Delaware DOC I-ADAPT:
What It Was, What Happened to It, and What Exists Now

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Executive Answer

I-ADAPT was not simply renamed as one intact program. The Delaware Department of Correction describes it as having been repurposed beginning under Executive Order 27. Its former coordinator function became Probation and Parole reentry coordination, now formally called the In Reach Coordinator function. The work was broadened into a statewide reentry system overseen by the DOC Office of Planning, Research, and Reentry and coordinated with the Delaware Correctional Reentry Commission.

The clearest present-day successor is therefore: DOC Reentry Planning under Policy 3.12, using In Reach Coordinators, Transition Accountability Plans, the DACS Reentry Module, multidisciplinary discharge-planning meetings, facility staff, contracted medical/behavioral-health/reentry staff, Probation and Parole, and community providers.

Important qualification: Current DOC materials reviewed for this report do not identify an active program still branded “I-ADAPT.” The functions survived, but they were reorganized, expanded, and distributed across a broader system.

1. What I-ADAPT Meant

The acronym originally stood for Individual Assessment, Discharge and Planning Team.

DOC’s FY 2012 report described cooperation with the team to improve discharge planning. *The report used the phrase, “improve discharge planning.”*

By FY 2015, DOC described I-ADAPT as a reentry-services program that generally identified:

- Level V and Level IV sentenced individuals incarcerated for more than one year.
- Women incarcerated for more than six months.
- People within approximately six months of release.

Its core services included:

- Individual transition planning.
- Identification documents.
- Community-resource guides.
- Scheduled appointments.
- Monthly workshops explaining community resources.
- Housing coordination and limited housing support through state and grant partnerships.
- Education, vocational, and job-placement coordination.

2. How the Program Developed

Period	Documented Status	Meaning
2012	IADAPT was identified as the Individual Assessment, Discharge and Planning Team.	The emphasis was coordinated pre-release and discharge planning, including mental-health continuity.
2014-2015	I-ADAPT was described as a formal reentry-services program with workshops, transition plans, IDs, referrals, appointments, and partnerships.	The program became a structured prerelease service model.
2017	Probation and Parole officers were still presenting I-ADAPT resources inside correctional institutions.	The branded initiative remained operational and linked institutions with community supervision.
2018-2020	Executive Order 27 created a broader statewide reentry reform structure.	I-ADAPT's limited coordinator model was absorbed into a more comprehensive system.
2020 onward	DOC reported that IADAPT Coordinators were repurposed as P&P Reentry Coordinators, also described as In Reach Coordinators.	The staff role continued, but under a new title and wider responsibilities.
2022 onward	DOC implemented the DACS Reentry Module and mandatory Transition Accountability Plans for eligible releases.	Discharge planning became more standardized, electronic, shared, trackable, and continuous.
March 15, 2026	A revised DOC Policy 3.12 formally defines the current reentry-planning system.	The present structure is now policy-based rather than an isolated branded program.

3. What Happened to I-ADAPT

The decisive change was a repurposing, not a simple cancellation. DOC's FY 2020 Annual Report states that Executive Order 27 called for the "repurposing of IADAPT Coordinators into P&P Reentry Coordinators."

That change did four major things:

- Moved the coordinator role more explicitly into Probation and Parole.
- Expanded the work beyond a short prerelease workshop/referral program.
- Connected prison, Level IV, probation, health care, benefits, housing, education, employment, and community services.
- Placed reentry oversight within a central DOC office and an interagency commission structure.

Thus, the most accurate description is: I-ADAPT was functionally superseded and incorporated into Delaware's broader reentry-planning infrastructure. Its major activities were continued, formalized, and expanded under different names.

4. What It Is Called Now

There is no single exact one-for-one replacement name. The current system uses several connected names:

- Reentry Planning — the overall process governed by DOC Policy 3.12.
- In Reach Coordinator (IRC) — the current Probation and Parole officer role most directly descended from the former I-ADAPT coordinator function.
- Transition Accountability Plan (TAP) — the individualized assessment-driven plan that follows a person through institutional, reentry, and community phases.
- DACS Reentry Module — the electronic case-management location for reentry information and discharge planning.
- Office of Planning, Research, and Reentry — the DOC office responsible for system oversight, monitoring, research, and improvement.
- Delaware Correctional Reentry Commission (DCRC) — the interagency framework coordinating statewide policy and partnerships.

Best concise answer: The old I-ADAPT program is now best understood as the In Reach Coordinator and Reentry Planning system, operating through TAPs and the DACS Reentry Module under the Office of Planning, Research, and Reentry.

5. What Is Being Done Now

5.1 Eligibility and early planning

Under the March 15, 2026 version of Policy 3.12, eligible people generally include those sentenced to six months or more who have sufficient time remaining and are assessed at moderate or high risk; certain low-risk people with long sentences; people age 60 or older meeting sentence criteria; and specified Road to Recovery/Transitions participants. People outside the formal criteria may still receive other discharge supports.

