Instructions for Revised CRTF Case-Specific Report

Contracts with DCJS require that CRTFs submit case-specific information on individuals participating each quarter, using the DCJS electronic CRTF Case-Specific Report form.

The CRTF Case-Specific Report should include intake and discharge information on Track I CRTF and CBI participants.

This Case-Specific Report and these instructions replace all previous versions. Active cases as of July 1, 2015 should be reported on this revised CRTF Case-Specific Report form, in addition to all new intakes. Columns B - M must be completed for all CRTF cases, including active cases that were previously reported on the prior CRTF Case-Specific Report.

I.   Submitting Data

Reports should be submitted no later than the 30th day of the month following the end of a reporting period. For instance, admissions and discharges between July and September would be due on October 30th. The report should include all active participants on July 1, 2015, and all new intakes beginning July 1, 2015.

Agencies should send the entire spreadsheet each quarter, updating status and CBI information for participants, and adding Admission Information for all new participants admitted during the quarter. Files should be named as: **CRTF_mmm yy_program name**, where 'mmm yy' is the last month and year of the quarter being reported (eg, 'CRTF_Sept 15_Albany CRTF.xls').

To ensure the security of confidential data, case-specific reports should be emailed to dcjs.sm.crtfmonthlyreports@dcjs.ny.gov. The file must be password protected. Please send the password in a separate email to the above address.

II.   Admission Information (*to be completed for CRTF participants and direct referrals to CBI programs*)

Column A: CRTF Days in Program – Auto-calculates from the Intake Date

Column B: Agency/Program Name – Select the appropriate agency from the drop down list. Note – Agency/Program Name will auto populate based on your first entry in Column B.

Column C: Program Track – Select the appropriate program track from the drop down list. Program track should be updated if participants are referred to a CBI program after CRTF intake.

- CRTF Only – Includes Track I intakes to the CRTF.
- CRTF with CBI – Includes Track I intakes to CRTF, who are also participating in an approved CBI program.
- CBI Only – Includes individuals who meet the Track I moderate to high-risk eligibility criteria who require CBI or employment readiness assistance only and are not admitted to the CRTF.

Column D: <u>NYSID</u> – NYSID must be nine characters long, including eight numbers and one letter at the end. If the NYSID is less than nine characters, add zeroes to the left until you reach nine characters. For example, the NYSID 357649J should be entered as 00357649J. If the combination of numbers and letter are not valid, you will get an error message.

Column E: <u>DIN</u> – DIN is the DOCCS Identifier Number and is unique to an offender's prison admission. Please enter the DIN as a seven-character string. The DIN can be obtained from either the DOCCS *Inmate Population Information Search* tool at http://nysdoccslookup.doccs.ny.gov or the Parolee Lookup feature at https://www.parole.ny.gov/lookup.html.

Column F: <u>DOB</u> – Enter the participant's date of birth. The date of birth must be greater than Jan 1, 1900 and less than the current date. Date of birth should be entered in the mm/dd/yyyy format, for example 10/11/1980.

Column G: <u>First Name</u> – Enter the participant's first name.

Column H: <u>Last Name</u> – Enter the participant's last name.

Column I: <u>Sex</u> – Select the sex from the drop-down list**.**

Column J: <u>Actual DOCCS Release Date</u> – This is the date when the inmate was physically released from DOCCS institutional custody. The release date can be obtained from either the DOCCS *Inmate Population Information Search* tool at http://nysdoccslookup.doccs.ny.gov or the Parolee Lookup feature at https://www.parole.ny.gov/lookup.html.

Column K: <u>DOCCS Supervision Level</u> – Enter the participant's Supervision Level assigned by DOCCS upon release from prison. If no assessment was performed, please leave blank.

