTRY COMMITTEE

- A. Each inmate is provided opportunities to work with his/her/their assigned CPO and other correctional staff members to identify, provide input, and address his/her/their reentry needs during the reentry preparation period of his/her/their incarceration, which in turn, facilitates the development of his/her/their IRP.
- B. Each institution shall convene on a regular basis a meeting to review the IRP for every inmate who is within twelve (12) months of an anticipated COD/COR release date and/or Parole Reserve Date.
- C. During IRC meetings institutions should be reviewing any inmates who are six (6) months to release for suitability of reclassification to lower security. The Institutional Directors of Classification shall have the defined responsibility to pro-actively running release lists and review inmates (outside of their scheduled review dates) for suitability for reclassification to lower security for the purposes of reentry.
- D. The IRC meeting shall be chaired by the Reentry Liaison. The Reentry Liaison shall, at a minimum:
 1. Ensure staff are appropriately informed of all aspects of the inmate's reentry, and shall ensure that the Reentry Liaison's institution has a certified Reentry Specialist (RS);
 2. Schedule and chair the IRC meetings and ensure that assigned staff members are in attendance and appropriate external stakeholders invited;
 - (i) Assigned Staff Members: Assigned CPO or RS, medical staff mental health staff (MH director or designee), Director of Classification, Records Manager, Forensic Transition Team/DMH, Forensic Transitional Team/DMH Reentry Liaison, and Director of Treatment (DOT);
 - (ii) Additional Members: Forensic Transition Team / DMH, IPO, Liaison from RSD, Deputy Superintendent of Reentry, Superintendent;
 3. Ensure the list of releasing inmates has been distributed to IRC members at least five (5) business days prior to the meeting;

4. Ensure that the IMS Reentry screens are updated, and a progression of comprehensive case management notes is completed;
5. Document IRC meeting attendance in the Institutional Reentry Committee Application, located under “Documents” on the Intranet.
6. Additionally, the Institutional Directors of Classification shall run release lists to include all inmates six (6) months to release and review these inmates (outside of their scheduled review dates) for suitability for reclassification to lower security. The Department’s Director of Classification shall distribute this list as stated in 103 DOC 493.03 and be prepared to discuss these inmates during the IRC for a coordinated approach of reclassification to lower security.

E. The assigned CPO or Reentry Specialist shall, at a minimum:

1. Review reentry related information, including, but not limited to, IMS assessments and the six-part folder, to assist in the development of the inmate’s IRP.
2. Meet with the inmate twelve (12) months prior to the anticipated COD/COR release date or the Parole Reserve date:
 - a. Areas to review and document include, but are not limited to, case management, general incarceration information, available benefits and required documents, housing options, transportation options, substance use/ medical / mental health needs, and employment preparation.
3. Schedule mandatory meetings for inmates whose IRP has been approved by the Reentry Liaison or designee at the institutional release committee meeting “triage” at a minimum of six (6) months, three (3) months, two (2) months, and one (1) month intervals. Additional meetings shall be scheduled, as needed, per the specific needs of the inmate (e.g., to review the Social Security Card replacement process). The assigned CPO shall document each meeting or the inmate’s failure to appear.
4. Present information about the reentry needs of each inmate to the IRC committee members.
5. Ensure that IRC committee members contribute to the resolution of IRPs as subject matter experts.

493.04

REENTRY ORIENTATION

- A. The Reentry Liaison at each institution shall ensure that a bi-annual Reentry Orientation is conducted for inmates who are within a year of their anticipated COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date.
- B. These presentations shall include but are not limited to the following topics:
 - 1. Reentry Specialist Overview;
 - 2. MassHealth;
 - 3. Employment / MassHire;
 - 4. Parole's Regional Reentry Centers;
 - 5. Office of Community Corrections
 - 6. Veterans' Services;
 - 7. Linkages to Community Based Resources;
 - 8. Contact with Key Community Stakeholders;
 - 9. Parole and or Probation information.

493.05

HOUSING AND HOMELESSNESS

- A. Twelve (12) months prior to the inmate's anticipated COD/COR release date and/or parole reserve date, the assigned CPO shall assess the inmate's reentry needs and strengths to assist and direct the inmate in his/her/their search for appropriate housing placement options. A summary of this initial meeting shall be documented in the IMS Reentry Case Management Notes screen.
- B. Inmates who do not have a defined housing plan shall be considered At Risk for Experiencing Homelessness, and shall be referred to the institution's Reentry Specialist.
- C. Inmates who refuse to disclose a final release address will be referred to the institution's Reentry Specialist and Reentry Liaison for review.
- D. The Reentry Specialist will schedule, at a minimum, monthly appointments to provide opportunities to review housing options.
- E. Housing status shall be reported at the IRC as stated in 103 DOC 493.04.
- F. No sex offender classified as a level 3 offender shall knowingly and willingly establish living conditions within, move to, or transfer to any convalescent or nursing home, infirmary maintained in a town, rest home, charitable home for the aged or intermediate care facility for the mentally retarded which meets the requirements of the DPH under M.G.L. c. 111, § 71. Any sex offender who violates this paragraph shall, for a first conviction, be punished by imprisonment

