

 <p style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </p>	Index #: 513.07	Page 1 of 33
	Effective Date: February 15, 2014	
	Distribution: A	
	Supersedes: 513.07 (8/15/11) PCN 12-15 (8/15/12)	
Approved by: Derrick D. Schofield		
Subject: SUBSTANCE USE DISORDER PROGRAMMING AND SERVICES DELIVERY		

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601, and Title 42, CRF Chapter 2, Diagnostic and Statistical Manual of Mental Health Disorders-5 (DMS-5).
- II. PURPOSE: To identify and provide a continuum of cost-effective substance use disorder treatment and programming services for convicted felons who are or have a history of substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates and institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Adjunct Personnel: Approved volunteers who conduct self-help or Twelve Step programs (See Policy #115.01), have remained drug free for two years, and are associated with a local chapter of Narcotics Anonymous, Alcoholics Anonymous, or other facility approved Twelve Step Organization.
  - B. Cardinal Rules: Critical rules that govern all substance use disorder programs, and if violated, result in program termination.
  - C. Case Management: Specifically for substance use disorder Programming, the coordination of the treatment process.
  - D. Clinical File: Specifically for substance use disorder Programming, document maintained by treatment counselors for each participant on their caseload.
  - E. Clinical Treatment Team: A group comprised of substance abuse program managers, mental health administrators, and medical administrators, who meet bi-weekly to discuss client issues and progress.
  - F. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
  - G. Facility Programming Team: For purposes of this policy only, a group of institutional personnel that should include (but is not limited to) the substance use Program Manager, Unit Manager, substance use counselors, drug testing coordinator and classification coordinator. This team is responsible for the oversight of the substance use disorder treatment programs at each institution
  - H. Group Therapy: A medium intensive form of substance use counseling. Programs use evidence based curriculum.

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- I. Intake Assessment (CR-3720): A comprehensive compilation of essential historical and criminogenic needs information designed to determine the extent of the behavioral problem, substance use disorder and match the inmate with the appropriate treatment service.
- J. Learning Experiences: Actions employed to address less serious negative behaviors that usually include persistent non-compliance with community expectations.
- K. Phases/Phase Progression: The process by which a participant progresses in a Therapeutic Community treatment program.
- L. Program Rules: All rules, program or facility-based, not considered a cardinal rule violation.
- M. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use disorder program.
- N. Punitive Sanctions: Additional sanctions given to offenders for negative behaviors which are punitive in nature. All punitive measures will be accompanied by a Learning Experience, and will only be used as a progressive disciplinary sanction at the program manager's discretion.
- O. Qualified Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC, ICRC-AODAC, NAADAC I, II, or Master level NAADAC certification). Licensed social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with at minimum one year of documented experience working with substance use disorder treatment programs.
- P. Re-Entry/Transitional Release: The phase of treatment in a Therapeutic Community that begins when an inmate has achieved his or her therapeutic change goal(s) and the program participant does not require further treatment services.
- Q. Residential Treatment: A nine to twelve month substance treatment program held in a Therapeutic Community environment focusing on underlying anti-social thinking patterns.
- R. Program Re-entry Plan (CR-3748): Strategic plan developed by the participant, with input from the counseling staff, identifying the most pressing needs, and suggesting opportunities in the community for counseling, benefits reconnection, job placement, transportation, identification, etc. upon release.
- S. Substance Use Disorder Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental or social issues related to the use of mood altering substances.
- T. Transitional Assessment Plan-Behavioral Intervention Goals (TAP-BIG): Information derived from each inmate's LS/CMI scores that identify his/her strengths and weaknesses, prioritizes his/her programmatic needs, establishes meaningful goals, and includes action plans to aid inmates in successfully meeting the stated goals.

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- U. Therapeutic Community (TC): Treatment method used to serve offenders in in-custody residential treatment programs. The TDOC uses a modified Therapeutic Community model, meaning no shame based activities, to provide a peer based support systems for program participants.
- V. Treatment Plan (Initial and Individual): A clinical plan of care that specifies the goals and objectives of substance use treatment, the methods to be used in the treatment process, and a schedule for assessing and updating progress.
- V. POLICY: It is the policy of the TDOC to provide the opportunity for inmates to receive intensive and individual-based substance use disorder services that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources. Opportunities will be provided to inmates to promote a clean and sober lifestyle while serving their sentence in the institution as well as in the community once they are released.
- VI. PROCEDURES:
  - A. Mission Statement/Treatment Philosophy: The mission of the TDOC Substance Use Disorder Program is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. TDOC substance use disorder programs are based on the idea that the participant is ultimately responsible for his/her recovery. Participants work closely with treatment staff to develop individual treatment goals and strategies. The TDOC's substance use disorder programs shall blend evidence-based treatment interventions that will focus on the inmate's criminogenic needs. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Behavioral Health Services or designee.
  - B. Substance Use Disorder Services: Substance use disorder services shall be offered to inmates (where resources permit) who are parole mandated or have a documented need based TCU Drug Screen II and TAP/BIG (See Policy #513.04.1) recommendations. Depending on the length of his/her sentence and program availability, inmates shall be provided with the opportunity to participate in substance use treatment services prior to release from the institution. Each institution is required to have, at minimum, one qualified substance use disorder personnel as defined above to supervise the treatment process.
  - C. Substance Use Disorder Treatment Programming Options
    - 1. Therapeutic Communities - Nine to twelve month residential program in which participants progress through multiple treatment phases. TC Participants are to be housed separately from General Population. Community Responsibilities are to be distributed through a structure board and participants are to have responsibility within the community without authority over other inmate participants. Program services will be culturally sensitive and gender specific. Shame based exercise or procedures are strictly prohibited. Ideal score three or higher on TCU Drug Screen II.. All TC programs will be open ended. The TC program will fulfill Board of Probation and Parole's requirements for Substance Use (TC), Cognitive Behavioral Therapy, Anger Management, and Pro Social Life Skills. In addition to substance use treatment, participants shall receive the following:

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- a. Motivation Enhancement Therapy
- b. Cognitive Behavioral Therapy
- c. Rational Decision Making
- d. Criminal Thinking Error Awareness
- e. Parental/Family Skill Development
- f. Companions/Leisure and Recreation
- g. Anger Management
- h. Victim's Impact
- i. High School Equivalency (HSE) Education (where available)
- j. Job Readiness/Vocational Training (where available)
- k. Facility-based Community Service Work
- l. Continuing Care Services
- m. Re-entry Planning

2. Outpatient Group Therapy - Group Counseling: This treatment service shall be offered when and where resources permit. Ideal participants score one to two on TCU Drug Screen II.. Intensive Outpatient Group Therapy shall be provided by qualified substance use disorder personnel as defined in Section IV. All group therapy programs must provide an evidence-based treatment approach that addresses the inmate's individual criminogenic needs. Group Therapy programs will be open ended. All group therapy programs shall provided, at minimum, 150 hours of structured evidenced based treatment services. Group therapy will satisfy the Board of Parole's requirements for Substance Use Disorder, Cognitive Behavioral Therapy, and Anger Management.

