



## RFP ATTACHMENT 6.6. PRO FORMA CONTRACT

 <b>CONTRACT</b> (fee-for-goods or services contract with an individual, business, non-profit, or governmental entity of another state)					
<b>Begin Date</b> 11/01/20		<b>End Date</b> 10/31/25		<b>Agency Tracking #</b> 32901-31202	<b>Edison Record ID</b> 67781
<b>Contractor Legal Entity Name</b> Centurion of Tennessee, LLC					<b>Edison Vendor ID</b> 0000166648
<b>Goods or Services Caption</b> (one line only) Inmate Behavioral Health Services					
<b>Contractor</b> <input checked="" type="checkbox"/> Contractor			<b>CFDA #</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
FY21	\$14,618,185		\$323,800		\$14,941,985
FY22	23,416,223		566,700		23,982,923
FY23	23,967,440		566,700		24,534,140
FY24	24,707,461		566,700		25,274,161
FY25	25,382,913		566,700		25,949,613
FY26	8,669,097		161,900		8,830,997
<b>TOTAL:</b>	<b>\$120,761,319</b>		<b>\$2,752,500</b>		<b>\$123,513,819</b>
<b>Contractor Ownership Characteristics:</b> <input type="checkbox"/> Minority Business Enterprise (MBE): <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Woman Business Enterprise (WBE) <input type="checkbox"/> Tennessee Service Disabled Veteran Enterprise (SDVBE) <input type="checkbox"/> Disabled Owned Business (DSBE) <input type="checkbox"/> Tennessee Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees. <input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input type="checkbox"/> Other:					
<b>Selection Method &amp; Process Summary</b> (mark the correct response to confirm the associated summary) <input checked="" type="checkbox"/> Competitive Selection                      RFP <input type="checkbox"/> Other					
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.  <div style="display: flex; align-items: center;">  <div>             Digitally signed by Lisa Parks              Date: 2020.08.20 14:00:23 -05'00'           </div> </div>					
<b>Speed Chart</b> (optional)			<b>Account Code</b> (optional)		

**CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF CORRECTION  
AND  
CENTURION OF TENNESSEE, LLC**

This Contract, by and between the State of Tennessee, Department of Correction ("State" or "TDOC") and Centurion of Tennessee, LLC ("Contractor"), is for the provision of Inmate Behavioral Health Services, as further defined in the "SCOPE." State and Contractor may be referred to individually as a "Party" or collectively as the "Parties" to this Contract.

The Contractor is a Limited Liability Company.  
Contractor Place of Incorporation or Organization: Nashville, TN  
Contractor Edison Registration ID # 0000166648

**A. SCOPE:**

- A.1. The Contractor shall provide all service and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Contract.

The Contractor understands and accepts the TDOC Director of Behavioral Health Services or designee as the final authority for Behavioral Health Services provided under terms of this Contract.

The Scope of Services in this contract is mandatory and must be provided at State facilities, as defined in Section A.3. below, unless otherwise specified. The State shall be the final authority in matters of disagreement between the Contractor and the TDOC over provisions of these services.

A.2. Definitions.

1. Addiction Treatment and Recovery Services Coordinator shall mean Contractor staff who review the Clinical needs of Inmates and provide specialty consultation information as determined by and in conjunction with the TDOC Director of Behavioral Health Services' or designee, which may include a daily discussion of the status of program, contract compliance with review, approval, denial, or alternative treatment recommendations for other specialty programs by Institutional program managers.
2. Advanced Practice Nurse ("APN") shall mean a nurse having education beyond the basic nursing education and certified by a nationally recognized professional organization in a nursing specialty, or meeting other criteria established by a Board of Nursing.
3. Aftercare shall mean the plan for continuity of Behavioral Health Services for Inmates scheduled for release from incarceration and return into the community.
4. American Correctional Association ("ACA") shall mean the accreditation body for correctional, jail and detention facilities. It develops standards for all areas of corrections and implements a system for accreditation for correctional programs, facilities and agencies based on these standards. In addition, it supports laws and administrative procedures to safeguard the rights of corrections workers, victims, Inmates and Offenders in the adult and juvenile correctional process.
5. Anger Management shall mean the therapeutic approach designed to help people respond to anger with appropriate behavior.

6. Assessment and Evaluation shall mean a direct assessment of an individual's mental health status, without the use of standardized psychological test(s), to determine and/or recommend the need for mental health treatment in accordance with Appendix B., TDOC Policy #113.84 as may be revised.
7. Assessment Instrument shall mean the direct administration of a single or battery of standardized psychological instrument(s) to an individual with the intent of establishing a Clinical profile to aid in the diagnostic process and Clinical disposition in accordance with Appendix B., TDOC Policy #113.84 as may be revised.
8. Assistant Commissioner shall mean the Assistant Commissioner of Rehabilitative Services.
9. Associate Warden of Treatment shall mean the TDOC staff member with a bachelor's degree and experience equivalent to five years of adult correctional management in a rehabilitative program.
10. Attention Deficit Disorder ("ADD") shall mean a brain disorder marked by an ongoing pattern of inattention and impulsivity that interferes with functioning or development.
11. Audio-Visual Presentation shall mean a service that provides web streaming, video conferencing and live broadcast services via telecommunication equipment, which may also be used of for presenting Inmates for evaluation, diagnosis, and treatment of medical/mental health conditions in accordance with Appendix B TDOC Policy #113.33 as may be revised.
12. Average Length of Stay ("ALOS") shall mean the average period in days that the average person stays in treatment for a particular behavioral or mental illness.
13. Backup Staffing Plan shall mean written Contractor plan indicating how full staffing shall be provided when Contractor staff are on leave, during holidays, or emergencies.
14. Behavioral Health shall mean the healthcare system that deals with the diagnosis and treatment of mental health, substance abuse, and associated physical disorders. It consists of the integrated delivery of care by Psychiatrists, social workers and other healthcare professionals.
15. Behavioral Health Administrator ("BHA") shall mean the licensed or qualified mental health professional designated by the Contractor to assume the responsibility of coordinating the delivery of Behavioral Health Services and the Clinical Director at a TDOC Facility.
16. Behavioral Management shall mean all of the actions and conscious inactions to enhance the probability people, individually and in groups, choose behaviors, which are personally fulfilling, productive, and socially acceptable.
17. Behavioral Science shall mean the systematic analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.
18. Bledsoe County Correctional Complex ("BCCX"), shall mean the following locations referenced below:
  - a. Site 1: Intake; and
  - b. Site 2: Time Building.
19. Board of Parole shall mean the State agency charged with minimizing public risk and promoting lawful behavior by the prudent, orderly release of adult Offenders.

20. Boot Camp or Special Alternative Incarceration Unit ("SAIU") shall mean the program housed at the TCIX annex. Boot Camp is one of the programs offered at the fast-track facility to help Inmates succeed upon release.
21. Business Associate ("BA") shall generally have the same meaning as the term "business associate" as defined in 45 C.F.R. § 160.103 at <https://www.govregs.com/regulations/45/160.103>.
22. Case Management Services shall mean services that involve engagement of the patient, assessment, planning, linkage with resources, consultation with families, collaboration with behavioral health, medical, community services and security to provide efficient needs of the Offender in accordance with Appendix B TDOC Policy #113.23 as may be revised.
23. Case Management Coordinator ("CMC") shall mean a full-time Contractor staff member assigned to work in the Central Office. This individual shall work under the direction of the Director of Behavioral Health Services and shall serve as the coordinator for mental health Case Management Services throughout TDOC in conjunction with Institution Case Managers.
24. Case Management Plan ("CMP") shall mean a continuously updated and edited series of goals and action steps that govern the confinement, supervision, treatment, sanctioning, transition, and rehabilitative needs of individuals sentenced to serve their sentence under the authority of the TDOC. Updates and edits are determined by Validated Risk and Needs Assessment/reassessments as well as qualifying events.
25. Case Manager(s) shall mean the staff member(s) responsible for the assessment and coordination of Offender Clinical Case Management Services during incarceration and for making arrangements for the continuum of these services through community resources and/or partnerships as needed in accordance with TDOC Policy #113.23 as may be revised and referenced in Appendix B.
26. Caseload Ratio shall mean the ratio of Inmates approved in writing by the State to be treated by a particular Contractor staff position.
27. Central Office shall mean the statewide headquarters for the Tennessee Department of Correction, located at 320 Sixth Avenue North in Nashville, Tennessee.
28. Central Pharmacy Contractor shall mean the Contractor providing Pharmacy Operations, Prescription Filling, and Packaging Services at the Deberry Special Needs Facility. The TDOC Central Pharmacy Contractor also insures that prescriptions are delivered to Inmates at TDOC Facilities across the state.
29. Central Transportation shall mean the TDOC division which coordinates and transports Inmates between State and privately managed Facilities, to court, hospital or other locations as determined necessary by TDOC leadership.
30. Certified Peer Recovery Specialist Program shall mean the program facilitated by Inmates with two years of sobriety and who have undergone rigorous screening and training prior to being certified to provide non-Clinical support to fellow Inmates in recovery from substance abuse.
31. Certified Peer Recovery Specialists ("CPRS") shall mean Inmates with two (2) years of sobriety, who have undergone rigorous screening and training prior to being certified to provide non-Clinical support to fellow Inmates in recovery from substance abuse.
32. Certified Peer Recovery Specialist Trainer ("CPRS") shall mean Contractor staff trainers who shall provide training and support to the Inmate Certified Peer Recovery Specialists in TDOC Institutions. The CPRS trainers shall be Certified Peer Recovery Specialists



themselves and also certified by the Tennessee Department of Mental Health and Substance Abuse Services as CPRS trainers that can teach the required forty (40) hour training to become a CPRS.

33. Certified Therapeutic Recreation Specialist ("CTRS") or recreational therapist, is a certified professional trained to provide treatment through recreational activities.
34. Chief Medical Officer shall mean the physician employed by the State to oversee and manage the medical care provided to incarcerated Inmates in both State managed and privately managed facilities.
35. Clinical shall mean relating to the observation and treatment of actual patients.
36. Clinical Case Management Services are services that involve engagement of the patient, assessment, planning, linkage with resources, consultation with families, collaboration with behavioral health, medical, community services and security to provide efficient needs of the Offender as referenced in Appendix B TDOC Policy #113.23 as may be revised.
37. Clinical Director shall mean a Contractor employee who is a licensed Psychologist with a health service provider designation in the State of Tennessee. Contractor shall provide a Clinical Director, who shall be responsible for the type and quality of Clinical services/programming provided by behavioral health staff and be the Clinical liaison for the TDOC Medical and Behavioral Health Services Directors.
38. Clinical Files shall mean medical charting/documentation of information including Clinical assessments and treatment notes in a patient's health record.
39. Clinical Protocols shall mean a document in which the Institutional medical director/supervising Psychiatrist delegates guidelines of medical/behavioral health management to a mid-level provider in accordance with TDOC Policy #113.11 as may be revised and referenced in Appendix B. Clinical Protocols are a formal method established for the management of a disease process or behavioral health disorder. Clinical Protocols outline diagnostic tests (including laboratory tests) and treatment for identified health or behavioral health conditions and are used under physician supervision only by professionals with formal advanced training and certification/license in primary health or behavioral health care delivery.
40. Clinical Staff shall mean Contractor staff including but not limited to Advance Practice Nurses and Psychiatrists who provide behavioral health treatment services to Inmates.
41. Clinical Supervision shall mean Contractor staff oversight of all non-licensed providers in accordance with the Tennessee Health Related Boards rules and regulations as referenced in Attachment 6.6. Pro Forma Contract, Section A.12.  
<https://www.tn.gov/health/health-program-areas/health-professional-boards.html>.
42. Clinically Necessary shall mean best practices for mental health needs.
43. Cognitive-Based Modified Therapeutic Community Structure shall mean the environment, frequency and procedure for treating substance abuse disorder(s) and criminal thinking.
44. Cognitive-Behavioral Skills Development shall mean the learning of new coping skills and thinking.
45. Cognitive-Behavioral Therapy shall mean Evidence-Based treatment method or procedures used to improve mental health by challenging and changing unhelpful distortions and behaviors, improving the regulation of emotions and development of personal coping strategies to solve current problems.

46. Cognitive Restructuring shall mean programming or treatment provided with the intent of changing an Inmate's thinking processes and resulting behaviors.
47. Commissioner shall mean the Commissioner of TDOC along with Deputies or Assistant Commissioners as enumerated in the Contract and as defined in this section.
48. Community-Based Services shall mean the public or private agency offering services, counseling, or any type of assistance to help Offenders cope with the responsibilities of community supervision and/or addresses the barriers that can keep an Offender from being successful in the community in accordance with Appendix B TDOC Policy #113.23 as may be revised.
49. Compliance shall mean the rating applied when a requirement is met at least ninety-five percent (95%) of the time during the audit cycle as defined in Appendix B TDOC Policy #103.07 as may be revised
50. Consent Agreement or Informed Consent shall mean the voluntary consent or agreement from an Inmate who has the capacity to make an informed decision or from an Inmate's fiduciary to a treatment, assessment, medication, or other mental health intervention, and for which consent is given after the disclosure of facts regarding the nature, consequences, risks, benefits, and alternatives concerning the proposed treatment, assessment, medication, and/or other mental health interventions in accordance with Appendix B TDOC Policy #113.89 as may be revised.
51. Consumer Technology Association ("CTA") shall mean the organization which performs market research, establishes technology standards and educates members on technology.
52. Continuous Quality Coordinator ("CQI Coordinator") shall mean full-time Contractor staff responsible for developing and implementing a Behavioral Health Continuous Quality Improvement Program. This individual shall visit all TDOC Institutions and communicate any issues related to Behavioral Health Continuous Quality Improvement to the TDOC Director of Behavioral Health Services or designee. The CQI Coordinator shall assist in the development of Clinical guidelines and enhance the quality of the State's Inmate Behavioral Health Service operations. The CQI Coordinator shall work in Central Office and monitor the CQI program to ensure compliance with ACA Standards and TDOC Policies as may be revised. The CQI Coordinator shall collect, analyze, and report data for any programs identified by Director of Behavioral Health Services
53. Continuous Quality Improvement ("CQI") shall mean a system that seeks to improve the provision of services with an emphasis on future results. CQI uses a set of statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process.
54. Continuous Quality Improvement Program shall mean the program, as defined in Appendix B TDOC Policy #113.09, as may be revised which evaluates the quality of care provided to Inmates through measured outcomes in the health and Behavioral Health Systems.
55. Contract Monitor(s) shall mean TDOC staff charged with monitoring Contractor performance and compliance with Contract terms and conditions
56. Counseling shall mean supportive consultation services provided to aid in coping with various issues in accordance with Appendix B TDOC Policy #508.04 as may be revised
57. Covered Entity shall generally have the same meaning as the term "covered entity" as defined at 45 C.F.R. §160.103. and found at <https://www.govregs.com/regulations/45/160.103>.

58. Criminal Thinking Error Awareness shall mean Inmate programming provided by the Contractor to equip Inmates to be mindful of and potentially change criminal thinking patterns.
59. Criminogenic Needs shall mean the internal and external attributes of Offenders that are directly linked to criminal behavior and subsequent recidivism in accordance with Appendix B TDOC Policy #513.09 as may be revised.
60. Crisis Intervention shall mean Counseling or psychotherapy for patients in a life crisis that is directed at supporting the patient through the crisis and stressful event that precipitated it.
61. Crisis Management shall mean the process by which a business or other organization deals with a sudden emergency.
62. Crisis Stabilization Placement shall mean transferring inmates in a mental health crisis to an infirmary or a designated location for monitoring and mental health seclusion.
63. Data Management Automation shall mean the management process that automates the bulk of data operations.
64. DeBerry Special Needs Facility ("DSNF") shall mean the Lois M. DeBerry Special Needs Facility in Nashville TN which provides services to Inmates with multiple and complex medical problems.
65. Deputy Commissioner shall mean either the Chief of Staff, General Counsel or Chief Financial Officer, each of which hold the title of Deputy Commissioner.
66. Diagnosis Codes shall mean the translation of written descriptions of disease, illness and injuries into codes from a particular classification.
67. Diagnostic and Statistical Manual of Mental Disorder shall mean the handbook used by health care professionals as the authoritative guide to the diagnosis of mental health disorders. The awarded Contractor is expected to purchase as many copies/subscriptions as necessary to provide the services detailed in the RFP and Pro Forma Contract as a cost of doing business. TDOC will not make the DSM available to the awarded Contractor.
68. Direct shall mean the Direct Project, which is an open-source project of the National Institutes of Health of the U.S. Department of Health and Human Services, which develops secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and patients) to send encrypted health information directly to cryptographically validated recipients over the Internet. <https://www.healthit.gov/test-method/direct-project>
69. Direct Accredited shall mean a provider approved by the Direct Project to send encrypted health information directly to cryptographically validated recipients over the Internet.
70. Direct Physical Assessments shall mean an in-person assessment conducted on an Inmate to determine physical and behavioral health condition and properly document on the required TDOC form.
71. Direct Secure shall mean a national encryption standard for securely exchanging healthcare data via the internet. It specifies the secure, scalable and standards-based method for the exchange of Protected Health Information ("PHI").

72. Director of Behavioral Health Services shall mean the TDOC chief officer charged with oversight of the Department's Behavioral Health programs and activities for incarcerated inmates as well as Offenders at liberty in the community.
73. Drug Enforcement Administration ("DEA") shall mean the federal law enforcement agency under the U.S. Justice tasked with combatting drug smuggling and use within the United States.
74. Drug Testing shall mean methods of drug testing such as using a urine specimen or hair analysis to detect the presence of alcohol or drugs in an Inmate's body.
75. Electronic Health Record ("EHR") shall mean a systematized collection of patient and population electronically stored health information in a digital format.
76. Eligibility Documentation shall mean material that provides official information or evidence or that serves as record of qualification to be chosen for participation in programming or treatment.
77. Emergency Call shall mean a telephone consultation concerning an Inmate who requires immediate response due to a psychiatric emergency.
78. Emergency Consultation shall mean a visit to an emergency department when urgent medical attention is necessary.
79. Emergency Deficiencies shall mean any defect in the emergency management procedures that effectively provides emergency services.
80. Emotionally Disturbed shall mean a condition in which an Inmate exhibits certain emotional and or behavioral characteristics over a long period of time and to a marked degree which adversely affects the individual.
81. Evaluation shall mean an examination of an Inmate's mental health state including verbal interviews and the administration of assessment instrument(s) to determine an Inmate's mental health condition and treatment needs.
82. Evidence-Based shall mean empirical research has provided evidence of statistically significant effectiveness.
83. Evidence-Based Practices shall mean practices considered by the Department of Justice's Office of Justice Programs to be demonstrated effective by causal evidence, generally obtained through high-quality outcome evaluations. The practices have been found effective in treatment of specific problems which leads to a lower rate of return to incarceration. <https://nicic.gov/evidence-based-practices-ebp>
84. Evidence-Based Programming shall mean programming considered by the Department of Justice's Office of Justice Programs to be demonstrated effective by causal evidence, generally obtained through high-quality outcome evaluations. The programming has been found effective in treatment of specific problems, which leads to a lower rate of return to incarceration. <https://nicic.gov/inventory-evidence-based-and-research-based-programs-adult-corrections>
85. Exit Drug Screen shall mean the process of chemical analysis designed to test patients for drug use or to ensure that a patient is substance-free at the end of the program.
86. Expired Sentence shall mean Inmates whose maximum court sentence minus credits has been served and are released without any term of community supervision.
87. Facility shall mean a place, Institution, building, set of buildings, structure or area that is used by an agency for the confinement of individuals.

88. Family and Positive Companion Planning shall mean strategies for families and companions to successfully plan and build stronger relationships.
89. Felon shall mean a person who has been convicted of a felony.
90. Felony shall mean a crime, typically involving violence, regarded as more serious than a misdemeanor, and usually punishable by imprisonment for more than one (1) year.
91. Forensic Social Worker ("FSW") shall mean a social worker who focuses on the commonality between social work and the legal justice system.
92. Getting Motivated to Change shall mean a collection of materials for leading counseling sessions that address motivation and readiness for change.
93. Grievance shall mean a written complaint concerning the substance or application of a written or unwritten policy or practice, any single behavior or action toward an Inmate by staff or other Inmates, or any condition or incident within the Department or Institution which personal affects the Inmate complainant, in accordance with Appendix B TDOC Policy #501.01 as may be revised.
94. Group Therapy shall mean a medium intensive form of substance use counseling programs using Evidence-Based Curriculum, conducted in Inmate groups.
95. Health Information Service Provider ("HISP") shall mean an organization that manages security and transport for health information exchange among health care entities.
96. Incarceration shall mean the confinement of an Offender within a prison facility to serve the sentence for their offense.
97. Individual Counseling or Individual Therapy shall mean one-on-one Therapy.
98. Individual Education Plan shall mean a special needs educational outline.
99. Individual Treatment Plan shall mean shall mean a document including written statements detailing an Inmate's DSM diagnosis and code, target symptoms and presenting problems, goals to address target symptoms and presenting problems, types of therapeutic interventions and frequency/frequencies used to achieve the goals, signature and title of the providers to deliver the treatment, and the signature of the Inmate or healthcare agent.
100. Initial Drug Screen shall mean the process of chemical analysis designed to test patients for drug use or to ensure that a patient is substance-free at the beginning of the program.
101. Initiative shall mean a goal outlined by TDOC or associated department.
102. Inmate Health Services Contractor shall mean the contract provider of medical services for Inmates incarcerated in TDOC managed facilities.
103. Inpatient/Residential Census shall mean the numerical count of individuals in intensive programming.
104. In-House Mentoring Program shall mean incarcerated individuals assigned to mentor/assist peers as part of an established mentoring program.
105. Inmate or Prisoner shall mean a person incarcerated or detained in a prison or jail.
106. Institution shall mean a place, building, set of buildings, structure or area that is used by an agency for the confinement of individuals.

107. In-Service Training shall mean training for staff on-site.
108. Institutional Parole Officer shall mean a parole officer who serves as a parole liaison for Inmates, Institutional staff, and the Board of Parole.
109. Intake shall mean the process for admittance into the Contractor managed Behavioral Health Program.
110. Integrity/Accountability Group shall mean a group for increasing awareness of behavior.
111. Integrated Dual Disorder Treatment ("IDDT") Model shall mean a Behavioral Health Model used in the treatment of Inmates with both substance abuse and mental health disorders so that both disorders are addressed and treated.
112. Integrated Psychosocial Report shall mean an assessment of multiple factors of an individual's life.
113. Intellectual Disorder shall mean the diagnosis of an intellectual disability.
114. Intensive Substance Use Disorder Group Therapy Program shall mean substance use treatment offered more frequently and/or for longer periods of time for Inmates designated as having significant substance abuse disorder issues.
115. Interdisciplinary Treatment shall mean treatment guided by a team whose members' training and credentials come from multiple professional disciplines, with each specializing in a particular area of behavioral health treatment.
116. International Certification & Reciprocity Consortium ("ICRC") shall mean the organization that promotes public protection by setting standards and developing exams for credentialing prevention, substance use treatment and recovery professionals. <https://internationalcredentialing.org/>
117. International Certification & Reciprocity Consortium Advanced/Regular Alcohol and Other Drug Counselor ("ICRC-A/AODAC") shall mean a certification granted to alcohol and drug abuse counselors who have met professional credentialing organization requirements and passed a test. <https://internationalcredentialing.org/>
118. Internet Protocol Transport ("IP Transport") shall mean requirements for moving data packets between networks over the internet.
119. Interns shall mean individuals working for an organization for a limited period of time to acquire experience.
120. Intervention Substance Use and Recovery Education Program Level of Care shall mean service for individuals who are at risk of developing substance-related problems, or a service for those whom there is not yet sufficient information to document a diagnosable substance use disorder or evidence of problematic opiate use. While in this program, participants shall explore and address problems or risk factors that appear to be related to substance use and help the participant identify the harmful consequences of high-risk substance use and addictive behaviors.
121. Job Readiness shall mean meets vocational qualifications.
122. Key Performance Indicators Manual shall mean Attachment Three, which defines and details metrics used by the State to measure Contractor performance.
123. Learning Experiences shall mean educational interaction.



124. Legal Reciprocity shall mean the recognition of one's legal license in a state different from the state where the legal license was issued.
125. Levels of Care shall mean a numerical ranking that defines an Inmate's level of functionality in general population and denotes a need for mental health services. The ascending number is related to the increase in mental health severity as referenced in Attachment Six and Appendix B TDOC Policy #113.87 as may be revised.
126. Licensed Alcohol and Drug Abuse Counselor ("LADAC") shall mean a professional licensed and certified by the State of Tennessee to provide substance abuse counseling.
127. Licensed Behavioral Health Professional shall mean an individual who provides Behavioral Health Treatment Services as identified and defined in the Rules of the Tennessee Department of Mental Health and Substance Abuse Services Chapter 0940 As found at <https://publications.tnsosfiles.com/rules/0940/0940.htm>
128. Licensed Clinical Social Worker ("LCSW") shall mean Contractor staff possessing a minimum of a master's degree in Social Work and licensed by the State of Tennessee Health Professional Board of Social Workers to provide mental health therapies and diagnostic procedures.
129. Licensed Independent Mental Health Professional ("LIMHP") shall mean a licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation, senior psychological examiner, licensed clinical social worker, or licensed professional counselor with health service provider designation.
130. Licensed Professional Counselor ("LPC") shall mean an individual who holds a master's or doctoral degree in mental health counseling, has completed three thousand (3,000) supervised clinical hours, and passed the credentialing exam.
131. Licensed Provider shall mean licensed Contractor staff, including but not limited to LCSWs, LADACS, Psychological Examiners (PEs), or Senior Psychological Examiners (SPEs) licensed within a specialized field tasked with the provision of Behavioral Health treatment services to Inmates.
132. Likert Scale shall mean the rating scale used to measure attitudes directly. In its final form, it is a five (5) or (7) point scale to allow an individual to express how much they agree or disagree with a particular statement.
133. Liquidated Damages shall mean a listing of possible occurrences of Contractor non-compliance with Contract requirements and terms and the corresponding monetary damages the State may choose to assess.
134. Management Information System ("MIS") shall mean the information system used by the Contractor tracking cost and statistics information on a statewide basis to facilitate TDOC's performance monitoring.
135. Mark H. Luttrell Correctional Center ("MLCC") shall mean the Memphis transition center where Inmates are provided the opportunity to develop social and employment skills and self-discipline to successfully re-enter society.
136. Medical Record shall mean the collection of patient-specific Behavioral Health information including diagnosis and proposed treatment.
137. Medication Orders shall mean orders written by a Contractor staff Psychiatrist (or clinical staff under the supervision of a Psychiatrist) for medication as part of an Inmate's Behavioral Health treatment

138. Medication Policy shall mean Appendix B TDOC Policy #113.71 as may be revised.
139. Mental Health Case Management Services shall mean support services for individuals with mental health issues.
140. Mental Health Classification shall mean the process for identifying mental health disorders.
141. Mental Health Crisis Intervention shall mean providing Services for individuals with acute mental health issues.
142. Mental Health Delivery System shall mean the manner in which Services are delivered
143. Mental Health Education Program shall mean psycho-educational groups.
144. Mental Health Encounter Logs shall mean Mental Health Individual Service Logs (CR-0434) as defined in Appendix B TDOC Policy # 113.54.
145. Mental Health Lab Studies shall mean lab tests which could include alcohol and drug screening, used to determine a mental health diagnosis and check for related complications.
146. Mental Health Service Provider designation shall mean an individual licensed by the State of Tennessee as being qualified to "prevent, diagnose, and treat mental, emotional or behavioral disorders and associated disorders which interfere with mental health as detailed in Tenn. Code Ann. § 63-22-120 and elaborated in the Board rules at 0450-01-.04(04) and 0450-01-.05(04).
147. Mental Illness shall mean the wide range of mental health conditions including disorders, which affect an individual's mood, thinking and behavior.
148. Mentoring shall mean the relationship in which a more experienced or knowledgeable person helps to guide a less experienced or knowledgeable person.
149. Modality shall mean a particular method or procedure for programming or treatment delivery.
150. Modified Therapeutic Community ("MTC") shall mean a treatment method that uses a no-shame based activity, to provide a peer-based support system for program participants.
151. Monthly Operating Report shall mean a report submitted to the State by the Contractor delineating the status of the mental health care operations occurring in the prior month. The report shall, at a minimum, provide utilization data, caseload statistics, evaluations, assessments, emergencies, staffing, grievance resolution, pharmacy utilization, case management, continuous quality improvement data, staff training and all other monthly reporting requirements delineated under the scope of services of this Contract or required by TDOC policy including but not limited to TDOC Policies #113.09 and #113.80 as referenced in Appendix B. The report shall be provided on or before the fifteenth (15<sup>th</sup>) business day of each month and identify successes, potential problems, and resolutions
152. Monthly Staffing Reports shall mean reports submitted by the Contractor to the State detailing filled positions, vacant positions, and the number of days each vacant position has been vacant.
153. Morgan County Correctional Complex ("MCCX") shall mean the Wartburg facility that houses medium and maximum security Offenders.



154. Motivational Interviewing shall mean a non-confrontational process of interviewing and interacting with an Inmate that aims to establish professional rapport and enhance an Inmate's motivation to change.
155. Multi-Handicapping Condition shall mean a diagnosis of multiple physical or mental disabilities.
156. National Commission on Correctional Health Care shall mean the organization which establishes standards for health services in correctional facilities, and operates a voluntary accreditation program for institutions that meet those standards.
157. NCCAP Certification shall mean certification by the National Certification Commission for Addiction Professionals. <https://www.naadac.org/about-the-ncc-ap>
158. Non-Compliance Report ("NCR") shall mean a report issued by the Clinical Contract Monitor (CCM) to the Contractor electronically detailing any finding of non-compliance with the terms of the Contract or applicable policies, citing the contract/policy sections that have been violated, the details of the violation and provides the Contractor with an opportunity to respond as referenced in Appendix B TDOC Policy #113.80 as may be revised.
159. Non-Licensed Alcohol and Drug Abuse Counselor Interns shall mean interns working under supervision to acquire mandatory hours for profession.
160. Northeast Correctional Complex ("NECX") shall mean the building facility with a close custody designation housed at the locations referenced below:  
Main (Johnson County); Annex (Carter County).
161. Northwest Correctional Complex ("NWCX") shall mean the Tiptonville facility which is the primary educational prison for TDOC.
162. Nursing Protocols shall mean written instructions that guide and educate nurses in the specific steps to be taken in evaluating an Inmate's health status and providing Clinical interventions. Such protocols are directed by a physician or dentist and authorize the nurse to provide definitive treatment for minor health conditions and/or emergency care in accordance with Appendix B TDOC Policy #113.11 as may be revised.
163. Offender may mean an individual under the supervision and care of the Tennessee Department of Correction who has committed a felony, who either has not yet been incarcerated, is incarcerated or is at liberty in the community.
164. Offender Management System ("OMS") shall mean the information system of record used by the Tennessee Department of Correction to manage Offenders and document the Level of Care classification as referenced in Appendix B TDOC Policy # 113.87.
165. Opioids shall mean medications that act on opioid receptors in both the spinal cord and brain to reduce the intensity of pain-signal perception.
166. Parole Technical Violator Program shall mean the six (6) month program at the Wayne County annex where an Inmate who was released by the Board of Parole but violated a parole condition (without committing a new felony) and is re-incarcerated once their parole is revoked. If the inmate successfully completes the six (6) month program, they are granted a release onto parole supervision.
167. Peer Hierarchy shall mean the Evidence-Based process providing peer support based on level of experiences.
168. Peer Interaction shall mean the Evidence-Based practice that supports the interaction between individuals of equal standing with another.

169. Peer Review shall mean the annual program by which the credentials and Clinical performance of Behavioral Health staff are reviewed by the Peer Review Committee. The Contractor's program shall be approved in writing by TDOC's Director of Behavioral Health Services. Results of all Peer Review actions shall be shared with the State's Peer Review subcommittee chair and Director of Behavioral Health Services as referenced in Attachment 6.6 Pro Forma Contract, Section A.19.f.
170. Peer Review Committee shall mean the State's Continuous Quality Improvement subcommittee responsible for developing written evaluation of professional competence of all Physicians, Psychologists, and dentists every two (2) years as defined in Appendix B TDOC policy #113.09. As necessary, the committee shall review specific cases and/or patterns of professionals.
171. Peer Support shall mean Evidence-Based social support designed and delivered by people who have similarly experiences.
172. Performance Improvement Plan ("PIP") shall mean a structured document containing a plan of action to correct deficiencies.
173. Performance Measures shall mean metrics established by the State for use to measure outcomes or results as they relate to the effectiveness or efficiency of a program.
174. Performance Measurement Instruments shall mean tools used to measure outcomes or results as they relate to the effectiveness and efficiency of a program as referenced in Attachment 6.6. Pro Forma Contract, Section A.19. b.2.
175. Pharmacy shall mean the TDOC Central Pharmacy, located on the grounds of the DeBerry Special Needs Facility and where Inmate prescriptions are packaged and dispensed by the State's Pharmacy and Prescription Filling Services Contractor.
176. Pharmacy and Therapeutics Committee ("P&T Committee") shall mean the subcommittee of TDOC's Statewide CQI Committee. The P&T Committee consists of a variety of clinical professionals, including physicians, nurses, Psychiatrists, and administrators who meet regularly to identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes. The duties of the P&T Committee include developing and maintaining a list of over-the-counter medications approved for availability within facility commissaries, developing and maintaining the departmental drug formulary, and reviewing the utilization and effectiveness of the pharmacy system as referenced in Appendix B TDOC Policy #113.09.
177. Pharmacological Management shall mean the management of drugs related to Therapy or treatment.
178. Physician shall mean an individual that completes the requirements and has earned a medical doctor ("MD") from an allopathic school of medicine or a Doctor of Osteopathic medicine from an osteopathic school of medicine or a foreign medical graduate equivalent licensed by Tennessee Department of Health to practice medicine in the State of Tennessee.
179. Policy shall mean a set of decisions, policies and practices pertaining to the internal operation or actions of an agency, as may be revised from time to time, and as provided at Tenn. Code Ann. § 4-5-102. The awarded Respondent is responsible for compliance with all relevant TDOC policies and may not operate under its own interpretation of policy requirements. In the event that a policy expires, the Contractor will continue to operate under the stated policy requirements until a replacement policy is issued by the State and is provided to the Contractor unless otherwise notified in writing by the State.

180. Post-Assessment shall mean an assessment administered to an Inmate at the end of programming or treatment designed to evaluate the program's effect on change in the Inmate participant's cognitive, psychological functioning, and social orientation upon program completion.
181. Policy Change Notice ("PCN") shall mean the mechanism by which a minor number of changes in a policy or as a housekeeping measure are accomplished.
182. Pre-Assessment shall mean an assessment designed to evaluate the Inmate participant's cognition, psychological functioning, and social orientation at intake.
183. Pre-Release Program shall mean an Institutional program allowing Inmates to complete pre-parole conditions, which may include receiving particular programming, individual or group therapy.
184. Probation Technical Violators Program shall mean the program at the Turney Center Annex for Offenders who have violated conditions of their probation without committing new felonies. The Probation Technical Violators program is similar to the Parole Technical Violator Program.
185. Prison Rape Elimination Act ("PREA") of 2003 shall mean Pub. L. 108-79, 117 Stat. 972 as referenced in Attachment 6.6 Pro Forma Contract, Section E.4.
186. Procuring Agency Staff shall mean staff of the Tennessee Department of Correction.
187. Programming shall mean a plan of instruction or intervention utilizing structured, Evidence-Based curriculum to address the identified needs for the Offender based on the outcome of the Validated Risk and Needs Assessment.
188. Program Content shall mean therapeutic or treatment information shared with Inmates as part of Evidence-Based, Cognitive-Behavioral programming.
189. Program Services shall mean any and all services provided to Inmates as part of treatment, therapy and programming.
190. Pro-Social Behavior Changes shall mean Evidence-Based treatment to change behavior.
191. Pro-Social Leisure and Positive Recreation Outlet Planning shall mean an Evidence-Based process used to plan positive social reinforcement.
192. Protected Health Information ("PHI") shall mean any information about health status, provision of health care or payment for health care as defined under U.S. law that is created or collected by a Covered Entity or a Business Associate of a Covered Entity which can be linked to a specific individual.
193. Provider shall mean any unlicensed, licensed or board-certified Contractor staff carrying out duties specified in the scope of services as a Behavioral Health Care professional.
194. Psychiatric Director shall mean a board certified Psychiatrist in the State of Tennessee with experience managing psychiatric aspects of Clinical mental health operations. The Psychiatric Director shall work under the direct oversight of the Director of Behavioral Health Services and shall serve as the psychiatric liaison for the Contractor to the TDOC Medical and Behavioral Health Services Directors.
195. Psychiatric Medication shall mean medication used to treat Behavioral Health conditions.
196. Psychiatrist shall mean a board certified Behavioral Health professional with specialized skills and knowledge to diagnose and treat problems ranging from emergencies to the long-term medical management of psychiatric disorders.

197. Psychological Examiner ("PE") shall mean psychological examiner as defined in Tenn. Code Ann. Title 63, Chapter 11 and in the Rules of the Tennessee Board of Examiners in Psychology Chapter 1180-03 as found at <https://publications.tnsosfiles.com/rules/1180/1180.htm>
198. Psychological/Psychiatric Assessment and Evaluation shall mean an evidence-based diagnostic process conducted to determine Inmate behavioral health conditions and treatment needs.
199. Psychological/Psychotropic Intervention shall mean an Evidence-Based treatment process for diagnosed psychological disorders where Psychotropic Medications may be used.
200. Psychologist shall mean a Psychologist as defined in Tenn. Code Ann. Title 63, Chapter 11 and in the Rules of the Board of Examiners in Psychology, Chapter 1180-02 as found at <https://publications.tnsosfiles.com/rules/1180/1180.htm>.
201. Psychotropic Medication shall mean medication used in treatment of a medical or Behavioral Health condition.
202. Quality Improvement shall mean a systematic, formal approach to the analysis of practice performance and efforts to improve performance.
203. Quality Improvement Coordinator ("QIC") shall mean one full-time Contractor staff, located in Central Office, designated continuous quality improvement coordinator who shall be responsible with the Director of Behavioral Health Services or designee for developing and implementing a mental health Continuous Quality Improvement Program.
204. Quality Improvement Indicators shall mean data and statistics concerning quality as defined in TDOC Policy including Appendix B TDOC Policy #113-09 Sections VI G 1, 2 and 3.
205. Quality Improvement Review ("QIR") shall mean a process of internal review and evaluation to systematically and objectively assess the adequacy and appropriateness of the therapeutic care services provided to inmates who inflicted serious self-injury, had an episode of suicidal behavior, made a suicide attempt, were placed in therapeutic restraints, or died as a result of suicide or placement in therapeutic restraints.
206. Quality of Care shall mean the systematic approach to provide health care at a level determined by some measurement and assessing whether care provided is good enough and suitable for its purpose.
207. Random Drug Screens shall mean to test an individual selected randomly for drug usage without notice to advance prison facility safety and individual Inmate treatment.
208. Rational Emotive Behavioral Therapy ("REBT") shall mean Evidence-Based Cognitive-Behavioral Therapy modality used to help Inmates change irrational beliefs and resolve emotional and behavioral problems and disturbances.
209. Recreation Therapists shall mean professionals responsible for providing Recreational Therapy.

210. Recreational Therapy shall mean a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions to improve the individuals psychological and physical health, recovery, and well-being.
211. Re-Entry shall mean to return from the Institution to the community at large outside of the Facility.
212. Re-Entry Discharge Summary shall mean a summation of the official reentry plan of the Inmate thirty (30) days before the Inmate's Parole Hearing Date ("PHD") or expiration date that is compiled by the reentry specialist and reviewed by the Reentry Discharge Planning Committee
213. Re-Entry Plan shall mean a documented plan of action for returning to the community.
214. Re-Entry Planning shall mean the process of completing a plan of action that shall allow an Inmate to return to the community at large outside of the Institution.
215. Referral shall mean to provide information to an individual that connects them to a resource or process.
216. Regional Case Manager shall mean a Contractor employee that is responsible for providing Services within a given region of the State.
217. Reintegration shall mean the process used to move an individual to a new location and to facilitate their adjustment to the new location.
218. Release to General Population shall mean to return an incarcerated Inmate from a more restrictive unit to a common area that does not require segregation.
219. Release to Parole shall mean to release an Inmate from incarceration to the community to complete sentence under supervision.
220. Relapse Prevention Skills Building shall mean a program conducted to provide Inmates with substance use skills to stay sober.
221. Repeat Deficiencies shall mean to continue doing non-compliant activities.
222. Restrictive Housing shall mean the correctional practice of housing some Inmates separately from the Institution's general population and imposing restrictions on the Inmate's movements, behavior, and privileges.
223. Restrictive Therapeutic Disposition shall mean the decision-making process employed when making determinations regarding clinical intervention in the use of therapeutic restraints.
224. Riverbend Maximum Security Institution ("RMSI") shall mean the Nashville TN institution which houses high-risk male offenders and all of the State's male death row offenders.
225. Role Modeling shall mean to provide an example of positive behavior.
226. Role-Play shall mean a process use to enforce Evidence-Based techniques in Therapy.
227. Second Chance Grant shall mean the grant of Federal monies to fund an intensive TDOC treatment program for male Inmates with a dual diagnosis of mental illness and substance abuse disorders housed at BCCX.
228. Segregation Status shall mean an inmate who has been confined to an individual cell that is separate from the general population.

229. Serious Mental Illness ("SMI") shall mean a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.
230. Serious and Persistent Mental Illness ("SPMI") shall mean a variety of mental health problems which lead to tremendous disability.
231. Services shall mean interventions which provide for the detection, diagnosis, treatment and referral of Offenders with mental health problems and the provision of a supportive environment when deemed clinically necessary, as well as those services or programs that by policy, statute, or patient need necessitate Clinical intervention. Services include but may not be limited to, psychological/psychiatric Assessment and Evaluation, intake diagnosis, treatment plan development, pharmacological management, behavioral management, individual and/or group therapy, crisis management and case management.
232. Session shall mean time used to provide Evidence-Based Treatment.
233. Sex Offender shall mean a person who has been convicted in TN of committing a sexual offense as defined in TCA chapter 40-39-202(20) and (30), or has another qualifying conviction as defined in 40-39-202(1) and referenced in Appendix B TDOC Policy #702.01.
234. Sex Offender Failure to Register shall mean failure to register in accordance with 18 U.S.C. § 2250 as found at [https://uscode.house.gov/view.xhtml?req=\(title:18%20section:2250%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:18%20section:2250%20edition:prelim)).
235. Sex Offender Treatment Board shall mean the division of TDOC as defined in Tenn. Code Ann. § 39-13-701 *et seq.* Further information about the board can be located via the following link: <https://www.tn.gov/correction/tennessee-sex-offender-treatment-board/tsotb-documents---resources.html>
236. Social Orientation shall mean an Evidence-Based process to introduce social behavior.
237. Special Education Evaluation shall mean Evidence-Based techniques to determine an individual's functioning capacity and education needs.
238. Special Populations shall mean individuals having outlying needs.
239. Specialized TDOC Treatment Unit shall mean units designed to treat outlying needs.
240. Staffing Level shall mean the identification of the ratio of staff needed to perform a task.
241. Staffing Pattern shall mean a listing of each functional area by position, with an indication of shift assignment and number of days covered, relief factors and total staffing as referenced in Attachment Five - Minimum Staffing Requirements.
242. State Behavioral Health Administrator ("BHA") shall mean a State employee who is a licensed or qualified mental health professional approved by the warden/acting warden and the Director of Behavioral Health Services to assume the responsibility of coordinating the delivery of Behavioral Health Services, in accordance with Appendix B TDOC Policy #113.80 as may be revised.
243. Statewide CQI Coordinator shall mean the full-time State-employed nurse who shall serve as the point of contact and has the authority and responsibility for developing and implementing the CQI Program.

244. Statewide CQI Committee shall mean the TDOC committee whose mission is to promote wellness among Offenders in TDOC custody in a consistent manner throughout the State. The committee also identifies opportunities for improvements, which affect health care, then evaluate and recommend corrective actions for operational or Clinical management.
245. Stock Medications shall mean medications kept on hand at the facility and used as a first dose or in the event of an emergent need until the patient can be seen by a physician. Stock medications are not prescribed for any particular individual.
246. STRONG-R ("Static Risk and Offender Needs")("RNA") shall mean the State's Validated Risk Needs Assessment which makes referrals and recommendations for the type of programming an Offender needs and transfers the results through the Program Pathways onto the Offender Case Management Plan. The Offender Case Management Plan is the software within the OMS that staff utilize to confirm the referral and placement into programming. The STRONG-R will interface with the OMS, to ensure the results are housed within the State's OMS of record.
247. Substance Abuse Program Director shall mean a full-time Licensed Alcohol and Drug Abuse Counselor with a Qualified Clinical Supervisor endorsement designated by the Contractor to be the State Substance Use Program Director.
248. Substance Use Clinical Discharge Summary shall mean form CR-3713 (as may be revised), which details Substance Use treatment progress, condition or treatment complications, potential for continued use or problems, and recommendations for service continuation following release.
249. Substance Use Disorder ("SUD") Treatment Program shall mean a program created and structured to treat the medical condition in which the use of one or more substances leads to a clinically significant impairment or distress, and where the user needs alcohol or another substance to function normally.
250. Summary of Non-Compliance Reports ("SNR") shall mean reports by Contract Compliance Monitors which summarize any new or unresolved Non-Compliance Reports ("NCRs"), the Contractor's response, corrective action, verification of corrective action, and TDOC management comments.
251. Supervising Psychiatrist shall mean a Contractor staff Psychiatrist who supervises unlicensed and licensed Behavioral Health professions in the provision of Behavioral Health care to Inmates.
252. Supportive Living Unit ("SLU") shall mean intermediate care mental health housing designed to serve the needs of the seriously mentally ill Inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness.
253. Telemedicine shall mean, notwithstanding any restriction imposed by § 56-7-1002, the use of real-time audio, video, or other electronic media and telecommunications technologies that enable interaction between the healthcare provider and the patient, or also store-and-forward telemedicine services, as defined by § 56-7-1002(a), for the purpose of diagnosis, consultation, or treatment of a patient in another location where there may be no in-person exchange as defined at Tenn. Code Ann. § 63-1-155.
254. Telepsychiatry shall mean the application of Telemedicine to the specialty field of psychiatry.
255. Tennessee Department of Mental Health and Substance Abuse Services ("TDMHSAS") shall mean the agency charged with licensing and oversight of providers and facilities providing mental health and substance abuse services.

256. Tennessee Health Related Board shall mean the agency responsible for oversight of health care professionals.
257. Tennessee Prison for Women ("TPW") shall mean the Nashville Institution which is the primary prison for female offenders, and one of the diagnostic centers for females entering TDOC.
258. Therapeutic Community ("TC") shall mean residential treatment for substance use disorders.
259. Therapeutic Recreational Activity Services shall mean recreational activities provided in a therapeutic setting within the Facility which is decorated and designed specifically to personally impact patients participating in activities prescribed as part of their Therapy.
260. Therapy shall mean the attempted remediation of a behavioral health problem, usually following a diagnosis.
261. Time Sensitive shall mean activities of import that must be performed within timeframes specified by the State.
262. Time Sheet(s) shall mean paper or electronic document used to track time worked by an employee for which the employee shall be paid.
263. Transitional Services shall mean programming, treatment and all other services provided to Inmates to prepare the Inmate for their eventual release from incarceration and return to the community.
264. Transtheoretical Model of Change Theory (Stages of Change) shall mean the model of motivators to change behavior developed by James O. Prochaska, Carlo Di Clemente and colleagues beginning in 1977 and as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.g.1.g.
265. Trauma-Informed Care shall mean treatment provided to those diagnosed with trauma.
266. Treatment Modality shall mean a method used to treat a patient for a particular condition.
267. Treatment Program Curricula shall mean approved processes for providing treatment.
268. Treatment and Recovery Services Coordinator shall mean Contractor staff who is a Licensed Alcohol and Drug Abuse Counselor ("LADAC") with a qualified Clinical supervisor endorsement to be the addiction treatment and recovery services coordinator.
269. Treatment Team shall mean a group of Institutional personnel that should include but is not limited to the Behavioral Health Administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, Drug Testing Coordinator, Inmate jobs coordinator, Licensed Alcohol and Drug Addiction Counselor (LADAC), Associate Warden of Treatment ("AWT"), building security supervisor, and chief counselor. This team is responsible for the oversight of the substance use treatment programs at each Institution and shall meet bi-weekly to discuss participant issues and progress.
270. Turney Center Industrial Complex ("TCIX") shall mean the time-building close security facility with the following locations:  
Site 1 – Only, Annex Clifton
271. Unit-Based Programs shall mean services provided in the unit in which the Offender(s) is incarcerated.



272. Universal Stock List shall mean a list of psychotropic medications proposed by the Contractor to the State for Inmate Behavioral Health Services and treatment.
273. Urinalysis Testing shall mean a method of drug testing using a urine specimen to detect the presence of alcohol or drugs in an Inmate's body.
274. Validated Risk Needs Assessment (RNA) shall mean the instrument that utilizes motivational interaction and interview techniques to collect Offender-specific information to more accurately identify crime-producing attributes of each Inmate/Offender/resident and to make more appropriate and productive recommendations for the Inmate's/Offender's/resident's level of programming. Awarded Contractor staff will have access to the results of the RNA.

TDOC shall refer Offenders to the Contractor for subject Programming utilizing the State's defined Case Management software based on the Offenders' individualized Validated RNA. Referrals will be prioritized based upon special conditions of the Board of Parole or a court mandate, as well as the RNA. TDOC will provide the Contractor the results of an Offender's RNA to ensure Offenders placed within the defined EBP as identified by the results of the RNA. TDOC will work with the Contractor to utilize the CR form as defined in **Appendix B** TDOC Policy #513.12 for Program referrals as a back-up tool to support data collection.

275. Victim's Impact shall mean a Cognitive Behavioral Program helping Inmates consider how their victims have been affected by the Inmate's crime/offense.
276. Victim's Stance shall mean a criminal and additive thinking pattern which states that a victim is always morally right, is not responsible or accountable for their actions, and is eternally entitled to sympathy from others.
277. Warden shall mean the executive charged with overseeing operations of a State-managed prison facility.
278. West Tennessee State Penitentiary ("WTSP") shall mean the Henning time-building facility which houses maximum, medium and minimum adult male Offenders.
279. Women's Therapeutic Residential Center ("WTRC") shall mean the Henning time-building prison which houses a modified therapeutic community behavioral model program for female Offenders.

A.3. The Contractor shall provide the Services described herein to Inmates incarcerated at the following Institutions, as referenced in **ATTACHMENT EIGHT**, and on the Department's website at <https://www.tn.gov/correction.html>.

1. Lois M. DeBerry Special Needs Facility ("DSNF")
2. Mark H. Luttrell Correctional Center ("MLCC")
3. Morgan County Correctional Complex ("MCCX")
4. Northeast Correctional Complex ("NECX") – (NECX Johnson Co Site 1 & Carter Co. Site 1).
5. Northwest Correctional Complex ("NWCX")
6. Riverbend Maximum Security Institution ("RMSI")
7. Bledsoe County Correctional Complex ("BCCX")
8. Tennessee Prison for Women ("TPFW")
9. Turney Center Industrial Complex & Annex ("TCIX") – (Main – Hickman County, and Annex – Wayne County)
10. West Tennessee State Penitentiary ("WTSP")
11. Women's Therapeutic Residential Center ("WTRC")

Operating capacities for aforementioned Institutions are found in **ATTACHMENT SEVEN - Population Projections**.

A.4. General Requirements.

- a. All Services rendered or required pursuant to this Contract shall conform to the following standards:

1. All Behavioral Health Services shall, at a minimum, meet the generally accepted standards of Mental Health Care as promulgated by the National Commission on Correctional Health Care and as found at <https://www.ncchc.org/standards-resources>.
2. All Behavioral Health Services provided shall be constitutionally adequate and designed to meet accreditation standards promulgated by the American Correctional Association.  
[http://www.aca.org/ACA\\_Prod\\_IMIS/ACA\\_Member/Home/ACA\\_Member/Home.a.spx](http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Home/ACA_Member/Home.a.spx)
3. All Clinical activity shall be conducted in accordance with nationally identified standards as promulgated by the National Commission on Correctional Health Care (<https://www.ncchc.org/standards-resources>) and those of Tennessee State Boards of Licensure.
4. All Mental Health Care shall conform with any applicable federal, state and local laws, court decisions, court orders, consent agreements, and TDOC policies, whether currently existing, or as may be enacted, rendered, issued, or amended during the term of the Contract.

If any applicable TDOC policy or procedure referenced in Appendix establishes or otherwise, establishes a higher standard than the national standard, then the TDOC policy and procedure shall take precedence.

- b. The Contractor's service system shall provide a uniform and consistent continuum of quality mental health service delivery statewide. The Contractor shall cooperate with existing TDOC mental health and medical professionals, and other contract entities, if applicable in providing Mental Health Care.

The Contractor and staff shall provide Services within the programmatic format defined by the TDOC Director of Behavioral Health Services or designee. The Contractor shall evaluate and diagnose in accordance with the current Diagnostic and Statistical Manual of Mental Disorder. <https://www.appi.org/products/dsm-manual-of-mental-disorders>

The Contractor shall consult with the Director of Behavioral Health Services or designee, concerning the Contractor's performance under this Contract, the treatment of Inmates, or in any other instance that the State finds it necessary that the Contractor act as professional consultant for the State, as required by the State.

The Contractor shall provide Clinical recommendations and assist with the coordination of referrals of patients to Deberry Special Needs Facility, Tennessee Prison for Women, or other specialized TDOC treatment units or community-based treatment providers as appropriate within the guidelines of TDOC and Clinical standards.

Upon expiration or early termination of this Contract, the Contractor shall cooperate with any awarded Contractor to affect an orderly and therapeutically efficient transition – with both Contractors working together to ensure there is no interruption in programming, treatment or medications for those patients actively receiving care.

- A.5.
- a. The Contractor shall provide the Services of one (1) LADAC and one (1) LCSW for the purposes of the Intensive Treatment Program Unit as outlined in the Second Chance Re-Entry Grant application narrative.
  - b. The LADAC and LCSW shall provide Evidence-Based Substance Use and Abuse Treatment Services including individual counseling for two hundred (200) medium to high risk male Offenders on protective status with co-occurring Substance Abuse and Mental Health disorders. Treatment shall be provided within the context of a Modified Therapeutic Community at BCCX using the IDDT model.
  - c. The Contractor shall provide treatment services under the Second Chance Grant program using curricula that shall include:
    - 1) Cognitive-Behavioral Therapy for people with co-occurring disorders;
    - 2) family program for people with co-occurring disorders;
    - 3) integrating combined therapies for people with co-occurring disorders;
    - 4) anger management for Substance Abuse and Mental Health ("SAMHSA") clients; and
    - 5) Cognitive-Behavioral curriculum which targets Criminogenic Needs.

A.6. Additional Requirements.

- a. The Contractor shall be responsible for providing Services at the eleven (11) state managed facilities. Services are time sensitive and must be provided within the timeframes specified in Section A.26 and in Attachments Three and Four.

For examples of Services see **ATTACHMENT SIX – LEVELS OF MENTAL HEALTH CARE AND EXAMPLES OF SERVICES**

- b. The Contractor shall, when applicable, provide specialized training and develop Inmate Behavioral Health programming for the treatment of special populations to include women, juveniles, sex Offenders, and trauma victims. The Contractor shall provide appropriately credentialed and trained staff to provide these services and shall follow the program philosophy and design standards required by the State. The Contractor shall ensure that all Providers who deliver Sex Offender Treatment Services to Offenders complete all mandated training in accordance with certification as determined by the Sex Offender Treatment Board as created by TCA 39-13-702 and noted at <https://www.tn.gov/correction/tennessee-sex-offender-treatment-board/tsotb-vision---statute.html>.
- c. Upon request, the Contractor shall provide technical assistance to the Director of Behavioral Health Services or designee in developing the following programs: Telepsychiatry, treatment for self-injurious behavior, behavior modification, Sex Offender treatment, Trauma-Informed Care, Unit-Based programs for the seriously mentally ill, and any other programs deemed necessary by TDOC for the delivery of Inmate Behavioral Health Services.
- d. The Contractor shall provide any additional equipment or furnishings necessary to perform Services, such as treatment program curricula, psychological test materials, recreational supplies, and upgrades to phone/computer systems.

A.7. Telepsychiatry.

- a. The Contractor shall maximize the use of Telepsychiatry equipment to reduce the need for off-site consultations in scenarios where doing so does not impede the level of care. Telepsychiatric video equipment shall meet the standards promulgated by the American Telemedicine Association (and as found at <https://www.americantelemed.org/>), utilize IP Transport, and fully interact with TDOC's current videoconferencing systems.

- b. The Contractor shall be responsible for the cost incurred on any additional equipment for Telepsychiatry. The Contractor shall additionally be responsible for the cost and installation of any special lines installed by the Contractor required for Telepsychiatry, and equipment such as scanners and/or facsimile for transmission of required documentation for Telepsychiatry Services. Additional equipment for Telepsychiatry Services must be authorized by the State prior to installation. The Contractor shall be responsible for maintenance of any additional equipment.
- c. Telepsychiatry providers shall provide all required information detailed in TDOC Policy including #113.33, which shall include but not be limited to the most current mental health diagnosis for the patient on Form CR-1894, Major Medical Conditions Problem List as referenced in Appendix B.

A.8. Mental Health Coverage.

- a. The Contractor shall provide Emergency Consultations and access to Behavioral Health professionals and medical staff twenty-four (24) hours per day, seven (7) days per week. Contractor availability may be by telephone unless circumstances necessitate on-site delivery. The Contractor shall ensure that Inmate Behavioral Health Services staff are available as needed for weekend and evening shifts at the discretion of the Director of Behavioral Health. The Contractor shall comply with TDOC Policies including but not limited to 113.80, 113.82 and 113.87 as may be revised related to response to emergency calls as detailed in Attachments Three and Four.

A.9. Mental Health Nursing Coverage.

- a. The Inmate Health Services Contractor shall provide Contractor personnel coverage twenty-four (24) hours per day, seven (7) days per week on the Supportive Living Units and provide coverage as specified in the approved Institutional Staffing Plans. The Behavioral Health nursing staff provided by the State's Inmate Health Services Contractor shall be dedicated to the care and delivery of Behavioral Health Services and shall not be reassigned or diverted to routine patient care except in temporary or emergency situations as determined by the Associate Warden of Treatment ("AWT") or designee. Duties shall include triage of mental health sick call, drawing labs, checking vitals and other requests made by the Physician or Mid-Level providers, and respond to Behavioral Health Referrals. The Mental Health Nurse shall administer involuntary Psychotropic medications, ensure that medication is crushed in accordance with Appendix B TDOC Policy including #113.71 as may be revised, track medication compliance, and ensure medication orders are submitted timely. The Behavioral Health nurse shall serve as the liaison between providers and conservators communicating with on-site and on-call psychiatry and assess the need for suicide precaution/mental health seclusion. The Behavioral Health nurse shall be responsible for conducting general wellness groups, hygiene groups, attend weekly treatment team meetings and conduct psychoeducational medication groups. The Behavioral Health nurse shall complete suicide precaution/mental health seclusion rounds daily, complete the Mental Health Seclusion/Suicide/Restraint Authorization CR-3082 form as referenced in Appendix B, and enter mental health data into OMS.

- A.10. Physician/APN Coverage with Specialized Training in Psychiatry. The Contractor shall provide on-site Physician coverage as specified in the approved Minimum Staffing Requirements, **ATTACHMENT FIVE**, and provide supervision of APN and mid-level providers and consultation to nursing staff. Physician/APN coverage shall include psychiatric services for Inmates in crisis stabilization units or cells. The Contractor shall provide an on-call Physician and/or APN to ensure twenty-four (24) hour, seven (7) days per week, emergency coverage with telephone response being required within thirty (30) minutes of a notification call from each facility. A Physician and/or APN shall determine whether his/her presence is required, give verbal orders and a Treatment Plan to nursing staff, and provide on-site treatments for mental health Crisis Intervention required on a twenty-four (24) hour basis.

- A.11. Nursing Protocols. The Contractor shall submit nursing protocols to the TDOC Director of Behavioral Health Services or designee for written approval by the TDOC Chief Medical Officer within the first thirty (30) days of the Contract start date and annually thereafter. The Contractor shall ensure that all nursing protocols are consistent with TDOC nursing protocols. The Contractor shall obtain the written approval of the TDOC Chief Medical Officer prior to the implementation of any nursing protocols or changes thereto.
- A.12. Clinical Supervision. The Contractor's licensed staff shall supervise all non-licensed providers in accordance with the Tennessee Health Related Boards rules and regulations.  
<https://www.tn.gov/health/health-program-areas/health-professional-boards.html>
- A.13. Supervision of Interns. When applicable, upon approval of the TDOC Director of Behavioral Health Services or designee, the appropriately licensed contract clinician shall provide supervision to internship or practicum students. The Contractor shall, at the State's discretion require that each Psychologist or other licensed clinician provided by the Contractor supervise at least two interns. The Contractor's providers shall be available for teaching purposes and providing training as requested by the State.
- A.14. Documentation. The Contractor's staff shall complete each Inmate's medical record with appropriate legible entries in the SOAP format using only standard forms approved by TDOC. All non-standard forms placed in the medical record shall require specific approval by the Director of Behavioral Health Services or designee before placing the form in the record.
- A.15. Security Considerations. Due to the nature of correctional facilities, the Contractor shall adhere to all security policies included in TDOC Policy #506.21 as referenced in Appendix B. The Contractor shall work with security staff to develop alternatives when particular Clinical orders cause particular security concerns with the Institution(s).
- A.16. Scheduling of Services. In consultation with the Case Management Coordinator, the Contractor's Behavioral Health Administrator and/or designee at each TDOC site shall coordinate all Inmate Behavioral Health appointments with the Institution(s) and Central Transportation. The Contractor shall provide to the TDOC Central Office, Central Transportation, and Institution(s) with an electronic weekly schedule of all Inmates' Behavioral Health trips no later than Friday of the preceding week. The schedule shall include the Inmates' names, TDOC numbers, type of movement (temporary/permanent), and location of the move.
- A.17. Responses to Grievances. The Contractor shall provide assistance for response to Inmate complaints and other inquiries regarding any aspect of the Inmate Behavioral Health Services delivery system. The Contractor shall designate a regional staff member to serve as the Contractor's liaison in addressing Inmate complaints and correspondence concerning Behavioral Health Services associated with the Contractor service and/or subcontractors. The Contractor shall, within the timeframe specified by the request, provide timely written responses to all requests regarding grievances, family/Inmate complaints and third party complaints regarding the delivery of mental health services. A monthly electronic report shall be provided to the State summarizing the month-to-date and year-to-date inquiries, resolutions and status of the resolutions.

Complaints regarding the plan of treatment shall be subject to review by the TDOC Director of Behavioral Health Services or such other physician authority designated in accordance with the circumstances of the disputed care. Based upon such Clinical review, the State reserves the right to direct the provision of care in disputed cases, and in such event, the Contractor shall comply with the State's directive for mental health care.

For any matter of litigation arising from the delivery of mental health services pursuant to this Contract, upon request by the State or its attorneys, the Contractor shall additionally provide all information, consultation, case review, and related documentation that the State may seek in review of such claims. The Contractor shall furnish all such information within such reasonable timeframe as the State shall specify in making a request pursuant to this part.

- A.18. Leadership Structure. At the Institutional level, the Contractor's clinicians, as named in ATTACHMENT FIVE, and Clinical Director shall administratively report to the Behavioral Health Administrator. Leadership at each facility shall consist of a Behavioral Health Administrator and a Clinical Director. The Clinical Director shall be responsible for the type and quality of Clinical services/programming being provided by his/her mental health staff.
- A.19. Quality Improvement. The Contractor shall comply with the State's quality improvement initiatives in accordance with Appendix B TDOC Policy including #113.09 as may be revised. The Contractor shall provide the State with a plan for developing a quality improvement program which outlines the reporting mechanisms which shall support quality improvement initiatives.
- a. The Contractor shall monitor and measure various Clinical, and when applicable, programmatic mental health outcomes. For example, the Contractor shall monitor and evaluate patient responses to prescribed psychiatric medications, i.e., the increase or decrease in positive and negative symptoms. The State, in a cooperative effort, shall assist in the development of additional outcome measures.
  - b. The Contractor shall abide by the following schedule for the development, standardization, and reporting requirements of the outcome measures.
    - 1) Ninety (90) days after Contract commencement date: The Contractor shall propose in writing to the Director of Behavioral Health Services the standardized outcome measures to be utilized statewide.
    - 2) One hundred and twenty (120) days after Contract commencement date: The Contractor shall have developed, in consultation with the Director of Behavioral Health Services, draft standardization Performance Measurement Instruments that can be used statewide. The instruments may vary based upon the treatment mission and geographical location (e.g., inpatient special needs facility), but the instruments must be universal enough to yield meaningful information. A reasonable reporting schedule for service outcome data shall be determined within four (4) months of the Contract effective date, based upon the type of service being measured (but not less often than quarterly).
  - c. The Contractor shall prepare a report to the Director of Behavioral Health Services the results of any approved and functional performance/outcome measures. The report shall be provided to State in either an electronic or paper format, as directed by the State. The report shall be utilized for Service Delivery Comparisons such as the effectiveness of service delivery. During the development period, a distinction shall be made as to whether the performance measure is determining the outcome of a specific program intervention or the expectation of the Contractor.
  - d. Upon approved written consent, the Contractor shall conduct or participate in the development of research studies in conjunction with State and/or any other professional entity deemed appropriate by the State.
  - e. The Contractor shall actively participate, when applicable, with the State's Continuous Quality Improvement ("CQI") Program as it relates to Inmate Behavioral Health Services. The Contractor shall have a full-time QIC in place at the Central Office under the direction of the TDOC Director of Behavioral Health Services. The QIC shall be involved in the ongoing development of Quality Improvement Indicators and studies to develop, implement and oversee Clinical guidelines, services, and practices to enhance quality and support continuity of care throughout the Inmate Behavioral Health Services delivery system. The QIC shall participate in the Statewide Continuous Quality Improvement ("CQI") Committee as a member and shall assist in the education and participation of Institutional and Contractor staff in the CQI Program. The QIC shall seek approval of the Statewide CQI Committee. The QIC shall obtain prior written approval of all CQI studies from the Statewide CQI Committee.

- f. Peer Review: The Contractor and the State shall conduct an annual review all of the work of licensed mental health providers. The Contractor shall have a Peer Review program that is approved in writing by the TDOC Director of Behavioral Health Services for the approval of the Statewide CQI Committee within sixty (60) days of the Contract execution and annually thereafter, no later than January 1 of each calendar year. The program must either meet or exceed requirements detailed in TDOC Policy including the applicable 113 Policy series. The State shall be notified of all Peer Review actions and results of the Peer Review shall be shared with the State's Peer Review Chairperson and Director of Behavioral Health Services. The State shall review reports and approve the Contractor's plan of corrective action for Peer Review deficiencies.
- g. The Contractor shall not publish any outcomes based on data obtained from the operation of this Contract without prior written consent of TDOC.

A.20. Contract Monitoring.

- a. The Contractor is required to meet the performance measures outlined in Attachment Three – Performance Measures Instrument and Audit Process. The Contractor's activities shall be subject to monitoring and evaluation by Contract Monitors. The Contractor shall cooperate fully with the Contract Monitors and shall ensure that the Contract Monitor(s) have full access to all corporate files including but not limited to, personnel records, payroll records, licensure certification, employee evaluations, or any other contract entered into by the Contractor for purposes of carrying out the requirements of the Contract.
- b. The Contractor shall adhere to the specific performance measures outlined in Attachment Three - Performance Measures Instrument and Audit Process. The State shall reserve the right to expand upon existing performance measures or create new ones. The State's expectation is that the Contractor shall comply with the new performance measures no later than thirty (30) days after being notified in writing by the State of the revision of current measures or the adoption of any new measure(s).
- c. In the event that the State has notified the Contractor in writing of a performance deficiency, the Contractor shall submit a Performance Improvement Plan to the State within seven (7) business days of the Contractor being informed of a performance deficiency.
- d. The Contractor shall distribute a questionnaire addressing the existing satisfaction of services on a semi-annual basis, no later than April 1 and October 1 of each calendar year. The questionnaire shall be forwarded to each Facility for response. The questionnaire should target the Contractor's Behavioral Health personnel, as well as key administrative and medical personnel. The summary of findings shall be submitted to the Director of Behavioral Health Services. The TDOC may request the Contractor to provide recommendations to improve the areas found to be of concern to TDOC and determine a date to obtain the recommendations. A plan of action with a progress report from the Contractor may be required if such action is requested by the Department.

The questionnaire to survey TDOC staff at the Institution shall rate their experience with Contractor personnel to be good to excellent. This equates to ratings of four (4) and five (5) on a five (5) point Likert Scale, with five (5) being the most favorable.

A.21. Reentry and Mental Health Transitional Services.

The Contractor shall assist in the coordination of mental health services for Inmates' pre-release planning in accordance with TDOC Policy including applicable Policy in series 113, 511 and 702. In addition, the Contractor is responsible for issuing Inmates the balance of their medications upon their release. In accordance with Appendix B TDOC Policy # 113.70 as may be revised, the medication supply shall be a minimum of thirty (30) days. In addition to the thirty (30) day supply



of medication upon release, the provider shall also write a prescription for an additional thirty (30) days beyond the time frame covered by discharged medications. The Contractor must comply with the State's medication policies.

- A.22. Litigation Issues. The Contractor shall cooperate fully with the State in all matters of litigation arising from the Contractor's delivery of mental health services pursuant to this Contract. The Contractor shall be required to furnish all evidence and to provide all general and expert testimony requested by the State in connection with Inmate litigation at no additional cost to the State. The Contractor shall notify the State whenever an agent, affiliate, independent subcontractor, or any person performing services under this Contract is asked to testify or provide an opinion or evidence in any litigation involving TDOC, its employees, or any Inmate.
- A.23. Contract Management. The Contractor shall retain, at a minimum, the following personnel on-site at the Facilities or designated location to coordinate and manage the scope of services of this Contract. The Administrator, Clinical Director, and Psychiatric Director shall serve as the point of contact for the Director of Behavioral Health Services and/or designee on all contract related issues, attend scheduled meetings, and respond to requests for information as needed.
- a. Administrator. The Contractor shall designate an individual to be physically located within the State of Tennessee with the overall Contractor administrative responsibility for this Contract and to serve as the Contractor's primary point of contact to the State. Candidates for this position shall be presented to the TDOC Director of Behavioral Health Services or designee for interview and approval prior to hire. Administrator candidates shall be licensed Behavioral Health professionals and possess a master's degree or above in Mental Health or Business Administration, have minimum of two (2) years of criminal justice/prison experience, and have a minimum of three (3) years of increasing management responsibility and experience. The Administrator shall be available to consult and coordinate daily operations of service delivery with the State's Director of Behavioral Health Services and/or designated State officials. The Administrator is a full-time position and a focus of this Contract is the sole duty of this individual. In the event the Administrator is absent, the State shall be notified, and the Contractor shall coordinate with the State to provide a designee to serve in the Administrator's absence.
- b. Clinical Director. The Contractor shall designate a Clinical Director who shall be a licensed Psychologist with a Health Service Provider designation in the State of Tennessee with experience in managing the Clinical aspects of Clinical Mental Health Operations. The Clinical Director shall serve as the Clinical liaison for the Contractor to the TDOC Medical and Behavioral Health Services Directors. The Clinical Director shall have designated Clinical duties as well as administrative time adequate to meet the requirements of the State. The Clinical Director shall be responsible for communication of Clinical information from TDOC to Contractor employees. The Director of Behavioral Health Services may request that the Clinical Director work at the State's Central Office.
- c. Psychiatric Director. The Contractor shall designate a Psychiatric Director who shall be a board-certified Psychiatrist in the State of Tennessee and have experience managing psychiatric aspects of Clinical Mental Health Operations. The Psychiatric Director shall work under the direct oversight of the Director of Behavioral Health Services and shall serve as the psychiatric liaison for the Contractor to the TDOC Medical and Behavioral Health Services Directors. The Psychiatric Director shall have designated Clinical duties as well as administrative time adequate to meet the needs of the State, i.e. preparing reports, keeping records, attending meetings and consulting in addition to actual treatment and oversight duties. The Psychiatric Director shall be responsible for communication of Clinical information from TDOC to Contractor psychiatric providers and shall work at the State's Central Office, as requested by the Director of Behavioral Health Services. The Psychiatric Director shall be responsible for developing protocols to ensure the appropriate use of psychotropics within a larger behavioral health approach as promulgated by the National Commission on Correctional Healthcare and the American Correctional Association to addressing Inmates' mental health needs.



- d. Case Management Coordinator. The Contractor shall designate a full-time Case Management Coordinator ("CMC") who shall be assigned to work at the State's Central Office. The CMC shall work under the direction of the TDOC Director of Behavioral Health Services and shall serve as the Coordinator for Mental Health Case Management for the State in conjunction with Institution Case Managers. The CMC shall be responsible for coordination of Transitional Services for those individuals who are leaving State custody are in need of Mental Health Services upon release.
- e. Treatment and Recovery Services Coordinator. The Contractor shall designate a full-time Licensed Alcohol and Drug Abuse Counselor ("LADAC") with a qualified Clinical Supervisor Endorsement to be the Addiction Treatment and Recovery Services Coordinator. The LADAC shall ensure all substance use disorder treatment services are delivered in a timely manner consistent with generally accepted standards of care as promulgated by the National Commission on Correctional Healthcare and the American Correctional Association with a primary objective of improving outcome measures. The LADAC shall be expected to visit all TDOC Institutions and to communicate any issues related to the delivery of substance use disorder treatment to the TDOC Director of Behavioral Health Services' designee, TDOC Director of Addiction Treatment and Recovery Services.
- f. The Addiction Treatment and Recovery Services Coordinator shall review Clinical needs of Inmates and specialty consultation information as determined by and in conjunction with the TDOC Director of Behavioral Health Services' designee, which may include a daily discussion of the status of program, contract compliance with review, approval, denial, or alternative treatment recommendations for other specialty programs by Institutional program managers.
- g. The TDOC Director of Addiction Treatment and Recovery Services has oversight over the Addiction Treatment and Recovery Services Coordinator's duties and responsibilities.
- h. Continuous Quality Improvement Coordinator. The Contractor shall designate a full time continuous quality improvement coordinator who shall be responsible for developing and implementing a behavioral health Continuous Quality Improvement Program. This individual shall visit all TDOC institutions and communicate any issues related to behavioral health continuous quality improvement to the TDOC Director of Behavioral Health Services or designee. The CQI Coordinator shall assist in the development of Clinical guidelines and enhance the quality of the State's behavioral health operations. The CQI Coordinator shall work in Central Office and monitor the CQI program to ensure compliance with ACA Standards and TDOC Policies as may be revised. The CQI Coordinator shall collect, analyze, and report data for any programs identified by Director of Behavioral Health Services.
- i. Clerical Staff. The Contractor shall have adequate clerical staff to carry out the functions detailed in this Contract.
- j. Certified Peer Recovery Specialist Trainer. The Contractor shall designate two full-time Certified Peer Recovery Specialist ("CPRS") trainers to provide training and support to the Certified Peer Recovery Specialists in TDOC Institutions. The CPRS trainers shall be Certified Peer Recovery Specialists themselves and also certified by the Tennessee Department of Mental Health and Substance Abuse Services as CPRS trainers that can teach the required forty (40) hour training to become a CPRS. The CPRS trainers shall pre-screen applicants for the CPRS training, provide the CPRS training, provide on-going continuing education for all CPRS trainers within TDOC Institutions, and shall perform all duties required to support the CPRS program in TDOC Institutions. The CPRS trainers shall serve as the point of contact for the TDOC CPRS program and shall attend scheduled meetings and respond to requests for information as needed. The CPRS shall visit all TDOC Institutions and shall communicate any issues related to the delivery of the Peer Recovery Program to the TDOC Director of Behavioral Health Services or his/her designee.

A.24. **Staffing Requirements.** Staffing shall, at a minimum, be in accordance with the staffing plans in the Contractor's RFP proposal. The Contractor shall utilize the State's approved Minimum Staffing Requirements for each Institution as referenced in Attachment Five. In the event of vacant positions, the Contractor shall provide adequate coverage to meet all required Services. Any staffing plan changes during the term of the contract shall require the State's prior written approval. The Contractor shall submit Monthly Staffing Reports on or before the fifteenth (15<sup>th</sup>) of each month demonstrating the preceding month's actual staffing compared to the staffing plan for each Institution. If a change in circumstances calls for a modification in the staffing requirements of this Contract, the Contractor and the State shall review those changed circumstances and a formal review shall determine any changes in staffing requirements at the sole discretion of the State. The State reserves the right to remove from an Institution or prohibit entry to an Institution any of the Contractor's employees or subcontractors if necessary. The Minimum Staffing Requirements are delineated in **ATTACHMENT FIVE**.

a. **Pre-Employment Screening.** The Contractor, at a minimum, shall include the following in its pre-employment review for employees or subcontractors:

- 1) Current licensure certification verification (if applicable); and
- 2) Drug Testing in compliance with TDOC Policy #302.12 as referenced in Appendix B.

b. **Background Investigations.** The Contractor shall not hire ex-felons or relatives of felons currently incarcerated in Tennessee. Prior to employment with the Contractor, the Contractor shall ensure that applicants are subjected to a thorough background investigation. The Contractor shall ensure that criminal and employment histories of its employees or subcontractors must go back a minimum of five (5) years and shall make the background investigations available to the State upon request. The Contractor shall immediately cause a criminal history request from the National Crime Information Center ("NCIC") to be completed on each individual hired at a Facility. The Contractor shall forward each request shall be forwarded to the State and processed in accordance with Appendix B TDOC Policy #301.04 as may be revised. In no instance may an employee of the Contractor begin work in a facility until the NCIC check has been completed; however, the employee may participate in pre-service training while the check is in process. The State shall notify the Contractor whether or not the employee is cleared for further consideration of employment.

