 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 513.02	Page 1 of 23
	Effective Date: November 1, 2021	
	Distribution: B	
	Supersedes: 513.02 (8/15/17)	
Approved by: Tony Parker		
Subject: TRANSITION CENTER		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a program that provides treatment and a structured release back into the community.
- III. APPLICATION: Assistant Commissioners, Superintendents (excluding Tennessee Correction Academy), Deputy Superintendents, Wardens, Associate Wardens, transition center staff, transition center residents, Tennessee Department of Correction (TDOC) employees and contract staff.
- IV. DEFINITIONS:
 - A. Dedicated Transition Center: A facility with infrastructure, security procedures, and emergency operations that are uniquely different from those of other prisons based on its own mission.
 - B. Offender Review Panel: Designated staff who review residents' disciplinary infractions and recommend disciplinary sanctions to the Superintendent.
 - C. Resident: Inmates who are assigned to a TDOC transition center.
 - D. Resident Advisor: Inmates who are assigned to a transition center as mentors.
 - E. Risk/Needs Assessment (RNA) Tool: A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate's level of programming.
 - F. Sanctions: Consequences of non-paid duties given to offenders as a result of an infraction.
 - G. Swift, Certain, and Proportionate Sanctions: Sanctions that address non-compliance in a standardized method that measures officer oversight and monitors success statewide.
 - H. Transition Center (TC): A facility that is designed to assist in the transition of inmates from prison life back to community living and is governed by specific guidelines and expectations.
 - I. Transition Center Committee: A committee designated by the Assistant Commissioner of Rehabilitative Services for the purpose of maintaining the fidelity of all programs conducted at Transition Centers to include, but not be limited to, Correctional Administrators of Rehabilitative Services, Correctional Administrators of Prisons, the Director of Behavioral Health and the Superintendent of Education.

Effective Date: November 1, 2021	Index # 513.02	Page 2 of 23
Subject: TRANSITION CENTER		

- J. Transition Center Phase Board: A board designated to recommend transition center phase progression and regression comprised of the Counselor 3, Chief Counselor, Mental Health Personnel, Education Personnel, and Deputy Superintendent/Associate Warden of Treatment. Final approval of the board's recommendation will reside with the Superintendent/Warden.
- V. POLICY: TDOC shall provide (within the limitations imposed by available resources) an opportunity for inmates to become residents of the transition center and participate in transition services which impact their reentry into the community.
- VI. PROCEDURES:
- A. Transition Center Criteria
1. Requirements:
 - a. The following will occur before an inmate is accepted into the transition center:
 - (1) The chief counselor/designee from the sending institution will forward a list of potential inmates for placement into the transition center, utilizing the Resident Qualification Log, CR-4075, to the transition center chief counselor.
 - (2) The transition center chief counselor/designee will initiate a Transition Center Placement, CR-4079, for inmates selected for the transition program. The completed Transition Center Placement, CR-4079, shall be forwarded to the sending institution's chief counselor/designee.
 - (3) The sending institution will have the inmate sign the Transition Center Placement, CR-4079, accepting or declining placement into the program.
 - (4) The chief counselor/designee of the sending institution will approve or deny the transition center placement, using transition center criteria and classification guidelines in Policy #404.07.
 - (5) The completed Transition Center Placement, CR-4079, whether accepted or declined, shall be forwarded to the transition center chief counselor.
 - b. Priority shall be given to inmates who will be residing, upon release, in surrounding counties of each Transition Center.
 - c. No Class A disciplinary offenses within the past year. Any Class B disciplinary offenses within the past year will be reviewed by the sending/receiving facilities for approval/disapproval.
 - d. Confirmed Security Threat Group (STG) members. The following exceptions will remain eligible: those designated inactive or if active, deemed eligible by the Office of Investigations and Conduct (OIC), and with the

Effective Date: November 1, 2021	Index # 513.02	Page 3 of 23
Subject: TRANSITION CENTER		

Warden's/Superintendent's approval. The inmate shall not have any documented STG related disciplinary activity within a 12-month period. This shall be verified with the Regional/Facility STG Coordinator/OIC.

- e. Inmates (other than resident advisors) must meet one of the following criteria:
 - (1) Have received a Board of Parole (BOP) mandate with a final decision to be released upon successful completion of a program offered at the TC and be annex eligible;
 - (2) Be within 36 months of the expiration of their sentence and annex eligible;
 - (3) Residents currently housed at a transition center prior to the effective date of this policy shall remain at the transition center until such time as they no longer meet eligibility requirements via reclassification, or they are released from prison.
- f. Residents shall have Assignment of Responsibility, BI0D089, read to them before placement in any minimum direct or trustee status or program. Refusal to sign this form shall be noted on the form and witnessed by the staff member responsible. In accordance with TCA 40-28-123(B)(1), any inmate whose current conviction is the result of any felony (except escape) committed while on any minimum custody status that provides for supervised release programs into the community and/or furloughs, is prohibited from further participation in such community release programs during the remainder of the term of incarceration.
- g. Resident advisors at the transition center will serve as a resource for other residents; assist in encouraging the adherence to TDOC and TC rules and policies; and serve as examples and uphold professional and personal accountability. Requirements for resident advisors are as follows:
 - (1) Must have documented recommendation from the sending Warden/designee
 - (2) Required to remain on the compound
 - (3) Must not have been terminated from a job assignment within the preceding year.
 - (4) Must be willing to serve as a positive role model
 - (5) After review of current health status, as completed by appropriate medical staff, inmate must have a Class A and B medical health evaluation and a mental health LOC of 2 and below.
 - (6) No Class A disciplinary offenses within the past year. Any Class B disciplinary offenses within the past year will be reviewed by the sending/receiving facilities for approval/disapproval.

Effective Date: November 1, 2021	Index # 513.02	Page 4 of 23
Subject: TRANSITION CENTER		

- (7) Must have a specified skill set and competency in area of assignment
- (8) Must be annex eligible
- (9) Shall not be assigned to any community service or work release detail.