Program Services Include :

- a. Substance Use Disorder Counseling
- b. Cognitive Behavioral Therapy
- c. Criminal Thinking Error Awareness
- d. Individual Counseling
- e. Relapse Prevention Skills Building
- f. Victim Impact Awareness
- g. Re-entry Planning
- h. Anger Management

D. Admission/Exclusion Criteria for Substance Abuse Programs

1. Admission Criteria

In order to manage the number of inmates requiring substance use services, consideration shall be given based on the Policies #513.04, #513.04.1, and #505.07. Additional admission criteria are as follows:

- a. Inmates must meet classification level for the program in which they are attempting to enroll.

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- b. The inmate shall receive written notification of the pending placement decision and be afforded an opportunity to accept or deny the placement decision. Inmates who accept placement into a treatment program must sign Substance Use Disorder Program Participant Agreement, CR-3586. All participants have the right to turn down programming before signing CR-3586. Once the CR-3586 is signed, dismissal from the program for any reason other than a non-disciplinary dismissal will be accompanied by a Class A disciplinary as defined by Policies #502.01 and #502.02.

2. Exclusion Criteria

- a. Inmates who have received any Class A disciplinary convictions within six months of program start date.
- b. Inmates who have received a Class B or three Class C disciplinary convictions within three to six months of program start date will be reviewed and admitted as determined by the Program Manager's clinical judgment.
- c. Inmates who decline to sign the Substance Use Disorder Program Participant Agreement CR-3586. Declining programming shall be documented on TOMIS under contact notes on LCDG, contact type IJOB. Once participants decline, they will be removed from the Prioritized Register.
- d. Participants who refuse the initial substance use disorder program drug screen.
- e. Inmates who are assessed as having severe mental or physical disabilities that would prevent the inmate from fully participating in all treatment activities.
- f. Inmates with severe cognitive problems that would prevent full participation in all program curriculum and activities.

E. Successful Completion/Non-Disciplinary Dismissal/Disciplinary Dismissal/Re-Admission Criteria

- 1. Successful Completion Criteria: A participant shall receive credit for successful program completion only after the achievement of the following minimum requirements.
  - a. Completion of program requirements, individual treatment goals and performance objectives as defined by the participant's individual treatment plan.
  - b. Completion of the written Substance Use Disorder-Participant Program Re-Entry Plan, CR-3748.
  - c. Following initial program placement drug screen, all random and program discharge drug tests for the participant have been negative for drugs and alcohol.

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2. Non-Disciplinary Dismissal Criteria : A participant shall receive a non-disciplinary discharge only after the following:
  - a. Treatment team recommends that a participant should be non-disciplinarily discharged due to an inability to complete treatment program through no fault of his/her own.
  - b. If decision is based on medical issue, a recommendation is issued by facility MD.
  - c. A non-disciplinary dismissal should be performed when all other available treatment program options have become exhausted. Once pertinent information has been reviewed and approved by the Clinical Director or designee, the non-disciplinary dismissal request shall be forwarded to the Inmate Jobs Coordinator for disposition per Policy 505.07.. There is no disciplinary action associated with the non-disciplinary dismissal.
  
3. Disciplinary Dismissal Criteria : The Program Manager and Treatment Team can request that a participant be removed from a treatment program. All disciplinary dismissals are to follow procedures found in Policies #505.07 and #502.01 and will require the issuance of a Class A-disciplinary report. The disciplinary infraction report must be approved by Clinical Director or his/her designee before submittal
  - a. If the action itself warrants a Class A, the Treatment Team shall issue a disciplinary infraction report for that particular action. If a participant is dismissed for an accumulation of minor infractions that in themselves do not warrant a specific Class A, the team shall issue a Class A for Refusal to Participate based on the participant's signing of Substance Use Disorder Program Participant Agreement, CR-3586.
  - b. Programs are in no way required to readmit a dismissed participant based on Disciplinary Board outcomes. Even if the facility disciplinary is overturned, dismissed inmates must follow the procedures outlined in Section VI.(D)(4). A non-disciplinary dismissal will have to be requested if the disciplinary job drop is not approved; otherwise, the IJC will keep the inmate assigned.
  - c. The following is a listing of Cardinal Rules that result in immediate disciplinary dismissal:
    - (1) Violation of institutional rules considered a Class A offense as outlined in Policy #502.04
    - (2) Threats or acts of violence.
    - (3) Possession of any type of weapon.
    - (4) Violation of confidentiality laws.

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- (5) Participants who refuse testing or receive a confirmed positive drug screen while in the program will be immediately expelled.
  - (6) Sexual Misconduct or Solicitation that is assaultive in nature, as defined by Policy #502.05.
  - (7) Failure or refusal to actively participate in program activities (See Policy 505.07).
  - (8) Disrespect to any staff or other program participants in the form of repeated threatening or inciting disturbances within the that are disruptive to program or institutional operations as determined by the Program Manager and Treatment Team.
- d. Particularly grievous or repeated program rule violations can also result in disciplinary dismissal.
  - e. All disciplinary dismissals for program rule violations must have proper documentation of the actions that led to the participant's dismissal and will be made available to appropriate TDOC staff should the dismissal be grieved.
- 4. Program Re-admission: Inmates who are dismissed from the program do not automatically receive eligibility to be re-enrolled for a second time. Participants must meet all requirements regarding Admission and Exclusion Criteria (See Section VI.(D)(1-2), and be evaluated by the facility Clinical Treatment Team for treatment readiness and appropriateness. Only after meeting all Admission/Exclusion Criteria and receiving approval from the facility Mental Health Administrator, will they be eligible for re-enrollment.
- F. Substance Use Disorder Treatment Service Delivery: The Director of Behavioral Services or Designee shall be responsible for coordinating all substance use disorder treatment services and programs throughout the TDOC. The duties of this individual shall include:
- 1. Plan for the allocation of departmental substance use and behavioral program services.
  - 2. Review and approve all program curricula.
  - 3. Coordinate and monitor contractor and departmental substance use disorder related programs including related compliance/monitoring of program services and curricula.
  - 4. Collect, maintain, and disseminate substance use disorder program statistical information on a monthly basis.
  - 5. Provide technical assistance relating to inmate drug testing and substance use disorder services for departmental substance use disorder programs.
  - 6. Conduct annual substance use disorder treatment program integrity reviews

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- G. Facility substance use disorder program managers shall be responsible for:
1. Maintaining and reporting all institutional substance use disorder treatment services and programming activities to the Director of Behavioral Services or designee using Monthly Programming Reporting, CR-3759, by the 10<sup>th</sup> of each month.
  2. Ensuring that all treatment related processes, including but not limited to group and individual counseling sessions, are attended and facilitated by counselors.
  3. Assisting in developing and updating the institution's substance use disorder delivery system.
  4. Maintaining a list of all participants who are currently assigned to substance use disorder treatment programs.
  5. Collaborate with the facility drug testing coordinator to keep track of participant drug screens.
  6. Ensuring that institutional substance use disorder services information is disseminated in writing to inmates during institutional and program orientation, and through posted notices and other appropriate means of communication. Substance use services information shall include, but not be limited to, the following information:
    - a. Referral procedure
    - b. Criteria for admission to programs
    - c. Exclusion criteria (What excludes inmates from participating)
    - d. Available services
    - e. Contact persons
    - f. Description of all aspects of specific program (See Policy #505.07)
  7. Ensuring that orientation to any therapeutic community unit occurs within seven days. A copy of the *TC Orientation Handbook*, as approved by the Director of Behavioral Services/designee, shall be provided during orientation and made available throughout the treatment process. Each participant shall also sign the Substance Use Disorder Confidentiality Notice and Waiver, CR-3751; Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755; and Substance Use Disorder Informed Consent for Treatment Services, CR-3750, at this time.
  8. Ensuring that an Authorization for Release of Substance Use Disorder Treatment Information, CR-1974, is completed before any information is shared with an outside source (See Policy #511.04)
- H. Wardens may use placement within a substance abuse treatment program to create part-time or full-time jobs as an incentive for participation. The TDOC Inmate Program Specialist and Director of Substance Abuse Programs shall review all new program requests for approval. Assignments to such programs shall comply with all provisions of Policies #505.07, #513.04, and #513.04.1. The local policy and procedures are to be reviewed annually and updated as necessary.