In addition to the initial background checks, the State, at its discretion, may request criminal history record checks on any of the Contractor's employees or subcontractors. If requested by the State, the Contractor shall submit copies of driver's licenses and/or social security cards to be kept on file with the State.

c. **Personnel Files.** The Contractor's personnel files of all subcontractors and Contractor employees shall be stored at the Facility. The Contractor shall provide the files to the Facility Warden or designee.

d. **Bilingual Personnel.** The Contractor shall provide staff who are bilingual in English and Spanish. The Contractor shall provide translation services to meet the needs of the Inmate population. The Contractor shall ensure that Inmates shall not be utilized as translators for Clinical staff.

e. **Employee Uniforms.** The Contractor shall require all of its employees to comply with Appendix B TDOC Policies #506.23 and #506.24 as may be revised concerning uniforms. The Contractor shall be responsible for the expense of purchasing uniforms.

f. **Approval of Key Staff.** The State reserves the right to approve or disapprove any individual or business entity whether it is an independent Contractor or subcontractor that the Contractor seeks to utilize. The TDOC Director of Behavioral Health Services shall interview certain key prospective employees of the Contractor prior to their assignment to

the Contract. The Contractor shall not assign these key personnel until written approval is received from the State. The Contractor shall request and receive written approval from the State for the following employees and subcontractors prior to their assignment to perform any duties specified in this Contract:

- 1) The Contractor's personnel with overall responsibility for this Contract with the exception of clerical staff, as provided in Section A.23.i.;
- 2) All Behavioral Health Administrators assigned to any TDOC Institution(s); and
- 3) All licensed providers;

The Contractor shall consult the State for input and recommendations before hiring, dismissing, or changing a location of a site Behavioral Health Administrator or Clinical Director.

- g. Employee Orientation and Training. The Contractor shall ensure that all full-time employees assigned to TDOC Institutions participate in the TDOC's pre-service training program regarding State policies and procedures and security considerations as defined in Appendix B TDOC Policy#110.01 Section VI.A.2. as may be revised prior to the Effective Date of the Contract.

- 1) General Requirements. The Contractor shall develop and submit for the State's approval the Contractor's plan for initial orientation and training of the Contractor's staff. The Contractor shall be responsible for salaries/wages and travel expenses of its employees while in training. The State shall waive orientation for the Contractor's employees who have completed TDOC's orientation within the preceding two (2) years as TDOC employees or Contractor employees, provided they are assigned to the same Institution where they currently work. Each year thereafter, the Contractor shall provide a minimum of forty (40) additional hours of job-related training for all employees. The training is to include at least eight (8) hours of update training on TDOC Policies as may be revised.
- 2) Staff Training Curriculum. The Contractor shall submit a training curriculum that adheres to the requirements outlined in TDOC Policies #110.01, #110.04, #110.05, #113.80 series, #305.03, and #513.07, as referenced in Appendix B, for the State's approval within sixty (60) days after the Effective Date of the Contract.
- 3) In-Service Training. The Contractor shall provide annual In-Service Training/staff development to its employees. The Contractor shall submit a calendar of managerial and Clinical In-Service topics to the State for approval in June of each year. At a minimum, the In-Service training provided by the Contractor shall meet the ACA standards 2-CO-1D-05 through 2-CO-1D-09, 4-4048 through 4-4087, and 4-ACRS-7B-17-1 for staff work.
- 4) Additional Training. The Contractor shall, as required by the Director of Behavioral Services, conduct additional training for contracted employees on topics related to the delivery of Mental Health Services for Offender populations. The Contractor shall be responsible for all costs associated with training, including travel, lodging, and per diem. If outside presenters are used to conduct training, the Contractor is required to include any such costs in the per Inmate per day rates in Section C.3., at no additional cost to the State.
- 5) Training of Other Staff. The Contractor shall develop and deliver a training program at each Institution for all Non-Behavioral Health Services staff. Training shall consist of four (4) hours of classroom time annually. The training shall include, but be limited to:
  - i. Mental Health Crisis Intervention;
  - ii. Conflict de-escalation techniques; and

- iii. The use of interpersonal skills in the management of Offenders as detailed in the Appendix B TDOC Policy #113.80.
- h. Staff Vacancies. The Contractor shall obtain a replacement for any mental health professional that is no longer performing Services under this Contractor within thirty-one (31) calendar days, consistent with the terms of this Contract.
- i. Staff Coverage. The Contractor shall assure that adequate backup replacement coverage is in place to address the Clinical needs of any State facility in the absence of contract staff, regardless of cause for the absence. The Contractor shall ensure that individual licensed providers are on-site at each facility at the times specified by TDOC. The Contractor shall not deviate from any scheduled work times for its providers, except as approved by the Director of Behavioral Health Services or designee. The Contractor shall provide a Backup Staffing Plan for the provision of holiday and emergency deliveries. The Contractor's shall submit its backup staffing plan for approval from the State within thirty (30) days of the Contract implementation date.
  - 1) The Contractor shall ensure that its backup staffing plan includes adequate relief in its proposed staffing plans to ensure coverage during orientation/training, leave, and holidays. The State, at its sole option, may permit adjustments, in writing, to the Contractor's backup staffing plan.
  - 2) The State may, at its sole option, require the Contractor to modify staffing provisions if the State determines that the provision of services is unacceptable in meeting the Clinical or program needs at any given TDOC Facility.

A.25. OMS.

The Contractor shall at all times maintain the security of the OMS data and information and shall not misuse, abuse, alter or attempt to alter the data and information contained within OMS, except as it pertains to the use and data entry requirements necessary to fulfill the Contractor's obligations under the terms of this Contract. The Contractor shall enter specific mental health classification information, diagnostic codes, levels of service, service delivery information and any other information as requested by the Director of Behavioral Health Services or required by TDOC Policy #113.81 into OMS as referenced in Appendix B. Training and access to the equipment shall be provided by the State.

A.26. Psychiatric Services.

- a. Licensed physicians who are board certified or eligible in psychiatry in the State of Tennessee shall provide psychiatric services. Under protocols approved by the Supervising Psychiatrist, the Contractor may provide delivery of psychiatric services by an appropriately trained and credentialed Advanced Practical Nurse ("APN"). The Inmate Behavioral Health Services Contractor shall ensure that the Contractor health services Administrator and Contractor Behavioral Health Administrators have a copy of the protocol and signed agreement between the Psychiatrist and the APN onsite. Standards of practice shall be according to those of the community and in compliance with state and federal laws. Prior to the hiring of or contracting for the services of any Psychiatrist or APN, the Contractor shall provide the credentials of Psychiatrists and APNs, which shall be subject to the approval of the State.
- b. The Contractor shall complete psychiatric evaluations/assessments as necessary and shall provide an Individual Treatment Plan for those patients requiring psychiatric intervention to include medication. The State requires the Contractor's Psychiatrists or /APNs to perform thirty (30) day and/or ninety (90) day reviews for Inmates in Restrictive Housing as specified in Appendix B., TDOC Policy #113.84.
- c. The Contractor shall provide a Direct Assessment to a patient within seventy-two (72) hours from the time a telephone order was given for cases involving Restrictive

Therapeutic Dispositions. The Contractor shall provide a direct assessment to Inmates placed in therapeutic restraints for twenty-four (24) continuous hours.

- d. The Contractor shall ensure that patients have a documented physical assessment prior to the prescribing of a psychotropic medication. The Contractor shall place all documentation required by this section the medical record of the patient.
- e. The Contractor shall review and renew medication orders, if necessary, for all prescribed medications at least every ninety (90) days. The Contractor shall ensure that all reviews of non-physician provider records are completed in accordance with Tennessee laws and applicable professional credentialing organizations.
- f. The Contractor shall ensure that patients receiving Psychotropic Medications shall receive Direct Assessments from approved prescribing Behavioral Health providers on or before the ninety (90) day requirement.
- g. The Contractor shall provide an appropriate level of psychiatric monitoring of patients requiring Psychotropic Medication intervention. A minimum of (20%) twenty percent of the charts from the APN caseload must be reviewed to ensure each patient was directly assessed by a Psychiatrist within the past year.
- h. Upon request by the TDOC Director of Behavioral Health Services and/or Institutional Behavioral Health Administrator, the Contractor shall assess and follow TDOC Policy # 113.84, as referenced in Appendix B., and as may be revised in TDOC contracted transition centers and/or release centers.
- i. The Contractor shall develop Clinical protocols for drug testing Inmates on Psychotropic Medications. The Contractor shall submit such protocols to the TDOC Director of Behavioral Health Services or designee for review and approval no later than thirty (30) days after the Contract commencement date.
- j. The Contractor shall provide Psychiatric Services either on-site or through Telepsychiatry for the Women's Transition's Center in Chattanooga or any other site identified by the State, as approved by the Director of Behavioral Health Services. TDOC shall ensure that these Inmates are medically cleared and receive minimal psychiatric services while at their State' identified Facility. The purpose of this service is to avoid transportation of Inmates from Chattanooga or another State- identified Facility back to a TDOC managed facility for medication issues that can be handled at the Women's Transition Center or State-identified Facility. Contractor Behavioral Health treatment staff shall communicate with the Behavioral Health Administrator at the TDOC facility at which the Inmate was housed prior to being transferred to the Women's Transition Center. The Contractor may provide psychiatric Services through either Psychiatrists or by APNs under the supervision of one of the Contractor's psychiatrists.
- k. The Contractor shall have an Answering Service in place to ensure psychiatric coverage is provided twenty-four (24) hours a day seven (7) days a week. The Contractor shall also provide an on-call answering service log indicating date and time of notification. On-site mental health staff or nurses shall document in progress notes the date and time of emergency call response.
- l. One hundred percent (100%) of the time, the Psychiatrists/APNs respond to emergency calls within thirty (30) minutes.
- m. Inmates referred to psychiatry of a specialty nature shall be seen within a fourteen (14) day time period.

A.27. Pharmaceutical Responsibilities.

- a. The Contractor shall be responsible for the costs of all psychiatric medications prescribed by the Central Pharmacy Contractor. The State shall reimburse the Contractor for fifty percent (50%) of the cost of all psychiatric medications as further detailed in the Payment Methodology found in Section C.3.
- b. The Contractor shall utilize expert-based guidelines as cited in Appendix B TDOC Policy #113.89 for the prescribing of psychiatric medications under the direction of the Contractor's Psychiatric Director. The Contractor shall submit such guidelines to the TDOC Director of Behavioral Health Services or designee for review and approval no later than thirty (30) days after the Contract commencement date. Any future revisions shall be approved by the State prior to implementation by the Contractor.
- c. Prior to or upon the start of services under this Contract, and annually thereafter in accordance with Appendix B TDOC Policy#113.70 as may be revised, the Contractor shall provide a Universal Stock List of psychiatric medications for approval by the TDOC Pharmacy and Therapeutics Committee. The Contractor shall provide stock medications at each site and made available for administration by medical staff.
- d. The Contractor shall assign a licensed healthcare professional such as a Psychiatrist, nurse or designee to participate as a member of the State's Pharmacy and Therapeutics Committee.
- e. The Contractor is responsible for collaborating with and utilizing TDOC's Central Pharmacy Contractor. The Inmate Behavioral Health Services Contractor shall assign a physician as the primary liaison between the Contractor and the Central Pharmacy Contractor as it pertains to delivering services described in this Contract. The Contractor shall provide the Central Pharmacy Contractor with a list of all prescribing providers subcontracted or employed by the Contractor for purposes of prescription approval and billing purposes within one (1) business day upon execution of the Contract and commencement of Services.
- f. The Contractor shall submit a copy of the formulary to the Pharmacy and Therapeutics Committee for written approval prior to starting work under the Contract and then annually, no later than July 1<sup>st</sup> of each year, if any changes are made in the content of the formulary. The formulary shall include an acceptable range of psychiatric medications that encompasses clinically appropriate medications including generic equivalents when applicable. The State and/or Contractor, through the utilization of the Pharmacy and Therapeutics Committee, can recommend the inclusion of other medications when clinically justified. All changes to the formulary require the approval of the Pharmacy and Therapeutics Committee and must be signed by the chairperson of the committee. The Contractor shall identify the process for approval of non-formulary requests and assure that all non-formulary requests are dealt with in an expedient manner to ensure that no delay will have an adverse impact on patient outcome. The Contractor shall use the Pharmacy and Prescription Filling Services Contractor pharmaceutical supplier and/or the Pharmaceutical Wholesale Distribution Services Contractor approved by TDOC.

A.28. Psychological Services.

- a. The delivery of Psychological Services shall be provided by Psychologists with mental health service provider designation, Senior Psychological Examiners ("SPE"), Licensed Clinical Social Workers ("LCSW"), Psychological Examiners ("PE") who are licensed by the State of Tennessee or who have legal reciprocity to practice in the State of Tennessee, or Contractor staff with master's degrees under the supervision of a licensed provider. A Licensed Professional Counselor ("LPC") with a mental health service provider designation can be substituted, with the approval with the TDOC Director of Behavioral Health Services. Standards of practice shall be in accordance with those of the community and with state and federal laws.

- b. The Contractor shall complete psychological evaluations/assessments as requested and provide an Individual Treatment Plan specific for those patients requiring psychological and/or Psychotropic intervention(s). Assessments utilizing telepsychology technology shall be conducted by a licensed Psychologist at sites that have the capabilities and are approved by the Director of Behavioral Health Services.
  - c. Upon request by the TDOC Director of Behavioral Health Services and the Institutional Behavioral Health Administrator, the Psychologist shall provide Special Education Evaluations. The Contractor may utilize an appropriate trained educator to provide the education testing portion of these services. Services shall be provided within fifteen (15) days of the original request.
  - d. The Psychologist/SPE/LCSW/PE or Contractor staff with master's degrees /LPC under the Clinical supervision of a Psychologist/SPE/LCSW shall provide group Therapy when indicated. Therapy groups shall be designed to target symptoms identified with the mental health treatment plan.
  - e. The Psychologist/SPE/LCSW/PE or Contractor staff with master's degrees /LPC under the Clinical supervision of a Psychologist/SPE/LCSW shall provide in-cell programs to Inmates in restrictive housing or use video conferencing systems when appropriate.
  - f. The Psychologist/SPE/LCSW/PE/LPC shall provide individual Therapy only when indicated and, after twelve (12) individual sessions, shall present justification for continuing individual Therapy in writing in a copy of the Treatment Plan to the institution's Clinical Director. Every reasonable effort shall be made to incorporate individuals on the mental health caseload into Group Therapy.
  - g. The Contractor's Clinical Director at each Institution shall review a representative sample of treatment team documentation and shall participate in the treatment team reviews as necessary.
  - h. The Contractor's Clinical Director at each comprehensive site shall provide Clinical supervision and/or consultation to Institutional mental health staff. In addition, the Clinical Director or designee shall provide consultation on Inmate-related care issues to other staff working within the TDOC.
  - i. The Contractor shall complete a seventy-two (72) hour Mental Health Assessment when an Inmate is initially assigned to restrictive housing and every thirty (30) days thereafter while in restrictive housing, as referenced in Appendix B TDOC Policy #113.84.
  - j. Upon request by the TDOC Director of Behavioral Health Services and/or Institutional Behavioral Health Administrator, the Contractor shall provide or assist in providing a Mental Health Education Program to other Institutional staff that including, but not limited to, the following:
    - 1) Early detection of potential mental health problems, i.e., signs and symptoms of mental illness, intellectual disorders, developmental disorders, and substance disorders; and
    - 2) Crisis Intervention/Suicide Prevention.
- Said services may be provided in written format, audio/visual presentation, role-play, teleconferencing, etc.
- k. The Contractor shall facilitate out-of-cell programming and/or Group Therapy to Inmates in restrictive housing and restrictive housing step-down units that are clinically indicated or requested by the TDOC Director of Behavioral Health Services.

- I. Routine patient referred to the attending Psychologist shall be seen within a fourteen (14) day time period.

A.29. Northwest Correctional Complex (NWCX) Special Education Program.

- a. Upon request of the TDOC Director of Behavioral Health Services, the Contractor shall administer appropriate evaluations for eligible Inmates to determine learning disability, intellectual disability, emotionally disturbed, Attention Deficit Disorder ("ADD"), or multi-handicapping conditions.
- b. The Contractor shall provide all Behavioral Health Services on-site at state prison Facilities. The State may designate a new program location, at its sole discretion. Services must be provided within thirty calendar (30) days of the initial request.
- c. The Contractor shall write an Integrated Psychosocial Report with eligibility documentation. The report shall be sufficient in scope to develop and Individual Education Plan ("IEP").
- d. The Contractor shall provide individual and group meetings as requested. The Contractor shall also attend IEP meetings as requested.

A.30. Case Management Services.

The Contractor shall provide Case Management Services Inmate Mental Health Case Management Services for Inmates with mental illnesses. These Services shall include efforts to coordinate and provide continuity of Behavioral Health Services for Offenders upon entry, by:

- a. Providing an adequate level of care during incarceration; and
- b. Coordinating referrals from Contractor Behavioral Health staff to Deberry Special Needs Facility, Tennessee Prison for Women, or other specialized TDOC treatment units for Inmates with a mental illness and at risk of needing a higher level of care, and community services upon release.

The Contractor shall provide its Case Management procedures in writing to the State for approval within the first ninety (90) days of the Effective Date of the Contract and annually, no later than April 1st of each year of the Term.

- c. Guidelines. The Contractor shall provide written guidelines and procedures for the provision of efficient and quality Case Management Services. The State may require the Contractor to changes the Contractor's case management procedures at the State's sole discretion. The Contractor shall include the following procedures for Case Management Services:
  - 1) Coordination of referrals to Deberry Special Needs Facility, Tennessee Prison for Women or other specialized TDOC treatment units within thirty (30) days from the time the provider makes the request. Delivery of care services is required within the time limits specified by the Performance Measures listed in **ATTACHMENT THREE**.
  - 2) Development and implementation of an effective method to coordinate with the TDOC classification and transportation departments for Inmate transfers and movement.
  - 3) Clinical recommendations/consultations and assistance with coordination of patient referrals to other specialized TDOC programs, or designated contract hospitals or community based treatment programs as applicable.
  - 4) Development of Aftercare plans for Inmates with medical and/or mental health needs to facilitate successful Reentry into the community.



- 5) Assisting Inmates in applying to the Social Security Administration, the Veterans Administration, and other governmental agencies in order assure that Inmates receive benefits upon release to which they may be entitled.
- 6) Communication with Forensic Social Workers in the community to facilitate continuity of care during the Inmate's transition from incarceration to the community.
- 7) Establishment of designated staff to be responsible for Case Management Services.

A.31. Therapeutic Recreational Activity Services.

The Contractor shall provide Therapeutic Recreational Activity Services to the Inmates by Recreation Therapists with a bachelor's degree in Recreational Therapy or closely related field (NCCAP certification preferred). The Contractor shall provide therapeutic activity services utilizing activities as a form of active treatment to improve the physical, cognitive, emotional, and social functioning and to increase independence in life activities. The Contractor shall distribute Therapeutic Recreational Therapists among the Mental Health units/programs according to need as determined by the State and upon approval of the State Director of Behavioral Health Services. The Contractor shall provide Therapeutic Recreational Activity Services to the Inmates with the highest needs found at therapeutic units Level III and Level IV as described in Appendix B TDOC policy #113.87.

The Contractor shall provide Therapeutic Recreational Therapists as part of the interdisciplinary treatment. The Contractor shall ensure that the Therapeutic Recreational Therapists, at a minimum, perform the following duties:

- a. Conducting activity Therapy assessments;
- b. Attending Behavioral Health staff meetings;
- c. Participating in Treatment Team meetings;
- d. Planning and organizing group and individual activities;
- e. Establishing goals and objectives for each activity to meet Inmate needs;
- f. Conducting group and individual programs;
- g. Maintaining required documentation;
- h. Maintaining and ordering supplies;
- i. Supervising volunteers/student interns; and
- j. Providing Leisure counseling/education.

A.32. Substance Use Disorder Treatment.

- a. The Contractor shall be responsible for recruiting, training, and supervising all Contractor counseling personnel in the delivery of Substance Use Treatment Services. The Contractor shall ensure that each Substance Use Disorder Treatment Program Director possesses the following:
  1. LADAC licensure;
  2. International Certification & Reciprocity Consortium-Advanced/Regular Alcohol and Other Drug Counselor ("ICRC-A/AODAC") Certification; or

3. National Association of Alcohol and Drug Abuse Counselors-Certified Addiction Counselor (NCAC I, II or Master) Certification.

All other Contractor staff shall be licensed or working toward licensure with one (1) or more of these organizations and shall be supervised by a licensed practitioner until licensure is achieved.

- b. The Contractor shall develop and implement a comprehensive Cognitive Behavioral SUD Treatment Program established on a Modified Therapeutic Community("MTC") model for incarcerated felony drug Offenders, that requires all Inmate participants to complete programming within nine (9) to twelve (12) months upon program admission.
- c. The Contractor shall develop and implement an Intensive SUD Group Therapy Program that is Evidence-Based and addresses Inmates Criminogenic Needs. The Contractor shall provide Intensive Substance Use Disorder Group Therapy Programs for a minimum of one hundred fifty (150) hours and not to exceed one hundred eighty (180) hours. The Contractor shall provide the Caseload Ratio for each program shall as determined by the TDOC Director of Behavioral Health Services or designee.
- d. The Contractor shall develop and implement a Certified Peer Recovery Specialist Program that adheres the Appendix B, TDOC Policy #513.07.3 and provides peer-to-peer recovery support and services for Inmates seeking recovery.
- e. The Contractor shall develop and implement an intervention substance use and recovery education program that is based on the foundations of recovery for individuals to learn about the harmful effects of alcohol and drug use and how living by principles of recovery leads to a healthy lifestyle. Intervention Substance Use and Recovery Education Program level of care constitutes service for individuals who are at risk of developing substance-related problems, or a service for those whom there is not yet sufficient information to document a diagnosable substance use disorder or evidence of problematic opiate use.
- f. The Contractor shall provide SUD Treatment Programs and Recovery Services at the following facilities:

1. **Bledsoe County Correctional Complex.**

One hundred and seventy-four (174) beds, one hundred and four (104) male MTC beds, fifty (50) male protective custody co-occurring Therapeutic Community beds, and twenty (20) female Intensive SUD Group Therapy beds.

Required Contractor staffing: Two (2) LADAC and five (5) non-licensed alcohol and drug abuse counselor interns and one (1) LCSW (full time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

2. **Lois M. DeBerry Special Needs Facility.**

Fifteen (15) Beds and fifteen (15) male Intensive SUD Group Therapy beds.

Required Contractor staffing: One (1) LADAC (full-time position or the equivalent working standard week of thirty seven and one half (37.5) hours (full time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

3. **Morgan County Correctional Complex.**

One hundred and nineteen (119) beds, one hundred and four (104) MTC beds, and fifteen (15) Intensive SUD Group Therapy beds.

Required Contractor staffing: Two (2) LADAC and five (5) non-licensed alcohol and drug abuse counselor interns (full-time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**3. Mark L. Luttrell Correctional Complex.**

Twenty (20) beds and twenty (20) Intensive SUD Group Therapy beds.

Required Contractor staffing: One (1) LADAC (full-time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**4. Northeast Correctional Complex.**

Forty (40) beds, twenty (20) Intensive SUD Group Therapy Main Compound beds and twenty (20) SUD Group Therapy beds in the Carter County Annex Transition Center.

Required Contractor staffing: One (1) LADAC and three (3) non-licensed alcohol and drug abuse counselor intern (full time position or the equivalent working standard week of thirty seven and one half (37.5) hours).

**5. Northwest Correctional Complex.**

One hundred and ninety-six (196) beds, one hundred and sixty-one (161) MTC beds, fifteen (15) Intensive SUD Group Therapy beds and twenty (20) SUD Group Therapy beds in the veterans unit.

Required Contractor staffing: Two (2) LADACs and five (5) non-licensed alcohol and drug abuse counselor interns (full time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**6. Riverbend Maximum Security Institution.**

Twenty (20) beds and twenty (20) Intensive SUD Group Therapy beds.

Required Contractor staffing: One (1) LADAC (full-time position or the equivalent working standard week of thirty seven and one half (37.5) hours).

**8. Tennessee Prison for Women.**

Ninety-four (94) beds, sixty-four (64) MTC beds, and thirty (30) Intensive SUD Group Therapy beds.

Required Contractor staffing: One (1) LADAC and five (5) Non-Licensed Alcohol and Drug Abuse Counselor Interns (full-time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**9. Turney Center Industrial Prison Complex (TCIX Annex 2-Wayne County, Clifton Tennessee)**

One hundred and seventy-five (175) beds, eighty (80) MTC beds, fifteen (15) Intensive SUD Group Therapy beds, fifty (50) Parole Technical Violator Program Intensive SUD Group Therapy beds, fifteen (15) Probation Technical Violator Program Intensive SUD Group Therapy, and fifteen (15) Boot Camp Intensive SUD Group Therapy.

Required Contractor staffing: Three (3) LADACs and eight (8) Non-Licensed Alcohol and Drug Abuse Counselor Interns (full-time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**10. Women's Therapeutic Residential Center West Tennessee State Prison Site 1**

One hundred and forty-three (143) beds, one hundred and twenty-eight (128) MTC beds, and fifteen (15) Intensive SUD Group Therapy beds.

Required Contractor staffing: One (1) LADAC and six (6) Non-Licensed Alcohol and Drug Abuse Counselor Interns (full-time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

**11. Men's Residential Center West Tennessee State Prison Site 2**

Five hundred and twelve (512) beds, one hundred and twenty-eight (128) MTC beds, three hundred and eighty-four (384) Intensive SUD Group Therapy beds, interventions, Aftercare, family reunification, and peer recovery services.

Required Contractor staffing: Two (2) LADACs and nine (9) Non-Licensed Alcohol and Drug Abuse Counselor Interns, one (1) Program Administrator, and (1) counselor with a master's degree (full time positions or their equivalents working standard week of thirty seven and one half (37.5) hours).

- g. The Contractor shall design and implement a treatment program consistent with the staffing requirements outlined in Section A.31.b. that includes the following treatment elements:

1) Classic Cognitive-Based Modified Therapeutic Community Structure:

- a) Screening and Assessment;
- b) Pre-testing designed to evaluate the Inmate participant's cognition, psychological functioning, and social orientation at intake;
- c) Post-testing designed to evaluate the program's effect on change in the Inmate participant's cognitive, psychological functioning, and social orientation upon program completion;
- d) TC roles and job functions;
- e) Cognitive-Based Curriculum including one (1) or a combination of the following:
  - i. Cognitive Behavioral Therapy ("CBT")
  - ii. Rational Emotive Therapy ("RET")
  - iii. Rational Emotive Behavioral Therapy ("REBT")
- f) Utilization of Motivational Interviewing skills set;
- g) Utilization of Transtheoretical Model of Change Theory (Stages of Change) skills set;
- h) Program rules that govern TC participation;
- i) Modified Therapeutic Community dynamics including but not limited to: push-ups, pull-ups, mentor system, role modeling, awareness sessions, accountability process, peer support/interaction, peer hierarchy, learning experiences, etc.;
- j) Program incentives to recognizes pro-social behavior changes;
- k) Community meetings;
- l) Integrity/Accountability Group;
- m) Cognitive Restructuring and Conflict Resolution/Anger Management
- n) Problem solving training;
- o) Identifying anti-social and reinforcing pro-social thinking patterns;

- i. criminal thinking errors
    - ii. rational thinking errors
  - p) Substance use treatment;
  - q) In-House Mentoring Program;
  - r) Individual Counseling and Group Therapy;
  - s) Victim Impact;
  - t) Job Readiness;
  - u) Re-entry Planning;
  - v) Drug Testing in collaboration with TDOC; and
  - w) On-site Aftercare once a week for participants who complete programming and are released back to the general prison population.
  - x) Communication between the Clinical treatment staff, substance use program managers, Behavioral Health Administrators, and medical administrators, classification, and the Institutional Parole Officer.
- h. The Contractor shall provide programming with female Offenders that shall include all of the treatment elements as well as, but not limited to, the items listed below:
- 1) Children and families;
  - 2) Trauma;
  - 3) Orientation to co-occurring disorders;
  - 4) Victim's Stance Issues/Violence Prevention; and
  - 5) Establishing a safe environment for counseling.
- i. The Contractor shall design and implement an Intensive SUD Group Therapy Treatment Program that includes the following treatment elements:
- 1) SUD individual and group counseling;
  - 2) Cognitive Behavioral Therapy;
  - 3) Criminal Thinking Error Awareness;
  - 4) Individual Counseling;
  - 5) Relapse Prevention Skills Building;
  - 6) Victim Impact;
  - 7) Re-entry Planning; and
  - 8) Anger Management.
- j. The Contractor shall provide SUD Treatment Services for a minimum of two thousand, one hundred and eighteen (2,118) beds for SUD MTC, intervention substance use and recovery education, and Intensive SUD Group Therapy on an annual basis. The Contractor shall provide all treatment services shall be conducted in accordance with Appendix B TDOC Policy Series #513.07, as may be revised. The Contractor shall conform to all applicable federal, state and local laws, court decisions, court orders, consent agreements, and TDOC policies. Prior to implementation of every required program, the Contractor shall submit the proposed program to the Director of Behavioral Health Services or designee for approval. The Contractor's SUD MTC Treatment Program shall include the following phases and associated treatment components.
- 1. **Phase I (Orientation and Identifying Anti-Social Thinking Patterns)** - During this phase of treatment, the Contractor shall ensure Inmate MTC participants know the rules and regulations of the MTC. The Contractor shall develop an Individualized Treatment Plan within the first thirty (30) days upon entry into the program that is structured as detailed herein and should last a minimum of ninety (90) days. The

Contractor shall ensure that each participant is involved in, at a minimum, fifteen (15) hours of therapeutic activities per week. During Phase I, the Contractor shall develop a therapeutic relationship with program participants that motivates them to identify their anti-social actions and help them come to a personal decision that their behaviors need to change. The Contractor may divide therapeutic activities between Getting Motivated to Change, Cognitive Behavioral Therapy sessions designed to identify and address anti-social thinking patterns, cognitive behavioral drug treatment, MTC related journal work groups, parenting classes, and in-prison community service-work.

2. **Phase II (Main Treatment: Substance Use Counseling and Pro-Social Skill Development)** - that the Contractor shall ensure that each participant is involved in a minimum of fifteen (15) fifteen hours (minimum) of therapeutic activities per week. The Contractor shall ensure that participants in Phase II understand the anti-social aspects of their past behavior and have made the personal decision to change those behaviors.

Contractor staff shall provide the following activities to participants as part of group or individual Therapy:

- a. Cognitive Behavioral drug treatment through journaling, modeling and role plays
- b. Individual Counseling
- c. Cognitive Behavioral Therapy in group counseling dealing with rational thinking errors;
- d. MTC related groups, community service work, parenting and family skills;
- e. Victim's Impact;
- f. Victim's Stance (for women);
- g. Anger management; and
- h. Healthy lifestyle classes.

The Contractor shall ensure that Phase II is conducted for a period of three (3) to six (6) months, based on each participant's progress.

3. **Phase III (Transition, Reintegration, Relapse Prevention and Giving Back).**

The Contractor shall provide Phase III of the treatment program for a period of two (2) to four (4) months. During this phase, the Contractor shall ensure that each program participant develops a Re-entry Plan as specified in Appendix B TDOC Policy #513.07, as may be revised, within thirty (30) days of discharge from the program. The Contractor shall ensure that Re-entry Plans have specific goals, specific steps to reach each goal, and assigns specific time frames for completion of goals for all aspects of the participant's Re-entry Plan (i.e., identification, family/spousal relationships, transportation, housing, employment, etc.). The Contractor shall ensure that each participant receives at a minimum, nine (9) hours of documented therapeutic activities per week. The Contractor shall provide programming and Therapy Services that include a combination of the following: Relapse Prevention, Cognitive Behavioral group counseling dealing with criminal thinking errors, pro-social leisure and positive recreational outlets, employment readiness, and introduction to twelve step fellowship meetings (non-mandatory). The Contractor shall ensure that program participants are referred to the Pre-Release Program as detailed in Appendix B TDOC Policy #702.30 for ancillary community services prior to release from the Institution, if appropriate.

4. **Certified Peer Recovery Specialist** - Additionally, the Contractor shall ensure that all Facilities implement a CPRS Program. The Contractor shall ensure that the CPRS provides the following supportive services:

- a. Facilitate support groups;
- b. Respond to crises until a licensed mental health or substance use professional arrives;
- c. Assist in Discharge Planning; and
- d. Provide recovery education to a recovering Inmate.

After the selection of potential candidates, TDOC and the TDMHSAS will vet applicants for meeting position requirements. The Contractor shall ensure that all CPRS candidates meet, at a minimum, the following qualifications:

- i. A minimum of twenty-four (24) consecutive months of recovery from a mental illness, or co-occurring disorder and demonstrate stable functioning in a general population unit; and/or
- ii. A diagnosed substance use disorder with a minimum of two (2) years of documented sobriety; and
- iii. Completion of forty (40) hours of state certified peer support training; and
- iv. Provided seventy five (75) hours of direct peer support services with three (3) hours of documented supervision from a Licensed Behavioral Health Professional before applying for certification.

After a CPRS receives certification, the Contractor shall ensure that CPRS must complete ten (10) hours of continuing education annually and be in good standing to maintain the credential.

**5. Aftercare** – The Contractor shall provide Aftercare in three (3) different components, based on how the individual is released upon completion of the program, as follows:

- a) **Released to General Population** – Participants returned to general population shall have both the option to apply to be a CPRS and receive a continuing care program that shall provide weekly substance use Aftercare. Any Inmates selected and trained as a CPRS are **not** eligible for hire by the Contractor after release as a Certified Peer Recovery Specialist Trainer.
- b) **Released to Parole** – Each institution has an Institutional Parole Officer ("IPO") provided by TDOC. Treatment staff shall provide a Substance Use Clinical Discharge Summary (Form CR-3713 as referenced in Appendix B) to the IPO pertaining to any continued Services recommended for individuals scheduled for release. Additionally, each Community Supervision Office has a Forensic Social Worker ("FSW"), who shall assist in obtaining Services for all participants released upon parole.
- c) **Expired Sentence** – Although participants are not required to receive Services from community-based service providers, individualized recommendations and referrals shall be given to each participant. Participants shall be strongly encouraged to attend, as a part of the Re-entry Plan. Each Facility shall continuously work on developing relationships with local community providers.

**k.** The Contractor shall design and implement an Intervention Substance Use and Recovery Education Program. While in this program, participants shall explore and address problems or risk factors that appear to be related to substance use and help the participant identify the harmful consequences of high-risk substance use and addictive behaviors. When participants' treatment needs are identified, the Contractor's employees or subcontractors shall refer to the appropriate continuum of care of treatment or recovery services. The Contractor shall ensure that the intervention substance use and recovery education program includes the following elements:

- i. Substance use groups for education, counseling and assessment;
- ii. Relapse prevention skills;
- iii. Decision making skills;
- iv. Goal setting;

- v. Dangers of high risk behavior; and
  - vi. Development of support services.
- l. The Contractor shall, at the direction of the TDOC Director of Behavioral Health Services or designee, develop clear, distinct, and documented criteria for movement from Phase I through Phase III, including both quantitative work required in each phase as well as qualitative goals that are evaluated by the treatment team.
- m. In providing substance use disorder treatment, the Contractor shall implement the following protocols:
  1. The Contractor shall use the TDOC Intake Assessment Form (CR-3720) as found in Appendix B TDOC Policy Series # 513.07 as well as a pre and post-test process, to evaluate criminal thinking, psychological functioning and social desirability in order to assess participants' needs and facilitate treatment plan development. All pre and post-test evaluations shall be approved by the TDOC Director of Behavioral Health or designee.
  2. The Contractor shall address the following issues when developing the treatment plan: addiction severity, drug use, personal motivation for change, Criminogenic Needs, and other relevant social and health related information. The Contractor shall provide to all program participants an individualized treatment plan within thirty (30) days of being admitted to the treatment program. The Contractor shall review and update all treatment plans at each phase progression or as needed.
  3. The Contractor shall conduct a follow-up assessment within four (4) weeks of program release on each program participant to measure change over time. The assessment instruments to be used must be approved by the State's Director of Behavioral Health Services or designee.
  4. The Contractor shall be responsible for providing all approved daily treatment and programming activities within the TC. The Contractor shall provide therapeutic activities at least five (5) days per week, except on approved State holidays, and shall provide TC related community processes seven (7) days per week, regardless of State holidays.
  5. The Contractor shall provide treatment programming designed for the gender of the Offender being treated and shall focus on areas such as, but not limited to, the disease concept of addiction, rational thinking skills, criminal thinking errors, guilt/shame, wellness, sexually transmitted diseases, anger/domestic violence, abuse, co-dependency, responsibility, fulfillment and self-actualization, dysfunctional relationships, pro-social peer relations, family/marital relationships, self-image parenting, leisure time planning, spirituality, nutrition, victims' awareness, and pro-social decision making.
  6. The Contractor shall identify when, and how, the Contractor will implement Group Therapy so that all participants are able to contribute and receive an equal opportunity to benefit from treatment.
  7. The Contractor shall provide Cognitive Restructuring, including classroom instruction on thinking errors, criminal behavior problem identification, drugs use, its effects, and consequences of continued use.
  8. The Contractor shall offer programming that includes Cognitive-Behavioral Skills Development. Programming shall be designed to meet the participants' specific Criminogenic Needs.
  9. The Contractor shall encourage and incorporate into the treatment program an in-house peer support system and role modeling.



10. The Contractor shall provide opportunities for program participants to be involved with weekly structured mutual-help group meetings.
  11. The Contractor shall also offer weekly follow-up or Aftercare session to provide support for program graduates.
  12. The Contractor shall provide programming which meets the unique needs and concerns of racial or ethnic minority individuals, including such factors as cultural orientations, beliefs, and value systems relevant to the population served.
  13. The Contractor shall provide a discharge summary for all participants prior to release or termination from the program.
- n. The Contractor shall use Urinalysis Testing as part of the treatment program as a tool for monitoring program compliance and to identify problems. The Contractor shall provide the following services and shall conform to the following standards:
1. All program-related drug screens shall be conducted in accordance with TDOC Policies including #506.21 and #513.07 as may be revised.
  2. All program participants shall receive an initial drug screen, random screens, as well as exits screens through the treatment program. All positive screens shall be confirmed through the use of a second methodology.
  3. A failure of the initial drug screen shall not result in program dismissal. Any failure of a random, reasonable suspicion, or exit drug screen once in the program shall result in immediate termination.
  4. All drug testing shall be paid for by the Tennessee Department of Correction.
  5. The Contractor shall comply with the Policy #506.21, as may be revised, regarding Urinalysis Testing, chain of custody and sanctions for positive drug screens.

A.33. Reporting Requirements.

- a. The Contractor shall utilize a Management Information System ("MIS") that provides necessary cost and statistics information on a statewide basis for TDOC to monitor performance. The Contractor shall have a database that is capable of storing information that allows for the creation of monthly Excel spreadsheets that contain TDOC designated categories to be submitted by the tenth (10<sup>th</sup>) business day of every month. The Contractor shall submit monthly, quarterly, and annual utilization/prevalence reports to the TDOC Director of Behavioral Health Services or designee, detailing patient care statistics and the history of requests for specialty consultations and procedures. The Contractor shall deliver reports to the TDOC Director of Behavioral Health Services no later than the tenth (10<sup>th</sup>) business day of the month after the data is collected. The Contractor shall submit the reports required by this section in an electronic format acceptable by the State and shall, at a minimum, provide aggregate and individualized reports by physician, mid-level, Inmate, service type, Institution, etc. The Contractor shall clearly label and report separately clinical, administrative, and supervisory services. The Contractor shall use appropriate coding, e.g., Diagnostic and Statistics Manual of Mental Disorders, International Classification of Diseases. The Facility and responsible mental health provider shall categorize information utilizing a standard format approved by the Director of Behavioral Health Services. The Contractor shall provide the following reports:

1. TDOC Daily Inpatient/Residential Census with key data elements as determined by the State, such as Inmate name and ID number, housing location, type of treatment provided, changes since prior day report, and notations of Inmates in crisis; and Inpatient/Residential days per month;
2. Inpatient/Residential Days per Month by Diagnosis, and Average Daily Census ("ADC")/Average Length of Stay ("ALOS");
3. Active Mental Health Caseload and Services by Facility and provider that includes:
  - i. Inmate number, diagnostic code, medication prescribed, dosage(s), level of care and Serious Mental Illness ("SMI"), Serious and Persistent Mental Illness ("SPMI") designation;
  - ii. Drug costs by Facility and provider; and
  - iii. Specialty consultations with key data elements.
- b. **Monthly Operating Report.** Within the first sixty (60) days of the Effective Date of the Contract, the Contractor shall work with the State to design a monthly reporting template. Beginning in the third (3<sup>rd</sup>) month of the Contract, the Contractor shall provide a Monthly Operating Report delineating the status of the mental health care operations occurring in the prior month. The Contractor shall, at a minimum, provide utilization data, caseload statistics, evaluations, assessments, emergencies, staffing, grievance resolution, pharmacy utilization, case management, continuous quality improvement data, staff training and any other monthly report requested in writing by the State required by TDOC policy including but not limited to #113.09 and #113.80. The Contractor shall provide the report on or before the fifteenth (15<sup>th</sup>) business day of each month and identify successes, potential problems, and resolutions.
- c. **Annual Review.** In August of each year, on or before the fifteenth (15<sup>th</sup>), the Contractor shall complete and present an annual report of utilization statistics, a narrative summary delineating accomplishments, barriers to implementation, and recommendations for improvement.
- d. **Data Management Automation.** The Contractor shall be required to interface to any EHR system adopted by the State during the term of this Contract. The Contractor shall provide any additional statistical data as requested by the State.

The EHR system shall contain patient and population electronically-stored health information in a digital format. These records shall be shared between the Inmate Health Services Contractor, the Central Pharmacy Contractor and the Inmate Behavioral Health Services Contractor. Inmate Health Records shall be shared through network-connected, enterprise-wide information systems or other information networks and exchanges. The EHRs shall include a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics like age and weight.

If the State converts to an EHR system, the Contractor shall require that the Contractor's subcontractors, such as laboratory, pharmacy, telemedicine, etc., link to the State's automated hardware/software. The State's Management Information System ("MIS") and Strategic Technology Solutions ("STS") divisions shall handle coordination for compatibility.

If an EHR is adopted by the State, it shall include Direct Secure messaging capability to permit secure exchange of Protected Health Information as needed with entities that do not possess EHR systems.

- e. As supporting documentation, the Contractor shall submit to the Institutional Warden or designee a copy of the encounter log. A summary of encounters categorized by Institution and as a statewide aggregate shall be provided to the TDOC Director of Behavioral Health Services or designee on a monthly basis by the fifteenth (15<sup>th</sup>) day of the month following the month contained in the report.

A.34. Direct Secure Messaging.

- a. If reports, spreadsheets or other documents, prepared by the Contractor, include Protected Health Information ("PHI"), the Contractor shall use Direct Secure e-mail using a Direct Accredited Health Information Service Provider ("HISP") to transport those documents to the Procuring State Agency Staff.
- b. If the Contractor subcontracts services to external mental health providers and PHI is transported from these external mental health providers to the Contractor or PHI is transported from external mental health providers to the Procuring State Agency, the Contractor shall send the PHI via Direct Secure e-mail using a Direct Accredited HISP.

A.35. Credentialing. The Contractor shall have a written policy and procedure regarding the providers' credentialing process approved, in writing, by the State within thirty (30) days of the Effective Date. The Contractor shall ensure that TDOC has access to and may copy any credentialing records. Upon expiration or termination of the Contract, all credentialing files shall become the property of the State. The Contractor shall cooperate with State audits of the Contractor's credentialing files as referenced in **Attachment Three – Performance Measures Instrument and Audit Process**. The Contractor shall maintain all copies of all files in the Contractor's Tennessee office. The Contractor shall ensure that each physician's credential file shall contain at a minimum the following documents:

- a. Copy of current Tennessee license
- b. Copy of application for initial or renewal registration
- c. Copy of Drug Enforcement Administration (DEA) registration
- d. Evidence of malpractice insurance with claims and/or pending lawsuits
- e. Copies of verified medication education including internship, residency and fellowship programs, and specialty certification(s)
- f. Copy of current BCLS or CPR certification. Certification must be achieved prior to the individual providing services at any TDOC Institution
- g. Employment history
- h. Evidence of reasonable inquiring into employment history with emphasis on assessment of Clinical skills
- i. Signed release of information form
- j. Information regarding any criminal proceedings

A.36. Employee Transition Process.

The Contractor shall offer the State employees referenced in Attachment Ten, who meet the professional qualifications referenced in **Attachment Five – Minimum Staffing Requirements**, positions as Contractor employees. The Contractor shall offer State employees at least one hundred twenty percent (120%) of employees' current base salary. The Contractor shall also provide benefits no less than those offered in its standard employee benefits package.

- a. State employees who remain with TDOC shall continue to provide mental health services within the scope of services delineated in the Contract, excluding the positions identified in Attachment Ten. The Contractor shall assume responsibility for staffing the positions outlined in Attachment Five – Minimum Staffing Requirements. The TDOC Director of

Behavioral Health Services and/or designee shall provide supervision and participate in the annual evaluation process of these individuals.

- b. Upon Contract award, all vacant mental health positions within TDOC shall be designated as Contractor positions by the State. Any positions that are vacated thereafter shall be designated as Contractor positions immediately.

**B. TERM OF CONTRACT:**

This Contract shall be effective on November 1, 2020 ("Effective Date") and extend for a period of sixty (60) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date.

**C. PAYMENT TERMS AND CONDITIONS:**

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed One-Hundred Twenty-three Million, Five-Hundred Thirteen Thousand, Eight-Hundred Nineteen dollars (**\$123,513,819**) ("Maximum Liability"). This Contract does not grant the Contractor any exclusive rights. The State does not guarantee that it shall buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the Contractor shall only be paid for goods or services provided under this Contract after a purchase order is issued to Contractor by the State or as otherwise specified by this Contract.
- C.2. Compensation Firm. The payment methodology in Section C.3. of this Contract shall constitute the entire compensation due the Contractor for all goods or services provided under this Contract regardless of the difficulty, materials or equipment required. The payment methodology includes all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Contractor.
- C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.
  - a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
  - b. The Contractor shall be compensated based upon the following payment methodology:
    - a. For **Fiscal Year 2021 (FY21)**, consisting of the dates **November 1, 2020** through **June 30, 2021**, Contractor shall be compensated at a fixed monthly rate of **\$1,867,748.12 per month**. For dates of **July 1, 2021 through October 31, 2021**, Contractor will be compensated at the rates set forth for Year 1 below.

Goods or Services Description	Amount (per compensable increment)				
	Year 1 7/1/2021 to 10/31/2021	Year 2 11/1/2021 to 10/31/2022	Year 3 11/1/2022 to 10/31/2023	Year 4 11/1/2023 to 10/31/2024	Year 5 11/1/2024 to 10/31/2025
Annual Average Daily Inmate Population Across All Facilities					
13,694-15,136	\$4.23 per Inmate per day	\$4.32 per Inmate per day	\$4.43 per Inmate per day	\$4.55 per Inmate per day	\$4.68 per Inmate per day

(5% decrease) 12,974-13,693	\$ 4.69 per Inmate per day	\$ 4.80 per Inmate per day	\$4.92 per Inmate per day	\$5.06 per Inmate per day	\$5.21 per Inmate per day
(10% decrease) 12,253-12,973	\$ 4.97 per Inmate per day	\$ 5.08 per Inmate per day	\$5.21 per Inmate per day	\$5.35 per Inmate per day	\$5.51 per Inmate per day
(15% decrease) 11,532-12,252	\$ 5.29 per Inmate per day	\$ 5.40 per Inmate per day	\$5.53 per Inmate per day	\$5.69 per Inmate per day	\$5.86 per Inmate per day
(5% increase) 15,137-15,857	\$ 3.93 per Inmate per day	\$ 4.02 per Inmate per day	\$4.12 per Inmate per day	\$4.23 per Inmate per day	\$4.36 per Inmate per day
(10% increase) 15,858-16,577	\$ 3.75 per Inmate per day	\$ 3.84 per Inmate per day	\$3.93 per Inmate per day	\$4.04 per Inmate per day	\$4.17 per Inmate per day
(15% increase) 16,578-17,298	\$ 3.60 per Inmate per day	\$ 3.68 per Inmate per day	\$3.76 per Inmate per day	\$3.87 per Inmate per day	\$3.99 per Inmate per day

- C.4. Travel Compensation. The Contractor shall not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.
- C.5. Invoice Requirements. The Contractor shall invoice the State only for goods delivered and accepted by the State or services satisfactorily provided at the amounts stipulated in Section C.3., above. Contractor shall submit invoices and necessary supporting documentation, no more frequently than once a month, and no later than thirty (30) days after goods or services have been provided to the following address:

Tennessee Department of Correction  
Fiscal Services  
320 Sixth Avenue North  
Nashville TN 37243

- a. Each invoice, on Contractor's letterhead, shall clearly and accurately detail all of the following information (calculations must be extended and totaled correctly):
- (1) Invoice number (assigned by the Contractor);
  - (2) Invoice date;
  - (3) Contract number (assigned by the State);
  - (4) Customer account name: Tennessee Department of Correction, Rehabilitative Services Division of Behavioral Health;
  - (5) Customer account number (assigned by the Contractor to the above-referenced Customer);
  - (6) Contractor name;
  - (7) Contractor Tennessee Edison registration ID number;
  - (8) Contractor contact for invoice questions (name, phone, or email);
  - (9) Contractor remittance address;
  - (10) Description of delivered goods or services provided and invoiced, including identifying information as applicable;
  - (11) Number of delivered or completed units, increments, hours, or days as applicable, of each good or service invoiced;
  - (12) Applicable payment methodology (as stipulated in Section C.3 ) of each good or service invoiced;
  - (13) Amount due for each compensable unit of good or service; and
  - (14) Total amount due for the invoice period.

b. Contractor's invoices shall:

- (1) Only include charges for goods delivered or services provided as described in Section A and in accordance with payment terms and conditions set forth in Section C;
- (2) Only be submitted for goods delivered or services completed and shall not include any charge for future goods to be delivered or services to be performed;
- (3) Not include Contractor's taxes, which includes without limitation Contractor's sales and use tax, excise taxes, franchise taxes, real or personal property taxes, or income taxes; and
- (4) Include shipping or delivery charges only as authorized in this Contract.

c. The timeframe for payment (or any discounts) begins only when the State is in receipt of an invoice that meets the minimum requirements of this Section C.5.

C.6. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any payment, invoice, or other matter. A payment by the State shall not be construed as acceptance of goods delivered, any part of the services provided, or as approval of any amount invoiced.

C.7. Invoice Reductions. The Contractor's invoice shall be subject to reduction for amounts included in any invoice or payment that is determined by the State, on the basis of audits conducted in accordance with the terms of this Contract, to not constitute proper compensation for goods delivered or services provided.

C.8. Deductions. The State reserves the right to deduct from amounts, which are or shall become due and payable to the Contractor under this or any contract between the Contractor and the State of Tennessee, any amounts that are or shall become due and payable to the State of Tennessee by the Contractor.

C.9. Prerequisite Documentation. The Contractor shall not invoice the State under this Contract until the State has received the following, properly completed documentation.

- a. The Contractor shall complete, sign, and present to the State the "Authorization Agreement for Automatic Deposit Form" provided by the State. By doing so, the Contractor acknowledges and agrees that, once this form is received by the State, payments to the Contractor, under this or any other contract the Contractor has with the State of Tennessee, may be made by ACH; and
- b. The Contractor shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Contractor's Federal Employer Identification Number or Social Security Number referenced in the Contractor's Edison registration information.

C.10. Laboratory Services. Currently the State's Inmate Health Services Contractor is responsible for the costs of Mental Health Laboratory Studies as ordered by the Contractor.

**D. MANDATORY TERMS AND CONDITIONS:**

D.1. Required Approvals. The State is not bound by this Contract until it is duly approved by the Parties and all appropriate State officials in accordance with applicable Tennessee laws and regulations. Depending upon the specifics of this Contract, this may include approvals by the Commissioner of Finance and Administration, the Commissioner of Human Resources, the Comptroller of the Treasury, and the Chief Procurement Officer. Approvals shall be evidenced by a signature or electronic approval.

D.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier

service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective Party at the appropriate mailing address, facsimile number, or email address as stated below or any other address provided in writing by a Party.

The State:

Dr. Jim Casey, Psy.D  
Director of Behavioral Health Services  
Tennessee Department of Correction  
320 Sixth Avenue North  
Nashville TN 37243  
Email: Jim.Casey@tn.gov  
Phone: 615-253-8163

The Contractor:

Steven H. Wheeler  
Chief Executive Officer  
Centurion LLC  
1593 Spring Hill Road  
Suite 600  
Vienna, VA 22182  
Phone: (703) 749-4600  
Fax: (703) 749-1630  
Email: [SWheeler@TeamCenturion.com](mailto:SWheeler@TeamCenturion.com)

All instructions, notices, consents, demands, or other communications shall be considered effective upon receipt or recipient confirmation as may be required.

- D.3. Modification and Amendment. This Contract may be modified only by a written amendment signed by all Parties and approved by all applicable State officials.
- D.4. Subject to Funds Availability. The Contract is subject to the appropriation and availability of State or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Contract upon written notice to the Contractor. The State's exercise of its right to terminate this Contract shall not constitute a breach of Contract by the State. Upon receipt of the written notice, the Contractor shall cease all work associated with the Contract. If the State terminates this Contract due to lack of funds availability, the Contractor shall be entitled to compensation for all conforming goods requested and accepted by the State and for all satisfactory and authorized services completed as of the termination date. Should the State exercise its right to terminate this Contract due to unavailability of funds, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages of any description or amount.
- D.5. Termination for Convenience. The State may terminate this Contract for convenience without cause and for any reason. The State shall give the Contractor at least thirty (30) days written notice before the termination date. The Contractor shall be entitled to compensation for all conforming goods delivered and accepted by the State or for satisfactory, authorized services completed as of the termination date. In no event shall the State be liable to the Contractor for compensation for any goods neither requested nor accepted by the State or for any services neither requested by the State nor satisfactorily performed by the Contractor. In no event shall the State's exercise of its right to terminate this Contract for convenience relieve the Contractor of any liability to the State for any damages or claims arising under this Contract.
- D.6. Termination for Cause. If the Contractor fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Contractor materially violates any terms of this Contract ("Breach Condition"), the State shall have the right to immediately terminate the Contract

and withhold payments in excess of compensation for completed services or provided goods. Notwithstanding the above, the Contractor shall not be relieved of liability to the State for damages sustained by virtue of any Breach Condition and the State may seek other remedies allowed at law or in equity for breach of this Contract.

D.7. Assignment and Subcontracting. The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without the prior written approval of the State. Notwithstanding any use of the approved subcontractors, the Contractor shall be the prime contractor and responsible for compliance with all terms and conditions of this Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving an assignment of this Contract in whole or in part or the use of subcontractors in fulfilling the Contractor's obligations under this Contract.

D.8. Conflicts of Interest. The Contractor warrants that no part of the Contractor's compensation shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Contractor in connection with any work contemplated or performed under this Contract.

The Contractor acknowledges, understands, and agrees that this Contract shall be null and void if the Contractor is, or within the past six (6) months has been, an employee of the State of Tennessee or if the Contractor is an entity in which a controlling interest is held by an individual who is, or within the past six (6) months has been, an employee of the State of Tennessee.

D.9. Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, creed, color, religion, sex, national origin, or any other classification protected by federal or state law. The Contractor shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.10. Prohibition of Illegal Immigrants. The requirements of Tenn. Code Ann. § 12-3-309 addressing the use of illegal immigrants in the performance of any contract to supply goods or services to the state of Tennessee, shall be a material provision of this Contract, a breach of which shall be grounds for monetary and other penalties, up to and including termination of this Contract.

a. The Contractor agrees that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who shall utilize the services of an illegal immigrant in the performance of this Contract. The Contractor shall reaffirm this attestation, in writing, by submitting to the State a completed and signed copy of the document at Attachment One, semi-annually during the Term. If the Contractor is a party to more than one contract with the State, the Contractor may submit one attestation that applies to all contracts with the State. All Contractor attestations shall be maintained by the Contractor and made available to State officials upon request.

b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the Term, the Contractor shall obtain and retain a current, written attestation that the subcontractor shall not knowingly utilize the services of an illegal immigrant to perform work under this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work under this Contract. Attestations obtained from subcontractors shall be maintained by the Contractor and made available to State officials upon request.

c. The Contractor shall maintain records for all personnel used in the performance of this Contract. Contractor's records shall be subject to review and random inspection at any reasonable time upon reasonable notice by the State.



- d. The Contractor understands and agrees that failure to comply with this section will be subject to the sanctions of Tenn. Code Ann. § 12-3-309 for acts or omissions occurring after its effective date.
  - e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not: (i) a United States citizen; (ii) a Lawful Permanent Resident; (iii) a person whose physical presence in the United States is authorized; (iv) allowed by the federal Department of Homeland Security and who, under federal immigration laws or regulations, is authorized to be employed in the U.S.; or (v) is otherwise authorized to provide services under the Contract.
- D.11. Records. The Contractor shall maintain documentation for all charges under this Contract. The books, records, and documents of the Contractor, for work performed or money received under this Contract, shall be maintained for a period of five (5) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.
- D.12. Monitoring. The Contractor's activities conducted and records maintained pursuant to this Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.13. Progress Reports. The Contractor shall submit brief, periodic, progress reports to the State as requested.
- D.14. Strict Performance. Failure by any Party to this Contract to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this Contract shall not be construed as a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the Parties.
- D.15. Independent Contractor. The Parties shall not act as employees, partners, joint venturers, or associates of one another. The Parties are independent contracting entities. Nothing in this Contract shall be construed to create an employer/employee relationship or to allow either Party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party are not employees or agents of the other Party.
- D.16. Patient Protection and Affordable Care Act. The Contractor agrees that it will be responsible for compliance with the Patient Protection and Affordable Care Act ("PPACA") with respect to itself and its employees, including any obligation to report health insurance coverage, provide health insurance coverage, or pay any financial assessment, tax, or penalty for not providing health insurance. The Contractor shall indemnify the State and hold it harmless from any costs to the State arising from Contractor's failure to fulfill its PPACA responsibilities for itself or its employees.
- D.17. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Contract. In no event will the State be liable to the Contractor or any other party for any lost revenues, lost profits, loss of business, decrease in the value of any securities or cash position, time, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Contract or otherwise. The State's total liability under this Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability. This limitation of liability is cumulative and not per incident.
- D.18. Limitation of Contractor's Liability. In accordance with Tenn. Code Ann. § 12-3-701, the Contractor's liability for all claims arising under this Contract shall be limited to an amount equal to two (2) times the Maximum Liability amount detailed in Section C.1. and as may be amended,

PROVIDED THAT in no event shall this Section limit the liability of the Contractor for: (i) intellectual property or any Contractor indemnity obligations for infringement for third-party intellectual property rights; (ii) any claims covered by any specific provision in the Contract providing for liquidated damages; or (iii) any claims for intentional torts, criminal acts, fraudulent conduct, or acts or omissions that result in personal injuries or death.

- D.19. Hold Harmless. The Contractor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Contractor, its employees, or any person acting for or on its or their behalf relating to this Contract. The Contractor further agrees it shall be liable for the reasonable cost of attorneys' fees, court costs, expert witness fees, and other litigation expenses for the State to enforce the terms of this Contract.

In the event of any suit or claim, the Parties shall give each other immediate notice and provide all necessary assistance to respond. The failure of the State to give notice shall only relieve the Contractor of its obligations under this Section to the extent that the Contractor can demonstrate actual prejudice arising from the failure to give notice. This Section shall not grant the Contractor, through its attorneys, the right to represent the State in any legal matter, as the right to represent the State is governed by Tenn. Code Ann. § 8-6-106.

- D.20. HIPAA Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") Act and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Contract.

- a. Contractor warrants to the State that it is familiar with the requirements of the Privacy Rules, and will comply with all applicable requirements in the course of this Contract.
- b. Contractor warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of the Contract so that both parties will be in compliance with the Privacy Rules.
- c. The State and the Contractor will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and Contractor in compliance with the Privacy Rules. This provision shall not apply if information received or delivered by the parties under this Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the parties to receive or deliver the information without entering into a business associate agreement or signing another document.
- d. The Contractor will indemnify the State and hold it harmless for any violation by the Contractor or its subcontractors of the Privacy Rules. This includes the costs of responding to a breach of protected health information, the costs of responding to a government enforcement action related to the breach, and any fines, penalties, or damages paid by the State because of the violation.

- D.21. Tennessee Consolidated Retirement System. Subject to statutory exceptions contained in Tenn. Code Ann. §§ 8-36-801, *et seq.*, the law governing the Tennessee Consolidated Retirement System ("TCRS"), provides that if a retired member of TCRS, or of any superseded system administered by TCRS, or of any local retirement fund established under Tenn. Code Ann. §§ 8-35-101, *et seq.*, accepts State employment, the member's retirement allowance is suspended during the period of the employment. Accordingly and notwithstanding any provision of this Contract to the contrary, the Contractor agrees that if it is later determined that the true nature of the working relationship between the Contractor and the State under this Contract is that of "employee/employer" and not that of an independent contractor, the Contractor, if a retired

member of TCRS, may be required to repay to TCRS the amount of retirement benefits the Contractor received from TCRS during the Term.

- D.22. Tennessee Department of Revenue Registration. The Contractor shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Contract.
- D.23. Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
  - b. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
  - d. have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Contractor shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded, disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the Party except to the extent that the non-performing Party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing Party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either Party from its obligations under this Contract. Except as set forth in this Section, any failure or delay by a Party in the performance of its obligations under this Contract arising from a Force Majeure Event is not a default under this Contract or grounds for termination. The non-performing Party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the Party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Contractor's representatives, suppliers, subcontractors, customers or business apart from this Contract is not a Force Majeure Event under this Contract. Contractor will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Contractor's performance longer than forty-eight (48) hours, the State may, upon notice to Contractor: (a) cease payment of the fees until Contractor resumes performance of the affected obligations; or (b) immediately terminate this Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Contractor will not increase its charges under this Contract or charge the State any fees other than those provided for in this Contract as the result of a Force Majeure Event.

- D.25. State and Federal Compliance. The Contractor shall comply with all State and federal laws and regulations applicable to Contractor in the Contractor's performance of this Contract.
- D.26. Governing Law. This Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Tennessee Claims Commission or the state or federal courts in Tennessee shall be the venue for all claims, disputes, or disagreements arising under this Contract. The Contractor acknowledges and agrees that any rights, claims, or remedies against the State of Tennessee or its employees arising under this Contract shall be subject to and limited to those rights and remedies available under Tenn. Code Ann. §§ 9-8-101 - 408.
- D.27. Entire Agreement. This Contract is complete and contains the entire understanding between the Parties relating to its subject matter, including all the terms and conditions of the Parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties, whether written or oral.
- D.28. Severability. If any terms and conditions of this Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions of this Contract shall not be affected and shall remain in full force and effect. The terms and conditions of this Contract are severable.
- D.29. Headings. Section headings of this Contract are for reference purposes only and shall not be construed as part of this Contract.
- D.30. Incorporation of Additional Documents. Each of the following documents is included as a part of this Contract by reference. In the event of a discrepancy or ambiguity regarding the Contractor's duties, responsibilities, and performance under this Contract, these items shall govern in order of precedence below:
- a. any amendment to this Contract, with the latter in time controlling over any earlier amendments;
  - b. this Contract with any attachments or exhibits (excluding the items listed at subsections c. through f., below), which includes Attachments One through Nine
  - c. any clarifications of or addenda to the Contractor's proposal seeking this Contract;
  - d. the State solicitation, as may be amended, requesting responses in competition for this Contract;
  - e. any technical specifications provided to Respondents during the procurement process to award this Contract; and
  - f. the Contractor's response seeking this Contract.
- D.31. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Contract. The Contractor certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.32. Insurance. Contractor shall maintain insurance coverage as specified in this Section. The State reserves the right to amend or require additional insurance coverage, coverage amounts, and endorsements required under this Contract. Contractor's failure to maintain or submit evidence of insurance coverage, as required, is a material breach of this Contract. If Contractor loses insurance coverage, fails to renew coverage, or for any reason becomes uninsured during the Term, Contractor shall immediately notify the State. All insurance companies providing coverage must be: (a) acceptable to the State; (b) authorized by the Tennessee Department of Commerce and Insurance ("TDCI"); and (c) rated A- / VII or better by A.M. Best. All coverage must be on a primary basis and noncontributory with any other insurance or self-insurance carried by the State. Contractor agrees to name the State as an additional insured on any insurance policy with the exception of workers' compensation (employer liability) and professional liability (errors and omissions) insurance. All policies must contain an endorsement for a waiver of subrogation in favor of the State. Any deductible or self-insured retention ("SIR") over fifty thousand dollars (\$50,000) must be approved by the State. The Deductible or Self-Insured Retention ("SIR") for

the Professional Liability/General Liability ("PL/GL") policy of two hundred fifty thousand dollars (\$250,000) is approved by the State. The deductible or SIR and any premiums are the Contractor's sole responsibility. The Contractor agrees that the insurance requirements specified in this Section do not reduce any liability the Contractor has assumed under this Contract including any indemnification or hold harmless requirements.

To achieve the required coverage amounts, a combination of an otherwise deficient specific policy and an umbrella policy with an aggregate meeting or exceeding the required coverage amounts is acceptable. For example: If the required policy limit under this Contract is for two million dollars (\$2,000,000) in coverage, acceptable coverage would include a specific policy covering one million dollars (\$1,000,000) combined with an umbrella policy for an additional one million dollars (\$1,000,000). If the deficient underlying policy is for a coverage area without aggregate limits (generally Automobile Liability and Employers' Liability Accident), Contractor shall provide a copy of the umbrella insurance policy documents to ensure that no aggregate limit applies to the umbrella policy for that coverage area. In the event that an umbrella policy is being provided to achieve any required coverage amounts, the umbrella policy shall be accompanied by an endorsement at least as broad as the Insurance Services Office, Inc. (also known as "ISO") "Noncontributory—Other Insurance Condition" endorsement or shall be written on a policy form that addresses both the primary and noncontributory basis of the umbrella policy if the State is otherwise named as an additional insured.

Contractor shall provide the State a certificate of insurance ("COI") evidencing the coverages and amounts specified in this Section. The COI must be on a form approved by the TDCI (standard ACORD form preferred). The COI must list each insurer's National Association of Insurance Commissioners (NAIC) number and be signed by an authorized representative of the insurer. The COI must list the State of Tennessee – CPO Risk Manager, 312 Rosa L. Parks Ave., 3<sup>rd</sup> floor Central Procurement Office, Nashville, TN 37243 as the certificate holder. Contractor shall provide the COI ten (10) business days prior to the Effective Date and again thirty (30) calendar days before renewal or replacement of coverage. Contractor shall provide the State evidence that all subcontractors maintain the required insurance or that subcontractors are included under the Contractor's policy. At any time, the State may require Contractor to provide a valid COI. The Parties agree that failure to provide evidence of insurance coverage as required is a material breach of this Contract. If Contractor self-insures, then a COI will not be required to prove coverage. Instead Contractor shall provide a certificate of self-insurance or a letter, on Contractor's letterhead, detailing its coverage, policy amounts, and proof of funds to reasonably cover such expenses. The State reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

The State agrees that it shall give written notice to the Contractor as soon as practicable after the State becomes aware of any claim asserted or made against the State, but in no event later than thirty (30) calendar days after the State becomes aware of such claim. The failure of the State to give notice shall only relieve the Contractor of its obligations under this Section to the extent that the Contractor can demonstrate actual prejudice arising from the failure to give notice. This Section shall not grant the Contractor or its insurer, through its attorneys, the right to represent the State in any legal matter, as the right to represent the State is governed by Tenn. Code Ann. § 8-6-106.

**The insurance obligations under this Contract shall be: (1)—all the insurance coverage and policy limits carried by the Contractor; or (2)—the minimum insurance coverage requirements and policy limits shown in this Contract; whichever is greater. Any insurance proceeds in excess of or broader than the minimum required coverage and minimum required policy limits, which are applicable to a given loss, shall be available to the State. No representation is made that the minimum insurance requirements of the Contract are sufficient to cover the obligations of the Contractor arising under this Contract. The Contractor shall obtain and maintain, at a minimum, the following insurance coverages and policy limits.**

1) Commercial General Liability ("CGL") Insurance

- a. The Contractor shall maintain CGL, which shall be written on an ISO Form CG 00 01 occurrence form (or a substitute form providing equivalent coverage) and shall cover liability arising from property damage, premises and operations products and completed operations, bodily injury, personal and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

The Contractor shall maintain single limits not less than one million dollars (\$1,000,000) per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this policy or location of occurrence or the general aggregate limit shall be twice the required occurrence limit.

## 2) Workers' Compensation and Employer Liability Insurance

- a. For Contractors statutorily required to carry workers' compensation and employer liability insurance, the Contractor shall maintain:
- b. Workers' compensation in an amount not less than one million dollars (\$1,000,000) including employer liability of one million dollars (\$1,000,000) per accident for bodily injury by accident, one million dollars (\$1,000,000) policy limit by disease, and one million dollars (\$1,000,000) per employee for bodily injury by disease.

If the Contractor certifies that it is exempt from the requirements of Tenn. Code Ann. §§ 50-6-101 – 103, then the Contractor shall furnish written proof of such exemption for one or more of the following reasons:

- a. The Contractor employs fewer than five (5) employees;
- b. The Contractor is a sole proprietor;
- c. The Contractor is in the construction business or trades with no employees;
- d. The Contractor is in the coal mining industry with no employees;
- e. The Contractor is a state or local government; or
- f. The Contractor self-insures its workers' compensation and is in compliance with the TDCI rules and Tenn. Code Ann. § 50-6-405.

## 3) Automobile Liability Insurance

- a. The Contractor shall maintain automobile liability insurance which shall cover liability arising out of any automobile (including owned, leased, hired, and non-owned automobiles).
- b. The Contractor shall maintain bodily injury/property damage with a limit not less than one million dollars (\$1,000,000) per occurrence or combined single limit.

D.33. Major Procurement Contract Sales and Use Tax. Pursuant to Tenn. Code Ann. § 4-39-102 and to the extent applicable, the Contractor and the Contractor's subcontractors shall remit sales and use taxes on the sales of goods or services that are made by the Contractor or the Contractor's subcontractors and that are subject to tax.

D.34. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Contractor by the State or acquired by the Contractor on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Contractor to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Contractor due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Contractor shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Contract.

D.35. Equal Opportunity. The Contractor agrees as follows:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

- (1) Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising;  
(2) Layoff or termination;  
(3) Rates of pay or other forms of compensation; and  
(4) Selection for training, including apprenticeship.

The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

- b. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- c. If the State approves any subcontract, the subcontract shall include paragraphs (a) and (b) above.

In addition, to the extent applicable the Contractor agrees to comply with 41 C.F. R. § 60-1.4, as that section is amended from time to time during the term.

## **E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Contract, the special terms and conditions shall be subordinate to the Contract's other terms and conditions.
- E.2. Performance Bond. The Contractor shall provide to the State a Performance Bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract, specifically faithful performance of the work in accordance with the plans, specifications, and contract documents. The Performance Bond shall be in an amount equal to one hundred percent (100%) of the Maximum Liability, one hundred twenty-three million, five hundred thirteen thousand, eight hundred nineteen dollars (\$123,513,819.00). The State reserves the right to review the bond amount and bonding requirements at any time during the Term. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date and in the manner and form

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9/9/20  
[Signature]



manner and form prescribed by the State at Attachment Two. The bond shall be issued by a company licensed to issue such a bond in the state of Tennessee. The Performance Bond shall guarantee full and faithful performance of all undertakings and obligations for the Term, as the Contract is extended or renewed.

Failure to provide to the State the Performance Bond(s) as required under this Contract may result in this Contract being terminated by the State. The Performance Bond required under this Contract shall not be reduced during the Term without the State of Tennessee Central Procurement Office's prior written approval.

E.3. Lobbying. The Contractor certifies, to the best of its knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- c. The Contractor shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

E.4. Prison Rape Elimination Act (PREA). The Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal law 42 U.S.C. 15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted.

E.5. Reimbursement. This Contract provides for reimbursement of the cost of goods, materials, supplies, equipment, or contracted services. Any goods, materials, supplies, equipment or contracted services procured by Contractor under this Contract shall be procured on a competitive basis when practicable. The Contractor shall maintain documentation supporting Contractor's request for reimbursement. In each instance where it is determined that use of a competitive procurement method was not practicable, Contractor shall seek approval of the Commissioner to procure by non-competitive procurement as a condition for reimbursement.

E.6. Federal Funding Accountability and Transparency Act (FFATA). This Contract requires the Contractor to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Contractor is responsible for ensuring that all applicable requirements, including but not limited to those set forth herein, of FFATA are met and that the Contractor provides information to the State as required.

The Contractor shall comply with the following:



a. Reporting of Total Compensation of the Contractor's Executives.

- (1) The Contractor shall report the names and total compensation of each of its five most highly compensated executives for the Contractor's preceding completed fiscal year, if in the Contractor's preceding fiscal year it received:
  - i. 80 percent or more of the Contractor's annual gross revenues from federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
  - ii. Twenty-five million dollars (\$25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and subawards); and
  - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total compensation means the cash and noncash dollar value earned by the executive during the Contractor's preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):
  - i. Salary and bonus.
  - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
  - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
  - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - v. Above-market earnings on deferred compensation which is not tax qualified.
  - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

- b. The Contractor must report executive total compensation described above to the State by the end of the month during which this Contract is awarded.
- c. If this Contract is amended to extend the Term, the Contractor must submit an executive total compensation report to the State by the end of the month in which the term extension becomes effective.
- d. The Contractor will obtain a Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Contract. More information about obtaining a DUNS Number can be found at: <http://fedgov.dnb.com/webform/>

The Contractor's failure to comply with the above requirements is a material breach of this Contract for which the State may terminate this Contract for cause. The State will not be obligated to pay any outstanding invoice received from the Contractor unless and until the Contractor is in full compliance with the above requirements.

- E.7. Liquidated Damages. If an event giving rise to liquidated damages as outlined in Attachment Four arises, ("Liquidated Damages Event"), the State may assess damages on Contractor ("Liquidated Damages"). The State shall notify the Contractor of amounts to be assessed as Liquidated Damages. The Parties agree that due to the complicated nature of the Contractor's obligations under this Contract it would be difficult to specifically designate a monetary amount for Contractor's failure to fulfill its obligations regarding the Liquidated Damages Event as these amounts are likely to be uncertain and not easily proven. Contractor has carefully reviewed the Liquidated Damages contained in Attachment Four and agrees that these amounts represent a reasonable relationship between the amount and what might reasonably be expected in the event of a Liquidated Damages Event, and are a reasonable estimate of the damages that would occur from a Liquidated Damages Event. The Parties agree that the Liquidated Damages represent solely the damages and injuries sustained by the State in losing the benefit of the bargain with Contractor and do not include any injury or damage sustained by a third party. The Contractor agrees that the Liquidated Damages are in addition to any amounts Contractor may owe the State pursuant to the indemnity provision or any other sections of this Contract.

The State is not obligated to assess Liquidated Damages before availing itself of any other remedy. The State may choose to discontinue Liquidated Damages and avail itself of any other remedy available under this Contract or at law or equity.

IN WITNESS WHEREOF,

CENTURION of TENNESSEE, LLC:



CONTRACTOR SIGNATURE



DATE

Steven H. Wheeler, Chief Executive Officer

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)

TENNESSEE DEPARTMENT OF CORRECTION:



TONY PARKER, COMMISSIONER

08-20-2020

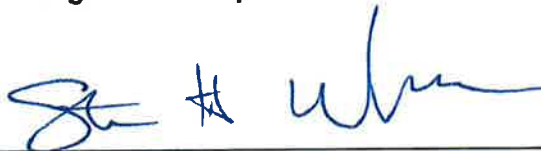
DATE

ATTACHMENT ONE

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

SUBJECT CONTRACT NUMBER:	67781
CONTRACTOR LEGAL ENTITY NAME:	Centurion of Tennessee, LLC
EDISON VENDOR IDENTIFICATION NUMBER:	0000166648

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.



CONTRACTOR SIGNATURE

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. Attach evidence documenting the individual's authority to contractually bind the Contractor, unless the signatory is the Contractor's chief executive or president.

Steven H. Wheeler, Chief Executive Officer

PRINTED NAME AND TITLE OF SIGNATORY



DATE OF ATTESTATION

## **ATTACHMENT THREE**

### **PERFORMANCE MEASURES INSTRUMENT AND AUDIT PROCESS**

#### **INTRODUCTION**

##### ***INTENT***

It is the active intent of the Tennessee Department of Correction ("TDOC") to monitor the Contractor's performance in a continuous and ongoing effort to ensure that all contractual requirements are being fully met in accordance with the Terms and Conditions, State statute, the current standards of the American Correctional Association ("ACA"), the specifications, the current TDOC Policies and Procedures referenced in Appendix B, the Minimum Staffing Requirements outlined in Attachment Five, the Key Performance Indicators Manual referenced in Attachment Four, and the Performance Measures Instrument and Audit Process referenced herein. Primary responsibility for this monitoring effort shall reside with the Clinical Services Division of TDOC. Contract Monitors shall conduct audits at each Institution to assess the adequacy and timeliness of the delivery of Inmate Behavioral Health Services. Contract Monitors shall be trained by TDOC in preparation to conducting the audit. Audits shall systematically assess the Contractor's performance by means of medical record reviews and direct observations of medical/mental health records, logs, manuals, Contractor Operations Reports and other appropriate sources. The Contractor's observed performance shall be compared with pre-established performance measures identified in the Performance Measures Instrument below. The Performance Measures, along with the parameters for measuring the Contractor's degree of success in achieving them (i.e. Attachment Four - Key Performance Indicators Manual), are the subject of the attached documents.

