DEPARTMENT OF CORRECTIONS

Internal Memo

Interim Guidance Memo Number: 204.060.01

Date: **9/22/2025**

To: **All Facility Staff**

cc: **Deputy Commissioners Safia Khan and Crystal Brakke; Assistant Commissioners Paula Graff and Kelly Mitchell; Director of Healthcare, Recovery, and Programming, Jolene Rebertus; Inspector General Mikael Garland; Warden Shannon Reimann; and Captain Brandon McComas**

From: **Commissioner Paul Schnell**

Interim Guidance: Policy 204.060.01 Challenge Incarceration Program – Phase I

Effective 9/22/2025, DOC is changing provisions in the Challenge Incarceration Program policy listed below, which will be incorporated into the policy document in a future policy revision.

Explanation of the Change:

DOC is updating the CIP application process to better manage the increasing number of applications. Currently, incarcerated people must submit their CIP applications through the United States Postal Service. To simplify and speed up the process, starting 9/22/2025, facility record's departments will begin accepting applications directly.

Incarcerated people must still wait 60 days after being admitted to the Department of Corrections, voluntarily terminating from CIP, and/or being revoked and returned from CIP Phase I, II, or III before applying. Applicants may attach the program agreement and signed application to a kite and send all material to the records department at their current facility.

What Policies Are Being Affected and/or Replaced:

Policy 204.060, "Challenged Incarceration Program – Phase I" is changed as follows:

- CIP applications are no longer required to be sent through the United

States Postal Service and will now be accepted through each facility's records department.

- All eligibility requirements and the review process will remain the same.
- Any applicants who have applied prior to this change will not need to submit an additional application.
- Any questions regarding a pending application can be sent through a kite to CIP Intake at Willow River.

204.060 Challenge Incarceration Program Policy Revisions

Procedure B Admission to CIP – tracked changes version

Because CIP is a voluntary program, applicants must apply, undergo eligibility and medical/mental health screening, and complete pre-admission programming requirements.

1. Application

   Applicants may apply when they have reached 60 months or less prior to their confinement release milestones. Applicants may apply by attaching the program agreement and signed application to a kite and sending the kite to the records department at their correctional facility. ~~Applicants may apply by sending an application through the U.S. Mail to the CIP Intake Coordinator.~~

   ~~CIP Intake~~
   ~~Challenge Incarceration Program~~
   ~~86032 County Hwy 61~~
   ~~Willow River, MN 55795~~

Procedure B Admission to CIP – clean version

Because CIP is a voluntary program, applicants must apply, undergo eligibility and medical/mental health screening, and complete pre-admission programming requirements.

1. Application

   Applicants may apply when they have reached 60 months or less to their confinement release milestones. Applicants may apply by attaching the program agreement and signed application to a kite and sending the kite to the records department at their correctional facility.

204.060M Program Application and Agreement Revisions

Tracked changes:

As authorized by Minn. Stat. §244.17, I, **Name: _____, OID: _____**, in consideration of being approved to participate in the Challenge Incarceration Program (CIP), agree to the following terms and conditions:

1. I understand that Phase 1 of CIP is a minimum of six months and contains a highly structured daily schedule and treatment-oriented program.
2. I accept transfer to any institution designated by the Commissioner of Corrections or designee as a CIP facility.
3. I agree to fully participate and successfully complete all program requirements and obey all the rules and regulations of the facility.
4. I will always follow the instructions of program staff.
5. I understand and agree that violation of any rules of the facility may result in termination of my CIP status and return to a Minnesota Correctional Facility (MCF).
6. I understand any refusal or inability to participate in programming as directed by the CIP staff, or any accumulation of minor program violations, may result in termination of my CIP status and return to an MCF.
7. I will submit to urinalysis and/or breathalyzer test as requested by the program staff.
8. I will not engage in assaultive or aggressive behavior, sexual behavior, sexual harassment, verbal abuse, violence, or threats of violence.
9. I understand that, while in CIP, I remain subject to the Department of Corrections Inmate Discipline Regulations for MCFs and pleading guilty to, or being found guilty of discipline, as outlined by the discipline regulations, may result in a violation of CIP Agreement.
10. I understand that those serving mandatory sentences must fulfil their full term of imprisonment prior to release from Phase III.
11. Are you a previous CIP Participant? (Please circle your answer) Yes No
    If yes, how many times and when? _____

If you have read and understand the agreement, you need to wait 60 days after Admittance/Voluntary termination/Revoke & Return from Phase I, II, or III to apply for CIP. Once you have reached your 60-day mark, fill out ~~the attached application and mail it back to the address provided.~~ and return this signed application. **Upon receipt of your application your file will be reviewed within 60-90 days, and you will be notified of the decision by mail.**

~~**Are you a previous CIP Participant?** (please circle your answer) **Yes No**~~
~~**If you circled yes and are re-applying to the program, you must answer the following questions:** (if answers don't fit in the designated area, please attach~~

~~them on a separate paper to the signed application/agreement for submission)~~ ~~Please be descriptive and provide examples. Reach out to case management with any additional questions.~~

~~1. Why were you removed from the program?~~

~~2. What worked well for you while you were in the program?~~

~~3. What is going to be different if you are accepted back to the Challenge Incarceration Program?~~

I have read or had explained to me the above terms, conditions, and requirements for participation in CIP.