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- I. Inmate Substance Use Disorder Program Intake Procedures, Participation, Progression, and Staff Responsibilities.
  1. For inmates who are selected for participation in a substance use disorder treatment program the admission process outlined in Section VI. (D)(1)(b) shall be performed before any form of treatment or intake assessment shall begin.
    - a. All attached consent forms must be completed before any form of treatment begins.
    - b. At the completion of the interview and assessment process, if the program manager determines that program placement is not appropriate based on the inmate's level of substance use disorder need, the program manager will contact the following:
      - (1) Inmate Jobs Coordinator for the purpose of job drop from TCOM job position, administratively (non-disciplinary) with closure of the TAP-BIG recommendation.
      - (2) Institutional Parole Office for the purposes of parole recommendations/mandates. This communication will also include any other appropriate programming recommendations by the Program Manager, if applicable.
  2. Substance use disorder program treatment staff shall conduct Substance Use Disorder Behavioral Program Intake and Interpretive Summary, CR-3720, that will document:
    - a. Addiction Severity as Determined by TCUDS II
    - b. Social/Family History
    - c. Medical/Mental Health Severity
    - d. Education Level
    - e. Employment History
    - f. Criminal History
    - g. Inmate's Motivation for Treatment
  3. If following the initial program intake assessment the treatment team feels that the potential participant needs a mental health screening, the following procedure will take place:
    - a. The Program Manager shall refer inmates who need evaluation of issues that may prevent them from participating in the program to mental health for review. This will be done using the Institutional Mental Health Services Referral, CR-3431.
    - b. The mental health division's assessment shall include evaluation of any serious mental health issue that will prevent the inmate from fully participating in the program and include any recommendations. A hard copy of these assessments will be provided to the Program Manager to be placed in the participant's treatment file.

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- c. For programs that have work release or community service components, potential participants shall be screened by the Inmate Jobs Coordinator for any impairment that may interfere with the completion of the program activities. Any additional health screening shall be performed by Medical, and will follow the same process as outlined in VI.(I)(3)(a-b).
4. All substance use disorder programs shall provide the Texas Christian University (TCU) pre and post testing scales that will measure inmates in three critical life areas:
  - a. Criminal Thinking (CTS)
  - b. Social Desirability (SOC)
  - c. Psychological Function (PSY)
5. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall include the following information:
  - a. Inmate's name
  - b. TDOC number
  - c. Presenting problem/diagnosis
  - d. Strengths
  - e. Challenges/Obstacles
  - f. Severity of disorder
  - g. Criminogenic factors (i.e., LS/CMI and TCU Scales)
  - h. Description of goal/objectives, written in measurable terms
  - i. Person responsible for providing service
  - j. Target dates for completion
  - k. Inmate's signature
  - l. Staff signature
6. Inmates participating in any treatment program shall be required to have a Substance Use Disorder Initial Treatment Plan, CR-3752, within seven days of entering the program. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall be completed within 30 days after participants are accepted into the program.
  - a. The participants shall be afforded the opportunity to participate in the formulation and periodic review of his or her individual treatment plan to the extent of his or her ability to do so.
  - b. The substance use treatment counselor shall be responsible for the development of the treatment plan with input from medical, mental health, and other unit management personnel, as appropriate.
7. Treatment counselors must attend and facilitate all treatment related processes, including but not limited to, group and individual counseling sessions.

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8. To ensure timely review of treatment goals and services, all substance use disorder treatment programs shall establish a treatment team. The staffing team shall meet, at a minimum, twice monthly to discuss individual substance use disorder treatment needs, review/modify treatment plans, discuss participate phase progression, make recommendations on program sanctions/incentives and evaluate program services. Minutes shall be maintained documenting meeting activities.
9. A Substance Use Disorder Monthly Progress Report, CR-3718, for each program participant shall be completed monthly to ensure adequate review of progress towards treatment goals.
10. The Substance Use Disorder Individual Treatment Plan, CR-3753, at minimum, shall be reviewed and revised every three months or as often as needed. Revisions shall document dates and signatures by program staff and participants. Phase progression is determined by the observed completion of tasks as defined and outlined by the treatment program and the inmate's individual treatment plan.
11. Qualified substance use disorder personnel (See Section IV) shall not exceed their level of scope of practice as dictated by state regulatory boards when providing treatment services.
12. All non-qualified alcohol and drug abuse personnel working with the substance abuse programs must be supervised by an approved licensed clinical alcohol and drug abuse therapist based on the above qualifications (LADAC, ICRC-AODAC, NAADAC I, II, or NAADAC Master Level certification) in order to qualify as treatment staff.
13. Each institution shall ensure that substance use treatment program personnel have the qualifications to provide program services.
14. The Department shall offer annual training in behavioral and substance use issues to appropriate treatment and security staff when and where resources permit.
15. Each institution shall use standardized treatment and program forms as determined by the Director of Behavioral Services or designee.

J. Substance Use Disorder Program Interventions

1. Program interventions are to be given at a graduated level and shame based sanctions are prohibited. Program sanctions should be commensurate with the participant's anti-social behavior in an effort to move them toward treatment goals. Interventions should always be given in the form of Learning Experiences, while particularly grievous or repeated behaviors may also have punitive sanctions at the manager's director's discretion.
2. Program sanctions should be firm, fair and consistent for all participants. Any actions that do not result in program dismissal but receive Learning Experiences or punitive sanctions should be documented using the Substance Use Disorder Treatment Program Alternative Disciplinary, CR-3754.

