SD Department of Corrections

Intake, Admissions, and Program Assessments

June 23, 2026

Intake: Admissions & Orientation (A&O)

- All offenders that are sentenced to the SD DOC either start at the South Dakota Women's Prison (females) or Jameson Prison (males).
- These two facilities are considered "intake" facilities and are the highest security level.
- During intake, inmates are assessed and assigned a classification score that determines custody level.
- The custody level, or level of restriction of offender movement, determines which facility they will be housed at.

Intake: Assessments

- **Assessments:** The first step in identifying the offenders' **risks, needs, and strengths.**
  - Determine the **custody level** of an offender.
  - Used to develop a **case plan**, including the **Individual Program Directive** and **initial release plan**.
  - Case managers and clinical staff **conduct the assessments** during **intake**.

Custody Level Determines Housing Assignment

Custody of Offender	Security Level	SD Facilities
Minimum	Level I	None
Minimum, Minimum-Restricted	Level II	Minimum Centers (Pierre, Rapid City, Yankton, Sioux Falls)
Minimum, Minimum-Restricted, Medium	Level III	Mike Durfee State Prison, Rapid City Correctional Facility
Minimum, Minimum-Restricted, Medium, Close	Level IV	SD State Penitentiary
Minimum, Minimum-Restricted, Medium, Close	Level V	SD Women's Prison, Jameson Prison

Intake: Actuarial Assessment Tools

- **Level of Service Inventory-Revised** (LSI-R, Males): Measures an offender's risk of re-offending and defines programming needs.

- **Women's Risk/Needs Assessment** (WRNA, Females): Identifies women's risks of grave misconduct in prison, community recidivism, and treatment needs.

- **Community Risk/Needs Assessment** (CRA): Assesses the risk of offenders being placed under supervision based on the static factors of an offender's criminal history and behavior, as well as their dynamic factors and needs.

- **Housing Needs Screening Tool:** Assesses an offender's unique housing needs and risk of homelessness upon returning to the community.

Intake: Actuarial Assessment Tools (cont.)

- **Behavioral Health Screening Assessments:** Assesses substance use disorder and mental health needs.

- **Test for Adult Basic Education** (TABE): Measures reading, language, mathematics, and spelling.

- **Medical Assessment:** A complete health screening, including dental, is conducted to ensure that emergent and urgent health needs are met.

Intake: Actuarial Assessment Tools (cont.)

- **PREA Risk Screen**: Screens for potential vulnerabilities or tendency for acting out sexually aggressive behaviors.
- **Minnesota Sex Offender Screening Tool Revised** (MnSOST-R): Predicts the likelihood of sexual recidivism in convicted sex offenders leaving prison.
- **STATIC 99**: Based on static risk factors which predict the potential for sexual reoffending.
- **Abel Screening**: Measures interest in children, sexual violence against adult men, sexual violence against adult women, and sadism.
- **Violence Risk Appraisal Guide Revised (VRAG-R):** Actuarial measure designed to predict the likelihood of violent recidivism.

Individual Program Directive (IPD)

The IPD establishes the **standards and criteria** for an **offender's release** to **initial parole** or release.

- Assessments conducted during intake determine the **offender's individualized needs, risks, interests, and abilities.**

- The **assessment** matches the offender to the **appropriate programs**, **service, work**, and **educational/training opportunities**.

- **Specific programs** become **requirements** included in the IPD.

- The plan is updated and **reviewed annually by case managers** and the offender.

Case Management Contact Standards

- **System Risk Level** determines the frequency of contacts.
  - Higher risk = more contact with case managers.

- Case managers follow up to **ensure eligible offenders** have **obtained vital documents**.

- Offenders are **reclassified annually**.

- **PREA** (Prison Rape Elimination Act) **assessments** are completed **every six months/annually** and **upon transfer** to different facility.

- **Progress reports** are completed **every six months** within **two years to initial parole date.**

Case Management Contact Standards (cont.)

- **Initial release contacts** are **completed one year** to initial parole release date.
- Plan/Agent assigned/Reentry initiated if applicable.
- **Prerelease meetings** with Transitional Case Manager, Case Manager, and Parole Agent are held.
- Case Managers **assist with parole hearing preparation** and **attend discretionary hearings.**
- **Case Managers** are available **daily** in **office/electronic kite.**

How Offenders are Placed into Programs:

Step 1: **Behavioral Health Screening** is completed by medical staff at intake.

Step 2: **Mental Health and Substance Use Appraisals** completed within the first two weeks of arrival.

- Staff can utilize various behavioral health assessments as needed (PHQ-9, GAD-7, MMSE, DERS, etc.)

Step 3 : Placement

- SUD - referrals based on diagnoses given at intake, severity, and clinical need.
- MH - referrals based on clinical need and internal "P-code" / SMI status.

Thank you!