##### ***AUDIT PROCESS***

Audit shall be scheduled in advance and may be performed as often as necessary at each Institution within a timeframe that may last for several days. The performance level of the individual Institution may affect the frequency of the audits conducted. The Contractor shall provide access to the Inmate Behavioral Health Services Contractor staff and Quality Assurance/Internal staff as required. The Contractor shall also provide Contract Monitors with access to all medical/dental/mental health records, logbooks, staffing charts, time reports, Inmate grievances, and other requested documents required to assess Contractor performance. Such activities may be conducted in the institution's clinic but shall be conducted in a manner so as not to disrupt the routine provision of inmate mental health care. When necessary, TDOC custody and/or administrative records shall be utilized to establish facts or corroborate other information.

All audits are designed and performed in accordance with the following standards:

- Applicable state, federal and laws
- Tennessee Department of Correction's Policies and Procedures referenced in Appendix B
- The RFP and current Inmate Behavioral Health Services Contract
- American Correctional Association ("ACA") Standards

General requirements applicable to all Inmates will be assessed via a data review of a five to twenty percent (5%-20%) sample of the Inmate's mental health records at an Institution, selected randomly. Other requirements, relevant to a segment of the Inmate population, may be monitored by a higher percentage (up to 100%) of the records of a sub-population (e.g., emergency phone call reviews, therapeutic isolation reviews, thirty (30) day segregation reviews etc.). Areas in which performance deficiencies have been found may be re-examined in the subsequent quarter or follow up period as designated by the TDOC in order to gauge progress towards satisfactory performance.

At the conclusion of an audit, the Contract Monitors shall share the preliminary results with the Institution's Behavioral Health Administrator. Prior to the Contract Monitor leaving the Facility, an exit interview shall be held with the Behavioral Health Administrator and the Warden and/or designee (when available)

regarding the audit results. The Contractor shall provide all documents necessary to dispute audit results at the exit interview.

Copies of completed audits may be forwarded to the Contractor's corporate office and the TDOC's Administration. The Contractor may dispute the findings via appeal to the Director of Behavioral Health Services. The Contractor must specifically address each disputed finding and provide justification for appealing such. The TDOC shall render a final decision on the appeal to the Contractor within ten (10) calendar days of receipt.

For each item reviewed, an adjustment to compensation has been delineated as Liquidated Damages for each non-compliant occurrence. The State may withhold the monetary amount from the Contractor's compensation for substandard performance in the designated audit areas in accordance with Section E. 7. of the Contract. The Contractor shall be notified in writing and the appropriate deduction shall be made in the next monthly payment following the expiration of the appeal deadline.

The Key Performance Indicators Manual outlines the Contractor's compensation areas that are subject to adjustment. Objective Performance Criteria are subject to change at the discretion of the State. The Contractor shall be given a thirty (30) day notice to prepare for any new or changed criterion. Audits shall begin effective October 1, 2020. The results compiled from the period July – September 2020 time period shall be informational only and shall not result in an adjustment to compensation. Adjustments to compensation shall be effective with the audits performed beginning Jan. 1, 2021.

PERFORMANCE MEASURES INSTRUMENT

Item #	Mandates from Contract and/or TDOC Policy	Contract Requirement	Monitoring Process	Reporting Frequency	Date	Compliant Y/N
1	Contract Section A.20.d.	Ninety percent (90%) of surveyed TDOC staff at the Institution rated their experience with Contractor personnel to be good to excellent. This equates to ratings of four (4) and five (5) on a five (5) point Likert Scale, with five (5) being the most favorable.	Reviews surveys from Institutions	Semi - Annually		
2	Contract Section A.26.l TDOC Policy #113.82	One hundred percent (100%) of the time, the Psychiatrists/APNs respond to emergency calls within thirty (30) minutes.	Review logs from answering service. Check charts at facilities for verification purposes.	Semi-Annually		
3	Contract Section A.26.c. TDOC Policies #113.88 and #113.50	One hundred percent (100%) of Psychiatrists/APNs providing emergency phone consultation shall provide a Direct Assessment within a seventy-two (72) hour period from the time of the original phone order. All applicable sections of the CR-3082 form shall be completed by the Psychiatrist/APN. All verbal orders by the Psychiatrist/APN are documented on the CR-1892 form in accordance with Appendix B TDOC Policy 113.50.	All applicable CR-3082 forms shall be reviewed for compliance.	Quarterly		
4	Contract Section A.26.c. TDOC Policy #506.07	If an Inmate is placed in therapeutic restraints for a period of twenty-four (24) hours, the Contractor shall provide a Direct Assessment of the Inmate utilizing form CR-3082.	All applicable CR-3082 forms shall be reviewed.	Quarterly		
5	Contract Section A.26.m. TDOC Policy #113.82	One hundred percent (100%) of referrals to psychiatry of a specialty nature shall be seen within a fourteen (14) day time period.	Review of patient medical file.	Quarterly		
6	Contract Section A.26. TDOC Policy #113.89	One hundred percent (100%) of routine patient referrals to the attending Psychologist shall be seen within a fourteen (14) day time period.	Review of medical charts.	Quarterly		

PERFORMANCE MEASURES INSTRUMENT

Item #	Mandates from Contract and/or TDOC Policy	Contract Requirement	Monitoring Process	Reporting Frequency	Date	Compliant Y/N
7	Contract Section A.26 TDOC Policy #113.83	At least ninety-five percent (95%) of all psychiatric patients warranting a Treatment Plan shall have been reviewed, signed and dated by the Psychiatrist/APN. Any applicable diagnoses shall have been assigned to each patient. Treatment Plans are revised as needed but no less than every six (6) months. Rationale for continued treatment is clearly documented.	Review a sample of medical charts of patients receiving Psychotropic Medications or counseling.	Quarterly		
8	Contract Section A.26. TDOC Policy #113.83	At least ninety-five percent (95%) of Informed Consent forms (CR-3766) as referenced in Appendix B) are completed prior to providing an Inmate Psychotropic Medication in accordance with TDOC policy including #113.33. Informed Consents are shall remain effective for one (1) year from the date of the Inmate's signature after which time a new Consent form needs to be signed.	Review a random sample of charts of Inmates who are receiving Psychiatric Services.	Quarterly		
9	Contract Section A.26.g TDOC Policy #113.86	At least ninety-five percent (95%) of patients who are no longer prescribed Psychotropic Medications after receiving Services shall have clearly written discharge summaries prior to release within no more than seven days.	Review of progress notes.	Quarterly		
10	Contract Section A.28 TDOC Policy #113.83.	At least seventy-five percent (75%) of the time a Psychiatrist, APN or Psychologist shall participate in Treatment Team meetings.	Review Treatment Team minutes at the Facility.	Quarterly		
11	Contract Section A.26.f. TDOC Policy #113.89	At least ninety-five percent (95%) of patients prescribed Psychotropic Medications shall have met directly with a Psychiatrist or APN every ninety (90) days.	Pull Psychotropic Medication list and review a sample of medical charts.	Quarterly		
12	Contract Section A.26.g TDOC Policy #113.89	Review a minimum of (20%) twenty percent of the charts from the APN caseload and ensure each patient was directly assessed by a Psychiatrist within the past year.	Pull Psychotropic Medication list and review random charts of twenty (20%) percent of patients.	Quarterly		

**PERFORMANCE MEASURES INSTRUMENT**

Item #	Mandates from Contract and/or TDOC Policy	Contract Requirement	Monitoring Process	Reporting Frequency	Date	Compliant Y/N
13	<b>Contract Section A.26.e.</b>	The psychological provider(s) at each facility shall provide individual counseling when clinically indicated. Each file shall contain current treatment plans. Any applicable diagnoses shall have been assigned to each patient. Rationale for continued treatment is clearly documented. Release Plan/Discharge summaries shall be available for those clients no longer receiving services. After twelve (12) individual sessions, the respective provider shall present justification for continuing individual Therapy in writing in a copy of the treatment plan to the Director of Behavioral Health Services.	Pull charts of patients as listed as receiving individual and/or group Therapy. Check medical files to ensure documentation and rationale for treatment.	Quarterly		
14	<b>Contract Section A.27.c</b>	Upon request by the TDOC Behavioral Health Director and retain word institutional Behavioral Health Administrator, the Psychologist shall provide Special Education Evaluations. Services shall be provided within fifteen (15) days of the original request.	Review requests from the files of the Institutional Behavioral Health Administrator. Ensure that evaluations were completed within fifteen (15) days of the original request.	Quarterly		
15	<b>Contract Section A.28.j. TDOC Policy #113.88</b>	One hundred percent (100%) of the time, the Psychologist, Psychiatrist and /or APN shall participate in the Quality Improvement Review ("QIR") process which is to be completed within fourteen (14) days following a completed suicide or clinically justified suicidal gesture. Copies of all QIRs shall be forwarded to the Director of Behavioral Health.	Review all available QIR reports at the Institution for compliance.	Quarterly		
16	<b>Contract Section A.30.b. TDOC Policy #113.86</b>	One hundred percent (100%) of Inmates referred for placement at DeBerry Special Needs Facility, Tennessee Prison for Women, or other TDOC Special Treatment Units shall have their transfers completed within thirty (30) calendar days of the original referral.	Review all applicable referrals for the past quarter from the Behavioral Health Administrator's files.	Quarterly		
17	<b>Contract Section A.26.b. and A.28.i. TDOC Policy #113.84</b>	At least ninety-five percent (95%) of the time, a Psychologist/Psychiatrist/APN personally interviews all Inmates placed in Segregation Status within thirty (30) days of initial placement. At a minimum, screenings are performed by licensed Behavioral Health professionals every ninety (90) days thereafter and documented using the Mental Health Screening Report, Form CR-2629 as referenced in Appendix B.	Review list of Inmates on Segregated Status maintained by the Behavioral Health Administrator. Review medical files to ensure thirty (30) and ninety (90) day evaluations are being completed as required. Ensure Psychologist has reviewed and approved the ninety (90) day reviews where applicable.	Quarterly		
18	<b>Contract Section A.25.</b>	At least ninety percent (90%) of the time, the Contractor shall enter specific mental health classification information, diagnostic codes, Level of Service, service delivery information and any other information as requested by the Director of Behavioral Health into the Offender Management System ("OMS").	Of charts reviewed during the audit, ensure that all appropriate entries have been made into the OMS system based upon the contact notes, Level of Service designation and diagnosis in the medical record.	Quarterly		



**PERFORMANCE MEASURES INSTRUMENT**

Item #	Mandates from Contract and/or TDOC Policy	Contract Requirement	Monitoring Process	Reporting Frequency	Date	Compliant Y/N
19	<b>Contract Section A.35.c. A.26.a.</b>	All Contract Physicians shall possess the required valid licensures identified in Section A.35 and current State of Tennessee licenses that provides for them to practice under the scope of law. Psychiatrists shall possess a valid DEA license number.	Review licenses of each Contract practitioner at the Institution where they are assigned.	Quarterly		
20	<b>Contract Section A.24.h.</b>	When an Inmate Behavioral Health Services professional leaves the Contractor's service, the Contractor shall have thirty-one (31) days to secure a replacement.	When vacancies occur, review the date of the departing practitioner and the date of the newly hired, or replaced practitioner, and ensure that no more than thirty-one (31) days has passed.	Daily beginning on day thirty-two (32)		
21	<b>Contract Section A.7 TDOC Policy # 113.33</b>	At least ninety-five percent (95%) of the time, the most current mental health diagnosis for the patient is recorded on Form CR-1894, Major Medical Conditions Problem List as referenced in Appendix B.	Review Form CR-1894 in the medical chart.	Quarterly		
22	<b>Contract Section A.24.h.</b>	Vacancies in Behavioral Health professional positions shall be filled within thirty-one (31) days.	Review of reports, observations, other Contractor operations documents.	Daily beginning on day thirty-two (32)		
23	<b>Contract Section A.20.c.</b>	Performance Improvement Plan shall be submitted by the Contractor to TDOC within seven (7) business days of the Contractor being informed of a performance deficiency.	Review of contract monitoring files and reports.	Quarterly		
24	<b>Contract Section A.26.k.</b>	Answering Services shall be in place to ensure psychiatric coverage is offered twenty-four (24) hours per day seven (7) days per week.	Call publicized answering service to verify that service is still operational and is fielding calls appropriately.	Quarterly		
25	<b>Contract Section A.7.</b>	Telepsychiatry shall be available for the delivery of Psychiatric Services when on-site Psychiatric Services are not available. Liquidated Damages may be assessed by the State if the Contractor does not make Telepsychiatry Services available when merited and as measured in Contractor Monthly Operational Reports.	Review of Contractor Monthly Operational Reports and files.	Quarterly		
26	<b>Contract Section A.32.m.1</b>	Failure to provide approved Pre and Post Assessments prior to release as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.1.	Review of patient reports and files.	Quarterly		
27	<b>Contract Section A.32.m.2</b>	Failure to provide appropriate individual treatment plan for each participant within thirty (30) days of admittance into programming as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.2.	Review of patient reports and files.	Quarterly		

PERFORMANCE MEASURES INSTRUMENT

Item #	Mandates from Contract and/or TDOC Policy	Contract Requirement	Monitoring Process	Reporting Frequency	Date	Compliant Y/N
28	Contract Section A.32.m.4	Failure to provide Therapeutic Community Services at least five (5) days per week as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.4.	Review of reports, observations, other	Quarterly		

**LIQUIDATED DAMAGES SCHEDULE PER OCCURRENCE**

The following is a summary of the Liquidated Damage amounts for Key Performance Indicators. This listing does not represent the complete description or Contractor responsibility of the stated criteria; details are provided in the Performance Criteria and Critical Indicators section of this Manual. The amounts indicated are the adjustment (deduction) to compensation amounts assessed to the Contractor as Liquidated Damages for failure to meet the Contractor requirements.

<b>CRITERIA</b>	<b>INDICATORS – MENTAL HEALTH SERVICES</b>	<b>AMOUNT</b>
<b>Staffing</b>	1. Clinical vacancies shall be filled within thirty-one (31) days 2. All other positions shall be filled within thirty-one (31) days. 3. The Contractor shall obtain approval from TDOC on all candidates identified for placement in key management positions as referenced in the Pro Forma Contract, Section A.23.a. and Attachment Three, Items 20 and 22.	\$250 \$200 \$500
<b>Performance Improvement Plans (“PIP”)</b>	1. PIP submitted to TDOC within seven (7) business days as referenced in the Pro Forma Contract, Section A.20.c. and Attachment Three, Item 23.	\$50
<b>CR-3082 Form</b>	1. All CR-3082 forms shall be complete, legible, and submitted timely to the Central Office as referenced in the Pro Forma Contract, Section A.25.c. and Attachment Three, Item 4.	\$75
<b>Answering Service</b>	1. Answering services shall be provided to ensure in place to ensure psychiatric coverage is provided twenty-four (24) hours a day seven (7) days a week as referenced in the Pro Forma Contract, Section A.26.k. and Attachment Three, Item 24.	\$200
<b>Emergency On-Call</b>	1. The Psychiatrist/APN shall respond to emergency calls within thirty (30) minutes. Damages may be assessed for each fifteen (15) minute increments after deadline has passed as referenced in the Pro Forma Contract, Section A.8.	\$100
<b>Tele-psychiatry</b>	1. Telepsychiatry shall be available for the delivery of Psychiatric Services when on-site Psychiatric Services are not available. Liquidated Damages may be assessed by the State if the Contractor does not make Telepsychiatry Services available when merited and as measured in Contractor Monthly Operational Reports as referenced in Pro Forma Contract, Section A.7 and Attachment Three, Item 25.  2. Telepsychiatry providers shall provide all required information detailed in TDOC Policy including #113.33, which shall include but not be limited to the most current mental health diagnosis for the patient on Form CR-1894, Major Medical Conditions Problem List as referenced in Appendix B. Pro Forma Contract, Section A.7. c.	\$250

**ATTACHMENT FOUR  
KEY PERFORMANCE INDICATORS MANUAL**

CRITERIA	INDICATORS – MENTAL HEALTH SERVICES CONT.	AMOUNT
<b>Assessment</b>	<p>1. Psychiatrist/APN shall provide a Direct Assessment within seventy-two (72) hours following a phone order for Suicide Precaution/Mental Health Seclusion as referenced in Attachment Three, Item #3.</p> <p>2. A Licensed Independent Mental Health Practitioner (“LIMHP”) shall clinically assess Inmates within three (3) business days of initial placement in restrictive housing as referenced in the Pro Forma Contract, Section A.26.b.</p> <p>3. A LIMHP shall clinically assess Inmates who are in restrictive housing for thirty (30) consecutive days within (30) days of initial placement.</p> <p>4. A LIMHP shall clinically assess Inmates in restrictive housing at ninety (90) day intervals thereafter as referenced in Attachment Three, Item #17 and Attachment 6.6. Pro Forma Contract, Section A.26.b.</p> <p>5. Contractor shall enter specific mental health classification information, diagnostic codes, Level of Service, service delivery information and any other information as requested by the Director of Behavioral Health into the Offender Management System (“OMS”) as referenced in the Pro Forma Contract, Sections A.26.b, A.26.c, A.26.o., and A.24; and in Attachment Three, Item 17.</p> <p>6. At least seventy-five percent (75%) of the time a Psychiatrist, APN or Psychologist shall participate in Treatment Team meetings as referenced in the Pro Forma Contract, Section A.28.</p> <p>7. The Psychologist shall provide Special Education Evaluations. The Contractor may utilize an appropriate trained educator to provide the education testing portion of these services. Services shall be provided within fifteen (15) days of the original request as referenced in the Pro Forma Contract Section A.28. c.</p>	<p>\$500</p> <p>\$500</p> <p>\$500</p> <p>\$500</p> <p>\$500</p>
<b>Quality Improvement Review (“QIR”)</b>	The Psychologist, Psychiatrist and /or APN shall participate in the Quality Improvement Review (“QIR”) process which is to be completed within fourteen (14) days following a completed suicide or clinically justified suicidal gesture. Copies of all QIRs shall be forwarded to the Director of Behavioral Health as referenced in the Pro Forma Contract, Section A.28. j.	\$500
<b>Segregation Interviews/ screenings</b>	At least ninety-five percent (95%) of the time, a Psychologist/Psychiatrist/APN personally interviews all Inmates placed in Segregation Status within thirty (30) days of initial placement. At a minimum, screenings are performed by licensed Behavioral Health professionals every ninety (90) days thereafter and documented using the Mental Health Screening Report, Form CR-2629 as referenced in Appendix B Pro Forma Contract, Section A.28.i.	\$500

**ATTACHMENT FOUR  
KEY PERFORMANCE INDICATORS MANUAL**

<b>CRITERIA</b>	<b>INDICATORS – MENTAL HEALTH SERVICES CONT.</b>	<b>AMOUNT</b>
<b>OMS Entries</b>	At least ninety percent (90%) of the time, the Contractor shall enter specific mental health classification information, diagnostic codes, Level of Service, service delivery information and any other information as requested by the Director of Behavioral Health into the Offender Management System (“OMS”). Of charts reviewed during the audit, ensure that all appropriate entries have been made into the OMS system based upon the contact notes, Level of Service designation and diagnosis in the medical record as referenced in the Pro Forma Contract, Section A.25.	\$500
<b>DEA License</b>	Psychiatrists shall possess a valid DEA license number as referenced in the Pro Forma Contract, Section A.35.c.	\$500
<b>Pre and Post Assessments</b>	Failure to provide approved Pre and Post Assessments prior to release as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.1	\$100
<b>Individual Treatment Plan</b>	Failure to provide appropriate individual treatment plan for each participant within thirty (30) days of admittance into programming as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.2.	\$200
<b>Repeat Deficiencies Mental Health Services</b>	1. Indicators found to be deficient upon two (2) or if found again to be three (3) consecutive performance reviews.	\$500
	2. Indicators found to be deficient upon four (4) consecutive performance reviews as referenced in Pro Forma Contract Section A.20 and Attachment Three.	\$800

<b>CRITERIA</b>	<b>INDICATORS – SUBSTANCE USE TREATMENT SERVICES</b>	<b>AMOUNT</b>
<b>Treatment Modality</b>	Failure to implement and provide required treatment modality as described in the Pro Forma Contract, Section A.32. and consistent with industry standards for treatment of substance use.	\$500
<b>Pre and Post Assessments</b>	Failure to provide approved Pre and Post Assessments prior to release as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.1.	\$50
<b>Treatment Plans</b>	Failure to provide appropriate individual treatment plan for each participant within thirty (30) days of admittance into programming as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.2.	\$50
<b>Program Services</b>	Failure to provide Services at least five (5) days per week as referenced in Attachment 6.6. Pro Forma Contract, Section A.32.m.4.	\$250
<b>Program Content</b>	Failure to provide Behavioral Health treatment programming as outlined in contract and in keeping with industry standards for Substance Use treatment as referenced in the Pro Forma Contract, Section A.32.a.	\$250
<b>Reentry Plan/ Discharge Summary</b>	Failure to provide Reentry Plan/Discharge Summary prior to release as referenced in Attachment Three, Item #9; the Pro Forma Contract, Section A.3.a; and Appendix B, TDOC Policy # 113.86.	\$100
<b>Urinalysis Testing</b>	Failure to follow Urinalysis Testing as outlined in Appendix B TDOC policies to include #506.21, #113.81, and # 513.07 series as referenced in the Pro Forma Contract, Section A.32.n.	\$50

**ATTACHMENT FOUR  
KEY PERFORMANCE INDICATORS MANUAL**

<b>CRITERIA</b>	<b>INDICATORS – SUBSTANCE USE TREATMENT SERVICES</b>	<b>AMOUNT</b>
<b>Clinical Files</b>	<ol style="list-style-type: none"> <li>1. Failure to complete Clinical files for all participants as outlined in Appendix B TDOC Policy to include #113.50 and #113.81, and #513.07 series</li> <li>2. Failure to maintain Clinical files per federal regulations 42.CFR.Part 2 as found at the following website:  <a href="https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records">https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records</a>  and referenced in the Pro Forma Contract, Sections A.14 and A.25.</li> </ol>	<p>\$50</p> <p>\$50</p>
<b>Repeat Deficiencies Substance Use Treatment Services</b>	<ol style="list-style-type: none"> <li>1. Indicators found to be deficient upon two (2) or later again three (3) consecutive performance reviews.</li> <li>2. Indicators found to be deficient upon four (4) consecutive performance reviews as referenced in Pro Forma Contract, Section A.20 and Attachment Three.</li> </ol>	<p>\$500</p> <p>\$800</p>

***Consideration for imposing adjustments to compensation:***

<b>ACA ACCREDITATION-</b>	Required for accreditation by the American Correctional Association
<b>TDOC POLICIES-</b>	Required per TDOC policy and procedures including those referenced in Appendix B
<b>RISK MANAGEMENT-</b>	Required to avoid, or defend, the State in litigation regarding the health delivery system

When a deficiency fits more than one (1) category, the State shall determine which deficiency level shall apply.

**CRITICAL INDICATOR  
STAFFING**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards and Contract Section A.24., the Contractor shall provide adequate staffing for each facility according to the approved staffing plan.

**Elements of the Criterion:**

The Contractor is to utilize the State's approved Minimum Staffing Requirements as described in Attachment Five for each Institution. The Contractor is required to fill all vacancies to provide adequate coverage for the delivery of Services.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall fill all vacancies in a timely manner:

- a. Clinical vacancies shall be filled within thirty-one (31) days.
- b. All other vacancies shall be filled within thirty-one (31) days.
- c. Contractor's key management staff positions require prior approval of the TDOC.

**Methodology:** Verification of compliance through contract monitoring and proper notification to the TDOC for key management staff.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**      **\$250 per Clinical position per day not filled within thirty-one (31) days.**  
   **\$200 per non-Clinical position per day not filled within thirty-one (31) days.**  
   **\$500 for appointing key management staff without the approval of the TDOC.**

**CRITICAL INDICATOR  
PERFORMANCE IMPROVEMENT PLANS ("PIP")**

**Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for providing a plan of corrective action in response to deficiencies identified in the monitoring process. The Performance Improvement Plan ("PIP") is the format by which corrective action is identified and measured.

**Elements of the Criterion:**

The Contractor is to submit to TDOC a Performance Improvement Plan in response to each deficiency identified through the monitoring process.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** In response to a deficiency, the Contractor shall submit a PIP to Central Office in a timely manner:

- a. The PIP shall be submitted to TDOC within seven (7) business days of being informed of a deficiency.

**Methodology:** Verification of compliance through CQI monitors.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$50 per PIP document per day late.**



**CRITICAL INDICATOR  
CR-3082 Form**

**Definition and Purpose of Auditing This Criterion:**

According to TDOC Policy/Procedures, the Contractor shall document orders to place an Inmate under Mental Health Seclusion or Suicide Precaution using the CR-3082 form as identified in Appendix B. The CR-3082 form is the official record for documenting the circumstances under which an Inmate is placed in observation status and is included in the Inmate's medical chart.

**Elements of the Criterion:**

The Contractor must clearly document the decision to place an Inmate on Mental Health Seclusion or Suicide Precaution using the CR-3082 form. The CR-3082 form must also clearly document the decision to release the Inmate from this status.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor completes a CR-3082 form for each Inmate placed in Mental Health Seclusion or Suicide Precaution:

- a. The CR-3082 form shall be complete.
- b. The CR-3082 form shall be legible.
- c. The CR-3082 form shall be submitted to Central Office by the fifteenth (15<sup>th</sup>) day of the month following an Inmate's placement in observation status.

**Methodology:** Verification of compliance through contract monitoring.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$75 per CR-3082 form submission that is incomplete, illegible or late in submission to the Central Office.**

**CRITICAL INDICATOR  
ANSWERING SERVICE**

**Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for maintaining an answering service to ensure twenty-four (24) hours a day, seven (7) days per week psychiatric coverage. According to TDOC Policy/Procedures and ACA standards and Section A.24 of this contract, the Contractor shall provide adequate staffing for each facility according to the approved staffing plan.

**Elements of the Criterion:**

The Contractor shall maintain an answering service that provides emergency twenty-four (24) hours a day, seven (7) days a week access to psychiatric/APN services.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall maintain an answering service that is accessible by phone to Institution staff:

- a. The answering machine shall be operable twenty-four (24) hours a day, seven (7) days per week.

**Methodology:** Verification of compliance through contract monitoring.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$200** per Clinical incident in which the answering service is not available

**CRITICAL INDICATOR  
EMERGENCY ON-CALL**

**Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for ensuring that emergency phone calls are returned twenty-four (24) hours, seven (7) days a week within thirty (30) minutes of notification call from each facility.

**Elements of the Criterion:**

The Contractor shall provide an on-call answering service log indicating date and time of notification. On-site mental health staff or nurses shall document in progress notes the date and time of emergency call response.

**Indicators/Methodology/Acceptable Standard**

**Indicators:**

- a. Progress Notes shall reflect the date and time when the emergency call was placed.
- b. The assigned Physician/APN shall respond to emergency calls within thirty (30) minutes upon receipt.
- c. Progress Notes shall reflect the date and time of the response from the attending Physician/APN.

**Methodology:** Review of Progress Notes and review of answering service log.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$100 assessed for each fifteen (15) minute increment of non-compliance.**

**CRITICAL INDICATOR  
TELEPSYCHIATRY**

**Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for Telepsychiatry to efficiently manage costs and provide patient care when psychiatric services are not otherwise available.

**Elements of the Criterion:**

The Contractor is to use Telepsychiatry to reduce the need for off-site consultations where doing so does not impeded patient care.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall provide telepsychiatry for the delivery of psychiatric services:

- a. Telepsychiatry shall be available at facilities when on-site psychiatric services is unavailable.
- b. Telepsychiatry equipment shall be fully operational.

**Methodology:** Verification of compliance through contract monitoring and proper notification to the TDOC for key management staff.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$250 per Clinical incident**

**CRITICAL INDICATOR  
ASSESSMENT**

**Definition and Purpose of Auditing This Criterion:**

According to TDOC Policy including Policy #113.84, TDOC Procedures and ACA standards, the Contractor shall provide a Direct Clinical Assessment within seventy-two (72) hours following an Inmate's placement in mental health seclusion or suicide precaution. A direct Clinical assessment shall be conducted within seventy-two (72) hours of initial placement in restrictive housing. Inmates who are placed in restrictive housing for thirty (30) consecutive days shall be afforded a Clinical assessment within the initial thirty (30) days of placement, and every ninety (90) days thereafter as referenced in Section A.32.m.2.

**Elements of the Criterion:**

Following a phone order in which an Inmate is placed in mental health seclusion or suicide precaution, a direct Clinical assessment is required by a Psychiatrist/Psychologist/APN within seventy-two (72) hours of the initial placement. Following an Inmate's placement in restrictive housing, a direct Clinical assessment shall be conducted by a licensed mental health provider within seventy-two (72) hours of initial placement. An Inmate who is placed in restrictive housing for thirty (30) consecutive days shall be afforded a Clinical assessment within thirty (30) days of initial placement, and every ninety (90) days thereafter.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall conduct a direct Clinical assessment of Inmates:

- a. Within seventy-two (72) hours of initial placement in mental health seclusion or suicide precaution
- b. Within seventy-two (72) hours of initial placement in restrictive housing
- c. Within thirty (30) days of initial placement in restrictive housing
- d. Every ninety (90) days following the initial thirty (30) day review
- e. Assessments shall be conducted by the properly credentialed mental health professional

**Methodology:** Verification of compliance through contract monitoring.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        \$500 per late assessment  
   \$500 per assessment conducted by unqualified personnel

**CRITICAL INDICATOR**  
**Treatment Modality**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards and Contract Section A.32., the Contractor shall provide the required treatment modality consistent with industry standards and with written approval of the TDOC Director of Behavioral Health Services.

**Elements of the Criterion:**

The Contractor is to utilize treatment modality consistent with industry standards.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall provide required treatment modality consistent with industry standards:

**Methodology:** Verification of compliance through contract monitoring and treatment modality documentation in inmate behavioral health records and OMS notations.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:** \$500 per treatment modality not documented in inmate behavioral health records and OMS notations.

**CRITICAL INDICATOR  
Pre and Post Assessments**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.32.m.1., and Attachment Six the Contractor shall provide the required pre and post assessments.

**Elements of the Criterion:**

The Contractor is to provide the required pre and post assessments.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall provide the required pre and post assessments.

**Methodology:** Verification of compliance through contract monitoring and pre and post assessments in inmate behavioral health records and OMS notations.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:** **\$250** per pre or post assessment not documented as delivered in inmate behavioral health records and OMS notations.

**CRITICAL INDICATOR**  
**Behavioral Health Treatment Program Content**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.32.a., the Contractor shall provide the required Behavioral Health Treatment Program Content.

**Elements of the Criterion:**

The Contractor is to provide the required Behavioral Health Treatment Program Content.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall provide the required Behavioral Health Treatment Program Content.

**Methodology:** Verification of compliance through contract monitoring and program delivery documentation in inmate behavioral health records and OMS notations.

**Acceptable Standard:** Threshold 100%

**Amount per occurrence:**        **\$100 per program not documented in inmate behavioral health records and OMS notations.**



**CRITICAL INDICATOR**  
**Program Services**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.32.m.4., the Contractor shall provide the required Behavioral Health Services at least five (5) days per week.

**Elements of the Criterion:**

The Contractor is to provide the required Behavioral Health Services at least five (5) days per week.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall provide the required Behavioral Health Services at least five days per week.

**Methodology:** Verification of compliance through contract monitoring and program delivery documentation in daily reports, inmate behavioral health records and OMS notations.

**Acceptable Standard: Threshold 100%**

**Amount per occurrence:**        **\$250 per day program service delivery not documented in daily reports, inmate behavioral health records and OMS notations.**

**CRITICAL INDICATOR**  
**Urinalysis Testing**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.32.n., the Contractor shall provide the required Urinalysis Testing as outlined in TDOC Policy to include policies #113.81, #506.21, and #513.07.

**Elements of the Criterion:**

The Contractor is to provide the required the required Urinalysis Testing as outlined in TDOC Policy to include policies #113.81, #506.21, and #513.07.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall provide the required Urinalysis Testing as outlined in TDOC Policy to include policies #113.81, #506.21, and #513.07.

**Methodology:** Verification of compliance through contract monitoring and program delivery documentation in daily reports, inmate behavioral health records and OMS notations.

**Acceptable Standard: Threshold 100%**

**Amount per occurrence:** **\$50 per urinalysis not documented in daily reports, inmate behavioral health records and OMS notations.**

**CRITICAL INDICATOR**  
**Clinical Files**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.14. and A.25, the Contractor shall complete clinical files for all participants as outlined in Appendix B TDOC Policy to include #113.50 and #113.81, and #513.07 series and maintain Clinical files per federal regulations 42.CFR.Part 2.

**Elements of the Criterion:**

The Contractor is to complete clinical files for all participants as outlined in Appendix B TDOC Policy to include #113.50 and #113.81, and #513.07 series and maintain Clinical files per federal regulations 42.CFR.Part 2.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall complete clinical files for all participants as outlined in Appendix B TDOC Policy to include #113.50 and #113.81, and #513.07 series and maintain Clinical files per federal regulations 42.CFR.Part 2.

**Methodology:** Verification of compliance through contract monitoring and program delivery documentation in daily reports, inmate behavioral health records and OMS notations.

**Acceptable Standard: Threshold 100%**

**Amount per occurrence:** **\$50 per clinical file not completed per participant** as outlined in Appendix B TDOC Policy to include #113.50 and #113.81, and #513.07 series and maintain Clinical files per federal regulations 42.CFR.Part 2.

**CRITICAL INDICATOR**  
**Reentry Plan/Discharge Summary**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures and ACA standards, Contract Section A.3.a, the Contractor shall provide Reentry Plan/Discharge Summary prior to release as referenced in Attachment Three, Item #9; the Pro Forma Contract; and Appendix B, TDOC Policy # 113.86.

**Elements of the Criterion:**

The Contractor is to provide Reentry Plan/Discharge Summary prior to release as referenced in Contract Section A.3.a., Attachment Three, Item #9; the Pro Forma Contract; and Appendix B, TDOC Policy # 113.86.

**Indicators/Methodology/Acceptable Standard:**

**Indicators:** The Contractor shall to provide Reentry Plan/Discharge Summary prior to release as referenced in Contract Section A.3.a., Attachment Three, Item #9; the Pro Forma Contract; and Appendix B, TDOC Policy # 113.86.

**Methodology:** Verification of compliance through contract monitoring and program delivery documentation in daily reports, inmate behavioral health records and OMS notations.

**Acceptable Standard: Threshold 100%**

**Amount per occurrence:** **\$100 per Reentry Plan/Discharge Summary not completed per participant** as outlined in Attachment Three, Item #9; the Pro Forma Contract; and Appendix B, TDOC Policy # 113.86.

**CRITICAL INDICATOR  
Repeat Deficiencies**

**Definition and Purpose of Auditing this Criterion:**

According to TDOC Policy/Procedures, ACA standards and Contract Section A.20., the Contractor shall properly, completely and permanently address all deficiencies identified in monthly, quarterly or annual audits by way of a Plan of Corrective Action (POCA). The solutions to address the deficiency must be permanent such that there is no repeat finding at any follow-up or future audit.

**Elements of the Criterion:**

The Contractor shall properly, completely and permanently address any identified deficiencies as detailed in the Plan of Corrective Action.

**Indicators/Methodology/Acceptable Standard:**

Follow-up and successive announced and unannounced audits will include a review and revisit of previously identified deficiencies.

**Methodology:**

Verification of compliance through contract monitoring.

**Acceptable Standard:**

**Amount Per Occurrence:**      **\$500.00** per Indicator found to be deficient upon two (2) or later again three (3) consecutive performance reviews.

**\$800.00** per Indicator found to be deficient upon four (4) consecutive performance reviews as referenced in Pro Forma Contract, Section A.20 and Attachment Three.

**ATTACHMENT FIVE  
MINIMUM STAFFING REQUIREMENTS**

		<b>APN</b>	<b>Psychiatrist</b>	<b>PHD</b>	<b>SPE/LCSW/LPC</b>	<b>MDC</b>	<b>TRT</b>	<b>BSC</b>	<b>BHA</b>	<b>Cle</b>	<b>RCM</b>	<b>LADAC</b>	<b>NLADAC</b>
<b>MH Case Load</b>	<b>Facility</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>		
262	DSNF	1.2	1.2	2	6.0	3	1.0		1	1.5	1.5	1	
205	RMSI	0.4	0.2	1	2	2	0.5		1	1	1	1	
748	WTRC	1.5	0.4	2	4	5	1		1	1	1	1	6
534	TPW	1.4	0.4	2	5	4	1		1	1	1	1	5
629	MCCX	1.5	0.4	1	3	8	1		1	1.0	1.5	2	5
215	WTSP	1	0.2	1	2	6	0.5	2	2	1	1	2	9
610	NWCX	1	0.4	1	3	6	2	2	1	0.5	1	2	6
38	MLCC	0	0.2	0	1	1			1	0	0.5	1	
204	TCIX	0.4	0.2	1	2	1		1	1	1	1	3	8
835	BCCX	2	0.4	2	5	6	1	1	1	2	2	2	5
455	NECX	1	0.2	1	3	5	0.5		1	1	1.5	2	3

**APN:** Advance Practice Nurse  
**PHD:** Psychologist with Health Service Provider Designation  
**SPE/LCSW/LPC:** Senior Psychological Examiner and/or Licensed Clinical Social Worker/Licensed Professional Counselor  
**MDC:** Master's Degree in Behavioral Science Counselor  
**TRT:** Therapeutic Recreational Therapist  
**BSC:** Behavioral Specialist Counselor: Credentials: Certified Psychological Assistant who has met requirements for the Behavior Analyst Certification  
**BHA:** Behavioral Health Administrator: Credentials: Master's Degree in Behavioral Science with experience in Health Administration  
**Clerks:** Credentials to be determined by Contractor  
**RCM:** Regional Case Managers: Credentials: Bachelor's Degree in behavioral science with one (1) year full time experience providing case managers services social, psychological or correctional Case Management Services  
**LADAC:** Licensed Alcohol and Drug Abuse Counselor  
**NLADAC:** Non-Licensed Alcohol and Drug Abuse Counselor Intern

## LEVELS OF MENTAL HEALTH CARE AND EXAMPLES OF SERVICES

### **LEVELS OF MENTAL HEALTH CARE**

***Level I - No need for Mental Health (MH) Treatment***

***Level II - Outpatient Services***

***Level III - Supportive Living Unit Services***

Level III Services are indicated when an Inmate's ability to function in the general population is moderately impaired due to mental illness. The Inmate has a serious mental illness as defined above and as a result of the SMI has experienced significant impairment in his/her ability to adjust and function satisfactorily within the general prison population, as determined by the number, intensity and frequency of Behavioral Health Services needed, or the Inmate has stabilized at a higher Level of Care and can now function within the Level III Unit.

***Level IV - Supportive Living Unit Services***

At this level Inmates are unable to attend most treatment or recreational groups in traditional settings and thus require ancillary services to be provided in the residential unit.

***Level V - Crisis Stabilization Placement***

### **EXAMPLES OF SERVICES**

- Triage – records and chart reviews (Levels I-V)
- Assessment, Screening and Evaluation: (Levels I-V)
  - Classification
  - Mental Health Intake
  - Segregation Evaluations (30/90 days review)
  - Involuntary Medication
  - Seventy-two (72) hours of Seclusion
  - Crisis Intervention
  - Minimum Custody, Transition Center placement
- Medication management (Levels II-V)
- Therapy: (Levels II and III)
  - Behavior Modification
  - Group
  - Individual
- Case specific consultation and education, for Inmates and/or correctional staff. (Levels II-V)
- Psychological Testing to include special education testing. (Levels II-V)
- Treatment planning and Treatment team (Levels II-V)
- Liaison Services, referral to other Institutions and/or community services. (Level II)
- Continuous Quality Improvement, collecting data and interpreting monthly reports. (Levels II-V)
- Suicide Reviews, Intervention with suicidal and potentially suicidal Inmates (Level V)
- Telemedicine (Levels II-V)
- Incorporation of directed mental health programs into treatment plan (Levels II-V)
- On-Call Duties. (Levels II-V)
- Maintain required documentation (Levels I-V)
- Case Management as needed (Levels II-V).
- Clinical Supervision (Levels II-V)
- Data Entry TOMIS (Levels I-V)

Reference Appendix B TDOC Policy #113.81. Mental Health Encounter Logs

**ATTACHMENT SEVEN – POPULATION PROJECTIONS**  
**Tennessee Department of Correction (TDOC): 12/1/2018: Projection (End-of-Month)**  
 Assumption: Stable Admissions Until Year-2 (1% Increase Until Year-5)  
 Constant Parole Release Rates

Month/Year	System	TDOC	LS	Back-up	Total Jail
Mar-19	30,512	22292	3,335	4,885	8,220
Apr-19	30,480	22160	3,375	4,945	8,320
May-19	30,420	22187	3,389	4,844	8,233
Jun-19	30,397	22082	3,426	4,889	8,315
Jul-19	30,531	22077	3,455	4,999	8,454
Aug-19	30,526	22162	3,514	4,850	8,364
Sep-19	30,618	22086	3,598	4,934	8,532
Oct-19	30,556	22130	3,635	4,792	8,426
Nov-19	30,461	22119	3,539	4,803	8,342
Dec-19	30,482	22079	3,588	4,815	8,403
Jan-20	30,569	22169	3,574	4,826	8,400
Feb-20	30,639	22114	3,687	4,838	8,525
Mar-20	30,833	22188	3,796	4,850	8,645
Apr-20	30,928	22185	3,882	4,861	8,743
May-20	30,866	22079	3,914	4,873	8,787
Jun-20	30,881	22138	3,859	4,884	8,743
Jul-20	30,917	22123	3,898	4,896	8,794
Aug-20	31,016	22190	3,919	4,908	8,826
Sep-20	31,020	22084	4,016	4,919	8,936
Oct-20	31,144	22125	4,088	4,931	9,019
Nov-20	31,253	22140	4,170	4,942	9,113
Dec-20	31,342	22149	4,239	4,954	9,193
Jan-21	31,451	22182	4,303	4,966	9,269
Feb-21	31,463	22172	4,313	4,977	9,291
Mar-21	31,536	22180	4,367	4,989	9,356
Apr-21	31,474	22111	4,362	5,001	9,363
May-21	31,556	22123	4,355	5,078	9,433
Jun-21	31,599	22164	4,347	5,088	9,435
Jul-21	31,295	22159	4,001	5,135	9,136
Aug-21	31,303	22154	4,009	5,140	9,149
Sep-21	31,369	22180	3,989	5,200	9,189
Oct-21	31,571	22137	4,134	5,300	9,434
Nov-21	31,378	22095	4,202	5,082	9,283
Dec-21	31,296	22074	4,129	5,093	9,222
Jan-22	31,476	22149	4,222	5,105	9,327
Feb-22	31,432	22185	4,131	5,117	9,247
Mar-22	31,468	22145	4,195	5,128	9,323
Apr-22	31,489	22189	4,161	5,140	9,300
May-22	31,438	22077	4,268	5,093	9,361
Jun-22	31,441	22087	4,260	5,093	9,354
Jul-22	31,459	22144	4,222	5,093	9,315
Aug-22	31,453	22152	4,208	5,093	9,301
Sep-22	31,250	22135	4,022	5,093	9,115
Oct-22	31,456	22210	4,152	5,093	9,246



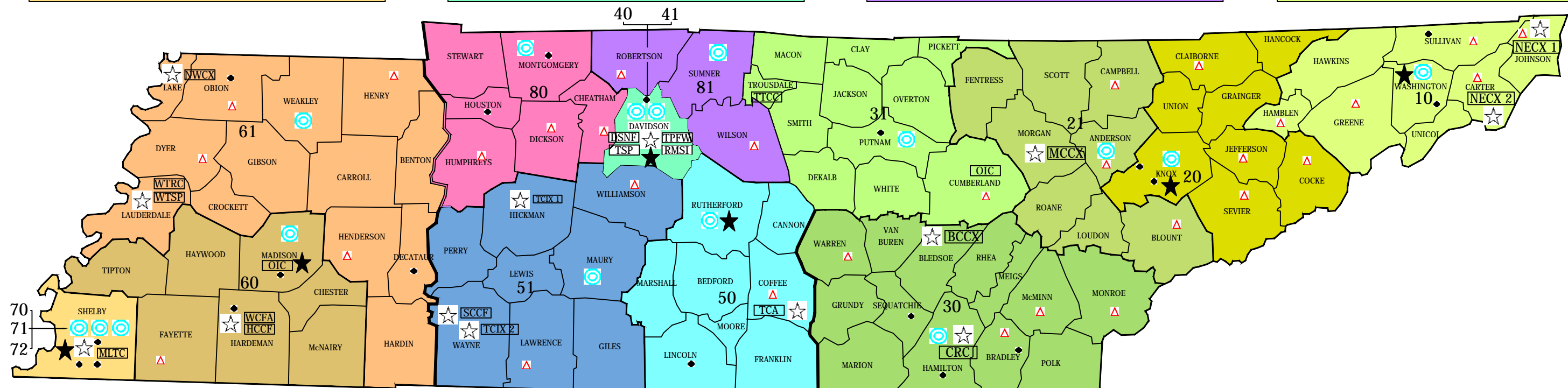
## Tennessee Department of Correction Facilities and Offices

<div> <div>★</div> <div>MLCC</div> </div> Mark Luttrell Transition Center	
<div> <div>70</div> <div> <div>📍</div> <div>District Office: One commerce Square, Crump</div> </div> </div>	
<div> <div>71</div> <div> <div>📍</div> <div>District Office: Overton Crossing</div> </div> </div>	
<div> <div>72</div> <div> <div>📍</div> <div>District Office: Knight Arnold</div> </div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>DCCO</div> <div>Central Office and TDOC Prisons</div> </div> </div> <div> <div>DSNF</div> <div>Lois DeBerry Special Needs Facility</div> </div> <div> <div>RMSI</div> <div>Riverbend Maximum Security Institution</div> </div> <div> <div>TPFW</div> <div>Tennessee Prison for Women</div> </div> <div> <div>TSP</div> <div>Tennessee State Prison, Criminal Conviction Records (CCR) &amp; Office of Investigation and Compliance (OIC)</div> </div>	
<div> <div>40</div> <div> <div>📍</div> <div>District Office: Blanton</div> </div> </div>	
<div> <div>41</div> <div> <div>📍</div> <div>District Office: Pavilion</div> </div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>80</div> <div> <div>📍</div> <div>District Office: Clarksville</div> </div> </div> <div> <div>📍</div> <div>Field Office: Dixon</div> </div> <div> <div>📍</div> <div>Field Office: Waverly</div> </div> <div> <div>📍</div> <div>Field Office: Ashland City</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	
<div> <div>81</div> <div> <div>📍</div> <div>District Office: Gallatin</div> </div> </div> <div> <div>📍</div> <div>Field Office: Lebanon</div> </div> <div> <div>📍</div> <div>Field Office: Springfield</div> </div>	

<div> <div>★</div> <div> <div>NECX 1</div> <div>North East Correctional Complex</div> </div> </div> <div> <div>NECX 2</div> <div>North East Correctional Complex Annex</div> </div>	
<div> <div>10</div> <div> <div>📍</div> <div>District Office: Johnson City</div> </div> </div> <div> <div>📍</div> <div>Field Offices: Blountville, Greenville, Morristown, Elizabethton, Mountain City</div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	



<div> <div>★</div> <div> <div>HCCF</div> <div>Hardeman County Correctional Facility</div> </div> </div> <div> <div>WCFA</div> <div>Whiteville Correctional Facility</div> </div> <div> <div>OIC</div> <div>West Office of Investigation &amp; Compliance</div> </div>	
<div> <div>60</div> <div> <div>📍</div> <div>District Office: Jackson</div> </div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>📍</div> <div>Field Office: Somerville</div> </div> <div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>TCA</div> <div>Tennessee Correctional Academy</div> </div> </div>	
<div> <div>50</div> <div> <div>📍</div> <div>District Office: Murfreesboro</div> </div> </div> <div> <div>📍</div> <div>Field Office: Tullahoma</div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>20</div> <div> <div>📍</div> <div>District Office: Knoxville</div> </div> </div> <div> <div>📍</div> <div>Field Office: Jefferson City</div> </div> <div> <div>📍</div> <div>Field Office: Newport</div> </div> <div> <div>📍</div> <div>Field Office: Sevierville</div> </div> <div> <div>📍</div> <div>Field Office: New Tazewell</div> </div>	
<div> <div>★</div> <div>DRC/CRC</div> <div>Day Reporting &amp; Community Resource Center</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>BCCX</div> <div>1, 2 &amp; 3 - Bledsoe County Correctional Complex</div> </div> </div> <div> <div>CRC</div> <div>Chattanooga Release Center</div> </div>	
<div> <div>30</div> <div> <div>📍</div> <div>District Office: Chattanooga</div> </div> </div> <div> <div>📍</div> <div>Field Office: Cleveland, McMinnville, Madisonville, Athens</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>WTRC</div> <div>Women's Therapeutic Residential Center</div> </div> </div> <div> <div>WTSP</div> <div>West Tennessee State Prison</div> </div> <div> <div>NWCX</div> <div>1 &amp; 2 - North West Correctional Complex</div> </div>	
<div> <div>61</div> <div> <div>📍</div> <div>District Office: Dresden</div> </div> </div>	
<div> <div>📍</div> <div>Field Offices: Dyersburg, Lexington-Wildersville, Union City &amp; Paris</div> </div> <div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>TCIX 1</div> <div>Turney Center Industrial Complex</div> </div> </div> <div> <div>TCIX 2</div> <div>Turney Center Industrial Complex</div> </div> <div> <div>SCCF</div> <div>South Central Correctional Facility</div> </div>	
<div> <div>51</div> <div> <div>📍</div> <div>District Office: Columbia</div> </div> </div> <div> <div>📍</div> <div>Field Offices: Franklin, Lawrenceburg</div> </div>	

<div> <div>★</div> <div> <div>MCCX</div> <div>Morgan County Correctional Complex</div> </div> </div>	
<div> <div>21</div> <div> <div>📍</div> <div>District Office: Clinton</div> </div> </div> <div> <div>📍</div> <div>Field Office: Jacksboro, Maryville</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	

<div> <div>★</div> <div> <div>TTCC</div> <div>Trousdale Turner Correctional Center</div> </div> </div> <div> <div>OIC</div> <div>East Office of Investigation &amp; Compliance</div> </div>	
<div> <div>31</div> <div> <div>📍</div> <div>District Office: Cookeville</div> </div> </div> <div> <div>📍</div> <div>Field Office: Crossville</div> </div>	
<div> <div>◆</div> <div>Community Correction Offices</div> </div>	



**Attachment Nine - Behavioral  
Health Pharmacy Utilization  
Reports and Formulary**

**Universal Stock Medication List  
Tennessee Department of Correction**

*Updated 07/31/19*

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Chief Medical Officer, Tennessee Department of Correction

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Date

CC#

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Analgesics and Anti-Inflammatory Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Acetaminophen (Tylenol)	325mg	4 cards	# cards	# cards
Acetaminophen (Tylenol) – 1,000 tabs	325mg	1 bottle	# bottles	# bottles
<b>Acetaminophen (Tylenol) 24 tabs/box</b>	<b>325mg</b>	<b>boxes</b>	<b># boxes</b>	<b># boxes</b>
Allopurinol	100mg	2 cards	# cards	# cards
Aspirin (Bayer)	325mg	2 cards	# cards	# cards
Aspirin (Bayer) – 1,000 tabs	325mg	1 bottle	# bottles	# bottles
<b>Aspirin (Bayer) – 24 tabs/box</b>	<b>325mg</b>	<b>boxes</b>	<b># boxes</b>	<b># boxes</b>
Chlorzoxazone (Parafon Forte)	500mg	2 cards	# cards	# cards
Ibuprofen (Advil)	200mg	2 cards	# cards	# cards
Ibuprofen (Advil) - 500 tabs	200mg	2 bottles	# bottles	# bottles
<b>Ibuprofen (Advil) – 24 tab/box</b>	<b>200mg</b>	<b>boxes</b>	<b># boxes</b>	<b># boxes</b>
Ketorolac (Toradol) Injection	30mg/ml	10 vials	# vials	# vials
Naltrexone (Revia)	50mg	1 card	# cards	# cards
Naproxen (Aleve)	250mg	2 cards	# cards	# cards
Naproxen (Aleve)	500mg	2 cards	# cards	# cards
Meloxicam (Mobic)	15mg	2 cards	# cards	# cards
<b>Throat Lozenges 18 lozenges/box</b>		<b>boxes</b>	<b># boxes</b>	<b># boxes</b>
Antihistamines and Cough Medications	Strength	Par Per 1,000	Qty on Hand	Qty Needed
CTM (Chlor-Trimeton)	4mg	6 cards	# cards	# cards
CTM (Chlor-Trimeton) – 1,000 tabs	4mg	1 bottle	# bottles	# bottles
<b>CTM (Chlor-Trimeton) 24 tabs/box</b>	<b>4mg</b>	<b>boxes</b>	<b># boxes</b>	<b># boxes</b>
Diphenhydramine (Benadryl)	25mg	6 cards	# cards	# cards
<b>Diphenhydramine (Benadryl)</b>	<b>50mg/vial</b>	<b>vials</b>	<b># vials</b>	<b># vials</b>
Guaifenesin (Robitussin)	200mg	4 cards	# cards	# cards
Guaifenesin/Dextro (Robitussin DM) 120mL	100mg/10mg	4 bottles	# bottles	# bottles

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CC#

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Anti-Infectives	Strength	Par Per 1,000	Qty on Hand		Qty Needed	
Acyclovir (Zovirax)	400mg	2 cards	#	cards	#	cards
Amoxicillin	500mg	2 cards	#	cards	#	cards
Ampicillin/Sulbactam (Unasyn)	1.5gm	20 vials	#	vials	#	vials
Ampicillin/Sulbactam (Unasyn)	3gm	20 vials	#	vials	#	vials
Azithromycin (Z-Pak #6 tabs)	250mg	10 packs	#	packs	#	packs
Cefazolin	1gm	10 vials	#	vials	#	vials
Cefotaxime (Claforan)	1gm	10 vials	#	vials	#	vials
Cefotaxime (Claforan)	2gm	10 vials	#	vials	#	vials
Ceftazidime	1gm	10 vials	#	vials	#	vials
Ceftazidime	2gm	10 vials	#	vials	#	vials
Ceftriaxone (Rocephin)	1gm	10 vials	#	vials	#	vials
Maalox/Lido/Benadryl (Mary's Magic)	2% susp	<b>2 bottles</b>	#	<b>bottles</b>	#	<b>bottles</b>
Ceftriaxone (Rocephin)	2gm	10 vials	#	vials	#	vials
Ceftriaxone (Rocephin) for IM Inj.	1gm	10 vials	#	vials	#	vials
Ceftriaxone (Rocephin) for IM Inj.	2gm	5 vials	#	vials	#	vials
Cefuroxime (Zinacef)	1.5gm	10 vials	#	vials	#	vials
Cephalexin (Keflex)	500mg	2 cards	#	cards	#	cards
Clindamycin (Cleocin)	150mg	2 cards	#	cards	#	cards
Erythromycin (Ery-Tab))	500mg	2 cards	#	cards	#	cards
Fluconazole (Diflucan) For Women and HIV only	100mg	2 cards	#	cards	#	cards
Gentamicin	40mg/ml	10 vials	#	vials	#	vials
Imipenem/Cilastatin (Primaxin)	250mg	10 vials	#	vials	#	vials
Imipenem/Cilastatin (Primaxin)	500mg	30 vials	#	vials	#	vials
Isoniazid (INH)	300mg	2 cards	#	cards	#	cards
Ivermectin (Stromectol) tablets	3mg	20 tabs	#	tabs	#	tabs
Metronidazole (Flagyl)	250mg	2 cards	#	cards	#	cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 02/07/19

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CC#     -

**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**TDOC UNIVERSAL STOCK MEDICATION LIST\***

***Bold, Italic medications indicate approved nursing protocol medication.***

*\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Anti-Infectives - Continued	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Minocycline (Minocin)	100mg	2 cards	# cards	# cards
Nitrofurantoin (MacroBID) (Twice-Daily)	100mg	2 cards	# cards	# cards
Oseltamivir (Tamiflu) – TDOC Flu Pandemic	75mg	6 boxes	# boxes	# boxes
Oxacillin	1gm	10 vials	# vials	# vials
Oxacillin	2gm	10 vials	# vials	# vials
Penicillin	250mg	2 cards	# cards	# cards
Penicillin	500mg	2 cards	# cards	# cards
Penicillin G (Bicillin LA)	1.2MU	2 inj	# vials	# vials
Penicillin G (Bicillin LA)	2.4MU	2 inj	# vials	# vials
Piperacillin/Tazobactam (Zosyn)	3.375gm	30 vials	# vials	# vials
Sulfamethoxazole/TMP (Bactrim DS)	800/160mg	2 cards	# cards	# cards
Vancomycin	500mg	20 vials	# vials	# vials
Vancomycin	1gm	20 vials	# vials	# vials
Anti-Infectives - Tuberculosis	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Ethambutol	400mg	2 cards	# cards	# cards
Isoniazid (INH)	300mg	2 cards	# cards	# cards
Pyrazinamide	500mg	2 cards	# cards	# cards
Rifampin	300mg	2 cards	# cards	# cards
Cardiovascular Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Amlodipine (Norvasc)	5mg	2 cards	# cards	# cards
Clonidine (Catapres)	0.1mg	2 cards	# cards	# cards
Clopidogrel (Plavix)	75mg	2 cards	# cards	# cards
Digoxin (Lanoxin)	0.125mg	2 cards	# cards	# cards
Diltiazem (Cardizem)	60mg	2 cards	# cards	# cards
Furosemide (Lasix)	20mg	2 cards	# cards	# cards
Hydrochlorothiazide	12.5mg	4 cards	# cards	# cards
Lisinopril (Zestril)	10mg	2 cards	# cards	# cards
Metoprolol Tart. (Lopressor)	50mg	2 cards	# cards	# cards
<b>Nitroglycerin SL (#25)</b>	<b>0.4mg</b>	<b>2 bottles</b>	<b># bottles</b>	<b># bottles</b>
Propranolol (Inderal)	10mg	2 cards	# cards	# cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 05/02/19

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Cardiovascular Agents - Continued	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Simvastatin (Zocor)	20mg	2 cards	# cards	# cards
Triamterene/HCTZ (Maxzide)	37.5/25mg	2 cards	# cards	# cards
Warfarin (Coumadin)	1mg	2 cards	# cards	# cards
Warfarin (Coumadin)	2.5mg	2 cards	# cards	# cards
Warfarin (Coumadin)	5mg	2 cards	# cards	# cards
Dermatological Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Analgesic Balm 1 oz		10 tubes	# tubes	# tubes
<b>Calamine Lotion 120mL</b>		<b>10 bottles</b>	<b># bottles</b>	<b># bottles</b>
Clotrimazole Cream 28gm	1%	4 tubes	# tubes	# tubes
Clotrimazole Vaginal Cream 45gm	1%	4 tubes	# tubes	# tubes
<b>Bacitracin Oint. (Unit Dose)</b>	<b>500 Unit/G</b>	<b>Boxes</b>	<b># boxes</b>	<b># boxes</b>
<b>Hydrocortisone 30gm topical</b>	<b>1%</b>	<b>Tubes</b>	<b># tubes</b>	<b># tubes</b>
Ferric Subsulfate (Monsels Solution)		1 bottle	# bottles	# bottles
Permethrin (Nix)	5%	5 tubes	# tubes	# tubes
<b>Pyrethrin (RID) 60mL</b>		<b>10 bottles</b>	<b># bottles</b>	<b># bottles</b>
<b>Tolnaftate cream 30gm tube</b>		<b>tubes</b>	<b># tubes</b>	<b># tubes</b>
Endocrine – Metabolic Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Glipizide (Glucotrol)	5mg	2 cards	# cards	# cards
<b>Glucose Gel</b>	<b>15gm</b>	<b>9 tubes</b>	<b># tubes</b>	<b># tubes</b>
<b>Glucagon Emergency Injection</b>	<b>1mg</b>	<b>4 inj</b>	<b># inj</b>	<b># inj</b>
Insulin Regular (Novolin R)		40 vials	# vials	# vials
Insulin NPH (Novolin N)		30 vials	# vials	# vials
Insulin 70/30 (Novolin 70/30)		30 vials	# vials	# vials
Metformin (Glucophage)	500mg	2 cards	# cards	# cards
Methylprednisolone Succ. (Solu-Medrol)	125mg/2ml	4 vials	# vials	# vials
Methylprednisolone Acetate (Depo-Medrol)	40mg/ml	4 vials	# vials	# vials
Prednisone	10mg	6 cards	# cards	# cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 06/06/19

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Gastrointestinal Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Bisacodyl (Dulcolax)	5mg	4 cards	# cards	# cards
Dibucaine oint. 30gm	1%	4 tubes	# tubes	# tubes
Docusate (Colace)	100mg	10 cards	# cards	# cards
Docusate (Colace) – 1,000 caps	100mg	1 bottle	# bottles	# bottles
Docusate (Colace) 30 caps/box	100mg	boxes	# boxes	# boxes
Hemorrhoidal/Preparation H Supp.		48 supp	# supp	# supp
Lactulose	10mg/15ml	10 bottles	# bottles	# bottles
Loperamide (Imodium)	2mg	2 cards	# cards	# cards
Mag/Alum/Simeth (Mylanta) tablets*	200/200/25mg	5 bottles	# bottles	# bottles
Mineral Oil Enema (Fleet Enema)		4 bottles	# bottles	# bottles
PEG/Electrolyte (Golytley)	3350	5 bottles	# bottles	# bottles
Ondansetron (Zofran)	4mg	2 cards	# cards	# cards
Simethicone 18 tabs/box	125mg	boxes	# boxes	# boxes
Gastrourinary Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Phenazopyridine (Pyridium)	200mg	2 cards	# cards	# cards
Sodium Polystyrene Sulfonate (Kayexalate)	15gm/60mL	20 UD	# UD	# UD
Neurological Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Phenytoin (Dilantin)	100mg	2 cards	# cards	# cards
Mental Health	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Risperidone (Risperdal) – PSYCH	1mg	2 cards	# cards	# cards
Flavoring Agent (Mental Health)	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Sugar Free Flavoring Agent		1 bottle		

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 07/31/19

\*120 tablets per bottle

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Ophthalmic Preparations	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Artificial Tears	15mL	6 bottles	# bottles	# bottles
Fluorescein/Benoxinate Ophth Solution	5mL	2 bottles	# bottles	# bottles
Gentamicin Sulfate Ophth Ointment (Gentak)	0.3% - 3.5g	2 tubes	# tubes	# tubes
Gentamicin Ophth Solution	0.3% - 5 mL	4 bottles	# bottles	# bottles
Neo/Polymyx B/Dex Ophth Ointment (Maxitrol)	3.5g	2 tubes	# tubes	# tubes
Neo/Polymyx B/Dex Ophth Susp (Maxitrol)	3.5g – 5 mL	2 bottles	# bottles	# bottles
Neo/Polymyx B/Gram Ophth Sol (Neosporin)	10 mL	2 bottles	# bottles	# bottles
Ofloxacin (Ocuflox)	0.3% - 10 mL	2 bottles	# bottles	# bottles
Pilocarpine	1% - 15 mL	2 bottles	# bottles	# bottles
Prednisolone Acetate (Pred Forte)	1% - 5 mL	2 bottles	# bottles	# bottles
Proparacaine Ophth Solution	15 mL	2 bottles	# bottles	# bottles
Tropicamide	1% - 15 mL	2 bottles	# bottles	# bottles
Otic Preparations	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Antipyrine/Benzocaine (A/B Otic)	54 mg-14mg/mL – 10 mL	4 bottles	# bottles	# bottles
<b><i>Ear Drops – ear wax and removal aid (Debrox)</i></b>		<b>10 Bottles</b>	<b># bottles</b>	<b># bottles</b>
Ofloxacin (Floxin Otic)	0.3% - 10 mL	2 bottles	# bottles	# bottles
Neo/Polymyx B/HC (Cortisporin)	10 mL	2 bottles	# bottles	# bottles
Respiratory Agents	Strength	Par Per 1,000	Qty on Hand	Qty Needed
<b><i>Albuterol Nebulizer Solution UD 25 – 3mL vials</i></b>	<b>0.083%</b>	<b>10 boxes</b>	<b># boxes</b>	<b># boxes</b>
Levalbuterol HFA	45 mcgACT	10 boxes	# inhalers	# inhalers
Ipratropium Nebulizer Solution UD	0.02%	4 boxes	# boxes	# boxes
Theophylline (Theo-Dur)	200mg	2 cards	# cards	# cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 02/07/19

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Vaccines	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Hepatitis A (Vaqta)	50u/mL	10 vials	# vials	# vials
Hepatitis B Recombinant (Heplisav-B)	20mcg/.5mL	20 vials	# vials	# vials
Influenza – seasonal		*****	# vials	# vials
Pneumococcal (Pneumovax)		4 vials	# vials	# vials
Tetanus/Diphtheria (Td)	0.5mL	200 SDV	# syg	# syg
Tuberculin (Tubersol) – Brand Name Necessary	50 Test/5mL	5 vials	# vials	# vials
Vitamins – Minerals – Dietary Supplements	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Potassium Chloride	10 MEq	2 cards	# cards	# cards
Vitamin B6 (Pyridoxine)	50mg	2 cards	# cards	# cards
Vitamin K (Phytonadione)	5mg	1 – 3 tab/card DSNF: 10 tabs	# cards	# cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 11/05/18

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

## INTAKE FACILITIES AND DSNF ADDITIONS

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

DeBerry Addition – Anti-infectives - HIV	Strength	Max Par	Qty on Hand	Qty Needed
Indinavir (Crixivan)	200mg	1 card	# cards	# cards
Lamivudine (Epivir)	150mg	1 card	# cards	# cards
Nelfinavir (Viracept)	250mg	1 card	# cards	# cards
Stavudine (Zerit)	30mg	1 card	# cards	# cards
Stavudine (Zerit)	40mg	1 card	# cards	# cards
Zidovudine (Retrovir)	300mg	1 card	# cards	# cards
DeBerry Additions – Ophthalmic	Strength	Max Par	Qty on Hand	Qty Needed
Timolol Ophth Solution	0.25% - 5mL	2 bottles	# bottles	# bottles
DeBerry Additions - GI	Strength	Max Par	Qty on Hand	Qty Needed
Promethazine (Phenergan)	25 mg	1 card	# cards	# cards
Promethazine (Phenergan)	25 mg/mL	10 vials	# vials	# vials
DeBerry Additions – Colon Prep	Strength	Max Par	Qty on Hand	Qty Needed
Magnesium Citrate Liquid	1.745g/30mL	15 bottles	# bottles	# bottles

Anti-infectives – HIV (Intake Facilities)	Strength	Max Par	Qty on Hand	Qty Needed
Complera (Rilpivirine/Emtricitabine/Tenofovir)	25mg/200mg/ 300mg	6 doses	# doses	# doses
Truvada (Emtricitabine/Tenofovir)	200mg/300mg	3 doses	# doses	# doses
Isentress (Raltegravir)	400mg	6 doses	# doses	# doses
Respiratory Agents (Intake Facilities)	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Qvar (Beclomethasone)	40mcg/ACT	5 inhalers	# inhalers	# inhalers

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 02/07/19

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

## INTAKE FACILITIES AND DSNF ADDITIONS

***Bold, Italic medications indicate approved nursing protocol medication.****\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Mental Health- BCCX, TPFW	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Aripiprazole (Abilify)	5mg	2 cards		
Bupropion (Wellbutrin)	75mg	2 cards		
Buspirone (Buspar)	10mg	2 cards		
Citalopram (Celexa)	20mg	2 cards		
Benzotropine (Cogentin)	1mg	1 card		
Divalproex Sodium (Depakote)	250mg	2 cards		
Doxepin (Silenor)	50mg	1 card		
Venlafaxine (Effexor)	25mg	2 cards		
Lamotrigine (Lamictal)	25mg	1 card		
Lithium (Eskalith)	150mg	2 cards		
Paroxetine (Paxil)	10mg	1 card		
Fluphenazine (Prolixin)	5mg	1 card		
Fluoxetine (Prozac)	20mg	2 cards		
Nortriptyline (Pamelor)	25mg	2 cards		
Mirtazapine (Remeron)	15mg	2 cards		
Chlorpromazine (Thorazine)	50mg	1 card		
Olanzapine (Zyprexa)	5mg	2 cards		
Perphenazine (Trilafon)	2mg	1 card		
Quetiapine (Seroquel)	50mg	2 cards		
Sertraline (Zoloft)	50mg	2 cards		
Trazodone (Desyrel)	50mg	2 cards		
Ziprasidone (Geodon)	20mg	2 cards		
General Medicine-BCCX, TPFW	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Atenolol (Tenormin)	25mg	2 cards		
Carbamazepine (Tegretol)	100mg	2 cards		
Carvedilol (Coreg)	3.125mg	1 card		
Levetiracetam (Keppra)	500mg	1 card		

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 04/26/18

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**TDOC EMERGENCY UNIVERSAL STOCK MEDICATION LIST**

*\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Medication	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Atropine	0.4mg/mL	4 vials	# vials	# vials
Bacteriostatic Water		4 vials	# vials	# vials
Benzotropine (Cogentin) – PSYCH	1mg/mL	10 vials	# vials	# vials
Benzoin Compound Tincture	2 oz	2 bottles	# bottles	# bottles
Calcium Gluconate	10%	2 vials	# vials	# vials
Chlorpromazine (Thorazine) – PSYCH	50mg/2mL	10 vials	# vials	# vials
Dexamethasone (Decadron)	4mg/mL	4 vials	# vials	# vials
Dextrose – PFS	50%	20 PFS	# PFS	# PFS
Dextrose/Water	100mL	5 bags	# bags	# bags
Dextrose/Water	250mL	5 bags	# bags	# bags
Dextrose/Water	500mL	5 bags	# bags	# bags
Dextrose/Water	1000mL	5 bags	# bags	# bags
Digoxen	0.5mg/2mL	4 vials	# vials	# vials
Diphenhydramine (Benadryl) – PSYCH	25mg	2 cards	# cards	# cards
Diphenhydramine (Benadryl) – PSYCH	50 mg/1mL	20 vials	# vials	# vials
Enoxaparin (Lovenox)	30mg/0.3mL	20 PFS	# PFS	# PFS
Enoxaparin (Lovenox)	40mg/0.4mL	20 PFS	# PFS	# PFS
Enoxaparin (Lovenox)	60mg/0.6mL	20 PFS	# PFS	# PFS
Enoxaparin (Lovenox)	80mg/0.8mL	20 PFS	# PFS	# PFS
Epinephrine (1mg/mL)	1:1,000mg/mL	4 vials	# vials	# vials
Epinephrine (0.1mg/mL)	1:10,000mg/mL	2 vials	# vials	# vials
Epinephrine (EpiPen) 2-Pak	0.3 mg/0.3 mL	1 package	# packages	# packages
Eye Wash Irrigation Ophth	120mL	4 bottles	# bottles	# bottles
Famotidine	10mg/mL	5 vials	# vials	# vials
Flumazenil	0.1 mg/mL	2 vials	# vials	# vials
Fluphenazine (Prolixin) – PSYCH	2.5mg/mL	10 vials	# vials	# vials
Fosphenytoin (Cerebyx)	50mg PE/mL (10mL)	3 vials	# vials	# vials
Furosemide	10mg/1mL	3 vials	# vials	# vials
GI Cocktail (Medical Use +/- Donnatal)		2 bottles	# bottles	# bottles
Magic Mouthwash (Maalox + Viscous Lidocaine +/- Diphenhydramine)				

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**TDOC EMERGENCY UNIVERSAL STOCK MEDICATION LIST**

*\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Medication	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Haloperidol (Haldol) – PSYCH	5mg	2 cards	# cards	# cards
Haloperidol Lactate (Haldol) – PSYCH	5mg/mL	20 vials	# vials	# vials
Hep Lock Flush – PFS	100units/mL	120 PFS	# vials	# vials
Hydroxyzine – PSYCH	25mg	2 cards	# cards	# cards
Hydroxyzine – PSYCH	100mg/2mL	10 vials	# vials	# vials
Labetalol	5mg/2mL	5 vials	# vials	# vials
Lactated Ringers	1000mL	50 bags	# bags	# bags
Lidocaine	1%	3 vials	# vials	# vials
Lidocaine with Epi	1%	2 vials	# vials	# vials
Lidocaine	2%	3 vials	# vials	# vials
Lidocaine with Epi	2%	2 vials	# vials	# vials
Maalox/Lidocaine/Benadryl (Mary's Magic Mouthwash)	2% Suspension	2 bottles	# bottles	# bottles
Naloxone Nasal (Narcan Nasal Spray)	4mg/0.1mL	20 boxes	# boxes	# boxes
Ondansetron (Zofran)	2mg/mL	10 vials	# vials	# vials
Ranitidine	25mg/mL	10 vials	# vials	# vials
Silver Sulfadiazine Cream	25gm	10 tubes	# tubes	# tubes
Sodium Chloride 0.9% for Injection	10mL	200 vials	# vials	# vials
Sodium Chloride 0.9% ADD-Vantage	50mL	50 bags	# bags	# bags
Sodium Chloride 0.9% ADD-Vantage	100mL	50 bags	# bags	# bags
Sodium Chloride 0.9% IV	100mL	100 bags	# bags	# bags
Sodium Chloride 0.9% ADD-Vantage	250mL	50 bags	# bags	# bags
Sodium Chloride 0.9% IV	250mL	100 bags	# bags	# bags
Sodium Chloride 0.9% IV	500mL	100 bags	# bags	# bags
Sodium Chloride 0.9% IV	1000mL	100 bags	# bags	# bags
Ziprasidone (Geodon)	20mg/mL	20 vials	# vials	# vials

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 05/02/19

Medication	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Adenosine – DEBERRY ONLY	6mg/2mL	2 vials	# vials	# vials
Bupivacaine – DEBERRY ONLY	0.25%	3 vials	# vials	# vials
Bupivacaine with EPI – DEBERRY ONLY	0.25%	2 vials	# vials	# vials

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## TDOC UNIVERSAL STOCK MEDICATION LIST\*

## CONTROLLED SUBSTANCE STOCK MEDICATION LIST

\*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

Medication	Strength	Max Par	Qty on Hand		Qty Needed	
Codeine/APAP (Tylenol #3)	30mg/300mg	2 boxes	#	boxes	#	boxes
Codeine/APAP (Tylenol #4)	60mg/300mg	2 boxes	#	boxes	#	boxes
Hydrocodone/APAP (Norco)	5mg/325mg	4 boxes	#	boxes	#	boxes
Hydrocodone/APAP (Norco)	10mg/325mg	4 boxes	#	boxes	#	boxes
Hyoscyamine/Atropine/Scopolamine/ Phenobarbital (Donnatal)	16.2mg	1 card	#	cards	#	cards
Lorazepam (Ativan) – PSYCH	2mg/mL	10 vials	#	vials	#	vials
Lorazepam (Ativan) – Medical for Seizure	2mg/mL	6 vials	#	vials	#	vials
Phenobarbital	16.2mg	1 box	#	boxes		
Phenobarbital	130mg/mL	2 vials	#	vials	#	vials
Tramadol (Ultram)	50mg	4 cards	#	cards	#	cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

## DIALYSIS TN STOCK MEDICATION LIST

Facility Name and Cost Center: 6501 Dialysis

Analgesics and Anti-Inflammatory Agents	Strength	Par Level	Qty on Hand	Qty Needed
Acetaminophen (Tylenol) – 1,000 tabs	325mg	1 bottle	# bottles	# bottles
Ibuprofen (Advil – 500 tabs	200mg	1 bottle	# bottles	# bottles
Antihistamines and Cough Medications	Strength	Par Level	Qty on Hand	Qty Needed
Diphenhydramine (Benadryl)	25mg	8 cards	# cards	# cards
Diphenhydramine (Benadryl)	50mg/vial	10 vials	# vials	# vials
Anti-Infectives	Strength	Par Level	Qty on Hand	Qty Needed
Gentamycin	80mg	48 vials	# vials	# vials
Tobramycin	80mg	25 vials	# vials	# vials
Vancomycin	1gm	20 vials	# vials	# vials
Cardiovascular Agents	Strength	Par Level	Qty on Hand	Qty Needed
Alteplase (Activase)	2mg	4 bottles	# bottles	# bottles
Clonidine (Catapress)	0.1mg	12 cards	# cards	# cards
Nitroglycerin SL (#25)	0.4mg (1/150)	2 bottles	# bottles	# bottles
Dermatological Agents	Strength	Par Level	Qty on Hand	Qty Needed
Mupirocin (Bactroban) Ointment	1 oz	10 tubes	# tubes	# tubes
Endocrine – Metabolic Agents	Strength	Par Level	Qty on Hand	Qty Needed
Paricalcitol (Zemlar)	5mcg	50 vials	# vials	# vials
Gastrointestinal Agents	Strength	Par Level	Qty on Hand	Qty Needed
Loperamide (Imodium)	2mg	4 cards	# cards	# cards
Calcium Carbonate (Tums)		4 bottles	# bottles	# bottles
Promethazine (Phenergan)	25mg/mL	10 vials	# vials	# vials
Hematological agents	Strength	Par Level	Qty on Hand	Qty Needed
Darbepoetin (Aranesp)	25mcg	48 vials	# vials	# vials
Darbepoetin (Aranesp)	40mcg	48 vials	# vials	# vials
Darbepoetin (Aranesp)	60mcg	20 vials	# vials	# vials
Darbepoetin (Aranesp)	100mcg	12 vials	# vials	# vials
Vitamins – Mineral – Dietary Supplements	Strength	Par Level	Qty on Hand	Qty Needed
Ferric Gluconate (Nulecit)	62.5mg	80 vials	# vials	# vials
Iron Sucrose	20mg	40 vials	# vials	# vials

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CC#

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**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**DIALYSIS TN STOCK MEDICATION LIST**

Facility Name and Cost Center: 6501 Dialysis

Fluids	Strength	Par Level	Qty on Hand		Qty Needed	
Sodium Chloride 0.9%	100mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9%	250mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9%	1000mL	500 bags	#	bags	#	bags
Sodium Chloride 23.4%	4mEq	100 bags	#	bags	#	bags
Sterile Water	10mL	10 vials	#	vials	#	vials

*1 card equivalent to 30 tablets/capsules. Brand name for reference only.*

*Updated: 01/20/16*

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



CC#     -

**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**DENTAL CARDS**

***Cards must be signed by a Dentist***

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_ Date: \_\_\_\_\_

Medication	Directions	Par Per 1,000	Qty on Hand	Qty Needed
Acetaminophen #30/card	Take 2 tablets 4 times daily as needed for pain	10 cards	# cards	# cards
Amoxicillin 250mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	# cards	# cards
Amoxicillin 500mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	# cards	# cards
Cephalexin 500mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	# cards	# cards
Clindamycin 150mg #30/card	Take 2 capsules every 8 hours until gone	10 cards	# cards	# cards
Minocycline 100mg #20/card	Take 1 capsule 2 times a day until gone	10 cards	# cards	# cards
Ibuprofen 800mg #30/card	Take 1 tablet 3 times a day as needed <b>**Take with food**</b>	30 cards	# cards	# cards
Naproxen 500mg #30/card	Take 1 tablet twice a day <b>**Take with food**</b>	10 cards	# cards	# cards
Mobic 7.5mg #30/card	Take 1 tablet 2 times a day <b>**Take with food**</b>		# cards	# cards
Penicillin 500mg #30/card	Take 1 tablet 3 times a day until gone	15 cards	# cards	# cards
Bactrim DS 800mg/160mg #20/card	Take 1 tablet 2 times a day until gone	15 cards	# cards	# cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CC#

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**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**TN PRACTITIONER CARDS**

INVENTORY AND REORDER FORM

MUST BE SIGNED BY, AND ISSUED BY, THE SITE MEDICAL DIRECTOR

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

MEDICATIONS	DIRECTIONS	REORDER RX#	QUANTITY ON HAND	QUANTITY REQUESTED
LEVALBUTEROL INHALER (XOPENEX)	Use 1-2 puffs every 4 hours as needed.			
AMOXICILLIN 500mg #30	Take 1 cap 3 times a day till gone.			
CEPHALEXIN 500mg #30	Take 1 cap 3 times a day till gone.			
CLINDAMYCIN 150mg #30	Take 2 caps every 8 hours for 10 days.			
MINOCYCLINE 100mg #20	Take 1 cap 2 times a day till gone.			
ERYTHROMYCIN 333mg #30	Take 1 tab 3 times a day till gone.			
IBUPROFEN 600mg #30	Take 1 tab 3 times a day as needed. **Take with Food**			
MELOXICAM 15mg #30	Take 1 tab daily. **Take with Food**			
METRONIDAZOLE 250mg #30	Take 2 tabs 2 times a day till gone.			
NAPROXEN 500mg #30	Take 1 tab twice a day. **Take with Food**			
PENICILLIN VK 500mg #30	Take 1 tab 3 times a day till gone.			
PREDNISONE 10mg DOSEPAK	Take as directed on package till gone.			
SULFAMETH/TRIMETH DS 800mg/160mg #20	Take 1 tab 2 times a day till gone.			