2. Exclusions:

- a. Inmates who have been convicted of First-Degree murder, as per Policy #404.07 or any other conviction resulting in a sentence of life.
- b. Inmates with active felony detainers, and/or pending felony charges.
- c. Inmates pending deportation actions.
- d. No escape or attempted escape from medium or above secure custody (from behind fence, wall, armed escort, etc.) within the last ten years of incarceration, and no escape/abscond from minimum custody supervision (walk off, trustee, etc.) within the last five years of incarceration.
- e. Sex offenders will not be assigned to the transition centers, regardless of custody classification.

B. Residents must be classified as trustee custody level (as outlined in Section C) to progress to Phase 3:

- 1. Inmates convicted of offenses designated as non-violent in the *Classification User's Guide, Appendix VI*. are eligible after being in TDOC custody for a minimum of three months. Offenders convicted of offenses designated as violent in the *Classification User's Guide, Appendix VI*. are eligible after being in TDOC custody for a minimum of twelve months.
- 2. Inmates must have no felony detainers, pending felony charges, or pending immigration deportation actions. Misdemeanor detainers shall be evaluated for risk at the discretion of the Superintendent/designee.
- 3. Inmates must have no disciplinary convictions for assaultive conduct that resulted in serious injury or the death of another individual or any other court prosecuted felony convictions for a violent offense during the past five years of incarceration.

C. Program Design

1. The Transition Center Program will consist of three phases:

- a. Phase 1 will be completed in three to six months and include an assessment and orientation phase in which participants will begin intensive programming and treatment. Any substance use treatment must be performed in accordance with the procedures outlined in Policy #513.07.
- b. Phase 2 will be completed within three to six months of assignment and will focus on community service and employment readiness skills. Emphasis shall

Effective Date: November 1, 2021	Index # 513.02	Page 5 of 23
Subject: TRANSITION CENTER		

be placed on the types of identification that are required for employment/work release.

- c. Phase 3 will address reentry employment and employment retention until the resident's release date. Residents shall leave daily for jobs, medical appointments, etc.
 - d. All changes in Transition Center program offerings must be approved by the Transition Center Committee.
2. Phase progression is approximately three to six months; however, each phase must be successfully completed based on the accomplishment of observable treatment goals, including completion of assignments, attendance at groups, and observable behavioral changes, before advancement to the next phase is granted. Phase progression will be evaluated every 30 days. Evaluation will be documented utilizing the Transition Center Evaluation, CR-4078. Contact note will be made in OMS noting phase progression.
 3. Transition Center Phase Assessments, CR-4076, should be completed every 90 days in each phase. The counselor will present phase assessment forms and recommendation for phase progression /regression to the Transition Center Phase Board for approval/denial recommendation. Final approval of phase progression/regression shall be made by the Superintendent/Warden. Recommendations should also take into consideration the individual service plans, treatment goals, performance objectives and observed behaviors on file for each resident.
 4. Victim/sentencing jurisdiction notification shall take place prior to a resident's custody assignment of minimum trustee in accordance with Policies #103.11 and #404.07.1.
 5. Within ten working days after placement in the TC program, the counselor will assess the resident's needs utilizing the Risk/Needs Assessment Tool and Transition Center Phase Assessment, CR-4076. The counselor and the resident will develop a Transition Center Individual Service Plan, CR-3714, based on the assessment form and transition phase goals. The service plan will detail treatment goals and performance objectives for each phase of the program.
 6. In accordance with Policy #505.10, residents shall be selected for participation in the work release program following specified criteria and shall adhere to established guidelines for participation.
 7. Programs shall develop a disciplinary process with the following guidelines:
 - a. The following disciplinary infractions shall follow a swift, certain, and proportionate disciplinary model:
 - (1) Abuse of Telephone Privileges (TEL) (Class B or C): Unauthorized use of telephone, abusing equipment, or violating any other written directive relating to inmate telephone use.

Effective Date: November 1, 2021	Index # 513.02	Page 6 of 23
Subject: TRANSITION CENTER		

- (2) Dress Code Violation (DRV) (Class C): The failure to properly wear prescribed clothing in designated areas or in the manner mandated by TDOC Policy.
 - (3) Horseplay (HOR) (Class C): Rough frolicking, not to the point of fighting.
 - (4) Littering (LIT) (Class C): Carelessly or deliberately discarding materials in unauthorized areas.
 - (5) No TDOC ID Card on Person (NID) (Class C): Failure to maintain ID card in possession.
 - (6) No TDOC ID on Clothing (NOC) (Class C): Failure to mark or maintain proper TDOC identification on clothing.
 - (7) Out of Place (OOP) (Class C): Being present in a restricted or prohibited place or any unauthorized area not governed by general call-out or any area without either written or verbal permission.
 - (8) Receiving Two Food Trays (TFT) (Class C): Obtaining additional trays of food by going through serving line more than one time or by other means.
- b. The following disciplinary infractions shall result in the resident being referred to the offender review panel within 72 hours of an infraction. This can result in a sanction or further disciplinary action.
- (1) Contraband (CON) (Class B or C): To have, own, gain, or maintain control of item(s) which are either prohibited or not specifically authorized, or in excess of what is authorized by departmental or institutional policy. Any such item(s) found in a cell or room is presumed to be in the possession of all occupants of that housing space.
 - (2) Defiance (DFN) (Class A or B): To curse, insult, or threaten a staff member, visitor, or guest in any manner. Prohibited conduct includes but is not limited to abusive or insulting conversation, phone calls, letters, or gestures by an offender. Also, to obstruct, resist, distract, or attempt to elude staff, or any effort to do the above, in the performance of their duties or to intimidate or attempt to intimidate staff in order to manipulate staff's actions.
 - (3) Destruction of State Property (DSP) (Class B): Willful abuse and/or destruction of state-owned property. All guilty dispositions may result in the assessment of restitution for the amount of damages.
 - (4) Destruction of Personal Property (DPP) (Class B): Willful abuse and/or destruction of the personal property of another.