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3. All learning experiences and program sanctions should be documented in monthly progress notes.
  4. Particularly egregious actions, which effect institutional security but would normally fall under programming confidentiality, will be entered on the LHSM SATC (TCOM) or SAGT (Group Therapy) screens on TOMIS by the Mental Health Administrator so that the information can be accessed on a need to know basis by other facilities.
- K. Urinalysis and Alcohol Testing: Drug and alcohol screens will be used primarily for identification of problems and to establish program credibility. Each program participant within 30 days of admission to the program shall be tested. Failure of the initial screen will not result in dismissal or any form of disciplinary action. Participants will still be screened on a random basis consistent with Policy #506.21, as well as when reasonable suspicion testing is warranted. Failure of a test once in the program will result in immediate dismissal and a Class A disciplinary for refusal to participate. All drug and alcohol screens shall be conducted in accordance with Policy #506.21.
- L. Re-entry Planning (CR-3748) /Discharge Summary (CR-3713): Each program participant shall be responsible for completing a re-entry plan that will be approved by his or her program counselor. The re-entry plan shall address all ancillary service needs for the inmate's successful re-entry back to the community. Substance Use Disorder Clinical Discharge Summary, CR-3713, shall be completed on all participants in substance use disorder programs. The discharge summary shall document successful program completion, non-disciplinary discharge, disciplinary dismissal or any other reason for participant's discharge. The discharge summary shall be completed by the participant's primary counselor and should be specific to the participant's release type (i.e., General Population, expiration or parole).
- M. Inmate Substance Use Disorder Program Clinical File
1. An individual substance use disorder treatment record shall be maintained on all inmates participating in a substance use disorder treatment program. The treatment record shall contain a chronological history of the participant, clinical form, all substance abuse related assessments, progress notes, pre and post testing, re-entry plan, release of information form, drug screens, treatment interventions, discharge summary, events, and activities.
  2. All state-run programs must use forms listed in this policy. Contractor programs may use equivalent forms, as approved by the Director of Behavioral Services or designee. All Contractor programs must complete Substance Use Disorder Program Participant Agreement, CR-3586; Authorization for Release of Substance Use Disorder Treatment Information, CR-1974; Substance Use Disorder Confidentiality Notice and Wavier, CR-3751; and the Monthly Programming Reporting, CR- 3759.
  3. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to substance use disorder treatment are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential. Program files shall be stored in a locked cabinet and behind locked doors at all times when unattended.

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4. All individual sessions are to be documented on the Substance Use Disorder Individual Contact Note, CR-3761, after every contact with the participant or relevant individuals (i.e., family, support circle, etc.). Progress of inmate program Progress of inmate participation in including group and other program related activities shall be updated monthly.
5. Access to substance use disorder program files shall be limited to those employees who have a legitimate need. Substance use disorder program staff shall develop in-house procedures to ensure that the substance use disorder treatment information is shared between medical, mental health, and other institutional staff, as appropriate. No inmate in any position, including but not limited to clerk, mentor, etc., shall have access to any other participant's treatment records.
6. All substance use disorder treatment program records shall be retained at the institution in a secure area and maintained separately from the institutional record for at least three fiscal years following the date of discharge from the program. Retention is required for purposes of federal and state examination and audit.
7. In accordance with federal regulations, at the end of three years, the records shall be forwarded to the designated archive area in each facility and stored for an additional two years, after which time the facility will follow Policy # 512.01 for file retention.
8. A copy of substance use disorder treatment records or any correspondence pertaining to substance use disorder treatment program participation shall be released only with the written consent of the inmate. Copies of all such documents shall be marked as confidential and maintained in accordance with TDOC state and federal regulations. Exceptions are as follows:
  - a. To medical or mental health personnel to the extent necessary to meet a medical/mental health emergency
  - b. To qualified personnel for the purpose of conducting management audits or program evaluation/reviews
  - c. After application showing good cause has been determined by the court of jurisdiction
  - d. To other institutional substance use disorder treatment programs for continued treatment services or aftercare services
  - e. In cases of reported child abuse, abuse of the disabled, or geriatric abuse
  - f. Threat to self or others
  - g. Threat to institutional security

VII. ACA STANDARDS: 4-4363-1, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.

VIII. EXPIRATION DATE: February 15, 2017.



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE ABUSE BEHAVIORAL PROGRAM INTAKE AND INTERPRETIVE SUMMARY**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
TOMIS ID Number

\_\_\_\_\_  
Admission Date

\_\_\_\_\_  
Sentence Expiration Date

**SECTION I. PERSONAL DATA**

**GENERAL**

True (Given) Name:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Pre/Suffix

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
FBI No..

Driver License:

\_\_\_\_\_  
State

\_\_\_\_\_  
Number

Yes  No  
Valid?

<b><u>SEX</u></b>	<b><u>RACE</u></b>	<b><u>HISPANIC</u></b>	<b><u>CITIZENSHIP</u></b>
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Illegal Alien
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Legal Alien
<input type="checkbox"/> Unknown	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown	<input type="checkbox"/> US Citizen
	<input type="checkbox"/> Middle Eastern		<input type="checkbox"/> Unknown
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
	<input type="checkbox"/> Other Race		
	<input type="checkbox"/> Unknown		
	<input type="checkbox"/> White		

**DEMOGRAPHICS**

**EYE COLOR:**

**HAIR COLOR:**

- Blue
- Green
- Brown
- Hazel
- Other

- Black
- Brown
- Blonde
- Gray
- Red
- White
- None
- Other

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country/Place of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**PERSONAL DATA: GENERAL - COMMENTS AND REMARKS**

**SECTION I. PERSONAL DATA *continued***

**SOCIAL**

Do You Own A Vehicle:  Yes  No

If no, do you have sources of transportation?  Yes  No

Sources of Transportation: \_\_\_\_\_

**Collateral Contacts** (Family, Friends, Other Frequent Contacts, etc.)

<u>NAME</u>	<u>RELATIONSHIP/F REQUENCY OF CONTACT</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>	<u>NOTES</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MARITAL HISTORY**

**Current Marital Status:**  Cohabiting  Divorced  Married  Separated  Single  Widowed

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>ADDRESS/TELEPHONE</u>	<u>DATES OF MARRIAGE</u>	<u>No. OF CHILDREN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CHILDREN**

<u>NAME AGE</u>	<u>CHILDREN LIVE WITH WHOM</u>	<u>ADDRESS/TELEPHONE</u>	<u>FREQUENCY OF CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION/MILITARY HISTORY**

**EDUCATION LEVEL :**

- No HS Diploma/GED     Associate's Degree     Some College  
 Graduate Equivalency     Bachelor's Degree     Unknown  
 Vocational/Apprentice     Master's Degree

**MILITARY BACKGROUND**

Branch of Service: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Discharge Type: \_\_\_\_\_

**DATE EDUCATION OBTAINED/LAST YEAR**

Attended: \_\_\_\_\_  
 Name/Location of Previous School: \_\_\_\_\_

**LANGUAGE SKILLS**

- English     Spanish  
 French     German  
 Latin     Other \_\_\_\_\_

Grade Completed: \_\_\_\_\_  
 Certificates/Degrees: \_\_\_\_\_

**Completed and/or Current Prison Curriculum/Programs:** \_\_\_\_\_

**PERSONAL DATA: SOCIAL – COMMENTS AND REMARKS**

**SECTION II. EMPLOYMENT**

Have You Ever Been Employed:  Y  N  
 Most Recent Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Start/End Date: \_\_\_\_\_ to \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Can You Return: \_\_\_\_\_

If N, Reasons for Unemployment:  
 Caregiver Treatment  Long-Term  
 Disabled  Retired  
 Student  Homemaker  
 Looking for Work  Other

Work Hours: \_\_\_\_\_  
 Employer Knowledge of Arrest:  Y  N

**Vocational/Training Skills (Check All That Apply):**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Architecture/Engineering              | <input type="checkbox"/> Finance                        | <input type="checkbox"/> Military           | <input type="checkbox"/> Food/Lodging Services   |
| <input type="checkbox"/> Arts, Design, Entertainment and Media | <input type="checkbox"/> Healthcare                     | <input type="checkbox"/> Production         | <input type="checkbox"/> Child/Adult Care        |
| <input type="checkbox"/> Office/Clerical/Admin Support         | <input type="checkbox"/> Assembly                       | <input type="checkbox"/> Sales              | <input type="checkbox"/> Laborer                 |
| <input type="checkbox"/> Janitorial/Cleaning Services          | <input type="checkbox"/> Legal                          | <input type="checkbox"/> Management         | <input type="checkbox"/> Landscape/Ground Keeper |
| <input type="checkbox"/> Computer and Mathematics              | <input type="checkbox"/> Electrician/Plumber/Mechanic   | <input type="checkbox"/> Cosmetology/Barber |  |
| <input type="checkbox"/> Cosmetology/Barber                    | <input type="checkbox"/> Life, Physical, Social Science | <input type="checkbox"/> Tradesman          |  |
| <input type="checkbox"/> Farming, Fishing, Forestry            | <input type="checkbox"/> Transportation/Materials       | <input type="checkbox"/> Other              |  |

