

**Attachment Four:**

**Tennessee Department of Correction Community  
Corrections Program Standards**

**REVISED MARCH 2022**

**TENNESSEE DEPARTMENT OF CORRECTION  
COMMUNITY CORRECTION PROGRAM STANDARDS**

**ALL COMMUNITY CORRECTION PROGRAMS**

**AP1.00 Administration. Organization. Management**

**AP1.01** The Grantee has an organizational chart that accurately reflects the structure of authority, responsibility, and accountability within the programs. The chart is reviewed annually and updated, as needed.

**AP1.02** The Grantee will have a local advisory board or committee that is representative of the community, and its membership complies with TCA 40-36-201.

**AP1.03** The Grantee's Advisory Board or committee shall meet at a minimum of once a month for the first three months of a new program and quarterly thereafter. (Rules 0420-2-2-.08)

**AP1.04** The Grantee has a policy and procedure/operations manual and quantifiable performance standards which are reviewed, updated, and approved at least annually by the Advisory Board/Committee, and made available to all staff and volunteers, and upon request, to others. Staff shall sign and date a form acknowledging they have read and been trained in the necessary manuals.

**AP1.05** All changes to a Grantee's policies, procedures/operations manual, and performance standards shall be submitted to the Tennessee Department of Correction (TDOC) for written approval prior to implementation.

**AP1.06** The Grantee has a written procedure to disseminate approved, new, or revised policy and procedure to designated staff, volunteers, and where appropriate, to offenders prior to implementation. Documentation of policy disbursement is maintained in the administrative files.

**AP1.07** Written policy and procedure outline a system by which the program manager and/or manager designee conducts agency audit and review on all areas of operations, services, and programming. The program manager shall conduct file reviews within 60 days after intake and ensure a ~~3%~~ 10% random file review is conducted annually. The Grantee to use a TDOC approved file review process to ensure compliance with the Community Correction standards.

**AP1.08** The Grantee staff will prepare an annual report within sixty calendar days following the end of the fiscal year of its activities which will include, at a minimum, statistical data, activities, and financial data. The annual report shall be provided to the advisory board or committee, the State Director of Community Correction as well as the Tennessee Department of Correction.

**AP1.09** The Grantee will prepare and submit a monthly statistical report in a format provided by TDOC to the Tennessee Department of Correction Central Office no later than the 15th of each month. Reports should include any major incidents and program services highlights. If the Grantee relies on an external information system (such as government or agency-wide) for generating its reports and cannot submit said reports by the 15<sup>th</sup> calendar day of each month, the grantee may request in writing, a 7-calendar day waiver from the Director of the State's Community Correction Division.

**AP1.10** The Grantee has a written policy, procedure(s) that states it is a correctional program offering services pursuant to the provisions of TCA 40-36-101 et. al. and that the program meets state licensing requirements, if applicable.

**AP1.11** The Grantee has a written policy and procedure that provides that the operation of the agency and its provision of services are the responsibility of the Agency Board, program manager, or his/her designee.

**AP1.12** The Grantee will assess all Tennessee Department of Correction offenders using the Validated Risk and Needs Assessment (RNA) instrument as approved by the Tennessee Department of Correction. In addition, the Grantee may utilize any additional evidence-based validated assessment tool to determine offender eligibility and treatment needs to be offered within the grantee's program.

**AP1.13** The Grantee facility meets local fire and safety codes and maintains documentation of the same.

**AP1.14** The Grantee mission statement affirms that the program is to provide necessary services to felony offenders to reduce the probability of continued criminal behavior, abstaining from substance use, and ensure the safety of the community.

**AP1.15** The Grantee will have a written policy and procedure regarding "Release of Information" which address circumstances under which release of information is permitted, restrictions on the type of information to be released, and structure and identification information to be placed on the form which includes, but is not limited to the following:

- Name of person, agency, or organization requesting information extra spaces removed
- Specific information to be released
- Purpose or need for the information
- Expiration date
- The date consent form was signed
- Signature of client
- Signature of individual witnessing client's signature

Before the release of any information regarding a client, a Release of Information form must be completed, and a signed copy placed into the client's case file.

**AP1.16** The Grantee will have a written policy and procedure regarding the length of time a case record is maintained (five-year minimum after discharge from the program).

**AP1.17** All incidents occurring within the jurisdiction of the Grantee concerning the safety and securing of the facility, community, staff, and/or clients, or those which may result in media attention, must be reported. within 24-hours of occurrence and the report shall be placed in the Offender's case file and copy forwarded to the State Director of Community Correction.

**AP1.18** All incidents within the jurisdiction of the Grantee which require physical force or restraint shall be reported in writing, dated, and signed by the staff reporting the incident. Such report shall be placed in the Offender's case file and a copy forwarded to the State Director of Community Correction within 24-hours of occurrence.

**AP1.19** Written policy and procedure provide for the use of physical force only in instances of justifiable self-defense, protection of others, prevention of property damage, and in accordance with appropriate statutory authority. Only the minimum force necessary is employed.

**AP1.20** All grantees will follow the Tennessee Department of Correction established guidelines for Community Correction agencies for entering officer contact notes to record information into the TDOC's Offender Management System.

**AP1.20.1** Clinical and or treatment team will enter the progress of participants in the TDOC OMS system according to the Tennessee Department of Correction established guidelines for Community Correction agencies.

**AP1.21** All Grantees shall have written Policy and Procedure to ensure compliance with PREA's "Zero Tolerance" policy, and display signage and PREA publications in-plain view at all agency locations, at all times.

**AP1.22** Any Grantee providing offender supervision services shall supervise offenders according to supervision standards as set out in the standards of supervision section **S4.05, S4.06, DR1.02, RP1.00, and IO1.01.**

## **AP2.00 Personnel**

**AP2.01** The Grantee has a written policy to guard against conflict of interest. f

**AP2.01.1** That no employee connected with the agency uses his or her official position to secure privileges or advantages.

**AP2.01.2** That no staff shall accept for themselves, any member of their family, or close associate, any personal gift, favor, or service from an offender.

**AP2.02** There will be written personnel policies and procedures that provide for a personnel manual that is reviewed and approved by the governing authority annually and is made available to employees. The personnel manual shall cover, at a minimum, the following areas.

- Organizational Chart
- Staff Development
- Recruitment and Selection
- Promotion
- Job Qualifications and Job Descriptions
- Affirmative Action
- Title VI
- Grievance and Appeal Procedures
- Sexual Harassment
- Orientation
- Employee Evaluation
- Personnel Records
- Benefits
- Holidays
- Leave (Annual, Sick, Holiday, Maternity, Military)
- Hours of Work (Time Sheets)
- Compensation
- Travel
- Disciplinary Procedures
- Termination
- Resignation
- Employee Probationary Period

**AP2.03** The minimum educational requirement for appointment as a community correction program manager for Administrative Oversight ONLY is a baccalaureate degree in one of the social, behavioral, or management sciences, or a related field. The minimum educational requirement for appointment as a community correction program manager for Clinical Oversight is minimum education of a Master's Level degree and include at a minimum one (1) of the following clinical designations:

- LPC, MHSP
- LCSW
- LSPE
- Psychologist;
- and must possess the proper license and credentials through the Tennessee Health-Related Boards;

**AP2.04** The minimum qualifications of a case officer are a baccalaureate degree from an accredited college or university, or at least (4) years of qualifying relevant full-time professional experience. Current grantee employees who are employed at the time of contract execution who do not possess the required degree from an accredited college or university will be grandfathered in and allowed to continue to work as a case officer **ONLY** may receive request a waiver of the baccalaureate degree requirement to be reviewed by the State on a case-by-case basis.

**AP2.05** All credentialed staff shall as a minimum requirement meet all licensure and/or certification requirements set forth by Tennessee health-related boards.

**AP2.06** All annual, sick, and compensatory leave must be taken during the fiscal year that the leave was accrued. The State shall not be responsible for any carryover leave.

**AP2.07** There are written job descriptions and job qualifications for all positions of the agency. Each job description will include the job title, responsibilities of the position, and required minimum experience and education, licensure, certifications, and credentials, as applicable.

**AP2.08** The Grantee will have an employee grievance procedure that has been approved by the local advisory board.

**AP2.09** The Grantee will maintain a current, complete, and confidential personnel record for each employee.

**AP2.10** Written policies require a national background check to be completed on all NEW hires before employment or appointment. All employees shall have an annual background check; documentation of the background check will be kept in the employee's personnel file. No applicant with a felony conviction or crime of moral turpitude will be considered for employment. Annual background checks shall be completed on all employees and volunteers and results shall be maintained in the employees' personnel file.

**AP2.11** Written policy and procedure shall specify that all Community Correction personnel are prohibited from carrying weapons during the performance of duty. Any Personnel proven to be in violation shall be subject to disciplinary action up to and including termination as provided in grantee policy.

### **AP3.00 Volunteers/Interns**

**This section applies only to an agency that utilizes volunteers or interns.**

**AP3.01** Written policy and procedure for volunteer citizen involvement include a system for selection, training, term of service, termination of service, and definition of tasks.