5.2 Three continuous phases

- Institutional Phase: assessment, classification, programming, education, vocational services, and creation or updating of the TAP.
- Reentry Phase: planning through Level IV and preparation for release to the community.
- Community Phase: continuation and updating of the plan during Probation and Parole supervision.

5.3 In Reach Coordinator duties

- Review the monthly master release list.

- Review sentencing conditions, risk assessments, housing information, detainers, institutional work, veteran status, health needs, physical limitations, sex-offender status, programming, vocational training, and other relevant information.
- Meet with eligible individuals approximately four to six months before release.
- Identify reentry goals and unmet needs.
- Track changing release dates and progress through the remaining incarceration period.
- Facilitate monthly discharge-planning meetings.
- Complete and update medical and behavioral-health information in the DACS Reentry Module.
- Coordinate with facility personnel, contracted providers, and the assigned community probation officer.
- Assist after release when needed.

5.4 Multidisciplinary discharge planning

Monthly discharge-planning meetings bring together In Reach Coordinators, facility classification or treatment staff, contracted medical personnel, behavioral-health personnel, and reentry staff. Current policy gives special attention to complex cases, housing insecurity, chronic medical conditions, behavioral-health conditions, and people releasing within the next 90 days.

5.5 The Transition Accountability Plan

The TAP addresses at least the following areas:

- Court-ordered conditions.
- Education and employment.
- Physical and behavioral health.
- Family engagement.
- Peers, mentors, and prosocial activity.
- Treatment and service referrals.
- Facility programming.
- Housing.
- A Day 1, Week 1, and 30-day community plan.

5.6 Electronic information sharing

The DACS Reentry Module, launched in 2022, centralizes discharge-planning information and makes it available to staff participating before and after release. DOC states that this reduces duplication and delay and improves the ability to track connection to community care.

5.7 Health and behavioral-health continuity

- Medication and medical discharge planning.
- Behavioral-health referrals and scheduled appointments.
- Medicaid and managed-care coordination.
- Medication-assisted treatment for substance-use disorder.

- Naloxone education and distribution.
- Peer-recovery specialist programming.
- Trauma-focused programming, including TAMAR.

5.8 Education, employment, and housing

- Vocational assessments and training tied to labor-market needs.
- College and Second Chance Pell partnerships.
- Commercial driver's license, construction, welding, auto, food-service, and other training initiatives.
- Employment referral and Department of Labor coordination.
- Housing referrals, limited voucher initiatives, short-term assistance, and family-reunification housing efforts.

5.9 Quality control

The 2026 policy requires monthly quality reviews by the Office of Planning, Research, and Reentry of samples of TAPs from Level V, Level IV, and final prerelease planning. Results are transmitted to responsible bureau leadership.

6. What Was Improved Compared with the Old I-ADAPT Model

- Planning begins earlier and is updated through multiple custody and supervision stages.
- A single electronic module reduces fragmented paper or office-specific records.
- The TAP creates measurable goals and action steps rather than merely providing referrals.
- The system includes formal multidisciplinary meetings for difficult cases.
- Medical, behavioral-health, housing, employment, education, and supervision information are coordinated.
- The current policy expressly includes older adults, health limitations, veterans, housing insecurity, and other complex needs.
- There is formal quality-control review and supervisory approval.

7. Remaining Concerns and Information Gaps

The existence of a stronger policy does not prove uniform implementation. Several matters still require public reporting or independent review:

- How many eligible people actually meet an In Reach Coordinator four to six months before release.
- IRC staffing levels, caseloads, vacancies, and facility coverage.
- The percentage of releases with a complete, signed, and timely TAP.
- Whether a confirmed address, identification documents, medications, benefits, transportation, and appointments are actually in place on release day.
- Outcomes by race, sex, disability, age, facility, offense category, and supervision status.

- Whether registrants and other people with severe housing or employment restrictions receive realistic plans rather than referrals to unavailable services.
- How often community appointments are completed and housing remains stable at 30, 90, 180, and 365 days.
- Whether people without post-release probation receive equivalent discharge support.
- Whether the 2021-2024 Blueprint has been replaced by a new publicly posted multi-year plan.

A practical conclusion: The current framework is broader and more structured than I-ADAPT, but its effectiveness should be judged by documented completion, service connection, housing stability, employment, health continuity, and reduced returns to custody—not merely by the existence of policies or plans.

8. Recommended Questions for Delaware DOC

1. On what exact date did DOC stop using the I-ADAPT name?
2. Were all I-ADAPT positions converted into In Reach Coordinator positions, and how many positions exist today?
3. How many IRCs are assigned to each Level V and Level IV facility?
4. How many eligible releases received a completed TAP in each fiscal year from 2022 through 2026?
5. How many TAPs were completed late or not completed?
6. What release-day services are guaranteed, and which are only attempted referrals?
7. What are the outcomes for people identified as complex cases or housing insecure?
8. What services are available to people released without probation supervision?
9. What performance reports result from the monthly quality-control reviews required by Policy 3.12?
10. What current plan succeeds the 2021-2024 Delaware Recidivism Reduction System Blueprint?

9. Sources

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