**Previous Employment/Unemployment Periods**

<u>NAME OF EMPLOYER/ UNEMPLOYED</u>	<u>ADDRESS</u>	<u>TYPE OF WORK/ HOURS PER WEEK</u>	<u>SALARY, REASON FOR LEAVING</u>	<u>START/END DATES</u>

**EMPLOYMENT – COMMENTS AND REMARKS**

**SECTION III. FINANCIAL INFORMATION**

**SOURCES OF INCOME BEFORE INCARCERATION:**

<u>TYPE</u>	<u>MONTHLY</u>	<u>YEARLY</u>
Earnings from Job	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Family Support	_____	_____
Food Stamps	_____	_____
Retirement Pension	_____	_____
Unemployment	_____	_____
Social Security	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____

**EXPENSES BEFORE INCARCERATION:**

<u>TYPE</u>	<u>MONTHLY</u>	<u>YEARLY</u>
Rent	_____	_____
Gas/Electricity/Water	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Phone/Internet	_____	_____
Food	_____	_____
Car Payment	_____	_____
Transportation (Gas, Bus Fare, etc.)	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTALS:**

<b>Monthly Difference (+/-)</b>	=====	=====
<b>Yearly Difference (+/-)</b>	=====	=====

**FINANCIAL INFORMATION – COMMENTS AND REMARKS**

**SECTION IV. SUBSTANCE ABUSE HISTORY**

**SUBSTANCE ABUSE USE:**

<b>DRUG TYPE</b>	<b>RANK OF PREFERENCE (1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, ETC.)</b>	<b>AGE BEGAN USING</b>	<b>METHOD LAST USED</b>	<b>FREQUENCY OF USE</b>
Alcohol				
Amphetamines				
Benzodiazepines				
Cannabinoids				
Cocaine				
MDMA (X)				
Hallucinogens				
Heroin				
MethAMP				
Opiates				
Suboxone				
Methadone				
Other				

**SUBSTANCE ABUSE TREATMENT:**

<b>TYPE</b>	<b>CURRENT</b>	<b>HISTORY</b>
Inpatient		
Outpatient		
Self-Help (AA/NA)		
Confined Treatment		

<b>NAME OF PROGRAM</b>	<b>LOCATION</b>	<b>DATES</b>	<b>PURPOSE</b>	<b>DISCHARGE TYPE (COMPLETED/NOT)</b>

**SUBSTANCE ABUSE HISTORY – COMMENTS AND REMARKS**

**SECTION V. HEALTH**

**PHYSICAL HEALTH:  
BRIEF CURRENT STATUS DESCRIPTION**

---

**PHYSICAL HEALTH STATUS** *(Check Best Fitting Response)*

- Minor Medical Problems Only
- Significant Medical Disorder (Under control but follow-up care required)
- One of More Chronic or Recurrent Medical Problems
- Uncontrolled Significant Disorder
- Diagnostic Evaluation or Specific Treatment in Progress
- None  Unknown

**NAMES OF MEDICATIONS AND REASON(S) FOR USE:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**MENTAL HEALTH (CHECK ALL THAT APPLY)**

- No Evidence of a current or past mental health condition
- History of mental health condition. No active symptoms.
- Mental health condition requiring ongoing treatment.
- Has been in psychotherapy or counseling within the last 12 months for a mental health condition.
- Currently taking medication for a mental health condition (psychotropic drug).
- Has seen a physician within the last 12 months for a mental health condition.
- Has been hospitalized within the last 24 months for a mental health condition.
- Has been prescribed medication for emotional/psychological problems while using/abusing drugs or alcohol.

**Have you ever seen a doctor for any emotional or psychiatric problem?**  Y  N  Unknown

If yes, when, where, and last visit?: \_\_\_\_\_

**Have you ever been hospitalized for emotional problems?**  Y  N  Unknown

If yes, when and where? \_\_\_\_\_

**Have you ever been prescribed medication for emotional or psychiatric problems?**  Y  N  Unknown

If yes, name of medication(s) and how long you used it: \_\_\_\_\_

**HEALTHCARE/BENEFIT RECONNECTION:**

**Did you have healthcare benefits before you were incarcerated?**  Y  N  Unknown

If yes, what kind of coverage? \_\_\_\_\_

**Do you need to be reinstated or need health insurance when released?**  Y  N  Unknown

**Were you receiving social security disability or other state provided assistance?**  Y  N  Unknown

If yes, what kind and do you need to be reinstated? \_\_\_\_\_

**HEALTH – COMMENTS AND REMARKS**

**SECTION VI. SELF REPORTED CRIMINAL HISTORY**

<u>DATE OF ARREST/AGE</u>	<u>AGENCY/LOCATION</u>	<u>OFFENSE CHARGED</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Probation/Parole History:  Y  N      Where \_\_\_\_\_      Violations:  Y  N

Probation/Parole Officer's Name, Address, Telephone : \_\_\_\_\_

Are you currently a member of a gang?       Y       N

Have you ever been a member of a gang?       Y       N

Gang Name: \_\_\_\_\_

Initiation Date: \_\_\_\_\_

When Did You Get Out: \_\_\_\_\_

**SELF REPORTED CRIMINAL HISTORY – COMMENTS AND REMARKS**

**SECTION VII. INITIAL INTAKE ASSESSMENT**

Check the most appropriate response in each category:

<u>PROBLEM AREA</u>	<u>LIMITED/SLIGHT</u>	<u>MODERATE</u>	<u>SEVERE</u>
Employment/Financial Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal/Criminality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational/Vocational Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NEEDS ASSESSMENT NOTES**

Alcohol/Drug Use:

---

Employment/Financial:

---

Family/Peer Relationships:

---

Leisure and Recreation:

---

Legal/Criminal History:

---

Healthcare (Primary and Mental):

---

Benefit Reconnection/Support:

---

Educational/Vocational Needs:

---

Family Ties:

---

Person Completing Intake Summary (*Printed*): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Certified Counselor (*Printed*): \_\_\_\_\_

\_\_\_\_\_  
Certified Counselor Signature

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
PARTICIPANT RE-ENTRY PLAN

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
ALTERNATE PHONE NUMBER

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

REASON FOR CURRENT INCARCERATION- CHARGE: \_\_\_\_\_

NUMBER OF INCARCERATIONS: \_\_\_\_\_

PROGRAMS COMPLETED: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_

RELEASE DATE: \_\_\_\_\_

**SMART** Goals should be established for each section.

**Specific** - Goals must be clearly identifiable.

**Measurable** - Goals must be calculable.

**Attainable** - Goals must be achievable.

**Realistic** - Goals must be sensible.

**Timed** - Goals must have an established timeframe.

Do not be afraid to dream big on the goals. Just make sure to think out the steps that you are going to have to take to reach that goal. Make each step realistic and attainable, and use these "mini-goals" as stepping stones to the ultimate goals/objectives.