**AP3.02** Written policy and procedure specify that volunteers agree in writing to abide by all agency policies, particularly those relating to the security and confidentiality of information.

**AP3.03** Written policy specifies that volunteers perform professional services only when certified or licensed to do so and after a thorough check of background and professional education.

**AP3.04** Written policy specifies all volunteers shall be administered a national background check prior to employment or appointment as a volunteer, with results of the check maintained in their personnel file.

### **AP4.00 Staff Training and Development**

**AP4.01** Written policy provides that all new professional staff in the program will have at least 40 hours of onsite orientation to the policies, organizational structure, programs, and regulations of the program, as well as, Tennessee Department of Correction required Title VI, DNA Buccal Swabbing sample collection, Prison Rape Elimination Act (PREA), Emergency Operation Plans and Fire Safety, Drug-Free Workplace, and Code of Ethics. Only manager approved Grantee staff, directly responsible for offender supervision, delivery of treatment, programming, or evaluation of offenders shall receive training on the following: Validated Risk Needs Assessment (RNA), O\*NET Interest Profiler, Texas Christian University Drug Screen (TCUD) or other identified assessment tools. All orientation and offender assessment training will be completed prior to new staff performing any work related to offender treatment or supervision without direct supervision. This applies to all new full-time or part-time staff, and volunteers.

**AP4.02** Written policy and procedures provide that clerical and support staff employees will complete orientation and additional annual training appropriate to their assignment (Full-Time 16 hours - Part-Time 8 hours).

**AP4.03** Written policy and procedure provide that all case officers complete 40 hours of pre-service training. Pre-service training will be provided by the agency, or designee, within six months of a new case officer's employment. Upon completion of orientation, the employee will sign and date a statement confirming orientation training has been received. All training will be recorded by the agency manager, and a copy kept in the employee's personnel file.

**AP4.04** Community Correction Grantees, either individually or collectively, will be responsible for providing at least 30 hours of in-service training per year to their program managers and 40 hours of training for program case officers and treatment staff. The Tennessee Department of Correction will be responsible for providing a minimum of ten (10) hours of core issue training to the Program Managers on an annual basis. All training shall be job-related.

**AP4.05** Written policy requires the program manager to keep a running total of training hours of all agency employees in each individual's file for inspection upon request. This file shall contain documentation of 40 hours

of Orientation and ongoing annual training hours for Clerical and Support staff, Manager, Officers, Treatment Staff, and volunteers.

#### **AP5.00 Fiscal Management, Vehicle Management**

**AP5.01** The Grantee will operate under an annually written budget of anticipated revenues and expenditures that is approved by the governing authority.

**AP5.02** An annual independent fiscal audit of the agency will be conducted. The Grantee is responsible for securing and scheduling the auditor. All independent fiscal audit results will be sent to the State and must be received no later than nine (9) months after the close of the fiscal year.

**AP5.03** The Grantee's administrative capabilities will include standard procedures regarding inventory control, purchasing, and requisitioning of supplies. All monies collected will be placed in a secure location and must be deposited into a bank account within (72) hours after collection. These specific methods will be utilized for the receipt, safeguarding, dispersing, and recording of funds.

**AP5.04** Written policy, procedure, and practice provide for insurance coverage that includes, at a minimum, property insurance, and comprehensive general liability insurance; such insurance is provided either through private companies or self-insurance. Appropriate documentation for coverage is a valid Certificate of Insurance detailing Coverage Description; Insurance Company & Policy Number; Exceptions and Exclusions; Policy Effective date; Policy expiration date; Limit(s) of Liability; Name and Address of Insured, and/or a copy of Bond Coverage. A copy of the Grantee's coverage policy will be provided annually to the State Director of Community Correction.

**AP5.05** There are written fiscal policies, procedures, and practices adopted by the governing authority, including, at a minimum, the following: internal controls, petty cash, bonding, signature controls on checks, offender funds, receipting, and employee expense reimbursements.

**AP5.06** Written policy, procedure, and practice provide that the Grantee, at a minimum, prepares and distributes to its governing authority and appropriate agencies and individuals the following documents: income and expenditure statements, funding source financial reports, and independent audit reports.

**AP5.07** Written policy, procedure, and practice provide for purchasing and requisitioning supplies and equipment and for property inventory and control. All Grantee Inventory Control Reports (ICR) will be updated annually with a (signed) and complete copy provided to the State Director of Community Correction.

**AP5.07.1** Grantee will utilize TDOC's Inventory Control System (ICS) to conduct and maintain inventory of items purchased with grant funds. Inventory will be conducted monthly utilizing a 10% approach of those items. A full annual inventory will be conducted of items at the close of the contract / fiscal year and submitted no later than 30 days with the final invoice.

**AP5.08** Written policy, procedure, and practice provide that all funds, including any canteen funds, are audited independently following standard accounting procedures and that an annual financial status report is available as a public document.

**AP5.09** No Vehicle purchased with State funds can be assigned directly to a Community Correction Grantee employee and be used to travel to and from home to their workstation without approval from the State. Any exceptions must be in accordance with the State of Tennessee, Department of Finance and Administration's Comprehensive Travel Regulations, Policy 8. All vehicles, unless an exception is granted by the State, must be pooled, and made available for staff use. Vehicles must be parked at the Grantee Office at night. If any of the vehicles are needed at night for official business (i.e., surveillance, home visits, etc.) purposes, or if an employee must leave in the morning to travel to outlying areas, the vehicle may be assigned daily as these assignments arise and driven home by the employee.

**AP5.09.1** A Vehicle Sign-out Logging System must be kept by any Grantee having purchased a car with State funds. This logging system must include the name of the employee vehicle issued to, date and time of issuance of vehicle for travel, beginning odometer reading, the reason for issuance, time of return, and odometer reading upon return.

**AP5.09.2** All vehicles purchased with State funds will be listed on the Grantee's inventory. The annual inventory report submission shall include an original (unsigned) title for every vehicle purchased under the Grant, with all original titles being submitted to, and maintained by, the State Director of Community Correction.

**AP5.09.3** Vehicles purchased with State funds may not be used as a trade-in for a newer vehicle.

**AP5.09.4** In accordance with TCA Sections 8-30-202 and 8-30-203, any employee using a vehicle purchased with State funds is required to comply with all traffic laws and possess a valid driver's license from the employee's domicile state. A copy of the employee's driver's license should be kept on file in the employee's personnel record.

**AP5.10** Each Grantee may receive up to 15% of its yearly grant at the beginning of the grant year and thereafter on a monthly reimbursement basis after the receipt of and approval of a request for funds invoice (Rules Chapter 0420-2-2-.11 (4)). Any Grantee requesting an advance must place the request on Agency letterhead stationery and be submitted to the Tennessee Department of Correction Fiscal Services for approval. All advances will be repaid by the end of the fiscal year in which it was received. Any balance still owing at the end of the fiscal year will be deducted from the final expenditure claim.

**AP5.11** Disbursement Reconciliation and Close Out. The Grantee shall submit a final grant disbursement reconciliation report within 60 days of the end of the Grant Contract. Said report shall be in form and substance acceptable to the State. The State will not be responsible for the payment of invoices that are submitted to the state after the final grant disbursement reconciliation report. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by Section C, Payment Terms and Conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit said refund with the final grant disbursement reconciliation report. The Grantee must close out its accounting records at the end of the grant period in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

**AP5.12** Under no circumstances, will the State reimburse rental expenses for property used by a Community Correction Grantee when the relevant property is owned by an employee (or a member of the employee's family) of the Community Correction Grantee and whose salary is paid from the Grant Contract.

**AP5.13** State Community Correction contracts will not reimburse Grantees for "longevity" pay. Longevity pay is usually given to State employees as a supplemental based on the number of years with the agency. Any Grantee agency choosing to give employees longevity pay must cover this cost from funds not associated with the Tennessee Department of Correction contract.

## **AP6.00 Research and Evaluation**

**AP6.01** The Grantee will have a policy and procedure governing the conduct of research that addresses the issues of informed consent and release of information. The TDOC Community Correction Administrator and the TDOC Director of Decision Support: Research and Planning must approve all research projects in writing prior to implementation.

## **AP7.00 Program Records**

**AP7.01** In the event an error occurs when entering a contact note in TDOC OMS and an edit or deletion request must be made, (i.e., duplication, entered under wrong offender, incorrect date/time, etc.), the author or staff person who found the error shall notify a supervisor using the Contact Note Edit/Deletion Request Memo. The exact editing request shall be composed and forwarded to the supervisor (i.e., in an email), and must contain the date and signature of the requesting staff person. The supervisor shall review the requested correction(s) and, if appropriate, request the edit or deletion of the contact note through the TDOC Helpdesk using the Contact Note Edit/Deletion Request Memo. The memo shall be emailed to TDOC.helpdesk@tn.gov with "Contact Note Edit/Deletion Request" in the subject line. A contact note may be edited or deleted up to two months after it was originally written. After that, the Contact Note Edit/Deletion Request Memo, with all appropriate signatures and dates must be forwarded by the supervisor to the Community Corrections Administrator. If the request is approved the Community Corrections Administrator will forward the signed and dated Contact Note Edit/Deletion memo to TDOC.helpdesk@tn.gov with "Contact Note Edit/Deletion Request" in the subject line.