Effective Date: November 1, 2021	Index # 513.02	Page 7 of 23
Subject: TRANSITION CENTER		

- (5) Failure to Report as Scheduled (FRS) (Class C): Failure to be at a designated area at the prescribed time.
- (6) Falsifying, Altering, or Forging an Official Document (FAL) (Class B or C): Changing, modifying, or altering the writing of others, or, the fraudulent making of any writing. This includes falsifying documents such as passes, ID cards, letters, etc.
- (7) Failure to Turn in Earnings (FTE) (Class B): The failure of inmates assigned to applicable external work programs as required by said program to deliver their salaries or other income to the institution.
- (8) Fighting (FIG) (Class B or C): A physical altercation between two or more persons without weapons.
- (9) Furlough Violation (FVI) (Class B): Failure to adhere to rules and regulations governing conduct during a period of authorized absence from the facility.
- (10) Gambling/Gaming (GAG) (Class C): The act of wagering items of value in a game of chance.
- (11) Indecent Exposure (IND) (Class B or C): The deliberate exposure in front of another person of the breasts, genitals, or buttocks in a manner intended to excite, embarrass, or threaten that person.
- (12) Intoxicants – Use, Sell, Exchange, Possess (IUS) (Class B): The wrongful possession, use, selling, or exchange of alcoholic products, inhalants, or misuse of prescribed or legal drugs causing an alteration of one's physical or mental state, commonly termed "under the influence."
- (13) Larceny (LAR) (Class B): The unauthorized taking, receiving, or carrying away of state property or the personal goods of another person.
- (14) Late Returning (LRT) (Class B or C): The failure to return to a specific place, at the appointed time, after authorized attendance at a job, school, training program or appointment pass.
- (15) Mutilation (MUT) (Class B or C): To cut, stab, rip, tattoo, burn, or otherwise damage a particular portion of the body by self-inflicted means.
- (16) Participation in Security Threat Group Activities (PGA) (Class A): To organize, promote, encourage, or directly participate in a security threat group or security threat group activity.
- (17) Pending Investigation (PIN) (No disciplinary class designation used): Designation to be used when an inmate is suspected of a Class A or Class B infraction and the Warden/Superintendent determines that the inmate should be returned to the sending institution.

Effective Date: November 1, 2021	Index # 513.02	Page 8 of 23
Subject: TRANSITION CENTER		

- (18) Personal Property Violation (PPV) (Class B or C): Possession of personal property in violation of TDOC and/or institutional policy (i.e., over six cubic feet of property; items not allowed by the commissioner's property list; appliances with no TDOC identification number, a defaced or altered number, or another inmate's number, etc.).
- (19) Possession and/or use of a Cellular Telephone/Communication Device (PCT) (Class B): To have, own, gain, use or maintain control of a cellular telephone or any device which allows unauthorized/unmonitored two-way communication. Any such item found in a cell or room is presumed to be in the possession of all occupants of that housing space.
- (20) Positive Drug Screen (PDR) (Class B): A positive test result for one or more categories of drugs of abuse.
- (21) Possession of Free-World Money (PFM) (Class B or C): To have, own, have control of or attempt to bring unauthorized free-world money into an institution.
- (22) Possession/Use/Introduction of Tobacco Products Offender (PTO) (Class B or C): To possess, own, have, control of, use, introduce, or attempt to introduce into a correctional facility cigarettes, pipes, pipe tobacco, tobacco substitutes, chewing tobacco, snuff, matches, cigarette lighters, smoking paraphernalia, and other items developed or processed for the primary purpose of facilitating the use or possession of tobacco or tobacco-related products. Any such object found in a cell or room is presumed to be in the possession of all the occupants of that housing space.
- (23) Possession of Security Threat Group Materials (PGM) (Class A): To have, own, gain, or maintain control over any material identified as affiliated with a security threat group that includes, but is not limited to items such as: publications which contain articles, illustrations, or advertisements in known security threat group publications; documents of by-laws, ceremonial procedures, rosters, hit lists, memorandums, use of colors, hand signs, drawings, membership cards, certificates of rank, letters of introduction, or any other article or document specifically associated with security threat groups.

A security threat group is defined as a group of individuals possessing common characteristics which serve to distinguish them from other individuals or groups who have been determined to be acting in concert, so as to pose a threat or potential threat to staff, other inmates, the institution or the community.
- (24) Refusal of Cell Assignment (RCA) (Class B or C): Refusal to accept a cell assignment made by a TDOC employee.

Effective Date: November 1, 2021	Index # 513.02	Page 9 of 23
Subject: TRANSITION CENTER		

- (25) Refusal of/or Attempt to Alter Test (RAA) (Class B): Refusal to provide an adequate breath or urine sample for a drug or alcohol screen upon request, refusal to sign any chain of custody forms, or attempting to change or modify documents, urine, or blood content for the purpose of creating false negative test results.
 - (26) Refusal to Participate (RTP) (Class A): Refusal by any inmate to accept or report to or adequately participate in any assigned work, educational, or vocational training programs.
 - (27) Solicitation of Staff (SOS) (Class B): To ask or seek a relationship with institutional or contract employees which extends beyond the normal in inmate/employee interaction. This includes, but is not limited to, fraternization, business transactions, social association, romance, or friendship.
 - (28) Strong-armed Activity (SAA) (Class B): Intimidation or coercion of unwilling inmates to participate in any act.
 - (29) Threatening Offender (TOF) (Class C): A threat to an inmate, whether verbal or physical, explicit or implied.
 - (30) Unauthorized Financial Obligations/Transaction (UFT) (Class B or C): The selling, borrowing, or lending of goods (whether monies or property) or services between inmates or between inmates and free-world persons. Entering into any financial obligation between inmates or between inmates and free-world people without the consent of the Warden is also an unauthorized financial obligation/transaction.
 - (31) Violation of TDOC/Institutional Policies (VPR) (Class B or C): Failure to comply with written rules governing inmate behavior. The incident report shall cite the TDOC policy or institutional policy violated, including policy section and subsection numbers.
- c. The following disciplinary infractions shall result in immediate and swift sanctions, up to and including, dismissal from the TC. The disciplinary process will be adhered to as outlined in Policy #502.02.
- (1) Abscond (ACM) (Class A): To flee custody from indirect supervision. (Indirect supervision is defined as periodic observation and monitoring of offenders as is reasonable in order to supervise said offenders who are assigned to a work crew, detail, or similar assignment not inside the secure perimeter of a facility.
 - (2) Arson (ARS) (Class A): An act committed by any inmate who willfully and maliciously sets fire to or burns, causes to be burned, or who aids, counsels or procures the burning of any personal property, any house, building or other structure, the property of himself/herself or another.