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

CC#

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**Tennessee Department of Correction Central Pharmacy**

**Fax: 1- 877-404-1925**

**TDOC UNIVERSAL STOCK MEDICATION LIST\***

**TENNESSEE PRISON FOR WOMEN (TPW) ADDITIONS**

**Use is restricted to OB Specialist Recommendation**

*\*Per TDOC Policy #113.70, private facilities are excluded from this requirement*

Facility Name and Cost Center: \_\_\_\_\_ Approx. Census: \_\_\_\_\_

OB Specialty-TPW	Strength	Par	Qty on Hand	Qty Needed
Rhogam	1500 Units	1		

*1 card equivalent to 30 tablets/capsules. Brand name for reference only.*


*Updated: 04/28/16*

Ordered By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment Ten: TDOC Staff Eligible to Transition**

Enrolled in Benefits	Rate of Pay per month	Work Location	Employment Status
No	\$5,865.00	Deberry Special Needs	Full-Time
Yes	\$5,697.00	Deberry Special Needs	Full-Time
Yes	\$5,476.00	Deberry Special Needs	Full-Time
Yes	\$5,888.00	Northeast Correctional	Full-Time
Yes	\$5,288.00	Tennessee Prison For Women	Full-Time

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 103.07	Page 1 of 7
	Effective Date: November 30, 2018	
	Distribution: A	
	Supersedes: 103.07 (10/15/17)	
Approved by: Tony Parker		
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish annual inspection and compliance review procedures for all operational units administered or contracted by the Tennessee Department of Correction (TDOC).
- III. APPLICATION: All TDOC staff and staff of privately managed facilities under contract with the TDOC.
- IV. DEFINITIONS:
  - A. Annual Inspection/Compliance Review: A detailed observation and written evaluation of the appearance, physical condition, and overall operation of each unit conducted annually.
  - B. Compliance Manager (CM): The operational unit staff member responsible for management of all inspection processes.
  - C. Compliant: The rating applied when a requirement is met at least 95% of the time during the inspection period.
  - D. Critical Inspection Finding: A finding for an item that has been deemed mission critical to the safety and security of the operational unit, general public, and inmates/offenders.
  - E. Critical Response Form (CRF): Report submitted to OIC Compliance staff addressing the plan of corrective action for the critical finding(s).
  - F. Critical Status Report (CSR): Report created by OIC Compliance staff that lists if the critical finding(s) has been resolved.
  - G. Executive Administrator (EA): The Wardens, Superintendents, or their designee.
  - H. Executive Briefing: A presentation of the Annual Inspection/Compliance Review Report given by OIC Compliance staff in which the executive team and operational unit leadership are in attendance.
  - I. Exit Conference: A discussion following an inspection involving the inspection team members and applicable operational unit staff members.
  - J. Follow-Up Compliance Review: A review of the implementation of the plan(s) of corrective action.

Effective Date: November 30, 2018	Index # 103.07	Page 2 of 7
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

- K. Inspection Finding: A finding of non-compliance for any item on the inspection instruments that is not deemed a critical item.
  - L. Inspection Instrument: Detailed forms used by each inspector in scoring compliance.
  - M. Inspection Period: The time period being inspected.
  - N. Inspection Team: Staff selected to conduct the inspection which is comprised of OIC Compliance staff and a selected number of staff from both central office and the field.
  - O. Mandate: Tennessee Code Annotated, state administrative rule or regulation, contractual agreement, Departmental policy, or American Correctional Association (ACA) standard(s) which governs the inspection item.
  - P. Noncompliant: The rating applied when a requirement is not met at least 95% of the time during the inspection period.
  - Q. Operational Units: All TDOC institutions, offices, divisions, or privately managed facilities administered by or contracted by the TDOC.
  - R. Plan of Corrective Action (POCA): A detailed explanation of how each non-compliant item noted in the inspection will be corrected. A POCA response shall include whether or not the Operational Unit “concurs” or “does not concur” with the finding, procedures for correcting each non-compliant item, and an anticipated completion date.
  - S. Unannounced Site Visit: An unannounced visit to any operational unit or private facility administered or contracted by the TDOC without advance notice.
- V. POLICY: Annual inspections and compliance reviews shall be conducted at all operational units during each fiscal year.
- VI. PROCEDURES:
- A. Review of Inspection Instruments:
    - 1. Each inspection instrument shall reflect the current requirements in departmental policy, contractual agreements, ACA standards, and other applicable rules and regulations. All instruments shall be revised annually to reflect changes in mandates that govern operational requirements.
      - a. The appropriate “MANDATE” shall be listed and referenced on the inspection instrument.
      - b. Any required updates/changes shall be approved and made by the Director of Compliance/designee upon recommendations from the field and consultation with the appropriate Central Office administrator.
    - 2. The Director of Compliance or designee shall forward the revised inspection instruments to the compliance managers and applicable administrators at least 30 days before use. Significant revisions to the instruments shall be distributed, as necessary, throughout the year.

Effective Date: November 30, 2018	Index # 103.07	Page 3 of 7
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

B. Inspection Schedule:

1. The Director of Compliance/designee shall develop a schedule for the upcoming fiscal year.
2. Compliance managers and executive administrators shall be notified of inspection dates by the Director of Compliance/designee at least 30 days before the next inspection cycle begins each year. Following the release of the inspection schedule, dates shall not be altered unless approved by the Director of Compliance.
3. The duration of an inspection shall be determined by the size and complexity of the location.

C. Inspection Teams Appointment:

1. Each year, the Director of Compliance/designee shall request all applicable administrators to submit nominees to serve on the inspection teams. Additional nominees shall be submitted to the Director of Compliance upon request.
2. Appointments to the inspection teams will be made by the Director of Compliance/designee in advance of the assigned inspection. These appointments will be forwarded to the CM and appropriate administrator of the operational unit who shall be responsible for notifying their employees.
3. OIC Compliance staff shall be responsible for notifying the team members of logistical arrangements for the inspection at least 30 days prior to the date of the inspection.
4. If a member of the team is unable to participate, the appropriate executive administrator shall replace him/her with staff of comparable experience. The Director of Compliance/designee shall be notified of the change.

D. Critical Findings and Processes: A critical finding requires:

1. Immediate notification to the appropriate Assistant/Deputy Commissioner(s).
2. A Critical Response Form, CR-4106, shall be prepared by the executive administrator and submitted to OIC Compliance staff within seven working days.
3. Immediate implementation of corrective action once approved and submitted by the appropriate Executive Administrator.
4. A follow-up review shall be conducted by OIC Compliance staff within 30 calendar days from the conclusion of the annual inspection.
5. If the critical finding is not resolved within 30 calendar days, OIC Compliance staff shall create and submit a Critical Status Report, CR-4107, to the Commissioner, Chief of Staff, Deputy Commissioner(s), the appropriate Assistant Commissioner, Director of the Office of Investigation and Compliance, and the Director of Compliance. If requested, the Director of Compliance/designee will conduct an executive briefing to discuss appropriate procedures for finding resolution.

Effective Date: November 30, 2018	Index # 103.07	Page 4 of 7
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

E. Inspection Activities:

1. Prior to beginning the inspection, the inspection team shall meet with OIC Compliance staff for a training/instruction session. At the conclusion of this session, OIC Compliance staff will meet with the appropriate operational unit personnel for a briefing session.
2. Inspectors shall conduct the inspection objectively. OIC Compliance staff shall be responsible for observing and monitoring each team member to assess the inspector's performance and objectivity and to address any questions that the inspectors may have in regard to the inspection process. OIC Compliance staff may also be responsible for inspecting certain areas as determined by the Director of Compliance/designee.
3. The inspectors shall evaluate their respective areas with the cooperation of the appropriate staff. Inspectors shall be encouraged to talk with staff and inmates/offenders and observe activities that will assist them in scoring each instrument. The inspectors shall meet upon completion of the inspection instrument with appropriate OIC Compliance staff for notification of findings and observations. Any disagreements with the findings shall be addressed before the inspector concludes the inspection.
4. The inspection team shall conduct an exit conference at the conclusion of the inspection. Prior to the exit conference, OIC Compliance staff shall meet with each inspector to discuss the results and review any items found in noncompliance. At the OIC Compliance staff's discretion, team members may be asked to re-examine an item on the instrument or expand samples inspected.
5. The OIC Compliance staff, applicable inspectors, executive administrator, and appropriate staff shall attend each exit conference. Explanation of inspection results shall focus on items found in noncompliance. The inspection instruments shall clearly state each deficiency and copies shall be made available to the executive administrator(s) at the time of the exit conference.
6. Following the exit conference, OIC Compliance staff shall collect the original inspection instruments and supporting documentation for the findings from the inspectors and provide a preliminary inspection report within ten working days from the conclusion of the inspection to the executive administrators, correctional administrator (CA), appropriate Assistant/Deputy Commissioner(s), Chief of Staff, Commissioner, Director of the Office of Investigation and Compliance, and Director of Compliance.
7. Appeal Process
  - a. OIC Compliance Staff will make every effort to resolve any issues regarding the inspection results while on-site. In the event that the facility disagrees with a finding, an appeal may be filed within seven working days with the Director of Compliance. The appeal should include at a minimum the following information:
    - (1) The instrument item(s) related to the finding(s) being appealed
    - (2) Reason the facility believes an appeal should be granted



Effective Date: November 30, 2018	Index # 103.07	Page 5 of 7
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

- (3) Documentation/Proof to support the appeal
- b. The appeal will be resolved in cooperation with the inspector, OIC Compliance staff, Director of OIC, Operational Unit Executive Administrator, and appropriate Assistant/Deputy Commissioner. The appeal decision will be given as soon as possible after the appeal, but no later than seven working days from the appeal.
    - c. Once the appeal decision has been made, the issue will be considered resolved. POCAs will not be required for any items removed as findings and the preliminary report will reflect the appeal decision. POCAs for any items remaining findings are required.
8. Plans of Corrective Action (POCA)
  - a. For critical findings a POCA shall be implemented immediately once approved by the executive administrator(s).
    - (1) The Critical Response Form, CR-4106, shall be completed by the Operational Unit Executive Administrator within seven working days.
    - (2) The Critical Response Form, CR-4106, shall list the POCA for the critical finding(s).
    - (3) OIC will return within 30 calendar days after completion of the annual inspection to determine if the finding(s) has been resolved. A Critical Status Report shall be written by OIC compliance staff and submitted to the appropriate executive staff if the finding is not resolved after 30 days.
  - b. For inspection findings not deemed critical a POCA shall be submitted to the OIC Compliance staff 30 calendar days of the exit conference.
9. OIC Compliance staff will prepare an Executive Summary Report to submit to executive leadership prior to the Executive Briefing. The Executive Summary Report will include all noted findings, all identified repeat findings, and the POCAs the operational unit submitted for approval.
10. Executive briefings shall be conducted with agency leadership on a routine basis. Compliance staff shall notify the executive administrator of the executive briefing date. The executive administrator shall attend the executive briefing along with any appropriate staff from the operational unit.
11. The Director of Compliance/designee shall complete a final inspection report within ten working days of the executive briefing. The final inspection report shall be distributed to the executive administrator, Commissioner, Chief of Staff, Deputy Commissioner(s), appropriate Assistant Commissioner(s), CA, Director of OIC, and appropriate Director(s). This report is considered the official record of deficiencies noted during the inspection and shall not be completed until the findings and POCAs have been reviewed by executive staff.

Effective Date: November 30, 2018	Index # 103.07	Page 6 of 7
Subject: ANNUAL INSPECTIONS AND COMPLIANCE REVIEWS FOR INSTITUTIONS		

F. Follow-Up Compliance Review:

1. The operational unit shall begin immediate implementation of the POCA's once the POCA's have been distributed to OIC Compliance staff and demonstrate compliance through documentation/practice.
2. The follow-up reviews shall be scheduled and conducted by appropriate OIC Compliance staff approximately 90 days after the annual inspection. The follow-up compliance review shall be limited to the areas of non-compliance found during the annual inspection and implementation of the POCA, but will not exclude additional comments regarding any other issues observed during the follow-up compliance review.
3. Within seven days of the conclusion of the follow-up compliance review, OIC Compliance staff shall distribute a written report to the Director of Compliance, Director of OIC, Assistant Commissioners/Deputy Commissioner, Chief of Staff, Commissioner, and appropriate operational unit staff.
4. Findings that are not resolved upon return will be reported to executive leadership during scheduled briefings to discuss appropriate procedures for resolution.
5. All original inspection reports and instruments shall be maintained by the Office of Compliance for a minimum of three years.

G. The Director of OIC and/or the Director of Compliance may order unannounced monitoring visits at any operational unit, privately managed facility, or TDOC contract vendor.

H. Annual Report: A summary report of the findings shall be prepared at the end of the inspection year by the Director of Compliance/designee for distribution to the Commissioner, Chief of Staff, Chief Financial Officer, Deputy Commissioners, Director of OIC, Assistant Commissioners, and Wardens/Superintendents/Directors.

VII. ACA STANDARDS: 4-4017, 4-4105, 4-4410, 4-4411, 4-4423, 1-CTA-1A-01, 1-CTA-1A-14, and 2-CO-1A-20 through 2-CO-1A-22.

VIII. EXPIRATION DATE: November 30, 2021.



TENNESSEE DEPARTMENT OF CORRECTION

**CRITICAL RESPONSE FORM**

TO: Click here to enter text.

FROM: Click here to enter text.

DATE: Click here to enter a date.

SUBJECT: Critical Response Form

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**CRITICAL AUDIT FINDING**

Click here to enter text.

Item #: \_\_\_\_\_  
Issue: \_\_\_\_\_

Plan of Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION

**CRITICAL STATUS REPORT**

To: Commissioner  
Chief of Staff  
Deputy Commissioner(s)  
Assistant Commissioner(s)  
Appropriate Administrator(s)  
Director of the Office of Investigation and Compliance  
Director of Compliance

From: Audit Team Leader

Date: Date Report Written

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**CRITICAL AUDIT FINDINGS**

**Audit Area**

Item #: \_\_\_\_\_  
Issue: \_\_\_\_\_

**7 Day Status Report:** [Click here to enter a date.](#)

☐ Critical Finding has been resolved

☐ Additional Status Report is required

**14 Day Status Report:** [Click here to enter a date.](#)

☐ Critical Finding has been resolved

☐ Additional Status Report is required

**21 Day Status Report:** [Click here to enter a date.](#)

☐ Critical Finding has been resolved

☐ Additional Status Report is required

**28 Day Status Report:** [Click here to enter a date.](#)

☐ Critical Finding has been resolved

☐ Executive Briefing is Needed

**Executive Briefing Date:** [Click here to enter a date.](#)



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 110.01

Page 1 of 7

Effective Date: October 1, 2016

Distribution: A

Supersedes: 110.01 (6/1/13)

Approved by: Tony Parker

Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-1-116, TCA 41-1-407, and Prison Rape Elimination Act of 2003 standard 115.31.
- II. PURPOSE: To implement policy and procedures for the provision of training for newly hired and rehired Tennessee Department of Correction (TDOC) employees.
- III. APPLICATION: To all TDOC employees.
- IV. DEFINITIONS:
  - A. Basic Correctional Officer Training (BCOT): A program designed to prepare cadets for the conditions personnel can expect working in an adverse correctional environment and security protection procedures. The students learn the essentials needed to survive in the correctional environment. The first two weeks of the training program are conducted at the hiring facility and the remaining four weeks of the program are conducted at the Tennessee Correction Academy.
  - B. Basic Probation Parole Officer Training (BPOT): A six-week program conducted at the Tennessee Correction Academy (TCA), designed to provide all new probation/parole officers with the skills and knowledge base needed to effectively and safely perform the duties of a probation/parole officer. A partial list of topics covered includes: Department, division and criminal justice overview, communication, legal and professional issues, case management, use of force, defensive tactics, firearms, searches, and restraints.
  - C. On-the-Job Training: A formalized training experience in which the field training officer/supervisor/experienced officer observes the correctional officer in the actual performance of his/her duties and provides and documents constructive and corrective feedback in required areas.
  - D. Orientation: An on-site formalized process designed to introduce and familiarize new employees with information required to function according to job expectations. The orientation schedule familiarizes new employees with a broad based operational view of the facility as a whole.
  - E. Pre-service: Basic training course designed to provide new institutional employees with fundamental knowledge and skills necessary to function according to job expectations.
  - F. Probation and Parole Officer (PPO): An officer who serves and protects the public by supervising adult felony offenders by ensuring that standard and special conditions of probation and or parole are met.

Effective Date: October 1, 2016	Index # 110.01	Page 2 of 7
Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION		

- V. POLICY: All new TDOC employees shall receive orientation and pre-service training prior to being assigned to independent job responsibilities. Further, those placed in security classifications shall also receive on-the-job training prior to independent job assignments.

VI. PROCEDURES:

- A. All new full-time institutional non-security series personnel shall receive a minimum of 40 hours work site orientation, preferably prior to attending the Academy. All new security series employees shall receive a minimum of 80 hours work site orientation and on-the-job training prior to attending the Academy.
1. On-the-job training shall be mandatory for all new full time security series employees.
  2. When performing on-the-job training, new officers shall observe various post and assignments under the guidance of an experienced officer.
  3. The new officer may be allowed to perform limited duties during on-the-job training:
    - a. After receiving his/her initial briefing of post duties and responsibilities,
    - b. After reading and signing post orders, and
    - c. While under the direct supervision of an experienced officer.
- B. Part-time employees, volunteers, contract staff, employees who are permanently (not temporarily to cover staff shortages) transferring from one location to another and full-time employees returning from over a year of active military duty shall receive a minimum of 20 hours of work site orientation appropriate to their assignments
- C. All new full time employees in Central Office and the TCA shall receive 40 hours of orientation prior to being assigned independent job responsibilities. Training shall be documented using New Employee 40 Hour Orientation, CR-3563.
- D. The institutional orientation training shall include, at minimum, the following topics:
1. The institution's mission, goals, and vision
  2. Security/contraband policies and procedures
  3. Key and tool control
  4. Appropriate conduct with offenders and co-workers
  5. Employee rights and responsibilities
  6. Universal precautions and communicable diseases
  7. Personal protective equipment/bio-hazardous waste disposal.

Effective Date: October 1, 2016	Index # 110.01	Page 3 of 7
Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION		

8. Prohibitions concerning workplace harassment (including sexual harassment)
  9. Fire safety and emergency evacuation procedures, and 4-minute response.
  10. Supervised on the job training
  11. CISM (Critical Incident Stress Management)
  12. Title VI (Civil Rights Act of 1964)
  13. Suicide prevention
  14. Emergency operation plans
  15. Overview of roles of Rehabilitative Services and TRICOR
  16. Prison Rape Elimination Act (PREA)
  17. Proper search procedures
  18. Proper inmate escort procedures
  19. The proper wearing of the assigned uniform
- E. All training specialists shall complete or have already completed the 40-hour Training for Trainers' course or its equivalent at TCA.
- F. By June 30 of each year, TCA (in conjunction with institutional training specialists) shall review the new employee orientation schedule of each facility and modify as needed to assure all required items are being taught during orientation.
- G. The institutional training specialists shall meet with all new full-time employees prior to pre-service training to discuss:
1. The general purpose of pre-service training
  2. How the person can prepare him/herself to gain the most from training
  3. The subject matter to be covered
  4. The kind of performance expected from the person in the classroom
  5. Opportunities to be provided to allow the employee to apply the new knowledge
  6. How newly gained skills shall be used when the training is completed
  7. The requirement that they read the *Academy's Trainee Handbook* prior to attending.

Effective Date: October 1, 2016	Index # 110.01	Page 4 of 7
Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION		

- H. New facility employees and rehired non-security employees who have been separated from TDOC for more than one year, except clerical/support employees with minimal offender contact, must attend pre-service training in the appropriate category before being assigned independent job responsibilities and/or before unsupervised offender contact occurs. All pre-service training shall be provided by the TCA in compliance with ACA standards. Pre-service training requirements for TDOC employees who change position classifications shall be determined by the Warden.
  
- I. All rehired employees in the security series, including correctional clerical officers and inmate relations coordinators, who originally completed their pre-service training curriculum and who have been separated from TDOC for less than one year shall attend an abbreviated version of pre-service training. This abbreviated training shall consist of Week One and Week Two and shall consist of New Employee Orientation topics as applicable followed by OJT at the institution, followed by Week Three BCOT at the Academy, to be followed by the 40 hours in-service training. After completion of these four weeks, the employee can be assigned independent job responsibilities and unsupervised offender contact. Rehired employees who have been separated for more than one year and less than two years are also eligible for an abbreviated version subject to the Warden's approval.
  
- J. All correctional officer series employees returning from over a year of active military duty shall attend an abbreviated version of the Academy's pre-service training. This abbreviated training shall consist of Week One and Week Two of orientation/on-the-job training at the institution, to be followed by the 40 hours in-service training. A minimum 40 hour OJT Program will follow in accordance with Policy #110.01.1. In addition, security series employees shall complete the following:
  - 1. Firearms re-qualification (In service class: includes Chemical Agent re-certification)
  - 2. Overcoming manipulation
  - 3. Sudden In-Custody Death Syndrome
  - 4. Population Counts
  - 5. Cell/Area Searches
  - 6. Personal Searches
  - 7. Transportation – Inmate Escort-Vehicle Searches
  
- K. All rehired non-security institutional employees who originally completed their prescribed pre-service training curriculum and have been separated from TDOC for less than one year (i.e., counselors, maintenance personnel, food service staff, medical staff, etc.) shall complete the appropriate 40-hour in-service training course (including Day 1 mandatory core training) at the earliest scheduled offering. All non-security institutional employees returning from over a year of active military duty shall attend a minimum of 20 hours of work site orientation appropriate to their assignments, followed by the appropriate 40 hour in-service training at the earliest scheduled offering.



Effective Date: October 1, 2016	Index # 110.01	Page 5 of 7
Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION		

- L. All new employees in the Community Supervision series, including PPO and support staff, shall receive a minimum of 40 hours of work site orientation appropriate to their assignments, followed by Weeks One through Six of Basic Probation Parole Officer Training at the Academy for PPOs and only Week Six for support staff. All personnel returning from over a year of active military service shall receive a minimum of 40 hours of work site orientation appropriate to their assignments and attend Weeks One through Two of the Probation Parole Officer Use of Force Training at the Academy. It is the responsibility of the new employee's immediate supervisor to see that the requirement of 40 hours of on-the-job orientation is provided. Even in some categories that suggest other personnel as the trainer, the supervisor may still need to provide the training. For instance, outlying Community Supervision offices do not have a full-time Training Coordinator, and the supervisor may not wish to wait until a Training Coordinator is there. In that event, the supervisor can cover the material, and sign off on it, and refer the new employee to the Training Coordinator if there are any questions.
- M. The Community Supervision orientation training for probation and parole officers (PPO) shall be completed according to Policy #110.01.2.
- N. The Community Supervision orientation training for support staff shall include, at minimum, the following topics:
1. General Orientation
  2. Personnel Issues
  3. Supervisor Orientation
  4. Office Orientation
  5. Computer Assignment
  6. TDOC Overview
  7. Edison
  8. NCIC and TIES, as appropriate
  9. Probation/Parole Policies
  10. Overview of Programs
  11. Support Staff Duties
  12. Account Clerk Overview
  13. Training
  14. Victim's Rights

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O. All rehired employees in the Community Supervision series, including PPOs and support staff, who originally completed their pre-service training curriculum and who have been separated from TDOC for less than one year shall attend an abbreviated version of pre-service training. This abbreviated training shall consist of the 40 hour orientation at a Community Supervision office, followed by select Basic Probation Parole Officer Training classes identified below which will be held at the Academy.

1. New Employee Orientation plus Annual In-Service training required for particular job classification.
2. Risk and Needs Assessment
3. Standards of Supervision
4. Home Searches
5. Personal Searches

P. All rehired employees in the Community Supervision series, including PPO and support staff, who originally completed their pre-service training curriculum and who have been separated from TDOC for more than one year shall receive a minimum of 40 hours of work site orientation appropriate to their assignments, followed by Weeks One through Three of Pre-Service Field Services training at the Academy for a PPO.

VII. ACA STANDARDS: 2-CO-1D-05, 4-4088, 1-CTA-3A-02, 4-APPFS-3A-05, 4-APPFS-3A-08, and 4-APPFS-3A-14 through 4-APPFS-3A-18.

VIII. EXPIRATION DATE: October 1, 2019.



# TENNESSEE DEPARTMENT OF CORRECTION

## New Employee 40 Hour Orientation

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

EID#:: \_\_\_\_\_

Facility/District: \_\_\_\_\_

### Supervisor (25 hours)

### Trainer's Initials

### Date

- ☐ Introduction/Job Orientation
- ☐ Tour of Work Site
- ☐ Policy & Procedures
- ☐ On the Job Training
- ☐ Emergency Building Procedures

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Personnel Processing (13 hours)

- ☐ ID#
- ☐ Fingerprints ☐ N/A
- ☐ Medical Screen
- ☐ MTA Card ☐ N/A
- ☐ Introduction to Career Development Center
- ☐ Edison
- ☐ Personnel Evaluations
- ☐ ETomis ☐ N/A
- ☐ Training File Made

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


### Fiscal Services (2 hours)

- ☐ Benefits
- ☐ Travel
- ☐ Supplies
- ☐ Payroll/Checks

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
HR Personnel Signature


 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 110.01	Page 1 of 1
	Effective Date: March 20, 2019	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: PRE-SERVICE (BASIC) TRAINING POLICY AND EMPLOYEE ORIENTATION		

POLICY CHANGE NOTICE 19-28

INSTRUCTIONS:

Please change Section VI.(A) to read as follows:

- “A. All new full-time institutional non-security series personnel shall receive a minimum of 40 hours work site orientation, preferably prior to attending the Academy. All new security series employees shall receive a minimum of 80 hours work site orientation and on-the-job training prior to attending the Academy. All new Correctional Counselors shall receive an additional 37.5 hours of job specific training before being assigned a caseload”.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 110.04	Page 1 of 6
	Effective Date: September 30, 2019	
	Distribution: A	
	Supersedes: 110.04 (3/15/16)	
Approved by: Tony Parker		
Subject: TRAINING PLANS, RECORDS, AND REPORTS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a standard method of documenting all records and reports pertaining to training.
- III. APPLICATION: Deputy Commissioners, Assistant Commissioners, Wardens/Superintendents, Staff Learning and Development Administrator, District Directors, and Training Specialists/Coordinators, and employees of Tennessee Rehabilitative Initiative in Corrections (TRICOR).
- IV. DEFINITIONS:
  - A. Annual Training Plan: A document developed by a major organizational unit that addresses current job-related training needs of that unit.
  - B. Major Organizational Unit: Those units designated as being responsible for submitting an annual training plan to the Staff and Learning and Development Administrator, Tennessee Department of Correction (TDOC).
  - C. Training Record: An electronic or manual (hard copy) program that reflects an on-going record of training completed by a TDOC employee.
  - D. Training Reports: Any report, including but not limited to minutes of Training Advisory Committee (TAC) meetings, needs assessments and surveys, training goals, and objectives.
- V. POLICY: It is the policy of the TDOC that a standard training record is maintained for all employees, that minutes of all Training Advisory Committee meetings be maintained, and that a current annual training plan be kept on file by each unit. All training delivered should be based upon a process of needs assessment to insure that it is consistent with organizational philosophy and required job-specific conceptual knowledge or required skill.
- VI. PROCEDURES:
  - A. Completed training shall be recorded in a format established by the Commissioner in an electronic or manual (hard copy) program designated by the Wardens/Superintendents/District Director/and shall be maintained at the employee's assigned unit by the training specialist/coordinator.
    1. It shall be each employee's responsibility to notify the unit training specialist/coordinator before and upon completion of a training activity outside the facility.

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Subject: TRAINING PLANS, RECORDS, AND REPORTS		

2. Training specialist/coordinators are responsible for recording completed training in the designated training program in a timely and accurate manner.
- B. The training specialist/coordinator shall maintain the training record for the current fiscal year and retain the electronic or manual file after the year-end and each fiscal year thereafter.
- C. The training specialist/coordinator shall retain all training records utilized prior to the effective date of this policy on all current employees of the unit.
- D. Training Record Disposition is as follows:
1. A hard copy or an electronic copy of the employee's training record will be placed in the individual's unit personnel file prior to its being forwarded to another major organizational unit upon employee reassignment/transfer. The hard copy or an electronic copy of the training record will be removed from the unit personnel file by the personnel section of the major organizational unit receiving the reassigned employee and turned over to the unit training coordinator for retention and maintenance.
  2. When an employee terminates employment with the TDOC, a hard copy or an electronic copy of the employee's training record shall be placed in the personnel file. The personnel file shall be sent to TDOC Central Office for forwarding to the Tennessee Department of Human Resources (TDOHR). The training coordinator at the work unit from which the employee is terminated shall retain an electronic copy of the former employee's training records, copied to an inactive employee section of the program. A copy may be given to the departing employee. If a manual training record format is designated by the Wardens/Superintendents/District Director/at that work site, a copy shall be retained in a separate file of terminated employee training records.
- The records of terminated employees should be retained for a minimum of two full years after the employee's separation date.
- E. Training Approval:
1. Each supervisor/manager approving training requests should ensure the employee's availability to attend requested training or canceling in sufficient time (usually seven days prior to start date of training) so the department will not be billed.
  2. A cross reference will be made by checking the TDOHR Training Information Screen which shows individuals who complete TDOHR/Strategic Technology Solutions (STS) training for which Continuing Education Units (CEUs) were awarded. The TDOHR will send the completion of training to the training officer and the officer will make a copy for placement in the employee's training record.

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3. The employee shall be responsible for notifying the training specialist/coordinator before and upon completion of out-service, specialty, and conference type training. A copy of the brochure or other information describing the training shall be provided to the training officer, along with a statement regarding the number of hours to be credited. Employees completing training where certificates of completion are issued may provide a hard copy for filing in their training record.
  4. TCA shall electronically send to the appropriate training specialist/coordinator a record of training completed by the employees.
  5. DCCO; Office of Investigations and Compliance; and Major Maintenance staff should complete the Training Hours, CR-4183, and shall submit it to the training specialist/coordinator upon completion of each course. A copy of the brochure or other information describing the training shall be provided to the training officer.
- F. Annual Training Plan: The unit training coordinator in conjunction with the unit training advisory committee shall be responsible for preparing the annual training plan for his/her unit during the last quarter meeting of the fiscal year. They shall:
1. Identify and resolve problems that were encountered during the prior year regarding meeting training goals and objectives.
  2. Review assessments from the classes conducted during the prior year and enter adjustments to institutional produced training.
  3. Develop the annual training plan to include at a minimum the following:
    - a. A breakdown of the number of staff in each category and the proposed method and location of meeting staff training needs.
    - b. Ensure that all orientation, pre-service, and in-service training needs are addressed.
  4. Completed annual training plans shall be forwarded by May 31 of each year to the Staff Learning and Development Administrator.
- G. The training specialist/coordinator shall ensure that minutes are maintained of all Unit Training Advisory Committee meetings.
- H. The training specialist/coordinator shall provide to all work site program and department heads, an In-service Training Needs Assessment Survey, CR-3685, for their evaluation and completion to be used to forecast and determine in-service staff training needs.
1. Surveys circulated at the worksite shall be of sufficient number to reasonably allow for managerial input into the training necessary for all employee categories served through the Tennessee Correction Academy.

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Subject: TRAINING PLANS, RECORDS, AND REPORTS		

2. Completed surveys will be forwarded to the Academy Director for collation and inclusion into a prioritized listing for curriculum development by November 1 of each year.
- I. Training is assessed and evaluated on an ongoing basis through the office of the Director of Training.
  1. The TCA shall utilize the In-service Training Needs Assessment Survey, CR-3685, the end of training evaluations completed by participants, and the executive service mandates to prioritize and design all subject matter and curricula.
  2. On an annual basis the Academy Superintendent/or his or her designee shall prepare and provide a summary of subject matter evaluations and recommendations for future training to be approved by the departmental Training Advisory Committee (TAC) for curricula approval and planning purposes.
  3. The TDOC curriculum and subject matter shall be approved by the departmental TAC.
  4. Institutional site-specific curriculum shall be developed by the unit Training Advisory Committee. TCA staff will assist with institutional curriculum development when requested. The TCA shall give final approval to all curriculum prior to the curriculum being taught.
- VII. ACA STANDARDS: 4-4073, 4-4075, 4-APPFS-3A-19, and 4-4076.
- VIII. EXPIRATION DATE: September 30, 2022.





TENNESSEE DEPARTMENT OF CORRECTION

TRAINING HOURS FY 2019/2020

Training Hours

Employee Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Edison ID: \_\_\_\_\_

Class	Date	Total Hours	Instructor	Location

Employee Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

Shay Lee: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please keep a copy for your records. This form should be submitted by the following dates accompanied with certificates and/or proof of completion to receive credit for the above classes:

September 30<sup>th</sup>  
December 15<sup>th</sup>  
March 31<sup>st</sup>  
June 15<sup>th</sup>



# **TENNESSEE DEPARTMENT OF CORRECTION** **IN-SERVICE TRAINING NEEDS ASSESSMENT SURVEY**

\_\_\_\_\_  
ORGANIZATIONAL UNIT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FISCAL YEAR

\_\_\_\_\_  
for (POSITION CATEGORY)

In each training category, items should be listed in order of priority with one (1) being the highest value and with five (5) being of lower urgency.

## **ORGANIZATIONAL PHILOSOPHY:**

Please list those items that in your observation and/or estimation would further the Department's stated strategic mission, values and goals, by the development and delivery of employee In-Service training in the following topic areas:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **CONCEPTUAL KNOWLEDGE:**

Please list those items that in your observation and/or estimation would enhance employee effectiveness in the area of policy understanding and compliance, by the development and delivery of employee In-Service training in the following topic areas:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**SKILLS/TECHNIQUES:**

Please list those items that in your observation and/or estimation would enhance employee effectiveness in the area of occupational skills or techniques application, by the development and delivery of employee In-Service training in the following topic areas:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please use the space below to note any other training-related concerns:**

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Completed by:


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Name

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Position Title

***(Please return to Training Specialist/Coordinator for forwarding to TCA)***

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	Effective Date: January 15, 2018	
	Distribution: A	
	Supersedes: 110.05 (7/15/14) PCN 17-41 (6/1/17)	
Approved by: Tony Parker		
Subject: IN-SERVICE TRAINING POLICY		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-116, TCA 41-1-407, and Prison Rape Elimination Act of 2003 standard 115.31(c).
- II. PURPOSE: To implement policy and procedures for the provision of in-service training for Tennessee Department of Correction (TDOC) employees.
- III. APPLICATION: All TDOC employees.
- IV. DEFINITIONS:
  - A. In-Service Training: Yearly training courses offered by any Tennessee state agency [Tennessee Correction Academy (TCA), Tennessee Department of Human Resources (TDOHR), Strategic Technology Solutions (STS) etc.] to enhance employee knowledge and skills.
  - B. Out-Service Training: Training courses, seminars and/or workshops sponsored by federal, state, and non-governmental agencies outside Tennessee state government.
- V. POLICY: All regular employees in the Department shall receive training annually in accordance with standards and procedures established by the Commissioner.
- VI. PROCEDURES:
  - A. Regular/permanent employees will be given ample opportunities to continue their professional development and are encouraged to attend workshops, seminars, and other education/programs.
  - B. Employees with minimal offender contact, including Non-Security staff, shall receive a minimum of 16 hours of in-service training annually each fiscal year with the exception of supervisors who shall receive 40 hours of in-service training annually. All other employees, including Contract Monitors of Operations and Contract Monitors of Compliance appointed at the privately managed facilities, and all Correctional Administrators, shall receive a minimum of 40 hours in-service training annually each fiscal year.

These 40 hours may be attained through sources such as the TCA, core training, and other in-service or out-service job-related training opportunities. Courses delivered and the documentation of such shall be accomplished in accordance with requirements set forth by existing policies and ACA standards that address staff in-service training.

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Subject: IN-SERVICE TRAINING POLICY		

- C. Mandatory in-service training that is required for all institutional personnel (as driven by departmental policies) shall include, but not be limited to, the following topics annually:

1. Title VI
2. Emergency Operation Plans and Fire Safety
3. Four Minute Response
4. Tuberculosis Prevention and Control
5. HIV/AIDS
6. Suicide Prevention
7. Drug-Free Workplace
8. Prison Rape Elimination Act (PREA)
9. Security Threat Group (STG) Identification
10. Code of Conduct/Ethics
11. Use of Force training
12. Restrictive Housing

On an annual basis (by July 1st), the Academy Superintendent will distribute a listing of all mandatory in-service training to all Wardens/Superintendents, and other applicable policy recipients.

- D. In-service training for all regular/permanent employees (prisons, community supervision, and community correction staff) may be accomplished through attending the mandatory in-service training and other job-related training. In-service training for part-time employees (institutional) may be accomplished through training approved through and/or developed and delivered by the TCA for part-time employees and shall consist of one half the hours required for a full-time employee. All requests for institutional staff training waivers shall be directed to the appropriate Deputy Commissioner and/or Assistant Commissioner by the Warden/Director/Superintendent.

- E. In Service Training Requests: Requests to attend in-service training courses offered by another state agency shall be made through Edison My Learning portal and must be submitted at least 30 days in advance of the scheduled training date.

1. Requests will be approved through the established Edison workflow. Edison will report the approval/denial status to the employee.
2. Requests for STS training must be submitted to the training coordinator/officer for processing through Edison at least 30 days in advance of the scheduled training date. The training coordinator/officer is then responsible for notifying the employee of the approval/denial status.
3. For training from a state department other than STS, supervisor approval shall be obtained by completing the TDOC In-service Request, CR-3576. Requests must be submitted at least 30 days in advance of the scheduled training date. If a registration fee is required, the employee should then make the necessary arrangements by the means prescribed in the training registration information.

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Subject: IN-SERVICE TRAINING POLICY		

F. Out Service Training Requests

1. Training request approval must be granted by the employee's appropriate approving authority prior to submitting to Edison. Once approved, a Travel Authorization needs to be completed on Edison at least 30 days in advance of the scheduled training date. Approval for reimbursement of out-service workshops and/or seminars shall be based on departmental budget constraints, whether the course is job related, and the needs of the Department. Out-service training activities for the purpose of renewing professional licenses or certificates required upon appointment will not be approved by the TDOC. Administrative leaves with pay, not to exceed five days per year, may be granted for employees to attend these activities at their own expense.
2. Requests for TDOC staff to attend out-service training courses shall be submitted through Edison on a Travel Authorization. Requests will be approved through the established Edison workflow. After the request has been approved or denied, the employee should receive notification from Edison, via Outlook e-mail.

G. Newly hired TDOC employees hired during the period between July 1-March 31 shall receive 40 hours of Central Office employee orientation followed by an additional 16 hours of training during their first fiscal year. Newly hired Central Office employees hired during the period April 1-June 30 shall receive 40 hours of Central Office employee orientation. There is no additional 16 hour training requirement for the remainder of their first fiscal year.

H. Central Office employees who leave the Department and return after one calendar year will be required to complete an orientation with a focus on changes within Central Office during his/her absence. Focus areas are at the discretion of the employee's supervisor and relevant to the employee's job function. The minimum 16 hours may be completed through this process.

I. Employees who have been enrolled and registered for a class and have received official notification of class start date, time, and location are expected to attend. Barring an emergency or illness (and if an employee substitute cannot be identified to attend the class), employees not attending classes for which they have been enrolled, registered, and notified will be disciplined in accordance with TDOHR Rules and Regulations.

VII. ACA STANDARDS: 2-CO-1D-06 through 2-CO-1D-09, 4-4084-1 through 4-4087, and 4-ACRS-7B-17-1.

VIII. EXPIRATION DATE: January 15, 2021.



TENNESSEE DEPARTMENT OF CORRECTION

# IN-SERVICE TRAINING REQUEST

COURSE TITLE/NUMBER


DATE OF TRAINING

LOCATION OF TRAINING

NAME	SS#	TITLE	BUDGET CODE	COST CENTER	PHONE#

SUPERVISORS APPROVAL

DATE

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 110.05	Page 1 of 1
	Effective Date: May 15, 2018	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: IN-SERVICE TRAINING POLICY		


POLICY CHANGE NOTICE 18-30

INSTRUCTIONS:

Please change Section VI.(B) to read as follows:

- “B. Employees in Central Office (except ranked officers in the Correctional Officer series) with minimal offender contact, including non-security staff, shall receive a minimum of 16 hours of in-service training annually each fiscal year. All other employees, including Contract Monitors of Operations and Compliance appointed for the privately managed facilities and all Correctional Administrators, shall receive a minimum of 40 hours in-service training annually each fiscal year”.



 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 110.09	Page 1 of 8
	Effective Date: November 15, 2018	
	Distribution: A	
	Supersedes: 110.09 (12/15/16)	
Approved by: Tony Parker		
Subject: RISK NEEDS ASSESSMENT (RNA) TRAINING		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To establish training procedures for the risk needs assessment (RNA).
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees, privately managed facilities, and Community Corrections grantees.
- IV. DEFINITIONS:
  - A. Assessor Development Model (ADM): The ADM is a professional development training process that is required for all staff to successfully complete in order to finalize their certification as an RNA user and is used to ensure statewide fidelity, quality, and consistency of RNA assessments.
  - B. RNA Booster Training: Training that is delivered by the RNA vendor or an RNA vendor certified trainer designed to increase inter-rater reliability and improve fidelity to the original RNA Initial User training.
  - C. RNA Certified User: For purposes of this policy only, an employee who has successfully completed the approved RNA user training and subsequent Assessor Development Model.
  - D. RNA Initial User Training: A training that provides an overview and is the introduction of the risk/needs assessment process, interview skills, and procedure for entering results into the software from the results of the RNA.
  - E. RNA Master Trainer: A trained professional experienced in the use of the RNA who has been certified as a Master Trainer by the RNA vendor.
  - F. RNA Refresher Training: A short-term RNA training designed to promote, recall, and reinforce previously delivered RNA user training which is to be delivered by the RNA vendor or an RNA Specialist.
  - G. RNA Specialist: An RNA certified trainer responsible for all RNA related trainings, as well as reviewing assessments and coaching RNA users through the Assessor Development Model.
  - H. RNA Team Member: Any member of the statewide RNA teams that consist of Program Managers, RNA Specialists, and QA Analysts.
  - I. RNA Vendor: A company which offers assessments that assist correctional, behavioral health, and probation and parole professionals in identifying, measuring, and managing risks to public safety and serves as the providing vendor for both the RNA assessment and trainer certification.

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Subject: RISK NEEDS ASSESSMENT (RNA) TRAINING		

- J. Skills Test: A test that is administered by the RNA Specialist at the start and conclusion of each training to ensure that the participant retained and recalled information delivered in the training session.
- V. POLICY: All RNA users shall be certified in RNA to ensure accurate scoring and practice during the interview-process.
- VI. PROCEDURES: All RNA assessments shall be administered by a certified RNA user as follows:
- A. User Certification: Staff administering the RNA must be trained and certified as follows:
1. Users must complete the RNA initial user certification training provided by a certified RNA Team Member.
  2. All participants will take an individual pre-test on day one of the RNA user training.
  3. Prior to the completion of the user training sessions, each participant will be required to successfully complete a skills post-test.
  4. Users must achieve a minimum score of 90% on the skills post-test components.
  5. The skills tests shall be graded on-site prior to the conclusion of the training. Scores shall be recorded on RNA Class Training Roster, CR-4164, and forwarded to the Statewide Risk and Needs Assessment Coordinator within seven working days. Each participant will be notified as to successful completion of the skills test or the need for refresher training at the end of the session or within seven working days.
  6. RNA users must attend RNA Booster training conducted by a certified RNA Team Member every year and achieve a minimum passing score of 90% in order to maintain certification.
- B. Assessor Development Model
1. Upon successful completion of the RNA User Training skills test, the user will then be required to complete the Assessor Development Model in order to be an RNA certified user. This process includes the following:
    - a. The regional RNA Program Manager will assign a regional RNA Specialist to the pending certified user to observe the assessor's motivational interaction skills as well as familiarity with entering in results into the RNA software.
    - b. The pending certified user will complete five RNAs and the assigned RNA Specialist will review and audit each of the first five RNAs as they are completed.
    - c. Users should achieve a minimum of 90% accuracy on each of the reviewed assessments. If a minimum of 90% accuracy is not achieved, the assigned RNA Specialist will conduct a coaching session with the User. Results of the reviewed assessments will be documented using RNA Coaching Session Form, CR-1829.

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- d. After the successful completion of the five assessments and reviews, the user will be scheduled for annual RNA Booster Training.
- e. The next 15 assessments completed by the user will be reviewed and audited by the assigned RNA Specialist as they are completed. If at any time the user is found to be less than 90% accurate they will be referred to the Statewide RNA Coordinator to be scheduled for the RNA Refresher Training and subsequent completion of the Assessor Development Model.
- f. Users who meet the required 90% accuracy will be certified as RNA users and attend their previously scheduled RNA Booster Training.
- g. Users who, after completing RNA initial user training and RNA Refresher Training, are unable to successfully complete the Assessor Development Model will not be certified as an RNA user. The Statewide RNA Coordinator shall notify the user's Warden/Superintendent, District Director, DRC Director, or Program Manager.
- h. The Statewide RNA Coordinator will maintain a roster of those staff who were unable to successfully complete the Assessor Development Model.
- i. RNA Certified Users must attend an RNA Booster training conducted by a certified RNA Team Member every year and achieve a minimum passing score of 90% in order to maintain certification. If a minimum score of 90% is not achieved, the user will be referred to the Statewide RNA Coordinator for a review and determination of what, if any, further action is needed, including but not limited to:
  - (1) Coaching sessions with an RNA Specialist
  - (2) Refresher Training
  - (3) Loss of RNA User Certification
  - (4) Disciplinary action to be determined by the User's Warden, Superintendent, District Director, DRC Director, or Program Manager.
2. Staff who fail to achieve a passing score of at least 90% on each part of the certification shall follow the Assessor Development Model and attend refresher and booster training as needed to become certified users.

C. RNA Specialist Certification

1. RNA Specialists shall be certified users selected based on abilities that include, but are not limited to: a demonstrated expertise in understanding the domains of the RNA and the importance of its use in programming decisions, and on the trainer's ability to facilitate classroom training.
2. Trainers must be trained and certified in accordance with this policy.

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Subject: RISK NEEDS ASSESSMENT (RNA) TRAINING		

- a. Trainers must attend the RNA vendor course facilitated by the RNA vendor or the standards set forth in this policy a Master Trainer.
- b. Trainers shall be certified by the RNA vendor or an RNA vendor certified Master Trainer the standards set forth in this policy.
- c. Trainers must be re-certified every two years by the RNA vendor or an RNA vendor certified Master Trainer.
- d. During the training, trainers will observe or conduct at least one RNA interview with an inmate/offender/resident.

D. Supervisor Training

1. Direct supervisors who administer the RNA, in addition to supervising staff who administer the RNA, must successfully complete the RNA user certification training and obtain certification as a trained RNA certified user.
2. Direct supervisors who do not administer the RNA, but supervise staff administering the RNA, must attend RNA training that consists of an overview of initial user certification training and Case Plan/Treatment Pathways training.
3. Supervisors will work with the Statewide RNA Coordinator to ensure that all staff conducting assessments attend RNA booster training every year. All booster training will be conducted by RNA certified trainers.

E. Ongoing RNA Training Schedule and Reports

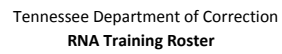
1. RNA Program Managers will be responsible for scheduling and ensuring that RNA trainings are offered monthly in each region to include the RNA Initial User Training, ADM, RNA Booster, and RNA Refresher trainings.
2. RNA Program Managers will submit a monthly report by the 5<sup>th</sup> business day of each month to the RNA Coordinator documenting trainings that were held the previous month to include RNA Training Roster, CR- 4164.
3. To ensure and receive feedback on the quality of the training, the RNA Specialists or RNA team member conducting the training shall request that participants complete an evaluation at the conclusion of training utilizing RNA Training Evaluation Form, CR-4163.
4. User RNA Training Evaluation Form, CR-4163 shall be sent, along with rosters, to the Statewide RNA Coordinator at the conclusion of each training.
5. The Statewide RNA Coordinator will document training attendance for the purpose of proof of training and to request access to RNA tool software. Once the rosters are received, RNA Coordinator will enter each name into a master training list of certified users for data collection and tracking.

Effective Date: November 15, 2018	Index # 110.09	Page 5 of 8
Subject: RISK NEEDS ASSESSMENT (RNA) TRAINING		

F. All training and successful certifications required by this policy shall be documented in accordance with Policy #110.04 in the employee's training file.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: November 15, 2021.



Type of RNA Training (User Certification/Booster/Refresher)

Date \_\_\_\_\_

RDA#####



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RNA Coaching Session Form**

Assessor Name: \_\_\_\_\_ Date of Coaching Session: \_\_\_\_\_  
Offender Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_  
RNA Specialist Name: \_\_\_\_\_ Result of Coaching Session: \_\_\_\_\_

**Documentation**

Collateral information provided: ☐ Yes/ ☐ No  
Notes/and or interview guide provided: ☐ Yes/ ☐ No

**Domain Review and Discussion**

Please indicate below what was reviewed in each domain:

1. Correctional Events: \_\_\_\_\_
2. Education: \_\_\_\_\_
3. Employment: \_\_\_\_\_
4. Friends: \_\_\_\_\_
5. Residential: \_\_\_\_\_
6. Family: \_\_\_\_\_
7. Alcohol/Drug: \_\_\_\_\_
8. Mental Health: \_\_\_\_\_
9. Aggression: \_\_\_\_\_
10. Attitudes/Behaviors: \_\_\_\_\_

**Collateral Information reviewed via OMS and provided documentation:** *(Please check all reviewed.)*

- |  |   |
|--|---|
| <input type="checkbox"/> LIMD-Arrival Departure      | <input type="checkbox"/> LHSM-Mental Health       |
| <input type="checkbox"/> LIMM-Visitation Screen      | <input type="checkbox"/> LCDG- Contact Notes      |
| <input type="checkbox"/> LIBK, LIBL-Disciplinary     | <input type="checkbox"/> LCLJ-Referral            |
| <input type="checkbox"/> LIBS-Drug Tests             | <input type="checkbox"/> LCLE: Education          |
| <input type="checkbox"/> LCLQ-Security Threat Groups | <input type="checkbox"/> LCLC-Employment          |
| <input type="checkbox"/> LCLR-Prior Record           | <input type="checkbox"/> LCLA-Offender Attributes |
| <input type="checkbox"/> LPDE-Parole Predictor       | <input type="checkbox"/> LPDN-Parole Staff Action |
| <input type="checkbox"/> LCDJ-Revocation Warrants    | <input type="checkbox"/> LCDF-Supervision Plan    |

**Motivational Interaction Review and Practice**

Please indicate strengths and areas to improve below:

1. Open ended questions: \_\_\_\_\_
2. Affirmations: \_\_\_\_\_
3. Reflective Listening: \_\_\_\_\_
4. Summarization: \_\_\_\_\_
5. Stages of change: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**RNA USER TRAINING EVALUATION**

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

Location: \_\_\_\_\_

Facilitators: \_\_\_\_\_

**PART ONE: Overall Satisfaction, Facilitators and Material**

Please record your reactions to the following aspects of the training itself.

Be sure to include your comments. We appreciate your candid feedback.

	Circle your response						Strengths	What would you suggest to improve?		
	<i>Highest</i> ←                      → <i>Lowest</i>									
	6	5	4	3	2	1				
Rate your overall satisfaction with the training										
Rate the overall quality of the materials										
Rate the quality of training facilitation										





# TENNESSEE DEPARTMENT OF CORRECTION

## RNA USER TRAINING EVALUATION

### PART TWO: Training Effectiveness

Please indicate your level of agreement with the following statements and provide your comments.

	Strongly agree	Agree	Agree Slightly	Disagree Slightly	Disagree	Strongly Disagree	What would it take to make this item a '6'
I am able to explain the purpose and advantages of using the RNA tool to others	6	5	4	3	2	1	
I am able to evaluate general risk factors accurately.	6	5	4	3	2	1	
I am able to evaluate special risk factors accurately.	6	5	4	3	2	1	
I understand how to enter an RNA assessment through OMS.	6	5	4	3	2	1	
I am able to use OARS skills to effectively and completely gather information for the RNA.	6	5	4	3	2	1	
I will be able to use these skills at my workplace.	6	5	4	3	2	1	

What barriers do you see implementing the RNA in your workplace?

Other Comments/Remarks about the Training?



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Approved by: Tony Parker

Index # 113.09

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Effective Date: October 15, 2016

Distribution: A

Supersedes: 113.09 (8/15/12)  
PCN 13-45 (11/15/13)

Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 63-1-150, and TCA 68-11-272.
- II. PURPOSE: To promote wellness among the inmate population by maintaining a system that continually identifies opportunities for improvement through measured quality of care outcomes.
- III. APPLICATION: All Wardens, all clinical services staff, to include those at State and privately managed institutions, and contractors.
- IV. DEFINITIONS:
  - A. Clinical Services: Healthcare services that encompass physical health and behavioral health (mental health and substance use treatment) services.
  - B. Continuous Quality Improvement (CQI): A process of ongoing monitoring and evaluation to systematically and objectively assess the adequacy and appropriateness of the health care provided to inmates and to recommend and execute improvement(s) as needed.
  - C. CQI Data: Statistics and other protected health information required to be entered in the TDOC Clinical Services Database. Such data includes: Medication Administration Accuracy Log, Inmate Grievance/Inquiry Log, CQI Committee Agenda, Minutes, and Attendance Roster, as well as any other reports required by the TDOC Chief Medical Officer.
  - D. Institutional CQI Committee: A group of clinical providers (e.g., health administrator, medical director/physician, etc.) and other facility staff (e.g., Wardens, food services, security, etc.) who are responsible for the review of processes, practices, and outcomes of the facility's clinical services delivery system.
  - E. Statewide Continuous Quality Improvement Coordinator (SCQI Coordinator): A designated individual assigned to coordinate all statewide continuous quality improvement activities which include evaluation, recommendations, implementation, and on-going monitoring.
  - F. Statewide CQI Committee (SCQI Committee): A group of clinical providers appointed by the Commissioner or designee to identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.
  - G. TDOC Clinical Services Database: An electronic confidential collection of protected health information stored on a secure shared drive containing specific inmates' medical diagnosis and health status. This data may be utilized to report and analyze outcome measures regarding the quality of health care and disease management.
- V. POLICY: The TDOC shall strive to ensure quality patient care by requiring and supporting the maintenance of an effective system-wide Continuous Quality Improvement (CQI) program.

Effective Date: October 15, 2016	Index # 113.09	Page 2 of 10
Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

VI. PROCEDURES:

- A. General: The Clinical Services policies and standards for CQI are based upon the current edition prepared by the American Correctional Association.
- B. There shall be a Statewide Continuous Quality Improvement Committee (SCQI) comprised of a group of clinical services professionals who shall identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.
  1. The SCQI Committee will be directed by a Charter, which is reviewed and approved at least annually by the Chief Medical Officer.
  2. Members of the committee shall consist of a variety of clinical professionals including physicians, nurses, psychiatrists, and administrative staff. Other operational staff will be asked to serve on an "as needed" basis.
  3. The committee shall meet at least quarterly. Committee members are expected to attend regularly scheduled meetings. In case of scheduling conflicts or emergencies, there is the allowance of no more than two absences from meetings per year.
  4. The CQI program shall provide evaluation of the quality of care through measured outcomes in the health delivery system as follows:
    - a. The SCQI Committee shall evaluate and make recommendations regarding the structure of institutional CQI programs with input from selected institutional staff.
    - b. The process and outcomes shall be evaluated primarily by each institutional CQI committee with oversight by the SCQI Committee.
  5. The CQI process shall provide regular feedback to clinical services care providers and the institutional CQI committee through ongoing examination of the care provided. It shall also serve as a mechanism for the improvement of the quality and consistency of the clinical services care delivery system.
  6. Sub-committees: The SCQI Committee shall direct the following sub-committees, which are responsible for reporting findings and recommendations to the SCQI Committee for review and action as appropriate.
    - a. Infectious Disease Committee: Responsible for developing a comprehensive program of surveillance and implementing protocols to address the control and prevention of communicable diseases within TDOC.
    - b. Peer Review Committee: Responsible for developing written evaluation of professional competence of all physicians, psychologists, and dentists, every two years. As necessary, the committee shall review specific cases and/or patterns of professionals.

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Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

- c. Morbidity and Mortality Review Committee: Responsible for reviewing all data related to inmate death and illness and reporting the findings to the Federal Bureau of Justice for publication of national statistics. The committee will also identify risk factors related to inmate morbidity and mortality, as well as recommend and implement strategies to reduce risk factors and improve the health of the inmate.
  - d. Pharmacy and Therapeutics Committee: Responsible for developing and maintaining a departmental drug formulary and reviewing the utilization and cost effectiveness of the pharmacy system. The committee may also review policies and procedures for management and administration of pharmaceuticals, as well as recommend procedural changes and interventions.
- C. Statewide Continuous Quality Improvement (SCQI) Coordinator responsibilities are as follows:
  - 1. Plan and coordinate health services CQI activities.
  - 2. Continuously monitor and update the TDOC clinical services database.
  - 3. Provide technical assistance to the institutions related to CQI procedures.
  - 4. Promote acceptance and understanding of the CQI process.
  - 5. Request evaluation of specific topics as necessary.
  - 6. Review significant CQI findings to identify patterns or trends and recommend improvements to enhance effectiveness. Prepare and submit findings/recommendations to the TDOC Chief Medical Officer quarterly during the SCQI meeting or more often if indicated.
  - 7. Conduct site visits with institutional staff to provide feedback and recommendations to improve the quality of health care in TDOC institutions.
  - 8. The SCQI coordinator shall review the TDOC clinical services database by the 15<sup>th</sup> of each month to ensure all required CQI data has been entered and provide a status report to the TDOC Medical Director.
- D. Institutional CQI Committees: The health administrator shall be responsible for maintaining a monthly institutional Clinical Services CQI committee meeting and shall also serve as the committee advisor for structure and goals.
  - 1. The committee composition shall minimally include the health and behavioral health administrator/designee, Warden/designee, institutional physician/medical director, CQI coordinator, representatives from nursing, dental, behavioral health/psychiatry. Substance use treatment, health record management, food services, fire and safety, and security should be considered either full time or ad hoc members as CQI issues indicate.

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Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

2. Each institutional health administrator shall designate one nurse whose primary responsibilities include serving as the institutional CQI coordinator and overseeing the institutional infection control/surveillance program. In larger facilities, it may be necessary for the health administrator to designate other health care staff to assist the institutional CQI coordinator with infectious disease management.
3. The health administrator, in consultation with the institutional CQI coordinator, shall appoint or reappoint committee membership annually. Membership appointment/reappointment shall be recorded in the committee minutes. An institutional CQI committee membership roster shall be maintained in the TDOC clinical services database. Appointments to fill committee vacancies shall be made as soon as possible.
4. All committee members are required to attend at least ten meetings annually. If continual absenteeism of any member occurs, the committee shall evaluate options for improvement and resolution.
5. The committee shall meet monthly to review and discuss CQI reports and opportunities for quality improvement.
6. When opportunities for improvement are identified that require action beyond the scope of clinical personnel authority, the health administrator shall forward those particular institutional CQI committee findings and recommendations for action to the Associate Warden of Treatment.
7. The minutes shall be recorded at each proceeding and shall provide a permanent, factual, historical record. The agenda and minutes for each proceeding shall be maintained in the clinical services database utilizing the templates provided.
8. The SCQI Coordinator shall review ICQI meeting minutes and report findings to the Chief Medical Officer quarterly or more often if indicated.

E. Professional Peer Review and Supervision:

1. A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists, and dentists, and shall be completed every two years.
2. The peer review of all physicians, psychologists, and dentists should be routine every two years with an ability to have an immediate review if problems of practice arise. In the event of a patient care complaint or an observation by other health services providers, security, or other nonmedical providers the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician on whom the complaint has been made. The investigation and findings will be kept in the employee's file and remain confidential.

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Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

3. In accordance with Policy #113.11, each mid-level provider shall have a physician preceptor who is responsible for supervising his or her clinical practice. The physician/mid-level provider relationship shall be clearly established in writing, with a copy maintained by each party and the health administrator. At least monthly, the supervising physician shall review a minimum of 20% of health records written by the mid-level provider during the past 30 days.

F. CQI Reporting Requirements:

1. In accordance with Policy #113.54, the health administrator/designee shall maintain all facility CQI logs in the TDOC Clinical Services Database utilizing the templates provided by the SCQI coordinator. These templates shall include but not be limited to Medication Administration Accuracy Log, Inmate Grievance Log, Monthly Statistical Report, CR-2124, Chronic Care Log, Hepatitis C Log, HIV Log, Quarterly Nurse Sick Call Review by the Physician, and the annual studies for hypertension, diabetes, and HIV as mandated by the American Correctional Association (ACA). These logs shall be completed on or before the 8<sup>th</sup> of each month.
2. The SCQI coordinator shall review the TDOC clinical services database on or before the 15<sup>th</sup> of each month to ensure all required CQI data has been entered and provide a status report to the TDOC Chief Medical Officer. The SCQI coordinator shall consult with the facility health administrator or designee regarding data which is either incomplete or appears to present a discrepancy. The TDOC Chief Medical Officer or designee shall notify the facilities and copy the Assistant Commissioner of Rehabilitative Services and the appropriate Correctional Administrator of any delinquent reports.

G. Institutional CQI Studies:

1. Each institutional CQI committee shall monitor the following CQI indicators as often as deemed necessary:
  - a. Patient satisfaction (i.e., inmate grievances, correspondence, and information requests)
  - b. Medication administration accuracy
  - c. Risk assessment/accident/injury monitoring
  - d. Tuberculosis management
  - e. Bloodborne pathogen prevention
  - f. Dental treatment
  - g. Health maintenance
  - h. Suicide prevention
  - i. Appropriateness of chronic disease management

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Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

- j. Credentialing
  - k. Informed consent - psychotropic medications
  - l. Mortality review (See Policy #113.05)
  - m. Inpatient care
  - n. Therapeutic diets
  - o. Pharmacological therapies
  - p. Physician patient encounter/sick call review
  - q. Institutional specific studies
  - r. Methicillin-Resistant Staphylococcus Aureus (MRSA) and other infectious diseases
- 2. Each month, the institutional CQI committee shall review indicators that may require improvement and complete a CQI study. Such studies shall be reported in the committee minutes. The minutes shall be inclusive of, but not limited to, the following:
  - a. Data collection and analysis
  - b. Corrective actions required, which shall include educational/training activities, as applicable
  - c. Outcome evaluations to determine action plan effectiveness
- 3. Facilities shall send a request to the Central Office for approval to study CQI indicators not included in the list above. CQI indicators may be studied in the month following approval.
- H. Patient Encounter/Sick Call Review: A quality improvement review of sick call and all other patient encounters shall be conducted quarterly by the facility physician. The review shall include:
  - 1. An examination of all encounter logs
  - 2. A review of referrals made by the staff members conducting sick call
  - 3. Oral discussion with staff members
  - 4. A review of randomly selected health records to include:
    - a. Adequacy of treatment plans
    - b. Extent to which orders have been carried out

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- c. Legibility and completeness
  - d. Adequacy of pharmaceutical management
  - e. Appropriateness of implementation and countersigning of clinical or nursing protocols
5. A report of the review shall be prepared by the facility physician and submitted to the institutional CQI committee, and forwarded quarterly to the SCQI Coordinator.

I. Confidentiality and Release of Information

- 1. All information or minutes are subject to rules of confidentiality as authorized by Tennessee Code Annotated 63-6-219 and Public Law 99-660. Committee minutes shall be confidentially compiled and maintained in the institutional CQI committee files. Copies of minutes are to be classified and marked as confidential protected health information and shall only be shared in accordance with Policy #113.52.
- 2. All facilities shall maintain a copy of the committee minutes with original signatures. Such copies shall be secured in a confidential CQI folder for a minimum of five years.
- 3. No documents maintained by the CQI program shall be removed from the institution or central office unless specifically authorized by the TDOC Clinical Services authority.
- 4. Information (CQI data), analysis findings, recommendations, conclusions, and actions developed by or for clinical services care staff, Clinical Services, or other individual committees performing CQI assessments or similar functions will not be available to unauthorized persons or organizations or used for other purposes as allowed for under state and federal law.
- 5. Information covered by this policy includes clinical services staff employee files, credentials, committee considerations, and administration and clinical services staff disciplinary actions.