**AP7.02** Program policies shall provide that all staff adhere to Tennessee Department of Correction procedures and functions regarding access and use of the TDOC OMS system. Programs shall be aware of and ensure the

necessity of system security procedures. All programs will utilize the TDOC OMS system as mandated by the Tennessee Department of Correction.

**AP7.03** The intake report shall be entered in the TDOC OMS (LCDG) under code AAAA to record detailed information about the offender's arrival. The Intake Report should include at a minimum:

1. Date and Time of last court date appearance.
2. Judgment Order information or placement relevant details.
3. Restrictions Court Ordered special instructions, treatment assignments.
4. Estimated start date of program supervision.
5. Notes about split confinement and/or dual supervision
6. Estimated date of program completion

**AP7.04** The discharge/termination report shall be entered in the (LCDG) TDOC OMS under code TEPE to record detailed information about the offender's departure. The Discharge/Termination TEPE Report should include at a minimum:

1. Date and Time of program completion/departure.
2. Relevant outcomes or details of termination.
3. Outcome assessment/ staff treatment assessment/comments.
4. Detail any program highlights

AP7.05 The grantee will utilize TDOC OMS contact codes and accompanying notes listed within the Community Correction Contact Note Handbook unless otherwise listed within the Community Correction Standards.

### **AP8.00 Physical Plant**

**AP8.01** The building conforms to all applicable state and local building codes.

**AP8.02** Private counseling and group meetings space is provided.

**AP8.03** All proposed leases and any proposed extension must be reviewed and approved by TDOC.

**AP8.04** Any non-compliance with applicable state and local building codes must be reported to TDOC upon discovery, within 24 hours of occurrence, and corrected within stated timeframes by the inspecting agency.

### **AP9.00 Safety and Emergency Procedures**

**AP9.01** The Facility will have written fire and other emergency plan/s that are communicated to all employees, volunteers, visitors, and offenders. Emergency plans shall contain contingency space plans during emergencies. These plans are reviewed and updated at least annually.

**AP9.02** There shall be a written policy and procedure regarding fire prevention regulations to ensure the safety of staff, volunteers, offenders, and visitors. The policy and procedure include:

- Provisions for qualified/certified fire protection service
- A system of fire inspections and testing of equipment and related services
- An annual inspection by a local and/or state fire official
- Availability of fire protection equipment at designated locations

**AP9.03** All emergency plans shall be disseminated to all designated staff and are posted in conspicuous places in the residential facility.

**AP9.04** All Staff must be initially trained in the implementation of the emergency plans. All training shall be documented.

**AP9.05** Emergency evacuation drills and annual training thereafter are conducted at least quarterly during hours when the majority of residents are in the residential facility. All drills are to be documented.

**AP9.06** All facility exits must comply with state and/or local fire safety codes.



**AP9.07** The Facility shall have an automatic fire alarm and smoke detection systems that are approved by the state fire marshal. All systems shall be tested regularly. The facility shall have documentation on the system testing.

**AP9.08** All hazardous substances shall comply with TOSHA standards pertaining to the storage and safety data sheet accessibility (dealing with chemicals).

## **COMMUNITY CORRECTIONS SUPERVISION PROGRAMS**

### **S1.00 Pre-Sentence Investigative Reports**

**S1.01** Written policy and procedure govern the conduct of case officer pre-sentence investigations, and preparation of reports in accordance with the Tennessee Department of Correction Pre-Sentence Investigation (PSI) manual.

**S1.02** All pre-sentence (investigative) reports and recommendations are reviewed and approved by a program manager or designee prior to submission to the court.

S1.02.1 All pre-sentence investigative reports will include a validated risk and needs assessment.

**S1.03** Written policy and procedure protects the confidentiality of pre-sentence reports and case records.

**S1.04** All offenders court-ordered to a community correction treatment program are required to have an investigative report entered in the Tennessee Offender Management System (OMS). In the event an offender is admitted into the program and has a Pre-Sentence Report on the current offense in the TDOC OMS, the community correction agency is not required to complete a report. Any offender admitted into a community correction program, who does not have an investigative report on file in the TDOC OMS is required to have a post-sentence report completed and entered in the TDOC OMS within forty-five (45) working days from program admittance.

~~**S1.05** All community correction offenders who are revoked shall have a classification report completed in the TDOC OMS. If an investigative report was already completed by the community correction agency and is in the TDOC OMS, the supervising agency shall be required to update the PSI information as required by the Tennessee Department of Correction, Pre-sentence Investigation Manual. Otherwise, a classification report is required to be completed within ten (10) working days following the date the offender was revoked.~~

### **S1.05** Grantee Program Eligibility Requirements

Required Program and Service Offerings from Proposer:

1. Community Correction Proposer must offer one or more of the components listed below, except for supervision. If supervision is a component of the proposal, the Proposer must offer one or more additional components listed below to be considered for funding.
2. Co-Occurring Disorder Treatment Services
3. Day Reporting Centers
4. Intensive Outpatient Treatment
5. Residential Treatment Centers
6. Supervision with one or more of the components listed in 2 through 5
7. If a supervision component is proposed, the supervision shall follow the Standards of Supervision outlined in sections S4.05 and S4.06, unless stated otherwise in the Day Reporting, Residential Treatment, or Intensive Outpatient Section.

### **S2.00 Records**

**S2.01** The Grantee has written policy, procedures, and practice governing case record management, including, at a minimum, the following areas: the use and content of offender records; right to privacy; security, placement, and preservation of records; and schedule for retiring or destroying inactive records.

**S2.02** Each case record includes, at a minimum, the following information maintained at all Community Correction facilities.

1. Offender Background Information Form
2. Investigation Report on the TDOC OMS (PSI), (PSR)

3. Signed behavioral contract and/or program rules if applicable
4. Buccal Swabbing-DNA Sampling information
5. Medical, Psychological record (if applicable)
6. Individual plan or program (if applicable)
7. Signed release of information forms (when utilized)
8. Evaluation/assessments; RNA, TCUD, O\*NET (as identified)
9. Current employment data
10. Judgment document and/or court order to community correction
11. Signed Offender Grievance Form
12. Referrals to other agencies (if applicable)
13. Drug/Alcohol screenings/results
14. Progress reports
15. Chronological entries
16. Violation Report (if applicable)
17. Grievance and disciplinary record (if applicable)
18. Title VI
19. Judicial orders for DNA Sampling (if applicable)
20. Initial Intake Information Form
21. Offender Case Plan
22. Program Rules and Disciplinary Policy

**S2.03** Each clinical file case record includes, at a minimum, the following information at all Community Correction facilities.

1. Addiction Severity Index/Assessment
2. Treatment Plan
3. Discharge Summary
4. Therapy Progress Notes
5. Crisis Plan
6. Treatment Team Notes (To include progress through the treatment program)
7. Drug Screening Records
8. Confidentiality Agreement
9. Signed release of information forms (to include 42 CRF Part 2)

**S2.04** All significant supervision contacts, as defined by the Community Correction Contact Note Handbook, will be recorded in TDOC OMS.

**S2.05** Offender case record audits are conducted by the manager or manager designee in accordance with written policies and procedures. Program Managers will ensure that quarterly audits are conducted for each case officer, and the manager will ensure that all offender case records are reviewed by the manager or manager designee at least once during each 90-day period. Agency managers will ensure that offender case records comply with State and Program standards and that there is clear documentation of the audits within each offender case file. A follow-up review will be conducted within 45 days following the initial case file audit to verify any case record discrepancy findings during the previous audit have been addressed.

**S2.06** Written policy and procedure regarding the confidentiality of individual case records will address at a minimum:

1. Offender access
2. Staff access
3. Circumstances when the release of information is permitted; and
4. Restrictions on the type of information that can be released

**S2.07** Required release of information forms shall include but are not limited to:

1. Name of person, agency, or organization requesting information
2. Name of person, agency, or organization releasing information
3. The specific information to be disclosed
4. The purpose or need for the information
5. Expiration date
6. Date consent form is signed
7. Signature of the offender; and

8. Signature of individual witnessing offender's signature

A copy of the consent form is maintained in the offender's case record.

**S2.08** Written policy and procedure specify that all materials relating to any offender with whom the Grantee has had personal contact, shall be maintained for at least five (5) years after termination of the case, and/or until all audit issues have been resolved; whichever is longer.

**S2.09** Written policy and procedure specify that in the event an officer is on leave or whose position is vacant for an extended period, that there exists and is implemented a mechanism to provide continuing supervision services to the vacant officer's caseload.

**S2.10** Written policies shall provide that all staff adhere to Tennessee Department of Correction procedures regarding access and use of the TDOC OMS offender management system. Programs shall be aware of and ensure the necessity of system security procedures. All agencies will utilize the TDOC OMS system as mandated by the Tennessee Department of Correction, including required entries in the TDOC OMS.