I understand that as a participant in CIP, I will not earn good time during Phases II and III of the program. I understand that if I am removed from the CIP, I will be returned to an MCF for a time equal to my original term of imprisonment, minus earned good time if any, but in no case for longer than the time remaining in my original sentence. "Original term of Imprisonment" means a time equal to two-thirds of the sentence originally executed by the sentencing court, minus jail credit, if any.

I further accept these conditions and terms, upon my participation in CIP is permitted and agree upon violation of any such terms and conditions the privilege to participate may be terminated.

I further understand that I am being granted CIP status based upon information available at the time of my approval. If information becomes available at any time during my participation in CIP, which would have made me ineligible, my CIP status may be terminated, and I may be returned to an MCF.

I understand that I will not be approved for Phase II of CIP until the CIP Program Director certifies that I have successfully completed Phase I of the CIP and the Hearings and Release Unit has approved Phase II status.

I fully understand and agree with the above paragraphs.

_____ Date: _____

CIP Applicant's Signature and OID #

Caseworker Name: _____ Facility: _____

Caseworker Signature:_____

To submit the program application and signed agreement, attach both forms to a kite and send to the records department at your facility.

~~Mail signed application/agreement to:~~ ~~**CIP Intake Coordinator**~~
~~Challenge Incarceration Program~~
~~86032 County Hwy 61~~
~~Willow River, MN 55795~~

~~Disclaimer: Any applications/agreements or inquiries received in a different form other than U.S. Mail or not filled out completely and signed will not be accepted.~~

Clean Version:

As authorized by Minn. Stat. §244.17, I, **Name:** _____**, OID:** _____, in consideration of being approved to participate in the Challenge Incarceration Program (CIP), agree to the following terms and conditions:

1. I understand that Phase 1 of CIP is a minimum of six months and contains a highly structured daily schedule and treatment-oriented program.
2. I accept transfer to any institution designated by the Commissioner of Corrections or designee as a CIP facility.
3. I agree to fully participate and successfully complete all program requirements and obey all the rules and regulations of the facility.
4. I will always follow the instructions of program staff.
5. I understand and agree that violation of any rules of the facility may result in termination of my CIP status and return to a Minnesota Correctional Facility (MCF).
6. I understand any refusal or inability to participate in programming as directed by the CIP staff, or any accumulation of minor program violations, may result in termination of my CIP status and return to an MCF.
7. I will submit to urinalysis and/or breathalyzer test as requested by the program staff.
8. I will not engage in assaultive or aggressive behavior, sexual behavior, sexual harassment, verbal abuse, violence, or threats of violence.
9. I understand that, while in CIP, I remain subject to the Department of Corrections Inmate Discipline Regulations for MCFs and pleading guilty to, or being found guilty of discipline, as outlined by the discipline regulations,

may result in a violation of CIP Agreement.

10. I understand that those serving mandatory sentences must fulfil their full term of imprisonment prior to release from Phase III.
11. Are you a previous CIP Participant? (Please circle your answer) Yes No
    If yes, how many times and when? _____

If you have read and understand the agreement, you need to wait 60 days after Admittance/Voluntary termination/Revoke & Return from Phase I, II, or III to apply for CIP. Once you have reached your 60-day mark, fill out and return signed application. **Upon receipt of your application your file will be reviewed within 60-90 days, and you will be notified of the decision by mail.**

I have read or had explained to me the above terms, conditions, and requirements for participation in CIP.

I understand that as a participant in CIP, I will not earn good time during Phases II and III of the program. I understand that if I am removed from the CIP, I will be returned to a MCF for a time equal to my original term of imprisonment, minus earned good time if any, but in no case for longer than the time remaining in my original sentence. “Original term of Imprisonment” means a time equal to two-thirds of the sentence originally executed by the sentencing court, minus jail credit, if any.

I further accept these conditions and terms, upon my participation in CIP is permitted and agree upon violation of any such terms and conditions the privilege to participate may be terminated.

I further understand that I am being granted CIP status based upon information available at the time of my approval. If information becomes available at any time during my participation in CIP, which would have made me ineligible, my CIP status may be terminated, and I may be returned to an MCF.

I understand that I will not be approved for Phase II of CIP until the CIP Program Director certifies that I have successfully completed Phase I of the CIP and the Hearings and Release Unit has approved Phase II status.

I fully understand and agree with the above paragraphs.

_____ Date: _____

CIP Applicant’s Signature and OID #

Caseworker Name: _____ Facility: _____

Caseworker Signature:_____

To submit the program application and signed agreement, attach both forms to a kite and send to the records department at your facility.

Resources/What to Expect:

Due to the phased closure of MCF-Stillwater, the Challenge Incarceration Program (CIP) is experiencing a significant increase in applications. As a result, applicants may encounter temporary delays in eligibility reviews, placement decisions, and overall program availability.

The DOC remains committed to improving procedures and ensuring that all individuals have equitable access to program opportunities. We appreciate your patience and understanding during this transitional period, and we will continue to share any additional updates.

Should you have any questions related to Policy 204.060, please contact the CIP policy chair, Captain Brandon McComas.

Attachments:

CIP Program Application and Agreement-English (204.060M-English) (public pdf of 204.060M-English)

CIP Program Application and Agreement-Hmong (204.060M-Hmong) (public pdf of 204.060M-Hmong

CIP Program Application and Agreement-Somali (204.060M-Somali) (public pdf of 204.060M-Somali)

CIP Program Application and Agreement-Spanish (204.060M-English) (public pdf of 204.060M-Spanish