VII. ACA STANDARDS: 4-4017, 4-4380, 4-4410, 4-4411, 4-4423, and 4-4354.

VIII. EXPIRATION DATE: October 15, 2019.





TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
7														
8	Average Daily Population (ADP from count room on last day of the month)													
9	Number of Safe Keeper Inmates (Total for the month from count room)													
10	ACA													
11	MRSA (MRSA Log)													
12	(1A1) Number of offenders newly diagnosed with MRSA infection this month. Soft tissue infections empirically treated as MRSA should be tracked as a component of this outcome measure.													
13	ACA Calculated Outcome Measure (line 12/line 8)													
14	TUBERCULOSIS (TB Log)													
15	(1A2) Number of offenders newly diagnosed with active tuberculosis this month													
16	ACA Calculated Outcome Measure (line 15/line 8)													
17	(1A3) Number of offenders who are new converters on a TB skin test (TST) that indicates newly acquired TB infection													
18	(1A3) Number of offenders administered skin tests for TB (TST) as part of annual, periodic, or clinically based testing, but not intake screening													
19	ACA Calculated Outcome Measure (line 17/line 18)													
20	Number of offenders screened for TB as part of annual, periodic, or clinically based testing, but not intake screening													
21	Number of TST completed as part of the Intake Process (BCCX; TPFW; NWCX (juvenile))													
22	Total skin tests for TB (TSTs) (line 18+line 21)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
23	Number of IGRAs completed as part of annual, periodic, or clinically based testing, but not intake screening														
24	Number of IGRAs completed as part of the Intake Process (BCCX & TPFW)														
25	Total number of IGRAs completed (line 23+line 24)														
26	(1A4) Number of offenders who completed treatment for latent tuberculosis infection														
27	(1A4) Number of offenders started on treatment for latent tuberculosis infection														
28	ACA Calculated Outcome Measure (line 26/line 27)														
29	HEPATITIS C (HCV Log)														
30	(1A5) Number of offenders diagnosed with Hepatitis C viral infection														
31	ACA Calculated Outcome Measure (line 30/line 8)														
32	Number of offenders with Hepatitis C viral infection being treated with antiretroviral treatment														
33	Number of offenders diagnosed with Hepatitis A viral infection (New cases only)														
34	Number of offenders diagnosed with Hepatitis B viral infection (New cases only)														
35	Number of Hepatitis B vaccines administered														
36	HIV/AIDS (HIV Log)														
37	(1A6) Number of offenders diagnosed with HIV infection														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
38	ACA Calculated Outcome Measure (line 37/line 8)													
39	(1A7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART)													
40	ACA Calculated Outcome Measure (line 39/line 37)													
41	(1A8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml													
42	(1A8) Total number of treated offenders with HIV infection who were reviewed (25 or total number of pts; whichever is smaller)													
44	ACA Calculated Outcome Measure (cell O 41/cell O 42)													
43	Total number of confirmed cases of AIDS													
45	MENTAL HEALTH (MHA)													
46	(1A9) Number of offenders diagnosed with an Axis I disorder (LOC 3 or 4) (excluding sole diagnosis of substance abuse)													
47	ACA Calculated Outcome Measure (line 46/line 8)													
48	OFF-SITE HOSPITAL ADMISSIONS / ER TRANSPORTS (Daily Inpatient Report/ER Transfer Log)													
49	(1A10) Number of offender admissions to off-site hospitals													
50	ACA Calculated Outcome Measure (line 49 / line 8)													
51	(1A11) Number of offenders transported off-site for treatment of emergency health conditions													
52	ACA Calculated Outcome Measure (line 51/ line 8)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
53	CONSULTS (Consult Log)													
54	(1A12) Number of offender specialty referrals completed													
55	(1A12) Number of specialty referrals (on-site or off-site) ordered by primary health care practitioners													
56	ACA Calculated Outcome Measure (line 54/line 55)													
57	HYPERTENSION (CCC Log)													
58	(1A13) Number of selected hypertensive offenders with blood pressure reading > 140/> 90 mm Hg													
59	(1A13) Total number of offenders with hypertension who were reviewed (25 or total number of pts; whichever is smaller)													
60	ACA Calculated Outcome Measure (cell K 58/cell K 59)													
61	DIABETES (CCC Log)													
62	(1A14) Number of selected diabetic offenders who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent													
63	(1A14) Total number of diabetic offenders who were reviewed (25 or total number of pts; whichever is smaller)													
64	ACA Calculated Outcome Measure (cell R 62/cell R 63)													
65	DENTAL (Dental Department)													
66	(1A15) Number of completed dental treatment plans													
67	ACA Calculated Outcome Measure (line 66/line 8)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
68	EMPLOYEE CREDENTIALS (HSA)													
69	(2A1) Number of health care staff with lapsed licensure or certification													
70	(2A1) Number of licensed or certified staff													
71	ACA Calculated Outcome Measure (line 69/line 70)													
72	(2A2) Number of new health care staff who completed orientation training prior to undertaking their new job													
73	(2A2) Number of new health care staff													
74	ACA Calculated Outcome Measure (line 72/line 73)													
75	EMPLOYEE BLOOD BORNE PATHOGEN AND TB EXPOSURES (HSA/Infection Control Nurse/OSHA 300 Log)													
76	(2A3) Number of occupational (employee) exposures to blood/potentially infectious materials													
77	(2A3) Total number of employees													
78	ACA Calculated Outcome Measure (line 76/line 77)													
79	(2A4) Number of direct care staff (employees and contractors) with a conversion of a TB skin test (TST) that indicates a newly acquired TB infection													
80	(2A4) Number of direct care staff tested (TST) for TB infection during periodic or clinically indicated evaluations													
81	ACA Calculated Outcome Measure (line 79/line 80)													
82	GRIEVANCES (HSA/CQI Nurse)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
83	(3A1) Number of offender grievances related to health care services found in favor of the offender (should match number with merit from the Grievance Log)														
84	(3A1) Total number of evaluated offender grievances related to health care services (should match number of total grievance on the Grievance Log)														
85	ACA Calculated Outcome Measure (line 83/line 84)														
86	(3A2) Number of offender grievances related to safety or sanitation sustained														
87	(3A2) Total number of evaluated offender grievances related to safety or sanitation														
88	ACA Calculated Outcome Measure (line 86/line 87)														
89	(3A3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender														
90	(3A3) Total number of offender adjudicated lawsuits related to health care delivery														
91	ACA Calculated Outcome Measure (line 89/line 90)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
92	CQI (CQI Nurse)													
93	(4A1) Number of problems identified by the CQI program that were corrected													
94	(4A1) Total number of problems identified by the CQI program													
95	ACA Calculated Outcome Measure (line 93/line 94)													
96	(4A2) Number of high-risk events or adverse outcomes identified by the CQI program													
97	Number of serious injuries or illnesses requiring medical attention													
98	DEATHS (HSA)													
99	(4A3) Number of offender suicide attempts													
100	ACA Calculated Outcome Measure (line 99/line 8)													
101	(4A4) Number of offender suicides completed													
102	ACA Calculated Outcome Measure (line 101/line 8)													
103	(4A5) Number of unexpected natural deaths													
104	Number of all other deaths (excluding completed suicides & unexpected natural deaths)													
105	Total Number of Deaths (line 101+line 103+ line 104)													
106	ACA Calculated Outcome Measure (line 103/line 105)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
107	MEDICATION ERRORS (Medication Error Log)													
108	(4A6) Number of serious medication errors													
109	OTHER DATA													
110	PHARMACY (Pharmacy Report)													
111	Number of prescriptions written													
112	Number of inmates on prescribed medications													
113	PERIODIC HEALTH APPRAISALS AND PHYSICAL EXAMS (Encounter Log)													
114	Number of intake physical exams completed this month													
115	Number of periodic health appraisals completed this month													
116	WOMEN'S SPECIALTY SERVICES (OB Log)													
117	Number of pregnant inmates													
118	Number of live births via vaginal delivery													
119	Number of live births via C-section delivery													
120	Total number of live births (line 118+line 119)													





TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
121	Number of miscarriages/spontaneous abortions														
122	Number of mammograms completed this month (onsite)														
123	SPECIALTY CLINICS AND SERVICES (DSN ONLY) (Encounter Log)														
124	Number of Males under going dialysis														
125	Number of Females under going dialysis														
126	Total number of offenders under going dialysis (line 124+line 125)														
127	Number of on-site dialysis treatments this month														
128	Total number of offenders in the On Site Chemotherapy Program (OCHIP)														
129	Number of OCHIP treatments this month														
130	Number of physical therapy visits this month														
131	Number of infectious disease consultations this month														
132	Number of oral surgery consultations/procedures this month														
133	Number of podiatry consultations/procedures this month														
134	DIAGNOSTIC IMAGING SERVICES (ON-SITE ONLY) (Encounter Log)														
135	Number of Ultra Sounds completed onsite this month														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
136	Number of X-Rays completed onsite this month														
137	SEXUALLY TRANSMITTED INFECTIONS (STIs) (Infection Contr of Nurse)														
138	Number of offenders diagnosed with syphilis this month														
139	Number of offenders diagnosed with gonorrhea this month														
140	Number of offenders diagnosed with chlamydia this month														
141	Number of offenders diagnosed with other STDs this month														
142	INFLUENZA (Infection Contr of Nurse)														
143	Number of offenders with confirmed diagnosis of Influenza (New cases only)														
144	Number of offenders with diagnosis of Influenza Like Illness (ILI) (New cases only)														
145	OTHER INFECTIONS (Infection Contr of Nurse)														
146	Number of offenders diagnosed with scabies														
147	Number of offenders diagnosed with C-Difficile														
148	CANCER (CCC Log)														
149	Number of offenders with new diagnosis of cancer														
150	SICK CALL ENCOUNTERS (Encounter Logs)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
151	Number of NURSE Sick Call encounter s														
152	Nur se encounter s per 500 inmate population														
153	Number of MID-LEVEL Sick Call encounter s														
154	Mid-level encounter s per 500 inmate population														
155	Number of PHYSICIAN Sick Call encounter s														
156	Physician encounter s per 500 inmate population														
157	Total Sick Call encounter s													0	
158	Total Sick Call encounter s per 500 inmate population														
159	CHRONIC CARE CLINIC ENCOUNTERS (Encounter Log)														
160	Total Number of Inmates in Chronic Care as of last day of the month														
161	Number of MID-LEVEL Chronic Care Clinic encounter s														
162	Mid-level encounter s per 500 inmate population														
163	Number of PHYSICIAN Chronic Care Clinic encounter s														
164	Physician encounter s per 500 inmate population														
165	Total Chronic Care Clinic encounter s														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
166	Total Chronic Care Clinic encounters per 500 inmate population													
167	LABORATORY DIAGNOSTIC TESTING (Lab Log/Diabetic Testing Log)													
168	Number of laboratory tests completed onsite (multiple-test dipstick urinalysis, finger-stick blood glucose, fecal blood, and peak flow (TDOC Policy 113.75))													
169	Number of laboratory tests referred to an off-site laboratory													
170	HIV Testing (Lab Log/Infection Control Nurse)													
171	Number tested upon Intake/Admission (BCCX; TPRW; NWCX (juvenile))													
172	Number POSITIVE													
173	Number tested randomly (per provider's order)(all sites)													
174	Number POSITIVE													
175	Number tested due to BBP Exposure (all sites)													
176	Number POSITIVE													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
177	HEPATITIS C TESTING (Lab Log/Infection Contr ol Nurse)													
178	Number tested upon Intake/Admission (BCCX; TFPW; NWCX (juvenile))													
179	Number POSITIVE													
180	Number tested randomly (per provider's order)(all sites)													
181	Number POSITIVE													
182	Number tested due to BBP Exposure (all sites)													
183	Number POSITIVE													
184	ON-SITE INFRMARY ADMISSIONS (Excluding MLCC) (Infirm ary Log)													
185	Number of MEDICAL INFRMARY ADMISSIONS													
186	Number of MENTAL HEALTH INFRMARY ADMISSIONS (SP or MHS)													
187	Number of SECURITY related INFRMARY ADMISSIONS													
188	Total number of infirm ary patients for the month (include rollover from previous month)													
189	Total number of infirm ary in-patient days (count from 1st day to last day of month)													
190	Infirm ary Average Length of Stay (days) (equals line 189 / line 188)													
191	# OF PATIENTS IN INFRMARY > 15 DAYS													




TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
192	# OF PATIENTS ASSIGNED PERMANENTLY IN THE INFIRMARY														

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CR-2124

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 113.09	Page 1 of 1
	Effective Date: March 31, 2017	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

POLICY CHANGE NOTICE 17-35

INSTRUCTIONS:

Please remove pages 8-10 dated October 15, 2016, and insert the attached pages 8-14 dated March 31, 2017. Renumber all policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
7														
8	Average Daily Population (ADP from count room on last day of the month)													
9	Number of Safe Keeper Inmates (Total for the month from count room)													
10	ACA													
11	MRSA (MRSA Log)													
12	(1A1) Number of offenders newly diagnosed with MRSA infection this month. Soft tissue infections empirically treated as MRSA should be tracked as a component of this outcome measure.													
13	ACA Calculated Outcome Measure (line 12/line 8)													
14	TUBERCULOSIS (TB Log)													
15	(1A2) Number of offenders newly diagnosed with active tuberculosis this month													
16	ACA Calculated Outcome Measure (line 15/line 8)													
17	(1A3) Number of offenders who are new converters on a TB skin test (TST) that indicates newly acquired TB infection													
18	(1A3) Number of offenders administered skin tests for TB (TST) as part of annual, periodic, or clinically based testing, but not intake screening													
19	ACA Calculated Outcome Measure (line 17/line 18)													
20	Number of offenders screened for TB as part of annual, periodic, or clinically based testing, but not intake screening													
21	Number of TST completed as part of the Intake Process (BCCX; TPFW; NWCX (juvenile))													
22	Total skin tests for TB (TSTs) (line 18+line 21)													





TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
23	Number of IGRAs completed as part of annual, periodic, or clinically based testing, but not intake screening														
24	Number of IGRAs completed as part of the Intake Process (BCCX & TPFW)														
25	Total number of IGRAs completed (line 23+line 24)														
26	(1A4) Number of offenders who completed treatment for latent tuberculosis infection														
27	(1A4) Number of offenders started on treatment for latent tuberculosis infection														
28	ACA Calculated Outcome Measure (line 26/line 27)														
29	HEPATITIS C (HCV Log)														
30	(1A5) Number of offenders diagnosed with Hepatitis C viral infection														
31	ACA Calculated Outcome Measure (line 30/line 8)														
32	Number of offenders with Hepatitis C viral infection being treated with antiretroviral treatment														
33	Number of offenders diagnosed with Hepatitis A viral infection (New cases only)														
34	Number of offenders diagnosed with Hepatitis B viral infection (New cases only)														
35	Number of Hepatitis B vaccines administered														
36	HIV/AIDS (HIV Log)														
37	(1A6) Number of offenders diagnosed with HIV infection														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
38	ACA Calculated Outcome Measure (line 37/line 8)														
39	(1A7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART)														
40	ACA Calculated Outcome Measure (line 39/line 37)														
41	(1A8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml														
42	(1A8) Total number of treated offenders with HIV infection who were reviewed (25 or total number of pts; whichever is smaller)														
44	ACA Calculated Outcome Measure (cell O 41/cell O 42)														
43	Total number of confirmed cases of AIDS														
45	MENTAL HEALTH (MHA)														
46	(1A9) Number of offenders diagnosed with an Axis I disorder (LOC 3 or 4) (excluding sole diagnosis of substance abuse)														
47	ACA Calculated Outcome Measure (line 46/line 8)														
48	OFF-SITE HOSPITAL ADMISSIONS / ER TRANSPORTS (Daily Inpatient Report/ER Transfer Log)														
49	(1A10) Number of offender admissions to off-site hospitals														
50	ACA Calculated Outcome Measure (line 49 / line 8)														
51	(1A11) Number of offenders transported off-site for treatment of emergency health conditions														
52	ACA Calculated Outcome Measure (line 51/ line 8)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
53	CONSULTS (Consult Log)													
54	(1A12) Number of offender specialty referrals completed													
55	(1A12) Number of specialty referrals (on-site or off-site) ordered by primary health care practitioners													
56	ACA Calculated Outcome Measure (line 54/line 55)													
57	HYPERTENSION (CCC Log)													
58	(1A13) Number of selected hypertensive offenders with blood pressure reading > 140/> 90 mm Hg													
59	(1A13) Total number of offenders with hypertension who were reviewed (25 or total number of pts; whichever is smaller)													
60	ACA Calculated Outcome Measure (cell K 58/cell K 59)													
61	DIABETES (CCC Log)													
62	(1A14) Number of selected diabetic offenders who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent													
63	(1A14) Total number of diabetic offenders who were reviewed (25 or total number of pts; whichever is smaller)													
64	ACA Calculated Outcome Measure (cell R 62/cell R 63)													
65	DENTAL (Dental Department)													
66	(1A15) Number of completed dental treatment plans													
67	ACA Calculated Outcome Measure (line 66/line 8)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
68	EMPLOYEE CREDENTIALS (HSA)													
69	(2A1) Number of health care staff with lapsed licensure or certification													
70	(2A1) Number of licensed or certified staff													
71	ACA Calculated Outcome Measure (line 69/line 70)													
72	(2A2) Number of new health care staff who completed orientation training prior to undertaking their new job													
73	(2A2) Number of new health care staff													
74	ACA Calculated Outcome Measure (line 72/line 73)													
75	EMPLOYEE BLOOD BORNE PATHOGEN AND TB EXPOSURES (HSA/Infection Control Nurse/OSHA 300 Log)													
76	(2A3) Number of occupational (employee) exposures to blood/potentially infectious materials													
77	(2A3) Total number of employees													
78	ACA Calculated Outcome Measure (line 76/line 77)													
79	(2A4) Number of direct care staff (employees and contractors) with a conversion of a TB skin test (TST) that indicates a newly acquired TB infection													
80	(2A4) Number of direct care staff tested (TST) for TB infection during periodic or clinically indicated evaluations													
81	ACA Calculated Outcome Measure (line 79/line 80)													
82	GRIEVANCES (HSA/CQI Nurse)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
83	(3A1) Number of offender grievances related to health care services found in favor of the offender (should match number with merit from the Grievance Log)														
84	(3A1) Total number of evaluated offender grievances related to health care services (should match number of total grievance on the Grievance Log)														
85	ACA Calculated Outcome Measure (line 83/line 84)														
86	(3A2) Number of offender grievances related to safety or sanitation sustained														
87	(3A2) Total number of evaluated offender grievances related to safety or sanitation														
88	ACA Calculated Outcome Measure (line 86/line 87)														
89	(3A3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender														
90	(3A3) Total number of offender adjudicated lawsuits related to health care delivery														
91	ACA Calculated Outcome Measure (line 89/line 90)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
92	CQI (CQI Nurse)													
93	(4A1) Number of problems identified by the CQI program that were corrected													
94	(4A1) Total number of problems identified by the CQI program													
95	ACA Calculated Outcome Measure (line 93/line 94)													
96	(4A2) Number of high-risk events or adverse outcomes identified by the CQI program													
97	Number of serious injuries or illnesses requiring medical attention													
98	DEATHS (HSA)													
99	(4A3) Number of offender suicide attempts													
100	ACA Calculated Outcome Measure (line 99/line 8)													
101	(4A4) Number of offender suicides completed													
102	ACA Calculated Outcome Measure (line 101/line 8)													
103	(4A5) Number of unexpected natural deaths													
104	Number of all other deaths (excluding completed suicides & unexpected natural deaths)													
105	Total Number of Deaths (line 101+line 103+ line 104)													
106	ACA Calculated Outcome Measure (line 103/line 105)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
107	MEDICATION ERRORS (Medication Error Log)													
108	(4A6) Number of serious medication errors													
109	OTHER DATA													
110	PHARMACY (Pharmacy Report)													
111	Number of prescriptions written													
112	Number of inmates on prescribed medications													
113	PERIODIC HEALTH APPRAISALS AND PHYSICAL EXAMS (Encounter Log)													
114	Number of intake physical exams completed this month													
115	Number of periodic health appraisals completed this month													
116	WOMEN'S SPECIALTY SERVICES (OB Log)													
117	Number of pregnant inmates													
118	Number of live births via vaginal delivery													
119	Number of live births via C-section delivery													
120	Total number of live births (line 118+line 119)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
121	Number of miscarriages/spontaneous abortions														
122	Number of mammograms completed this month (onsite)														
123	SPECIALTY CLINICS AND SERVICES (DSN ONLY) (Encounter Log)														
124	Number of Males under going dialysis														
125	Number of Females under going dialysis														
126	Total number of offenders under going dialysis (line 124+line 125)														
127	Number of on-site dialysis treatments this month														
128	Total number of offenders in the On Site Chemotherapy Program (OCHIP)														
129	Number of OCHIP treatments this month														
130	Number of physical therapy visits this month														
131	Number of infectious disease consultations this month														
132	Number of oral surgery consultations/procedures this month														
133	Number of podiatry consultations/procedures this month														
134	DIAGNOSTIC IMAGING SERVICES (ON-SITE ONLY) (Encounter Log)														
135	Number of Ultra Sounds completed onsite this month														





TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
136	Number of X-Rays completed onsite this month														
137	SEXUALLY TRANSMITTED INFECTIONS (STIs) (Infection Contr of Nurse)														
138	Number of offenders diagnosed with syphilis this month														
139	Number of offenders diagnosed with gonorrhea this month														
140	Number of offenders diagnosed with chlamydia this month														
141	Number of offenders diagnosed with other STDs this month														
142	INFLUENZA (Infection Contr of Nurse)														
143	Number of offenders with confirmed diagnosis of Influenza (New cases only)														
144	Number of offenders with diagnosis of Influenza Like Illness (ILI) (New cases only)														
145	OTHER INFECTIONS (Infection Contr of Nurse)														
146	Number of offenders diagnosed with scabies														
147	Number of offenders diagnosed with C-Difficile														
148	CANCER (CCC Log)														
149	Number of offenders with new diagnosis of cancer														
150	SICK CALL ENCOUNTERS (Encounter Logs)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
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6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
151	Number of NURSE Sick Call encounter s														
152	Nur se encounter s per 500 inn ate population														
153	Number of MID-LEVEL Sick Call encounter s														
154	Mid-level encounter s per 500 inn ate population														
155	Number of PHYSICIAN Sick Call encounter s														
156	Physician encounter s per 500 inn ate population														
157	Total Sick Call encounter s													0	
158	Total Sick Call encounter s per 500 inn ate population														
159	CHRONIC CARE CLINIC ENCOUNTERS (Encounter Log)														
160	Total Number of Inn ates in Chronic Care as of last day of the m onth														
161	Number of MID-LEVEL Chronic Care Clinic encounter s														
162	Mid-level encounter s per 500 inn ate population														
163	Number of PHYSICIAN Chronic Care Clinic encounter s														
164	Physician encounter s per 500 inn ate population														
165	Total Chronic Care Clinic encounter s														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
166	Total Chronic Care Clinic encounters per 500 inmate population													
167	LABORATORY DIAGNOSTIC TESTING (Lab Log/Diabetic Testing Log)													
168	Number of laboratory tests completed onsite (multiple-test dipstick urinalysis, finger-stick blood glucose, fecal blood, and peak flow (TDOC Policy 113.75))													
169	Number of laboratory tests referred to an off-site laboratory													
170	HIV Testing (Lab Log/Infection Control Nurse)													
171	Number tested upon Intake/Admission (BCCX; TPRW; NWCX (juvenile))													
172	Number POSITIVE													
173	Number tested randomly (per provider's order)(all sites)													
174	Number POSITIVE													
175	Number tested due to BBP Exposure (all sites)													
176	Number POSITIVE													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
177	HEPATITIS C TESTING (Lab Log/Infection Contr of Nurse)													
178	Number tested upon Intake/Admission (BCCX; TPFW; NWCX (juvenile))													
179	Number POSITIVE													
180	Number tested randomly (per provider's order)(all sites)													
181	Number POSITIVE													
182	Number tested due to BBP Exposure (all sites)													
183	Number POSITIVE													
184	ON-SITE INFRMARY ADMISSIONS (Excluding MLCC) (Infirm ary Log)													
185	Number of MEDICAL INFRMARY ADMISSIONS													
186	Number of MENTAL HEALTH INFRMARY ADMISSIONS (SP or MHS)													
187	Number of SECURITY related INFRMARY ADMISSIONS													
188	Total number of infirm ary patients for the month (include rollover from previous month)													
189	Total number of infirm ary in-patient days (count from 1st day to last day of month)													
190	Infirm ary Average Length of Stay (days) (equals line 189 / line 188)													
191	# OF PATIENTS IN INFRMARY > 15 DAYS													




TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
192	# OF PATIENTS ASSIGNED PERMANENTLY IN THE INFIRMARY														

Not to be reproduced or disclosed without the expressed written authorization of the TDOC Chief Medical Officer

CR-2124

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.10	Page 1 of 4
	Effective Date: March 1, 2019	
	Distribution: A	
	Supersedes: 113.10 (6/15/15)	
Approved by: Tony Parker		
Subject: CREDENTIALS OF CLINICAL PERSONNEL		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 63-6-201, TCA 63-10-209, TCA 63-10-210, and TCA 63-10-212.
- II. PURPOSE: To specify qualifications for all persons working in institutional clinical service and to ensure compliance with laws governing the delivery of clinical services.
- III. APPLICATION: Wardens, Associate Warden of Treatment, Superintendents, Deputy Superintendent, health administrators, behavioral health administrators, contract healthcare staff and behavioral health staff, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Clinical Service Authority: The health administrator, behavioral health administrator, or other individual designated, locally, as responsible for the management or coordination of clinical services at a facility.
  - B. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat patients and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include (but are not limited to) a physician assistant, a nurse practitioner, or clinical nurse specialist (CNS) with a Master's level of training and a certificate of fitness.
  - C. Preceptor: A licensed, healthcare provider, mental health care provider or licensed or certified alcohol and drug counselor who gives personal instruction, practical experience, training, and supervision to a student or intern of their same discipline.
  - D. Qualified Clinical Service Personnel: Personnel, whether in the employ of the State or of a contractor, who are legally authorized by licensure, registration, or certification to perform direct or supportive healthcare service, mental health service or support or substance use program services and whose primary responsibility it is to provide clinical services to inmates in the custody of the Tennessee Department of Correction (TDOC). Examples of qualified clinical service personnel include, but are not limited to, physicians, dentists, mid-level providers, nursing assistants, psychologists, licensed social workers, licensed or certified alcohol and drug counselors (LADAC, ICRC-AODAC, NAADAC I, II, or Master level NAADAC certification), Licensed social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT).
  - E. Responsible Physician: The licensed physician who is primarily responsible for all matters of medical judgment relating to patient care at the institution.

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Subject: CREDENTIALS OF CLINICAL PERSONNEL		

V. POLICY: All qualified clinical personnel providing services to inmates in the custody of the TDOC shall meet licensure, certification, registration, and/or training requirements as established by state law and/or the Health Related Boards of the Tennessee Department of Health.

VI. PROCEDURES:

- A. Written verification of the current license, certification, and/or registration of the institutional and contract clinical personnel shall be maintained by the health administrator, behavioral health administrator, and substance use program managers for their particular disciplines. This documentation shall be verified annually and available for inspections/reviews; quality assurance credentials reviews and accreditation audits.
- B. The medical and behavioral health contractors are responsible for providing copies of all required credentials of contract employees and/or subcontractors, including any agency and/or temporary providers.
- C. All qualified clinical personnel shall practice within the scope of their credentials and applicable laws.
  1. Physician's Assistant, Nurse Practitioners (NP), and advance practice nurses (practitioners, clinicians, and specialists) shall practice under the clinical supervision of a licensed physician and shall practice within the limits of applicable state laws and regulations.
  2. The health authorities for each discipline shall provide and review annually a written functional job description for all qualified clinical personnel outlining services consistent with their level of training and experience. If the institution employs healthcare personnel other than a licensed provider (i.e. nursing assistants), the care is provided pursuant to approved written standing orders or direct orders by personnel authorized by law to give such orders. Each institution shall include such written standing orders in their Health Services Unit Manual. The "Scope of Services" section of a private provider's contract may be used in lieu of a job description.
  3. At institutions where health authorities do not supervise all qualified clinical personnel, the Associate Warden of Treatment/Deputy Superintendent or designee shall approve the job description or contract responsibilities of those individuals not under the supervision of the Health Authority.
- D. The health and behavioral health administrators, care staff, contract health and behavioral health staff shall obtain the full legal signature and initials of each qualified clinical professional authorized to document in the health record. The Signature Legend, CR-2775, shall be utilized for this purpose and maintained by the health authorities for each discipline, or in the medical records clerk/administrator's files.

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Subject: CREDENTIALS OF CLINICAL PERSONNEL		

E. Documenting Credentials

1. A copy of each qualified clinical services personnel's license/verification, drug enforcement agency card, cardiopulmonary resuscitation (CPR), and other credentials shall be on file at all correctional facilities where he/she may provide treatment services. A copy of each shall remain in the health or behavioral health administrator's office files of all facilities where the provider is scheduled to work.
2. CPR certifications shall require hands on skills demonstration as part of the curriculum.


F. Students and Interns: When health or mental health care students and/or interns are utilized in the delivery of clinical care, their services shall be supervised by their preceptor. Preceptors shall ensure interns act within the scope of their licensure or certification, as defined by state law and the Health Related Boards Division of the Tennessee Department of Health. Interns shall also be given training and orientation concerning appropriate behavior in TDOC institutions.

VII. ACA STANDARDS: 4-4368, 4-4382, and 4-4392.

VIII. EXPIRATION DATE: March 1, 2022.



CR-2775 (Rev. 11-18)

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.09	Page 1 of 1
	Effective Date: January 15, 2019	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

POLICY CHANGE NOTICE 19-1


INSTRUCTIONS:

Please change Section VI.(D)(2) to read as follows:

- “2. Each institutional health administrator shall designate one registered nurse (RN) whose primary responsibilities include serving as the institutional CQI coordinator and overseeing the institutional infection control/surveillance program. In larger facilities, it is necessary for the health administrator to designate another RN with infectious disease management, as the Infection Control coordinator per policy #113.42”.

Please change Section VI.(D)(5) to read as follows:

- “5. The committee shall meet monthly, by the 15th, to review and discuss CQI reports and opportunities for quality improvement”.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.11	Page 1 of 8
	Effective Date: October 15, 2016	
	Distribution:	
	Supersedes: 113.11 (11/1/11)	
	Approved by: Tony Parker	
Subject: CLINICAL AND NURSING PROTOCOLS		

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To establish safe and effective medical treatment of inmates by establishing uniform guidelines for the identification and care of minor ailments and emergency situations.

III. APPLICATION: Health Administrators, associate wardens, physicians, dentists, mid-level providers, registered nurses, licensed practical nurses, certified nursing assistants, medical contractors, and privately managed institutions.

IV. DEFINITIONS:

A. Clinical Protocols: A document in which the institutional Medical Director/Supervising Psychiatrist delegates guidelines of medical/behavioral health management to a mid-level provider. Clinical protocols are a formal method established for the management of a disease process or behavioral health disorder. Clinical protocols outline diagnostic tests (including laboratory tests) and treatment for identified health or behavioral health conditions and are used under physician supervision only by professionals with formal advanced training and certification/license in primary health or behavioral health care delivery.

B. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat patients and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include (but are not limited to) a physician assistant, an Advanced Practice Nurse with a master level of training or doctorate, and a certificate of fitness in their field of expertise.

C. Nursing Protocols: Written instructions that guide and educate nurses in the specific steps to be taken in evaluating an inmate's health status and providing clinical interventions. Such protocols are directed by a physician or dentist and authorize the nurse to provide definitive treatment for minor health conditions and/or emergency care.

D. Nursing Protocol Progress Notes: Designated progress notes which document a directed assessment indicated for a specific nursing protocol.

E. SOAP Format: Medical charting/documentation of clinical assessments in the health record as follows:

S: = Subjective- patient reported complaint(s), history and symptoms  
O: = Objective- examinations and diagnostic tests  
A: = Assessment- diagnostic impression, rule-outs  
P: = Plan- Treatment plan; interventions, follow-up

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Subject: CLINICAL AND NURSING PROTOCOLS		

F. Supervising Physician: A licensed and actively practicing physician who has been identified as accepting the responsibility for supervising a mid-level provider.

V. POLICY: Medical treatment by Clinical Services personnel other than a physician, dentist, or other independent provider shall be performed pursuant to clinical/nursing protocols or direct orders by personnel authorized by law to give such orders.

VI. PROCEDURES:

A. Nursing Protocols

1. At least annually, nursing protocols shall be reviewed and approved in writing by the TDOC Director of Clinical Services in coordination with the Statewide Continuous Quality Improvement committee. Such written approval shall be maintained with the nursing protocols.
2. At least annually, the TDOC's nursing protocols shall be jointly reviewed by the responsible physician/dentist and the nursing staff and shall constitute a mutual agreement concerning the management of commonly occurring conditions and emergency care needs.
3. All institutions shall maintain a current copy of the TDOC approved nursing protocols in their Health Services unit manual. Nursing protocols shall have a cover sheet which serves as a letter of agreement between the physician and the appropriate nursing staff. (See Attachments A through C)
4. All nursing staff shall be oriented to the nursing protocols prior to providing nursing care specified in the protocols. It is the option of either the responsible physician/dentist, Director of Nursing, or the health administrator to restrict an individual employee's use of the protocols, based on educational background, experience level, expertise, or demonstrated performance.
5. A copy of the TDOC's nursing protocols shall be readily available in all clinical areas for use as a reference.
6. Each protocol directed assessment shall be documented in the Health Record utilizing the Nursing Protocol Progress Note (NPPR) indicated for each symptom specific protocol in the current year's edition of the TDOC Nursing Protocols. These forms are not all inclusive. The nurse performing the assessment shall be responsible for ensuring that all pertinent information is assessed, documented, and communicated to the provider.
7. When a nursing protocol includes medication therapy, the protocol indicated medication shall be written on the Physician's Order Sheet, CR-1892, to clearly specify:
  - a. Name of medication or drug

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- b. Dosage(s) authorized
    - c. Dosage form
    - d. Route(s) of administration
    - e. Duration of order/ start and stop date
    - f. Intervals of administration
    - g. Contraindications for use, if appropriate
  8. All nursing protocols utilized with medication therapy must be co-sign dated, and timed, by the supervising physician within 14 days.
- B. Clinical Protocols: Mid-level providers shall practice pursuant to written protocols developed and signed by the Medical Director/Supervising Psychiatrist, within the limits of applicable state and federal laws and regulations. Clinical protocols define the scope of practice and are the means by which the physician/dentist delegates specific acts of medical management which shall include:
1. Each mid-level provider shall have a physician preceptor who is responsible for supervising his or her clinical practice. The physician/mid-level provider relationship shall be clearly established in writing, with a copy maintained by each party and the health/behavioral health administrator.
  2. Before a mid-level provider is allowed to practice under clinical protocols, the training, credentials, and experience level of the individual shall be verified by (and to the satisfaction of) the Medical Director/Supervising Psychiatrist administrator which if unsatisfactory, may restrict an individual mid-level provider in his or her use of clinical protocols.
  3. At least annually, the clinical protocols shall be reviewed and revised as necessary, and then both the Medical Director/Supervising Psychiatrist and mid-level provider shall sign and date the letter of agreement. This agreement shall also serve as a cover letter for the clinical protocols, which are mutually agreed upon by the Medical Director/Supervising Psychiatrist and the mid-level provider. Attachment C is a sample Physician/Mid-level Letter of Agreement. Should there be a change in the Medical Director/Psychiatrist or mid-level provider, a new letter of agreement shall be signed. In addition, form PH-3625 shall be completed as indicated by TDOH-Health Related Boards.
  4. A supervising physician shall personally review at least 20% of charts monitored or written by the mid-level provider every 30 days. This review shall be verified in the medical record by the supervising physician signature and date reviewed in the progress record on the plan of treatment receiving approval.
  5. The clinical protocols shall be readily available in all clinical areas at all times for reference by individual mid-level providers and other staff members as needed. Professional publications may serve as the clinical resource as approved by the Medical Director/Supervising Psychiatrist in accordance with the procedures in this policy.

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6. Only board certified psychiatrists may delegate (in clinical protocols) the prescribing of psychotropic medications, and then only to advanced practice psychiatric nurse clinicians who have specialized training in psychiatric practice who are authorized to do so under Tennessee regulations, and are under the psychiatrist's supervision.

- C. Standing Orders: If the institution employs healthcare personnel other than a licensed provider (i.e. certified nursing assistants), the care is provided pursuant to approved written standing orders or direct orders by personnel authorized by law to give such orders. Each institution shall include such written standing orders in their *Health Services Unit Manual*.

VII. ACA STANDARDS: 4-4381, 4-4382, and 2-CO-4E-01.

VIII. EXPIRATION DATE: October 15, 2019.

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Attachment A

**TENNESSEE DEPARTMENT OF CORRECTION**  
**NURSING PROTOCOLS LETTER OF UNDERSTANDING**

These nursing protocols are designed for use by the nursing staff of the Tennessee Department of Correction and associated contractors. Treatment by health care personnel other than a physician, dentist or other independent provider must be performed pursuant to written or direct orders or protocols. Registered and Licensed Practical Nurses may practice within the limits of state and federal laws. These nursing protocols constitute directives from the responsible physician to the nurse for the treatment of commonly occurring conditions or emergencies. Each nursing protocol is mutually agreed upon by the Facility Medical Director and facility nursing staff. Before a member of the nursing staff is allowed to practice under these protocols, the training credentials and experience level of each nurse shall be verified to the satisfaction of the responsible physician and nursing director/supervisor. It is the option of either the responsible physician or the nursing director/supervisor to restrict an individual nurse in his or her use of these nursing protocols based on the individual's education, experience, or ability.

It is essential that a good working relationship be maintained between the nursing staff and the responsible physician. At least annually, nursing protocols shall be reviewed jointly by the responsible physician and the nursing staff. The responsible physician shall in a timely manner review treatment provided by the nurses and co-sign in the health record orders and treatment initiated by the nurse pursuant to protocols. It is expected that when questions arise the nurse will obtain a consultation either face-to-face or via phone or refer that patient to the appropriate provider.

\_\_\_\_\_  
Facility Medical Director's Name (Please Print)

\_\_\_\_\_  
Signature of Facility Medical Director

\_\_\_\_\_  
Date

**Subject: CLINICAL AND NURSING PROTOCOLS**

## Attachment B

**TENNESSEE DEPARTMENT OF CORRECTION**  
**NURSING PROTOCOLS SIGNATURE SHEET**

My affixed signature indicates that I have read and understand the scope of the TDOC Nursing Protocols. I have the necessary skills, knowledge, and understanding to use these protocols. I agree to abide by the conditions of supervision as expressed in the attached Letter of Understanding. I further acknowledge that any variance from the approved procedures is not acceptable. I understand that the protocols are by no means exhaustive, and I am expected to know my limitations and to seek assistance from other healthcare professionals as needed. Utilization of the TDOC's Nursing Protocols shall be documented in the inmate health record and signed, using my signature and title.

[illegible]



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Subject: CLINICAL AND NURSING PROTOCOLS		

Attachment C

**TENNESSEE DEPARTMENT OF CORRECTION**  
**PHYSICIAN/MID-LEVEL AGREEMENT**

These clinical protocols are designed for use by the mid-level providers at (Name of Correctional Facility). Treatment by health care personnel other than a physician, dentist or other independent provider (such as an Optometrist or a Podiatrist) must be performed pursuant to written or direct orders or established protocols. Mid-Level providers with a Certificate of Fitness and current state licensure may practice within the limits of state and federal laws. These protocols constitute directives from the Medical Director/Supervising Psychiatrist to the mid-level provider, of identified conditions, including episodic illnesses, chronic illnesses, and emergency treatment. Each protocol includes the condition, any required diagnostics and treatment and referral data, if applicable, as mutually agreed by the Medical Director/Psychiatrist and the mid-level provider.

Before a mid-level provider is allowed to operate under these protocols, their training, credentials and experience level shall be verified to the satisfaction of the Medical Director/Psychiatrist.

It is essential that a good working relationship be maintained between the mid-level provider and his/her supervising physician. Protocols shall be reviewed jointly by the Medical Director/Supervising Psychiatrist and the mid-level provider on a regular basis. The supervising physician shall in a timely manner review treatment provided by the mid-level provider, and co-sign and date, in the health record, when appropriate and necessary, orders and treatment initiated by the mid-level provider pursuant to protocols. Mid-Level providers practicing in Tennessee recognize that by state law they are personally responsible and liable for their actions.

\_\_\_\_\_  
Signature and Title of Medical Director/Psychiatrist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Mid-Level Provider

\_\_\_\_\_  
Date


\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date

Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]

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	Effective Date: June 1, 2018	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: STANDARDS FOR CLINICAL CASE MANAGEMENT		

- I. **AUTHORITY:** TCA 41-21-204; TCA 41-21-503; TCA 41-21-504; TCA 41-21-505; TCA 41-21-506; TCA 41-21-507; TCA 41-21-509; TCA 41-21-515; TCA 41-21-516; TCA 4-3-603; and TCA 4-3-606.
- II. **PURPOSE:** To establish a uniform set of guidelines and procedures to be used by TDOC for direct case planning and clinical case management, in addition to outlining the clinical case management process for offenders.
- III. **APPLICATION:** Tennessee Department of Correction (TDOC) and privately managed facilities.
- IV. **DEFINITIONS:**
  - A. **Approved Housing List:** A list of transitional housing providers that are certified to be in compliance with TDOC guidelines for approved housing providers who are deemed suitable to house offenders under TDOC supervision.
  - B. **Behavioral Health Administrator (BHA):** A licensed or qualified mental health professional who is approved by the Warden/Acting Warden and the Director of Behavioral Health Services to assume the responsibility of coordinating the delivery of behavioral health services.
  - C. **Case Management Plan (CMP):** A continuously updated and edited series of goals and action steps that govern the confinement, supervision, treatment, sanctioning, transition, and rehabilitative needs of individuals sentenced to serve their sentence under the authority of the TDOC. Updates and edits are determined by validated risk and needs assessment/reassessments as well as qualifying events.
  - D. **Clinical Case Management Services:** Services that involve engagement of the patient, assessment, planning, linkage with resources, consultation with families, collaboration with behavioral health, medical, community services and security to provide efficient needs of the offender.
  - E. **Clinical Case Manager:** The staff member(s) responsible for the assessment and coordination of offender clinical case management services during incarceration and for making arrangements for the continuum of these services through community resources and/or partnerships as needed.
  - F. **Community Resource:** Any public or private agency that provides services, counseling, or any type of assistance which helps offenders cope with the responsibilities of community supervision and/or addresses the barriers that can keep an offender from being successful in the community.

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Subject: STANDARDS FOR CLINICAL CASE MANAGEMENT		

- G. Counseling Services Team: A team comprised of the offender's assigned clinical case manager, reentry specialist, career development specialist, institutional parole officer and chief counselor.
- H. Dashboard: An electronic data visualization tool that displays the current status of metrics and key performance indicators (KPIs) for an enterprise.
- I. Expiration of Sentence: The date upon which an offender is considered to have completed his or her sentence of incarceration without parole or probation supervision being required.
- J. Forensic Social Work (FSW) Program: Community based program within TDOC Division of Rehabilitation Services that seeks to provide treatment services and support for offenders who are under state probation or parole by developing rapport and assessing needs that will address the offenders medium to very high risk "criminogenic" factors.
- K. Health Services Administrator (HSA): A designated facility staff member who is administratively responsible to the Warden or designee for the provision of health services to the inmate population.
- L. Housing Provider: A halfway house, residential treatment program, residential work program, transitional house, group home, nursing home, assisted living home, or any legitimate community based facility that will accept the residential placement of an offender.
- M. Institutional Probation and Parole Officer (IPPO): A TDOC employee who serves as a liaison between the institution and the Board of Parole for parole related hearings.
- N. Medical Furlough: The release of an inmate from TDOC institutional custody (for medical reasons) to the supervision of the TDOC Division of Community Services.
- O. Offender Management Information System (OMS): Network computer system designed to track offender populations and characteristics throughout TDOC.
- P. Offender Reentry Application: An electronic application that is used by the institutional reentry staff members to enter the required diagnostic information in the designated text fields at the specified milestones.
- Q. Reentry Services: Services specifically related to the offender's transition back into the community, i.e. identification, offender programming, Veteran's benefits, transportation, disability benefits, mental health, medication connection with community resources, etc.
- R. Scheduled Parole Hearing Date (SPHD): The certified date an offender is scheduled to appear before the Board of Parole to receive a grant hearing. The scheduled parole hearing date will appear on OMS screen LPDP, the Parole Board Eligibility Docket.
- S. Transitional Housing: A program of supervised living designed to seamlessly shift offenders from incarceration back into the community and provide reentry.
- V. POLICY: The TDOC shall develop an individualized clinical case management plan for each offender who requires medical or behavioral health services.

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VI. PROCEDURES:

- A. Clinical case management shall be responsible for the assessment, planning and coordination of reentry services for offenders requiring clinical services or clinical placement upon release in order to promote continuity of care.
- B. Clinical case management shall effectively address the assessed need(s) of the offender ensuring the offenders' correctional case plan is developed, regularly reviewed and revised, and that the offender receives adequate services that are measured and recorded.
- C. Offenders with identified clinical needs (medical, behavioral health, substance use) shall be assigned a clinical case manager to ensure proper assessments and services are provided consistently with TDOC policies and procedures.
- D. The clinical case manager shall be assigned upon an offender's admission to a facility and once identified with a medical and/or behavioral health need.
  1. The assigned clinical case manager shall access the following information through the OMS, the noted documents or databases, an interview with the offender, and collateral sources.
    - a. Criminal history
    - b. Medical profile
    - c. Behavioral health profile
    - d. Dental profile
    - e. Detainers
    - f. Citizenship
    - g. Confirm that a DNA sample has been collected
    - h. Language barriers
    - i. Chemical dependency assessment
    - j. Sex offender assessment and treatment recommendation
    - k. Veteran status
    - l. Emergency contact
    - m. Community services

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Subject: STANDARDS FOR CLINICAL CASE MANAGEMENT		

2. As necessary or appropriate for the individual offender, the clinical case manager shall:
  - a. Coordinate community services upon the offender's release
  - b. Conduct offender assessments to determine reentry care plans
  - c. Coordinate internal and external resources to facilitate continuum of care
  - d. Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
  - e. Note social services history
  - f. Discuss with the offender his/her release plan
  - g. Follow-up on the offender's eligibility for early release programs within the facility and/or community
  - h. Monitor the offender's progress and adjustment through reading incident reports, making collateral contacts and individual meeting
  - i. Respond to offender inquiries regarding release plan and application for benefits
  - j. Respond to professional or collateral inquiries
  - k. Make case notes on offender and collateral contacts (e.g. OMS, medical chart, etc.)
  - l. Explain to the offender(s) the parameters of release plan options and discuss available community programs
- E. The clinical case manager shall communicate with the counseling services team and the Reentry Discharge Planning Committee listed below to assist with offenders' reintegration into the community.
  1. Offender/Inmate
  2. Offender's family member(s)
  3. Associate Warden of Treatment
  4. Chief Counselor
  5. Reentry Specialist
  6. Behavioral Health Administrator
  7. Health Services Administrator
  8. Clinical Case Manager
  9. Clinicians (Providers)

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Subject: STANDARDS FOR CLINICAL CASE MANAGEMENT		

10. Chaplain and Program Personnel
  11. Institutional Parole Officer (IPO)
  12. Forensic Social Workers (FSW)
    - a. Forensic Social Workers (FSW) shall assist the clinical case managers and offenders in obtaining community resources.
    - b. Community Supervision field offices shall establish a referral process to departmental services to include the forensic social work program in accordance with Policy #705.08.
    - c. Departmental referrals to the FSW shall be completed on the Referral Forensic Social Worker, CR-3927.
- F. The clinical case manager shall reevaluate the offender reentry plan twelve months prior to the offender's day of release.
1. The clinical case manager shall receive a referral from the facility HSA and/or BHA on offenders with medical or behavioral health reentry needs.
  2. Upon receipt of the referral, the clinical case manager shall:
    - a. Review the scheduled parole hearing date (SPHD), future action date (FAD), and/or sentence expiration date (SED).
    - b. Make a determination of offender's needs.
    - c. Shall review the physical and behavioral health assessments that include health education and the development of the reentry plan.
    - d. Collaborate with Reentry Discharge Planning Committee.
    - e. Verify the following components to ensure a seamless transition for the offender from incarceration to the community:
      - (1) Family reunification
      - (2) Transportation
      - (3) Follow-up appointments
      - (4) Benefits
      - (5) Identification of housing needs
      - (6) Vocational rehabilitation referrals
      - (7) Forensic Social Workers

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G. The clinical case manager shall provide on-going reentry services to the offender

1. The clinical case manager shall maintain statistical data by updating and completing the following:
  - a. Dashboard tracking log
  - b. Clinical Services screen in Reentry Application
  - c. Medical furlough submissions on TDOC designated secured computer drives
2. The clinical case manager shall maintain continuum of services through review at the following intervals:
  - a. Twelve months
  - b. Six months
  - c. Three months
  - d. Sixty days
  - e. Day of release
3. The clinical case manager shall complete clinical services screen input and updates in the reentry application located on the intranet.
4. Clinical case managers shall assist with coordination of the process for medical furlough applications in accordance with Policy #511.01.1.

VII. ACA STANDARDS: 4-4305, 4-4429, 4-4430, 4-4431, and 4-4442.

VIII. EXPIRATION DATE: June 1, 2021.





## TENNESSEE DEPARTMENT OF CORRECTION

Referral  
Forensic Social WorkerInstructions: Complete **ALL** applicable fields. Enter "N/A" in text fields that do not apply to the offender.**Offender Information:**Check if **Sex Offender** ☐Last Name: Click to Enter Name First Name: Click to Enter Name.TDOC ID: Click to Enter TDOC. DOB: Click to Enter DOB Race: Choose a Race or Click to Type. Sex: Choose an item.Mailing Address: Click to Enter Mailing Address. Phone #: Click to Enter Phone.☐ Check if homeless or shelter addressClick to Enter City., TN Click to Enter ZIP.Alternate Phone #: Click to Enter Alternate Phone.Case Type: Choose an item. Expiration Date: Click to enter text.Current Offense(s): Click to Enter Current Offenses.**Supervision Information:**Risk Assessment Score: Choose an item Current Supervision Level: Choose an item. Current Supervision Type: Choose an item.**Referral Information:**Referral Priority: Choose a PriorityFSW Name: Click to Enter FSW Name. Office Location: Click to Enter OfficeLast Drug Screen: Click here to enter a date. Results: Click to Enter Results.**Referral Requests/Offender Needs:**Appointment Date: Click to Enter Date.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Crisis Intervention      | <input type="checkbox"/> A/D assessment          | <input type="checkbox"/> Other: <u>Click to Enter Other.</u> |
| <input type="checkbox"/> Mental Health counseling | <input type="checkbox"/> Anger Management        | <input type="checkbox"/> Relapse Prevention                  |
| <input type="checkbox"/> Domestic Violence Group  | <input type="checkbox"/> Batterer's Intervention | <input type="checkbox"/> Transitional/Life Skills            |


**Reason for Referral:**

- |   |   |
|---|---|
| <input type="checkbox"/> Court/Board Ordered        | <input type="checkbox"/> Supervisor Requested Sanction                        |
| <input type="checkbox"/> Officer Requested Sanction | <input type="checkbox"/> Risk/Needs Assessment <input type="checkbox"/> Other |

**Offender History:** (Check all that applies and enter additional information for each checked item)

<input type="checkbox"/> Suicidal Ideations	<input type="checkbox"/> History of Substance Use	<input type="checkbox"/> History of Violence
<input type="checkbox"/> Mental health Diagnoses <u>Click to Enter Diagnoses</u>		<input type="checkbox"/> Medications: <u>Click to List Meds.</u>
<input type="checkbox"/> In-patient Treatment: <u>Click to Enter Type, Location, Date</u>		<input type="checkbox"/> Past Services <u>Click to Enter Services</u>
<input type="checkbox"/> Out-patient Treatment: <u>Click to Enter Type, Location, Date</u>		
<u>Click to Enter Attitude Toward Drug Use or Additional Comments.</u>		

Probation Parole Officer: Referring PPO Name. Date: mm/dd/yyyy.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.33	Page 1 of 9
	Effective Date: March 1, 2017	
	Distribution: A	
	Supersedes: 113.33 (12/1/12)	
Approved by: Tony Parker		
Subject: TELEHEALTH		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure the availability of clinical consultation and services through the use of video communications and technology.
- III. APPLICATION: Wardens, Associate Wardens, Chief Medical Officer, Director of Behavioral Health Services, medical and mental health contractors, Correctional Administrators, all health care staff, Tennessee Department of Correction (TDOC) and privately managed institutions.
- IV. DEFINITIONS:
  - A. Level of Care: An inmate's need for behavioral health services will be based on their ability to function in general population and a level of care will be assigned to the inmate in the form of a numerical ranking that denotes his/her level of functioning.
  - B. Qualified Health Care Professional for Telehealth: Personnel who are legally authorized by licensure, registration, or certification to perform direct or supportive health care services and whose primary responsibility it is to provide clinical services to inmates in the custody of the TDOC. Examples of qualified personnel are physicians, dentists, and psychologists, etc.
  - C. Supportive Living Unit (SLU): Intermediate care mental health housing designed to serve the needs of the seriously mentally ill inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness.
  - D. Telehealth: The use of telecommunication equipment for the purpose of presenting inmates for evaluation, diagnosis, and treatment of medical/mental health conditions.
  - E. Telehealth Hub Site: A designated location from which the consulting provider or consultant, via electronic equipment, interacts with medical and/or mental health staff and inmates located at the remote telehealth site.
  - F. Telehealth Remote Site: A designated location from which telehealth services are provided and medical and mental health information is sent to the clinical provider located at the hub site.
  - G. Telehealth Coordinator: A licensed health care professional at each facility who is trained in the operation of all telehealth equipment and designated by the health or mental health administrator to manage the facility's inmate telehealth services.

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Subject: TELEHEALTH		

H. Utilization Management Entity (UME): The person(s) or contractor approved by the TDOC to process all requests for inpatient and outpatient specialty care.

V. POLICY: Consultation with a qualified health care professional shall be made available to inmates through telehealth in order to facilitate the expedited delivery of on-site health care.

VI. PROCEDURES:

A. General:

1. In accordance with Policy #113.12, telehealth shall be conducted in a manner consistent with those clinical standards expected of face-to-face clinical encounters.
2. Security procedures shall be conducted in a manner consistent with the privacy and confidentiality that is appropriate for face-to-face clinical encounters.
3. Telehealth encounters shall be provided only by qualified health care professionals who have full licensure with their respective regulatory/licensing bodies and who possess a current license in the state of Tennessee.
4. Telehealth encounters shall be conducted in a manner that is consistent with the privacy and confidentiality that is appropriate for face-to-face clinical encounters.
5. The UME and the telehealth coordinator are responsible for assuring that each telehealth provider is credentialed according to his/her area of specialty and possess a current license in Tennessee.
6. For medical treatment, there shall be one full-time equivalent (FTE) physician's assistant (PA) or advance practice nurse (APN) onsite. There shall be a physician available onsite one full day every other week.
7. Facilities housing SLUs for mental health levels III, IV, and V shall require a psychiatrist onsite at least eight hours a week. Additional psychiatric visits may be conducted via telehealth.

B. Telehealth Coordinator Responsibilities for Medical Encounters:

1. In accordance with Policy #113.12 and Section VI.(D)(1) of this policy, the telehealth coordinator shall coordinate the scheduling of all telehealth consults with the UME.
2. The telehealth coordinator shall ensure the appropriate medical information is forwarded to the designated provider via fax, U.S. mail, or secured e-mail so that when possible it is received at least 72 hours prior to the consultation for non-emergent telehealth encounters. Information may include but may not be limited to consult referral/request, history of problem, previous treatment, lab reports, diagnostic reports, current medications, allergies, vital signs, specialty reports (e.g., imaging, surgical, etc.), and any additional clinical information that is deemed pertinent to an encounter and requested by the provider.

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Subject: TELEHEALTH		

3. The telehealth coordinator shall verify with the UME that all required paperwork has been received by the qualified health care provider.
4. The telehealth equipment shall remain “on” at all times to accept “call-ins”.
5. The telehealth coordinator shall check all telehealth equipment for functionality and operation at least 60 minutes prior to the scheduled time of the telehealth clinic.
6. Prior to the telehealth encounter, the telehealth coordinator shall provide a thorough explanation of the expected encounter with the inmate and receiving qualified health care provider.
7. The inmate’s vital signs shall be obtained and documented in the medical record immediately prior to the telehealth encounter and then reported to the receiving qualified health care provider.
8. The telehealth coordinator shall be responsible for operating the appropriate diagnostic peripheral equipment at each telehealth encounter (e.g., stethoscope, derma scope, etc.).
9. At the end of each encounter, the telehealth coordinator shall ensure that the telehealth connection has been discontinued and the next inmate is prepared for his/her consult. If there are no other consults, he/she shall ensure that the power to the video conferencing equipment is turned to the off position and secured (including locking the cabinet door and storing all peripheral equipment in a secure area).
10. The telehealth coordinator shall ensure that all providers’ documents, including a copy of the medical provider’s signed medical report, are filed in the inmate’s health record within the time frame set out in Section VI.(C)(1). The telehealth coordinator shall document that the telehealth encounter occurred by making an entry on the Problem Oriented Progress Record, CR-1884.

C. Facility Provider Responsibilities for Medical Encounters:

1. Documentation of Specialty Consultation Recommendations: In accordance with Policy #113.12, the facility provider shall receive a typed report of the telehealth consultation from the qualified health care provider within seven business days following the telehealth encounter.
2. Within three business days after receipt of the typed telehealth report, the facility provider shall document the findings and recommendations on the Problem Oriented Progress Record, CR-1884.
3. The facility provider shall review the findings and recommendations with the inmate and develop a written plan of care, if applicable. Documentation in the health record shall include a summary of the information discussed with the inmate.

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4. If the facility provider chooses not to proceed with the recommendations of the specialist, he/she shall document the alternative treatment plan.

D. Clinical Coordination and Patient Scheduling for Medical Encounters:

1. In accordance with Policy #113.12, all requests for telehealth consultations shall be scheduled in coordination with the approved UME, including any telehealth consults that were delayed due to technical failure, inmate refusal, or any other unexpected event.
2. All encounters shall be conducted in the same manner as non-telehealth appointments. If the provider is unable to complete an encounter for any reason, the telehealth coordinator shall reschedule the inmate through the UME. The rescheduled appointment may be conducted through telehealth or through an off-site appointment, as designated by the UME.

- E. When an inmate refuses a telehealth consultation, a qualified health care professional must advise the inmate of the potential health consequences of this refusal as indicated in Policy #113.51, Consent/Refusal of Treatment.

F. Space and Equipment:

1. Each facility shall identify a technical support person who shall be responsible for maintenance, trouble shooting, and technical problem resolution. This person may also serve as the telehealth coordinator.
2. Security personnel are permitted in the space utilized for and during a telehealth encounter, only under the circumstances that security personnel would be permitted into the session in a face-to-face health encounter.
3. Every effort shall be made to place the telehealth equipment in an area in which background noise and interruptions may be kept to a minimum.

G. Telehealth Coordinator Responsibilities for Mental Health Encounters:

1. Each institutional mental health administrator shall designate a telehealth coordinator who shall be responsible for:
  - a. Assisting with all telehealth clinics and operations in accordance with Sections VI. (B)(4), (5), and (8) of this policy
  - b. Scheduling of telehealth clinics
  - c. Ensuring that inmates are available for clinical appointments and directing them into exam rooms
  - d. Documenting that the telehealth encounter occurred on the Problem Oriented Progress Record, CR-1884

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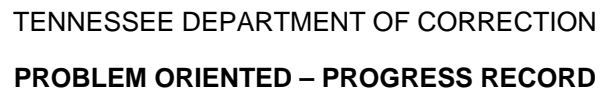
- e. Ensuring all documents generated or obtained from providers during the telehealth clinic are placed in the medical records. The telehealth coordinator shall also ensure that copies of the Physicians' Orders, CR-1892, are routed to the institutional nursing staff for processing.
  2. The telehealth remote site coordinator shall ensure that the appropriate mental health information is forwarded to a designated individual, via fax or secure e-mail, at the hub site within 72 hours prior to non-emergent telehealth encounters. Information may include, but shall not be limited to:
    - a. The name, TDOC number, and home facility of all inmates scheduled for telehealth clinics.
    - b. Type of service requested (triage assessment, mental health intake, psychiatric follow up, etc.).
    - c. Copies of progress notes for all mental health services received during the last 90 days.
    - d. The most recent Major Medical Conditions Problem List, CR-1894.
    - e. Signed Informed Consent for Assessment and Treatment, CR-3766.
    - f. Current Mental Health Treatment Plan, CR-3326, and Mental Health Treatment Plan Review, CR-3767.
    - g. Results of laboratory or other diagnostic studies ordered by the psychiatrist (for psychiatric consults).
    - h. Physicians' Orders, CR-1892, Medication Administration Record, and the Problem Oriented Progress Record, CR-1884, for the last six months (for new appointments), or since the last telehealth encounter (for current appointments).
  3. Documentation of Telehealth for Mental Health Encounters: The telehealth hub site coordinator shall ensure that all clinical documentation of the telehealth encounter is transmitted to the remote site.
    - a. Documentation shall be completed on the day of the clinic, scanned, and sent via secure e-mail before the close of business.
    - b. Scanned documentation shall be filed in the medical record and become a permanent part of the record on file.
    - c. Consent forms or other documents requiring inmate and provider signatures shall be initiated by the provider, scanned, and sent to the facility prior to the session. The telehealth remote site coordinator shall print the documents and ensure the inmate signs them prior to the consultation. The forms shall be placed in the medical record.

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Subject: TELEHEALTH		

- d. Orders for medication, laboratory work, or other tests shall be clearly documented on the appropriate form and transmitted at the conclusion of the appointment.
- e. Original copies of clinical documentation shall be shredded by the hub site coordinator.
- f. Clinical documentation shall be in accordance with established TDOC policies and protocols.
- g. Inmate refusals of telehealth services shall be addressed in accordance with Section VI. (E) of this policy.

VII. ACA STANDARDS: 4-4347, 4-4348, 4-4403, and 4403-1.

VIII. EXPIRATION DATE: March 1, 2020.



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485





**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
MAJOR PROBLEM LIST**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_  
                    Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F Race: \_\_\_\_\_

Allergies: \_\_\_\_\_

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED (Please check "0" if resolved)	RESOLVE DATE

Conservator Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

- \* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
- \* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

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

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

I hereby authorize \_\_\_\_\_ to perform the following assessment or treatment:

\_\_\_\_\_

\_\_\_\_\_  
Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of the inmate or person authorized to consent for inmate

\_\_\_\_\_  
Signature of Practitioner and Professional Title

\_\_\_\_\_  
Signature of Practitioner and Professional Title

Witness: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**GOALS ACCORDING TO PROBLEM # ABOVE/INMATE RESPONSIBILITIES:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**TREATMENT MODALITY AND FREQUENCY TO ACHIEVE GOALS:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN REVIEW**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
2) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
3) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
4) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
5) ☐ SAME      ☐ REVISED      \_\_\_\_\_

**PROGRESS ACCORDING TO TREATMENT PLAN GOALS:**

- 1) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
2) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
3) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
4) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
5) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_

**NEW/REVISED TREATMENT MODALITY AND FREQUENCY:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE

Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.50

Page 1 of 21

Effective Date: May 15, 2018

Distribution: A

Supersedes: 113.50 (8/15/14)

Approved by: Tony Parker

Subject: HEALTH RECORDS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 68-11-301, TCA 68-11-303, TCA 68-11-311, TCA 24-7-110, TCA 68-11-209, TCA 32-11-102, and TCA 32-11-105.
- II. PURPOSE: To prescribe contents and handling procedures for inmate health records.
- III. APPLICATION: Wardens, Superintendent, Health Administrators, health care and archives staff, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Advanced Directive: An individual instruction or written statement relating to the subsequent provision of health care for the individual in which the inmate or his/her healthcare agent expresses his/her choice(s) regarding healthcare services to apply in the event he/she is no longer capable of expressing a choice. Advance directives may include but not be limited to, a living will, an advance care plan, or durable power of attorney for health care.
  - B. Authorized Provider: A physician, dentist, Advanced Practice Nurse (APN), or Physician's Assistant (PA).
  - C. Document Storage and Retrieval System (DSRS): An electronic document repository.
  - D. DSNF Health Record: A health record maintained by the DSNF facility for sub-acute or extended care inmates being treated in a medical or mental health temporary or permanent status.
  - E. Health Record: A chronological documentation of an inmate's medical history and treatment. The record includes documentation of intake health screenings, progress notes, x-ray and laboratory reports, physicians' orders, clinic and infirmary records, medication administration records, treatment plans, immunization records, dental records, hospital and emergency room reports, specialty consultation reports, mental health records, etc.
  - F. Healthcare Agent: A fiduciary or legal surrogate. A fiduciary is a legal guardian or conservator, or an attorney-in-fact who has been granted a valid power of attorney for health care decisions pursuant to applicable law.
  - G. Now/Stat Order: An order or procedure to be initiated and completed without delay.
  - H. Order: Instructions from an authorized provider.
  - I. Protocol order: Orders initiated by TDOC Nursing Protocols

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Subject: HEALTH RECORDS		

- J. Routine Order: An order to be initiated and completed within twenty-four hours
- K. S.O.A.P. Notes: A particular format of recording clinical documentation regarding treatment procedures. The four components of S.O.A.P. notes are:
  - S = Subjective-describes the patient's current condition in narrative form, including the patient's reported complaint(s), history, symptoms, onset, and previous remedies.
  - O = Objective-findings from physical examinations, diagnostic tests, vital signs, age, weight, height, etc.
  - A = Assessment-summary of the clinician's diagnostic impression and rule-outs.
  - P = Plan-specifies the treatment plan for the inmate's condition, intervention, medication, required follow-up, etc.
- L. Telephone Order: Order initiated by telephone.
- M. Urgent Order: Orders which should be completed within one hour.
- N. Verbal Orders: Orders given verbally to a licensed nurse, pharmacist, or mid-level provider.
- V. POLICY: A health record shall be maintained for each inmate. The health record shall contain a chronological documentation of the inmate's health status and treatment throughout the duration of his or her incarceration. The health record shall be maintained separately from the inmate's institutional record.
- VI. PROCEDURES:
  - A. GENERAL:
    - 1. The health record shall be initially created at diagnostic centers as part of the diagnostic process, per Policy #401.04. In the event that inmates return to TDOC custody, their original health records shall be requested from TDOC health record archives. Diagnostic centers shall procure and utilize a ten compartment brown letter size folder for the health record as specified in Policy #512.01. These folders shall also be available to other institutions for replacement or creation of additional volumes of a health record. The Chief Medical Officer shall approve the method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping.
    - 2. The original health record shall accompany the inmate whenever he/she is transferred to another TDOC facility either permanently or temporarily (e.g., court, hospital, etc.). Mental health programmatic records shall also be forwarded. (See Policies #113.04 and #113.81)
    - 3. The health record shall be organized in a problem-oriented format and contain documentation of all occasions of medical service provided to inmates both onsite and off site for either inpatient or ambulatory care.

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4. Prior to filing the health record, all documents are to be reviewed to assure that the medical record is in order and complete. Medical records staff will scan the documents into DSRS, stamp the documents as “scanned” in red ink in the top right hand corner, then file the scanned document in the proper section of the health record.

B. Confidentiality/Release of Health Records: All health records shall be considered confidential and are to be handled in accordance with Policy #113.52.

C. Maintenance of Health Records:

1. All active health records shall be stored in a secure area and separately maintained from the institutional record. Only authorized personnel shall have access to these records. Each facility shall maintain a list of personnel, by position or function, authorized to have access to the health record, and only those authorized individuals shall have access to the DSRS database as well as the original health record.
2. Records In/Records Out, CR-1006, shall be used anytime an inmate health record is removed from the health records area.
3. All institutions shall utilize the color-coded terminal digit system for storage and retrieval.

D. Health Services Forms:

1. All institutions shall use the TDOC approved CR forms in the health record. Exceptions can be made only as described in Policy #101.06. All CR forms shall be completed in their entirety.
2. The Chief Medical Officer (CMO) or designee shall periodically, or as needed, review health services forms for content and appropriateness to correspond with TDOC policy, ACA standards, and current health service standards.
3. S.O.A.P. notes shall be used for documenting clinical assessments in the health record; other notes may be narrative.
4. Prescriber Orders: All orders for treatment shall be written on the Physician’s Orders, CR-1892, by an authorized provider with the exception of situations that may require the provider to issue an order verbally or by telephone so that treatment can begin immediately.
  - a. Now/Stat Order: This request applies to an emergent situation. The process of obtaining the requested order or procedure shall be initiated without delay. These requests may be written or verbal orders. The order must contain now/stat as part of the order and shall be handed directly to licensed personnel with notification of the stat order.
  - b. Protocol Orders may be used in situations outlined in Policy #113.11. In order for protocol orders to be carried out the orders should be written congruent with the requirements specified by the TDOC Nursing Protocols.



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Subject: HEALTH RECORDS		

- c. Routine Order: The process of obtaining the requested order and shall be completed/processed within twenty-four hours. The process is initiated by the ordering provider flagging the chart by folding the order over itself to the right and placing it in the designated area at each facility.
  - d. Telephone Orders: Only licensed personnel can receive and document telephone orders in the medical record. All telephone orders shall be documented, and verified by reading the order back to the authorized provider. The physician then becomes responsible for the order that is to be treated as all other physician orders. The licensed personnel shall document the date and time of the order, their name and title, as well as that of the physician giving the order.
  - e. Urgent Order: The process of obtaining the requested order or procedure and shall be completed within one hour of the request. The order must contain “urgent” as part of the order with notification of an urgent order. The process is initiated by the provider handing the written orders to licensed personnel.
  - f. Verbal Order: An order that is initiated orally by licensed personnel without the aid of a telephone. Verbal orders are not permitted except in cases of emergent situations when the provider is physically unable to interrupt his/her activity to write the order.
- E. Organization of the Health Record: All documents placed in an inmate's health record shall be legible and attached face up, in chronological order, with the most recent information on top. A health record consists of ten sections. See Section VI.(F)( 3)(a) of this policy for Section I organization. Items are placed in the most appropriate general category as follows:
  - 1. Section 1 - Assessment Data, Treatment Plan(s), Advance Directives conservatorships
  - 2. Section 2 - Diagnostic Reports
  - 3. Section 3 - Provider Orders/Medication Administration Records
  - 4. Section 4 - Chronological Progress Notes
  - 5. Section 5 - Consultations
  - 6. Section 6 - Dental
  - 7. Section 7 - Infirmary
  - 8. Section 8 - Discharge Summaries
  - 9. Section 9 - Miscellaneous

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Subject: HEALTH RECORDS		

10. Section 10- Mental Health

F. Contents of Health Record Volumes:

1. Additional health record volumes should be made when documents do not fit on fasteners/prongs in sections.
2. All volumes must have typed name labels and color-coded tabs with complete inmate/patient name and TDOC number visible. Volumes shall be continued in sequence, e.g., I of II or II of II.
3. The current forms shall be transferred from the previous volume to the new volume and placed in the appropriate category grouped together, in chronological order as follows:

a. Section I – Assessment Data

1. Advance Directives
2. Conservatorship (if applicable)
3. Major Problem List, CR-1894
4. Chronic Disease Clinic Treatment Plan, CR-3624
5. Teaching/Counseling Plan, CR-2742
6. Immunization/TB Control Record, CR-2217
7. Inmate/Employee Tuberculosis Screening Tool CR-3628
8. Health Classification Summary, CR-1886
9. Report of Physical Examination, CR-3885
10. Health History, CR-2007

b. Section II –Diagnostic Reports

1. All initial and current laboratory reports (past 12 months)
2. All diagnostic reports (past 12 months)

c. Section III – Provider Orders/Medication Administration Records: Initial and at least most recent six months

d. Section IV – Progress Notes: Initial clinical assessment note and at least six months of Problem Oriented Progress Record, CR-1884 (in chronological order)

e. Section V – Consultations- All specialty consultation requests and reports (past 12 months)

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- f. Section VI – Dental- transfer all forms
- g. Section VII – Infirmary- All in house infirmary progress notes
- h. Section VIII – Discharge Summaries- All hospital discharge summaries, as well as the DeBerry Special Needs Facility health record
- i. Section IX- Miscellaneous - Miscellaneous initial or most current Health Questionnaire, CR-2178
- j. Section X- Mental Health
  - (1) Initial Psychological Evaluation
  - (2) Consent for Treatment, CR-1897
  - (3) Initial and current Mental Health Treatment Plan(s), CR-3326
  - (4) Mental Health Treatment Review Committee form, CR-3329
  - (5) Conservator information, if applicable
  - (6) Initial and 12 months – Progress Notes, CR-1884
  - (7) Any other miscellaneous forms

G. Documentation of the DSNF Health Record:

- 1. The DSNF health record shall be standardized and uniform in format for medical and mental health services, and approved annually in writing by the TDOC Chief Medical Officer.
- 2. When an inmate is discharged from DSNF, a copy of the discharge summary and any pertinent consultations or diagnostic examinations shall be copied from the DSNF health record and placed in the inmate's original health record. The DSNF health record shall be retained by the DSNF medical records department.
- 3. DSNF shall develop its own individual chart arrangement according to its unique treatment modalities. At the time of discharge, the DSNF health record shall be reviewed to ensure completeness, proper form arrangement, and that a discharge summary is present.

H. Documentation of Infirmary Services: All entries concerning care while the inmate is admitted to the infirmary will be maintained in Section VII.

I. Psychiatric/Psychological Treatment Records: Psychiatric/psychological summaries, reports, evaluations, and progress notes shall be included in the inmate health record in order to facilitate follow-up, promote continuity of care, and to document ongoing treatment.

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- J. Record Review: Prior to transfer from any institution, the health record shall be reviewed by the Health Administrator or designee. The reviewer shall verify that the health record is complete and organized in accordance with Section VI.(E) of this policy.
- K. Health Record Retention and Disposition:
1. After the release, parole, death, or discharge of an inmate, the health record shall be retained for a period of ten years. However, prenatal records shall be retained for a period of 19 years.
  2. Following any inmate's release, death, or escape for longer than 30 days, the outpatient health record shall be scanned in its entirety into the DSRS database. The outpatient health record shall be forwarded to the TDOC health record Archives Center, utilizing the Health Records Movement Document, CR-2176. Such records shall be made available thereafter as needed, or upon the inmate's return to TDOC custody. Requests for such records shall be forwarded to the TDOC health record Archives Center.
  3. X-ray films must be retained for at least four years.
  4. Health records shall be released to any officer of the Office of Investigations and Compliance (OIC) when requested. (See Policy #113.05) The Health Administrator shall obtain a copy of the health record before release.
- L. Coding and Indexing:
1. If coding is done for medical diagnosis, the most current edition of *The International Classification of Diseases, Clinical Modification*, shall be used.
  2. If coding is done for psychiatric diagnoses, the most current edition of the *Diagnostic and Statistical Manual of Disorders* (DSM), by the American Psychiatric Association, shall be used.
- M. Advance Directives and Health Care Agent Documentation: In accordance with Policy #113.51, inmates may make advance directives to express their choices regarding their healthcare services; to apply in the event that they are no longer capable of expressing a choice. Such advance directives may include a "Living Will", or an "Advance Care Plan." As also described in Policy #113.51, a "healthcare agent" may in some cases be appointed to make healthcare decisions for an inmate in circumstances where the inmate is not able to do so for him/herself. Such appointments include an "Appointment of Healthcare Agent," Durable Power of Attorney for Healthcare," or an "Appointment of a Conservator".
1. Advance directives and Healthcare Agent documents shall be entered into the health record and shall be filed in Section 1 of the health record.

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2. Health records containing advance directives and/or documentation of a healthcare agent appointment shall be prominently marked on the outside front of the health record file "Contains Advance Directives," and/or "Contains documentation of Healthcare Agent appointment." Marking shall be by a paste-on label or bold print in red. The label or printing shall be in the upper right hand corner of the jacket.
3. Health Services staff shall ensure that the inmate's treatment plan includes a reference to advance directives and is approved by signature of the inmate's healthcare agent, where required.
4. When an inmate is transferred to a community hospital, a copy of the advance directive and/or healthcare agent appointment shall be forwarded to that hospital. A responsible individual at the community hospital shall sign for the receipt of the advance directive and/or documentation of health care agent appointment. This receipt shall be filed in Section 1 of the health record.
5. If necessary, facilities shall develop additional processes outlining how inmates with conservators or other healthcare agents will be readily identified. If a healthcare agent has been terminated, the documentation thereof shall be transferred to Section IX, together with documentation that the agent has been terminated.

VII. ACA STANDARDS: 4-4352, 4-4413, 4-4414, and 4-4415.

VIII. EXPIRATION DATE: May 15, 2021.

**NAME:** \_\_\_\_\_

NUMBER: \_\_\_\_\_

**NO.**

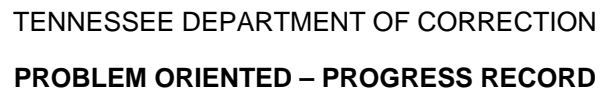
[illegible]

## SIGN IN/SIGN OUT FOR RECORDS

Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1100





## TENNESSEE DEPARTMENT OF CORRECTION

CHRONIC DISEASE CLINIC  
TREATMENT PLAN

Inmate Name \_\_\_\_\_

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

Institution \_\_\_\_\_

**LIST CHRONIC DISEASES**

1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

**Either list or refer to pharmacy profile for current medications:****SUBJECTIVE:**

Asthma: # attacks in last month? \_\_\_\_\_ Seizure disorder: # seizures since last visit? \_\_\_\_\_  
# short acting beta agonist canisters in last month? \_\_\_\_\_ Diabetes mellitus: # hypoglycemic reactions since last visit? \_\_\_\_\_  
# times awakening with asthma symptoms per week? \_\_\_\_\_ Weight loss/gain  $\uparrow\downarrow$  \_\_\_\_\_ lbs.  
CV/hypertension (Y/N): Chest pain? \_\_\_\_\_ SOB? \_\_\_\_\_ Palpitations? \_\_\_\_\_ Ankle edema? \_\_\_\_\_  
HIV/HCV (Y/N): Nausea/vomiting? \_\_\_\_\_ Abdominal pain/swelling? \_\_\_\_\_ Diarrhea? \_\_\_\_\_ Rashes/lesions? \_\_\_\_\_  
For all diseases, since last visit, describe new symptoms: \_\_\_\_\_

**OBJECTIVE:**

**Patient adherence (Y/N):** with medications? \_\_\_\_\_ with diet? \_\_\_\_\_ with exercise? \_\_\_\_\_  
**Vital signs:** Temp \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_ PEFr \_\_\_\_\_ INR \_\_\_\_\_  
**Labs:** Hgb A1C \_\_\_\_\_ HIV VL \_\_\_\_\_ CD4 \_\_\_\_\_ Total Chol \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_ Trig \_\_\_\_\_  
**Range of fingerstick glucose/BP monitoring:** \_\_\_\_\_

**Physical Evaluation (PE):** \_\_\_\_\_

HEENT/neck:	Extremities:
Heart:	Neurological:
Lungs:	GU/rectal:
Abdomen:	Other:

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

ASSESSMENT:	Degree of Control*				Clinical Status*			
	G	F	P	NA	I	S	W	NA
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\***Degree of Control:** G-Good F-Fair P-Poor NA-Not Applicable  
\***Clinical Status:** I-Improved S-Same W-Worse NA-Not Applicable

**PLAN:**

Medication changes: \_\_\_\_\_

Diagnostics: \_\_\_\_\_

Labs: \_\_\_\_\_

Monitoring: BP \_\_\_\_\_ x day/week/month Glucose \_\_\_\_\_ x day/week/month Peak flow \_\_\_\_\_ Other: \_\_\_\_\_  
Education provided: ☐ Nutrition ☐ Exercise ☐ Smoking ☐ Test results ☐ Medication management ☐ Other: \_\_\_\_\_

Referral (list type): \_\_\_\_\_ Specialist: \_\_\_\_\_

# days to next visit? ☐ 90 ☐ 60 ☐ 30 ☐ Other: \_\_\_\_\_ Discharged from Chronic Clinic (specify clinic): \_\_\_\_\_

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

Mid-Level / Physician Signature \_\_\_\_\_

Date \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**IMMUNIZATION / TB CONTROL RECORD - INMATE**

Enter Institution.  
INSTITUTION

NAME Enter Name.

TDOC NUMBER Enter TDOC Number.

**IMMUNIZATIONS**

DATE	VACCINE	DOSE	SIGNATURE
Enter Date.	Enter Vaccine.	Dose.	
Enter Date.	Enter Vaccine.	Dose.	
Enter Date.	Enter Vaccine.	Dose.	
Enter Date.	Enter Vaccine.	Dose.	
Enter Date.	Enter Vaccine.	Dose.	

**TUBERCULOSIS SCREENING AND SURVEILLANCE**

*INITIAL SCREENING:*

Date IGRA Drawn	Date of Results	Reaction (Neg/Pos)	Chest X-Ray Date / Results		Preventive Treatment Started / Completed	
Enter IGRA Drawn Date.	Enter IGRA Drawn Date.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.

**PERIODIC SCREENING: READ AFTER 48 – 72 HOURS IN MM**

Tuberculin Test Date Antigen/Method/Initials		Date Read / Initials		Reaction in MM	Chest X-Ray Date / Results		Preventive Treatment Started / Completed	
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Test Date.	Enter Antigen/Meth od/Initials.	Enter Read Date.	Enter Initials.	Enter Reaction.	Enter X-Ray Date.	Enter Results.	Enter Started Date.	Enter Completed Date.

**TUBERCULOSIS SURVEILLANCE: FILL IN IF POSITIVE PPD OR IF DISEASE OCCURS**

Bacteriologic Examination Date / Results		Diagnosis Date / Diagnosis		Treatment Started / Completed	
Enter Date.	Enter Results.	Enter Date.	Enter Diagnosis.	Enter Started Date.	Enter Completed Date.
Enter Date.	Enter Results.	Enter Date.	Enter Results.	Enter Started Date.	Enter Completed Date.
Enter Date.	Enter Results.	Enter Date.	Enter Diagnosis.	Enter Started Date.	Enter Completed Date.
Enter Date.	Enter Results.	Enter Date.	Enter Diagnosis.	Enter Started Date.	Enter Completed Date.

☐ Report Complete



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Subject

ELEMENT	DATES TAUGHT

**Note: Each entry must be signed.**



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Exam Date: \_\_\_\_\_ Dental Exam Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

	<u>Code</u>	<u>Description</u>
Health Classification (Code): _____	A	Class A – No Restrictions
	B	Class B – Moderate Restrictions
	C	Class C – Severe Restrictions

Level of Care (LOC): _____ <i>Based on health record information provided by Mental Health Treatment Team</i>	LOC 1	No Mental Health Services
	LOC 2	Outpatient
	LOC 3	Supportive Living Services (SLU) Moderate Impairment
	LOC 4	Supportive Living Services (SLU) Severe Impairment
	LOC 5	None

Clinical Alert: \_\_\_\_\_ Date: \_\_\_\_\_ Note: \_\_\_\_\_

Health Related Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

<u>Code</u>	<u>Health Conditions</u>	<u>Code</u>	<u>Health Conditions</u>
A	Visual Impairment	P	Neurological Disease/Disorder <input type="checkbox"/> Dementia
B	Hearing Impairment	Q	Arthritis
C	Speech Impairment	R	Obesity (BMI >40)
D	Orthopedic Disease/Disorder <input type="checkbox"/> Documented Hx of Back Problems	S	Aging (>60)
E	Amputation/Missing Extremity	T	Dermatological Disease/Disorder
F	Pregnancy <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> (Trimester)	U	Prosthetic Device Associated with Disability
G	Cancer	V	(Specify)
H	Asthma/Hay Fever	W	Permanently confined to a Wheelchair/Mobility
I	Allergies a) Drug _____ b) Other _____	X	Sleep Apnea
J	Diabetes <input type="checkbox"/> BS >300	Y	G. U. Disease
K	Seizure Disorder	Z	Surgery within last 6 months (abdominal, chest, back, or upper extremity)
L	Cardiovascular Disease/Disorder	AA	Other _____
M	Hypertension	BB	Acute Injury/Serious Medical Condition: Specify
N	Pulmonary Disease/Disorder		



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specific Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Specific Accommodations (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
J	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
D	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
M	Bottom bunk in housing assignment
N	Special footwear required

Notes:

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date

**REVIEWED**

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION**  
**REPORT OF PHYSICAL EXAMINATION**

**INSTITUTION:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TOMIS#:** \_\_\_\_\_ **DATE OF EXAM** \_\_\_\_\_

Blood Pressure (sitting): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

**CLINICAL EVALUATION**

<b>NORMAL</b>	(Check each item in appropriate column; enter "NE" if not evaluated.)	<b>ABNORMAL</b>	<b>NOTES:</b> Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additional information.
	1. GENERAL: Appearance, Nails, Skin, and Identifying Marks, Tattoos, etc.		
	2. EYES: General, Ophthalmoscopic; Pupils, and Ocular Motility		
	3. HEAD AND NECK		
	4. EARS: External and Otoscope		
	5. MOUTH AND THROAT		
	6. NOSE AND SINUSES		
	7. LUNG AND CHEST		
	8. CARDIOVASCULAR: Heart and Vascular System		
	9. ABDOMEN: Inspection, Auscultation and Palpation		
	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
	11. G.U. SYSTEM      a. Genitalia b. Hernia		
	12. PELVIC		
	13. ENDOCRINE		
	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities		
	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's		
	16. PSYCHIATRIC		

Summary of Defects/Conditions and Diagnosis continued on back. ☐

**Advanced Directives**

Inmate has been counseled and informed regarding Advance Directives ☐ (PH-4194 completed and placed in inmate health record)

An existing PH-4194, Advanced Care Plan, is on file and has been reviewed for updates ☐

**HEALTH CLASSIFICATION BASED ON PHYSICAL EXAMINATION:** \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF MEDICAL PROVIDER

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROVIDER

Duplicate as Needed

[illegible]

RDA 1458



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

Inmate Name: \_\_\_\_\_

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

\_\_\_\_\_  
INSTITUTION

SS# \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Date Completed: \_\_\_\_\_  
Month Day Year

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Blood Pressure (Sitting): \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

DATE, if done on Admission	
Serology _____	EKG _____
Urinalysis _____	Chest X-Ray _____
CBC _____	Hemocult _____
Chem. Scan _____	
Td Booster _____	
Other _____	

ALLERGIES: _____

Date or TB Skin Test _____	
Date Read _____	Results _____
(Record in MM.)	