**S2.11** In the event an error occurs when entering a contact note in the TDOC OMS and an edit or deletion request must be made, (i.e., duplication, entered under wrong offender, incorrect date/time, etc.), the author or staff person who found the error shall notify a supervisor using the Contact Note Edit/Deletion Request Memo. The exact editing request shall be composed and forwarded to the supervisor (i.e., in an email), and must contain the date and signature of the requesting staff person. The supervisor shall review the requested correction(s) and, if appropriate, request the edit or deletion of the contact note through the TDOC Helpdesk using the Contact Note Edit/Deletion Request Memo. The memo shall be emailed to TDOC.helpdesk@tn.gov with "Contact Note Edit/Deletion Request" in the subject line. A contact note may be edited or deleted up to two months after it was originally written. After that, the Contact Note Edit/Deletion Request Memo, with all appropriate signatures and dates must be forwarded by the supervisor to the Community Corrections Administrator. If the request is approved the Community Corrections Administrator will forward the signed and dated Contact Note Edit/Deletion memo to TDOC.helpdesk@tn.gov with "Contact Note Edit/Deletion Request" in the subject line.

### **S3.00 Intake. Transfer. Discharge and Termination**

**S3.01** The intake report shall be entered in the TDOC OMS (LCDG) using code AAAA to record detailed information about the offender's arrival. The Intake Report should include, at a minimum, the following information.

1. Date and Time of last court date appearance
2. Judgment Order information or placement relevant details
3. Restrictions, Court Ordered special instructions /treatment assignments
4. Estimated start date of program supervision
5. Notes about split confinement and/or dual supervision
6. Estimated date of program completion
7. Risk assessment supervision level

**S3.02** Policy outlines the Validated Risk and Needs Assessment (RNA) process, and all other assessment processes for each offender referred or under supervision. A complete RNA is required for every offender, unless a current RNA, completed within the last 12 months, exists upon arrival. An Offender Case Plan (OCP) is also required for every offender. In compliance with TDOC Policy 110.09 and 703.02, only RNA Certified Users completing the Assessor Development Model (ADM) and RNA Certified Assessors will conduct and record the RNA. Only RNA Certified Users and/or RNA Certified Assessors may develop the OCP. Only manager-approved staff will conduct and record the TCUD results. Assessments and the development of the OCP must be done within 60 days of an offender's arrival. RNA and TCUD assessments must be repeated every calendar year or with any significant life event as defined in TDOC policy, 513.11, and 703.02, for each supervised offender.

**S3.03** The assessment should include any report submitted to the court prior to sentencing that identifies an Offender's specific needs, or a similar report prepared after sentencing. At a minimum, this includes information from outside agencies or vendors, or any internally generated diagnostic evaluations.

**S3.04** All offenders in community correction shall have a written, signed behavioral contract. At intake, the community correction staff shall discuss and develop with each offender a written behavioral contract based on the assessment of client needs, outlining specific objectives to be achieved by the offender while in the program,

the offender's obligations to the victim and community, and signed by the offender agreeing to abide by the terms of the contract.

**S3.05** Policy and procedure ensure that each offender is provided appropriate information to understand his/her conditions of the sentence; receives a written copy and acknowledges receipt and understanding in writing.

**S3.06** When specific services ordered by the court are not available, the field staff shall notify the court. Documentation of such notification shall be maintained in the offender's case file.

**S3.07** Policy and procedure establish a process for the successful discharge/termination of offenders. At a minimum, each offender file will be reviewed for successful termination after each twelve (12) month period of supervision. The first such review will come at 12 months and thereafter at least annually or sooner or at the discretion of the Program Manager or designee. The results of the review will be recorded in the case file and the TDOC offender management system.

**S3.08** The Grantee shall adhere to the Tennessee Department of Correction written procedures governing the transfer of offender supervision to and from other agencies. All transfers shall be acceptable if an offender has a residence in the receiving agency county, is determined to be ready for transfer, and has the sentencing court's permission to transfer.

**S3.09** The sending agency is required to have all paperwork complete (i.e., the case file set-up, pre- or post-sentence reports), fees, behavioral contract signed and explained to the offender, initial interview and assessments completed, and all entries completed on the TDOC OMS. This is the sending agency's responsibility to have completed on all offenders.

**S3.09.1** The sending manager will contact the receiving manager, by email to notify the receiving agency of the request to transfer and to start the transfer investigation.

**S3.09.2** The receiving agency has (15) days to assign a transfer investigation to an officer, investigate, and reply to the sending agency's manager.

**S3.09.3** The receiving agency manager will contact the sending agency as to the status of the transfer, (accepted or rejected) by email.

**S3.09.4** The sending agency will forward the case file. Any file that has incomplete data should be returned to sending agency.

**S3.09.5** Receiving agency shall make the TDOC OMS changes, (LIMD, LCD3, LCDF, LCDG) and start supervising the case.

**S3.09.6** Sending agency shall complete a QQQQ entry in the TDOC OMS explaining the reason for transfer, any treatment provided or other interactions, and any court-ordered conditions.

**S3.10** Written policy and procedure requires that all offenders are informed of the grievance procedure available and discuss the procedure with the offender during the intake process.

**S3.11** The Grantee shall develop policy and procedures that specifically outline the frequency and manner in which offender drug testing, criminal records checks, and employment verifications are administered for active cases under supervision. Any such procedure shall be quantifiable.

**S3.12** The discharge/termination report shall be entered in the TDOC OMS (LCDG) under code TEPE to record detailed information about the offender's discharge. The discharge/termination Report should include at a minimum:

1. Date and Time of program completion/departure
2. Relevant outcomes or details of the termination
3. Outcome assessment/ staff treatment assessment/comments
4. Detail any program performance highlights

#### **S4.00 Offender Contacts and Supervision**

**S4.01** Written policy prohibits any offender from being in a position of control or authority over another.

**S4.02** The Grantee will have a written policy and procedure relative to searches that clearly state the Grantee is precluded from searching an offender, an offender's home, and/or property.

**S4.03** The use of personal abuse and corporal punishment is prohibited through written policy and procedure.

**S4.04** Policy establishes levels of supervision and regulates movement between supervision levels. The Grantee will utilize supervision strategies and programs that have been scientifically demonstrated to enhance compliance with the court or releasing-authority-ordered conditions and to reduce criminal behavior. Standards for supervision of offenders both during and after completion of treatment components are listed below.

**S4.05 Active Supervision Standards**

The supervision standards outlined below illustrate risk-based supervision levels that direct the frequency and types of interaction with offenders actively supervised within the community. All offenders shall enter supervision through the Intake supervision level to assess the offender's risk and needs. Upon completion of risk and needs assessments, the offender shall be placed within the corresponding supervision level associated with the assessed risk and needs.

**S4.05.1 Intake:**

This supervision classification is exclusively reserved for offenders transitioning from the courts to community supervision.

- a. Intake: Offenders shall be placed under this plan of supervision at the beginning of their supervision. Once the offender has been assessed pursuant to the TDOC Approved Risk and Need Assessment, the offender shall be placed in the corresponding supervision level based upon their assessed level of risk. Offenders shall not remain in an intake plan of supervision for more than 45 days.
- b. The requirements for this class of supervision are:
  - (1) Face to face field or office contacts/two per month
  - (2) Home visit/one per month
  - (3) Supervision fee verification/one per month
  - (4) Special conditions verification/one per month
  - (5) Arrest check/one per month
  - (6) Employment verification/one per month
  - (7) Drug screen/one per month
  - (8) Risk assessment/one per month
  - (9) Offender case plan/one per month

**S4.05.2 Enhanced:** This supervision classification includes the following supervision levels:

- a. Enhanced: This supervision level includes offenders ordered by the court to be placed under enhanced or intensive supervision and offenders assessed as "criminally diverse" or "high violent" by the risk and needs Assessment as approved by TDOC.
- b. The requirements for this class of supervision are:
  - (1) Face to face field or office contacts/three per month
  - (2) Home visit/one per month

- (3) Supervision fee verification/one per month
- (4) Special conditions verification/one per month
- (5) Arrest check/one per month
- (6) Employment verification/one per month
- (7) Drug screen/one every six months
- (8) Risk reassessment/one per year
- ~~(9) Progress report (ICOTS)/one per year, if applicable~~
- (10) Offender case plan/one every three months

**S4.05.3 Maximum:** This supervision classification includes the following supervision levels:

- a. Maximum: This supervision level includes offenders assessed as “high property” or “high drug” by the risk and needs Assessment as approved by TDOC.
- b. The requirements for this class of supervision are:
  - (1) Face to face field or office contacts/two per month
  - (2) Home visit/one per month
  - (3) Supervision fee verification/one per month
  - (4) Special conditions verification/one per month
  - (5) Arrest check/one per month
  - (6) Employment verification/one per month
  - (7) Drug screen/one every six months
  - (8) Risk reassessment/one per year
  - (9) Offender case plan/one every three months
  - ~~(10) Progress report (ICOTS)/one per year, if applicable~~

**S4.05.4 Medium:** This classification includes the following supervision levels:

- a. Medium: This supervision level includes offenders assessed as “moderate” by the risk and needs Assessment approved by TDOC.
- b. The requirements for this class of supervision are:
  - (1) Face to face field or office contacts/one every three months
  - (2) Home visit/one every six months
  - (3) Supervision fee verification/one every three months
  - (4) Special conditions verification/one every three months

- (5) Arrest check/once every three months
- (6) Employment verification/one every three months
- (7) Drug screen/one a year
- (8) Risk reassessment/one per year
- (9) Offender case plan/one every six months
- ~~(10) Progress Report (ICOTS)/one per year, if applicable~~

**S4.05.5. Minimum:** This classification includes the following supervision levels:

- a. Minimum: This supervision level includes offenders assessed as “low” by the risk and needs Assessment approved by TDOC.
- b. The requirements for this class of supervision are:
  - (1) Face to face field or office contacts/one every six months
  - (2) Home visit/one per year
  - (3) Supervision fee verification/one every six months
  - (4) Special conditions verification/one every six months
  - (5) Arrest check/one every six months
  - (6) Employment verification/one every six months
  - (7) Drug screen/one per year
  - (8) Risk reassessment/one per year
  - (9) Offender case plan/one every year
  - ~~(10) Progress report (ICOTS)/one per year, if applicable~~

**S4.05.6 Warrant on Bond:**

Offenders released on bond, pending a revocation hearing, shall be moved to the next highest supervision level in TOMIS until disposition of revocation. If the offender is returned to supervision after disposition of a revocation, the officer shall complete a risk reassessment pursuant to Policy #703.02 to determine the appropriate levels of supervision.

