Special Management Unit: Tier III Program
Offender Management Plan

I. **Offender:** _____ **GDC #:** _____ **DATE:** _____

II. **Special Management Unit: Tier III Offender Management Plan**

The Tier III Program is a minimum 13-month program (390 days). If successful at each phase, you shall spend at least sixty (60) days assigned to Phase 1; at least sixty (60) days assigned to Phase 2; at least ninety (90) days assigned to Phase 3; at least ninety (90) days assigned to Phase 4; and at least ninety (90) days assigned to Phase 5. Successful completion of all phases will result in an offender being considered for transfer to the Tier III STEP program.

In accordance with Tier III Program SOP, each offender shall have an Offender Management Plan detailing the requirements to progress through and complete each phase. The Offender Management Plan includes the following standard requirements applicable to all offenders housed in the SMU and then specific recommendations applicable to the individual offender. Offender Management Plans will be reviewed for compliance at each 60/90-day Review and updated accordingly by the offender's assigned Counselor. Again, successful completion of all phases will result in an offender being considered for transfer to the Tier III STEP program.

Standard Requirements to be considered for transfer to the Tier III STEP program:

1. Comply with facility rules;
2. Exhibit positive behavior in the program;
3. Participate and complete the Offender O.U.T. Program and programming as recommended. If the offender cannot complete programs due to no fault of the offender, then this requirement is not required; and
4. No Great or High Disciplinary Report within the previous 390 days.

Individual Recommendation(s):

_____

_____

_____

_____

Counselor's signature certifies the Offender Management Plan has been explained to the offender and the offender has been provided a copy of the Offender Management Plan and the offender's management schedule (OMS).

_____   _____
Counselor Name (Print)   **Counselor Signature and Date**

The offender's signature acknowledges the offender understands the Offender Management Plan and has been provided a copy of the Offender Management Plan and the offender's management schedule (OMS).

_____   _____
Offender Name (Print)   **Offender Signature/Date**

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.

For Counselor Use Only

III. **For purposes of the 60/90-Day Review Hearings, has the offender met the Standard Requirements and any Individual Recommendation(s) during the appropriate review period?**

       ☐ **Met**   ☐ **Not Met**

Comments:

_____

_____

_____

_____

_____   _____
Counselor Name (Print)   **Counselor Signature/Date**

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.