Effective Date: November 1, 2021	Index # 513.02	Page 10 of 23
Subject: TRANSITION CENTER		

- (3) Assault on Staff with Weapon (ASW) (Class A): The assaulting of any staff member, visitor or guest using any object as a weapon, including any liquid or solid substances thrown on or otherwise projected on or at such person, regardless of whether contact is made. The use of teeth will also constitute a violation of this rule.
- (4) Assault on Staff without Weapon (ASO) (Class A): Hostile physical contact or attempted physical contact with a staff member, visitor or guest, including, but not limited to hitting, shoving, wrestling, kicking or similar behaviors.
- (5) Assault on Offender with Weapon (AOW) (Class A): The assaulting of any inmate using any object as a weapon, including any liquid or solid substances thrown on or otherwise projected on or at such person, regardless of whether contact is made. The use of teeth will also constitute a violation of this rule.
- (6) Assault on Offender without Weapon (AOO) (Class A): Hostile physical contact or attempted physical contact with an inmate including but not limited to hitting, shoving, wrestling, kicking or similar behaviors.
- (7) Attempted Escape (AES) (Class A): To attempt to flee from direct custody or supervision of the TDOC.
- (8) Attempted Suicide (SUC) (Class B): Situation in which an individual has performed an actual or seemingly life-threatening behavior with the intent of jeopardizing his/her life or presenting the appearance of such intent, but which has not resulted in death.
- (9) Conspiracy to Violate State Law (CVS) (Class A or B): Two or more persons, each having the culpable mental state required for the offense which is the object of the conspiracy and each acting for the purpose of promoting or facilitating the commission of a state criminal offense, agreeing that one or more of them will engage in conduct which constitutes such offense. If a person guilty of conspiracy knows that another with whom the person conspired to commit a criminal offense has conspired with one or more other persons to commit the same offense, the person is guilty of conspiring with such other person or persons, whether or not their identity is known, to commit such offense. The state law and TCA Code violated shall be cited in the incident report.
- (10) Drug Paraphernalia (DRP) (Class B): Any objects found of any kind which are used, intended for use, or designed for use in injecting, inhaling, ingesting, or otherwise introducing drugs into the human body. Such items include but are not limited to pipes, tubes, cans, needles, etc.
- (11) Drugs – Possession/Selling/Use (DPO) (Class A or B): To have, own, gain, or maintain, control over illegal drugs, or unauthorized medications, including narcotics, hallucinogens, opiates, barbiturates,

Effective Date: November 1, 2021	Index # 513.02	Page 11 of 23
Subject: TRANSITION CENTER		

stimulants, marijuana, including synthetic or K2, or medications in a manner not prescribed by a dentist or physician or the sell or exchange of any illegal drugs or medications. Any such item found in a cell or room is presumed to be in the possession of all the occupants of that housing space.

- (12) Escape (ESC) (Class A): To flee custody from direct supervision, custody, or control (such as while in transport to or from court, a hospital, or other venue) or from within the confines of a fenced facility.
- (13) Extortion (EXT) (Class B): To either verbally or by written or printed communication maliciously threaten to accuse another of a crime, offense or immoral act; to do any injury to the person, reputation or property of another, with intent thereby to obtain any money, property, or pecuniary advantage whatever; or to compel the person so threatened to do any act against his/her will.
- (14) Flooding (FLD) (Class B or C): Deliberately causing cell or unit walk to become flooded with water.
- (15) Homicide (HOM) (Class A): The killing of another person.
- (16) Operating Unauthorized Vehicle (OUV) (Class B or C): The operation of any vehicle, either state or private, without written permission.
- (17) Participating in a Riot (PIR) (Class A): To organize, promote, encourage, or directly take part in an institutional disturbance involving an assemblage of several persons which conduct creates grave danger of substantial damage to property or serious bodily injury to persons.
- (18) Possession of a Deadly Weapon (PDW) (Class A): To have, own, gain, or maintain control over any object likely to cause serious injury or death. Any such object found in a cell or room is presumed to be in the possession of all the occupants of that housing space.
- (19) Rape (RAP) (Class A): The act of forcing or coercing (through violence or threats of violence) an individual to submit to sexual intercourse (vaginal or anal) or other sexual acts to include cunnilingus and fellatio. The sexual penetration or act is accomplished without the consent of the victim and the defendant knows or has reason to know at the time of the penetration or sex act that the victim did not consent. It shall also include the sex act of forcibly introducing foreign objects into an individual's body cavity (vaginal or anal) without the victim's consent.
- (20) Refusing to Provide DNA Specimen (RDN) (Class A): Refusal by any inmate who has been convicted of a sex offense as outlined in TCA 40-35-321, to provide a DNA specimen when ordered to do so.
- (21) Sexual Harassment (SXH) (Class B or C): Making sexually related comments, gestures, or written communication to another person.

Effective Date: November 1, 2021	Index # 513.02	Page 12 of 23
Subject: TRANSITION CENTER		

- (22) Sexual Misconduct (SXM) (Class B or C): Any sexual conduct involving an inmate, including those instances where the preponderance of evidence is indicative of a preparation for, or immediate conclusion of such acts, including acts involving people, objects, or animals.
 - (23) Strong-armed Robbery (SAR) (Class A or B): The forcible taking of money or goods of any value from another person.
 - (24) Tampering with Security Device or Equipment (TSD) (Class A or B): Tampering with locking or other security devices or equipment causing that device to malfunction or become inoperable.
 - (25) Violation of State Law (VSL) (Class A or B): Any violation of T.C.A. not specifically addressed in this policy. The incident report shall cite the state law and TCA Code.
- d. Class A and B disciplinary offenses may be referred to the Office of Investigation and Compliance.
 - e. Positive drug screen sanctions will be assessed in accordance with Policy #506.21.
 - f. All offenses which may be classified as A or B, or as B or C, may be so designated at the discretion of the disciplinary board/hearing officer depending upon the seriousness of the offense.
 - g. Segregation: Administrative segregation may be utilized in instances when the Superintendent determines a resident's presence in the general population poses a serious threat to the security/safety of the transition center, staff, or other residents and the community. Administrative segregation shall be in accordance with Policy #404.10. If an inmate requires segregation for more than 24 hours, the inmate shall be transferred until the conclusion of the reason for segregation placement. In cases where an inmate requires housing in segregation beyond the 24-hour period, an email request shall be submitted to the Correctional Administrator of Prison Operations and forwarded to the Assistant Commissioner of Prison Operations.
 - h. Any other rule violations shall follow the disciplinary process outlined in Policies #502.01, #502.02 and #502.05.
 - i. Disciplinary offenses by resident advisors shall follow Policies #502.01, #502.02, and #502.05.
- 8. All participants shall agree to and sign the following forms upon admission:
 - a. Substance Use Informed Consent for Treatment Services, CR-3750
 - b. Substance Use Confidentiality Notice and Waiver, CR-3751