#### **S4.06 Inactive Offender Supervision Standards**

The supervision standards outlined below illustrate risk-based supervision levels that direct the frequency and types of interaction with offenders **not** actively supervised within the community.

- 1. Deported: Offenders identified as having been deported before expiring their suspended sentence. This supervision level requires one national arrest check through NCIC per year.
- 2. Detainer: Offenders identified as being detained for pending charges. This supervision level requires one verification of incarceration per month.
- 3. In Custody: Offenders identified as being incarcerated. This supervision level requires one verification of incarceration per month.

4. ICOTS Out: Offenders identified as having their Tennessee supervision transferred to another state. This supervision level requires one arrest check and one progress report per year.
5. Judicial Suspended Sentence: Offenders identified as having the sentencing court order that they no longer have to report to community corrections as a condition of their probation. This supervision level requires one arrest check per year.
6. Warrant: Offenders identified as having an active warrant for their arrest. This supervision level requires one arrest check per month.
7. Residential Treatment: Offenders identified as being placed in a treatment facility for mental health, substance abuse, or physical care for a minimum of 30 days. This supervision level requires one verification of custody per month, and one progress report per year if the offender's supervision was transferred to Tennessee from another state.

**S4.07** Policy requires that the case officer or other duly authorized persons maintain personal contact with the offender according to the supervision level set by minimum state standards and program guidelines. Supervision of the offender should include at a minimum the monitoring of an offender's special conditions and employment status. A duly authorized person is any Agent or qualified person who offers the necessary services on an accepted contractual basis. All offender contacts shall be documented in the TDOC OMS according to the Community Correction Contact Note Handbook.

**S4.08** Written policy and procedure provide that case supervision program staff may request the court to add, remove, or modify any or all the special conditions of supervision.

**S4.09** Written policy specifies the type of actions required to locate and recover absconders prior to the issuance of a violation warrant. An absconder is defined as an offender who conceals his/her whereabouts and/or avoids or flees from supervision. Grantee policy will specifically identify the minimum time in which a violation warrant is filed with the sentencing court. The absconder may then be entered on NCIC.

**S4.10** Written policy states that community correction offenders may not cross the Tennessee state line into another state except with the written approval of the sentencing court.

**S4.11** Upon successful completion of the treatment component, any offender court-ordered to be supervised by the Grantee, shall be supervised in accordance with the supervision standards outlined in sections S4.05 and S4.06.

### **S5.00 Sanctions and Violations**

**S5.01** Written policy shall establish a process for handling known and alleged violations. Following confirmation of a violation, the case officer will adhere to established procedures to determine what action is required.

**S5.02** When violations occur, alternatives to revocation and incarceration are assessed, including sanctions, and a determination regarding the need for a formal violation will be made based on policy and guidelines. The Grantee will follow an evidence-based sanctioning process that will be approved by TDOC.

**S5.03** Sanction data will be collected and reported monthly in a report format provided by TDOC.

**S5.04** Any violation with a request for a warrant must be approved in writing by a manager or designee.

**S5.05** Policy prohibits the use of offenders as police informants and specifies criteria for exceptions. If an offender is used as an informant this will be noted in the chronological entries in the case record. Procedures will include securing the approval of the program manager and the court.

**S5.06** Violation data will be collected and reported monthly in a report format provided by TDOC.

### **S6.00 Community Service, Restitution and Fees**

**S6.01** Written policy requires that in court-ordered cases where the victim suffered monetary and/or property loss, there will be a written restitution contract discussed and developed with each offender containing, at a minimum, the following elements.



- A. Name of offender and victim
- B. Total amount of restitution
- C. The amount of payment
- D. The method of payment
- E. The payment schedules

**S6.02** When possible, the victim will be consulted by the district attorney's office or the program staff in the development of the restitution plan. The Grantee is encouraged to develop restitution plans for the offender's consideration. The following factors about the victim and the offender should be considered.

- 1. Present income/employment
- 2. Physical and mental condition of the offender
- 3. Education
- 4. Family circumstances
- 5. Victim impact and loss

**S6.03** Community Service placement should, wherever possible, fit the needs and skills of the offender and provide meaningful work to the community. Community service hours will be reasonable and will not interfere with the offender's regular paid employment. Offenders will be supervised at all times while performing community service work.

**S6.04** Policy will require that there is a written agreement between the offender, the Community Correction Program, and the agency receiving services. The agreement will contain the following information.

- 1. Name, address, and phone number of the agency
- 2. Job duties
- 3. Service hours and days
- 4. Site supervisor's name and responsibilities
- 5. Time frame for completion
- 6. Signatures of the offender, program manager or designee, and an agency representative

**S6.05** Where program staff directly supervises offenders performing community service work, the written agreement will contain the following information.

- 1. Job duties
- 2. Service hours and days
- 3. Time frame for completion
- 4. Signatures of the offender, program manager, or designee

**S6.06** Written policy and procedure specify that all offender payments (fees, fines, restitution) collected by the agency shall have a pre-numbered receipt prepared and placed in the offender case file. One copy shall be given to the offender at the time of collection. The only accepted forms of payment from offenders are money orders and cashiers' checks. In no circumstance shall cash payment be accepted from offenders. Offender supervision fees are current if the fee balance owed is not delinquent by more than ninety (90) calendar days. The agency must follow the collection procedures as described in the Fee Manual when collecting the Community Correction Fees (CCF), except for references to the TDOC OMS fee system.

**S6.07** All supervision fees collected must be deposited into a bank account within (72) hours after collection are accounted for and reported within the month received.

**S6.08** Supervision Fees are to be collected by the Grantee to offset their grant budget. Grantees should strive to collect a minimum of 75% of the supervision fees owed by offenders. The grantee will use the following formula to calculate Supervision Fee obligation/projection:

Number of Case Officer X Contract listed number of Active Cases X \$15.00 X 12 Months X75% = Supervision Fee obligation

The Supervision Fee obligation will be shown, with the calculations written in the narrative part, on line 24 of the Budget Detail Sheet that is attached to each contract and any subsequent amendments.

**S6.09** With approval from the State, any Supervision Fees collected over the Obligation amount as detailed in the Grantee's Contract, (see 11.08), may be expended by the collecting Grantee during the fiscal year collected for one-time expenditures only unless otherwise directed by the State. Over-collections approved to be used will not decrease the level of State funding except in the last month of a fiscal year. Any unused portion of the over-collection will be used at the end of a fiscal year to decrease the number of State funds needed to pay the final expense claim.