for not more than thirty (30) days in jail or house of correction; for a second conviction, be punished by imprisonment for not more than two and one half (2 ½) years in jail or house of correction nor more than five (5) years in a state prison or by a fine of not more than \$1,000, or by both such fine and imprisonment; and for a third and subsequent conviction, be punished by imprisonment in a state prison for not less than five (5) years; provided, however, that the sentence imposed for such third or subsequent conviction shall not be reduced to less than five (5) years, nor suspended, nor shall any person sentenced herein be eligible for probation, parole, work release or furlough, or receive any deduction from his sentence for good conduct until he shall have served five (5) years. Prosecutions commenced hereunder shall neither be continued without a finding nor placed on file.

- G. The assigned CPO will document the inmate's refusal to disclose a final release address in the Housing tab of the IMS Reentry Screens.

493.06 REENTRY CASE MANAGEMENT

- A. At all subsequent reentry preparation meetings with the inmate, there shall be a review of the inmate's release strengths, needs and challenges, utilizing Attachment A, Release Action Plan. The review shall include, but not be limited to, a discussion regarding the following areas: US military services and eligibility (if applicable), housing information, including experiencing homelessness status and final release address, SSI/SSDI benefit information (if applicable), medical and mental health information, including appointments (if applicable), substance use treatment planning, MassHealth information (if applicable), Regional Reentry Center locations and contact information, employment status and information, MassHire Career Center contact information, identification documents, and community resources and supports. All communication with community providers and stakeholders shall be coordinated through the institution's certified Reentry Specialist.
- B. The assigned CPO shall make every effort to verify the home address, phone number, and the name of the person(s) with whom the inmate will be residing. The CPO may confirm information in accordance with 103 DOC 153, *CORI Regulations*. All outreach attempts and contacts shall be documented in the Reentry Case Management Notes screen of IMS.
- C. If the assigned CPO is unable to confirm the housing plan, other suitable housing options shall be explored, confirmed and documented.
- D. The assigned CPO shall initiate the obtainment of identity documents including, but not limited to: birth certificate, Social Security Card, state issued identification card, driver's license, DD214 (when applicable).
 - 1. Documentation of such facilitation shall be entered in the Reentry Community Documents (RCD) tab of the IMS Reentry Screens.

- E. Six (6) months prior to an inmate's anticipated COD/COR release date, including all presumptive earned good time, and/or parole reserve date, the assigned CPO shall initiate linkages with community support services based on the community stakeholder requirements.
 - 1. Documentation of such linkage shall be entered in the RCD tab of the IMS Reentry Screens.
- F. If any victim issues or concerns are identified, the Victim Services Unit (VSU) shall be notified by the institution at least fourteen (14) days prior to the inmate's anticipated COD/COR release date, including all presumptive earned good time, and/or parole reserve date. The VSU shall contact all certified individuals regarding the inmate's return to the community in accordance with 103 DOC 407, *Certification and Notification Policy*. If issues are identified, the Reentry Liaison shall be notified by the VSU.
- G. In accordance with 103 DOC 447, *Sex Offender Identification*, in order to facilitate the sex offender registry, the Reentry Liaison will notify the institutional Records Manager of a self-reported release address eight (8) days prior to an inmate's anticipated COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date.

493.07 **MEDICAL, MENTAL HEALTH AND SUBSTANCE USE TREATMENT**

- A. Six (6) months prior to the inmate's anticipated COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date, the medical/mental health discharge planner shall document whether the inmate has substance use treatment, medical or mental health needs in the MassHealth/Medical tab of the IMS Reentry screens.
- B. Once the housing plan has been identified, the medical/mental health discharge planner shall schedule appointments with Community Providers and document the appointments in the MassHealth/Medical tab of the IMS Reentry screens.
- C. Thirty (30) days prior to an inmate's anticipated COD/COR release date including all presumptive earned good time, and/or parole reserve date, the Certified Application Counselor (CAC) shall access the Medicaid Management Information System (MMIS) to determine whether a Mass Health application had been submitted by the medical provider and determine if the inmate is carrying in-patient health care coverage.
 - 1. If in-patient coverage is in place, the assigned CAC shall determine if the application submitted is within one (1) year of the inmate's anticipated COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date.