***Please note that this plan is only a guide to assist incarcerated individuals and those individuals soon to be released from prison with their efforts in reentering the community. It is up to the individual person for whom the plan is developed to make sincere efforts in following this plan and other legitimate means of reintegrating themselves into the community. It should be emphasized that the goals and responses set forth in this plan should be by the individual for whom this plan is developed with the assistance/guidance of the Board of Parole (BOP) and/or Counseling Staff***

PARTICIPANT NAME	TDOC NUMBER	DATE
Spouse/Paramour Relationship: Are there any issues?		Yes ___ No ___

<b>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</b>
<b>BARRIERS (RELATED TO TOPIC):</b>
<b>SKILLS/STRENGTHS (RELATED TO TOPIC):</b>
<b>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</b>
<b>STEP 1:</b>
<b>TARGET DATE:</b>
<b>STEP 2:</b>
<b>TARGET DATE:</b>
<b>STEP 3:</b>
<b>TARGET DATE:</b>
<b>STEP 4:</b>
<b>TARGET DATE:</b>
<b>STEP 5:</b>
<b>TARGET DATE:</b>
<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b>COMPLETION DATE:</b>



\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Housing Needs: Are there any issues?**

**Yes** \_\_\_

**No** \_\_\_

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b>TARGET DATE:</b>
<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Legal Needs: Are there any issues?**

**Yes** \_\_\_

**No** \_\_\_

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b>STEP 5:</b>
<b>TARGET DATE:</b>
<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Employment Needs: Are there any issues? Yes \_\_\_ No \_\_\_**

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
<b>STEP 1:</b>
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<b>STEP 5:</b>
<b>TARGET DATE:</b>
<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Transportation Needs: Are there any issues?**

**Yes** \_\_\_

**No** \_\_\_

<b><u>ULTIMATE GOALS:</u></b> ( IF THERE ARE NONE, EXPLAIN WHY NOT)
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED:</u></b> PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.
<b>STEP 1:</b>
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<b>STEP 5:</b>
<b>TARGET DATE:</b>
<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

PARTICIPANT NAME	TDOC NUMBER	DATE
<b>Medical / Dental Needs: Are there any issues?      Yes ___      No ___</b>		

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b>STEP 6:</b>
<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Budget / Financial Needs: Are there any issues?    Yes \_\_\_    No \_\_\_**

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Alcohol, Drug and Addiction Issues/ Counseling/Support: Are there any issues? Yes \_\_\_ No \_\_\_**

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b><u>COMPLETION DATE:</u></b>



\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Anger Management/ Relapse Prevention: Are there any issues?**

YES \_\_\_

NO \_\_\_

<b><u>ULTIMATE GOALS:</u></b> ( IF THERE ARE NONE, EXPLAIN WHY NOT)
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED:</u></b> PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.
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<b>TARGET DATE:</b>
<b><u>COMPLETION DATE:</u></b>

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
TDOC NUMBER

\_\_\_\_\_  
DATE

**Social Services / Individual or Other Needs: Are there any issues?**

**YES** \_\_\_ **NO** \_\_\_

<b><u>ULTIMATE GOALS: ( IF THERE ARE NONE, EXPLAIN WHY NOT)</u></b>
<b><u>BARRIERS (RELATED TO TOPIC):</u></b>
<b><u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u></b>
<b><u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u></b>
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<b><u>COMPLETION DATE:</u></b>

**SMART** Goals should be established for each section.

**Specific** - Goals must be clearly identifiable.

**Measurable** - Goals must be calculable.

**Attainable** - Goals must be achievable.

**Realistic** - Goals must be sensible.

**Timed** - Goals must have an established timeframe.

Each section should have a realistic, logical, step-by-step plan to reach the goals listed at the beginning. ALL participants should agree that the steps are attainable, relate to the final goal, and are willing to help the client achieve these goals. Please review the re-entry plan for these qualifications, and once agreed upon, please sign below:

**PARTICIPANT(S) SIGNATURE(S)**

<u>PARTICIPANTS</u>	<u>NAME</u>	<u>DATE</u>	<u>SIGNATURE</u>	<u>AGREEMENT</u>
Participant	_____	_____	_____	_____
Family/Partner	_____	_____	_____	_____
Case Manager	_____	_____	_____	_____
Family Liaison	_____	_____	_____	_____
IPO/BOP	_____	_____	_____	_____
Other (Specify)s	_____	_____	_____	_____





**TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY PROGRAMMING REPORTING**

Institution: \_\_\_\_\_  
 Program Manager: \_\_\_\_\_  
 Person Submitting Report: \_\_\_\_\_

Month/Year: \_\_\_\_\_

I. INTAKE SUMMARY	BEGINNING			RACE				# DISCHARGES	RACE				ENDING
	CENSUS	# REFERRALS	# INTAKES	W	B	H	O		W	B	H	O	
TDOC TC	0	0	0	0	0	0	0	0	0	0	0	0	
CCA TC	0	0	0	0	0	0	0	0	0	0	0	0	
Contractor TC	0	0	0	0	0	0	0	0	0	0	0	0	
Group Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
Transitional Program	0	0	0	0	0	0	0	0	0	0	0	0	
Behavioral TC	0	0	0	0	0	0	0	0	0	0	0	0	
TVDP	0	0	0	0	0	0	0	0	0	0	0	0	
Life Management (MH)	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

II. URINALYSIS TESTING	INMATES TESTED	# NEGATIVE	# REFUSED	# POSITIVE	SUBSTANCES DETECTED				
					THC	AMPH	COC	BENZO	OTHER
INITIAL TESTING	0	0	0	0	0	0	0	0	0
RANDOM (PROG)	0	0	0	0	0	0	0	0	0
RANDOM (SECUR)	0	0	0	0	0	0	0	0	0
END OF PROGRAM	0	0	0	0	0	0	0	0	0
PAROLE TESTING	0	0	0	0	0	0	0	0	0
RETEST/SANCTION	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

III. DISCHARGE SUMMARY						
TOTAL DISCHARGES:	SUCCESSFUL	0	UNSUCCESSFUL	0	TOTAL	0

SUCCESSFUL DISCHARGES	Released -	
	General Population	Parole
TDOC TC	0	0
CCA TC	0	0
Contractor TC	0	0
Group Therapy	0	0
Transitional Program	0	0
Behavioral TC	0	0
TVDP	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

UNSUCCESSFUL DISCHARGES	Rule Breaking	Drug Use	Medical	Transferred		Early Parole	Program Mandate	Expired
CCA TC	0	0	0	0	0	0	0	
Contractor TC	0	0	0	0	0	0	0	
Group Therapy	0	0	0	0	0	0	0	
Transitional Program	0	0	0	0	0	0	0	
Behavioral TC	0	0	0	0	0	0	0	
TVDP	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>

**IV. OTHER PROGRAM ACTIVITIES**

Total Community Services Hours Worked This Month: \_\_\_\_\_

Total GEDs Received This Month: \_\_\_\_\_

Other Significant Activities or Notes for This Month:



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE DISORDER  
CONFIDENTIALITY NOTICE AND WAIVER**

\_\_\_\_\_  
INSTITUTION

I, \_\_\_\_\_ hereby consent to communication  
Participant Name *(Please Print)* TDOC Number

between the Tennessee Department of Correction (TDOC) Addictions Treatment Staff and other facility staff (including Institutional Parole Officers) as needed to complete their job.