## **COMMUNITY CORRECTION DAY REPORTING CENTER**

### **DR1.00 Community Correction Day Reporting Center Standards**

#### **DR1.01 The grantee shall adhere to the following Day Reporting Center Standards**

1. Clinical/Programming
  - a. Addiction Severity Index (ASI) completed determining eligibility
  - b. Phases last approximately 3-4 months depending on participation/behavior
2. Aftercare is at least 6 months depending on participation/behavior
3. Phase 1 program attendance 4 days/16 hours per week
4. Phase 2 program attendance 3 days per/12 hours per week
5. Phase 3 program attendance 2 days per/8 hours per week
6. Aftercare programming 1 hour per week
7. One on one therapy at least one time per month
8. Treatment plan established within first 7 days and updated every three months thereafter
9. Evidence-based curriculum required
10. Treatment team meetings, at a minimum of bi-weekly
11. Discharge summary completed within 7 days of discharge
12. Programming shall include but is not limited to:
  - a. Cognitive-behavioral interventions
  - b. Job readiness
  - c. Decision-making skills
  - d. Health and wellness
  - e. Support system development
  - f. Digital literacy
  - g. Recovery-oriented life skills
  - h. Reentry planning
  - i. Victim impact awareness
  - j. Anger management

#### **DR1.02 - The grantee shall adhere to the following Community Correction Officer Supervision Standards. (Cannot be Clinical Personnel)**

- a. Phase 1
  - i. Face to face contact - 2x monthly
  - ii. Home check – 1x monthly
  - iii. Special conditions verification – 1x monthly
  - iv. Arrest check – 1x monthly
  - v. Employment verification – 1x monthly
  - vi. Drug screen – 4x monthly
  - vii. Risk reassessment annually
  - viii. Offender case plan – every three months
- b. Phase 2
  - i. Face to face contact – 2x monthly
  - ii. Home check – 1x monthly
  - iii. Special conditions verification – 1x monthly
  - iv. Arrest check – 1x monthly
  - v. Employment verification – 1x monthly
  - vi. Drug screen – 2x monthly
  - vii. Risk reassessment annually
  - viii. Offender case plan – every three months
- c. Phase 3
  - i. Face to face contact – 1x monthly
  - ii. Home check – 1x every six months

- iii. Special conditions verification – 1x every three months
- iv. Arrest check – 1x every three months
- v. Employment verification – 1x every three month
- vi. Drug screen – 1x monthly
- vii. Risk reassessment annually
- viii. Offender case plan – every three months
- d. Aftercare
  - i. Supervised per RNA level
  - ii. Drug screen 1x monthly

**DR2.00 Day Reporting Administration and Management**

**DR2.01** The Grantee has written policies and procedures for the day reporting center’s program and these are specified in the policy and procedure manual that is accessible to all employees. The manual is reviewed at least annually and updated as needed. The policy and procedure manual may be separate or included in the community corrections policy and procedure manual.

**DR2.02** The Grantee shall have written policy and procedure to ensure compliance with PREA “Zero Tolerance” policy and display signage and publications in plain view at all agency locations, at all times.

**DR3.00 Day Reporting Records**

**DR3.01** The Grantee has written policy, procedures, governing case record management, including, at a minimum, the following areas: the use and content of offender records; right to privacy; security, placement, and preservation of records; and schedule for retiring or destroying inactive records.

**DR3.02** An Intake and Termination report is to be recorded in the TDOC OMS by the Grantee on every offender both at intake and termination, *including transfers between Community Correction programs and suspension of direct supervision*, specifically recording information that provides detail about offender’s arrival and departure to the program. Intake and Termination reports are to be recorded in the (LCDG) TDOC OMS. Intake of DRC participants is completed within 7 calendar days. The intake consists of but is not limited to the completion of intake forms, orientation to the DRC program, participant guidelines and rules, crisis plan, treatment plan, schedule review, and any assessments.

**DR4.00 Supervision and Case Management (Community Correction DRC Offenders)**

**DR4.01** Written policy prohibits any client from being in a position of control or authority over other offenders.

**DR4.02** The Agency will have a written policy and procedure for conducting searches of offenders.

**COMMUNITY CORRECTION RESIDENTIAL TREATMENT PROGRAM**

**RP1.00 Residential Treatment Program Requirements:**

1. Clinical-
  - a. Minimum of 28 days in a high-intensity residential treatment program designed to address moderate to severe substance use disorders
  - b. Addiction Severity Index (ASI) completed determining eligibility
  - c. Evidence-based curriculum approved by TDOC.
  - d. Drug screens completed no less than bi-weekly and as clinically indicated
  - e. Treatment team meetings, at a minimum of 7 bi-weekly
  - f. Clinical files must be maintained
  - g. Treatment plan established within first 7 days
  - h. Discharge summary completed within 7 days of discharge
  - i. If supervised by TDOC Community Supervision weekly updates will be provided while in active treatment. The weekly update progress report process will be determined by TDOC.
  - j. Program components shall include but are not limited to:
    - i. Substance use and recovery education
    - ii. Relapse prevention skill-building
    - iii. Decision-making skills
    - iv. Dangers of high-risk behavior

- v. Support system development
  - vi. Goal setting
2. Supervision
- a. Verification monthly of placement in a residential treatment facility

### **RP2.00 Administration, Organization, and Management**

**RP2.01** The Residential Facility hereafter referred to as the Facility shall be headed by a single administrative officer appointed and responsible to the governing authority known as the Grantee. An organizational chart is developed and reviewed annually (in writing) which accurately reflects the structure of authority, responsibility, and accountability within the agency.

**RP2.02** Facility policy and procedure shall require that the facility administrator and supervisors shall meet at least monthly with staff members who are directly under their supervision. Meeting minutes will be kept.

**RP2.03** The Facility shall have a policy manual that is reviewed, updated, and approved at least annually by The Advisory Board and/or agency administrator, and made available to all staff members and volunteers; and upon request, to others.

**RP2.04** All changes to Grantee policy, procedure/operations manual, and performance standards shall be submitted to the Community Correction Administrator for written approval prior to implementation.

**RP2.05** The Facility will have a written policy to guard against conflict of interest.

**RP2.06** Facility staff monitors the movement of residents into and out of the facility in accordance with written policy and procedure.

**RP2.07** The Facility shall have a written policy and procedure to ensure full compliance with PREA requirements for residential facilities and shall adhere to the "Zero Tolerance" policy of PREA. Agency will display PREA signage and publications in plain view, at all times.

### **RP3.00 Residential Treatment Program Records**

**RP3.01** An Intake and discharge/termination account are to be recorded by the facility on every client, beginning at intake through discharge/termination. Casefile records should provide specific details about each client's arrival to and departure from the residential facility, including specifics of any evidence-based treatments provided.

**RP3.02** Facility policies shall provide that all staff adhere to Tennessee Department of Correction procedures regarding the access or use of the TDOC OMS system. Agencies shall be aware of and ensure the necessity of system security procedures. When accessed all residential facilities will utilize the TDOC OMS system as mandated by the Tennessee Department of Correction.

**RP3.03** All entries into the case file are dated and clearly identify the staff member making the entries into TDOC OMS.

**RP3.04** At the termination of the client's program participation, a termination report which reviews the client's performance and departure information is recorded and maintained in the TDOC OMS.

**RP3.05** At a minimum, a manager review on all residential facility offender case files will be conducted quarterly and according to policy and procedure and documented in the TDOC OMS.

**RP3.06** The Facility will have written policy and procedure regarding the confidentiality of individual case records (i.e., addresses, client access, staff access, and release of information). In compliance with written policy and procedure, all case records are marked "confidential" and kept in a secure location, at all times.

### **RP4.00 Residential Treatment Program Facility**

**RP4.01** The Facility shall not enter into any agreement that purports to create an interest in real property (e.g., rental agreement) until said rental agreement is approved, in writing, by the Commissioner of Tennessee Department of Correction or his/her designee.

**RP4.02** The Facility shall comply with all applicable zoning ordinances or is attempting to comply with or change such laws, codes, or zoning ordinances through legal means and shall conform with applicable building codes.

**RP4.03** The facility will be located within one mile of public transportation, or other means of transportation is available.

**RP4.04** The Facility will have documentation stating that all sleeping quarters have ventilation of at least 10 cubic feet of outside or re-circulated filtered air per minute per human occupant.

**RP4.05** The Facility will have documentation stating that all sleeping quarters have lighting of at least 20 foot-readability in reading and grooming areas.

**RP4.06** To the extent possible, all sleeping areas of the residential facility provide some degree of privacy.

**RP4.07** Each client has been provided in their sleeping quarters a bed, mattress and pillow, bed linen, chair, and closet/locker space for the storage of personal items.

**RP4.08** The Facility will have a written policy and procedure regarding the issuance of clean, usable bedding, linen, and towels to new residents, with the provision for laundering every week.

**RP4.09** The Facility will provide personal hygiene articles on an emergency basis.

**RP4.10** The Facility will have a written policy that outlines the rules that permit offenders to decorate their sleeping quarters and/or common use areas.

**RP4.11** The Facility will provide private counseling space with adequate furniture.

**RP4.12** The Facility, at a minimum, has one operable toilet for every ten residents.

**RP4.13** The Facility, at a minimum, has one operable washbasin with hot and cold running water for every ten residents.

**RP4.14** The Facility, at a minimum, has one operable shower or bathing facility with hot and cold running water for every ten residents. The hot water does not exceed 110 degrees F (43 degrees C).

**RP4.15** The Facility has one operable washer and one operable dryer for every 10 residents.

**RP4.16** The Facility complies with the sanitation and health codes of the applicable government's jurisdiction.

**RP4.17** The Facility will have a written policy and procedure regarding vermin or pest control and for trash and garbage removal.

**RP4.18** The Facility has written documentation that weekly sanitation and safety inspections of all internal and external areas and equipment are conducted in accordance with written policy and procedure.

**RP4.19** The Facility will ensure that the facility is in good repair with a housekeeping and maintenance plan.

**RP4.20** The Facility will have a written policy and procedure regarding maintenance and use of facility vehicles when in use.

**RP4.21** The Facility will have at least one telephone available and accessible to all clients.

**RP5.00 Residential Treatment Program Food Service**

**RP5.01** When the facility contracts for food service, the Contractor shall comply with all sanitation and health codes enacted by the state and/or local authorities.

**RP5.02** All food services provided require that all menus are reviewed and approved by a registered dietitian or physician. The Tennessee Department of Correction master menu may be utilized as an approved dietary plan.