Visual Acuity (Snellen) R. \_\_\_\_\_ L. \_\_\_\_\_

CURRENT MEDICATIONS: (Specify drug, strength, dosage form and frequency)






**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

Inmate Name: \_\_\_\_\_

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

**1. Family History:** Have any of your family or relatives had any of the following? If so, specify who:

Heart Disease _____	Tuberculosis _____	Cancer _____
Sickle Cell _____	Diabetes _____	Seizures _____
Hypertension _____	Mental Illness _____	Other _____

Substance Use \_\_\_\_\_ Are your parents still alive? \_\_\_\_\_

**2. Social History:**

Highest Grade Completed \_\_\_\_\_ Usual Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_  
Previous Incarcerations \_\_\_\_\_ Old Number (TN, Other State, Federal) \_\_\_\_\_

Prior to Incarceration:

Used alcohol: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Daily \_\_\_\_\_ Weekly \_\_\_\_\_

Other habit forming drug(s): Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) of Drug(s): \_\_\_\_\_

e)? Yes \_\_\_\_\_ No \_\_\_\_\_

**3. When did you last see a doctor?** \_\_\_\_\_

For What Reason: \_\_\_\_\_

**4. Have you ever been told by a doctor that you now have or have had any of the following:**

Answer questions by checking **yes** or **no**

NO	YES	COMMENT(S)
<input type="checkbox"/> a. Rheumatic Fever	<input type="checkbox"/>	_____
<input type="checkbox"/> b. Heart trouble	<input type="checkbox"/>	_____
<input type="checkbox"/> c. High Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/> d. Thyroid trouble or Goiter	<input type="checkbox"/>	_____
<input type="checkbox"/> e. Diabetes	<input type="checkbox"/>	_____
<input type="checkbox"/> f. Kidney infections or Stones	<input type="checkbox"/>	_____
<input type="checkbox"/> g. Jaundice, hepatitis or liver disease	<input type="checkbox"/>	_____
<input type="checkbox"/> h. Ulcer	<input type="checkbox"/>	_____
<input type="checkbox"/> i. Pneumonia	<input type="checkbox"/>	_____
<input type="checkbox"/> j. Tuberculosis	<input type="checkbox"/>	_____
<input type="checkbox"/> k. Gallbladder Disease	<input type="checkbox"/>	_____
<input type="checkbox"/> l. Sexually Transmitted Infection/Disease (Venereal Disease)	<input type="checkbox"/>	_____
<input type="checkbox"/> m. Asthma	<input type="checkbox"/>	_____
<input type="checkbox"/> n. Emphysema	<input type="checkbox"/>	_____
<input type="checkbox"/> o. Anemia	<input type="checkbox"/>	_____
<input type="checkbox"/> p. Hemophilia	<input type="checkbox"/>	_____
<input type="checkbox"/> q. Cancer	<input type="checkbox"/>	_____
<input type="checkbox"/> r. Epilepsy or Seizure disorder	<input type="checkbox"/>	_____
<input type="checkbox"/> s. Allergies, (if yes, what? _____)	<input type="checkbox"/>	_____
<input type="checkbox"/> t. Any other serious illness, or injuries, operations or hospitalizations?	<input type="checkbox"/>	_____
<input type="checkbox"/> u. Any history of treatment in a Mental Health Clinic or Psychiatric Hospital?	<input type="checkbox"/>	_____
<input type="checkbox"/> v. Any history of Substance Use Treatment either in or out patient?	<input type="checkbox"/>	_____



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

Inmate Name: \_\_\_\_\_

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

**Hospitalizations**

DATE	NAME OF HOSPITAL	LOCATION	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Surgical History**

DATE	TYPE OF SURGERY	HOSPITAL/SURGICAL CTR	SURGEON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NO**

**YES**

**COMMENT(S)**

**5.**

☐ a. Has there been any change in your weight in the past year?

1. Lost ☐ How much? \_\_\_\_\_

2. Gain ☐ How much? \_\_\_\_\_

☐ b. Have you ever had excessive anxiety/nervousness, depression or worrying?

☐ c. Have you noticed a change in size or color of any wart or mole, or the appearance of a new one?

☐ d. Any itching, skin rash or boils?

☐ e. Do you use tobacco?

☐ 1. Chew

☐ 2. Pipe

☐ 3. Cigars

☐ 4. Cigarettes

5. How many cigars, cigarettes, or pipes do you smoke in 24 hours? \_\_\_\_\_

**6. HEAD AND NECK**

☐ a. Do you have dizzy spells?

☐ b. Do you have frequent headaches?

How often? \_\_\_\_\_

What medicine helps your headaches? \_\_\_\_\_

☐ c. Do you have any lumps or swelling in your neck, armpits, groin or other areas?



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

Inmate Name: \_\_\_\_\_

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

NO		YES	<u>COMMENT(S)</u>
<b>7. EYES</b>			
<input type="checkbox"/>	a. Do you wear glasses or contact lens?	<input type="checkbox"/>	_____
	For how long? _____		
<input type="checkbox"/>	b. Do you see double?	<input type="checkbox"/>	_____
	Do you ever see colored halos	<input type="checkbox"/>	
<input type="checkbox"/>	c. around lights?	<input type="checkbox"/>	
<input type="checkbox"/>	d. When your eyes were last examined?	<input type="checkbox"/>	_____
<hr/>			
<input type="checkbox"/>	e. Do you have trouble seeing objects at a distance or near objects such as a newspaper?	<input type="checkbox"/>	_____
<input type="checkbox"/>	f. Do you have vision in both eyes?	<input type="checkbox"/>	_____
<b>8. EARS</b>			
<input type="checkbox"/>	a. Do you have difficulty hearing?	<input type="checkbox"/>	_____
<input type="checkbox"/>	b. Have you had any earaches lately?	<input type="checkbox"/>	_____
<input type="checkbox"/>	c. Do you have repeated buzzing or ringing in your ears?	<input type="checkbox"/>	_____
<input type="checkbox"/>	d. Do you have a hearing aid(s)?	<input type="checkbox"/>	_____
<b>9. MOUTH, NOSE AND THROAT</b>			
<input type="checkbox"/>	a. Do you have any trouble with your teeth or gums?	<input type="checkbox"/>	_____
<input type="checkbox"/>	b. When did you last see a dentist?	<input type="checkbox"/>	_____
<hr/>			
<input type="checkbox"/>	c. Have you ever had sinus problems?	<input type="checkbox"/>	_____
<input type="checkbox"/>	d. Does your nose ever bleed for no reason at all?	<input type="checkbox"/>	_____
<input type="checkbox"/>	e. Is your voice more hoarse now than in the past?	<input type="checkbox"/>	_____
<b>10. RESPIRATORY</b>			
<input type="checkbox"/>	a. Do you have a chronic cough?	<input type="checkbox"/>	_____
<input type="checkbox"/>	b. Do you cough up any material?	<input type="checkbox"/>	_____
<input type="checkbox"/>	c. Ever have trouble getting your breath after climbing one flight of stairs or walking one city block?	<input type="checkbox"/>	_____
<input type="checkbox"/>	d. Do you have frequent colds or influenza attacks?	<input type="checkbox"/>	_____
<input type="checkbox"/>	e. Do you have sleep apnea?	<input type="checkbox"/>	_____
<input type="checkbox"/>	f. Do you use a CPAP/BiPAP Machine?	<input type="checkbox"/>	_____
<b>11. CARDIOVASCULAR</b>			
<input type="checkbox"/>	a. Ever get pains or tightness in your chest?	<input type="checkbox"/>	_____
<input type="checkbox"/>	b. Ever been bothered by a racing heart?	<input type="checkbox"/>	_____
<input type="checkbox"/>	c. Do you have shortness of breath while doing your usual work?	<input type="checkbox"/>	_____
<input type="checkbox"/>	d. Need more pillows at night to breathe?	<input type="checkbox"/>	_____
<input type="checkbox"/>	e. Do you have swollen feet and ankles?	<input type="checkbox"/>	_____
<input type="checkbox"/>	f. Do you use a lot of salt on your food?	<input type="checkbox"/>	_____
<input type="checkbox"/>	g. Do you have a pacemaker?	<input type="checkbox"/>	_____
<input type="checkbox"/>	h. Do you have a defibrillator?	<input type="checkbox"/>	_____



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

Inmate Name: \_\_\_\_\_

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

NO		YES	<u>COMMENT(S)</u>
<b>12.</b>	<b>DIGESTIVE</b>		
<input type="checkbox"/> a.	Do you suffer discomfort in the pit of your stomach?	<input type="checkbox"/>	_____
<input type="checkbox"/>	1. Nausea	<input type="checkbox"/>	_____
<input type="checkbox"/>	2. Vomiting	<input type="checkbox"/>	_____
<input type="checkbox"/>	3. Indigestion	<input type="checkbox"/>	_____
<input type="checkbox"/>	4. Heartburn	<input type="checkbox"/>	_____
<input type="checkbox"/> b.	Is it painful or difficult for you to swallow liquids or solid foods?	<input type="checkbox"/>	_____
<input type="checkbox"/> c.	Do you have trouble with bowel movements?	<input type="checkbox"/>	_____
<input type="checkbox"/>	1. Hemorrhoids	<input type="checkbox"/>	_____
<input type="checkbox"/>	2. Bleeding	<input type="checkbox"/>	_____
<input type="checkbox"/>	3. Constipation	<input type="checkbox"/>	_____
<input type="checkbox"/>	4. Diarrhea	<input type="checkbox"/>	_____
<input type="checkbox"/>	5. Bloody or Black Stools	<input type="checkbox"/>	_____
<input type="checkbox"/>	6. Rectal Pain	<input type="checkbox"/>	_____
<b>13.</b>	<b>URINARY</b>		
<input type="checkbox"/> a.	Frequently get up at night to urinate?	<input type="checkbox"/>	_____
<input type="checkbox"/> b.	Ever had burning or pains when urinating?	<input type="checkbox"/>	_____
<b>14.</b>	<b>MUSCULOSKELETAL</b>		
<input type="checkbox"/> a.	Have stiff or painful muscles or joints?	<input type="checkbox"/>	_____
<input type="checkbox"/> b.	Are your joints ever swollen?	<input type="checkbox"/>	_____
<input type="checkbox"/> c.	Have you ever had any broken bones?	<input type="checkbox"/>	_____
<input type="checkbox"/> d.	Have difficulty bending or moving?	<input type="checkbox"/>	_____
<b>15.</b>	<b>FOR MALES ONLY</b>		
<input type="checkbox"/> a.	Is your urine stream very weak and slow?	<input type="checkbox"/>	_____
<input type="checkbox"/> b.	Has a doctor ever told you that you have prostate trouble?	<input type="checkbox"/>	_____
<input type="checkbox"/> c.	Ever had discharge from your penis?	<input type="checkbox"/>	_____
<input type="checkbox"/> d.	Do you have any pain, swelling, sores or lumps on your testicles or penis?	<input type="checkbox"/>	_____
<b>16.</b>	<b>FOR FEMALES ONLY</b>		
<input type="checkbox"/> a.	Have you had a hysterectomy?	<input type="checkbox"/>	_____
<input type="checkbox"/> b.	Are your menstrual periods regular?	<input type="checkbox"/>	_____
	Date of last menstrual period:		_____
<input type="checkbox"/> c.	Ever have pain with your periods?	<input type="checkbox"/>	_____
<input type="checkbox"/> d.	Do you have excessive bleeding during your period?	<input type="checkbox"/>	_____
<input type="checkbox"/>	1. Between periods?	<input type="checkbox"/>	_____
<input type="checkbox"/>	2. After sexual relations?	<input type="checkbox"/>	_____
<input type="checkbox"/>	3. After going through the "change of life"?	<input type="checkbox"/>	_____
<input type="checkbox"/> e.	What type of birth control method are you using? (Check appropriate)	<input type="checkbox"/>	_____
<input type="checkbox"/>	1. None	<input type="checkbox"/>	_____
<input type="checkbox"/>	2. Birth control pills	<input type="checkbox"/>	_____
<input type="checkbox"/>	3. IUD (Loop)	<input type="checkbox"/>	_____
<input type="checkbox"/>	4. Foam	<input type="checkbox"/>	_____



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH HISTORY**

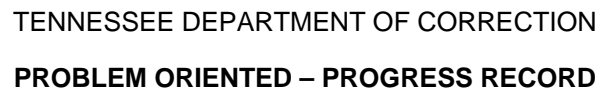
Inmate Name: \_\_\_\_\_

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

<b>NO</b>		<b>YES</b>	<b><u>COMMENT(S)</u></b>
<input type="checkbox"/>	5. Diaphragm	<input type="checkbox"/>	_____
<input type="checkbox"/>	6. Condoms	<input type="checkbox"/>	_____
<input type="checkbox"/>	7. Tubes Tied	<input type="checkbox"/>	_____
<input type="checkbox"/>	8. Other: _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	f. Do you have a discharge now?	<input type="checkbox"/>	_____
<input type="checkbox"/>	g. When was your last Pap Smear?	<input type="checkbox"/>	_____
<input type="checkbox"/>	h. Ever had an abnormal Pap smear?	<input type="checkbox"/>	_____
<input type="checkbox"/>	i. How many times have you been pregnant? _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	1. Full term _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	2. Premature _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	3. Miscarriages _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	4. Abortions _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	5. Are you pregnant now?	<input type="checkbox"/>	_____
<input type="checkbox"/>	j. Do you examine you breasts regularly?	<input type="checkbox"/>	_____
<input type="checkbox"/>	k. Ever found any lumps in your breasts?	<input type="checkbox"/>	_____
<input type="checkbox"/>	l. Ever had discharge from your nipples?	<input type="checkbox"/>	_____
<input type="checkbox"/>	m. Have you had the Measles, Mumps, and Rubella Vaccine (MMR) as an adult?	<input type="checkbox"/>	_____
<b>17.</b>	<b><i>SKIN</i></b>		
<input type="checkbox"/>	Tattoos, piercings, lesions, ulcers, tags, moles, insect bites, rashes, or infections?	<input type="checkbox"/>	_____

I certify that the foregoing information supplied by me is true and complete to the best of my knowledge.

_____	_____	_____
Date	Signature of Patient	Signature of Person Reviewing History



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



## TENNESSEE DEPARTMENT OF CORRECTION

## INMATE/EMPLOYEE TUBERCULOSIS SCREENING TOOL

INSTITUTION

☐ Employee☐ Inmate

Inmate Name (Printed)

Inmate Number

Employee Name (Printed)

Last four (4) digits of Employee SS#

*Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.*

Have you experienced any of the following symptoms within the last year?

	YES	NO
1. Prolonged cough ( <i>lasting 3 weeks or longer</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2. Productive cough ( <i>if yes, state color</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
4. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
5. Get tired easily	<input type="checkbox"/>	<input type="checkbox"/>
6. Weight loss ( <i>if yes, how many lbs. _____, time period _____</i> )	<input type="checkbox"/>	<input type="checkbox"/>
7. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
8. Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
9. Fever or chills	<input type="checkbox"/>	<input type="checkbox"/>

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)

☐☐

Were you given BCG at any time?

☐☐Have you traveled to Asia, the Caribbean, South America, or Africa within the last year? (**employee only**)☐☐

Have you ever had a positive TB skin test or positive TB blood test?

☐☐

Have you ever been told that you had tuberculosis?

☐☐Do you Volunteer to a homeless shelter on a regular basis? (**employee only**)☐☐

Have you ever taken medication for TB?

☐☐

List medications: \_\_\_\_\_

Treatment date(s): \_\_\_\_\_

Most recent TST/IGRA Date: \_\_\_\_\_

Result: \_\_\_\_\_

mm: \_\_\_\_\_

Most recent Chest-X-ray Date: \_\_\_\_\_

Result: \_\_\_\_\_

Current Test PPD (Brand): \_\_\_\_\_

Lot#: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Date placed: \_\_\_\_\_

Site: \_\_\_\_\_

Nurse: \_\_\_\_\_

Date read: \_\_\_\_\_

Result: \_\_\_\_\_

mm

Nurse: \_\_\_\_\_

Date of IGRA \_\_\_\_\_

Result: \_\_\_\_\_

Nurse: \_\_\_\_\_

## Exposure Control Methods Implemented

☐

No action required

☐

Physician/Mid-Level Referral;

☐

Segregated from population

☐

Immediate physician referral

☐

Surgical mask on patient

☐

Prepare for transfer to All facility

☐

Placed in All

☐

Recommend Quanti-FERON Blood Test

Physician review required for all positive findings:

Employee/Inmate Signature

Date

Reviewing Physician/Mid-Level Referral Signature

Date

Health Care Provider Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH QUESTIONNAIRE

INMATE NAME: \_\_\_\_\_ TDOC NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

RECEIVING INSTITUTION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ a.m./p.m.

INITIAL INTAKE: \_\_\_\_\_ TEMPORARY TRANSFER: \_\_\_\_\_ PERMANENT TRANSFER: \_\_\_\_\_

**INQUIRE:**

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing ☐ None
2. Do you speak/read English? Speak: ☐ Yes ☐ No Read: ☐ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☐ No If **yes**, describe \_\_\_\_\_
4. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?  
☐ Yes ☐ No If **yes**, describe: \_\_\_\_\_
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
6. Are you currently taking any medication(s)? ☐ Yes ☐ No  
If **yes**, was the medication transferred with the inmate? ☐ Yes ☐ No  
If **yes**, describe (what used, how much, how often, date of last use, and any problems) \_\_\_\_\_
7. Have you recently or in the past, abused alcohol or other drugs, including prescription drugs? ☐ Yes ☐ No  
If yes, What? \_\_\_\_\_ How much? \_\_\_\_\_
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☐ No  
If **yes**, when? \_\_\_\_\_
9. Do you have any allergies? ☐ Yes ☐ No If **yes**, describe: \_\_\_\_\_

***(For women)***

10. a) LMP \_\_\_\_\_ b) Are you pregnant? ☐ Yes ☐ No Number of months \_\_\_\_\_  
c) Have you recently delivered? ☐ Yes ☐ No Date: \_\_\_\_\_  
d) Are you on birth control pills? ☐ Yes ☐ No  
e) Any gynecological problems? ☐ Yes ☐ No
11. Screening for MRSA Infections:  
a) Do you have any lesions, sores or insect bites? ☐ Yes ☐ No  
If **so**, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☐ No  
If **yes**, where are these lesions? \_\_\_\_\_

**OBSERVE:**

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):  
☐ Normal ☐ Abnormal If **abnormal**, describe: \_\_\_\_\_
2. Skin Assessment (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*)  
☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
3. Is there evidence of Abuse or Trauma? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_





TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH QUESTIONNAIRE

**MENTAL HEALTH:**

1. Is the inmate presenting behavior(s) that are considered: ☐ Anxious ☐ Antagonistic/Hostile ☐ Hallucinations  
☐ Withdrawn/Avoidant ☐ Depressed/Hopeless ☐ No
2. Is the inmate presenting disorganized thought? (*Unable to track questions and/or present responses in logical or connected manner*) ☐ Yes ☐ No
3. Have you ever been in a mental hospital? ☐ Yes ☐ No  
If **yes**, when? \_\_\_\_\_ How often? \_\_\_\_\_
4. Have you ever been treated for mental health? ☐ Yes ☐ No  
Have you ever been treated for substance use? ☐ Yes ☐ No
5. Have you ever attempted to kill yourself? ☐ Yes ☐ No If **yes**, when? \_\_\_\_\_  
How? \_\_\_\_\_ How many times? \_\_\_\_\_
6. Are you thinking about suicide now? ☐ Yes ☐ No  
If yes, do you have a plan? ☐ Yes ☐ No
7. Has a parent, other family member, or close friend committed suicide? ☐ Yes ☐ No If **yes**, who? \_\_\_\_\_
- 8.. Do you have a history of past or current head trauma? ☐ Yes ☐ No If **yes**, explain type of injury: \_\_\_\_\_  
\_\_\_\_\_
- 9.. As an adult or child, have you personally experienced being: ☐ Sexually abused ☐ Physically abused ☐ Emotionally abused  
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No  
When? (year) and by whom? \_\_\_\_\_

**DISPOSITION:**

- \_\_\_\_\_ Intake housing \_\_\_\_\_ Intake housing with prompt referral appointment (*health, mental health, substance use treatment*)  
\_\_\_\_\_ General housing \_\_\_\_\_ General housing with prompt/referral appointment  
Referred to appropriate health, mental health or substance use provider ☐ Yes ☐ No  
Contacted appropriate health, mental health, or substance use provider due to emergency ☐ Yes ☐ No  
Additional comments on Progress Notes (CR-1884): ☐ Yes ☐ No

I have received information regarding the procedure for obtaining routine and emergency health care (*medical, dental, substance use, and/or mental health, and co-pay requirements*). These have been explained to me and I understand how to access healthcare services in the form of:

- ☐ **Orientation Handbook (i.e. Inmate Handbook)**
- ☐ **Information Sheet**
- ☐ **Transient inmate information-describing how to access healthcare**

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

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Employee Signature and Title



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
CONSENT FOR TREATMENT**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

I hereby authorize \_\_\_\_\_ and assistants to perform the following operation, procedure,  
(Practitioner)  
treatment, or psychiatric intervention.

\_\_\_\_\_  
Use Laymans Terms

The nature and extent of the intended operation, procedure, treatment, or psychiatric intervention has been explained to me in detail. I have been advised by \_\_\_\_\_ of the following  
(Practitioner)  
alternatives, if any, probable consequences if I remain untreated, risks and possible complications of proposed treatment as indicated:

\_\_\_\_\_  
(Use Lavman's Terms)

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the operation calling for the judgment of the practitioner for procedures in addition to or different from those now contemplated, I further request and authorize the practitioner to do whatever is deemed necessary.

I consent to the administration of anesthesia to be applied under the direction and supervision of \_\_\_\_\_.  
(Practitioner)

I have read and fully understand the terms of this consent and acknowledge that the explanations referred to were made and that all blanks have been filled.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Signature of Patient)

Witness: \_\_\_\_\_  
(Signature of Practitioner and Professional Title) Date

If the patient is a minor or incompetent to consent:

\_\_\_\_\_  
(Signature of parent or person authorized to consent for patient) Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  
p.m.

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

**GOALS ACCORDING TO PROBLEM # ABOVE/INMATE RESPONSIBILITIES:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

**TREATMENT MODALITY AND FREQUENCY TO ACHIEVE GOALS:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY**

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

**I. REPORT OF INITIAL PSYCHIATRIST'S MEETING WITH INMATE'S:**

Initial Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**II. REPORT OF SECOND PSYCHIATRIST'S MEETING WITH INMATE:**

Second Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**III. REPORT OF TREATMENT TEAM MEETING:**

Treatment Team Recommendations(s):

Signature(s) of Treatment Team Member(s):	Date	Comments:
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____

MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY

IV. REPORT OF TREATMENT REVIEW COMMITTEE:

Signature of Treatment Review Committee:	Date	Comments:
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>

INMATE RIGHTS ADVOCATE COMMENT(S):

<div><div></div><div>Inmate Rights Advocate Signature</div></div>	<div><div></div><div>Date</div></div>
---	---------------------------------------



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH RECORDS/MEDICATION MOVEMENT DOCUMENT**

**DESTINATION:** \_\_\_\_\_

**THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):**

**CHECK ALL THAT APPLY**

	<u>Inmate Name</u>	<u>Number</u>	<u>Health Record</u>	<u>Dental Record</u>	<u>Medication</u>	<u>* Purpose</u> (Indicate <b>A, B, C</b> or <b>D</b> )
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**\* PURPOSE OF RECORDS MOVEMENT:**

**A.** Permanent Transfer    **B.** Temporary Transfer for Clinical Services    **C.** Record to Archives    **D.** Other (*See Comments*)

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


**\* MEDICAL RECORD CHAIN OF CUSTODY**

Sending Institution: \_\_\_\_\_

DATE	RELEASED BY	RECEIVED BY	DATE: IF CONTINUING	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

DATE	RELEASED BY	RECEIVED BY	DATE:	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

**\*\* THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION \*\***

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 113.54	Page 1 of 10
	Effective Date: March 15, 2017	
	Distribution: A	
	Supersedes: 113.54 (6/1/12) 113.81.1 (9/15/12)	
Approved by: Tony Parker		
Subject: CLINICAL SERVICES STATISTICS COLLECTION AND REPORTING		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that accurate health and behavioral health statistics and reports are maintained to effectively evaluate service delivery and health and behavioral health care costs. Health statistics may be utilized by management for data driven decision making.
- III. APPLICATION: All Wardens, all clinical services staff, contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Continuous Quality Improvement (CQI) Data: Statistics and other protected health and behavioral health care information required to be entered on the Tennessee Department of Correction (TDOC) Clinical Services Electronic Database, such as the Monthly Statistical Report, CR-2124, or any other reports required by the TDOC Chief Medical Officer or designee.
  - B. Statewide Continuous Quality Improvement Coordinator (SCQI Coordinator): A designated individual assigned to coordinate all statewide continuous quality improvement activities which include evaluation, recommendations, implementation, and on-going monitoring.
  - C. Tennessee Department of Correction (TDOC) Clinical Services Database: An electronic confidential collection of protected health information stored on a secure shared drive containing specific inmates' medical/behavioral health diagnosis and health status. This data may be utilized to report and analyze outcome measures regarding the quality of health care and disease management.
- V. POLICY: Each facility shall collect, report, and maintain accurate statistics on the delivery of health/behavioral health care services.
- VI. PROCEDURES:
  - A. Facility Health and Behavioral Health Administrators:
    1. The health and behavioral health administrators shall develop procedures for the accurate collection of statistical data on the delivery of health and behavioral health care services.
    2. Each month the facility behavioral health administrator shall complete the applicable sections of the Monthly Statistical Report, CR-2124, and submit the report to the facility health administrator.

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Subject: CLINICAL SERVICES STATISTICS COLLECTION AND REPORTING		

3. The health administrator/designee shall be responsible for entering all CQI data in the TDOC electronic health services database on the templates provided by the Statewide Continuous Quality Improvement Coordinator (SCQI) coordinator on or before the date specified.
4. Each facility health and behavioral health administrator shall also maintain the actual staffing schedule for the month being reported. The staffing schedule should be maintained for the current fiscal year and at least two prior fiscal years and shall be submitted to the Chief Medical Officer, or designee upon request.
5. The facility behavioral health administrator shall develop procedures to ensure that the following mental health services are documented in TOMIS conversation LHSM/LOEL and in a database system approved by the Director of Behavioral Health Services.
  - a. Infirmery Admissions and Discharges
  - b. Self-Injurious Episodes (See Policy #113.88)
  - c. Serious Self-Injuries Episodes (See Policy #113.88)
  - d. Suicide Attempts (See Policy #113.88)
  - e. Suicide Completed
  - f. DSM Diagnoses
  - g. Level of Care
  - h. Mental Health Case Load
  - i. Inmates on Psychiatric Medications
  - j. Three, 30, and 90 day Segregation Evaluations
  - k. Mental Health Evaluations
6. Online Sentinel Event Log (OSEL): Each health and behavioral health administrator shall ensure information is electronically submitted to the health services designated website, when events such as an emergency room visit, facility infirmery admission, direct hospital admission, suicide watch, or mental health seclusion occur. The information precipitating, surrounding, and the outcome of the event shall be added into the Online Sentinel Event Log six hours from the event occurrence.

**B. Report Submission and Review:**

1. CQI Reports: The health administrator/designee shall maintain all facility CQI reports in the TDOC Clinical Services Database utilizing the templates provided by the SCQI coordinator. These templates shall include but shall not be limited to the Monthly Statistical Report, CR-2124 and the Chronic Care Report and shall be completed on or before the 8<sup>th</sup> of each month.



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Subject: CLINICAL SERVICES STATISTICS COLLECTION AND REPORTING		

2. CQI Logs: In accordance with Policy #113.09, the health administrator/designee shall maintain all facility CQI logs in the TDOC Clinical Services Database utilizing the templates provided by the SCQI coordinator. These templates shall include but not be limited to Medication Administration Accuracy Log, the Inmate Grievance/Inquiry Log, and the Infirmary Log and shall be completed on or before the 8<sup>th</sup> of each month.
3. Review of Reports and Logs: The SCQI coordinator shall review the TDOC Clinical Services Database by the 10<sup>th</sup> of each month to ensure all required CQI data has been entered and provide a status report to the TDOC Chief Medical Officer, or designee. The SCQI coordinator shall consult with the facility health administrator or designee regarding data which is either incomplete or appears to present a discrepancy. The TDOC Chief Medical Officer or designee shall notify the facilities and copy the Assistant Commissioner of Rehabilitative Services, Deputy Commissioners, Assistant Commissioner of Prisons, and the Correctional Administrators of any delinquent reports.

C. The Chief Medical Officer, or designee and the Director of Behavioral Health Services, or designee, shall compile an annual statewide statistical summary of health and behavioral health services and submit the report by the fiscal year end to the Assistant Commissioner of Rehabilitative Services.

D. Encounter Logs:

1. All behavioral health staff shall be responsible for completing Mental Health Individual Service Log, CR-0434. Encounter logs are maintained at the facility for a minimum of one year and are made available for inspection.
2. All behavioral health service providers shall complete and submit encounter logs to the mental Behavioral Health Administrator.
3. The Treatment Review Committee shall submit encounter logs to the Behavioral Health Administrator by the end of the day following service provision.

VII. ACA STANDARDS: 4-4408, 4-4368, and 4-4369.

VIII. EXPIRATION DATE: March 15, 2020.



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
7														
8	Average Daily Population (ADP from count room on last day of the month)													
9	Number of Safe Keeper Inmates (Total for the month from count room)													
10	ACA													
11	MRSA (MRSA Log)													
12	(1A1) Number of offenders newly diagnosed with MRSA infection this month. Soft tissue infections empirically treated as MRSA should be tracked as a component of this outcome measure.													
13	ACA Calculated Outcome Measure (line 12/line 8)													
14	TUBERCULOSIS (TB Log)													
15	(1A2) Number of offenders newly diagnosed with active tuberculosis this month													
16	ACA Calculated Outcome Measure (line 15/line 8)													
17	(1A3) Number of offenders who are new converters on a TB skin test (TST) that indicates newly acquired TB infection													
18	(1A3) Number of offenders administered skin tests for TB (TST) as part of annual, periodic, or clinically based testing, but not intake screening													
19	ACA Calculated Outcome Measure (line 17/line 18)													
20	Number of offenders screened for TB as part of annual, periodic, or clinically based testing, but not intake screening													
21	Number of TST completed as part of the Intake Process (BCCX; TPFW; NWCX (juvenile))													
22	Total skin tests for TB (TSTs) (line 18+line 21)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
23	Number of IGRAs completed as part of annual, periodic, or clinically based testing, but not intake screening														
24	Number of IGRAs completed as part of the Intake Process (BCCX & TPFW)														
25	Total number of IGRAs completed (line 23+line 24)														
26	(1A4) Number of offenders who completed treatment for latent tuberculosis infection														
27	(1A4) Number of offenders started on treatment for latent tuberculosis infection														
28	ACA Calculated Outcome Measure (line 26/line 27)														
29	HEPATITIS C (HCV Log)														
30	(1A5) Number of offenders diagnosed with Hepatitis C viral infection														
31	ACA Calculated Outcome Measure (line 30/line 8)														
32	Number of offenders with Hepatitis C viral infection being treated with antiretroviral treatment														
33	Number of offenders diagnosed with Hepatitis A viral infection (New cases only)														
34	Number of offenders diagnosed with Hepatitis B viral infection (New cases only)														
35	Number of Hepatitis B vaccines administered														
36	HIV/AIDS (HIV Log)														
37	(1A6) Number of offenders diagnosed with HIV infection														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
38	ACA Calculated Outcome Measure (line 37/line 8)														
39	(1A7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART)														
40	ACA Calculated Outcome Measure (line 39/line 37)														
41	(1A8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml														
42	(1A8) Total number of treated offenders with HIV infection who were reviewed (25 or total number of pts; whichever is smaller)														
44	ACA Calculated Outcome Measure (cell O 41/cell O 42)														
43	Total number of confirmed cases of AIDS														
45	MENTAL HEALTH (MHA)														
46	(1A9) Number of offenders diagnosed with an Axis I disorder (LOC 3 or 4) (excluding sole diagnosis of substance abuse)														
47	ACA Calculated Outcome Measure (line 46/line 8)														
48	OFF-SITE HOSPITAL ADMISSIONS / ER TRANSPORTS (Daily Inpatient Report/ER Transfer Log)														
49	(1A10) Number of offender admissions to off-site hospitals														
50	ACA Calculated Outcome Measure (line 49 / line 8)														
51	(1A11) Number of offenders transported off-site for treatment of emergency health conditions														
52	ACA Calculated Outcome Measure (line 51/ line 8)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
53	CONSULTS (Consult Log)													
54	(1A12) Number of offender specialty referrals completed													
55	(1A12) Number of specialty referrals (on-site or off-site) ordered by primary health care practitioners													
56	ACA Calculated Outcome Measure (line 54/line 55)													
57	HYPERTENSION (CCC Log)													
58	(1A13) Number of selected hypertensive offenders with blood pressure reading > 140/> 90 mm Hg													
59	(1A13) Total number of offenders with hypertension who were reviewed (25 or total number of pts; whichever is smaller)													
60	ACA Calculated Outcome Measure (cell K 58/cell K 59)													
61	DIABETES (CCC Log)													
62	(1A14) Number of selected diabetic offenders who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent													
63	(1A14) Total number of diabetic offenders who were reviewed (25 or total number of pts; whichever is smaller)													
64	ACA Calculated Outcome Measure (cell R 62/cell R 63)													
65	DENTAL (Dental Department)													
66	(1A15) Number of completed dental treatment plans													
67	ACA Calculated Outcome Measure (line 66/line 8)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
68	EMPLOYEE CREDENTIALS (HSA)													
69	(2A1) Number of health care staff with lapsed licensure or certification													
70	(2A1) Number of licensed or certified staff													
71	ACA Calculated Outcome Measure (line 69/line 70)													
72	(2A2) Number of new health care staff who completed orientation training prior to undertaking their new job													
73	(2A2) Number of new health care staff													
74	ACA Calculated Outcome Measure (line 72/line 73)													
75	EMPLOYEE BLOOD BORNE PATHOGEN AND TB EXPOSURES (HSA/Infection Control Nurse/OSHA 300 Log)													
76	(2A3) Number of occupational (employee) exposures to blood/potentially infectious materials													
77	(2A3) Total number of employees													
78	ACA Calculated Outcome Measure (line 76/line 77)													
79	(2A4) Number of direct care staff (employees and contractors) with a conversion of a TB skin test (TST) that indicates a newly acquired TB infection													
80	(2A4) Number of direct care staff tested (TST) for TB infection during periodic or clinically indicated evaluations													
81	ACA Calculated Outcome Measure (line 79/line 80)													
82	GRIEVANCES (HSA/CQI Nurse)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>8<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
83	(3A1) Number of offender grievances related to health care services found in favor of the offender (should match number with merit from the Grievance Log)														
84	(3A1) Total number of evaluated offender grievances related to health care services (should match number of total grievance on the Grievance Log)														
85	ACA Calculated Outcome Measure (line 83/line 84)														
86	(3A2) Number of offender grievances related to safety or sanitation sustained														
87	(3A2) Total number of evaluated offender grievances related to safety or sanitation														
88	ACA Calculated Outcome Measure (line 86/line 87)														
89	(3A3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender														
90	(3A3) Total number of offender adjudicated lawsuits related to health care delivery														
91	ACA Calculated Outcome Measure (line 89/line 90)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
92	CQI (CQI Nurse)													
93	(4A1) Number of problems identified by the CQI program that were corrected													
94	(4A1) Total number of problems identified by the CQI program													
95	ACA Calculated Outcome Measure (line 93/line 94)													
96	(4A2) Number of high-risk events or adverse outcomes identified by the CQI program													
97	Number of serious injuries or illnesses requiring medical attention													
98	DEATHS (HSA)													
99	(4A3) Number of offender suicide attempts													
100	ACA Calculated Outcome Measure (line 99/line 8)													
101	(4A4) Number of offender suicides completed													
102	ACA Calculated Outcome Measure (line 101/line 8)													
103	(4A5) Number of unexpected natural deaths													
104	Number of all other deaths (excluding completed suicides & unexpected natural deaths)													
105	Total Number of Deaths (line 101+line 103+ line 104)													
106	ACA Calculated Outcome Measure (line 103/line 105)													





TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>6<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
107	MEDICATION ERRORS (Medication Error Log)													
108	(4A6) Number of serious medication errors													
109	OTHER DATA													
110	PHARMACY (Pharmacy Report)													
111	Number of prescriptions written													
112	Number of inmates on prescribed medications													
113	PERIODIC HEALTH APPRAISALS AND PHYSICAL EXAMS (Encounter Log)													
114	Number of intake physical exams completed this month													
115	Number of periodic health appraisals completed this month													
116	WOMEN'S SPECIALTY SERVICES (OB Log)													
117	Number of pregnant inmates													
118	Number of live births via vaginal delivery													
119	Number of live births via C-section delivery													
120	Total number of live births (line 118+line 119)													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
121	Number of miscarriages/spontaneous abortions														
122	Number of mammograms completed this month (onsite)														
123	SPECIALTY CLINICS AND SERVICES (DSN ONLY) (Encounter Log)														
124	Number of Males under going dialysis														
125	Number of Females under going dialysis														
126	Total number of offenders under going dialysis (line 124+line 125)														
127	Number of on-site dialysis treatments this month														
128	Total number of offenders in the On Site Chemotherapy Program (OCHIP)														
129	Number of OCHIP treatments this month														
130	Number of physical therapy visits this month														
131	Number of infectious disease consultations this month														
132	Number of oral surgery consultations/procedures this month														
133	Number of podiatry consultations/procedures this month														
134	DIAGNOSTIC IMAGING SERVICES (ON-SITE ONLY) (Encounter Log)														
135	Number of Ultra Sounds completed onsite this month														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
136	Number of X-Rays completed onsite this month														
137	SEXUALLY TRANSMITTED INFECTIONS (STIs) (Infection Contr of Nurse)														
138	Number of offenders diagnosed with syphilis this month														
139	Number of offenders diagnosed with gonorrhea this month														
140	Number of offenders diagnosed with chlamydia this month														
141	Number of offenders diagnosed with other STDs this month														
142	INFLUENZA (Infection Contr of Nurse)														
143	Number of offenders with confirmed diagnosis of Influenza (New cases only)														
144	Number of offenders with diagnosis of Influenza Like Illness (ILI) (New cases only)														
145	OTHER INFECTIONS (Infection Contr of Nurse)														
146	Number of offenders diagnosed with scabies														
147	Number of offenders diagnosed with C-Difficile														
148	CANCER (CCC Log)														
149	Number of offenders with new diagnosis of cancer														
150	SICK CALL ENCOUNTERS (Encounter Logs)														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
151	Number of NURSE Sick Call encounter s														
152	Nur se encounter s per 500 inn ate population														
153	Number of MID-LEVEL Sick Call encounter s														
154	Mid-level encounter s per 500 inn ate population														
155	Number of PHYSICIAN Sick Call encounter s														
156	Physician encounter s per 500 inn ate population														
157	Total Sick Call encounter s													0	
158	Total Sick Call encounter s per 500 inn ate population														
159	CHRONIC CARE CLINIC ENCOUNTERS (Encounter Log)														
160	Total Number of Inn ates in Chronic Care as of last day of the m onth														
161	Number of MID-LEVEL Chronic Care Clinic encounter s														
162	Mid-level encounter s per 500 inn ate population														
163	Number of PHYSICIAN Chronic Care Clinic encounter s														
164	Physician encounter s per 500 inn ate population														
165	Total Chronic Care Clinic encounter s														



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
166	Total Chronic Care Clinic encounters per 500 inmate population													
167	LABORATORY DIAGNOSTIC TESTING (Lab Log/Diabetic Testing Log)													
168	Number of laboratory tests completed onsite (multiple-test dipstick urinalysis, finger-stick blood glucose, fecal blood, and peak flow (TDOC Policy 113.75))													
169	Number of laboratory tests referred to an off-site laboratory													
170	HIV Testing (Lab Log/Infection Control Nurse)													
171	Number tested upon Intake/Admission (BCCX; TPRW; NWCX (juvenile))													
172	Number POSITIVE													
173	Number tested randomly (per provider's order)(all sites)													
174	Number POSITIVE													
175	Number tested due to BBP Exposure (all sites)													
176	Number POSITIVE													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>													
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH													
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
177	HEPATITIS C TESTING (Lab Log/Infection Contr ol Nurse)													
178	Number tested upon Intake/Admission (BCCX; TPRW; NWCX (juvenile))													
179	Number POSITIVE													
180	Number tested randomly (per provider's order)(all sites)													
181	Number POSITIVE													
182	Number tested due to BBP Exposure (all sites)													
183	Number POSITIVE													
184	ON-SITE INFRMARY ADMISSIONS (Excluding MLCC) (Infirm ary Log)													
185	Number of MEDICAL INFRMARY ADMISSIONS													
186	Number of MENTAL HEALTH INFRMARY ADMISSIONS (SP or MHS)													
187	Number of SECURITY related INFRMARY ADMISSIONS													
188	Total number of infirm ary patients for the month (include rollover from previous month)													
189	Total number of infirm ary in-patient days (count from 1st day to last day of month)													
190	Infirm ary Average Length of Stay (days) (equals line 189 / line 188)													
191	# OF PATIENTS IN INFRMARY > 15 DAYS													



TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT

3	AUTO-CALCULATED CELL- <u>DO NOT ENTER DATA</u>														
4	DUE BY THE <u>5<sup>th</sup></u> OF EACH MONTH														
6	Monthly Data:	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
192	# OF PATIENTS ASSIGNED PERMANENTLY IN THE INFIRMARY														

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CR-2124



PROVIDER

[illegible]



 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.70	Page 1 of 16
	Effective Date: September 1, 2017	
	Distribution: A	
	Supersedes: 113.70 (9/1/15)	
Approved by: Tony Parker		
Subject: MANAGEMENT OF PHARMACEUTICALS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure compliance with state and federal laws governing pharmaceuticals and to promote management of pharmaceuticals in accordance with professional standards of care and sound security practices.
- III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment (AWT)/Deputy Superintendents, Health Administrators, all health services staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Administer: The direct application of a drug to an inmate by injection, inhalation, ingestion, topical application or any other means.
  - B. Beyond Use Date: The date which a prescription product should no longer be used or administered.
  - C. Controlled Substance: A drug, substance, or immediate precursor included in Schedules I through V of the Federal Drug Enforcement Agency's Controlled Substances Act.
  - D. Discontinued Medication: A medication order stopped by the prescribing provider.
  - E. Dispensing Medication: The act of packaging a legend drug, either from a bulk container or as a result of compounding, in a container other than the original container of the manufacturer or distributor, and labeling the new container with all the information required by state and federal law and making it available for use for administration.
  - F. Distribution of Medication: The transfer of prepackaged or labeled medications to an individual for self-administration according to directions provided by the prescribing practitioner.
  - G. Keep on Person (KOP): Medication approved to be kept in an inmate's possession for the purpose of self-administration.
  - H. Legend Drug: Any drug or medication which federal law prohibits dispensing without a prescription.
  - I. Medication Expiration Date: The date that the drug's full potency can no longer be assured.

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Subject: MANAGEMENT OF PHARMACEUTICALS		

- J. Mid-Level Provider: A clinical professional with advanced practice training that legally authorizes him/her to treat inmates and prescribe medication under protocols developed by his/her supervising physician. Mid-level providers may include a physician assistant certified (PA-C), a nurse practitioner, or a clinical nurse specialist (CNS) with a master level of training and a certificate of fitness, or doctorate.
- K. Non-Renewed Medications: Medication order that is not re-written upon expiration of the current medication order.
- L. Over-the-Counter Medications (OTC) Drug: Any drug or substance which can be legally obtained without a prescription.
- M. Par levels: The maximum quantity of emergency medications, stock medications, and medications utilized for nursing protocols authorized by the TDOC Pharmacy and Therapeutics Committee to be stocked at the institution.
- N. Perpetual Inventory System: Continuous process for recording the receipt, issuance/removal, and count of medications and medical supplies. For the purposes of this policy, the essential elements of a perpetual inventory system are an adequate description of the items, the date on which the items are received and placed into inventory, the quantity (units) received, the date items are issued/removed or used, the quantity (units) issued/removed or used, the disposition of the items, the balance on hand, and staff completing the inventories.
- O. Stop Date/Discontinue Date: Date the prescribing provider schedules a medication order to be discontinued or renewed.
- V. POLICY: All correctional facilities shall manage the medication used within the facility in accordance with professional standards of care, good security practice, and the appropriate state and federal laws and regulations.
- VI. PROCEDURES:
  - A. Health Services Unit Manual: Each correctional institution shall maintain a health services unit manual including written procedures describing the management of pharmaceuticals. It shall be approved by the Health Services Administrator, AWT/Deputy Superintendent, and the Warden or Superintendent and shall include provisions for the following:
    - 1. Storage: The procedure(s) shall identify and describe the secured storage area provided for pharmaceuticals, and shall provide for safe storage of flammable, toxic, and caustic materials in accordance with Policy #112.09.
    - 2. Keys: The procedure(s) shall restrict the use of keys and identify staff members who have approved access to the secured storage area.
    - 3. Inventory: The procedure(s) shall require an accurate perpetual inventory of items covering the following:
      - a. Products containing alcohol

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Subject: MANAGEMENT OF PHARMACEUTICALS		

- b. Controlled substances
  - c. Emergency medications
  - d. Flammables
  - e. Stock medications
- 4. Medication Records: The procedure(s) shall require that medication records, with appropriate dates and signatures, are maintained in accordance with the most current operating procedures manual issued by the pharmacy. Medication records shall include:
  - a. Medication order forms
  - b. Items received at the institution (manifest reports)
  - c. Discontinued medications destruction forms
- 5. Discontinued Medications: The procedure(s) shall describe the process for the return or disposal of discontinued medications in accordance with the Tennessee Board of Pharmacy laws and regulations. A record shall be maintained of all medication disposals.
- 6. Controlled Substances: The procedure(s) shall delineate, in detail, management of controlled substances: e.g., the ordering and receiving process; inventory and counting procedures; means for staff accountability when doses are ordered, received, counted, discontinued, wasted, lost, dropped, broken, etc.; and any other institutional specific procedure(s) as identified.
- 7. Monitoring Audits: The procedure(s) shall describe the auditing system used within the health care unit to ensure compliance with departmental policy.
- B. Pharmacy Contractors: The pharmacy contractor shall provide a pharmacist who shall make documented inspections, at least monthly, of all drugs and pharmaceutical materials kept in the institution, in accordance with state laws. This inspection shall include, but not be limited to, a review of opened medications, expiration dates, destruction of discontinued/outdated controlled medications, and other pertinent information and materials. The pharmacist may also review selected Medication Administration Records (MARs) and/or health records to perform a drug utilization review. Inspection records shall be dated, signed, and maintained by the institutional health administrator and pharmacy for at least two years.
- C. Prescribing of Medication: Medications shall be administered to inmates only on the order of a licensed physician or dentist. However, a physician may delegate the prescribing of certain medications to a mid-level provider under the following conditions:
  - 1. There exists a joint practice agreement and clinical protocols signed by the preceptor physician which authorizes a mid-level provider to prescribe certain medications. (See Policy #113.11)

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2. The joint practice agreement specifies that all drug orders dispensed and administered/distributed according to clinical protocol, from stock medication (non-patient-specific), shall be countersigned and dated by the sponsor physician within a reasonable period of time not to exceed 14 days.
3. Controlled substances may be prescribed by a mid-level provider under the supervision of a licensed physician if the mid-level has a current Drug Enforcement Administration (DEA) number.
4. Prior to the prescribing of chronic care, or non-formulary medications the provider must review the Medication Administration Record (MAR).
5. All OTC medications listed on the approved OTC list, and available at the site, shall be obtained by the inmate via commissary, unless the inmate is determined to be indigent by the Health Services Administrator, or their designee.  
  
When inmates are determined to be indigent, OTC medications shall be written for 30 days, unless written based on clinical practice guidelines for a diagnosed medical condition.
6. Psychotropic medications may be prescribed by a mid-level provider operating under the supervision of a psychiatrist. The prescribing of medications to treat behavioral health disorders may be delegated to a mid-level provider (See Policy #113.11) under the supervision of a board certified or eligible psychiatrist.
7. Prescriptions for inmates shall be documented on Physician's Orders, CR-1892, or an alternative form as approved by the Chief Medical Officer and/or designee.
8. All prescribed medication orders must include a diagnosis and stop date before being filled by the contractor. The prescribing diagnosis must be documented in the patient record by the ordering provider.
9. Non-formulary approval is required for prescribing more than two psychotropic medications in the same class regardless of the generation.

D. Substitutions of Equivalent Drug Products:

1. No substitutions for the specific medicine mentioned in the provider's prescription are allowed other than therapeutically equivalent drug product(s) containing the same active ingredient(s), dosage form, and strength as provided by state law.
2. All non-formulary requests (approved or denied) shall be maintained with the physician's order in the inmate's health record.
3. Any formularies used for TDOC inmates are subject to the approval of the TDOC Chief Medical Officer in consultation with the State Pharmacy and Therapeutics Committee.

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E. Duration of Therapy: Each inmate's prescription(s) shall be periodically reviewed to ensure the appropriate medication therapy.

1. Inmates with long term medication requirements shall have their medication reviewed by a physician, dentist, or mid-level provider at least every six months and the medication(s) reordered, changed, or discontinued as appropriate.
2. All new medication orders shall include a prescription duration not to exceed six months (i.e., the order and up to five refills). If no duration is specified, prior to the nurse transcribing the order, or the contract pharmacy filling the prescription, the ordering provider shall be contacted to clarify the stop date. The stop date shall be designated by the ordering provider before the medication is administered.
3. Limitations on the quantities of certain specified narcotic pain medications maybe set by the TDOC Pharmacy and Therapeutics Committee. Such limitations will be noted in the approved formulary.
4. The pharmacy shall assign a beyond use date to prescription products prior to leaving the pharmacy. Once the manufacturer's container (original bottle or packaging) is opened and the drug product is transferred to another container for dispensing (i.e. a blister card), the expiration date no longer applies. At this point the beyond use date takes precedence.

F. Controlled Medication Procedures:

1. Controlled medications shall be administered only on the order of a licensed physician or dentist. A mid-level provider may order only those controlled medications specifically listed in the protocols approved by their supervising physician. All practitioners who prescribe controlled medications must be individually registered under applicable federal and state laws. Practitioners' DEA numbers must be maintained on file at the institution and a signature card bearing the practitioner's full name, specialty, and DEA number shall be maintained by the pharmacy.
2. Controlled medications shall be administered only on a dose-by-dose basis crushed and under water, unless contraindicated, or administration is verified by the provider, and under no circumstances shall an inmate be provided multiple doses for self-administration. Any other medications considered to be of high abuse potential as determined by the Pharmacy & Therapeutics Committee, shall be handled in a similar manner.
3. The Controlled Drug Administration Record, CR-2264, or other approved contractor form shall be properly annotated by the responsible licensed nurse each time one or more doses of a controlled drug are removed from the supply or storage location.
4. Controlled medications may only be continued by obtaining a written or phone order from the prescribing provider or an institutional physician. Orders expiring prior to the prescribing provider's scheduled visit may be continued via a telephone order until he/she is able to examine the inmate. Verification of a prescription shall consist of checking the health record for a valid

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order/prescription for each medication and/or following the procedures outlined in Section (VI) (F) of this policy. For release/take home medications of controlled substances, see Section VI.(L)(8) of this policy.

5. Perpetual Inventory

- a. A perpetual inventory for controlled medications kept as stock shall be maintained by health services staff on a Control Drug Administration Record, CR-2264, or other approved contractor form.
- b. If a controlled medication is prescribed for a specific inmate, a perpetual inventory shall be initiated and maintained for that medication on the CR-2264 or other approved contractor form.
- c. One licensed nurse going off duty and one licensed nurse coming on duty shall inventory and initial/sign the CR-2264 or other approved contractor form at the change of each shift.
- d. Each institution shall have specific procedures for the counts of controlled drugs on each shift. Discrepancies in the controlled drug inventory shall be immediately reported to the Health Administrator, the AWT)/Deputy Superintendent, and the TDOC Chief Medical Officer or their designee, verbally, followed by a written report to the TDOC Director of Nursing or their designee.

G. Psychotropic Medication Procedures

1. Medications prescribed to treat behavioral health disorders shall be prescribed only by a psychiatrist or qualified mid-level provider after physically examining the inmate and after reviewing the health record and ordering diagnostic testing, if necessary. In emergency psychiatric situations, a phone order may be obtained from the psychiatrist by a licensed nurse.
2. Psychotropic drugs shall be prescribed only when clinically indicated as one facet of a program of treatment or therapy. Under no circumstances shall any medication be prescribed and/or administered for chemical restraints, programmatic control, experimentation, or research.

H. Emergency and Stock Drug Procedures:

1. Each TDOC institution shall maintain the TDOC Universal Stock Medication List, approved annually by the TDOC Pharmacy and Therapeutics Committee.
2. The TDOC Chief Medical Officer in consultation with the State Pharmacy and Therapeutics Committee shall approve a list of medications to be utilized for nursing protocols. Privately managed facilities shall maintain an emergency and stock medications list approved annually by the Chief Medical Officer.
3. Facilities are not required to stock all medications on the TDOC Universal Stock Medication List; nor are the medications required to be stocked at maximum par levels.

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4. Emergency medications shall be securely maintained in the health services clinic emergency/treatment area in a mobile crash-cart. The stock medications kept on hand shall be securely maintained in the medication preparation room in a secure cabinet or mobile medication cart.
5. Perpetual inventories shall be maintained by the health care staff for medications utilized for nursing protocols, emergency medications, and stock medications and reconciled at least twice a month. When emergency medication is used, a re-order shall occur within 72 hours. Stock medications shall be signed out when issued (or removed for any reason) and reordered or disposed of per institutional and pharmacy procedures.
6. The nurse shall receive a physician's order for all administered emergency (including emergency nursing protocol medications) and stock medications within 72 hours (excluding weekends and holidays).
7. Under no circumstances shall a facility procure or maintain bulk stocks of prescription medications. Stock medication shall be appropriately packaged and labeled by the sending pharmacy and ordered from a list approved by the TDOC Pharmacy and Therapeutics Committee.

I. Storage of Medications:

1. There shall be a secure area designated for storage of all medication that is physically separate from other health care areas. The medication storage room shall be located in an area which is not accessible to inmates or unauthorized personnel and which provides for adequate security of the drugs. Access to medications shall be limited to health care personnel, as authorized by the health administrator.
2. The drug storage area must be temperature controlled at 68-77 degrees F. Insulin and other medications requiring refrigeration shall be stored in a locked or secure refrigerator at 36-46 degrees Fahrenheit. Daily temperature check logs for refrigerators used in the storage of drugs shall be maintained for period of one year. The refrigerator used for drug storage shall not be used for food, lab specimens, or other storage. Light sensitive drugs shall be stored in opaque or amber containers.
3. Controlled substances and narcotics must be stored in double locked cabinets in a locked room, to ensure maximum security and control.
4. Over-the-counter drugs and/or prescription medications may be stored in limited supply in examination rooms, emergency rooms, and/or other designated areas as authorized by the Health Administrator, AWT/Deputy Superintendent, and/or the Warden/Superintendent.
5. Topical preparations shall be stored separately from oral preparations, and ear (otic) preparations shall be stored separately from eye (ophthalmic) preparations. All drugs must be in secure containers and clearly labeled.

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J. Conformance with Practitioners' Prescription Medication Orders:

1. The attending physician, dentist, or mid-level provider shall be notified by the medication nurse of a stop order prior to the last dose so that the prescriber may decide if the order/prescription for the drug is to be continued or altered.
2. Provider verbal and telephone orders for drugs shall be annotated on the Physician's Order, CR-1892, with the time, date, and the verbal/telephone order signed by the individual receiving/recording the order. Only licensed nurses, pharmacists, or mid-level providers shall receive and record verbal and telephone orders for drugs. Telephone orders for Schedule II drugs are permitted only in the case of an actual emergency situation. Telephone orders for Schedule II drugs shall be counter signed by the physician and received by the dispensing pharmacist within 72 hours.
  - a. All provider orders shall be annotated with the date and time the order is written.
  - b. All verbal and telephone orders shall be countersigned, dated, and timed by the ordering provider within 14 days.
  - c. All physician and mid-level provider orders shall be annotated with the nurse's full legal signature/title, date, and time the order was officially transcribed.
3. All dispensing, prescribing, distribution, and administrative errors shall be documented on the Medication Errors, CR-1891. The nurse/provider who discovers a prescribing, distribution, or administration error shall ensure that the inmate is not in danger of an adverse reaction or unexpected reaction related to the error, and report the error to the prescriber or attending physician. The CR-1891 shall not be placed in the health record.
  - a. All medication errors shall be evaluated by the Health Services Administrator, Director of Nursing, or designee to determine the severity of the error. The Health Services Administrator or designee shall utilize this confidential information for Continuous Quality Improvement (CQI) and Risk Management.
  - b. All medication errors shall be reported on the facility specific electronic Medication Error Log located on the TDOC electronic shared drive. If the medication error is determined to be serious per the American Correctional Association's (ACA) definition of a serious medication error, the indication of a serious medication error shall be documented on the medication error log. In addition all serious medication errors shall be forwarded to the Chief Medical Officer via the Online Sentinel Event Log and the TDOC Director of Nursing via electronic mail.



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4. In addition, all dispensing errors shall be reported to the TDOC Central Pharmacy (forward a copy of the CR-1891). If the TDOC Central Pharmacy discovers an error, a CR-1891 shall be completed and retained by the pharmacy and will be placed on the TDOC shared drive by designated TDOC Central Pharmacy employee. The blister card or package with the label attached containing the dispensing error shall be photocopied and sent with the CR-1891 to the TDOC Central Pharmacy.
5. The contract pharmacy shall be given written notification of adverse reactions. When a medication is obtained from a local pharmacy and a severe adverse reaction occurs, that pharmacy shall be notified in writing. The Health Administrator shall retain a copy of these notifications for use in CQI studies.

K. Disposition of Medications:

1. Intake: Prescription medications brought in with the inmate at intake may be administered upon health professionals' confirmation that:
  - a. The drug can be identified by a registered nurse, licensed practical nurse, physician, or pharmacist.
  - b. The container is airtight, light resistant (if applicable), and appropriately labeled with the name, strength of the drug, name and address of the dispensing pharmacy or practitioner, dispensing date, stop date, and directions for use. The nurse identifying the medication shall consult with the facility primary care provider and obtain an order prior to administration of the medication.
  - c. Prescriptions that have not met their labeled expiration date (i.e., ointments, inhalers, etc.) and/or have a relatively recent dispensing date (six months) give reasonable assurance of stated potency.
  - d. The manufacturer's identification codes for oral solids are verified against the labeled drug name and strength prior to administration.
  - e. Written or telephone orders are obtained from the responsible practitioner for any medication for which appropriateness is doubted.
2. A licensed nurse shall contact the institutional primary care physician or psychiatrist (or designated on-call staff) for clinical direction if an inmate is received at an institution without medication(s) that he/she reports being prescribed, or the transfer form has medication(s) documented but not transferred with the inmate.
3. Intrasystem Transfers: Inmates who arrive with medication shall be referred to a provider for a review of the health record, and scheduled follow-up to ensure continuity of care.

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4. Non-Renewed, Discontinued, Expired, or Excess Medications:

- a. All medications shall be inspected at least monthly for removal of non-renewed, discontinued, expired, and excess medications.
- b. All expired medications shall be set aside for destruction or return to the appropriate pharmacy within two months.
- c. Under no circumstances shall expired medications be administered to an inmate. Such drugs shall be properly removed from stock and disposed of in accordance with Tennessee Board of Pharmacy Laws and Regulations.
- d. If the prescribing provider orders discontinued or non-renewed medications restarted, the medication may remain at the institution for up to two months for future use by the same inmate. After two months, all non-renewed, discontinued medications shall be returned to the pharmacy.
- e. Each medication to be disposed of or returned to the pharmacy shall be listed by drug name, strength, and quantity on a medication disposal/return form.
- f. All refrigerated medication requiring return to the contracting pharmacy shall be returned in accordance with the process established by the contracting pharmacy.
- g. Once a multi-dose vial has been opened, or a needle inserted, it shall be dated and properly discarded after 30 days. Insulin shall be discarded after 28 days.
- h. A record of the destruction of legend drugs and controlled medications shall be maintained for at least two years.
- i. Controlled medications
  - (1) Controlled medications that are expired, unused, excessive, discontinued, non-renewed, or otherwise unusable shall be destroyed in accordance with Tennessee Board of Pharmacy Laws.
  - (2) If controlled medications are destroyed onsite, the destruction shall be accomplished by a licensed pharmacist in the presence of a witness and appropriate documentation shall be maintained in accordance with law. If an off site destruction service is employed, all appropriate documentation shall comply with Tennessee law.

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L. Inmate Release:

1. When an inmate is transferred, either permanently or temporarily, to another TDOC facility or to a non-TDOC facility but is remaining in TDOC custody, the sending institution shall send the unused balance of current medications in their originally labeled containers to the receiving institution. A written notification advising the receiving institution of any prescription renewals required shall be included with the medications.
2. Health Services staff shall package all the inmate's transferring medications in their possession into a manila envelope or other suitable manner for transfer with the inmate's health record and complete the Transfer/Discharge Health Summary, CR-1895 and the Health Record Movement Document, CR-2176.
3. Health services staff shall indicate the prescriptions, along with the quantity of each contained in the package, on the CR-1895.
4. Individuals transporting or receiving the packaged medications shall sign for such so that a "chain of custody" is maintained.
5. At the time of the health screening at the receiving institution, health services staff shall receive the CR-2176 and the contents of the manila envelope to ensure that prescribed medications have been transferred and that the inmate is in possession of all his/her "keep on person" medications. All KOP medications shall be verified during the health screening with current physician orders, counted, examined for expiration dates, and documented on the MAR. Once verified, the appropriate KOP medications may be returned to the inmate.
6. If the prescribed medications in the appropriate remaining amounts as indicated on the MAR are not sent with the inmate, the receiving institution shall contact the sending institution to obtain the medications immediately.
7. When an inmate is transferred to another jurisdiction or agency (e.g., a federal agency, another state, or a mental health facility) and TDOC relinquishes custody of the inmate, the health services staff shall ensure that, at a minimum, a 30 day supply of medications is transferred with the inmate.
8. When an inmate is released from TDOC custody and is not being assumed by another agency or jurisdiction, the health services staff shall order a minimum 30 day supply of medication to be transferred with the inmate. Controlled medication supply shall not exceed 90 tablets/pills for transfer with the inmate.
  - a. If the release will occur before the receipt of the 30 day minimum supply of medications, nursing staff shall issue the balance of his/her current medications on hand, and notify the contract pharmacy of the amount needed to complete the minimum 30 day supply via a back-up pharmacy order.

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- a. The medication shall be sent/called-in to a pharmacy near the inmate's home. The inmate shall be notified where and when to obtain the medication at discharge before leaving the site. If the information of where/when to obtain the medication is not known at the time of discharge, the inmate shall be given a phone number to medical records to determine where the medication was called in, and when/where to pick up the medication.
9. The quantity of medication released with the inmate shall not exceed the number of doses needed to complete the duration of therapy authorized on the original prescription order on the Physician's Order, CR-1892.
10. Inmates shall receive instructions on the use of all medications.
11. All medications shall be packaged in their original labeled containers.
12. Release of medications requiring needles/syringes for administration: Inmates shall be provided only the amount of needles/syringes to self-administer the amount of medication released with the inmate. Additionally diabetic supplies shall be released with the inmate for diabetic monitoring as indicated by the ordering physician.
13. The clinician shall review the instructions on the "non-child resistant packaging" statement with the inmate. The inmate shall sign the statement verifying his/her understanding and acceptance of responsibility.
14. All discharge information including disposition, medications and amounts, Tuberculin Skin Test (TST) results and immunizations, instructions given to the inmate, and contacts made to health care providers at the next level of care shall be documented by the nurse on the Progress Note, CR-1884, and the Discharge/Transfer Health Summary, CR-1895. A copy of the Discharge/Transfer Health Summary, CR-1895, shall be given to the inmate upon release.
15. If an inmate being released is on medication to treat an identified behavioral health disorder and has an established appointment with a community-based behavioral health provider, the health services staff shall obtain sufficient medication for the inmate to take until that appointment date. It is expected that the appointment will occur within the first 30 days after release; therefore, the inmate shall be provided a 30-day supply of medication.

VII. ACA STANDARDS: 4-4378 and 4-4379.

VIII. EXPIRATION DATE: September 1, 2020.

Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



# TENNESSEE DEPARTMENT OF CORRECTION

## Medication Errors

Facility: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_ Rx# \_\_\_\_\_

Cost Center Number (if applicable) \_\_\_\_\_ Error Discovered By: \_\_\_\_\_

Date of Error: \_\_\_\_\_ Time The Error Was Recognized: \_\_\_\_\_

Name Of Medication: \_\_\_\_\_ ☐ Patient Specific ☐ Stock ☐ New Order ☐ Refill

### Type Of Error

#### ☐ Dispensing (Pharmacy)

- ☐ Medication And Label Do Not Match
- ☐ Dosage And Label Do Not Match
- ☐ Label Does Not Match Order
- ☐ Incorrect Name Or Number On Label
- ☐ Incorrect Directions On Label
- ☐ Quantity Received Does Not Match Quantity On Label
- ☐ Shipping Error

#### ☐ Administration (Nursing)

- ☐ Five Rights Not Adhered To
- ☐ Transcription
- ☐ Given Past Expiration
- ☐ Other \_\_\_\_\_

#### ☐ Distribution (Nursing-KOPs)

#### ☐ Prescription (Provider)

#### ☐ Other \_\_\_\_\_

**Description Of Error** (How Discovered, Effect On Patient, Sequence Of Events, Root Cause Of Error, Other Persons Involved)

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**Physician Notified** ☐ No ☐ Yes

Name: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Medication Error Caused Or Resulted In** ☐ None

(If Any Of The Below Items Are Checked This Constitutes A Serious Medication Error)

- ☐ Temporary Offender Harm (Required Need For Treatment Or Intervention) ☐ Transport To Outside Hospital
- ☐ Permanent Offender Harm ☐ Near Death Event ☐ Death

Details: \_\_\_\_\_

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**Pharmacy Notified** ☐ No ☐ Yes

Name Of Staff: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Details: \_\_\_\_\_

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Person(s) Responsible For Making Error (if applicable) \_\_\_\_\_

Name Of Supervisor Notified: \_\_\_\_\_

Name Of Person Completing This Form: \_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_

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Signature Of Person Reporting Error

Signature Of Supervisor

**\*ALL PHARMACY ERRORS:** Photocopy blister card or package with label still attached. Fax photocopy of error plus this form, immediately to the TN DOC Central Pharmacy - 1-877-404-1925



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH RECORDS/MEDICATION MOVEMENT DOCUMENT**

**DESTINATION:** \_\_\_\_\_

**THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):**

**CHECK ALL THAT APPLY**

	<u>Inmate Name</u>	<u>Number</u>	<u>Health Record</u>	<u>Dental Record</u>	<u>Medication</u>	<u>* Purpose</u> (Indicate <b>A, B, C</b> or <b>D</b> )
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**\* PURPOSE OF RECORDS MOVEMENT:**

**A.** Permanent Transfer    **B.** Temporary Transfer for Clinical Services    **C.** Record to Archives    **D.** Other (*See Comments*)

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

**\* MEDICAL RECORD CHAIN OF CUSTODY**

Sending Institution: \_\_\_\_\_

DATE	RELEASED BY	RECEIVED BY	DATE: IF CONTINUING	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

DATE	RELEASED BY	RECEIVED BY	DATE:	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

**\*\* THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION \*\***



TENNESSEE DEPARTMENT OF CORRECTION  
**TRANSFER/DISCHARGE HEALTH SUMMARY**

Name of Inmate: \_\_\_\_\_ Inmate Number (TDOC/IDN): \_\_\_\_\_

Inmate DOB: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Current Institution/County/Facility: \_\_\_\_\_ Receiving Institution/County/Facility: \_\_\_\_\_

Reason for Transfer/Discharge: \_\_\_\_\_

Requires Chronic Illness Monitoring: ☐ Yes ☐ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☐ No

**HEALTH HISTORY** Check (✓) all conditions present

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Depression             | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Prosthesis (specify) _____       |
| <input type="checkbox"/> Alcoholism             | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Rheumatoid Arthritis             |
| <input type="checkbox"/> Anemia                 | <input type="checkbox"/> Emphysema              | <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Kidney Disease     | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Liver Disease      | <input type="checkbox"/> Tuberculosis                     |
| <input type="checkbox"/> Chemical Dependency    | <input type="checkbox"/> Hepatitis C            | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease                 |
| <input type="checkbox"/> COPD                   | <input type="checkbox"/> Other (specify): _____ |   |   |

MH Diagnosis(s): \_\_\_\_\_

**MEDICATION ORDERS**

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)	AMOUNTS SENT	KOP (Circle Y/N)
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s): \_\_\_\_\_

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): \_\_\_\_\_

Referred to Community Resources: ☐ Yes ☐ No Specify: \_\_\_\_\_

**TB INFORMATION**

TB Clearance ☐ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_ CXR Completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Health Authority Clearance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Name Title Date

**SPECIAL INSTRUCTIONS/PRECAUTIONS**

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☐ No Dates: \_\_\_\_\_

Is Inmate medically able to travel by BUS, CAR, or VAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate require medication during transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate require medical equipment during transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate have communicable disease clearance to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Conservator: ☐ Yes (list information below) ☐ No ( If no, list Emergency Contact)

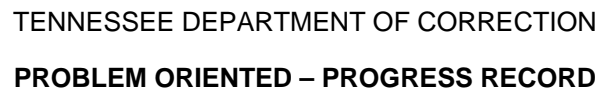
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Health Signature/Professional Title Date

Report prepared by: \_\_\_\_\_  
Mental Health Signature/Professional Title (if applicable) Date

Receiving Institution: \_\_\_\_\_  
Signature/Professional Title Date





INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



DATE \_\_\_\_\_


Sheet No. \_\_\_\_\_

DRUG \_\_\_\_\_

STRENGTH \_\_\_\_\_

Initials of the  
Nurse Receiving  
at Start of Shift

CR-2264 (Rev. 4-01)

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 113.80	Page 1 of 12
	Effective Date: October 15, 2017	
	Distribution: A	
	Supersedes: 113.80 (1/1/16)	
Approved by: Tony Parker		
Subject: BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND DELIVERY		

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To clarify administrative responsibilities at each organizational level of the Tennessee Department of Correction (TDOC) behavioral health service system and to identify behavioral health services within the TDOC system.

III. APPLICATION: All TDOC employees, including contracted health and behavioral health professionals, and privately managed institutions.

IV. DEFINITIONS:

- A. Ancillary Programmatic Services: Programmatic services presented in a psycho-educational format that are not clinical in nature.
- B. Behavioral Health Administrator (BHA): A licensed or qualified mental health professional approved by the Warden/Acting Warden and the Director of Behavioral Health Services to assume the responsibility of coordinating the delivery of behavioral health services.
- C. Behavioral Health Treatment Services: A continuum of biological and psychological treatment services for inmates at risk of, or suffering from, mental, behavioral, and/or substance related disorders, that significantly interfere with their ability to function in prison. The services are multidisciplinary, eclectic, and consistent with generally accepted behavioral health practices and institutional requirements.
- D. Clinical Director: A licensed psychologist with health service provider designation approved by the Warden/Superintendent, BHA, and Director of Behavioral Health Services to provide clinical direction and oversight of the facility's clinical needs.
- E. Contract Monitoring Director (CMD): The senior contract monitor designated by the Office of Investigations and Compliance who coordinates the contract monitoring process, in accordance with Policy #205.02.
- F. DSM: The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.
- G. Licensed Independent Mental Health Professional (LIMHP): A Licensed Psychiatrist, Advanced Practice Nurse (APN), Psychologist with health service provider designation; Senior Psychological Examiner; Licensed Clinical Social worker; or licensed professional counselor with health service provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.

## Subject: BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND DELIVERY

- H. Mental Health Appraisal: A screening assessment used to determine the need for a mental health evaluation. (See Policy #113.84)
  - I. Mental Health Screen: An initial mental health screen at the time of admission to the facility by a mental health trained or qualified mental health care personnel. (See Policy #113.20)
  - J. Mental Health Treatment Team: A multidisciplinary assessment and service planning team whose primary responsibility is to deliver mental health services to inmates with mental illness.
  - K. Non-Compliance Report (NCR): Report issued by the Clinical Contract Monitor (CCM) to the contractor electronically detailing any finding of non-compliance with the terms of the contract or applicable policies, citing the contract/policy sections that have been violated, the details of the violation, and providing the contractor a space to respond.
  - L. Qualified Mental Health Professional: For purposes of this policy only, a licensed independent mental health professional (LIMHP), a Licensed Psychological Examiner, or other individual who is professionally licensed/certified as a therapeutic professional, or Mental Health Program Specialist having a Master's Degree in the behavioral sciences.
  - M. Summary of Non-Compliance Reports (SNR): Reports by the CCMs summarizing any new or unresolved NCRs, the contractor's response/corrective action, verification of corrective action, and TDOC management comments.
- V. POLICY: The administration of behavioral health services within the TDOC is structured to promote systemic continuity and consistency in quality of care. Each institution shall make behavioral health services available to those inmates requiring such services.
- VI. PROCEDURES:
- A. Administrative Responsibilities:
    - 1. Departmental Responsibility: The TDOC is responsible for the overall administration and provision of behavioral health services for the inmate population.
    - 2. TDOC Director of Behavioral Health Services Responsibilities: The TDOC Director of Behavioral Health Services is responsible to the TDOC Assistant Commissioner of Rehabilitative Services for the overall planning, coordination, organization, and monitoring of the Department's mental health service delivery system. The TDOC Director of Behavioral Health Services or designated staff has the following duties:
      - a. Develops and maintains plans for the operation of a coordinated behavioral health services delivery system for institutional and community based inmates, and safe keepers under TDOC's jurisdiction.
      - b. Studies behavioral health services organization, operations, and services and makes recommendations for improvements affecting policy, staffing, economy, and quality.
      - c. Coordinates behavioral health services contract monitoring, inspections, and staff visits at institutions and makes recommendations to the Wardens/Superintendent, and BHAs for improvements in behavioral health services delivery.

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- d. Assists in the negotiation and selection of contractual arrangements with behavioral health providers, and reviews all contractual agreements for behavioral health services.
- e. Approves the course curriculum and design for behavioral health services in-service training developed by the behavioral health service providers as outlined in Policies #513.07 and #513.12.
- f. Monitors the monthly behavioral health statistics and submits to the Clinical Services Director an annual report of behavioral health services for the preceding fiscal year.
- g. Serves as a resource and provides staff support for institutional staff, Central Office Directors, Assistant Commissioners, and other staff as necessary.
- h. Monitors the performance of private behavioral health services contractors to ensure that services are provided according to contract and state expectations.

B. Institutional Responsibilities:

1. The daily delivery of behavioral health services at each institution will be in accordance with standards, policies, and procedures established by the Division of Behavioral Health Services and contained in statewide TDOC policies and procedures. Organizationally, institutional behavioral health programs will come under the direct authority of the Associate Warden of Treatment (AWT). The AWT will administratively supervise state employed Behavioral Health Administrators. The contractor will be accountable to the AWT and Warden/Superintendent, for the performance of the BHAs employed by the contractor in keeping with the terms of the behavioral health contract. Each institution shall have a Clinical Director unless otherwise specified by the Director of Behavioral Health Services. The Clinical Director's work shall be under the general management of the BHA. The Clinical Director in collaboration with the BHA will determine the program clinical needs. The BHA will conduct annual performance appraisal reports on all other behavioral health staff. The contractor has the ability to make clinical assignments (related to provision of behavioral health care) to state staff working in this area (i.e. assignments, meetings, etc.)
2. In TDOC operated institutions where the behavioral health staff are hired by a vendor contracted through TDOC, the organizational structure will be the same as above. The vendor will have administrative oversight and will hire employees. The Director of Behavioral Health Services will be involved in the interviewing and selection process of the behavioral health administrator positions. The hiring of other behavioral health staff is subjected to the approval of the on-site administrative staff. The BHA, the AWT and/or Warden/Superintendent will review all decisions regarding the hiring of behavioral health contract personnel and will make any concerns known to the Director of Behavioral Health Services and Clinical Services Director. All administrative decisions regarding work schedules, job duties, use of leave, etc. are established by the AWT or the Warden with the vendor. BHAs or designee will maintain semi-monthly time sheets for all vendor employees, and all hours will be accounted for monthly.

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3. At State and privately management institutions, a psychiatrist shall be designated to be accountable for final clinical judgments concerning psychiatric treatment and its adjuncts, (subject to current contract provisions).
4. The provision of effective behavioral health care is a joint effort between facility administrators and behavioral health service providers, and can be achieved only through cooperative efforts from both parties. Matters of behavioral health treatment involving clinical judgments other than those pertaining to the prescription of psychotropic medications are the sole province of the Clinical Director. However, these services must be provided in keeping with the security regulations of the institution and TDOC as well as confidentiality for institutions, community supervision settings, and when telehealth is utilized in accordance with Policy #113.52.
5. Adherence to licensure laws shall be maintained in accordance with Policy #113.10 for behavioral health professionals. Any conflicts shall be addressed and resolved in accordance with accepted professional standards of practice, provider to provider in an appropriate manner, elevating the concerns or conflict to the institutional level and/or Director of Behavioral of Health when other efforts have been exhausted.
6. The BHA shall meet at least quarterly with the AWT or Warden/Superintendent, and present a written report on the institutional behavioral health care program. The purpose of such meetings shall be to review statistics, identify problems, and offer resolutions concerning the effectiveness and quality of the institutional behavioral health care programs. The quarterly report shall be forwarded to the Director of Behavioral Health Services. The BHA and the Clinical Director shall attend statewide and/or regional behavioral health services meetings. Other members of the behavioral health service staff may attend these meetings periodically upon request of the Director of Behavioral Health Services. The purpose of these meetings shall be to identify problems and resolutions pertaining to the behavioral health care system and to improve the coordination and delivery of behavioral health services on a system-wide basis.
7. The BHA shall verify the credentials of behavioral health services professionals prior to employment. Credentials/Qualification Verification, CR-2943, should be utilized in this process. Verification of current credentials and job plans shall be on file in the facility. Private contractors who provide professional services at TDOC facilities shall verify credentials according to contract requirements.
8. The BHA/Designee shall review and approve the Monitoring Reports, CR-2004s, used to document Mental Health Seclusion/Suicide Monitoring on inmates while in that status. Documentation of the review shall be provided by initialing and dating the CR-2004 at the top of the page on the date it was reviewed.
9. Mental Health Treatment Team Staff:
  - a. The Mental Health Treatment Team meeting shall promote on-going communication and professional growth focused on improving mental health care. Every institutional mental health department shall have a mental health treatment team that will prioritize inmates with the most severe mental health needs and who therefore require the most intervention from the services system.