The purpose of and need for this disclosure is to inform criminal justice agencies of my attendance and progress in substance use disorder treatment. The extent of information to be disclosed is my assessment, information about my attendance and participation or lack of attendance/participation in treatment sessions, my cooperation with and participation in the treatment program, prognosis, recommendations by the staff, participation in Continuing Care, and compliance with my Re-Entry Plan.

I understand that this consent will remain in effect for 12 months from the date signed unless:

- a. It is earlier revoked by me. (I understand that revoking this waiver before the completion of treatment will prevent the TDOC from informing other facility staff, including Institutional Parole Officers, of necessary information to complete their job. By revoking this waiver, my treatment will end and I will receive the associated consequences of an unsuccessful termination.)
- b. There has been a formal and effective termination or revocation of my sentence, release from confinement, probation, parole, or other completed legal proceeding which removes me from facility control.

I also understand that any disclosure made is bound by Part 2 of title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
TDOC Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Staff Witness Signature

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE DISORDER PARTICIPANT RIGHTS  
AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGMENT**

---

INSTITUTION

As a participant in our program, you have the right to the following:

1. Be informed of your rights verbally and in writing.
2. Give informed consent acknowledging your permission for us to provide treatment.
3. Be provided a safe environment, free from physical, sexual, and emotional abuse.
4. Receive complete and accurate information about your treatment plan, goals, methods, potential risks and benefits, and progress.
5. Receive information about the professional capabilities and limitations of any clinician(s) involved in your treatment.
6. Be free from audio video recording without informed consent.
7. Have the confidentiality of your treatment and treatment records protected. Information regarding your treatment will not be disclosed to any person or agency without your written permission except under circumstances where the law required such information to be disclosed. You have the right to know the limits of confidentiality and the situations in which your therapist/agency is legally required to disclose information.
8. Have access to information in your treatment records:
  - a. With the approval and under the supervision of the clinic director.
  - b. To have information forwarded to a new therapist following your treatment at this facility.
  - c. To challenge the accuracy, completeness, timeliness, and/or relevance of information in your record, and the right to have factual errors corrected and alternative interpretations added.
9. File a grievance if your rights have been denied or limited. You can initiate a complaint in writing to the grievance chair person. You have the right to receive information about the grievance procedure in writing.

**PARTICIPANT CONFIDENTIALITY**

The Tennessee Department of Correction (TDOC) has a commitment to keep information you provide and your clinical record confidential. Beyond our commitment to Ethical Standards, federal as well as state law requires it. You can give permission to our program counselors in writing if you wish your information to be shared with specific persons outside our agency. There are exceptions when we can/must release information without your written permission. Your clinical information will be released without your written consent if: (1) it is necessary to protect you or someone else from imminent physical harm; (2) we receive valid court order that mandates we release your information; or (3) you are reporting abuse of children, the elderly, or persons with disabilities.

This is to acknowledge that I have read, understood, and agreed with the above information.

---

Participant Signature

---

TDOC Number

---

Date

This acknowledges that I have reviewed and answered questions about the client's rights and confidentiality as well as our services.

---

Signature of Clinician

---

Date



**TENNESSEE DEPARTMENT OF CORRECTION  
 AUTHORIZATION FOR RELEASE OF SUBSTANCE  
 USE DISORDER TREATMENT INFORMATION**

\_\_\_\_\_  
 INSTITUTION

Inmate Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_  
*Please Print*

Last 4-digits of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
 (Inmate's Name) (Name of specific program)  
 disclose \_\_\_\_\_  
 (Kind and amount of information to be disclosed)

to \_\_\_\_\_  
 (Name of specific person, program, or organization)

for the following purpose(s): \_\_\_\_\_  
 (Specify, e.g., parole referral and supervision, aftercare treatment, etc.)

**Expiration:**

This authorization expires twelve (12) months from the date of signature below and covers information only prior to that date. I understand that I may revoke this consent at any time. I also understand that any disclosure which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information disclosed pursuant to this authorization cannot be redisclosed by the recipient named above unless I specifically authorize such further disclosure in writing.

*Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.*

I hereby release the provider, facility, or program disclosing this information upon my authorization from any liability:

\_\_\_\_\_  
 Signature of Inmate

\_\_\_\_\_  
 Signature of Parent/Authorized Representative & Relationship

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

**NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION:** *This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*





TENNESSEE DEPARTMENT OF CORRECTION  
**SUBSTANCE USE DISORDER INDIVIDUAL TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

Inmate Name: \_\_\_\_\_ TDOC Number: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Primary Counselor: \_\_\_\_\_

TC Residential SA \_\_\_\_\_ Group Therapy \_\_\_\_\_

**DSM-V-TR Diagnostic Impression**

**CODE**

**DESCRIPTION**

CODE	DESCRIPTION
_____	_____
_____	_____

**MASTER PROBLEM LIST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRENGTHS :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OBSTACLES TO TREATMENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROBLEM DESCRIPTION/#:**

**LONG TERM OUTCOMES/GOALS:**

**OBJECTIVES:**

	IM/COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/INITIAL
1.				
2.				
3.				

OBJECTIVE	METHODS/INTERVENTIONS (SERVICES)	FREQUENCY	
1.			
2.			
3.			

\_\_\_\_\_ Participant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Counselor/Clinician Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Clinical Manager Signature

\_\_\_\_\_ Date



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE DISORDER INITIAL TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
TDOC Number

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Modality: \_\_\_\_ TC \_\_\_\_ Group Therapy Primary Counselor \_\_\_\_\_

DSM IV Diagnostic Impression: \_\_\_\_\_

**Problem: Participant has a need to complete the Substance Use Disorder Treatment Program based on bio-psycho-social and LS/CMI assessments.**

**Long Term Outcome/Goal: Complete all necessary requirements related to the treatment program and attend all scheduled program activities during the next thirty (30) days.**

**OBJECTIVES/INTERVENTIONS**

#	DATE	IM AND COUNSELOR INITIAL	OBJECTIVES	TARGET DATE	ACHIEVED DATE AND COUNSELOR INITIALS
1			Client complete the assessment surveys: CTS, PSY, SOC.		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document committing to participate by these rules.		
5			Client will attend individual session to develop the master treatment plan.		