**RP5.03** The Facility will have a single menu for staff and clients.

**RP5.04** Special diets are prepared to meet the medical needs of residents and provisions are made to meet the dietary needs of the residents.

**RP5.05** All in-house food services shall comply with all sanitation and health codes enacted by state and/or local authorities.

**RP5.06** All foods are properly stored at the end of each meal.

**RP5.07** Kitchen and dining areas are properly ventilated, furnished, cleaned, and meet all relative OSHA and public health ordinances.

#### **RP6.00 Residential Treatment Program Medical Care and Health Services**

**RP6.01** The Facility will have a written agreement with a licensed hospital, clinic, or physician to provide emergency services on a 24-hour basis.

**RP6.02** There is one staff member present on each shift trained in emergency First-aid procedures including cardiopulmonary resuscitation (CPR), 911 emergency contact capability, and take-action authority. In addition, each residential facility will display an automated external defibrillator (AED) for emergency use only.

**RP6.03** There are written emergency medical backup plans which are communicated to all employees and residents.

**RP6.04** First-aid equipment is available at all times. Said equipment shall be approved by a recognized health authority. A monthly inspection of first aid equipment shall be made by the program manager or designee to ensure equipment meets the minimum stocked standards of the health authority.

**RP6.05** At the time of admission, facility staff will inquire about any physical problems that might require medical attention and document the disclosed medical history in the offender's case file.

**RP6.06** The Facility will have a written policy and procedure to provide a medical examination for any employee or resident suspected of having a communicable disease or debilitating condition (e.g., diabetes, heart disease, or epilepsy).

**RP6.07** The Facility will have a written policy and procedure regarding urine collection for testing purposes and interpretation of results.

**RP6.08** The Facility will have a written policy and procedure regarding the possession, control, and use of controlled substances: prescribed medications, and over-the-counter drugs. These policies and procedures also stipulate that prescribed medications are administered to the resident according to the specific directions of their prescribing physician.

**RP6.09** The Facility will have a written policy and procedure stating that records of all medications that are distributed by staff are maintained and audited daily. Also, the records will include the date, time, and name of the resident receiving medication, and the name of staff distributing medication.

**RP6.10** The Facility will have a written policy and procedure providing the prompt notification of the client's next of kin in case of serious illness, surgery, death, or injury. Any agency death shall be reported immediately to first the proper authorities and to the TDOC Central Communications Center as well as to the State Director of Community Corrections within 30-minutes of an agency's knowledge of the event occurring.

#### **RP7.00 RTP Intake and Termination**

**RP7.01** Discrimination on the basis of race, creed, or national origin is prohibited and is clearly stated in agency policy and made available to the offender.

**RP7.02** A copy of admission criteria and pre-intake procedures are distributed to all referring agencies.

**RP7.03** When a referral is not accepted into the program the referring agency and/or court is notified and the specific reason for denial is stated.

**RP7.04** At the time of intake, the staff discusses with the client the following information.

- a. Program goals
- b. Rules governing conduct
- c. Program rules and regulations
- d. Possible disciplinary actions and procedures available to staff
- e. Available services
- f. Informed Consent
- g. Authorization and Release of information
- h. Emergency contacts determined
- i. Clinical Intake (to include medical and mental health)
- j. Confidentiality Policy

**RP7.05** The above is documented by both the client and staff's signature and the client is specifically given a signed copy of the rules and regulations.

**RP7.06** Staff designs a written treatment plan for each resident. The plan is signed and dated by staff and the client. The plan includes criteria of expected behavior and accomplishments and a time schedule for achieving specified goals. Within the first two weeks of a resident's admission, a treatment plan will be completed.

**RP7.07** Every month the resident's progress will be reviewed either through a staff meeting or by Individual staff and the results will be documented.

**RP7.08** Any changes in the behavioral plan will be discussed with that resident. This will be dated and documented by the staff and resident's signature.

**RP7.09** There is at least one staff person on the premises who is awake, available, and responsive to the residents' needs 24-hours a day.

**RP7.10** All Program rules and regulations pertaining to residents are posted in a conspicuous place.

**RP7.11** The Facility will have a written policy and procedure regarding the grievance and appeal process. This policy states the grievance is transmitted without alteration, interference, or delay to the party responsible for receiving and investigation.

**RP7.12** There is a written policy and procedure regarding the removal of any client from the program.

**RP7.13** Policy and procedure are written regarding the house's reimbursement by residents.

**RP7.14** The Facility resources will be used to assist residents in locating suitable housing upon termination from the program.

**RP7.15** The opportunity for recreational and leisure time activities is provided to all residents.

**RP7.16** The Facility will have a written policy and procedure regarding the enrollment of residents in educational and vocational training programs.

**RP7.17** The facility has a written policy and procedure allowing residents to attend religious services voluntarily.

## **COMMUNITY CORRECTION INTENSIVE OUTPATIENT TREATMENT**

### **IO1.00 Intensive Outpatient Treatment Requirements**

- Clinical/Programming
- Addiction Severity Index (ASI) completed determining eligibility
- A minimum of 9 hours per week alcohol and drug evidence-based treatment services
- The program will consist of, at a minimum, 150 hours of structured evidence-based treatment services
- An evidence-based curriculum that has been reviewed and approved by TDOC

- Drug screens completed no less than bi-weekly and as clinically indicated
- Treatment team meetings, at a minimum of bi-weekly
- Clinical files must be maintained
- Treatment plan established within first 7 days and updated every three months after
- Discharge summary completed within 7 days of discharge
- If supervised by TDOC Community Supervision, weekly updates will be provided while in active treatment

### **IO1.01 Supervision**

- The Grantee will utilize supervision strategies and programs that have been scientifically demonstrated to enhance compliance with the court or releasing-authority-ordered conditions and to reduce criminal behavior.
- The grantee will follow the standards of supervision as outlined in sections S4.05 and S4.06.

### **IO1.02 Treatment**

- Group: Ratio shall consist of a minimum of three patients and a maximum of 15 patients per group for one provider.
- ~~Counseling: All programs will maintain a minimum of 1:8 counselor to patient ratio seven days per week for one daytime shift. Such counseling staff shall possess appropriate qualifications.~~
- A counselor/clinician/recovery staff shall meet with the patient daily for the purposes of assessment, counseling, treatment, case management, and discharge planning. All activity is documented in the patient's health record.
- Each patient/participant shall have a treatment plan
  - Shall be developed in collaboration with the client, with careful attention to individual needs.
  - An initial plan shall be developed within 14 days of the client's first service, using assessment
  - The treatment plan shall include:
    1. The client's most important goal(s).
    2. Measurable, time-sensitive steps that the patient will make toward achieving his/her goal(s); and
    3. Measurable, time-sensitive steps that the program will take to support the patient in achieving his/her goal(s).
- Maintain documentation of patient/participant's progress in treatment and place in patient chart/file.
- Therapeutic programming is provided seven days per week, including weekends and holidays, with sufficient professional staff to maintain an appropriate milieu and conduct the services below based on individualized patient needs.
- The treatment/recovery and discharge plans are reviewed by the treatment team with each patient at least every 48 hours (a maximum of 72 hours between reviews on weekends) and are updated accordingly, based on progress. All assessments, treatment and discharge plans, reviews, and updates are documented in the Patient's health record.
- The provider shall provide a comprehensive, formal, structured treatment program that incorporates the effects of substance use disorders, recovery education, mental health disorders, associated health issues, and provides a minimum of four hours of service programming per day.
- The provider is responsible for ensuring that each patient has access to medications prescribed for physical and behavioral health conditions, and documents so in the health record.
- Physician Coverage: A medical provider is on call and is available for medical consultation for medical situations via telephone within 60 minutes of request.
- The provider ensures that patients have access to supportive staff 24 hours per day. Supportive staff may be any individual working towards licensure or certification in substance use or behavioral health. The State will accept the usage of Certified Peer Recovery Specialists to fill this role. The State will consider individuals that have extensive experience in personal recovery within the field of substance use on a case-by-case basis to be approved in writing by the State's Director of Behavioral Health or designee.
- The provider makes arrangements to obtain appropriate drug screens/tests, urine analysis, and laboratory work as clinically indicated, and documents these activities in the patients' health record.
- The provider ensures the continuous assessment of the patient's mental status throughout the patients' s treatment episode and documents such in the patient's health record.
- The provider engages the patient in developing and implementing an aftercare plan when the patient meets the discharge criteria established in his/her treatment/recovery plan. The provider provides the patient with a copy of the plan upon his/her discharge and documents these activities and the plan in the patient's health record.