Effective Date: November 1, 2021	Index # 513.02	Page 13 of 23
Subject: TRANSITION CENTER		

- c. Substance Use Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755
- d. Substance Use Treatment Program Participant Agreement, CR-3586 (if the resident is participating in a substance use treatment program)

If a participant chooses not to sign the forms, he/she will lose the opportunity to participate in the transitional program and be returned to the sending institution if applicable.

- 9. Phase III participants who have a free world job shall be required to save earnings for reentry use after incarceration. During incarceration, participants shall have limited access to their trust fund account and all transactions shall be coordinated through the facility's trust fund division.
 - a. All monies obtained by the resident shall be submitted to the specified career coordinator for deposit into the resident's trust fund account.
 - b. The career coordinator will submit all checks and/or monies to the business office by the next business day after receipt. Any checks and/or monies received after normal business hours shall be locked in a secure location designated by the Warden/Superintendent until next business day.
 - c. Financial obligations will be assessed per Policy #208.02.
- 10. Phase III residents will have access to third party vendor release cards for day to day incidentals. Phase III residents may request up to \$120 to be loaded no more than once per week on to a verified release card by trust fund staff through the third-party vendor. The balance of the release card shall not exceed \$250 at any time. A signed and approved withdrawal request shall be completed for the amount of each reload. The third-party vendor will collect an \$8 fee when the card is initially loaded. Prior to the reloading the card, the vendor shall be contacted to obtain the current balance. These cards shall be loaded and reloaded in accordance with the Policy #208.10. The residents should refer any questions about the use or operation of the release card to the third-party vendor.
- 11. Debit cards are prohibited for the use of alcohol, tobacco, gambling, lottery tickets, weapons, use in adult venues or any activities deemed as illegal. Abuse/misuse of debit card can result in suspension or termination of card.
- 12. If a resident is removed from the program, i.e. re-phased, termination, the trust fund division will terminate the card and apply the funds back to the trust fund account. The card fee is non-refundable.

- D. Classification Review: Correctional counselors shall review their assigned caseloads for eligible inmates no less than on a monthly basis. The transferring facility shall also ensure that the record is up to date prior to transfer. A records/NCIC check will be run prior to transfer to ensure that the inmate has no active felony detainers or special notifications.

Effective Date: November 1, 2021	Index # 513.02	Page 14 of 23
Subject: TRANSITION CENTER		

- E. Warden/Superintendents shall develop local procedures for review of incoming inmates' files for any recent performance or adjustment problems, medical or psychiatric developments, security level increases and program participation. The Warden/Superintendent will immediately advise the Assistant Commissioner of Rehabilitative Services/designee of any problems identified.
- F. Case Management: The processes by which TC staff review a resident's file regarding eligibility are outlined below:
 1. Upon arrival to the TC, the chief counselor/designee responsible for conducting orientation, or for conducting the initial interview, will review each arriving resident's file.
 2. Following a review of a resident's file, the chief counselor/designee will determine if the resident has a need in the following categories: Financial Problems/Poverty, Residential Instability and/or Vocational/Educational Problems.
 3. Each institution shall develop files for transition program records. The file will become part of the institutional record upon resident's dismissal from the transition program. A file shall be maintained for each resident participating in the transition program to include at the minimum the following forms:
 - a. Transition Center Placement, CR-4079
 - b. Transition Center Evaluation, CR-4078
 - c. Transition Center Phase Assessments, CR-4076
 - d. Transition Center Individual Service Plan, CR-3714
 - e. Program Exit, CR-4074
- G. Inmates placed at the TC shall receive specific unit orientation programs information in detailed written format or on videotape, in accordance with Policy #404.05.
- H. Final Approval: All recommendations are subject to final approval by the Superintendent/Warden or designee.
- I. Resident Accountability and Count Procedures: All count procedures will be in accordance with #506.11.
- J. Removals: The Superintendent/Warden of the TC will provide specific documentation to the Assistant Commissioner of Rehabilitative Services and the Assistant Commissioner of Prisons for the removal of a resident. Those removed may be reconsidered again for a TC after serving at least three months without a disciplinary incident with the Warden/Superintendent's approval. A Transition Center Program Exit, CR-4074, will be completed by the chief counselor and submitted to the Superintendent for any resident removed from the transition program.
- K. Dedicated Transition Center Security Procedures and Responsibilities:

Effective Date: November 1, 2021	Index # 513.02	Page 15 of 23
Subject: TRANSITION CENTER		

1. Security Procedures: The Superintendent shall maintain local policies that staff shall be required to review. The policy shall include but not be limited to the following procedures:
 - a. Count Procedures
 - b. Enforcement of rules
 - c. Maintaining logbooks
 - d. Residents' check in/out
 - e. Post orders for all posts
 - f. Dress of residents
 - g. Control and Storage of Weapons and Security Equipment
2. Coverage of Security Responsibilities: Security shifts must be scheduled to ensure the presence of correctional staff in the facility 24 hours per day. Officers on duty must be primarily responsible for security supervision, order, and accountability of residents.
3. Reporting Security Breaches: Any possible breaches of security, regardless of how minor, shall be reported at once to the shift commander in accordance with Policy #103.02.
4. Resident Conduct: Residents in the TC shall comply with all applicable federal, state and local laws as well as the policies, rules, regulations, and procedures of the TDOC and the TC. All residents shall conduct themselves in a manner that will enhance community approval and support, as well as contribute to the building of a positive relationship among residents. Transition Center Resident Interaction, CR-4077, should be utilized to help residents recognize both positive and negative behaviors. Interaction forms should not be used in the place of sanctions/disciplinary. Interaction forms should be used as a tool to effect and influence positive behaviors and as supporting documentation for the evaluation process.
5. Resident Identification: Residents shall carry a TDOC issued identification card and on their person at all times in accordance with Policy #506.13.
 - a. If residents lose or destroy identification cards, receive a legal name change, or alter their facial features, they will be required to update their identification cards. Fees shall be assessed in accordance with Policy #506.13.
 - b. When residents are released from custody, they shall have their birth certificate, social security card, (See Policy #511.08) and Department of Safety Driver's License or Identification card.
6. Daily Log: A bound logbook shall be maintained in the control room so that each shift can record a brief summary of events occurring during its duty hours.