## Subject: BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND DELIVERY

- b. There will be a Mental Health Treatment Team meeting at least weekly. The Behavioral Health Administrator shall lead the treatment team and be responsible for coordinating, delegating, and documenting team activities. Attendance shall be required for mental health providers having direct involvement in the mental health treatment of an inmate. At a minimum, attendance at mental health treatment teams shall require the following individuals to be present:
    1. Behavioral Health Administrator
    2. Psychiatrist or Advanced Practice Nurse
    3. Psychologist serving in the position of Clinical Director as designated by mental health contract provider for state operated facilities, state psychologist or psychologist at privately managed facilities
    4. Mental Health Clerk (state operated facilities)
    5. Any additional mental health staff, licensed or otherwise, who have direct involvement in the mental health needs or programming of an inmate.
  - c. The Behavioral Health Administrator may, at their discretion, require any mental health team member to attend the treatment team meetings. Based upon each institution's staffing pattern and the mental health needs of the inmate, the following personnel may be required to be part of the treatment team:
    1. Warden/Superintendent/designee
    2. Health Services Administrator and/or Director of Nursing
    3. Security staff and/or Unit Management Staff
    4. Correctional counselor
  - d. The licensed psychiatrist shall be the mental health clinical authority for admissions/discharge from Deberry Special Needs Facility and the Special Needs Unit at Tennessee Prison for Women.
10. Treatment Team Activities: Members of the treatment team shall work together in a coordinated and efficient manner and operate within their duly authorized scope of practice. Team activities include, but are not limited to, the following:
- a. Conducting weekly team meetings and providing documentation through sign in sheets and minutes maintained by the Behavioral Health Administrator
  - b. Creating and monitoring individualized treatment plans which provide a detailed account of the inmate's intervention needs and level of care
  - c. Reviewing individualized provider caseload for recommendations
  - d. Conducting regular meetings with inmates to monitor and assess his/her psychiatric functioning and evaluate for decompensation

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- e. Evaluating the effectiveness of the treatment plan goals as clinically indicated
- f. Coordinating with treatment providers referrals to other mental health and medical staff as needed
- g. Consulting with various institutional staff to assist with decisions regarding issues such as classification, housing, and disciplinary action
- h. Planning for the inmate's aftercare upon discharge from the institution and release back to the community
- i. Keeping security and unit management staff informed

C. Manual of Unit Operation: In accordance with Policy #102.02, each institutional behavioral health service operation shall maintain a unit manual of documents that readily defines the departmental and institutional behavioral health services positions relative to administrative and personnel requirements, and the behavioral health services provided in the care and treatment of inmates. Each institution's unit manual shall be reviewed and approved by the Behavioral Health Administrator and reviewed annually by all behavioral health staff.

- 1. The manual design, contents, and placement shall serve as a readily available reference providing an operational guide to current personnel, and as an orientation guide for new employees.
- 2. Depending on the institutional mission, the manual may consist of one or more volumes, and shall include, at a minimum, the following information:
  - a. Copies of all current Behavioral Health Services #113.80 Policy Series, with their CR Forms, (departmental and institutional policies and procedures.) Privately managed facilities shall maintain copies of all applicable #113.80 Policy series and corporate policies
  - b. Verification that all new behavioral health employees have reviewed the Behavioral Health policy series.
  - c. Verification that all behavior health employees have reviewed the Behavioral Health Policy Series annually.
  - d. The BHA shall obtain the full legal signature and initials of each Behavioral Care Professional authorized to document in the health record. The Signature Legend, CR-2775, shall be utilized for this purpose and maintained by the BHA.
- 3. The master manual should be located in the BHA's office and a copy placed in an accessible area for employee reference where needed.
- 4. All policies, procedures, and services within the behavioral health care delivery system shall be reviewed at least annually by the BHA. The BHA shall document this review by signature and date on each #113.80 series institutional policy and procedure contained in the unit manual. (If necessary, the BHA shall make suggested revisions to institutional policies and forward to the AWT or Warden/Superintendent, for approval. Changes made to clinical services shall be reviewed by appropriate clinical staff.)



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- D. Behavioral Health Service Delivery: Behavioral health treatment services shall be prioritized over ancillary programmatic services in allocation of department and institutional resources, e.g., staffing, space, scheduling, equipment, etc. Inmates may be transferred between institutions so that the appropriate level of care can be provided to an identified inmate. Each institution shall provide the following behavioral health services at a minimum:
1. The most current *Diagnostic and Statistical Manual of Mental Disorders* shall be utilized for diagnostic purposes.
  2. Screening for behavioral health problems on intake as approved by the behavioral health professional.
  3. Outpatient services for the detection, diagnosis, and treatment of mental illness.
  4. Crisis intervention and the management of acute psychiatric episodes, suicide prevention or emergency medication.
  5. Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting, including referrals to the Treatment Review Committee as indicated in accordance with Policy #113.87.
  6. Elective therapy and preventive treatment where resources permit.
  7. Referral and admission to Supportive Living Units, designated Level II Facilities, Crisis Stabilization Placement, and/or Transitional Care Unit for offenders whose psychiatric needs exceed the capability of the facility.
  8. Referral and admission to other types of programming for special populations, including but not limited to restrictive housing programming, substance use disorder programming/treatment, sex offender programming.
  9. Consultation services (including telehealth consultation with other prison, departments and staff).
  10. Procedures for obtaining and documenting informed consent.
  11. Case Management services including discharge/transition/aftercare planning (including both transfer to other institutions and release to the community).
  12. Inmates who are expiring their sentence and are demonstrating acute symptomatology that present a potential danger to self or others shall necessitate that the following actions be taken by a behavioral health professional:
    - a. Immediately contact the statewide mental health crisis line at 1-800-809-9957.
    - b. The referring behavioral health professional shall provide clinical information to the Director/Coordinator of the Mobile Crisis Team via the most appropriate communication channel, following up with a formal discharge summary as discussed below.

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- c. The crisis team will assess the inmate and upon completion determine the need for hospitalization.
  - d. Behavioral health will ensure that a Mental Health Summary, CR-3327, containing the clinically relevant information (i.e., diagnosis, medications, risk level, as available, past treatment and future treatment recommendations, and past/current self-injurious, suicidal, or homicidal behaviors, and any other applicable data) is forwarded to the mobile crisis team for their delivery to any outpatient or community-based provider.
  - e. If the offender has been granted parole and has been deemed to be a risk to himself or the public upon or prior to release, notification to the Board of Parole to determine if a mental health treatment mandate shall be listed, or a rescission hearing held, in addition to the District Director in the county of where the inmate will be paroled to in efforts to ensure continued behavioral health treatment is addressed.
- 13. Behavioral health staff may request that inmates who are seeking psychiatric intervention sign a release of information when a prior history of psychiatric, psychological or substance usage exists.
- 14. The BHA shall request that the institutional parole officer (IPO) be present during treatment team meetings that involve discharge planning for inmates being released on parole.
- E. Behavioral Health Contract Monitoring: Behavioral health contract monitors shall schedule contract compliance reviews, conduct those reviews, and document and report their findings as follows:
  - 1. All contracts shall be monitored according to the frequency specified in the contract or more often as indicated by the performance level of the individual contract. Visits shall be scheduled seven days in advance whenever possible. The Correctional Administrator (CA), Warden/designee or Superintendent, BHA, Director of Behavioral Health Services, and Contract Monitoring Director (CMD) will be advised of the dates of scheduled visits or changes to a previously established visit date.
  - 2. Monitors shall discuss issues and major concerns that may lead to a finding of non-compliance with the BHA and with the Warden/designee or Superintendent/designee during their review or during an exit conference before the monitor departs the site.
  - 3. The monitor shall forward a brief written summary of issues and concerns to the Director of Behavioral Health Services, BHA, the Warden/designee or Superintendent, within five business days of returning from the field review/exit conference. The contract staff will have three business days to respond to the monitor before the monitor prepares the final report/Non-Compliance Report (NCR).
  - 4. The monitor shall forward all responses and the NCR to the Director of Behavioral Health Services or designee, the CMD, and the General Counsel or designee for review and processing by the 10<sup>th</sup> business day after the exit conference.

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5. The Director of Behavioral Health Services or designee shall communicate the approved NCR to the Warden/designee or Superintendent, BHA and/or behavioral health contractor by the 15<sup>th</sup> business day following the exit conference. The behavioral health contractor shall have 10 business days from the receipt of the final report/NCR to respond in writing to the findings marked “non-compliant” to the Director of Behavioral Health or designee, the CMD, and the General Counsel with a Plan of Corrective Action (POCA). If a specific corrective action is accomplished during the time period between the site visit and the drafting of the written response, the response should include documentation to demonstrate that the finding has been addressed.
6. The Director of Behavioral Health Services shall review the responses and make recommendations to the Commissioner regarding assessment of monetary damages as detailed in the contract between the State and the contractor.
7. The monitors shall compile a summary of non-compliance reports for each monitoring period. The SNR and the related NCRs and responses shall be forwarded to the CMD, and Correctional Administrator/appropriate director by the 10th business day following the monitoring period.

VII. ACA STANDARDS: 4-4350, 4-4368, 4-4380, 4-4381, ~~4-4384~~, 4-4399, 4-4408, 4-4424, and 4-RH-0027.

VIII. EXPIRATION DATE: October 15, 2020.



**INMATE/PATIENT:**

**DOB:**

[illegible]

INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE



TENNESSEE DEPARTMENT OF CORRECTION  
CREDENTIALS / QUALIFICATION VERIFICATION

\_\_\_\_\_  
INSTITUTION

Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This will certify that I have reviewed the above-named applicant's application and verified information with regard to:

\_\_\_\_\_  
Previous Employment History

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Education

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Licensure / Certification (if applicable) License Number: \_\_\_\_\_

\_\_\_\_\_  
CPR ☐ Yes ☐ No

\_\_\_\_\_  
Other (explain): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Note: A copy of diploma or transcript, license or certificate (if applicable), and continuing education information shall be submitted to accompany the application.

I recommend the above named applicant to be appointed to the position of: \_\_\_\_\_,  
effective on \_\_\_\_\_.

(date)

\_\_\_\_\_  
Signature – Health/Behavioral Health Administrator or Designee

\_\_\_\_\_  
Date

RDA S717



**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SUMMARY**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Custody Status: \_\_\_\_\_ Release Date: \_\_\_\_\_

FOLLOW-UP APPOINTMENT DATE:: \_\_\_\_\_

REFERRAL TO RECEIVING FACILITY (Contact Person): \_\_\_\_\_

COMMUNITY MENTAL HEALTH CENTER (Specify Branch) Telephone/Address: \_\_\_\_\_

DSM DIAGNOSIS: \_\_\_\_\_

HISTORY OF SUICIDAL OR SELF-INJURIOUS BEHAVIORS: \_\_\_\_\_

ASSESSMENT [Problem(s), Behavioral Observations, Clinical Impressions, Estimation of Intellectual Ability, MSE): \_\_\_\_\_

TRIGGERS AND/OR EARLY WARNING SIGNS OF DECOMPENSATION: \_\_\_\_\_

PATIENT INSIGHT/MOTIVATION/COMPLIANCE: \_\_\_\_\_

PRIOR TREATMENT HISTORY: \_\_\_\_\_

FUTURE TREATMENT RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date





ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.81

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Effective Date: May 15, 2018

Distribution: A

Supersedes: 113.81 (6/1/14)

Approved by: Tony Parker

Subject: MENTAL HEALTH DOCUMENTATION

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure standardized procedures for all required documentation of mental health service delivery.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) employees, including contracted health and mental health care professionals/agencies, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Health Record: A written detailed account containing, but not limited to, any histories, summaries, diagnoses, prognoses, records of treatment and medication, reports of x-rays, laboratory diagnostic studies, and other graphic data pertaining to health care services rendered in a hospital, infirmary, emergency room, out-patient clinic, dental, or psychiatric/psychological/mental health counseling treatment setting. The health record should not include business records pertaining to patient/vendor accounts or the administration of the institution.
  - B. Mental Health Programmatic Record: An extension of the health record which compiles all of the offender's history and progress in treatment, as well as any other documentation pertaining to the programmatic services delivered to the inmate.
  - C. Mental Health Treatment Services: Biological and psychological therapies available to treat mental health disorders that significantly interfere with the inmate's ability to function in prison. Treatment is multidisciplinary, eclectic, and consistent with generally accepted mental health practices and institutional requirements.
  - D. Mental Health Treatment Team: A group of qualified mental health professionals and mental health adjunct personnel who are responsible for the development, implementation, monitoring, supervision, review, and documentation of a mental health treatment plan for individual inmates/patients who are determined to be in need of mental health services.
  - E. Programmatic Services: Mental health services provided by licensed/qualified mental health professionals and adjunct staff under the guidelines of a structured mental health program, i.e. sex offender, anger management, etc., which address a single treatment issue in a program setting designed to address special treatment needs.
- V. POLICY: Each institution shall utilize a standardized documentation process to provide continuity of care in the delivery of mental health services.
- VI. PROCEDURES:
  - A. General:

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1. All personnel responsible for providing mental health service intervention(s) shall routinely enter into the offender management system (OMS) Mental Health Conversation, LHSM, the appropriate service code(s) and applicable text for each inmate/patient served. Service codes entered into LHSM will be monitored by central office mental health service staff and utilized for periodic reporting. Those providing data entry assistance to contract service providers shall be provided with appropriate OMS access.
2. Inmates who are diagnosed utilizing the most current DSM standards shall have their diagnosis entered into the OMS, Services Provided (LOEL). Upon completion of a psychiatric/psychological evaluation, a new diagnostic code may be entered for a patient to reflect the most accurate diagnosable disorder. Existing diagnostic entries shall not be modified.
3. Physician orders shall be documented in accordance with Policies #113.70 and/or #113.71.

- B. Health Record: A health record for each inmate shall be maintained in accordance with Policy #113.50, and shall contain accurate documentation of all health care services provided throughout the inmate's entire period of incarceration. Mental health services documentation is located in section 10 of the health record and shall be stored in chronological order as it relates to services provided. Providers with illegible signatures must use a name/title stamp in addition to a hand written signature. Photocopies of signatures are not acceptable.

Below is a list of mental health forms and documents utilized by mental health staff, mental health consultants, and other applicable personnel. All are reserved for the mental health record.

1. Problem Oriented - Progress Record, CR-1884
2. Individual Psychiatry Session - Progress Record, CR-3763
3. Individual/Group Therapy Session-Progress Record Psychology Services, CR-3764
4. Mental Health Treatment Plan, CR-3326
5. Consent for Treatment, CR-1897
6. Substance Use Clinical Discharge Summary, CR-3713
7. Mental Health Evaluation, CR-3486
8. Mental Health Psychiatric Update, CR-3487
9. Institutional Mental Health Services Referral, CR-3431
10. Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082
11. Monitoring Report, CR-2004
12. Mental Health Screening Report, CR-2629

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13. Certification of Mental Health Emergency, CR-3388
14. Mental Health Summary, CR-3327
15. Mental Health Emergency Medication, CR-3330
16. Past Mental Health History & Reports
17. Mental Health Treatment Review Committee, CR-3329
18. Release to Community Mental Health/Agency Documentation
19. Mental Health Discharge Summary, CR-3765
20. Court order for conservator (See Policy #113.89)
21. Mental health information received from other facilities community agencies
22. Mental Health Treatment Plan Review, CR-3767

C. Mental Health Programmatic Record: The programmatic record shall be utilized as an extension of the health record for the documentation of mental health programmatic services. The health record shall continue to be the site for the documentation of mental health clinical services. It is not necessary to create a separate programmatic record for special needs mental health patients at DSNF and TPFW.

1. Each TDOC facility shall develop an in-house procedure to ensure that the institutional records office staff is made aware that a programmatic record exists.
2. Confidentiality and release of programmatic records shall be handled in accordance with Policy #113.52.
3. It is acceptable for an inmate/patient to have more than one programmatic record if he/she is involved in multiple programs. The drug treatment coordinator shall be responsible for maintaining accurate program records.
4. All members of a mental health treatment team shall have access to the programmatic record and shall use this record as the site for documentation of all programmatic services delivered to the inmate/patient.
5. All active programmatic records shall be stored in a locked secure area. Upon an inmate's program completion, all programmatic records shall be merged with the health record.
6. Access to the records shall be strictly controlled:
  - a. A list of TDOC staff who are authorized to access the files shall be maintained with the records by the Behavioral Health Administrator and the Health Services Administrator. Access will only be granted to clinical staff who are involved in the patient's care, the Warden, and Associate Warden of Treatment.

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- b. Any TDOC staff member seeking access to the records shall secure approval from the treating mental health professional and shall demonstrate a "need to know".
- 7. The left section of the opened programmatic record can be used for the placement of the following types of information as deemed necessary by program staff.
  - a. Historical information pertinent to treatment, such as pre-sentence investigation reports, facts of offense, FBI rap sheet, related court documentation, and miscellaneous community treatment reports
  - b. Photocopies of psychiatric/psychological evaluations, assessments, and recommendations
- 8. The right section of the opened programmatic record (if applicable) is reserved for the following forms:
  - a. Programmatic Daily/Weekly/Monthly Group Summary, CR-3491.
  - b. Psychiatric Daily/Weekly/Monthly Group Summary, CR-3490
  - c. Ancillary Program Plan, CR-3602
  - d. All progress notes documenting treatment staff contacts, behavioral observations, and services.
  - e. All completed autobiographies, assignments, or related written reports by the inmate, filed with the related progress note(s).
  - f. All programmatic treatment plans and/or Individual Program Plans generated during the course of mental health intervention.
  - g. All mental health treatment team discussions and decisions related to the inmate's progress in treatment and treatment status.

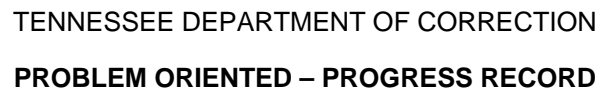
D. Retention/Disposition:

- 1. All inactive records of inmates shall be maintained separate from the active inmate records, following the same procedures on storage, access, disposition, and release of the health record as indicated by Policy #113.50. All inactive parole evaluations or forensic evaluations shall be disposed as indicated in Policy #113.50.
- 2. When an inmate transfers from a facility, the programmatic record(s) will be forwarded to the receiving facility's mental health staff immediately.
- 3. Federally funded treatment programs may require special programmatic record retention and disposition procedures that will be detailed in memorandum format from the respective Central Office Director.
- 4. Psychological test protocols for intake and other purposes shall be retained at the testing facility in a secure and confidential file for three years.

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VII. ACA STANDARDS: 4-4095, 4-4366, 4-4368, 4-4412 through 4-4415.

VIII. EXPIRATION DATE: May 15, 2021.



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

**GOALS ACCORDING TO PROBLEM # ABOVE/INMATE RESPONSIBILITIES:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

**TREATMENT MODALITY AND FREQUENCY TO ACHIEVE GOALS:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN REVIEW**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
2) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
3) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
4) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
5) ☐ SAME      ☐ REVISED      \_\_\_\_\_

**PROGRESS ACCORDING TO TREATMENT PLAN GOALS:**

- 1) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
2) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
3) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
4) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
5) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_

**NEW/REVISED TREATMENT MODALITY AND FREQUENCY:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE





**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
CONSENT FOR TREATMENT**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

I hereby authorize \_\_\_\_\_ and assistants to perform the following operation, procedure,  
(Practitioner)  
treatment, or psychiatric intervention.

\_\_\_\_\_  
Use Laymans Terms

The nature and extent of the intended operation, procedure, treatment, or psychiatric intervention has been explained to me in detail. I have been advised by \_\_\_\_\_ of the following  
(Practitioner)  
alternatives, if any, probable consequences if I remain untreated, risks and possible complications of proposed treatment as indicated:

\_\_\_\_\_  
(Use Lavman's Terms)

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the operation calling for the judgment of the practitioner for procedures in addition to or different from those now contemplated, I further request and authorize the practitioner to do whatever is deemed necessary.

I consent to the administration of anesthesia to be applied under the direction and supervision of \_\_\_\_\_.  
(Practitioner)

I have read and fully understand the terms of this consent and acknowledge that the explanations referred to were made and that all blanks have been filled.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Signature of Patient)

Witness: \_\_\_\_\_  
(Signature of Practitioner and Professional Title) Date

If the patient is a minor or incompetent to consent:

\_\_\_\_\_  
(Signature of parent or person authorized to consent for patient) Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  
p.m.

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_



# TENNESSEE DEPARTMENT OF CORRECTION MENTAL HEALTH EVALUATION

INSTITUTION \_\_\_\_\_

Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

☐ INITIAL ☐ UPDATE INITIAL EVALUATION ON (Date): \_\_\_\_\_

## PRESENTING MENTAL HEALTH ISSUES/CONCERNS:

### ☐ Inmate reports:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> anxiety                   | <input type="checkbox"/> poor concentration     | <input type="checkbox"/> bizarre behavior         | <input type="checkbox"/> recent loss  |
| <input type="checkbox"/> panic attacks             | <input type="checkbox"/> eating disorder        | <input type="checkbox"/> fecal/blood smear        | <input type="checkbox"/> Hallucinations   |
| <input type="checkbox"/> high impulsivity          | <input type="checkbox"/> sleep hygiene deficits | <input type="checkbox"/> self-injury              | <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Auditory |
| <input type="checkbox"/> high hostility/aggression | <input type="checkbox"/> delusion(s) _____      | <input type="checkbox"/> stressor(s): _____       | <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile                             |
| <input type="checkbox"/> confusion                 | _____   | _____   | <input type="checkbox"/> Accusatory <input type="checkbox"/> Threatening                        |
| <input type="checkbox"/> sad mood                  | <input type="checkbox"/> weight loss            | <input type="checkbox"/> family/significant other | <input type="checkbox"/> Commanding   |
| <input type="checkbox"/> mood swings               | <input type="checkbox"/> poor hygiene           | <input type="checkbox"/> health                   |   |
| <input type="checkbox"/> racing thoughts           | <input type="checkbox"/> poor appetite          | <input type="checkbox"/> current sentence         |   |
| <input type="checkbox"/> Other _____               |   |   |   |

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

## BEHAVIORAL OBSERVATION/MENTAL STATUS:

- |  |                                       |
|--|---------------------------------------|
| <b>DELUSSIONS</b>                      | <b>HALLUCINATIONS</b>                 |
| <input type="checkbox"/> Not Present   | <input type="checkbox"/> Not Present  |
| <input type="checkbox"/> Grandiose     | <input type="checkbox"/> Auditory:    |
| <input type="checkbox"/> Persecution   | <input type="checkbox"/> Visual:      |
| <input type="checkbox"/> Somatic       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religious     |                                       |
| <input type="checkbox"/> Cooperative   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Uncooperative |                                       |

Mood & Affect	Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 _____ <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled  <b>EYE CONTACT:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating  <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

## FAMILY HISTORY:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Both biological parents deceased  | <input type="checkbox"/> Caregiver of biological/adoptive children  | <input type="checkbox"/> Has children, but minimal contact |
| <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Significant Other | <input type="checkbox"/> Current loss of custody of children*   | <input type="checkbox"/> Family history of substance abuse |
| <input type="checkbox"/> Support System: _____   | <input type="checkbox"/> Custody of children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Family history of MH treatment    |
|  | *does not refer to temporary custody  | <input type="checkbox"/> The above individuals overlap     |
|  | <input type="checkbox"/> Children have been adopted   |  |

Family History Comments: \_\_\_\_\_

## EDUCATION HISTORY:

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

## WORK HISTORY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Never Worked                              | <input type="checkbox"/> Military History | <b>Comments:</b> _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Receiving disability before incarceration |   |   |
| Longest held job: _____  |   |   |
| Last worked free-world: _____                                      |   |   |

## TRAUMA HISTORY:

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

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

Number: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

☐ No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

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

**CRIMINAL HISTORY/ CRIMINAL THINKING:**

Current Conviction: \_\_\_\_\_

☐ Admits Responsibility ☐ Denies Responsibility

Juvenile Conviction(s)?: \_\_\_\_\_

☐ Victim Stance

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

**SUICIDE ATTEMPT HISTORY:**

\_\_\_\_ # prior attempts

Last attempt? \_\_\_\_\_

Method of last attempt: \_\_\_\_\_

Medical attention needed ever?: \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY:**

☐ History other self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

**MENTAL HEALTH TREATMENT HISTORY:**

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_ or Current: \_\_\_\_

☐ Records Requested

History of the following prescribed medications:

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

Comment: \_\_\_\_\_

☐ Medication likely confounded w/ A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or w/in last 2 to 4 weeks):

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization \_\_\_\_\_

# of inpatient stays: \_\_\_\_\_

Duration of longest stay: \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to substance use

☐ History of hospitalization related to suicide threat

Comments \_\_\_\_\_

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

**MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS (DSM-5):**

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

**MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed

☐ Pharmacotherapy is indicated and the following psychotropics have been prescribed: \_\_\_\_\_

☐ Individual ☐ Group ☐ Treatment Program \_\_\_\_\_

☐ Referral for psychology services

Level of Care: \_\_\_\_\_

☐ Other Recommendations/Considerations: \_\_\_\_\_

Staff Signature/Title

Date



**TENNESSEE DEPARTMENT OF CORRECTION  
PSYCHIATRIC UPDATE**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_  
Last First Middle  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Custody Status: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE OF TREATMENT TO DATE**

Define Problem Areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychotropic Medications: \_\_\_\_\_

Last Psychiatrist Visit: \_\_\_\_\_

**CURRENT MENTAL STATUS**

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

History of suicide attempts in the past year: ☐ Yes ☐ No How many? \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS**

DSM-V: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TREATMENT RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Psychiatrist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Psychologist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature/Title

\_\_\_\_\_  
Date





**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION**

\_\_\_\_\_  
INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRECIPITATING SYMPTOMS (OBSERVATION/JUSTIFICATION): \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_

INITIAL ORDER: \_\_\_\_\_

TIME OF AUTHORIZATION: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE ORDER: \_\_\_\_\_  
SIGNATURE OF ASSIGNED OR  
SUPERVISING NURSE

\_\_\_\_\_  
SIGNATURE OF ORDERING PSYCHIATRIST/CNS DATE SIGNATURE/TITLE OF AUTHORIZING STAFF DATE

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS LOCATION: \_\_\_\_\_

IF RESTRAINT, TYPE: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

# MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION

INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

ORDER DISCONTINUED: \_\_\_\_\_

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE PSYCHIATRIST / CNS





**INMATE/PATIENT:** \_\_\_\_\_ **TDOC #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE



TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SCREENING REPORT

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_

UNIT: \_\_\_\_\_ CELL: \_\_\_\_\_ DATE OF SCREENING: \_\_\_\_\_

TYPE OF SCREENING: 3 DAY SEGREGATION \_\_\_\_ 7 DAY SEGREGATION: \_\_\_\_ 30 DAY SEGREGATION \_\_\_\_ OTHER: \_\_\_\_\_

MENTAL STATUS SCREENING:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A PRESENT SUICIDE IDEATION
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A HISTORY OF SUICIDAL BEHAVIOR
<input type="checkbox"/>	<input type="checkbox"/>	IS THE OFFENDER PRESENTLY PRESCRIBED PSYCHOTROPIC MEDICATION
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A CURRENT MENTAL HEALTH COMPLAINT
<input type="checkbox"/>	<input type="checkbox"/>	IS THE OFFENDER BEING TREATED FOR MENTAL HEALTH PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF TREATMENT FOR SUBSTANCE USE
<input type="checkbox"/>	<input type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT

SUBJECTIVE/OBJECTIVE (include symptoms of psychosis, depression, anxiety, and/or aggression) : \_\_\_\_\_

GENERAL APPEARANCE

☐ Neat  
☐ Unclean  
☐ Bizarre  
☐ Disheveled

EYE CONTACT

☐ Good  
☐ Fair  
☐ Poor

DISPOSITION OF OFFENDER

☐ No Mental Health Referral  
☐ Referral to Mental Health Care Service  
☐ Referral to Appropriate Mental Health Care Service for Emergency Treatment

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MENTAL HEALTH PROVIDER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



TENNESSEE DEPARTMENT OF CORRECTION  
CERTIFICATION OF MENTAL HEALTH EMERGENCY

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
Inmate/Patient

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

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

\_\_\_\_\_  
Sex

I, the undersigned physician or psychologist, conclude that an emergency exists because of the following circumstances: (check as indicated)

\_\_\_\_\_ an immediate threat of serious physical harm to the inmate/patient or to others as a result of the violent behavior of the inmate/patient. Specific behaviors include:

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

\_\_\_\_\_ an immediate threat to the inmate/patient of deteriorating physical well-being with risk to life or long-term health caused by the effects of mental illness. Specific behaviors include:

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

I have personally observed these behaviors with a persistence of immediate threats.

The following less restrictive measures were considered/attempted but rejected as ineffective:

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

The certification of a mental health emergency requiring a transfer to the DeBerry Special Needs Facility or to an outside health care provider has been based on my direct assessment of this inmate/patient.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SUMMARY**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Custody Status: \_\_\_\_\_ Release Date: \_\_\_\_\_

FOLLOW-UP APPOINTMENT DATE:: \_\_\_\_\_

REFERRAL TO RECEIVING FACILITY (Contact Person): \_\_\_\_\_

COMMUNITY MENTAL HEALTH CENTER (Specify Branch) Telephone/Address: \_\_\_\_\_

DSM DIAGNOSIS: \_\_\_\_\_

HISTORY OF SUICIDAL OR SELF-INJURIOUS BEHAVIORS: \_\_\_\_\_

ASSESSMENT [Problem(s), Behavioral Observations, Clinical Impressions, Estimation of Intellectual Ability, MSE): \_\_\_\_\_

TRIGGERS AND/OR EARLY WARNING SIGNS OF DECOMPENSATION: \_\_\_\_\_

PATIENT INSIGHT/MOTIVATION/COMPLIANCE: \_\_\_\_\_

PRIOR TREATMENT HISTORY: \_\_\_\_\_

FUTURE TREATMENT RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH EMERGENCY MEDICATION

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DOB \_\_\_\_\_ SEX: \_\_\_\_\_

I, the undersigned physician, prescribe and authorize the administration of the following psychotropic medication to the above named inmate: \_\_\_\_\_  
(Medication)

I conclude that an emergency exists because of the following circumstances:

\_\_\_\_\_ an immediate threat of serious physical harm to the inmate or to others as a result of the violent behavior of the inmate: Specific Behaviors:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ an immediate threat to the inmate of deteriorating physical well-being with risk to life or long-term health caused by the effects of mental illness: Specific Behaviors:  
\_\_\_\_\_  
\_\_\_\_\_

I have personally observed these behaviors with a persistence of immediate threats.

The following less restrictive measures were considered/attempted but rejected as ineffective:

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

The certification of emergency and prescription and authorization for administration of psychotropic medication based on emergency shall be effective only for (72) seventy-two hours beginning at the time and date indicated below:

\_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
Time of First Administration \_\_\_\_\_ Date \_\_\_\_\_ Signature of Physician Certifying Emergency \_\_\_\_\_

**NOTE:** By the end of the next regular working day, the physician shall make sure that a copy of this form has reached the: (a) inmate's health record; (b) treatment team coordinator; (c) Inmate Rights Advisor, and; (d) the warden.

**EMERGENCY RENEWAL**

I, the undersigned physician, have determined that the above-certified emergency continues to exist beyond the original (72) seventy-two hour period indicated above, and I extend the prescription and authorization noted for an additional (72) seventy-two hours, creating an emergency medication period totaling one-hundred forty-four (144) hours.

As a result of my personal evaluation of the inmate, within (6) six hours of renewal, I have concluded that an emergency situation continues to exist because:

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

\_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
Time \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_ Signature of Physician \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY**

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

**I. REPORT OF INITIAL PSYCHIATRIST'S MEETING WITH INMATE'S:**

Initial Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**II. REPORT OF SECOND PSYCHIATRIST'S MEETING WITH INMATE:**

Second Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**III. REPORT OF TREATMENT TEAM MEETING:**

Treatment Team Recommendations(s):

Signature(s) of Treatment Team Member(s):	Date	Comments:
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____

MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY

IV. REPORT OF TREATMENT REVIEW COMMITTEE:

Signature of Treatment Review Committee:	Date	Comments:
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>

INMATE RIGHTS ADVOCATE COMMENT(S):

<div><div></div><div>Inmate Rights Advocate Signature</div></div>	<div><div></div><div>Date</div></div>
---	---------------------------------------



**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SERVICES**  
**INDIVIDUAL/GROUP THERAPY SESSION – PROGRESS RECORD**  
**PSYCHOLOGY SERVICES**

Institution: \_\_\_\_\_

NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

TIME: \_\_\_\_\_

**S = SUBJECTIVE**

**O = OBJECTIVE**

**A = ASSESSMENT**

**P = PLAN**

☐ Individual

☐ Group Type:

Length of Session

☐ 20-30 Min

☐ 45-50 Min

☐ Other \_\_\_\_\_

<b>S (SUBJECTIVE):</b>	SPMI <input type="checkbox"/> YES	SMI <input type="checkbox"/> YES	DIAGNOSIS:

O (OBJECTIVE): Orientation	Memory	Speech	Thought Processes	Sleep	Hallucinations	Eye Contact
<input type="checkbox"/> O X 4 <input type="checkbox"/> Not Person <input type="checkbox"/> Not Place <input type="checkbox"/> Not Time <input type="checkbox"/> Not Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Memory Deficit	<input type="checkbox"/> Appropriate <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Slowed <input type="checkbox"/> Mute <input type="checkbox"/> Tangential <input type="checkbox"/> Perseverating	<input type="checkbox"/> Appropriate <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> No Complaint <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Insomnia <input type="checkbox"/> Nightmares	<input type="checkbox"/> Not Present <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Gustatory <input type="checkbox"/> Auditory <input type="checkbox"/> Visual	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

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

Delusions	Mood	Affect	Danger to Self or Others	Judgement	Insight
<input type="checkbox"/> Not Present <input type="checkbox"/> Grandiose <input type="checkbox"/> Persecution <input type="checkbox"/> Somatic <input type="checkbox"/> Paranoia <input type="checkbox"/> Religious <input type="checkbox"/> N/A	<input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Labile	<input type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Incongruent w/Mood	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Self Injurious	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

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

**A (ASSESSMENT):**

Psychiatric Medication

☐ Yes  
☐ No  
☐ N/A

Medication Compliance

☐ Yes  
☐ No  
☐ N/A

Group Session Level of Participation

☐ Excellent  
☐ Minimal  
☐ Participation with Encouragement  
☐ Provided feedback to Peers  
☐ Quiet but Attentive  
☐ Disruptive

Number of sessions missed: \_\_\_\_\_

**Overall Rating:**

☐ Progress

☐ Stable/Maintaining

☐ No Progress

☐ Decompensation

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

**LEVEL OF FUNCTIONING:**

Hygiene

Daily Tasks

Relationship

<input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Only with frequent prompts <input type="checkbox"/> Unable w/out assistance <input type="checkbox"/> N/A	<input type="checkbox"/> Declining <input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Requires constant prompts <input type="checkbox"/> Unable w/out assistance <input type="checkbox"/> N/A	<input type="checkbox"/> Declining <input type="checkbox"/> Maintains social contacts <input type="checkbox"/> Social interaction minimal <input type="checkbox"/> Other: _____
--	---	--

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

**P (PLAN/INTERVENTION):**

**TREATMENT PLAN GOAL**

☐ Continue with frequency/length or session  
☐ Reduce frequency/length or sessions  
☐ Increase frequency/length or sessions

☐ Treatment Plan Development/Revision  
☐ Terminate psychological services

Specify Other Interventions (as needed):

Referral: \_\_\_\_\_

Return: \_\_\_\_\_

Signature/Stamp





**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
INDIVIDUAL PSYCHIATRY SESSION – PROGRESS RECORD**

Institution: \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**S = SUBJECTIVE**

**O = OBJECTIVE**

**A = ASSESSMENT**

**P = PLAN**

☐ **Interim**

☐ **90-day**

☐ **12-month**

<b>S (SUBJECTIVE):</b>	SPMI	<input type="checkbox"/> YES	SMI	<input type="checkbox"/> YES	DIAGNOSIS

O (OBJECTIVE): Orientation	Memory	Speech	Thought Processes	Sleep	Hallucinations	Eye Contact
<input type="checkbox"/> O X 4 <input type="checkbox"/> Not Person <input type="checkbox"/> Not Place <input type="checkbox"/> Not Time <input type="checkbox"/> Not Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Memory Deficit	<input type="checkbox"/> Appropriate <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Slowed <input type="checkbox"/> Mute <input type="checkbox"/> Tangential <input type="checkbox"/> Perseverating	<input type="checkbox"/> Appropriate <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic	<input type="checkbox"/> No Complaint <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Insomnia <input type="checkbox"/> Nightmares	<input type="checkbox"/> Not Present <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Gustatory <input type="checkbox"/> Auditory <input type="checkbox"/> Visual	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

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

Delusions	Mood	Affect	Danger to Self or Others	AIMS
<input type="checkbox"/> Not Present <input type="checkbox"/> Grandiose <input type="checkbox"/> Persecution <input type="checkbox"/> Somatic <input type="checkbox"/> Paranoia <input type="checkbox"/> Religious	<input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Labile	<input type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Incongruent w/Mood	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Self Injurious	<input type="checkbox"/> AIMS Completed

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

**A (ASSESSMENT):**

Health Changes

- ☐ None  
☐ Note Significant Changes

Lab/Test Results

- ☐ No New Results  
☐ New Results Reviewed  
☐ Lab(s) Ordered

Med Compliance

- ☐ Yes  
☐ No

Side Effects

- ☐ Present (Please Note)  
☐ Absent

**Overall Rating:**

- ☐ Progress  
☐ Stable/Maintaining  
☐ No Progress  
☐ Decompensation

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

**LEVEL OF FUNCTIONING:**

Hygiene

Daily Tasks

Relationship

<input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Only with frequent prompts <input type="checkbox"/> Unable w/out assistance	<input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Requires constant prompts <input type="checkbox"/> Unable w/out assistance	<input type="checkbox"/> Declining <input type="checkbox"/> Declining <input type="checkbox"/> Social interaction minimal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Requires constant prompts <input type="checkbox"/> Unable w/out assistance
--	---	--

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

**P (PLAN/INTERVENTION):**

<input type="checkbox"/> Continue Medication Unchanged		<input type="checkbox"/> Treatment Plan Development/Revision
<input type="checkbox"/> Changes in Current Medications (Specify) _____		
<input type="checkbox"/> Risks/Benefits, Side Effects, and Alternatives were Discussed		
<input type="checkbox"/> Terminate Psychiatric Services		
Referral:	_____	
Return:	_____	
Specify Other Interventions (as needed): _____		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH DISCHARGE OF SERVICES SUMMARY**

\_\_\_\_\_  
INSTITUTION

**INMATE NAME:** \_\_\_\_\_

**TDOC NUMBER:** \_\_\_\_\_

**S** = SUBJECTIVE

**O** = OBJECTIVE

**A** = ASSESSMENT

**P** = PLAN

**DISCHARGE SUMMARY** (FOR PSYCHIATRY AND PSYCHOLOGY SERVICES)

Date	Time	
		<b>DOB: __/__/__ AGE: __ DATE SERVICES BEGAN: __/__/__ DISCHARGE DATE: __/__/__</b>
		<b>HISTORY OF CURRENT EPISODE:</b>
		<b>EVALUATIONS PERFORMED:</b>
		<b>CLINICAL COURSE:</b>
		<b>CONDITION UPON DISCHARGE:</b>
		<b>DISCHARGE DIAGNOSIS: DSM-V</b>
		<b><u>DISCHARGE AND AFTERCARE PLAN:</u></b>

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PROVIDER SIGNATURE



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES PROGRAMMATIC - PROGRESS RECORD**

INSTITUTION \_\_\_\_\_

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

**PSYCHOLOGY SERVICES – Weekly Group Session**

DATE			
	<b><u>TARGET SYMPTOMS/PROBLEM:</u></b>		
WEEK ENDING:	<b><u>TREATMENT GROUP:</u></b>		
	<b><u>MENTAL STATUS: INDICATE SIGNIFICANT CHANGES IN FOLLOWING AREAS:</u></b>		
MONTH ENDING:	Speech <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Thought Processes: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Sleep <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Hallucinations <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Delusions: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Affect: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Mood <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	Cognitive Functions: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain: _____	
	<b><u>Danger to Self or Others</u></b> <input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Self Injurious		
	<b><u>PARTICIPATION:</u></b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded/Resistant <input type="checkbox"/> Easily Distracted <input type="checkbox"/> Focused <input type="checkbox"/> Engaged <input type="checkbox"/> Not Engaged <input type="checkbox"/> Receptive		
	<b><u>PATIENT MED ISSUES:</u></b>		
	<input type="checkbox"/> Not On Medication for Mental Health Purposes	<input type="checkbox"/> Compliant with Current Regimen As Prescribed	<input type="checkbox"/> Non-compliant with Current Regimen Reported Side Effects: _____
	<b><u>Level of Functioning:</u></b>		
	Behavior: <input type="checkbox"/> Isolative <input type="checkbox"/> Poor Impulse Control <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Interpersonal Conflict <input type="checkbox"/> Appropriate to Situation		
	<b><u>UPDATE REGARDING INMATE'S RESPONSE TO CLINICAL INTERVENTIONS AND THERAPUTIC CARE ACTIVITIES, PROGRESS TOWARD MEETING GOALS AND OBJECTIVES, AND ANY CHANGES REQUIRED:</u></b>		
	<b><u>ASSESSMENT:</u></b>		
	<input type="checkbox"/> Good Progress <input type="checkbox"/> Stable/Maintaining <input type="checkbox"/> No Progress <input type="checkbox"/> Decompensation		
	<b><u>PLAN:</u></b>		
	<input type="checkbox"/> Return For Group Session. <input type="checkbox"/> Refer to Psychiatry <input type="checkbox"/> Terminate Group Services.		

\_\_\_\_\_  
Signature / Stamp

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
ANCILLARY PROGRAM PLAN**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_ TDOC #: \_\_\_\_\_

\_\_\_\_\_  
DATE OF PLAN DEVELOPMENT

\_\_\_\_\_  
PROGRAM TITLE

\_\_\_\_\_  
PROGRAM DURATION

**PROGRAM OBJECTIVES**

**OBJECTIVES MET**

_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

**SPECIAL INDIVIDUALIZED OBJECTIVES (if applicable)**

**OBJECTIVES MET**

_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator Signature / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator Signature / Title

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
PSYCHIATRIC DAILY/WEEKLY/MONTHLY GROUP SUMMARY**

\_\_\_\_\_  
**INSTITUTION**

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

TREATMENT GROUP: \_\_\_\_\_ DATE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

	<u>Poor</u>							<u>Fair</u>							<u>Good</u>							<u>Excellent</u>							<u>N/A</u>						
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1. Patient's level of hygienic appropriateness																																			
2. Patient's orientation to task(s):																																			
3. Participative Level:																																			
4. Cognitive processing:																																			
5. Emotional functioning:																																			

**DAILY/WEEKLY GROUP NOTES:**

Date \_\_\_\_\_ Objective/Focus \_\_\_\_\_ Observations \_\_\_\_\_

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

Date \_\_\_\_\_ Objective/Focus \_\_\_\_\_ Observations \_\_\_\_\_

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

Date \_\_\_\_\_ Objective/Focus \_\_\_\_\_ Observations \_\_\_\_\_

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

Date \_\_\_\_\_ Objective/Focus \_\_\_\_\_ Observations \_\_\_\_\_

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

Date \_\_\_\_\_ Objective/Focus \_\_\_\_\_ Observations \_\_\_\_\_

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

WEEKLY/MONTHLY SUMMARY: \_\_\_\_\_

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

Signature(s) and Title of Therapist/Mental Health Staff

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

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

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



TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE DISORDER CLINICAL DISCHARGE SUMMARY

\_\_\_\_\_  
INSTITUTION

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

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

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

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

---

**Demographics:**

\_\_\_\_\_

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

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

### TCU SCALES

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

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

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

**Continued Care Recommendations:**

\_\_\_\_\_


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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.82	Page 1 of 6
	Effective Date: January 15, 2018	
	Distribution: A	
	Supersedes: 113.82 (9/15/12)	
Approved by: Tony Parker		
Subject: MENTAL HEALTH REFERRAL TRIAGE PROCESS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure, upon referral, that an inmate's mental health needs are addressed in a timely manner by the most qualified mental health professional within a given institution.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) institutional employees, contractors, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Comprehensive Mental Health Sites: An institution designated to provide mental health services, including onsite psychiatric services for Mental Health Levels of Care II through and/or V.
  - B. Emergency Referral: Referral of an inmate who requires immediate response due to a psychiatric emergency.
  - C. Licensed Independent Mental Health Professional (LIMHP): A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation, senior psychological examiner, licensed clinical social worker, or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - D. Mental Health Referral Triage Process: A procedure established to determine the mental health needs of an inmate as determined by a mental health professional(s). Upon determination of appropriate clinical need, disposition for mental health intervention is provided.
  - E. Non-Comprehensive Mental Health Sites: An institution designated primarily as a Level I facility, which is equipped to provide tele-health psychiatry services for inmates assigned to that institution, who may from time to time require psychiatric consultation.
  - F. Psychiatric Emergency: A sudden serious disturbance of a behavior, affect, or thought process due to an apparent mental illness that requires immediate mental health treatment intervention in order to prevent further physical or cognitive harm to an inmate or others.
  - G. Qualified Mental Health Professional: A licensed Psychological Examiner, or other individual who is professionally licensed/certified as a therapeutic professional, or unlicensed mental health provider having a Master's Degree in the behavioral sciences.

Effective Date: January 15, 2018	Index # 113.82	Page 2 of 6
Subject: MENTAL HEALTH REFERRAL TRIAGE PROCESS		

- H. Routine Referrals: Referrals that are made by any institutional staff member to the mental health staff for consideration and appropriate action.
- I. Special Referrals: Referral of an inmate who requires mental health evaluation by a psychiatrist/advance practice nurse (APN) or Clinical Psychologist within seven days of the initial referral.
- V. POLICY: All institutions shall render mental health services to inmates and shall ensure the timely response and disposition of mental health referrals.
- VI. PROCEDURES:
  - A. The Behavioral Health Administrator shall be responsible to monitor and ensure that the mental health referral triage process is carried out in a timely and efficient manner.
  - B. Mental health referrals shall be handled in a timely manner. Each institution shall triage mental health referrals and make appropriate dispositions for treatment. Treatment plans shall be developed in accordance with Policy #113.83.
  - C. The Licensed Independent Mental Health Professional or qualified mental health professional shall routinely serve as the screening mechanism for all mental health referrals. At non-comprehensive mental health sites, or at the time of inmate transfer, medical staff may serve as the primary mechanism for referral screening.
  - D. Each institution shall develop a procedure to ensure that mental health staff are informed within 24 hours of an inmate's transfer to segregation. The mental health staff shall provide assessments according to Policy #113.84.
  - E. Referrals shall be made using Institutional Mental Health Services Referral, CR-3431.
    - 1. The following information shall be documented by the referring health professional:
      - a. Reason for referral
      - b. Diagnosis and current mental health level of functioning
      - c. Current psychotropic medications prescribed and efficacy
      - d. Significant, acute or chronic mental/physical problems
      - e. Referral disposition, pertinent information, or outcomes
    - 2. The CR-3431 is maintained in the Mental Health section of the inmate's health care record.
    - 3. Inpatient units and Supportive Living Units are not required to utilize CR-3431, unless the requested consult is not routinely provided within the confines of the treatment unit.

Effective Date: January 15, 2018	Index # 113.82	Page 3 of 6
Subject: MENTAL HEALTH REFERRAL TRIAGE PROCESS		

F. Referrals can be routine, special, or emergency in nature.

1. Routine Referrals: Routine requests for mental health services are triaged by an Independent Licensed Mental Health Professional or qualified mental health professional as soon as possible but within seven days of the initial request for service. The mental health professional will evaluate the inmate and determine the appropriate course of action. If the inmate needs further evaluation, that evaluation shall be completed within seven days of the mental health professional's referral.
2. Special Referrals: Inmates shall be assessed by a mental health professional within seven days of referral when these circumstances exist:
  - a. Inmates who arrive at the reception center, who are receiving psychiatric medication must be evaluated by a Clinical Psychologist for a Mental Health Evaluation, CR-3486, within seven days of arrival at the facility and evaluated by the psychiatrist/APN within 14 days of arrival at the facility.
  - b. If the decision is made to continue treatment, then treatment shall be implemented in accordance with Policy #113.83.
  - c. If the decision is made to discontinue treatment, then the psychiatrist/APN shall document the rationale on Individual Psychiatry Session-Progress Record, CR-3763.
3. Emergency Referrals: All emergency referrals shall be handled in accordance with Policy #113.89. Institutional policies and/or procedures shall be developed to include the following requirements:
  - a. Transfer: Following consultation with the psychiatrist/APN, inmates who are determined as being in crisis and are designated as Mental Health Level of Care V may be transferred to a designated Level V facility or infirmary bed. Transfers are made in accordance with Policy #113.89.
  - b. Emergency Response Education/Training: All institutional staff shall receive training in mental health emergencies. Training shall be part of orientation and the institutional core curriculum and shall include:
    1. Recognition of signs and symptoms of acute mental distress and knowledge of action required in potential emergency situations
    2. Methods of obtaining assistance
    3. Signs and symptoms of mental illness, intellectual disability, and chemical dependency
    4. Suicide prevention

Effective Date: January 15, 2018	Index # 113.82	Page 4 of 6
Subject: MENTAL HEALTH REFERRAL TRIAGE PROCESS		

5. Procedures for the transfer of inmates to a Level V bed or Level V unit at a different facility if the current facility is unable to provide such services.

c. Procedures: Institutional policies and/or procedures shall be developed to include a written plan which covers the provision of 24-hour mental health care availability. The plan shall include arrangements for the following:

1. Coordination of onsite emergency response and crisis intervention
2. On-call procedures during regular business hours
3. On-call procedures after hours and on weekends

VII. ACA STANDARDS: 4-4346, 4-4351, 4-4372, 4-4389, and 4-4400.

VIII. EXPIRATION DATE: January 15, 2021.



**TENNESSEE DEPARTMENT OF CORRECTION  
INSTITUTIONAL HEALTH SERVICES REFERRAL**

\_\_\_\_\_  
INSTITUTION

☐ MEDICAL

☐ BEHAVIORAL HEALTH

INMATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
Last First Middle

PRESENTING PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED BY: \_\_\_\_\_  
Signature/Title Date Time

<b>SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR</b>	<input type="checkbox"/> Behavioral Health
	<input type="checkbox"/> Medical

RECEIVED BY: \_\_\_\_\_  
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_\_\_\_  
Signature/Professional Title



# TENNESSEE DEPARTMENT OF CORRECTION MENTAL HEALTH EVALUATION

INSTITUTION \_\_\_\_\_

Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

☐ INITIAL ☐ UPDATE INITIAL EVALUATION ON (Date): \_\_\_\_\_

## PRESENTING MENTAL HEALTH ISSUES/CONCERNS:

### ☐ Inmate reports:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> anxiety                   | <input type="checkbox"/> poor concentration     | <input type="checkbox"/> bizarre behavior         | <input type="checkbox"/> recent loss  |
| <input type="checkbox"/> panic attacks             | <input type="checkbox"/> eating disorder        | <input type="checkbox"/> fecal/blood smear        | <input type="checkbox"/> Hallucinations   |
| <input type="checkbox"/> high impulsivity          | <input type="checkbox"/> sleep hygiene deficits | <input type="checkbox"/> self-injury              | <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Auditory |
| <input type="checkbox"/> high hostility/aggression | <input type="checkbox"/> delusion(s) _____      | <input type="checkbox"/> stressor(s): _____       | <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile                             |
| <input type="checkbox"/> confusion                 | _____   | _____   | <input type="checkbox"/> Accusatory <input type="checkbox"/> Threatening                        |
| <input type="checkbox"/> sad mood                  | <input type="checkbox"/> weight loss            | <input type="checkbox"/> family/significant other | <input type="checkbox"/> Commanding   |
| <input type="checkbox"/> mood swings               | <input type="checkbox"/> poor hygiene           | <input type="checkbox"/> health                   |   |
| <input type="checkbox"/> racing thoughts           | <input type="checkbox"/> poor appetite          | <input type="checkbox"/> current sentence         |   |
| <input type="checkbox"/> Other _____               |   |   |   |

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

## BEHAVIORAL OBSERVATION/MENTAL STATUS:

- |  |                                       |
|--|---------------------------------------|
| <b>DELUSSIONS</b>                      | <b>HALLUCINATIONS</b>                 |
| <input type="checkbox"/> Not Present   | <input type="checkbox"/> Not Present  |
| <input type="checkbox"/> Grandiose     | <input type="checkbox"/> Auditory:    |
| <input type="checkbox"/> Persecution   | <input type="checkbox"/> Visual:      |
| <input type="checkbox"/> Somatic       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religious     |                                       |
| <input type="checkbox"/> Cooperative   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Uncooperative |                                       |

Mood & Affect	Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 ----- <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- <b>EYE CONTACT:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating  <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

## FAMILY HISTORY:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Both biological parents deceased  | <input type="checkbox"/> Caregiver of biological/adoptive children  | <input type="checkbox"/> Has children, but minimal contact |
| <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Significant Other | <input type="checkbox"/> Current loss of custody of children*   | <input type="checkbox"/> Family history of substance abuse |
| <input type="checkbox"/> Support System: _____   | <input type="checkbox"/> Custody of children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Family history of MH treatment    |
|  | *does not refer to temporary custody  | <input type="checkbox"/> The above individuals overlap     |
|  | <input type="checkbox"/> Children have been adopted   |  |

Family History Comments: \_\_\_\_\_

## EDUCATION HISTORY:

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

## WORK HISTORY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Never Worked                              | <input type="checkbox"/> Military History | <b>Comments:</b> _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Receiving disability before incarceration |   |   |
| Longest held job: _____  |   |   |
| Last worked free-world: _____                                      |   |   |

## TRAUMA HISTORY:

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

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

Number: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

☐ No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

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

**CRIMINAL HISTORY/ CRIMINAL THINKING:**

Current Conviction: \_\_\_\_\_

☐ Admits Responsibility ☐ Denies Responsibility

Juvenile Conviction(s)?: \_\_\_\_\_

☐ Victim Stance

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

**SUICIDE ATTEMPT HISTORY:**

\_\_\_\_ # prior attempts

Last attempt? \_\_\_\_\_

Method of last attempt: \_\_\_\_\_

Medical attention needed ever?: \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY:**

☐ History other self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

**MENTAL HEALTH TREATMENT HISTORY:**

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_ or Current: \_\_\_\_

☐ Records Requested

History of the following prescribed medications:

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

Comment: \_\_\_\_\_

☐ Medication likely confounded w/ A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or w/in last 2 to 4 weeks):

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization \_\_\_\_\_

# of inpatient stays: \_\_\_\_\_

Duration of longest stay: \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to substance use

☐ History of hospitalization related to suicide threat

Comments \_\_\_\_\_

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

**MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS (DSM-5):**

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

**MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed

☐ Pharmacotherapy is indicated and the following psychotropics have been prescribed: \_\_\_\_\_

☐ Individual ☐ Group ☐ Treatment Program \_\_\_\_\_

☐ Referral for psychology services

Level of Care: \_\_\_\_\_

☐ Other Recommendations/Considerations: \_\_\_\_\_

Staff Signature/Title

Date



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
INDIVIDUAL PSYCHIATRY SESSION – PROGRESS RECORD**

Institution: \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**S = SUBJECTIVE**

**O = OBJECTIVE**

**A = ASSESSMENT**

**P = PLAN**

☐ Interim

☐ 90-day

☐ 12-month

<b>S (SUBJECTIVE):</b>	SPMI	<input type="checkbox"/> YES	SMI	<input type="checkbox"/> YES	DIAGNOSIS

<b>O (OBJECTIVE):</b> <u>Orientation</u>	<u>Memory</u>	<u>Speech</u>	<u>Thought Processes</u>	<u>Sleep</u>	<u>Hallucinations</u>	<u>Eye Contact</u>
<input type="checkbox"/> O X 4 <input type="checkbox"/> Not Person <input type="checkbox"/> Not Place <input type="checkbox"/> Not Time <input type="checkbox"/> Not Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Memory Deficit	<input type="checkbox"/> Appropriate <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Slowed <input type="checkbox"/> Mute <input type="checkbox"/> Tangential <input type="checkbox"/> Perseverating	<input type="checkbox"/> Appropriate <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic	<input type="checkbox"/> No Complaint <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Insomnia <input type="checkbox"/> Nightmares	<input type="checkbox"/> Not Present <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Gustatory <input type="checkbox"/> Auditory <input type="checkbox"/> Visual	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

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

<u>Delusions</u>	<u>Mood</u>	<u>Affect</u>	<u>Danger to Self or Others</u>	<u>AIMS</u>
<input type="checkbox"/> Not Present <input type="checkbox"/> Grandiose <input type="checkbox"/> Persecution <input type="checkbox"/> Somatic <input type="checkbox"/> Paranoia <input type="checkbox"/> Religious	<input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Labile	<input type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Incongruent w/Mood	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Self Injurious	<input type="checkbox"/> AIMS Completed

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

**A (ASSESSMENT):**

Health Changes

- ☐ None  
☐ Note Significant Changes

Lab/Test Results

- ☐ No New Results  
☐ New Results Reviewed  
☐ Lab(s) Ordered

Med Compliance

- ☐ Yes  
☐ No

Side Effects

- ☐ Present (Please Note)  
☐ Absent

**Overall Rating:**

- ☐ Progress  
☐ Stable/Maintaining  
☐ No Progress  
☐ Decompensation

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

**LEVEL OF FUNCTIONING:**

Hygiene

Daily Tasks

Relationship

<input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Only with frequent prompts <input type="checkbox"/> Unable w/out assistance <input type="checkbox"/> Declining	<input type="checkbox"/> Independent <input type="checkbox"/> Monitoring or direction required <input type="checkbox"/> Requires constant prompts <input type="checkbox"/> Unable w/out assistance <input type="checkbox"/> Declining	<input type="checkbox"/> Maintains social contacts <input type="checkbox"/> Non-verbal <input type="checkbox"/> Requires constant prompts <input type="checkbox"/> Unable w/out assistance <input type="checkbox"/> Social interaction minimal
--	---	--

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


**P (PLAN/INTERVENTION):**

<input type="checkbox"/> Continue Medication Unchanged <input type="checkbox"/> Changes in Current Medications (Specify) _____ <input type="checkbox"/> Risks/Benefits, Side Effects, and Alternatives were Discussed <input type="checkbox"/> Terminate Psychiatric Services		<input type="checkbox"/> Treatment Plan Development/Revision
Referral:		
Return:		
Specify Other Interventions (as needed): _____		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.83	Page 1 of 7
	Effective Date: March 15, 2016	
	Distribution: A	
	Supersedes: 113.83 (12/1/11) PCN 13-47 (1/15/14) 113.85 (6/1/12)	
Approved by: Derrick D. Schofield		
Subject: MENTAL HEALTH EVALUATION AND MENTAL HEALTH TREATMENT PLAN		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide guidelines for the mental health evaluation process and treatment plan and to define the contract agreement between inmates and provider(s) regarding mental health clinical services.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) personnel to include mental health and physical health care providers, contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Licensed Independent Mental Health Professional (LIMHP): For purposes of this policy, a licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation, senior psychological examiner, licensed clinical social worker, or licensed professional counselor with health service provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - B. Mental Health Evaluation (CR-3486): A structured compilation of pertinent clinical, medical, and historical background demographics related to a specific inmate, which shall include, but not be limited to, treatment recommendation(s) and diagnostic impression(s).
  - C. Mental Health Treatment Plan (CR-3326): An individualized document that defines the contract/agreement between the inmate and treatment provider(s) regarding mental health services. A treatment plan is based upon the assessment of an inmate's mental health needs.
  - D. Mental Health Treatment Plan Review (CR-3767): A clinical addendum to the most recent mental health treatment plan which documents progress and revisions of initial treatment goals.
  - E. Qualified Mental Health Professional: For purposes of this policy, a licensed psychological examiner or other individual who is professionally licensed/certified as a therapeutic professional, or Mental Health Program Specialist having a Master's Degree in the behavioral sciences.
- V. POLICY: A mental health evaluation/update and a mental health treatment plan/treatment plan review shall be completed to assist in making a disposition for treatment services for inmates identified as requiring mental health intervention.
- VI. PROCEDURES:

Effective Date: March 15, 2016	Index # 113.83	Page 2 of 7
Subject: MENTAL HEALTH EVALUATION AND MENTAL HEALTH TREATMENT PLAN		

A. Mental Health Evaluation

1. The Licensed Independent Mental Health Professional (See Policy #113.88) is responsible for assessing the inmate's clinical needs and completing the Mental Health Evaluation or update, CR-3486. Other licensed/qualified mental health professionals (See Policy #113.88) may initiate or contribute to the development of the mental health evaluation or update.
2. The initial Mental Health Evaluation, CR-3486, shall be completed on those inmates who have not received prior institutional mental health treatment or whose treatment has been discontinued and the provider has no access to the most recent mental health evaluation.
3. A Mental Health Evaluation, CR-3486, shall be considered an update when the most recent mental health evaluation is available to the treatment provider and:
  - a. There is a significant change in diagnosis or
  - b. The inmate has received prior institutional mental health treatment but none for the preceding 12 months.
4. Mental Health referrals shall require that a Mental Health Evaluation CR-3486, be completed within 14 days from the time the inmate has been identified as requiring a mental health intervention.
5. For all inmates determined to be in need of any mental health services, recent mental health treatment records will be routinely requested after obtaining the consent of the inmate. It is the responsibility of the evaluator to get appropriate Authorization for Release of Health Services Information, CR-1885, signed at the time of the evaluation so all records needed may be requested. A copy of the form will be filed in the Health Record Section 10.
6. Inmates requesting and determined to be in need of mental health services will be referred to treatment opportunities as indicated by the inmate's diagnosis. Individual and group treatment services will be documented on the mental health treatment plan and updated on the mental health progress note.
7. Inmates who have no record of receiving prior mental health treatment shall be evaluated using a standardized psychological assessment instrument to provide diagnostic accuracy. This assessment must be completed prior to referral to the psychiatric provider.
8. The inmate's level of care designation shall be assigned at the conclusion of the mental health evaluation. The level of care can be assigned by a psychiatric provider or psychologist with Health Services Provider designation only. The level of care assigned shall be entered on TOMIS Mental Health Screen LHSM and on the Health Services Major Medical Conditions Problem List, CR-1894. (See #113.89 for form sample)

Effective Date: March 15, 2016	Index # 113.83	Page 3 of 7
Subject: MENTAL HEALTH EVALUATION AND MENTAL HEALTH TREATMENT PLAN		

B. Mental Health Treatment Plan

1. Except in circumstances of involuntary treatment rendered in accordance with Policy #113.89, the inmate or the inmate's healthcare agent (conservator, e.g.) shall participate in the development and review of his/her treatment plan in accordance with Policy #113.51. Consultation with the inmate's healthcare agent about the development or update of the treatment plan may occur in person, by telephone, or by mail, according to the healthcare agent's preference.
2. An individual Mental Health Treatment Plan, CR-3326, shall include a series of written statements that address key components of the inmate's mental health issues and treatment. Mental Health Treatment plans shall be developed after a Mental Health Evaluation, CR-3486, reveals the initiation of psychological and/or psychiatric treatment.
3. A mental health treatment plan shall include, but not be limited to, the following:
  - a. A DSM diagnosis and code
  - b. Target symptoms and presenting problems
  - c. Goals to address target symptom and presenting problems
  - d. The types of therapeutic interventions and frequency that will be used to achieve those goals.
  - e. Signature and title of the providers who will deliver the treatment
  - f. Signature of the inmate or healthcare agent.
4. Co-signature on Mental Health Treatment Plan, CR-3326, and Mental Health Treatment Plan Review, CR-3767, by the licensed independent mental health professional is required for qualified mental health professionals who primarily develop treatment plans and treatment plan reviews. The original Mental Health Treatment Plan, CR-3326, shall be filed in the most current health record.
5. For intra-system transfers, existing treatment plans and/or treatment plan reviews shall require the signature of the new provider(s) or new plans/reviews shall be developed within 14 days of the inmate's arrival at the facility to ensure continuity of treatment.
6. At least once per quarter, the Mental Health Administrator/designee shall provide the Warden and the Director of Behavioral Health Services with a list of names of inmates who have active treatment plans.
7. The inmate's signature on the Informed Consent for Assessment and Treatment, CR-3766, shall signify his/her consent for mental health services by the licensed independent mental health professional and/or the qualified mental health professional.

Effective Date: March 15, 2016	Index # 113.83	Page 4 of 7
Subject: MENTAL HEALTH EVALUATION AND MENTAL HEALTH TREATMENT PLAN		

8. The attending treatment provider shall review the mental health treatment plan periodically, with the inmate or healthcare agent, as often as may be indicated by the inmate's presentation, but no less than every six months. Such periodic review shall be documented on Mental Health Treatment Plan Review, CR-3767.

VII. ACA STANDARDS: 4-4350, 4-4368, 4-4369, 4-4372, and 4-4399.

VIII. EXPIRATION DATE: March 15, 2019.



# TENNESSEE DEPARTMENT OF CORRECTION MENTAL HEALTH EVALUATION

INSTITUTION \_\_\_\_\_

Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

☐ INITIAL ☐ UPDATE INITIAL EVALUATION ON (Date): \_\_\_\_\_

## PRESENTING MENTAL HEALTH ISSUES/CONCERNS:

### ☐ Inmate reports:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> anxiety                   | <input type="checkbox"/> poor concentration     | <input type="checkbox"/> bizarre behavior         | <input type="checkbox"/> recent loss  |
| <input type="checkbox"/> panic attacks             | <input type="checkbox"/> eating disorder        | <input type="checkbox"/> fecal/blood smear        | <input type="checkbox"/> Hallucinations   |
| <input type="checkbox"/> high impulsivity          | <input type="checkbox"/> sleep hygiene deficits | <input type="checkbox"/> self-injury              | <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Auditory |
| <input type="checkbox"/> high hostility/aggression | <input type="checkbox"/> delusion(s) _____      | <input type="checkbox"/> stressor(s): _____       | <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile                             |
| <input type="checkbox"/> confusion                 | _____   | _____   | <input type="checkbox"/> Accusatory <input type="checkbox"/> Threatening                        |
| <input type="checkbox"/> sad mood                  | <input type="checkbox"/> weight loss            | <input type="checkbox"/> family/significant other | <input type="checkbox"/> Commanding   |
| <input type="checkbox"/> mood swings               | <input type="checkbox"/> poor hygiene           | <input type="checkbox"/> health                   |   |
| <input type="checkbox"/> racing thoughts           | <input type="checkbox"/> poor appetite          | <input type="checkbox"/> current sentence         |   |
| <input type="checkbox"/> Other _____               |   |   |   |

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

## BEHAVIORAL OBSERVATION/MENTAL STATUS:

- |  |                                       |
|--|---------------------------------------|
| <b>DELUSSIONS</b>                      | <b>HALLUCINATIONS</b>                 |
| <input type="checkbox"/> Not Present   | <input type="checkbox"/> Not Present  |
| <input type="checkbox"/> Grandiose     | <input type="checkbox"/> Auditory:    |
| <input type="checkbox"/> Persecution   | <input type="checkbox"/> Visual:      |
|  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooperative   |                                       |
| <input type="checkbox"/> Uncooperative |                                       |
| <input type="checkbox"/> Other _____   |                                       |

Mood & Affect	Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 ----- <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- <b>EYE CONTACT:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating  <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

## FAMILY HISTORY:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Both biological parents deceased  | <input type="checkbox"/> Caregiver of biological/adoptive children  | <input type="checkbox"/> Has children, but minimal contact |
| <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Significant Other | <input type="checkbox"/> Current loss of custody of children*   | <input type="checkbox"/> Family history of substance abuse |
| <input type="checkbox"/> Support System: _____   | <input type="checkbox"/> Custody of children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Family history of MH treatment    |
|  | *does not refer to temporary custody  | <input type="checkbox"/> The above individuals overlap     |
|  | <input type="checkbox"/> Children have been adopted   |  |

Family History Comments: \_\_\_\_\_

## EDUCATION HISTORY:

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

## WORK HISTORY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Never Worked                              | <input type="checkbox"/> Military History | <b>Comments:</b> _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Receiving disability before incarceration |   |   |
| Longest held job: _____  |   |   |
| Last worked free-world: _____                                      |   |   |

## TRAUMA HISTORY:

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

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

Number: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

☐ No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

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

**CRIMINAL HISTORY/ CRIMINAL THINKING:**

Current Conviction: \_\_\_\_\_

☐ Admits Responsibility ☐ Denies Responsibility

Juvenile Conviction(s)?: \_\_\_\_\_

☐ Victim Stance

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

**SUICIDE ATTEMPT HISTORY:**

\_\_\_\_ # prior attempts

Last attempt? \_\_\_\_\_

Method of last attempt: \_\_\_\_\_

Medical attention needed ever?: \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY:**

☐ History other self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

**MENTAL HEALTH TREATMENT HISTORY:**

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_ or Current: \_\_\_\_

☐ Records Requested

History of the following prescribed medications:

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

Comment: \_\_\_\_\_

☐ Medication likely confounded w/ A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or w/in last 2 to 4 weeks):

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization \_\_\_\_\_

# of inpatient stays: \_\_\_\_\_

Duration of longest stay: \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to substance use

☐ History of hospitalization related to suicide threat

Comments \_\_\_\_\_

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

**MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS (DSM-5):**

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

**MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed

☐ Pharmacotherapy is indicated and the following psychotropics have been prescribed: \_\_\_\_\_

☐ Individual ☐ Group ☐ Treatment Program \_\_\_\_\_

☐ Referral for psychology services

Level of Care: \_\_\_\_\_

☐ Other Recommendations/Considerations: \_\_\_\_\_

Staff Signature/Title \_\_\_\_\_

Date \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION**

\_\_\_\_\_  
INSTITUTION

INMATE NAME (PRINTED): \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

☐ I hereby authorize \_\_\_\_\_  
(NAME OF PROVIDER/FACILITY) to release the information

indicated below to the Tennessee Department of Correction (TDOC) regarding my clinical treatment.

TDOC Facility Name/Community Supervision Office: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please release the following information (Check "✓" all that apply):**

☐ Health Record    ☐ Infectious Disease Record    ☐ Dental Record    ☐ Behavioral Health Record    ☐ Psychotherapy Notes  
☐ Substance Use Diagnosis/Treatment    ☐ Other: \_\_\_\_\_    Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.*

**Purpose of the disclosure:** \_\_\_\_\_

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of TDOC Division of Records Management, 2<sup>nd</sup> Floor, 320 Sixth Avenue North, Nashville, TN 37243-0465.
- I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
- I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
- I understand that a provider may not condition treatment on whether or not I sign this authorization.
- Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

***The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.***

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if minor) or Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**GOALS ACCORDING TO PROBLEM # ABOVE/INMATE RESPONSIBILITIES:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**TREATMENT MODALITY AND FREQUENCY TO ACHIEVE GOALS:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE





**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT PLAN REVIEW**

\_\_\_\_\_  
INSTITUTION

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

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

SEX: \_\_\_\_\_

DATE OF INITIAL PLAN: \_\_\_\_\_

TREATMENT PLAN REVIEW DUE ON: \_\_\_\_\_

☐ VOLUNTARY      ☐ INVOLUNTARY      ☐ LEVEL OF CARE

☐ INPATIENT      ☐ OUTPATIENT

SPECIAL UNIT: SPECIFY: \_\_\_\_\_

LEVEL OF CARE:      ☐ II      ☐ III      ☐ IV      ☐ V

**DSM-5 DIAGNOSIS:**

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

**TARGET SYMPTOMS/PROBLEMS:**

- 1) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
2) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
3) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
4) ☐ SAME      ☐ REVISED      \_\_\_\_\_  
5) ☐ SAME      ☐ REVISED      \_\_\_\_\_

**PROGRESS ACCORDING TO TREATMENT PLAN GOALS:**

- 1) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
2) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
3) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
4) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_  
5) ☐ NONE      ☐ MINIMAL      ☐ IMPROVED      ☐ DISCHARGE GOAL      \_\_\_\_\_

**NEW/REVISED TREATMENT MODALITY AND FREQUENCY:**

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

\_\_\_\_\_  
INMATE SIGNATURE / CONSERVATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVING PROVIDER

\_\_\_\_\_  
DATE



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

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

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

I hereby authorize \_\_\_\_\_ to perform the following assessment or treatment:

\_\_\_\_\_

\_\_\_\_\_  
Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of the inmate or person authorized to consent for inmate

\_\_\_\_\_  
Signature of Practitioner and Professional Title

\_\_\_\_\_  
Signature of Practitioner and Professional Title

Witness: \_\_\_\_\_



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.84

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Effective Date: October 1, 2017

Distribution: B

Supersedes: 113.84 (6/1/16)

Approved by: Tony Parker

Subject: CLINICAL ASSESSMENTS, MENTAL HEALTH APPRAISALS, AND PSYCHOLOGICAL TESTING

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that psychological evaluations and clinical assessments are available at each institution to assist institutional staff in better determining an inmate's mental health needs.
- III. APPLICATION: To Wardens, Superintendents of transition centers, mental health and physical health care providers, security staff, and personnel at privately managed institutions.
- IV. DEFINITIONS:
  - A. Clinical Assessment: A direct assessment of an individual's mental health status, without the use of standardized psychological test(s), to determine and/or recommend the need for mental health treatment.
  - B. Licensed Independent Mental Health Professional (LIMHP): For purposes of this policy, a licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation; senior psychological examiner, licensed clinical social worker, or a licensed professional counselor with health service provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - C. Mental Health Appraisal: A screening assessment to determine need for a mental health evaluation.
  - D. Psychological Testing: A direct administration of a single or battery of standardized psychological instrument(s) to an individual with the intent of establishing a clinical profile to aid in the diagnostic process and clinical disposition.
  - E. Qualified Mental Health Professional (QMHP): For purposes of this policy, a Licensed Psychological Examiner, or other individual who is professionally licensed/certified as a therapeutic professional, or Mental Health Program Specialist having a Master's Degree in the behavioral sciences.
  - F. Segregation: The restrictive confinement of an inmate to an individual cell that is separate from the general population.
  - G. Test of Adult Basic Education (TABE): An examination used to place students in education and track their performance.
- V. POLICY: As part of its mental health service delivery, each institution shall provide the resources necessary to perform clinical assessments/mental health appraisals and/or psychological testing through the appropriate mental health professional, acting within the scope of practice for such person's license or certification (with appropriate clinical supervision).

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Subject: CLINICAL ASSESSMENTS, MENTAL HEALTH APPRAISALS, AND PSYCHOLOGICAL TESTING		

VI. PROCEDURES:

- A. Clinical assessments, mental health appraisals and/or psychological testing pursuant to this policy will vary depending upon the needs of the inmate.
- B. Inmates placed on mental health seclusion, suicide monitoring, or placed in therapeutic restraint shall receive the distinct assessments prescribed by Policies #506.07 and #113.88.
- C. The management, documentation, and accessibility of all clinical assessments, mental health appraisals and psychological testing shall be governed by Policies #512.01, #113.52, #113.50, and #113.81.
- D. The Tennessee Department of Correction (TDOC) shall adhere to the Federal Health and Human Services Alcohol and Drug Abuse Confidentiality regulations. (See Policy #113.52) Disclosure of any information about an inmate's treatment for substance abuse requires written consent from the inmate on Authorization for Release of Health Services Information, CR-1885.
- E. When a mental health level of care/classification is assigned based on a clinical assessment or psychological testing outcome, the mental health administrator or designee shall ensure that mental health level of care is entered into LHSM in the offender management system (OMS).
- F. If an inmate lacks the capacity to participate in the clinical assessment, mental health appraisal and/or psychological testing, process, the LIMHP shall use Problem Oriented Progress Record, CR-1884, to document any clinical symptoms. The mental health staff shall meet prior to expiration of the allocated timeframe for the evaluation to discuss placement and treatment options for the inmate including transfer to DSNF or TPFW. The follow-up clinical assessment, mental health appraisal and/or psychological testing shall be conducted within 14 days of the inmate's return to stability.
- G. Clinical Assessments in Segregation
  1. Any inmate who has been placed in disciplinary segregation or administrative segregation, protective custody, pending investigation, or safekeeper status must receive a clinical assessment within seven working days of placement, in order to assess for contraindications to segregation status. Inmates receiving mental health services shall receive a clinical assessment within three working days. The clinical assessment shall be conducted by a LIMHP.
  2. An inmate confined to a segregation cell, or locked down in any area of the institution for 22 hours each day for more than 30 consecutive days will be afforded an initial 30-day clinical assessment. Thereafter, the inmate will be assessed at 30 day intervals as long as the 22-hour per day confinement continues. Allowing an inmate additional brief time out of cell (e.g., two hours) while on segregation status does not eliminate the requirement for 72 hours, seven, and 30 day clinical assessments. Clinical assessments may be provided more frequently if determined necessary by the LIMHP. A clinical assessment may also be requested by the mental health treatment team, Warden or designee for inmates placed in any segregation status for less than 30 days if the inmate's mental and/or emotional stability is in question.

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Subject: CLINICAL ASSESSMENTS, MENTAL HEALTH APPRAISALS, AND PSYCHOLOGICAL TESTING		

3. The three, seven, and 30 day clinical assessments shall be provided by the LIMHP by means of direct contact with the inmate.
4. Due to the specialized treatment mission of the Level 3 and Level 4 units 30 day assessments shall not be required on these units.
5. Mental Health Screening Report, CR-2629, shall be exclusively utilized as a screening mechanism to document the required three, seven, and 30 day segregation clinical assessments. In no event shall CR-2629 be utilized to document a routine mental health contact.