- (i) For these cases a “Health Coverage Fax Cover Sheet for Incarcerated Individuals” shall be completed by selecting “Individual is being released within the next thirty (30) days and is transitioning out of the MH inpatient coverage” and fax to the MassHealth processing unit as directed on the “Health Coverage Fax Cover Sheet for Incarcerated Individuals”.
2. Based on the MMIS check of no inpatient status and if eligible for MassHealth will require a full MassHealth application. The application should be completed and faxed to the MassHealth processing unit, selecting “Individual is being released within the next 30 days” as directed on the “Health Coverage Fax Cover Sheet for Incarcerated Individuals.”
- D. Upon completion of the “Health Coverage Fax Cover Sheet for Incarcerated Individuals” and/or a MassHealth application, documentation for same shall be recorded in the MassHealth/Medical tab of the IMS Reentry screens.
- E. Within five (5) business days prior to the inmate’s approved COD/COR release date, including all presumptive earned good time, and/or parole reserve date, the Reentry Liaison shall conduct a final MMIS check on each inmate to determine whether the MassHealth application is approved, and document this status and the Member ID/MassHealth Card number in the MassHealth/Medical tab of the IMS Reentry screens.
- F. The Medical/Mental Health Discharge Planner shall identify inmates with medical and/or mental health illnesses who may qualify for disability and complete the MassHealth Disability Supplement Application.
 1. Documentation of this shall be recorded in the MassHealth/Medical tab of the IMS Reentry screens.
- G. Inmates shall receive Medical/Mental Health reentry planning in accordance with 103 DOC 630, *Medical Services*.
- H. For inmates who self-disclose eligibility for SSI/SSDI, the assigned CPO shall complete a corresponding application(s).

493.08

SUPERIOR COURT PROBATION PARTNERSHIPS

- A. Notifications to Probation: The RSD shall distribute the Community Round Table Report to Chief Probation Officers on or after the 15th day of each month. This report will capture the next six (6) months of releases by Superior Courts.
- B. Global Positioning System (GPS) Installations for releasing inmates with GPS as a condition of probation are performed through a partnership between the Board of Probation (BOP) and Reentry Services on the day of release.

- C. Transfer of probation prior to release:
 - 1. For those inmates with proven connections to a county other than the assigned probation office, and the release address has been verified in accordance with 103 DOC 493.06(B), the check “final release address” check box will notify Superior Court Probation to automatically transfer the reporting conditions to the Superior Court located in the county of the inmate’s final release address.
 - 2. For those inmates with proven connections to a state other than the assigned probation office, the Reentry Liaison or designee shall request an interstate transfer of probation no earlier than 120 days prior to an inmate’s anticipated COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date.

493.09 **REFERRAL TO REGIONAL REENTRY CENTER (RRC)**

- A. Inmates with no condition of post release supervision (Parole and/or Probation) are eligible for Parole’s RRCs.
 - 1. For any eligible inmate, the assigned CPO shall discuss transportation to and services provided by the RRC.
 - 2. All outcomes shall be documented in the RRC/Release Plan Information tab of the IMS Reentry screens.
- B. The Department shall coordinate the transportation of state inmates with no condition of post release supervision (Parole and/or Probation) to Parole’s RRC in accordance with 103 DOC 530, *Inmate Transportation* and 103 DOC 404, *Inmate Release Policy*.

493.10 **EMPLOYMENT**

- A. Within 120 days prior to a transfer to a pre-release institution, or to a confirmed COD/COR release date, including all presumptive earned good time, and/or Parole Reserve Date, inmates who have previously been issued a Social Security Card, shall be eligible to apply for a replacement Social Security Card.
- B. No later than thirty (30) days prior to the inmate’s anticipated COD/COR release date, including all presumptive earned good time, and/or parole reserve date, the assigned CPO shall document the inmate’s employment plan and MassHire Career Center region in the Employment Readiness tab in the IMS Reentry screen.

493.11 **FINAL RELEASE PLAN**

Upon completion of the inmate's IRP and/or no later than two (2) days prior to the inmate's COD/COR release date and/or parole reserve date, the assigned CPO shall provide a copy of the inmate's IRP report for the inmate to sign and the CPO to verify receipt by documenting in the IMS case management notes.

493.12 **PERFORMANCE MEASURES**

- A. The Reentry Services Division, in conjunction with the Executive Director of Strategic Planning and Research, tracks Performance Measures from releasing facilities to assess and improve implementation, efficiency, and effectiveness of release planning strategies.

- B. To ensure the accuracy of the performance measures, the Reentry Liaison shall conduct a final review of the IMS Reentry screens, in accordance with 103 DOC 493.11.

- C. The Reentry Services Division or designee shall forward performance measurement documentation to the Commissioner, Deputy Commissioner of Clinical Services and Reentry, and the Superintendents, by the end of every month.

493.13 **EMERGENCIES**

Whenever in the opinion of the Commissioner or the Deputy Commissioner of Clinical Services and Reentry, an emergency exists which requires suspension of all or part of 103 DOC 493, he/she may order such suspension, provided that any such suspension ordered by the Deputy Commissioner of Clinical Services and Reentry lasting beyond forty-eight (48) hours is authorized by the Commissioner.

In the event of a department wide loss of computer infrastructure; a contingency plan for Continuity of Operations Plan (COOP) is located in the Deputy Commissioner of Clinical Services and Reentry's Office.