Effective Date: November 1, 2021	Index # 513.02	Page 16 of 23
Subject: TRANSITION CENTER		

- a. The log shall be used for shift personnel to indicate any irregularities or significant events occurring on a shift.
 - b. The shift commander shall review and initial all log entries by the end of each shift. All completed logbooks shall be kept on file for later reference.
7. Visitation: Resident visitation will be in accordance with Policy #507.01.
8. Searches & Security Inspections: Periodic, unscheduled searches of residents, their rooms, personal effects, and the entire facility shall be conducted under the direction of the Superintendent in accordance with Policy #506.06.
9. Retention Schedule: All documents completed during an escape and after a capture become part of the residents' file and scanned into FileNet, excluding those documents that shall be placed in the resident's institutional file (IIR) per Policy #512.01
- L. Dedicated transition centers shall develop and follow emergency operations plans in accordance with Policy #506.20. Transition Centers at existing prisons shall follow the prison's emergency operation plan.
- M. At transition centers that operate as a part of an existing institution, the facility Warden shall be responsible for all activities and functions.
- VII. ACA STANDARDS: 4-ACRS-2A-02, 4-ACRS-2A-11, 4-ACRS-2A-12, 4-ACRS-5A-17, 4-ACRS-2B-03, 4-ACRS-1C-02, 4-ACRS-1C-04, 4-ACRS-2C-02, 4-ACRS-2C-03, 4-ACRS-2C-04, 4-ACRS-2C-06, 4-ACRS-3A-01, 4-ACRS-3A-03, 4-ACRS-7D-08, and 4-4444.
- VIII. EXPIRATION DATE: November 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT INFORMED CONSENT FOR TREATMENT SERVICES

INSTITUTION / DRC

Dear Participant:

Welcome to the Tennessee Department of Correction (TDOC) Substance Use Treatment Program. We are looking forward to working with you. The following statement will help clarify your responsibility in regard to the development of your program expectations:

I have been fully informed of my rights as a client of this facility, the extent and limits of confidentiality in treatment and the goals associated with this program. With that knowledge, I request and consent to receive treatment.

INFORMED CONSENT

You have been provided with specific, complete, and accurate information about:

- 1) The benefits and methods of treatment
- 2) Options to proposed treatment
- 3) Consequences of not receiving the proposed treatment
- 4) The initial treatment plan
- 5) The client rights, confidentiality, and grievance procedure

The informed consent is effective until treatment is terminated.

In signing this form, I understand my rights and responsibilities as a participant in this program.

Participant Name/TDOC ID

Participant Signature

Date

Counselor Name

Counselor Signature

Date

Addiction Treatment Program Director/DRC
Clinical Director Name

Addiction Treatment Program Director/
DRC Clinical Director Signature

Date



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

INSTITUTION/DRC

I, _____ hereby consent to communication
Participant Name (*Please Print*) TDOC ID

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 ID

Date of Birth

Addiction Treatment Program Director / DRC Clinical Director Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT RIGHTS
PARTICIPANT RIGHTS AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGEMENT**

INSTITUTION/DRC

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 addiction treatment program director / 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 chairperson. 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 ID

Date

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

Addiction Treatment Counselor

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PROGRAM EXIT

INSTITUTION/FACILITY ASSIGNED

Name: _____ TDOC ID: _____

Custody Level: _____ County of Offense: _____

DOB: _____ Race: _____ Offense (s): _____

☐ Released from Custody ☐ Determinate Release/Probation ☐ Parole
☐ Disciplinary Dismissal ☐ Failure to Progress ☐ Other _____

Complete the following, if the resident is exiting program resulting from probation, parole and/or release from custody:

Re-entry Services Provided:

Employability Documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance Abuse Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Strong Positive Social Supports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver's License/State ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Comments:

Signatures:

Chief Counselor: _____ Date: _____

Deputy Superintendent: _____ Date: _____

Superintendent: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT AGREEMENT

INSTITUTION/DRC

Participant Name: _____
Please Print

TDOC ID _____

CARDINAL RULES

- No Drugs or Alcohol
- Must Actively Participate in Program Activities as outlined in Policy 505.07
- No Disrespect to Staff or Participants as outlined in Policy 513.07.0 and 513.07.2
- No Violence or Threats of Violence
- No Violating Confidentiality
- No Acting Out Sexually as outlined in Policy 502.05
- No possession of any type of weapon(s)
- No Violations Considered a Class A Offense (institutions only)
- No Violations against state or federal laws

I have read and understand the seven Cardinal Rules of the Program. I agree to abide by these rules and understand that if I violate any Cardinal Rule, I am subject to termination and removal from the program.

I also understand there are other rules I must learn to live by. I further agree to learn these additional rules and work toward learning how to live by them. If I consistently break other rules, this can also result in my termination from the program for Refusal to Participate.

Further, I understand that I must actively participate in the program, put forth the effort necessary to meet program objectives, and make significant progress toward reaching my stated treatment goals. If I do not, I am subject to termination and removal from the program.

Check "✓" applicable program modality:

- ☐ Therapeutic Community
☐ Family Reunification

- ☐ Outpatient Group Therapy
☐ Intensive Outpatient Group Therapy

I **ACCEPT** placement into this program.