- DOCCS Supervision Level 1
- DOCCS Supervision Level 2
- DOCCS Supervision Level 3
- DOCCS Supervision Level 4 – Special Populations Only

Column L: <u>Special Population Type</u> – Some Level 4 participants may have special needs that jeopardize successful reentry, making them eligible for Track I participant status. Participants with a DOCCS Supervision Level 4 only qualify if there is a special population type. Some participants may have a high DOCCS Supervision Level (1-3), but also have a special need. Enter the participant's Special Population Type for all clients who have any of the special needs listed below. If no such characteristic exists, select the final option, "Not applicable."
- Female (women with high service needs)
- Maximum Expiration (Individuals who have been released from state prison who are not under Parole Supervision)
- Sex Offender
- Juvenile (Adolescents and juvenile offenders on parole or recently released from an Office of Children and Family Services (OCFS) residential facility)
- Severe Medical Needs/Impairments
- Persons with Mental Illness
- Not Applicable

Column M: CRTF Program Intake Date – *For CRTF participants only, not direct CBI referrals*. Enter the date when the program began working with the individual and the first case-conference has occurred. Subsequent bi-weekly case conferences are to occur, as appropriate. This does not include individuals who were screened for program eligibility, but were not admitted to the program. Participants must have been released from prison before admission into the CRTF program. If a program Intake date occurs before the Actual DOCCS Release Date, you will receive an error message. Once an individual is entered on this spreadsheet, they should remain on the spreadsheet, regardless of program status.

III.   CRTF Participant Information (*to be completed for CRTF participants only*)

CRTF 45 Day Retention Date through CRTF 45 Day Status

Column N: CRTF 45 Day Retention Date – Enter the date the participant reached the 45th day of program retention. In most cases this date would be 45 days after the CRTF Intake date. For your reference, a projected 45 day retention date is provided in Column X.

Column O: CRTF 45 Day Program Status – Indicate whether the participant was actively engaged in CRTF services on the 45 Day Retention Date.

 Engaged in CRTF
 Not Engaged in CRTF

Column P: CRTF 45 Day Status: Housing Placement – Select the housing status of the participant at the time the 45 day retention date was reached. If the participant was not engaged at 45 days, select the last known housing status of participant.

- Permanent Housing Secured (private residence)
- Temporary Housing Secured (e.g. transitional, shelter, motel, etc.)

Column Q: CRTF 45 Day Status: Employment – Select the highest known level of employment achieved at the time the 45 day retention date was reached. If the participant was not engaged at 45 days, select the highest known level of employment achieved while engaged in the CRTF.

- Currently Unemployable – (e.g. in school, training, treatment or disabled)
- Employed Part-Time (less than 35 hours/week)
- Employed Full-Time (35 hours or more/week at or above minimum wage)
- Not Employed – Referred to Employment Services, Participant Declined
- Not Employed – Referred to Employment Services
- Not Employed – Not Referred (e.g. discharged from CRTF before referral).

Column R: <u>CRTF 45 Day Status – CBI and/or OWDS/RSW!</u> – Select the last known program status at the time the 45 day retention date was reached. If the participant was not engaged at 45 days, select the last known status.

- No Need Identified, Not Referred
- Need Identified, Referred, Participant Declined Services
- Need Identified, Referred to CBI program and/or OWDS/RSW!
- Need Identified, Not Referred

    IV.   CBI and/or OWDS/RSW! (*to be completed for CRTF participants enrolled in CBI/RSW! and direct referrals to CBI/ RSW!*)

The columns **CBI Enrollment Date** through **CBI Successfully Completed** should be completed if the participant was enrolled in a CBI or OWDS/RSW! program. As participants are discharged from a CBI or OWDS/RSW! program, please update their information accordingly. If participant enrolls in and/or completes more than one program, note additional programs in Comments Section (Column W).

Column S: <u>CBI Program Type</u> – Select the CBI program the participant was enrolled in. *If you select other, please indicate in the comments section the name of the CBI program.*

- MRT
- OWDS/RSW!
- T4C
- Other Approved CBI – Indicate program name in Comments Section (Column W).

Column T: <u>CBI Enrollment Date</u> – Enter the date the participant enrolled in a CBI program. If this date occurs after CBI End Date, you will receive an error message.

Column U: <u>CBI End Date</u> – Enter the date the participant ended their CBI program. If this date occurs before CBI Enrollment Date, you will receive an error message.

Column V: <u>CBI Successfully Completed</u> – Indicate whether the participant successfully completed the CBI program.

- Yes
- No

Column W: <u>Comments</u> – Please utilize this section to include any comments, feedback, or any additional information about a participant that you would like to provide to DCJS, including other approved CBI.

Column X: <u>Projected 45 Date Retention Date</u> – Auto-calculates from the Intake Date