## **Community Correction Program**



## GLOSSARY OF TERMS

1. **Absconder** An offender who conceals his/her whereabouts and/or avoids or flees from supervision.
2. **Aftercare** The phase of treatment that begins when a participant has achieved substance abuse treatment goals and has successfully completed a substance abuse treatment program.
3. **Alcohol and Drug Treatment** Evidence-based treatment services which are provided by a certified Substance Abuse Counselor, in either an outpatient or inpatient setting to eliminate substance abuse dependency.
4. **Arrest Records Check** A verification check by the supervising officer of an offender's recent arrest/conviction history as completed through either the local or state law enforcement agencies. Documentation of the arrest records check is required.
5. **Assessment** Any administered instrument that is utilized to evaluate an offender's needs/behaviors in relation to provided supervision services. The assessment instrument is different than an investigative report. The assessment may be utilized to determine program eligibility, screening, and specific services placements for offenders. The grantee will utilize the Strong-R assessment for risk and needs.
6. **Behavioral Contract** A document developed for the offender that is an agreement between the agency and the offender that outlines the plan that he/she will adhere to during the supervision period. The plan should incorporate special conditions, treatment services, educational/vocational counseling schedule, supervision contacts, restitution, and community work service. The specific objectives to be achieved by the offender should have identified expected completion time frames.
7. **Buccal Swabbing-DNA sampling** Offender's DNA collection made through the use of a TBI swabbing kit. A copy of the sampling form is placed in the offender's file to document the sampling, also a confirmation will be recorded in the TDOC OMS under LCLA.
8. **Classification Report** ~~A report documenting facts of an offense and the background investigation of an offender.~~
9. **Community Service Work** Unpaid, uncompensated positions with non-profit or tax-supported agencies, to perform a specific number of hours or services within a specified time frame.
10. **Co-occurring disorder** The presence of a mental health disorder and a drug or substance use disorder at the same time. This includes both a wide variety of substance use and mental health disorders, as defined by the DSM-5
11. **Criminogenic Needs-** internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
12. **Day Reporting Center** A highly structured, non-residential substance use treatment program that combines rehabilitation, supervision, treatment, education, programming, and re-entry services  
**Diagnostic Evaluation** A clinical evaluation of an offender's psychosocial functioning; conducted by a certified professional through a contract with a community corrections agency.
13. **Discharge** The process by which an offender has successfully completed their time in a community corrections program and is ready for release. Discharge includes cases that have been permanently transferred over to another community correction program if the offender complied when transferred and offenders whose cases have been transferred to State Probation. All offenders are required to have sentencing courts permission prior to transfer. A TEPE must be completed in TDOC OMS on all discharges to summarize an offender's performance while on community supervision.
14. **Discharge Summary** The recording of the discharge of an offender from a community correction program. A court order is required to discharge an offender prior to sentence completion or successful transfer to probation. Discharge details shall be entered as a TEPE in the TDOC OMS. Offenders must receive sentencing courts permission prior to transfer.
15. **Documentation** Written detail summarizing the event of an offender-related contact by a community correction officer.
16. **Evidence-Based Programs** – Services for which systematic empirical research has provided evidence of statistically significant effects of treatments for specific problems that will lead to a lower rate of return to incarceration.
17. **Face to Face Contact** A personal contact made between an offender and the case officer, which may take place in the supervising office, place of offender's employment, the courthouse, etc. A home visit shall not be counted as face-to-face contact.
18. **Home Visit** Personal contact made between an offender and the officer at the offender's residence. A successful Home visit contact can only be counted as a home visit i.e., confirmation of offender's place of residence, or to conduct curfew check. All home visits and outcomes will be recorded in the offender's case file.
19. **Intake** The initial contact with the offender which includes orientation to programs and services offender by the Grantee.

20. **Intensive Outpatient** Non-residential substance use treatment in which an individual receives at least three clinical hours of group therapy per day (24-hour period) for at least three days a week, with a minimum of nine hours per week, and returns home or is not treated as an inpatient during the remainder of those 24 hours. (Approximate level of care 2.1 as noted by ASAM)
21. **Inventory Control System (ICS)** TDOC's automated inventory control system is utilized to manage, and control items purchased with grant funds. The system allows for tracking of items' location, disposition, value, and assignment. Inventory Control System (ICS): An inventory software program used by TDOC employees to manage non-capital assets.
22. **Investigative Report** An investigative report is required for all Tennessee felons and diversions. The Community Correction Officer is responsible for searching out all pertinent facts about the offender, verifying information gathered, interpreting, and evaluating data, and presenting it in an organized and objective report through the entry of data into the TDOC conversations. The officer is responsible for investigating each offender without preconception or pre-judgment. Since there may be a disclosure of sources of information, individuals must be informed that the information they furnish will be revealed to the defendant.
23. **Judgment Order (Community Correction Order)** An official document signed by the Judge placing the offender in a community correction program.
24. **Offender Case Plan (OCP)** A plan that is developed collaboratively between an offender and risk/needs (RNA) certified user, which is derived from the RNA scores, identifies programmatic needs based on treatment pathways, and establishes goals, that include action steps to address criminogenic needs of the offender.
25. **Parole** is a conditional release of an inmate serving an indeterminate or unexpired sentence under the supervision of a parole officer. Parole is granted by the Board of Parole. The release of a prisoner to the community by the Board of Parole (BOP) prior to the expiration of the offender's sentence.
26. **Probation** The release by the courts of a person found guilty of a crime, upon verdict or plea, without imprisonment subject to conditions imposed by the court. Refers to the following suspended sentences: regular probation, pre-trial diversion, probation technical violation, determinate release, and memorandum of understanding.
27. **Probation Order** A court order that places the offender directly on to regular probation, community-based supervision.
28. **Recidivism** As defined in Public Chapter 1051, the percentage of convicted misdemeanants who are incarcerated in any state or local facility within three (3) years of the year in which they are released from incarceration from the recipients facility. ~~refers to criminal acts that result in re-arrest, re-conviction, or a return to prison of an individual within three years of their release from incarceration.~~
29. **Residential Treatment Program Facility** A community correction facility that, is specifically designed to house offenders in a residential setting is specifically designed to provide evidence-based treatment and rehabilitation services.
30. **Restitution** An agreed-upon amount of compensation payable, by the offender, to the crime victim, as court-ordered.
31. **Revocation Order** An order signed by the Judge that revokes/terminates the offender from the community correction program and returns them to incarceration or another diversionary program. A sentencing court ruling that terminates an offender's suspended sentence.
32. **RNA Certified Assessor** An employee who has successfully completed the approved RNA user training and subsequent Assessor Development Model and who maintains passing scores on QA reviews in compliance with Policy #513.10.
33. **RNA Certified User** An individual who has successfully completed the user certification course facilitated by a trainer who has been certified by the risk needs assessment (RNA) vendor, in the use of the RNA tool
34. **Sanctions** A swift, certain, and proportionate response by the PPO to return the offender to compliance by use of non-prison accountability measures and programs.
35. **Standards of Community Corrections** Guidelines that are developed in conjunction with the Rules of Community Correction that establish minimum requirements for administrative, fiscal, supervision, and records maintenance functions of all community corrections agencies.
36. **Successful Discharge** – Completed required sentence time on Community Corrections and transitioned to state probation, complete entire sentence while on community correction, or the offender successfully completed treatment program while in a Community Correction Facility.
37. **Supervision Level** The identified level of supervision that an offender is required to be supervised at by the community correction officer. All supervision levels shall have minimum recommended time frames for the total length of supervision. All changes to an offender's supervision level require prior management approval.

38. **TDOC OMS (acronym)** Tennessee Offender Management Information System/ other TDOC Correctional Offender Management System electronic tracking mainframe used by the Tennessee Department of Correction to maintain information on all Community Correction sentenced offenders.
39. **TEPE (acronym)** The closeout code to be used to load the TDOC OMS with discharge/termination result details of an Offender's assignment to a Community Correction facility. TEPE means: Termination Progress Evaluation. Such an entry to the TDOC OMS should contain all specific details of the offender's stay, as well as end results, treatment outcomes; details revolve around offender discharge (successful) or termination (unsuccessful) and should include case officer comments or notes. Residential Facilities complete a case file closeout. [ ]
40. **Termination** The unsuccessful completion of an offender's time under community correction program supervision. A non-completion either by abscond, revocation, violation, new arrest, or for purposes OTHER than completing successfully. A termination TEPE must be placed in the TDOC OMS to close out the case. The TEPE should summarize the offender's performance while under community correction supervision.
41. **Treatment Staff** A multidisciplinary team of professionals which may include, but is not limited to, medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral and mental health providers including substance use disorder prevention and treatment providers, recovery specialists, drug and alcohol counselors, and case managers. Team Members Have Specific Roles and Responsibilities in Delivering Major Components of the Program Including Screening, Assessment, Treatment, and Transitional Services.
42. **Treatment Team –** Includes licensed clinical staff, community correctional officers, social workers, program managers, and counselors.
43. **Validated Risk and Needs Assessment (RNA)** 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 offender/resident and to make more appropriate and productive recommendations for the offender's/resident's level of programming.
44. **Victim Restitution** Compensation is made to a victim and/or community in the form of monetary payment or community service work by the offender.
45. **Violation Report** A report filed in the sentencing court by the supervising agency that notifies that the offender is in noncompliance with the rules or special conditions as defined in the Community Correction Court Order.

The Community Correction Standards have been reviewed; and TDOC approved on \_\_\_\_\_ and are effective July 1, 2021.

TDOC Assistant Commissioner of Community Supervision  
 Approved Date: \_\_\_\_\_, 2021