Participant Signature

Date

I **DECLINE** placement into this program; and, I understand that by declining placement, my name will be removed from the Substance Use Treatment Programming register, and I will not be eligible for any further Substance Use Treatment Programs until I notify my case manager that I want to be placed back on the registry.

Participant Signature

Date

Staff Witness Signature

Date

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____ TDOC ID: _____

Custody Level: _____

Current Phase: _____ Proposed Phase: _____

Assigned Counselor: _____ Date: _____

Chief Counselor: _____ Date: _____

The following evaluation may be used to develop goals, objectives, strategies and action plans during your transition from prison to community and aide in your successful reintegration process.

This evaluation is divided into five (5) sections:

- Employment
- Recreation and Leisure
- Post-Secondary Education & Life Long Learning
- Independent Living
- Community Participation

Upon completion you will be given a Transition Road Map to outline your plan of action, phase progression, job retention and successful re-entry.

Select One:

- 1 Not Started
- 2 In Progress
- 3 Addressed and Completed

Independent Living

Goal - All Phases

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop personal care skills, including hygiene, health, private and public behavior. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop acceptable intimate/sexual behavior. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop housekeeping and cooking skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop budgeting skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify who to call and what to do in emergencies. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Participate in independent living training program. (Life Skills Program) |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify person(s) or services to assist in locating a place to live. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Apply for government case management services, if applicable. (SSI, etc.) |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify neighborhood services and supports. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify resources and support for child care, if necessary. |

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____

TDOC ID: _____

Recreation and Leisure

Goal - All Phases

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop an array of specific recreation and leisure skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop spectator or audience skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify acceptable dress behavior for a variety of situations. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify transportation options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Arrange social activities. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Establish exercise routines. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify local health clubs for possible membership. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify possible social supports through family and community. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify activities through community education classes. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Phase Assessment

Post-Secondary and Life Long Learning

Goal - Phase II

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify personal learning styles. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of career interests and options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of post-secondary enrollment options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Visit post-secondary institutions. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Register and take college entrance exams. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop a resume and request letter of recommendation. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and apply to post-secondary education sites. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for adult support. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Apply for financial aid, scholarships, etc. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Arrange for transportation and housing if necessary. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____

TDOC ID: _____

Phase Assessment (Continued)

Community Participation

Goal – Phases II & III

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of community interests and options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop shopping skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to order and dine in restaurants. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop skills to ensure personal safety. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Assess vulnerability status. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to use public transportation. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Obtain driver's license. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Obtain state identification card. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Open and learn to use a bank account. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to schedule appointments. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of rights regarding physical accessibility. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for adult support. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Register to vote and learn to vote at local precinct. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Explore guardianship issues. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Employment

Goal – II & III

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Visit possible employment sites and shadow employees. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of community opportunities and interests. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Receive vocational training within the community. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop interpersonal skills necessary to maintain employment. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify people and agencies, which can assist in a job search. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for other job supports. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and arrange for transportation to and from work. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Resident Name: _____

TDOC Number: _____

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Detail how Residents have Achieved Measurable Goals within the Current Phase Assignment:

Ready to be moved to the proposed phase? Yes ☐ No ☐

Recommendation for Continuation in Current Phase:

Approved ☐ Disapproved ☐

Signatures:

Chief Counselor: _____ Date: _____

Deputy Superintendent: _____ Date: _____

Superintendent: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION

[illegible]



Chief Counselor's Name: _____

Counselor's Name: _____

Resident's Name: _____

Housing Unit: _____ TDOC ID: _____

Observation from Staff/Observed Positive/Negative Behavior:

[illegible]

Was a Sanction(s) Issued? Yes ☐ No ☐

Staff Member: _____ Date: _____

Reviewed by Chief Counselor: _____ Date: _____

Counselor: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER EVALUATION

INSTITUTION/FACILITY ASSIGNED

Name: _____ TDOC ID: _____

Custody Level: _____ County of Offense: _____

DOB: _____ Race: _____ Offense (s): _____

From _____ to _____ the resident has been compliant/non-compliant in the following areas:

1. Class Participation

2. Attendance

Number of Excused Absences: _____ Number of Unexcused Absences: _____

Number of Times Late: _____

3. Number of Sanctions Received: _____

4. Progression of Measurable Goals and Target Dates:

5. Drug Testing

Date of Testing: _____ Negative: ☐ Positive: ☐

6. Attitude/Behavior/Comments:

Resident Signature: _____ Date: _____

Counselor Signature: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PLACEMENT

INSTITUTION/FACILITY ASSIGNED

Name: _____ TDOC ID: _____

Date: _____

Transition Center Chief Counselor: _____

The following offender has been accepted/denied to the Transition Center located at:

(Facility/Address)

☐ I **Accept** Placement in Phase I of the Transition Center Program.

☐ I **Decline** Placement in the Transition Center Program.

Explanation:

Participant's Name (Print)

Participant's Name Signed

Date

STAFF ONLY



Date of Classification Hearing for Placement at the Transition
Center: _____

Custody Level (*Minimum Restricted or Below*): _____

☐ Approved

☐ Denied

Chief Counselor of Sending Facility: _____ Date: _____

 <div style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </div>	Index #: 513.02	Page 1 of 1
	Effective Date: February 23, 2024	
	Distribution: B	
	Supersedes: N/A	
Approved by: 		
Subject: TRANSITION CENTER		

POLICY CHANGE NOTICE 24-04

PURPOSE: This Policy Change Notice (PCN) changes the definition of “Transition Center Phase Board” and criteria for acceptance into a transition center. Additionally, this PCN prescribes a timeframe for counselor recommendations for phase progression/regression, authority for Wardens/Superintendents to determine phase placement, and updates forms attached to the policy.

INSTRUCTIONS: Print this PCN and attach it to the front of all hardcopy versions of Policy #513.02, *Transition Center*, add to official policy binders and distribute the revised CR-3750, CR-3751, CR-3755, and CR-4076, for implementation.