OBJECTIVE	METHODS/INTERVENTIONS(SERVICES)	FREQUENCY
1.	Counselor will provide all the necessary assessments, score then and place documentation on chart.	One Time
2.	Counselor will monitor program attendance.	On Going
3.	TDOC Staff will administer urine drug screen at intake and the counselor will document results in participant's file.	One Time
4.	Counselor will provide the participant with the group rules and expectations. Will make sure participant understands these requirements by verbal agreement between the counselor and participant as well as a signed document representing this agreement in the clinical file.	One Time
5.	Counselor will provide an individual session to develop the individual treatment plan with the participant.	One Time

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE ABUSE MONTHLY PROGRESS REPORT**

\_\_\_\_\_  
INSTITUTION

Participant Name: \_\_\_\_\_ TDOC Number \_\_\_\_\_  
*Please Print*

Program: \_\_\_\_\_ Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Format: Mm/dd/yyyy

**SUBSTANCE ABUSE PROGRAM ATTENDANCE (MANDATORY)**

Enter number of sessions attended for each of the following that apply:

\_\_\_ Group Sessions      \_\_\_ Individual Sessions      \_\_\_ Total TC Related Groups

Dates of Excused Absences: \_\_\_\_\_

Dates of Unexcused Absences: \_\_\_\_\_

Degree of Participation/Involvement:

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Average    \_\_\_ Needs Improvement    \_\_\_ Absent/Unsatisfactory

**RECOVERY GROUP ATTENDANCE (NON MANDATORY)**

Enter number attended for each of the following that apply:

\_\_\_ AA/NA/CA (Voluntarily)

\_\_\_ Other (please specify) \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**COMPLIANCE WITH OTHER TREATMENT PROGRAM REQUIREMENTS**

Number of UAs/other tests this period: \_\_\_\_\_

Failed UA?    \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_

Any other behavior relapses?    \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_

Number of Awarenesses Received: \_\_\_\_\_

Comments: \_\_\_\_\_

Homework Requirements Satisfied:    \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_

Program Milestones Achieved:

---

Key Concepts Learned:

---

Treatment Goals/Objectives revised this period?    \_\_\_ Yes    \_\_\_ No

If yes, changes made:

---

---

**OVERALL PROGRESS TOWARD TREATMENT GOALS/OBJECTIVES**

\_\_\_ Excellent    \_\_\_ Satisfactory    \_\_\_ Fair    \_\_\_ Marginal    \_\_\_ Unsatisfactory

Comments:

---

Services Continued: \_\_\_\_\_ Services Completed: \_\_\_\_\_ Services Terminated: \_\_\_\_\_

DATE:    \_\_\_ / \_\_\_ / \_\_\_  
Date Format: Mm/dd/yyyy

Reason/Comments:

---

---

Counselor Name *(Please Print)*

---

Date

---

Counselor Signature

---

Date



TENNESSEE DEPARTMENT OF CORRECTION  
**SUBSTANCE USE DISORDER TREATMENT  
 PROGRAM ALTERNATIVE DISCIPLINARY**

\_\_\_\_\_  
 INSTITUTION

\_\_\_\_\_  
 Participant Name

\_\_\_\_\_  
 TDOC Number

\_\_\_\_\_  
 Counselor Name

\_\_\_\_\_  
 TDOC Number

**DESCRIPTION OF INCIDENT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LEARNING EXPERIENCE/ SANCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have discussed this matter with \_\_\_\_\_ and have agreed to accept an informal disciplinary sanction rather than have him/her initiate formal disciplinary actions against me. I understand that by signing this form and accepting an informal disciplinary sanction I am waiving the following rights:

- a. The right to be formally charged with the disciplinary infraction(s) listed above once I have successfully completed my Learning Experience/ Sanction.
- b. The right to have my guilt and punishment decided by the disciplinary board.
- c. The right to have a disciplinary hearing.
- d. The right to appeal the decision of my counselors and the Learning Experience/ Sanction imposed.

I further acknowledge that though this report will not result in an informal disciplinary and will not be included in my institutional record, this report will go in my clinical file as documentation of the above mentioned incident. Repeated violations of program rules and regulations can result in my dismissal from the program.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Counselor Signature

\_\_\_\_\_  
 Date

Reviewed by:

\_\_\_\_\_  
 Manager Signature

\_\_\_\_\_  
 Date



**TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE DISORDER CLINICAL DISCHARGE SUMMARY**

\_\_\_\_\_  
INSTITUTION

Participant Name: \_\_\_\_\_ TDOC Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*Please Print*  
Date Format: mm/dd/yyyy

Admission Date: \_\_\_\_\_ to \_\_\_\_\_ Discharge Date: \_\_\_\_\_ to \_\_\_\_\_

Discharge Status: \_\_\_\_\_

**Demographics:**

\_\_\_\_\_

**Summary of Treatment Progress (add additional pages as needed)**

\_\_\_\_\_

1) **Acute Intoxication and/or Withdrawal Potential:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

2) **Biomedical Conditions and Complications:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

3) **Emotional Behavioral & Cognitive Conditions/Complication:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

**TCU SCALES**

SCALE	CRITERIA	ADMISSION	DISCHARGE	DIFFERENCE
<b>CRIMINAL THINKING</b>				
	Entitlement			
	Justification			
	Power Orientation			
	Cold Heartedness			
	Criminal Rationalization			
	Personal Responsibility			
<b>PSYCHOLOGICAL</b>				
	Self Esteem			
	Depression			
	Anxiety			
	Decision Making			
	Expectancy			
	Accuracy			
<b>SOCIAL</b>				
	Hostility			
	Risk Taking			
	Social Support			
	Social Desirability			
	Accuracy			

4) **Readiness to Change:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

5) **Relapse/Continued Use/Continued Problem Potential:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

6) **Recovery and Living Environment:** \_\_ Low \_\_ Medium \_\_ High

**As Evidenced By/Comments:**

\_\_\_\_\_

**CONTINUED LEVEL OF SERVICE RECOMMENDATIONS (CHECK "v" THE CLOSEST THAT APPLY)**

- |   |  |
|---|--|
| <input type="checkbox"/> None Recommended                         | <input type="checkbox"/> Level III.1 Clinically Managed, Low Intensity, Residential  |
| <input type="checkbox"/> Level I Outpatient Services              | <input type="checkbox"/> Level III.5 Clinically Managed, High Intensity, Residential |
| <input type="checkbox"/> Level II.1 Intensive Outpatient Services | <input type="checkbox"/> Level III.7 Medically Monitored Intensive Treatment         |
| <input type="checkbox"/> Level II.5 Partial Hospitalization       | <input type="checkbox"/> Level IV Medically Managed Intensive Treatment              |

**Continued Care Recommendations:**

\_\_\_\_\_

\_\_\_\_\_  
Primary Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager Signature

\_\_\_\_\_  
Date

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 513.07	Page 1 of 1
	Effective Date: September 1, 2015	
	Distribution: B	
	Supersedes: N/A	
Approved by: Derrick D. Schofield		
Subject: SUBSTANCE USE DISORDER PROGRAMMING AND SERVICE DELIVERY		

POLICY CHANGE NOTICE      15-26

INSTRUCTIONS:

Please add the following to Section VI.(C) to read as follows:

- “3. Relapse Prevention – Low intensity Group Counseling: This treatment service shall be offered when and where resources permit. Relapse Prevention is ideally targeted toward participants who are earlier in progression of their drug use or addictive behavior pattern. Curriculum and program objectives focus more on awareness and education than higher intensity alternatives. Thus, this treatment service would be less well suited for participants that score medium or above on TCU Drug Screen II. Relapse Prevention shall be provided by qualified substance use disorder personnel as defined in section IV. All Relapse Prevention Programs must provide an evidence-based treatment approach that addresses criminogenic needs. All Relapse Prevention Programs shall provide, at minimum, 90 hours of structured evidenced based treatment services. Relapse Prevention will satisfy the Board of Parole’s requirements for Relapse Prevention.

Program Services Include:

- a. Substance Use Disorder Counseling
- b. Relapse Prevention Skills Building
- c. Criminal Thinking Errors Awareness
- d. Recovery Oriented Life Skills Building
- e. Re-entry Planning”