CHANGES TO POLICY:

SECTION IV.J. is revised as follows (~~deleted text~~):

- J. Transition Center Phase Board: A board designated to recommend transition center phase progression and regression comprised of the Counselor 3, the Chief Counselor, Mental Health personnel, Education personnel, and the Deputy Superintendent/ Associate Warden of Treatment. ~~Final approval of the board’s recommendation will reside with the Superintendent/Warden.~~

SECTION VI.A.1.e.(1). is revised as follows (deleted text) and all remaining sections are renumbered accordingly.

- (1) ~~Have received a Board of Parole (BOP) mandate with a final decision to be released upon successful completion of a program offered at the TC and be annex eligible;~~

SECTION VI.A.1.e.(2). is revised as follows (~~deleted text~~; **added text**):

- (21) Be within ~~36~~ **60** months of the expiration of their sentence and annex eligible;”

SECTION VI.C.3. is revised as follows (~~deleted text~~; **added text**):

3. Transition Center Phase Assessments, CR-4076, should be completed every 90 days in each phase. The counselor will present phase assessment forms and a recommendation for phase progression/regression to the Transition Center Phase Board for approval/denial recommendation **within five (5) business days of assessment**. Recommendations should take into consideration the individual service plans, treatment goals, performance objectives and observed behaviors on file for each resident. **The Superintendent/Warden has the discretion to determine phase placement based on a resident’s programming needs and/or accomplishments.** Final approval of phase progression/regression shall be made by the Superintendent/Warden.



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT INFORMED CONSENT FOR TREATMENT SERVICES

INSTITUTION / DRC

Dear Participant:

Welcome to the Tennessee Department of Correction (TDOC) Substance Use Treatment Program. We are looking forward to working with you. The following statement will help clarify your responsibility in regard to the development of your program expectations:

I have been fully informed of my rights as a client of this facility, the extent and limits of confidentiality in treatment, and the goals associated with this program. With that knowledge, I request and consent to receive treatment.

INFORMED CONSENT

You have been provided with specific, complete, and accurate information about:

- 1) The benefits and methods of treatment.
- 2) Options to proposed treatment.
- 3) Consequences of not receiving the proposed treatment.
- 4) The initial treatment plan.
- 5) The client rights, confidentiality, and grievance procedure.

The informed consent is effective until treatment is terminated.

In signing this form, I understand my rights as a participant in this program and responsibilities for program participation.

_____ Participant's Name/TDOC ID	_____ Participant's Signature	_____ Date
_____ Counselor's Name	_____ Counselor's Signature	_____ Date
_____ Addiction Treatment Program Director/ DRC Clinical Director's Name	_____ Addiction Treatment Program Director/ DRC Clinical Director's Signature	_____ Date



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

INSTITUTION/DRC

I, _____ hereby consent to communication
Participant Name (Please Print) TDOC ID
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 ID

Date of Birth

Staff Witness Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT RIGHTS
AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGEMENT**

INSTITUTION/DRC

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 and/or 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 addiction treatment program director / 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 chairperson. 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 a 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 ID

Date

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

Addiction Treatment Counselor's Signature

Date

Addiction Treatment Program Director/DRC Clinical Director's Signature

Date

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____ TDOC ID: _____

Custody Level: _____

Current Phase: _____ Proposed Phase: _____

Assigned Counselor: _____ Date: _____

Chief Counselor: _____ Date: _____

The following evaluation may be used to develop goals, objectives, strategies and action plans during your transition from prison to community and aide in your successful reintegration process.

This evaluation is divided into five (5) sections:

- Employment
- Recreation and Leisure
- Post-Secondary Education & Life Long Learning
- Independent Living
- Community Participation

Upon completion you will be given a Transition Road Map to outline your plan of action, phase progression, job retention and successful re-entry.

Select One:

- 1 Not Started
- 2 In Progress
- 3 Addressed and Completed

Independent Living

Goal - All Phases

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop personal care skills, including hygiene, health, private and public behavior. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop acceptable intimate/sexual behavior. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop housekeeping and cooking skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop budgeting skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify who to call and what to do in emergencies. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Participate in an independent living training program. (Life Skills Program) |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify person(s) or services to assist in locating a place to live. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Apply for government case management services, if applicable. (SSI, etc.) |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify neighborhood services and supports. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify resources and support for child care, if necessary. |

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____ TDOC ID: _____

Recreation and Leisure

Goal - All Phases

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop an array of specific recreation and leisure skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop spectator or audience skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify acceptable dress behavior for a variety of situations. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify transportation options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Arrange social activities. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Establish exercise routines. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify local health clubs for possible membership. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify possible social supports through family and community. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify activities through community education classes. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Phase Assessment

Post-Secondary and Life Long Learning

Goal - Phase II

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify personal learning styles. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of career interests and options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of post-secondary enrollment options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Visit post-secondary institutions. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Register and take college entrance exams. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop a resume and request letter of recommendation. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and apply to post-secondary education sites. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for adult support. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Apply for financial aid, scholarships, etc. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Arrange for transportation and housing if necessary. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Resident Name: _____ TDOC ID: _____

Phase Assessment (Continued)

Community Participation

Goal – Phases II & III

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of community interests and options. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop shopping skills. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to order and dine in restaurants. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop skills to ensure personal safety. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Assess vulnerability status. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to use public transportation. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Obtain driver's license. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Obtain state identification card. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Open and learn to use a bank account. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Learn to schedule appointments. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of rights regarding physical accessibility. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for adult support. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Register to vote and learn to vote at local precinct. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Explore guardianship issues. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Employment

Goal – II & III

- | | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Visit possible employment sites and shadow employees. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Become aware of community opportunities and interests. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Receive vocational training within the community. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Develop interpersonal skills necessary to maintain employment. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify people and agencies, which can assist in a job search. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and check eligibility requirements for other job supports. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Identify and arrange for transportation to and from work. |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | Other: _____ |

Resident Name: _____ TDOC ID: _____

TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PHASE ASSESSMENT

Detail how Residents have Achieved Measurable Goals within the Current Phase Assignment:

Ready to be moved to the proposed phase? Yes ☐ No ☐

Recommendation for Continuation in Current Phase:

Approved ☐ Disapproved ☐

Signatures:

Chief Counselor: _____

Date: _____

Associate Warden of Treatment/Deputy Superintendent: _____

Date: _____

Warden/Superintendent: _____

Date: _____