H. Psychological Evaluations, Clinical Assessments and Mental Health Appraisals

1. Inmates who have a history of a diagnosed mental illness, particularly those who have demonstrated violent behavior, shall receive a clinical assessment by a LIMHP within 90 days prior to reclassification to minimum direct custody or trusty status. For placement in minimum custody to occur, the clinical assessment should indicate that the inmate is mentally and behaviorally stable, devoid of any gross indicators of acute psychosis, and would not be dangerous to self or others. The LIMHP conducting the assessment should also address the following questions in the report:
  - a. Does significant mental illness exists which would pose a likelihood of serious harm to the inmate or to others?
  - b. Does the inmate have symptoms of mental illness which would support referral for mental health treatment?
  - c. Is there a likelihood of substantial mental deterioration if the inmate is placed in a less restrictive environment?
  - d. If the inmate is receiving psychopharmacological intervention, has the inmate demonstrated a compliant pattern of treatment?
2. Inmates with a mental health Level of Care 3 or above who qualify for minimum secure housing, transition and/or transfer to a release center which takes place outside a secure facility shall be provided a clinical assessment by a LIMHP. (See Policy #404.07) Inmates with a mental health Level of Care 2 shall be reviewed and approved by the treatment team. Treatment team review and recommendation shall be documented on Problem Oriented Progress Record, CR-1884.
3. The most current version of the TABE shall be utilized during initial classification. Education staff shall have primary responsibility for TABE testing, including test administration, scoring, interpretation, and data entry. Upon arrival at a diagnostic center, an initial mental health appraisal shall be provided to each new inmate within 14 days of arrival by a LIMHP or QMHP. At the discretion of the LIMHP, it will be acceptable to utilize alternative psychological instruments for individuals identified as having special needs or when an inmate presents with new or novel symptoms of mental illness. The psychiatrist or APN, at their discretion, may also utilize additional diagnostic instruments to ascertain the clinical needs of an inmate. This may include, but not be limited to, the Abnormal Involuntary Movement Scale (AIMS), CR-3789. The CR-3789, along with other psychiatric diagnostic findings, shall be filed in Section 10 of the health record.

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4. At least thirty percent of all mental health appraisals performed by a QMHP shall be reviewed by the LIMHP each quarter. Details of the review shall be clearly documented on the Mental Health Services Provided Diagnosis and Return for Service Log, CR-0434, and shall include the date, time and legal signature of the individual conducting the review.
5. If a parole or probation violator/escapee has been out of the physical custody of TDOC, the returning inmate shall receive an initial mental health appraisal. Additional psychological/psychiatric intervention shall be prompted only based upon the clinical judgment of the interviewing clinician. If a parole/probation violator/escapee has been out of the physical custody of the TDOC for more than five years, the initial appraisal shall also recommend whether previous intellectual and achievement test results should be relied upon, or if re-testing in these areas is appropriate.
6. Each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772, which addresses/explores the following subjects/domains:
  - a. Assessment of current mental status and condition
  - b. Assessment of current suicide potential and person-specific circumstances that increase suicide potential
  - c. Assessment of violence potential and person-specific circumstances that increase violence potential
  - d. Request and review of any available historical records of inpatient and outpatient mental health treatment
  - e. Request and review of history of treatment with psychotropic medication
  - f. Review of history of psychotherapy, psycho-educational groups and classes or support groups
  - g. Review of history of drug and alcohol treatment
  - h. Review of educational history
  - i. Review of history of sexual abuse/victimization and predatory behavior
  - j. Assessment of drug and alcohol abuse and/or addiction
7. If an inmate has previously expired TDOC sentence(s) and returns to departmental custody, he/she shall be treated as a new admission in all respects as outlined in Section (H) of this policy.

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8. If an inmate lacks the capacity to participate in the assessment and or evaluation process for new commitments, the LIMHP shall use Problem Oriented Progress Record, CR-1884, to document any clinical symptoms. The mental health staff shall meet prior to expiration of the 14-day timeframe to discuss placement and treatment options for the inmate. If the inmate is a new commitment and is housed at a mental health Level 3 or Level 4 unit, the classification clinical assessment and/or psychological evaluation will be conducted within 14 days of the inmate's return to stability.

- VII. ACA STANDARDS: 4-4256 and 4-RH-0010.
- VIII. EXPIRATION DATE: October 1, 2020.



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH INTAKE APPRAISAL**

INSTITUTION \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of TDOC Arrival: \_\_\_\_\_

**I. BEHAVIORAL OBSERVATION/MENTAL STATUS**

☐ Cooperative      ☐ Uncooperative      ☐ Other \_\_\_\_\_

Mood & Affect	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Labile <input type="checkbox"/> Suspicious <input type="checkbox"/> Pleasant	<input type="checkbox"/> Normal <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Hopeless <input type="checkbox"/> Indecisive <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal/Assaultive <input type="checkbox"/> Confused	<input type="checkbox"/> Oriented x1,2,3,4 ----- <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- <b>EYE CONTACT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Normal <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial  <input type="checkbox"/> Perseverating <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred

**DELUSIONS**

☐ Not Present      ☐ Somatic  
☐ Grandiose      ☐ Religious  
☐ Persecution

**HALLUCINATIONS**

☐ Not Present      ☐ Auditory:  
☐ Visual:      ☐ Other: \_\_\_\_\_

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

**II. PRESENTING MENTAL HEALTH ISSUES/CONCERNS**

☐ Inmate reports:  
☐ No Mental Health issues/concerns  
☐ Anxiety as evidenced by: \_\_\_\_\_  
☐ Disturbance in mood: \_\_\_\_\_  
☐ Hallucinations as evidenced by: \_\_\_\_\_  
☐ Delusions as evidenced by: \_\_\_\_\_  
☐ Bizarre behaviors as evidenced by: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**III. EDUCATION HISTORY**

☐ Enrolled in Special Education classes in School      ☐ Received High School Diploma or GED      ☐ Special Education Diploma

Highest Grade Level Completed in School: \_\_\_\_\_ Vocational Area of Study: \_\_\_\_\_

Years of College: \_\_\_\_\_ Area of Study/Degree: \_\_\_\_\_

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

**IV. TRAUMA HISTORY**

History of being a victim of abuse: ☐ No history of being a victim of abuse

-----  
☐ No abuse as a child      ☐ Physical abuse as child      ☐ Sexual abuse as child

☐ No abuse as an adult      ☐ Physical abuse as adult      ☐ Sexual abuse as adult



NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship of abuser to Victim:

☐ Parent/guardian ☐ Relative ☐ Friend/associate ☐ Stranger

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

**V. SUBSTANCE ABUSE HISTORY**

☐ No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

*Substance Abuse Treatment:*

☐ No history ☐ Outpatient ☐ Inpatient

Number of medical hospitalizations related to Substance Abuse: \_\_\_\_\_

Age of 1<sup>st</sup> treatment \_\_\_\_\_

Number of completed treatments: \_\_\_\_\_

Age of Last treatment \_\_\_\_\_

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

**VI. HISTORY OF ASSAULTIVE/VIOLENT BEHAVIORS** ☐ No history Estimated date of last violent episode \_\_\_\_\_

- ☐ Physical assault without weapon ☐ Terroristic threats or acts  
☐ Physical assault with weapon ☐ Homicide, manslaughter or other assault resulting in victim's death  
☐ Sexual assault, adult victim ☐ Sexual assault, child victim

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

☐ History supports potential for violence ☐ History does not support potential for violence

**VII. SUICIDE ATTEMPT HISTORY**

# of prior attempts \_\_\_\_\_

Last attempt? \_\_\_\_\_

Method of last attempt \_\_\_\_\_

Medical attention needed ever? \_\_\_\_\_

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY**

☐ History of self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

☐ History supports potential for suicide ☐ History does not support potential for suicide

**VIII MENTAL HEALTH TREATMENT HISTORY:** ☐ Records available ☐ Records not available ☐ Records requested

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_\_ or Current: \_\_\_\_\_

Name of last treatment agency \_\_\_\_\_

History of the following prescribed medications: \_\_\_\_\_

☐ Medication likely confounded with A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or within last 2 to 4 weeks): \_\_\_\_\_

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization: \_\_\_\_\_ or Current: \_\_\_\_\_

Number of inpatient stays \_\_\_\_\_

History of Psycho-therapy, psycho-educational groups, classes or support groups: ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Duration of longest stay (est. ok): \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to suicide threat

NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

**IX. MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of head trauma/seizures:**

- ☐ None      ☐ Seizures      ☐ Currently on anticonvulsive medications  
☐ Head trauma without loss of consciousness      ☐ Head trauma with loss of consciousness

**X. AVAILABLE TEST RESULTS:**

Beta III \_\_\_\_\_  
Other \_\_\_\_\_

**XI. ADJUSTMENT TO INCARCERATION (Including Jail):**

**Adjustment to current incarceration:**

- ☐ Good/Satisfactory (Minor/expectable problems )  
☐ Fair  
☐ Poor/Unsatisfactory (Significant problems which may require intervention)  
☐ Unclear/Unknown

**Adjustment to prior incarcerations:**

- ☐ No prior incarcerations      ☐ Good/ Satisfactory      ☐ Fair      ☐ Poor/unsatisfactory      ☐ Unclear/Unknown

**XII. ADDITIONAL INFORMATION:**

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

**XIII. MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

- ☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed  
☐ Mental Health evaluation – Referral initiated  
☐ Inmate arrived on psychotropic medication(s) – Referral initiated.  
☐ Inmate currently suitable for annex placement      ☐ Inmate currently not suitable for annex placement  
☐ Other Recommendations/Considerations:

\_\_\_\_\_

\_\_\_\_\_  
Staff Signature/Title (only one staff signature is required)

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SCREENING REPORT

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_

UNIT: \_\_\_\_\_ CELL: \_\_\_\_\_ DATE OF SCREENING: \_\_\_\_\_

TYPE OF SCREENING: 3 DAY SEGREGATION \_\_\_\_ 7 DAY SEGREGATION: \_\_\_\_ 30 DAY SEGREGATION \_\_\_\_ OTHER: \_\_\_\_\_

MENTAL STATUS SCREENING:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A PRESENT SUICIDE IDEATION
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A HISTORY OF SUICIDAL BEHAVIOR
<input type="checkbox"/>	<input type="checkbox"/>	IS THE OFFENDER PRESENTLY PRESCRIBED PSYCHOTROPIC MEDICATION
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE OFFENDER HAVE A CURRENT MENTAL HEALTH COMPLAINT
<input type="checkbox"/>	<input type="checkbox"/>	IS THE OFFENDER BEING TREATED FOR MENTAL HEALTH PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF TREATMENT FOR SUBSTANCE USE
<input type="checkbox"/>	<input type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT

SUBJECTIVE/OBJECTIVE (include symptoms of psychosis, depression, anxiety, and/or aggression) : \_\_\_\_\_

GENERAL APPEARANCE

☐ Neat  
☐ Unclean  
☐ Bizarre  
☐ Disheveled

EYE CONTACT

☐ Good  
☐ Fair  
☐ Poor

DISPOSITION OF OFFENDER

☐ No Mental Health Referral  
☐ Referral to Mental Health Care Service  
☐ Referral to Appropriate Mental Health Care Service for Emergency Treatment

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MENTAL HEALTH PROVIDER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION**

\_\_\_\_\_  
INSTITUTION

INMATE NAME (PRINTED): \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

☐ I hereby authorize \_\_\_\_\_  
(NAME OF PROVIDER/FACILITY) to release the information

indicated below to the Tennessee Department of Correction (TDOC) regarding my clinical treatment.

TDOC Facility Name/Community Supervision Office: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please release the following information (Check "✓" all that apply):**

☐ Health Record    ☐ Infectious Disease Record    ☐ Dental Record    ☐ Behavioral Health Record    ☐ Psychotherapy Notes  
☐ Substance Use Diagnosis/Treatment    ☐ Other: \_\_\_\_\_    Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.*

**Purpose of the disclosure:** \_\_\_\_\_

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of TDOC Division of Records Management, 2<sup>nd</sup> Floor, 320 Sixth Avenue North, Nashville, TN 37243-0465.
- I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
- I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
- I understand that a provider may not condition treatment on whether or not I sign this authorization.
- Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

***The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.***

\_\_\_\_\_  
Offender Signature

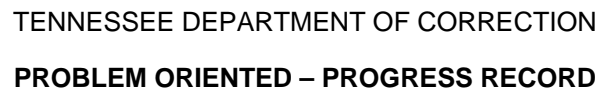
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if minor) or Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



PROVIDER

[illegible]



**TENNESSEE DEPARTMENT OF CORRECTION  
ABNORMAL INVOLUNTARY MOVEMENT SCALE**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

\_\_\_\_\_  
TOMIS NUMBER

**INSTRUCTIONS:** Rate the highest severity observed. Rate movement occurrences upon activation one *less* than those observed spontaneously.

**0 - None**

**1 - Minimal**

**2 - Mild**


**3 - Moderate**

**4 - Severe**

		<b>CIRCLE ONE</b>
<b>FACIAL &amp; ORAL MOVEMENTS</b>	Muscles of Facial Expression (e.g., movement of forehead, eyebrows, periorbital area, cheeks; including frowning, blinking, smiling grimacing)	0   1   2   3   4
	Lips & Perioral Area (e.g., puckering, pouting, smacking)	0   1   2   3   4
	Jaw (e.g., biting, clenching, chewing, mouth opening, lateral movement)	0   1   2   3   4
	Tongue (e.g., Rate only increase in movement both in and out of mouth)	0   1   2   3   4
<b>EXTREMITY MOVEMENT</b>	Upper (arms, hands, wrists, fingers) Include choleretic movement (i.e., rapid objectively purposeless, irregular, spontaneous), atheloid movements (e.g., slow irregular, complex serpentine) Do not include tremor (i.e., repetitive, regular, rhythmic)	0   1   2   3   4
	Lower (legs, knees, ankles, toes) (e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot)	0   1   2   3   4
<b>TRUNK MOVEMENTS</b>	Neck, shoulders, hips (e.g., rocking twisting, squirming, pelvic gyrations)	0   1   2   3   4
<b>GLOBAL JUDGMENT</b>	Severity of Abnormal Movement	0 None, Normal 1 Minimal 2 Mild 3 Moderate 4 Severe
	Incapacitation due to Abnormal Movement	0 None, Normal 1 Minimal 2 Mild 3 Moderate 4 Severe
	Patient's awareness of Abnormal Movements (Rate only patient's report)	0 No Awareness 1 Aware, No Distress 2 Aware, Mild Distress 3 Aware, Moderate Distress 4 Aware, Severe Distress
<b>DENTAL STATUS</b>	Current problems with teeth and/or dentures	0 No 1 Yes
	Does patient usually wear dentures	0 No 1 Yes
<b>TOTAL</b>		

\_\_\_\_\_  
Mental Health Provider

\_\_\_\_\_  
Date

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.86	Page 1 of 10
	Effective Date: January 15, 2019	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: FORENSIC SOCIAL WORKERS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To provide continued clinical case management for offenders who are subject to State probation or parole supervision, who present with mental health and/or substance use treatment needs.
- III. APPLICATION: Assistant Commissioner of Rehabilitative Services, Assistant Commissioner of Community Supervision, Correctional Administrators, rehabilitative services staff, community supervision staff, and probationers and parolees.
- IV. DEFINITIONS:
  - A. Biopsychosocial Assessment: A comprehensive assessment designed to match an offender's criminogenic, mental health, and substance use treatment needs with the appropriate treatment services.
  - B. Client Services Care Plan: A document that identifies the care needs of the individuals served, listing the strategy for providing services to meet those needs, documenting care goals and objectives, and outlining the criteria for terminating specified interventions.
  - C. Community Treatment Collaborative (CTC) Program: A program funded through interagency agreement between TDOC and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). The CTC program is a collaborative effort to divert at-risk probation and parole technical violators with substance use and co-occurring disorders from returning to state prison.
  - D. Contact Note: Documentation in the offender management system (OMS) pertaining to any interaction or communication with an offender, collateral contact, or supervising officer.
  - E. Crisis Stabilization Unit: Crisis Stabilization Units (CSU) offer intensive, short-term stabilization for someone experiencing a mental health emergency and is willing to receive services.
  - F. Forensic Social Worker (FSW): A social worker with a Master's degree in social work from an accredited college or university, who has specialized knowledge of screening, assessment, and referral processes for offenders who present mental health and/or substance use problems and who are involved with the criminal justice system.
  - G. FSW Case File: Documentation and other confidential information retained by the FSW pertaining to the parolee or probationer's treatment with the FSW and/or other Community Resources.



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Subject: FORENSIC SOCIAL WORKERS		

- H. Mental Health Programs Coordinator: A TDOC Central Office employee who oversees and coordinates Behavioral Health programs in TDOC facilities and has clinical oversight of TDOC Forensic Social Workers.
- I. Mobile Crisis: A community mental health service which provides immediate-response emergency mental health intervention where there is indication of a person's risk of self-inflicted harm.
- J. Offender Management System (OMS): A management information system designed to track offender populations and characteristics throughout TDOC.
- K. Tennessee Web Information Technology System (TN-WITS): An electronic system for referring offenders to CTC-funded community substance use treatment services.
- L. TCU Drug Screen (TCUDS): An assessment based on most recent Diagnostic and Statistical Manual of Mental Disorders (DSM), the TCUDS screens for mild to severe substance use disorders and is particularly useful when determining placement and level of intensity for substance use treatment.
- M. Referral: The process of connecting an offender with consultation, treatment or other ancillary services and supports that appear to be indicated for the offender's presenting condition.
- V. POLICY: Probationers and parolees under the supervision of the TDOC shall be assessed and referred to treatment and ancillary support services that are reasonably indicated for the offender's presenting mental health and/or substance use needs.
- VI. PROCEDURES:
  - A. Referral and Intake
    - 1. Offenders with identified mental health and/or substance use needs shall be referred to the FSW by the probation/parole officer (PPO) or correctional counselor (CC). A Board of Parole determination, court order, or imposed sanction may also constitute a referral to the FSW.
    - 2. The PPO or CC shall complete the Referral Forensic Social Worker, CR-3927, and forward it to the FSW.
    - 3. Offender appointments shall be scheduled by the PPO or CC in accordance with the procedure designated by the local field office.
    - 4. The FSW shall enter a contact note in the OMS noting the date the referral was received.
    - 5. If the offender fails to appear for two scheduled appointments, the referral shall be closed as unsuccessful.
  - B. Screening and Assessment

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Subject: FORENSIC SOCIAL WORKERS		

1. The FSW will complete a Biopsychosocial Assessment Form (BAF), CR-3393, for each offender referred for mental health or substance use services. If a BAF is unable to be completed, the reason will be documented in the OMS.
2. The FSW will administer the most recent version of the TCUDS for each offender referred for substance use services.

C. Client Service Care Plan, Referral, and Implementation of Services

1. The FSW shall refer offenders to community treatment providers, psychoeducational groups, or day reporting centers (DRCs) as indicated by the completed biopsychosocial assessment. The FSW shall assist the offender in accessing community resources to address areas of need identified during the assessment.
2. A Client Services Care Plan will be developed outlining treatment recommendations and shall be signed by the offender and FSW. A copy will be provided to the offender and PPO by the FSW.
3. An Authorization for Release of Health Services Information, CR-1885, must be completed and signed by the offender and FSW before a referral is made to any treatment provider.
4. The FSW shall enter documentation of offender compliance with treatment in the OMS utilizing progress reports the FSW receives from the treatment provider. The FSW shall notify the PPO when they become aware of non-compliance or when an offender is discharged from a provider's care.
5. Crisis Intervention: When presented with an offender who is experiencing a mental health crisis, the FSW will complete a Mental Health Intake Appraisal (MHIA), CR-3772, and/or make an appropriate referral, as the FSW deems appropriate, to:
  - a. Mobile Crisis, or
  - b. Crisis Stabilization Unit (CSU)
6. When an offender is found to be clinically appropriate to receive services utilizing CTC funding, the FSW shall complete specific TN-WITS sections:
  - a. Client Profile
  - b. Intake Transaction
  - c. Consent
  - d. Referral

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Subject: FORENSIC SOCIAL WORKERS		

D. Psychoeducational Groups and Follow-Up Services

1. The FSW shall provide psychoeducational groups and follow-up services to offenders.
2. The FSW shall utilize evidence based curricula in the conduct of psychoeducational group therapy. Groups may be targeted to a certain population according to gender or behavior or could be inclusive of special needs.
3. Offenders may be referred by the PPO for psychoeducational groups or the FSW may recommend group as part of the Client Services Care Plan, which is indicated from the Risk Needs Assessment and the Case Plan generated from the RNA.
4. The FSW shall evaluate each referral to assess the offender's need and appropriateness for psychoeducational group involvement. In situations where an insufficient number of offenders exist to conduct a psychoeducational group, the FSW may present the information in an individual contact format.
5. Each group participant shall sign and date the Psychoeducational Group Participant Agreement, CR-4128, indicating an understanding and willingness to abide by group rules and work toward successful completion. An offender's failure to sign this document shall result in termination from the group.
6. Groups shall be facilitated within the Community Supervision offices or other designated locations in order to provide a structured environment.
7. The FSW shall enter offender group attendance in the OMS and will notify the PPO regarding compliance with attendance requirements.
8. Successful discharge from group will occur when the offender has completed all requirements as outlined in the group rules and criteria.
9. A referral for an individual contact session may be made by the PPO to the FSW. The indicators that may generate a referral include a positive UDS, self-report of substance use or a use disorder, a history of mental health treatment or issues, reported current history of psychotropic medications, mental health hospitalizations, and request for mental health services or assistance. The FSW shall meet with offenders for brief individual contact sessions, according to priority and need. The FSW shall make a referral to a community mental health provider for any offender that presents with a need for individual counseling that is outside the FSW's scope of practice.

E. Documentation

1. The FSW prepares appropriate and necessary documents that accurately reflect the delivery of all direct services in accordance with policy guidelines. Confidentiality of these records shall be maintained in accordance with Policy #113.50.
2. The FSW shall make required OMS entries within five working days of any contact with the offender, collateral sources, or PPO.

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Subject: FORENSIC SOCIAL WORKERS		

3. The FSW Case File shall contain, as applicable:

- a. Legal (Parole/Probation order, and other court records)
- b. Signed Authorization for Release of Health Services Information, CR-1885
- c. Referral Forensic Social Worker, CR-3927, from PPO/CC
- d. Mental Health Intake Appraisal, CR-3772
- e. A&D Screening Instrument-TCUDS
- f. Biopsychosocial Assessment, CR-3393
- g. Previous Treatment information, Correspondence/Letter(s)
- h. Drug Screens (UDS)
- i. Treatment Provider Progress Notes/Correspondence
- j. Previous Psychiatric Evaluations
- k. Client Services Care Plan
- l. Psychoeducational Group Participant Agreement, CR-4128

4. Record Retention/Disposition

- a. The PPO will notify the FSW when an active case is being transferred to another field office in the state of Tennessee.
- b. When a community supervision case is transferred to another state, a copy of the FSW case file shall be sent to the receiving state and appropriate supervision entity upon receipt of the appropriate authorization for release of information.
- c. All inactive records of offenders shall be maintained separate from the active offender records, following the same procedures on storage, access, disposition, and release of the health record as indicated by Policy #113.50. All inactive parole evaluations or forensic evaluations shall be disposed of as indicated in Policy #113.50.

VII. ACA STANDARDS: 4-APPFS-2A-02, 4-APPFS-2A-06, 4-APPFS-2A-08, and 4-APPFS-3D-29.

VIII. EXPIRATION DATE: January 15, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

**BIOPSYCHOSOCIAL ASSESSMENT**

Assessment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**DEMOGRAPHICS**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TDOC ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race/Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address Correct on Referral: YES/NO \_\_\_\_\_

Contact Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Health Insurance: Yes/No Type: \_\_\_\_\_

Veteran: YES/NO Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**OFFENDER CASE/LEGAL INFORMATION**

Referral Date: \_\_\_\_\_ Referral Received from Officer: YES/NO Previous FSW Referral: YES/NO

Reason for FSW Referral: \_\_\_\_\_

Level of Supervision: PROBATION/PAROLE Officer: \_\_\_\_\_ Sanctioned: YES/NO

Special Conditions, if applicable: \_\_\_\_\_

Current Conviction: \_\_\_\_\_

Past Offenses: \_\_\_\_\_

History of Violations: YES/NO Number of Violations: \_\_\_\_\_ Date of Most Recent Violation: \_\_\_\_\_

Previous Alcohol/Drug Related Charges: YES/NO History of DUI: YES/NO

Have you ever been a member or alleged member of a gang: YES/NO Affiliation: \_\_\_\_\_

Additional comments regarding referral:



# TENNESSEE DEPARTMENT OF CORRECTION

## BIOPSYCHOSOCIAL ASSESSMENT

Substance	Method Last Used	Age of First Use	Date Last Used	Frequency	Use While Incarcerated?
<b>Alcohol:</b> YES/NO					
<b>Cocaine:</b> POWDER YES/NO CRACK YES/NO					
<b>Amphetamines:</b> YES/NO <b>Methamphetamine:</b> YES/NO					
<b>Benzodiazepines:</b> YES/NO (select all that apply) Xanax, Klonopin, Valium Other: _____					
<b>Heroin:</b> YES/NO					
<b>Suboxone:</b> YES/NO					
<b>Hallucinogens:</b> YES/NO					
<b>Marijuana:</b> YES/NO					
<b>Opioids:</b> Yes (Pain Medications taken without prescriptions) Type: _____					
<b>Methadone:</b> YES/NO					
<b>Other:</b> YES/ NO (Inhalants, Bath Salts, MDMA, Synthetic Marijuana..) Type: _____					

### SUBSTANCE USE TREATMENT:

History of Substance Use Treatment or Support Group (AA/NA): YES/NO

Currently Attending Substance Use Treatment or Support Group (AA/NA): YES/NO

Completed Substance Use Treatment While Incarcerated: YES/ NO

NAME OF PROGRAM	DATES	COMPLETE
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO



TENNESSEE DEPARTMENT OF CORRECTION

BIOPSYCHOSOCIAL ASSESSMENT

MEDICAL CONDITIONS OR COMPLICATIONS

Major Medical Issues:

---

---

List current prescribed medications/indications/dosage, if applicable:

---

---

EMOTIONAL/BEHAVIORAL CONDITIONS or COMPLICATIONS

Mental Health issues/concerns:

Anxiety	YES/NO	Poor Concentration	YES/NO	Bizarre Behavior	YES/NO
Panic Attacks	YES/NO	Eating Disorder	YES/NO	Self-Injury	YES/NO
Impulsivity	YES/NO	Sleeping Deficits	YES/NO	High Hostility	YES/NO
Delusions	YES/NO	Hallucinations	YES/NO	Confusion	YES/NO
Weight Loss	YES/NO	PTSD	YES/NO	Sad – Mood	YES/NO
Poor Hygiene	YES/NO	Racing Thoughts	YES/NO	Poor Appetite	YES/NO

CHECK ALL THAT APPLY:

- |  |   |
|--|---|
| <input type="checkbox"/> Client declined coordination of mental health care      | <input type="checkbox"/> No evidence of a current or past mental health condition |
| <input type="checkbox"/> Mental health condition requiring on-going treatment    | <input type="checkbox"/> Client expressing Homicidal/Suicidal Ideation            |
| <input type="checkbox"/> Currently taking medication for mental health condition | <input type="checkbox"/> Mental/physical/sexual abuse (Victim or Perpetrator)     |

Comments/Notes: 

---

---

SOCIAL ENVIRONMENT

**CURRENT RELATIONSHIPS:** (Check Best Fitting Response)

Married: ☐ Single: ☐ Divorced: ☐ Separated: ☐ Widowed: ☐ Significant Other: ☐  
Number of marriages: \_\_\_\_\_ Number of children: \_\_\_\_\_ Children in home: YES/NO  
Frequency of Contact with children: \_\_\_\_\_

Household Members: \_\_\_\_\_

Supportive Environment: YES/NO Drug Free Environment: YES/NO Source of Transportation: \_\_\_\_\_

Other Sources of Support (family, friends, church, etc.): \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

**EMPLOYMENT/EDUCATION:**

Highest grade/Level of education: \_\_\_\_\_ Are you currently employed? YES/NO

Most Recent Employer: \_\_\_\_\_ Current Work Hours: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION

BIOPSYCHOSOCIAL ASSESSMENT

FSW RECOMMENDATIONS/REFERRALS/NOTES

**ASSESSMENT OUTCOME:**

\_\_\_\_\_ No Treatment Recommended  
\_\_\_\_\_ Further Drug Screening and Monitoring  
\_\_\_\_\_ by PO  
\_\_\_\_\_ Follow-Up with FSW  
\_\_\_\_\_ Relapse Prevention Referral  
\_\_\_\_\_ Psychoeducational Group Referral  
\_\_\_\_\_ Community Mental Health Referral  
\_\_\_\_\_ Mobil Crisis/CSU  
\_\_\_\_\_ IOP  
\_\_\_\_\_ Inpatient Treatment  
\_\_\_\_\_ CTC Grant Funded Treatment  
\_\_\_\_\_ Other \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Agency/Class: \_\_\_\_\_

Agency/Appointment Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency/Appointment Date: \_\_\_\_\_

Agency/Appointment Date: \_\_\_\_\_

Notes:

Forensic Social Worker's Signature: \_\_\_\_\_





## TENNESSEE DEPARTMENT OF CORRECTION

Referral  
Forensic Social WorkerInstructions: Complete **ALL** applicable fields. Enter "N/A" in text fields that do not apply to the offender.**Offender Information:**Check if **Sex Offender** ☐Last Name: Click to Enter Name First Name: Click to Enter Name.TDOC ID: Click to Enter TDOC. DOB: Click to Enter DOB Race: Choose a Race or Click to Type. Sex: Choose an item.Mailing Address: Click to Enter Mailing Address. Phone #: Click to Enter Phone.☐ Check if homeless or shelter addressClick to Enter City., TN Click to Enter ZIP.Alternate Phone #: Click to Enter Alternate Phone.Case Type: Choose an item. Expiration Date: Click to enter text.Current Offense(s): Click to Enter Current Offenses.**Supervision Information:**Risk Assessment Score: Choose an item Current Supervision Level: Choose an item. Current Supervision Type: Choose an item.**Referral Information:**Referral Priority: Choose a PriorityFSW Name: Click to Enter FSW Name. Office Location: Click to Enter OfficeLast Drug Screen: Click here to enter a date. Results: Click to Enter Results.**Referral Requests/Offender Needs:**Appointment Date: Click to Enter Date.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Crisis Intervention      | <input type="checkbox"/> A/D assessment          | <input type="checkbox"/> Other: <u>Click to Enter Other.</u> |
| <input type="checkbox"/> Mental Health counseling | <input type="checkbox"/> Anger Management        | <input type="checkbox"/> Relapse Prevention                  |
| <input type="checkbox"/> Domestic Violence Group  | <input type="checkbox"/> Batterer's Intervention | <input type="checkbox"/> Transitional/Life Skills            |

**Reason for Referral:**

- |   |   |
|---|---|
| <input type="checkbox"/> Court/Board Ordered        | <input type="checkbox"/> Supervisor Requested Sanction                        |
| <input type="checkbox"/> Officer Requested Sanction | <input type="checkbox"/> Risk/Needs Assessment <input type="checkbox"/> Other |

**Offender History:** (Check all that applies and enter additional information for each checked item)

<input type="checkbox"/> Suicidal Ideations	<input type="checkbox"/> History of Substance Use	<input type="checkbox"/> History of Violence
<input type="checkbox"/> Mental health Diagnoses <u>Click to Enter Diagnoses</u>		<input type="checkbox"/> Medications: <u>Click to List Meds.</u>
<input type="checkbox"/> In-patient Treatment: <u>Click to Enter Type, Location, Date</u>		<input type="checkbox"/> Past Services <u>Click to Enter Services</u>
<input type="checkbox"/> Out-patient Treatment: <u>Click to Enter Type, Location, Date</u>		
<u>Click to Enter Attitude Toward Drug Use or Additional Comments.</u>		

Probation Parole Officer: Referring PPO Name. Date: mm/dd/yyyy.



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION**

\_\_\_\_\_  
INSTITUTION

INMATE NAME (PRINTED): \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

☐ I hereby authorize \_\_\_\_\_  
(NAME OF PROVIDER/FACILITY) to release the information

indicated below to the Tennessee Department of Correction (TDOC) regarding my clinical treatment.

TDOC Facility Name/Community Supervision Office: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please release the following information (Check "✓" all that apply):**

☐ Health Record    ☐ Infectious Disease Record    ☐ Dental Record    ☐ Behavioral Health Record    ☐ Psychotherapy Notes  
☐ Substance Use Diagnosis/Treatment    ☐ Other: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.*

**Purpose of the disclosure:** \_\_\_\_\_

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of TDOC Division of Records Management, 2<sup>nd</sup> Floor, 320 Sixth Avenue North, Nashville, TN 37243-0465.
- I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
- I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
- I understand that a provider may not condition treatment on whether or not I sign this authorization.
- Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

***The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.***

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if minor) or Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# TENNESSEE DEPARTMENT OF CORRECTION MENTAL HEALTH INTAKE APPRAISAL

INSTITUTION \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of TDOC Arrival: \_\_\_\_\_

## I. BEHAVIORAL OBSERVATION/MENTAL STATUS

☐ Cooperative ☐ Uncooperative ☐ Other \_\_\_\_\_

Mood & Affect	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Labile <input type="checkbox"/> Suspicious <input type="checkbox"/> Pleasant	<input type="checkbox"/> Normal <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Hopeless <input type="checkbox"/> Indecisive <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal/Assaultive <input type="checkbox"/> Confused	<input type="checkbox"/> Oriented x1,2,3,4 ----- <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- <b>EYE CONTACT:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Normal <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial  <input type="checkbox"/> Perseverating <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred

### DELUSIONS

☐ Not Present ☐ Somatic  
☐ Grandiose ☐ Religious  
☐ Persecution

### HALLUCINATIONS

☐ Not Present ☐ Auditory:  
☐ Visual: ☐ Other: \_\_\_\_\_

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

## II. PRESENTING MENTAL HEALTH ISSUES/CONCERNS

☐ Inmate reports:  
☐ No Mental Health issues/concerns  
☐ Anxiety as evidenced by: \_\_\_\_\_  
☐ Disturbance in mood: \_\_\_\_\_  
☐ Hallucinations as evidenced by: \_\_\_\_\_  
☐ Delusions as evidenced by: \_\_\_\_\_  
☐ Bizarre behaviors as evidenced by: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## III. EDUCATION HISTORY

☐ Enrolled in Special Education classes in School ☐ Received High School Diploma or GED ☐ Special Education Diploma

Highest Grade Level Completed in School: \_\_\_\_\_ Vocational Area of Study: \_\_\_\_\_

Years of College: \_\_\_\_\_ Area of Study/Degree: \_\_\_\_\_

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

## IV. TRAUMA HISTORY

History of being a victim of abuse: ☐ No history of being a victim of abuse

☐ No abuse as a child

☐ Physical abuse as child

☐ Sexual abuse as child

☐ No abuse as an adult

☐ Physical abuse as adult

☐ Sexual abuse as adult

NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship of abuser to Victim:

☐ Parent/guardian

☐ Relative

☐ Friend/associate

☐ Stranger

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

**V. SUBSTANCE USE HISTORY**

☐ No history

The inmate reports the following:

Name of Substance	Mild	Moderate	Severe	Age First Use	Last Use	Use While Incarcerated

*Substance Abuse Treatment:*

☐ No history

☐ Outpatient

☐ Inpatient

Number of medical hospitalizations related to Substance Abuse: \_\_\_\_\_

Age of 1<sup>st</sup> treatment \_\_\_\_\_

Age of Last treatment \_\_\_\_\_

Number of completed treatments: \_\_\_\_\_

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

**VI. HISTORY OF ASSAULTIVE/VIOLENT BEHAVIORS**

☐ No history Estimated date of last violent episode \_\_\_\_\_

☐ Physical assault without weapon

☐ Terroristic threats or acts

☐ Physical assault with weapon

☐ Homicide, manslaughter or other assault resulting in victim's death

☐ Sexual assault, adult victim

☐ Sexual assault, child victim

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

☐ History supports potential for violence

☐ History does not support potential for violence

**VII. SUICIDE ATTEMPT HISTORY**

# of prior attempts \_\_\_\_\_

Last attempt? \_\_\_\_\_

Method of last attempt \_\_\_\_\_

Medical attention needed ever? \_\_\_\_\_

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY**

☐ History of self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

☐ History supports potential for suicide

☐ History does not support potential for suicide

**VIII. MENTAL HEALTH TREATMENT HISTORY:**

☐ Records available

☐ Records not available

☐ Records requested

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_\_ or Current: \_\_\_\_\_

Name of last treatment agency \_\_\_\_\_

History of the following prescribed medications: \_\_\_\_\_

☐ Medication likely confounded with A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or within last 2 to 4 weeks): \_\_\_\_\_

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization: \_\_\_\_\_ or Current: \_\_\_\_\_

Number of inpatient stays \_\_\_\_\_

History of Psycho-therapy, psycho-educational groups, classes or support groups: ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Duration of longest stay (est. ok): \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to suicide threat

NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_

**IX. MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of head trauma/seizures:**

- ☐ None      ☐ Seizures      ☐ Currently on anticonvulsive medications  
☐ Head trauma without loss of consciousness      ☐ Head trauma with loss of consciousness

**X. AVAILABLE TEST RESULTS:**  
Beta III \_\_\_\_\_  
Other \_\_\_\_\_

**XI. ADJUSTMENT TO INCARCERATION (Including Jail):**

**Adjustment to current incarceration:**

- ☐ Good/Satisfactory (Minor/expectable problems)  
☐ Fair  
☐ Poor/Unsatisfactory (Significant problems which may require intervention)  
☐ Unclear/Unknown

**Adjustment to prior incarcerations:**

- ☐ No prior incarcerations      ☐ Good/ Satisfactory      ☐ Fair      ☐ Poor/unsatisfactory      ☐ Unclear/Unknown

**XII. ADDITIONAL INFORMATION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

- ☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed  
☐ Mental Health evaluation – Referral initiated  
☐ Inmate arrived on psychotropic medication(s) – Referral initiated.  
☐ Inmate currently suitable for annex placement      ☐ Inmate currently not suitable for annex placement  
☐ Other Recommendations/Considerations:  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature/Title (only one staff signature is required)

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
**PSYCHOEDUCATIONAL GROUP PARTICIPANT AGREEMENT**

I, \_\_\_\_\_ understand that I have been enrolled in \_\_\_\_\_ group as a condition of my supervision. I acknowledge the following items and agree to them. (Please initial each item.)

\_\_\_\_\_ Group participation requires basic ground rules; violation of these rules can result in group termination.

\_\_\_\_\_ It is necessary to arrive on time for each group session. Late arrivals will not be allowed.

\_\_\_\_\_ More than two absences will result in termination from the group.

\_\_\_\_\_ I understand that all matters discussed in group sessions and that identity of all group members are absolutely confidential. I will not share this information with nonmembers.

\_\_\_\_\_ I will treat all other group members with respect. I will not interrupt, blame, or use aggressive language.

\_\_\_\_\_ I will report to each session prepared, and ready to participate.

\_\_\_\_\_ I understand that the status of my group attendance status will be shared with my supervising officer.

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

\_\_\_\_\_  
Date



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.87

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Effective Date: August 1, 2018

Distribution: A

Supersedes: 113.87 (12/1/15)

Approved by: Tony Parker

Subject: MENTAL HEALTH LEVELS OF CARE

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that appropriate levels and continuity of mental health care are available to accommodate inmate mental health care needs.
- III. APPLICATION: All TDOC employees including contracted health and mental health professionals and privately managed institutions.
- IV. DEFINITIONS:
  - A. Ancillary Programmatic Services: Mental Health services presented in a psycho-educational format which are not clinical in nature.
  - B. Behavioral Health Administrator (BHA): A licensed or qualified mental health professional appointed by the Warden/Superintendent/designee or contractor to assume the responsibility of coordinating the delivery of behavioral health services.
  - C. Crisis Stabilization Placement: Transferring inmates in a mental health crisis to an infirmary or a designated location for monitoring and mental health seclusion.
  - D. Level of Care: A numerical ranking that defines an inmate's level of functionality in general population and denotes a need for mental health services. The ascending number is related to the increase in mental health severity.
  - E. Mental Health Outpatient Services: Services provided to inmates in the general population to assist in their overall adjustment in the correctional environment and provide treatment for specific needs as identified in an individual treatment plan.
  - F. Mental Health Treatment Team: For purposes of this policy, a multi-disciplinary assessment and service planning team whose primary responsibility is to deliver mental health treatment to inmates with mental illness and assign appropriate Levels of Care.
  - G. Serious and Persistent Mental Illness (SPMI): A major mental illness with impaired reality testing or persistent behavior dysfunction resulting in a severe impairment in an inmate's ability to adjust to life within a correctional environment.
  - H. Serious Mental Illness (SMI): A substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the correctional environment and is manifested by substantial impairment or disability. Serious mental illness requires a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current *Diagnostic and Statistical Manual (DSM)* or *International Classification of Disease (ICD)* equivalent (and subsequent revisions) in accordance with an individualized treatment plan.

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Subject: MENTAL HEALTH LEVELS OF CARE		

- I. Supportive Living Unit (SLU): Intermediate care mental health housing designed to serve the needs of the seriously mentally ill inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness.
- V. POLICY: The BHA, in cooperation with the Warden/Superintendent, shall develop a mental health care delivery program that ensures inmates' access to the appropriate level of care for their mental health needs.
- VI. PROCEDURES:
  - A. Inmates' need for mental health services will be based on their ability to function in general population, as determined by the results of Mental Health Evaluation, CR-3486. The severity of their impairment results in the provision of appropriate services either as an outpatient living in general population, as a resident in a supportive living unit, or as a patient receiving crises stabilization services.
  - B. A licensed psychiatrist, advanced practice nurse (APN), and/or psychologist shall designate the appropriate level of care needed to effectively treat inmates with mental health problems.
  - C. The designation of level of care identified during the Mental Health Evaluation, CR-3486, or any subsequent evaluation shall be recorded by a mental health service provider on the Major Conditions Problem List, CR-1894.
  - D. The offender management system (OMS) shall be used to document the level of care classification.
  - E. An inmate's level of care can only be reduced or increased after the Mental Health Treatment Team has reviewed the inmate's history and mental status. If the inmate is being treated with psychotropic medication, a psychiatrist or APN shall be part of the decision making process. If the inmate is not being treated with psychotropic medication, a psychiatrist, APN or a psychologist must be part of the decision making process.
  - F. Levels of Care Designations are as follows:
    1. Level I: No mental health services are indicated for the inmate. Adjustment and function in the general population is not impaired by mental illness.
    2. Level II: Outpatient Services: Mental health outpatient services are indicated when an inmate's ability to function in general population is mildly impaired due to mental illness and/or mental retardation or if the inmate is not currently impaired but he/she needs monitoring due to:
      - a. A recent discontinuation of psychotropic medication
      - b. A recent discharge from either a supportive living unit (SLU), or crisis stabilization placement
      - c. A recent history of self-injurious behavior or suicidal ideation
    3. Level I and II inmates can function productively in general population with outpatient mental health services that:



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Subject: MENTAL HEALTH LEVELS OF CARE		

- a. Maintain an inmate with or without the help of psychotropic medication
- b. Stabilize an inmate whose problems are not severe enough to need a SLU or hospital placement, or
- c. Transition an inmate from a SLU to general population or from receiving mental health services in general population to a discontinuation of those services.

G. Level II Outpatient Staffing Composition: The treatment of mental health illnesses through outpatient programs will be based on a multi-disciplinary approach. The following disciplines will be involved in providing services:

1. BHA
2. Clinical Director and/or Clinical Psychologist
3. Psychiatrist/APN
4. Senior Psychological Examiner and/or Licensed Clinical Social Worker
5. Licensed Professional Counselor or Master's Degree Counselor
6. Therapeutic Recreational Therapist (in some designated facilities)
7. Mental Health Behavior Specialist (in some designated facilities)
8. Regional Case manager
9. Licensed Alcohol and Drug Abuse Counselor
10. Correctional Officer
11. Mental Health Nurse

H. Level III: Supportive Living Unit Services (SLU):

1. Level III SLU services are indicated when an inmate's ability to function in general population is moderately impaired due to a serious mental illness. This designation reflects a tenuous mental status that is easily overwhelmed by everyday pressures, demands, and frustrations resulting in one or more of the following:
  - a. Disorganization
  - b. Impulsive behavior
  - c. Poor judgment
  - d. A deterioration of emotional controls
  - e. Loosening of associations
  - f. Delusional thinking

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g. Hallucinations

Inmates may also exhibit active symptoms of mental illness and appear to remain seriously mentally ill over time. They may be relatively stable but fragile and tend to decompensate in stressful environments such as that of a prison general population. The decision on whether to allow these inmates to participate in general population activities, such as a work detail, a psycho-educational group, school, gym call, and library call is based on their mental status and treatment plan goals.

2. Admission Criteria for Supportive Living Unit Placement:

a. The inmate has a serious mental illness as defined above and, as a result, has experienced significant impairment in his/her ability to adjust and function satisfactorily within the general population. This is determined by the number, intensity, and frequency of mental health services needed, or if the inmate has stabilized at a higher level of care and can now function within the SLU.

b. The inmate must also meet the following criteria:

- (1) Absences of acute psychotic and/or affective symptomology requiring a higher level of care
- (2) Absence of acute or chronic medical conditions, which require intensive or prolonged skilled nursing care or hospitalization
- (3) Ability to participate in their treatment and attend treatment appointments. The inmate has been recommended for SLU placement by the mental health treatment team as part of the inmate's treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.

c. Admission for SLU shall be coordinated by the Behavioral Health Administrator, Clinical Director, Regional Program Manager and Chief Counselor.

d. An inmate may refuse treatment but shall not decline housing assignment to a SLU.

3. Level III Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:

- a. BHA
- b. Clinical Director and or Clinical Psychologist
- c. Psychiatrist/APN
- d. Senior Psychological Examiner and or Licensed Clinical Social Worker
- e. Licensed Professional Counselor or Master's Degree Counselor
- f. Therapeutic Recreational Therapist

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- g. Mental Health Behavior Specialist (in some designated facilities)
  - h. Regional Case manager
  - i. Licensed Alcohol and Drug Abuse Counselor
  - j. Correctional Officer
  - k. Mental Health Nurse
4. General Operating Procedures of the Level III SLU: The SLU will provide a structured environment designed to assist seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan.
- a. Inmates housed in the SLU will have daily access to mental health staff.
  - b. Inmates placed on Level III care will be seen at least twice a month by a licensed/qualified mental health professional. Documentation shall be recorded on Problem Oriented Progress Record, CR-1884, and on OMS.
  - c. Inmates should be engaged in therapeutic programming a minimum of four hours per day. This programming may include: work, education, structured therapeutic activities or programs, individual or group therapy and/or psychiatric/psychological appointments.
  - d. The assigned mental health practitioners to the Level III program(s) will be responsible for developing, implementing and overseeing any therapeutic programs in the SLUs. All aspects of the designed therapeutic program shall be reflected in the inmate(s) treatment plan.
  - e. These units are separate housing units from general population. Interaction with general population and movement within the institution is based on individual mental health treatment needs and functional level. When appropriate, reintegration with general population is important. These units offer a therapeutic milieu with a spectrum of programming designed to support and treat the mentally ill inmate based on his/her individual treatment plans.

#### I. Level IV Supportive Living Unit Services

1. Level IV SLU services are indicated when an inmate's ability to function in general population is severely impaired due to serious and persistent mental illness. This level reflects active positive and/or negative symptoms of a major mental illness with impaired reality testing, or persistent behavioral dysfunction as demonstrated by severely impaired judgement, impulse control, and/or recent episodes of serious self-injurious behavior. These inmates are unable to attend most treatment or recreational groups in traditional settings and thus require ancillary programmatic services to be provided in the residential unit.
2. Admission Criteria for Level IV SLU

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- a. The inmate has a serious mental illness or behavioral dysfunction as defined above and as a result of such has experienced severe impairment in his/her ability to adjust and function satisfactorily within the general population as determined by the number, intensity and frequency of mental health services needed.
  - b. The inmate's ability to participate in treatment and attend scheduled treatments is limited by their mental illness.
  - c. The inmate has been recommended for Level IV SLU placement by the mental health treatment team as part of the inmate's individual treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.
  - d. Admission for SLU placement shall be coordinated by the BHA, Clinical Director, Regional Program Manager and Chief Counselor.
  - e. An inmate may refuse treatment in the SLU but cannot decline a SLU housing assignment.
3. Level IV Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:
  - a. BHA
  - b. Clinical Director and or Clinical Psychologist
  - c. Psychiatrist/APN
  - d. Senior Psychological Examiner and or Licensed Clinical Social Worker
  - e. Licensed Professional Counselor or Master's Degree Counselor
  - f. Therapeutic Recreational Therapist
  - g. Mental Health Behavior Specialist
  - h. Regional Case manager
  - i. Licensed Alcohol and Drug Abuse Counselor
  - j. Correctional Officer
  - k. Mental Health Nurse
4. General Operation Procedures of Level IV SLU: The SLU will provide a structured environment designed to assist persistent and seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan. Due to limitations in the Level IV inmate's ability to interact in social settings, treatment interventions may be individually based. In-cell treatment activities will supplement individual and group interventions.

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5. Program services in a Level IV SLU will be delivered in the least restrictive manner possible with consideration for staff and inmate safety and institutional security.

J. Level V: Crisis Stabilization Placement

1. Crisis Stabilization Placement is indicated when:
  - a. An inmate's ability to function is severely impaired due to acute serious mental illness.
  - b. It would facilitate diagnostic clarification.
  - c. There is a need for more intensive psychopharmacological interventions and/or
  - d. There is a need for continued observation.
2. Placement in mental health seclusion or use of therapeutic restraint devices, which are Level V crisis stabilization options shall follow policies and procedures as outlined in #113.88 and #506.07, respectively.
3. General Operations Procedures for Level of Care V Placement
  - a. The inmate shall have daily access to Mental Health staff.
  - b. Individual and group therapy services shall resume upon discharge from the Level V stabilization placement.
  - c. A Behavioral Management Plan shall be implemented on the Level V placement, as clinically indicated.
  - d. Only the psychiatrist/APN or licensed psychologist with Health Service Provider designation can discharge an inmate from Level V care.
  - e. Prior to discharge from a Level V placement, the psychiatrist/APN or licensed psychologist with Health Service Provider designation shall assess the inmate to determine the need for transitional care placement.

K. Transitional Care Placement: Transitional care placement is indicated when an inmate, has been stabilized on Level V placement. Although the inmate is no longer in need of crisis stabilization, the ability to adjust to his/her housing unit, and/or the sending institution continues to be compromised.

1. Inmates shall remain on transition care placement for at least 60 days before discharge.
2. When the treatment team is considering reducing an inmate's Level of Care within 60 days of its previous Level V assignment, then an independent psychiatrist or psychologist must evaluate the inmate to determine whether or not to follow the treatment team recommendation. The evaluation must contain:
  - a. A review of the inmate's mental health history, medication compliance diagnosis and mental status.

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- b. A statement justifying either agreement or disagreement with the treatment team's recommendation.

VII. ACA STANDARDS: 4-4368, 4-4370, 4-4371, 4-4372, and 4-4374.

VIII. EXPIRATION DATE: August 1, 2021.



# TENNESSEE DEPARTMENT OF CORRECTION MENTAL HEALTH EVALUATION

INSTITUTION \_\_\_\_\_

Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

☐ INITIAL ☐ UPDATE INITIAL EVALUATION ON (Date): \_\_\_\_\_

## PRESENTING MENTAL HEALTH ISSUES/CONCERNS:

### ☐ Inmate reports:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> anxiety                   | <input type="checkbox"/> poor concentration     | <input type="checkbox"/> bizarre behavior         | <input type="checkbox"/> recent loss  |
| <input type="checkbox"/> panic attacks             | <input type="checkbox"/> eating disorder        | <input type="checkbox"/> fecal/blood smear        | <input type="checkbox"/> Hallucinations   |
| <input type="checkbox"/> high impulsivity          | <input type="checkbox"/> sleep hygiene deficits | <input type="checkbox"/> self-injury              | <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Auditory |
| <input type="checkbox"/> high hostility/aggression | <input type="checkbox"/> delusion(s) _____      | <input type="checkbox"/> stressor(s): _____       | <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile                             |
| <input type="checkbox"/> confusion                 | _____   | _____   | <input type="checkbox"/> Accusatory <input type="checkbox"/> Threatening                        |
| <input type="checkbox"/> sad mood                  | <input type="checkbox"/> weight loss            | <input type="checkbox"/> family/significant other | <input type="checkbox"/> Commanding   |
| <input type="checkbox"/> mood swings               | <input type="checkbox"/> poor hygiene           | <input type="checkbox"/> health                   |   |
| <input type="checkbox"/> racing thoughts           | <input type="checkbox"/> poor appetite          | <input type="checkbox"/> current sentence         |   |
| <input type="checkbox"/> Other _____               |   |   |   |

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

## BEHAVIORAL OBSERVATION/MENTAL STATUS:

- |                                      |  |                                      |                                       |
|--------------------------------------|--|--------------------------------------|---------------------------------------|
| <b>DELUSIONS</b>                     |  | <b>HALLUCINATIONS</b>                |                                       |
| <input type="checkbox"/> Not Present | <input type="checkbox"/> Somatic       | <input type="checkbox"/> Not Present | <input type="checkbox"/> Auditory:    |
| <input type="checkbox"/> Grandiose   | <input type="checkbox"/> Religious     | <input type="checkbox"/> Visual:     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Persecution |  |                                      |                                       |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Other       | _____                                 |

Mood & Affect	Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 ----- <input type="checkbox"/> Disoriented: <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  <b>INSIGHT</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- <b>EYE CONTACT:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating  <input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured

Behavioral Observation/Mental Status Comments: \_\_\_\_\_

## FAMILY HISTORY:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Both biological parents deceased  | <input type="checkbox"/> Caregiver of biological/adoptive children  | <input type="checkbox"/> Has children, but minimal contact |
| <input type="checkbox"/> Adopted <input type="checkbox"/> Married <input type="checkbox"/> Significant Other | <input type="checkbox"/> Current loss of custody of children*   | <input type="checkbox"/> Family history of substance abuse |
| <input type="checkbox"/> Support System: _____   | <input type="checkbox"/> Custody of children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Family history of MH treatment    |
|  | *does not refer to temporary custody  | <input type="checkbox"/> The above individuals overlap     |
|  | <input type="checkbox"/> Children have been adopted   |  |

Family History Comments: \_\_\_\_\_

## EDUCATION HISTORY:

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

## WORK HISTORY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Never Worked                              | <input type="checkbox"/> Military History | <b>Comments:</b> _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Receiving disability before incarceration |   |   |
| Longest held job: _____  |   |   |
| Last worked free-world: _____                                      |   |   |

## TRAUMA HISTORY:

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

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

Number: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

☐ No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

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

**CRIMINAL HISTORY/ CRIMINAL THINKING:**

Current Conviction: \_\_\_\_\_

☐ Admits Responsibility ☐ Denies Responsibility

Juvenile Conviction(s)?: \_\_\_\_\_

☐ Victim Stance

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

**SUICIDE ATTEMPT HISTORY:**

\_\_\_\_ # prior attempts

Last attempt? \_\_\_\_\_

Method of last attempt: \_\_\_\_\_

Medical attention needed ever?: \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

**SELF INJURY HISTORY:**

☐ History other self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

**MENTAL HEALTH TREATMENT HISTORY:**

☐ No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: \_\_\_\_\_

Age (estimated) last prescribed psychotropics: \_\_\_\_ or Current: \_\_\_\_

☐ Records Requested

History of the following prescribed medications:

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

Comment: \_\_\_\_\_

☐ Medication likely confounded w/ A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or w/in last 2 to 4 weeks):

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization \_\_\_\_\_

# of inpatient stays: \_\_\_\_\_

Duration of longest stay: \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to substance use

☐ History of hospitalization related to suicide threat

Comments \_\_\_\_\_

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

**MEDICAL TREATMENT/CONCERNS:** \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS (DSM-5):**

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

**MENTAL HEALTH TREATMENT RECOMMENDATIONS:**

☐ No Mental Health treatment currently indicated/No mental health treatment plan currently needed

☐ Pharmacotherapy is indicated and the following psychotropics have been prescribed: \_\_\_\_\_

☐ Individual ☐ Group ☐ Treatment Program \_\_\_\_\_

☐ Referral for psychology services

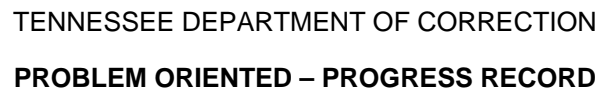
Level of Care: \_\_\_\_\_

☐ Other Recommendations/Considerations: \_\_\_\_\_

Staff Signature/Title

Date





INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1100



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
MAJOR PROBLEM LIST**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F Race: \_\_\_\_\_

Allergies: \_\_\_\_\_

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED (Please check "✓" if resolved)	RESOLVE DATE

Conservator Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

- \* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
- \* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.88

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Effective Date: September 1, 2017

Distribution: A

Supersedes: 113.88 (6/1/16)

Approved by: Tony Parker

Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING

- I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606, and TCA 33-3-104.
- II. **PURPOSE:** To establish procedures for the effective identification and management of inmates who are exhibiting suicidal or other self-destructive behavior. To provide guidelines for the circumstances under which mental health seclusion and suicide monitoring may be used as safety interventions for inmates experiencing severe disturbances in mood, behavior, or perception due to mental status.
- III. **APPLICATION:** To all Tennessee Department of Correction (TDOC) employees, The Tennessee Correction Academy (TCA), privately managed facilities, physical health care contract providers, and mental health contract providers.
- IV. **DEFINITIONS:**
  - A. **Licensed Independent Mental Health Professional (LIMHP):** A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation; senior psychological examiner; licensed clinical social worker; or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - B. **Mental Health Emergency:** Sudden serious disturbances of behavior, affect, or thought process due to the inmate's mental status which makes the inmate unable to cope and creates the potential for the inmate to harm himself/herself or others.
  - C. **Mental Health Seclusion:** The confinement of a mental health inmate to a single cell as part of a safety plan following a mental health crisis typically related to decompensation in mental status without significant thoughts or behaviors related to self-harm.
  - D. **Program Coordinator:** The Clinical Director or licensed Psychologist located at each institution.
  - E. **Qualified Health Professional:** For purposes of this policy only, a staff member possessing education and licensure/certification as a health professional, e.g., licensed practical nurse, registered nurse, nurse practitioner/family nurse clinician, physical assistant, or physician or licensed psychologist with health service provider status.
  - F. **Qualified Mental Health Professional:** A licensed Psychological Examiner, or other individual who is professionally licensed/certified as a therapeutic professional, or Mental Health Program Specialist having a Master's Degree in the behavioral sciences.

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- G. Quality Improvement Review (QIR): A process of internal review and evaluation to systematically and objectively assess the adequacy and appropriateness of the therapeutic care services provided to inmates who inflicted serious self-injury, had an episode of suicidal behavior, made a suicide attempt, were placed in therapeutic restraints, or died as a result of suicide or placement in therapeutic restraints.
  - H. Self-Injurious Behavior: Self harm or self-mutilation deliberately inflicted by such acts as puncturing, cutting, swallowing objects, head banging, and ingestion of harmful drugs, chemicals or poisons.
  - I. Serious Self-Injury: Self-injurious behavior which requires emergency or urgent medical intervention.
  - J. Suicidal Behavior: Written or verbal threats or acts which if acted upon would cause serious injury or death and are motivated by a decision to kill one self.
  - K. Suicidal Ideation: Thoughts, verbal or behavioral indicators denoting that an individual is considering suicide.
  - L. Suicide: All self-injurious behavior in which a willful, self-inflicted, or life-threatening act has resulted in death.
  - M. Suicide Attempt: An incident in which the treatment team has determined that an inmate took action with the intent to end his/her life but which did not result in death.
  - N. Suicide Monitoring: The monitoring of an inmate who is placed in a safe environment, so that he/she may be observed continuously and provided for in a therapeutic manner.
  - O. Suicide Prevention Coordinator: The Mental Health Administrator/designee located at each institution, responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, assessment, and intervention outlined in this policy.
  - P. Trained Inmate Observer: An inmate who is qualified and trained through a formal program, as part of a suicide prevention plan, to provide constant suicide watch monitoring of a suicidal peer.
- V. POLICY: A concerted effort shall be made to identify and prevent suicidal or other self-destructive behavior in all institutions. Mental health seclusion and suicide monitoring shall only be utilized when necessary to prevent injury to the inmate or to others, and only after less restrictive alternatives have been fully evaluated or attempted and failed. Mental health seclusion and suicide monitoring shall be initiated in a safe and humane manner with respect to the inmate's rights and physical integrity.
- VI. PROCEDURES:

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- A. The TCA and each institution shall develop and implement a written suicide prevention/intervention and mental health restraints training plan, and procedures which shall be submitted to the TDOC Director of Behavioral Health/designee no later than February 1 for approval annually. If there is no change to the training plan and procedures from the prior year, the institution may submit a memorandum indicating that the plan is unchanged and the prior approval shall remain in effect. The training plans and procedures shall be approved by the institutional Suicide Prevention Coordinator/designee and reviewed by all mental health staff at the facility to ensure that any changes are incorporated into practice.
- B. Institutional procedures shall include:
1. Consideration of the physical plant and location of therapeutic restraints
  2. Designation of a mental health seclusion, suicide, and/or therapeutic restraints monitoring cell(s) which allow for the secure management of an inmate who exhibits suicidal and other self destructive behaviors, and/or requires placement in therapeutic restraints. Such cell(s) shall allow for continuous observation by correctional staff. Cells used for suicide watch must be inspected annually by the institution's Suicide Prevention Coordinator to ensure that fixtures such as outlet coverings, sprinkler heads, shower, sink, and toilet hardware are secure and safe. The Suicide Prevention Coordinator must certify annually to the institution's executive staff and the TDOC Director of Behavioral Health/designee that cells are safe for inmate suicide watch.
  3. A list of the risk factors, demographic and cultural parameters of suicidal behaviors (including incidence and variation in precipitating factors).
  4. Identification of the warning signs and symptoms of impending suicidal behavior, and of inmate behaviors, events, and environmental factors that may trigger circumstances that require the use of therapeutic restraints.
  5. Referral protocol, including communication procedures, between all health care and correctional staff. Specific protocol for managing suicidal inmates during evening and morning watch and on weekends to include procedures for suicide risk assessment, communication with on-call provider, communication with security staff and documentation.
  6. Responses to suicidal and depressed offenders.
  7. Use of non-physical de-escalation intervention skills that shall become part of the annual training.
  8. The safe application and uses of therapeutic restraints, including training in how to recognize and respond to signs of physical and psychological distress (e.g., positional asphyxia) that shall become part of the annual training.
  9. Post orders that contain training materials related to the procedures.

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10. Information regarding the supervision, treatment, and safety requirements when therapeutic restraints are applied, i.e., monitoring, first aid, respiratory and circulatory status, skin integrity, vital signs and mental status
  11. Requirements for assessment of the inmate's medical, psychiatric and behavioral status or condition.
  12. Observation for suicide monitoring procedures to include documentation requirements Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  13. Methods for continuous observation of inmates placed on suicide monitoring including one-on-one uninterrupted inmate observer or staff observation and supplemental closed circuit monitoring if available. Suicide watch post orders shall be developed at all sites where suicidal inmates are housed.
    - a. Staff Observers: Suicide watch may be conducted using staff observers. Staff assigned to a suicide watch shall have received supplemental training and shall review and sign the suicide watch/infirmar/medical post orders before starting an assignment. The Program Coordinator shall review the post orders annually adding information as needed.
    - b. Inmate Observers: Only the Director of Behavioral Health Services may authorize the use of inmate observers. The authorization for the use of inmate observers shall be made by the Warden on a case-by-case basis in consultation with mental health staff. If the Warden authorizes an Inmate Observer Program, the Suicide Prevention Coordinator/designee shall be responsible for the selection, training, assignment, and removal of inmate observers. Inmate observers are paid as an institution work assignment. Inmate observer selection and training requirements are included as an attachment to this policy.
  14. Required follow-up on incidents, as needed, such as an After Incident Review and/or Quality Improvement Review (QIR)
  15. A procedure that identifies the method by which finger foods are selected from the master menu by the responsible professional ordering the suicide monitoring. This shall be coordinated with the institutional food service manager or designee (Refer to Policy #113.35)
- C. The TCA shall be responsible for providing all new TDOC staff with an overview of the identification, prevention and intervention procedures utilized with suicidal inmates and therapeutic restraints during pre-service training.
  - D. All institutional personnel who have direct contact with inmates shall receive annual institutional training to review existing procedures and any updated techniques, plans, and procedures.
  - E. All training shall be documented by the institutional training coordinator and maintained at the institution.

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F. General:

1. Mental health seclusion and suicide monitoring shall not be used as punishment, coercion, for the convenience of staff, or as a substitute for a comprehensive treatment program.
2. In the event of a mental health emergency safety need, the Psychiatrist or APN when off-site, shall respond by telephone to an institutional page within a one hour time period. When on-site, a licensed psychologist may respond to a mental health emergency.
3. At privately managed facilities, the Warden or designee shall, within one hour, notify the Contract Monitor when an order has been given for an inmate to be placed in mental health seclusion or suicide monitoring.
4. If an inmate dies in therapeutic restraints, commits suicide, or has a serious suicide attempt a QIR meeting shall be conducted as a function of the institutional CQI committee. (See Policy #113.09) A serious suicide attempt includes any self-injurious behavior which could result in death.
5. Following each incident of suicide attempt or placement in therapeutic restraints, the Suicide Prevention Coordinator/designee and a clinical staff person shall meet with the inmate to conduct an after incident review. The after incident report shall consist of the following:
  - a. Review of immediate triggers resulting in suicide attempt or therapeutic restraints placement.
  - b. Inmate's opinion of the personal impact of the suicide attempt and/or therapeutic restraints.
  - c. Discussion of efforts for future least restrictive treatment alternatives.
  - d. The report shall be reviewed during treatment team meeting.

G. Placement in Mental Health Seclusion and Suicide Monitoring:

1. An inmate may be placed in mental health seclusion for observation, evaluation, or mental health intervention if the inmate is suicidal, when a change in the inmate's mental status results in unpredictable or destructive behaviors, marked agitation, or a significantly decrease in his/her food/fluid intake.
2. Mental health seclusion should be initiated only when other interventions have failed. Alternative interventions must be documented in the mental health record and will be included in a Behavioral Management Plan (BMP). The BMP will be available for all staff that has contact with the inmate.
3. An inmate may be placed on suicide monitoring if he/she presents with suicide ideations, self-injurious behaviors, and suicidal behaviors or if a recent suicide attempt was made.

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4. Placement of an inmate into mental health seclusion or suicide monitoring shall require that the psychiatrist or APN or licensed psychologist be notified and an order be obtained after a suicide risk assessment has been completed. Placement may be accomplished as follows:
  - a. The psychiatrist or APN or licensed psychologist shall directly assess the inmate. If it is determined that mental health seclusion or suicide monitoring is warranted, the psychiatrist, or APN shall complete Physician's Orders, CR-1892 and the Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082. If a licensed psychologist is initiating the order he/she shall complete Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, then notify the facility's assigned or supervising nurse, who shall complete Physician's Orders, CR-1892. The psychiatrist, APN or licensed psychologist shall also conduct a formal suicide risk assessment protocol and document findings, including mental health history, precipitating factors, risk and protective factors, degree of lethality, alternative interventions considered, and follow-up plan.
  - b. In the absence of a psychiatrist, APN, or licensed psychologist, a LIMHP or a qualified mental health professional shall directly interview the inmate or appraise the circumstance and complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, initiate mental health seclusion or suicide monitoring, and notify the facility's assigned or supervising nurse, who shall immediately notify the psychiatrist or APN to obtain a telephone order. The nurse shall complete Physician's Orders, CR-1892, and the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  - c. When there are no mental health professionals on-site, the assigned or supervising nurse shall directly interview the inmate and initiate mental health seclusion or suicide monitoring placement, and immediately contact the psychiatrist or, APN to obtain a telephone order. The nurse shall complete Physician's Orders, CR-1892, the Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
5. The shift commander will be immediately notified when an inmate is placed on mental health seclusion or suicide monitoring, who will notify the Warden and associate wardens. When placement on mental health seclusion or suicide monitoring involves removal of property, possessions, security personnel will be responsible for ensuring that the monitoring cell is searched and the inmate is strip-searched prior to the initiation of mental health seclusion or suicide monitoring.
6. A psychiatrist or APN shall directly assess the inmate within 72 hours from the time the telephone order was given, and complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, and sign and date the initial Physician's Orders, CR-1892. The psychiatrist, APN, or licensed psychologist will conduct and document a structured risk assessment including precipitating event, mental health history, current mental status, risk and protective factors, degree of lethality, and treatment plan.
7. A LIMHP, qualified mental health professional or qualified health provider shall assess each inmate in mental health seclusion and/or suicide monitoring at least daily.



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Documentation shall be on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.

8. Inmates placed in mental health seclusion shall be monitored on an irregular basis, utilizing Monitoring Report, CR-2004. The elapsed time period between checks shall not exceed 30 minutes.
9. Inmates placed in suicide monitoring shall be monitored on an irregular basis, utilizing Monitoring Report, CR-2004. The elapsed time period between checks shall not exceed fifteen minutes. The CR-2004s shall be filed in the health record under Section X Mental Health.
10. Mental health seclusion and/or suicide monitoring shall only be discontinued or upgraded to mental health seclusion status upon the order of a psychiatrist or APN, after a direct assessment has occurred. The psychiatrist or APN shall fully document his/her rationale for discontinuing the order on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082. Clinical documentation shall include treatment recommendations and a follow-up plan for all inmates removed from mental health seclusion or suicide monitoring.
11. The inmate may be upgraded to a less restrictive monitoring status, e.g., to mental health seclusion, as deemed clinically appropriate by the psychiatrist or APN. Immediate discharge of an inmate back to the general population shall be at the discretion of the releasing clinical staff person.
12. Inmates released from suicide monitoring or mental health seclusion will be seen by a qualified mental health professional within 72 hours for a clinical follow up session. Inmates will be monitored for six months post release unless such monitoring is not clinically indicated. All clinical rational must be thoroughly documented in the inmate's health record.
13. A secluded inmate must have access to drinking water and a toilet.
14. Only under direct observation of staff shall an inmate on suicide monitoring or mental health seclusion utilize hygiene items and/or exercise. Razor blades shall be prohibited during mental health seclusion and suicide monitoring. An electric razor or barber may be utilized under direct supervision and at the discretion of the Assistant Warden of Treatment in consultation with the Program Coordinator.
15. The inmate shall be provided a suicide smock while on mental health seclusion or suicide monitoring.
16. The Physician's Order, CR-1892, should include that the inmate shall be required to remove for safekeeping any and all articles that could be utilized as possible weapons, i.e., shoe laces, belt, jewelry, etc.

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17. If the mental health assessment indicates the inmate is in significant clinical distress which cannot be managed locally, arrangements shall be made to transfer the inmate to a TDOC facility capable of providing adequate mental health services or to a contract community hospital in the case of a life or death emergency. If no mental distress exists, Policies #506.07 or #506.16 may apply.

#### H. Suicide Risk Assessment and Referral

1. Upon reception into the TDOC and upon institutional transfer, all inmates shall be screened for suicide risk and other mental health concerns by a health care professional utilizing Health Screening, CR-2178.
2. At any time referral to mental health staff shall occur if an inmate is determined to be a suicide risk, or is presenting with other mental health concerns. (See Policy #113.20)

#### I. Documentation:

1. Complete documentation of all actions relating to the placement of an inmate in mental health seclusion, and/or suicide monitoring shall be made on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, Physician's Orders, CR-1892, and Monitoring Report, CR-2004.
2. Documentation is to be recorded in military time only on the Monitoring Report, CR-2004. Shift commanders are to review all active monitoring reports on each shift to verify that documentation is being properly recorded, and sign at the bottom of the Monitoring Report, CR-2004.
3. By the 15<sup>th</sup> of each month, each institution (except DeBerry Special Needs Facility) shall forward a copy of all completed Mental Health Seclusion/Suicide/Restraint Authorizations, CR-3082, to the Director of Behavioral Health/designee for review.
4. The after incident review shall be documented in the inmate's health record on Problem Oriented Progress Record, CR-1884.
5. When the CQI committee meets to discuss a QIR, minutes shall be confidentially compiled and maintained by the Mental Health Administrator or designee.
6. A summary of each QIR shall be forwarded to the TDOC Director of Mental Health Services within 14 days of the occurring event. The QIR summary shall be outlined to include the following:
  - a. CQI Meeting Information, the name of the institution, date/time/location of meeting, names of professional and titles of members present, names and professional titles of absent members.
  - b. Incident Information-Type e.g., suicide attempt, date/time/location of when incident took place.
  - c. Demographic Information- inmate name, date of birth, age, race, religion.

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- d. Criminal History- length of current incarceration in years, custody status, internal affairs investigation (yes/no).
- e. Mental Health Information- diagnosis, current treatment, compliance issues, prior suicide attempts including method, results of suicide screening, review of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, any warning signs if applicable such as, suicide note, feelings of hopelessness, guilt, spiritual/existential issues, disposal and or giving away of personal property.
- f. The report shall include the inmate face sheet and TOMIS incident report (See Policy #103.02).
- g. Central Office behavioral health staff will review all submitted documents for completeness, correct format, and policy requirements.

J. Inmate Observers-Inmate Companion Program

1. Selection of Inmate Observers: Due to the sensitive nature of suicide watches, selection of inmate observers requires review by key personnel including unit management, security staff and the program coordinator. Inmate observer applicants must be free of incident reports for at least one year and have never received a major incident report during their incarceration. The inmate applicant must be reviewed in all other areas which could assist in determining their suitability for the assignment.

Inmates will be selected based upon their ability to perform the specific task but also for their history within the institution. In the Program Coordinator's judgment, they must be mature, reliable individuals who have proven to be responsible and having a positive influence on their peers. They must be able to protect privacy related to their assignment.

2. Inmate Observer Shifts: Observers ordinarily will work in four hour shifts, except under unusual circumstances, observers will not work longer than one five hour shift in a 24 hour period. Inmate observers will receive pay for this work assignment.
3. Training Inmate Observers: Each observer will receive at least eight hours of training before being assigned to a suicide watch shift. Each observer will also receive at least four hours of training semiannually. Each training session will review policy requirements and instruct the inmates on their duties and responsibilities during the suicide watch, including:
  - a. The location of suicide areas
  - b. Summoning staff during all shifts
  - c. Recognizing behavioral signs of stress or agitation
  - d. Recording observations in the watch log

Program Coordinator or designee will debrief observers, individually, or in groups, to discuss their experiences and make program changes, if necessary.

4. Records: The Program Coordinator will maintain a file containing:

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- a. An agreement of understanding expectations signed by each inmate.
- b. Documentation of attendance and topics discussed at training sessions.
- c. A schedule of inmates available to serve as observers, which will be distributed to Security staff.
- d. Verification of hours worked and pay for those inmates performing watches

5. Supervision of Inmate Observers during a suicide watch: Although observers will be selected on the basis of their emotional stability, maturity and responsibility, they still require staff supervision while performing a suicide watch. This supervision will be provided by staff who are in the immediate area of the suicide watch room or who have continuous video observation of the inmate observer. In all cases, when an inmate observer alerts staff to an emergency situation, staff must immediately respond to the suicide watch room and take necessary action to prevent the inmate on watch from incurring debilitating injury or death. In no case will an inmate observer be assigned to a watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance. Supervision must consist of at least 60 minute in-person checks on the inmate observer. Staff will indicate in the watch log that checks have been conducted.

6. Removal: The Program Coordinator or designee may remove any observer from the program at his/her discretion. Removal of an inmate observer should be recorded by the Program Coordinator. If any inmate observer does not perform their work assignment appropriately, any staff may suspend them from the program pending review by the Program Coordinator.

VII. ACA STANDARDS: 4-4405, 4-4191, 4-4257, 4-4373, 4-4374, and 4-4393.

VIII. EXPIRATION DATE: September 1, 2020.



**INMATE/PATIENT:** \_\_\_\_\_ **TDOC #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE



**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION**

\_\_\_\_\_  
INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRECIPITATING SYMPTOMS (OBSERVATION/JUSTIFICATION): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIAL ORDER: \_\_\_\_\_

TIME OF AUTHORIZATION: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE ORDER: \_\_\_\_\_  
SIGNATURE OF ASSIGNED OR  
SUPERVISING NURSE

\_\_\_\_\_  
SIGNATURE OF ORDERING PSYCHIATRIST/CNS DATE SIGNATURE/TITLE OF AUTHORIZING STAFF DATE

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS LOCATION: \_\_\_\_\_

IF RESTRAINT, TYPE: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

# MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION

INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

ORDER DISCONTINUED: \_\_\_\_\_

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

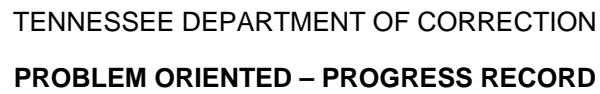
SIGNATURE PSYCHIATRIST / CNS



Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH QUESTIONNAIRE

INMATE NAME: \_\_\_\_\_ TDOC NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

RECEIVING INSTITUTION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ a.m./p.m.

INITIAL INTAKE: \_\_\_\_\_ TEMPORARY TRANSFER: \_\_\_\_\_ PERMANENT TRANSFER: \_\_\_\_\_

**INQUIRE:**

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing
2. Do you speak/read English? Speak: ☐ Yes ☐ No Read: ☐ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☐ No If **yes**, describe \_\_\_\_\_
4. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?  
☐ Yes ☐ No If **yes**, describe: \_\_\_\_\_
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
6. Are you currently taking any medication(s)? ☐ Yes ☐ No  
If **yes**, was the medication transferred with the inmate? ☐ Yes ☐ No  
If **yes**, describe (what used, how much, how often, date of last use, and any problems) \_\_\_\_\_
7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☐ No
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☐ No  
If **yes**, when? \_\_\_\_\_
9. Do you have any allergies? ☐ Yes ☐ No If **yes**, describe: \_\_\_\_\_

***(For women)***

10. a) LMP \_\_\_\_\_ b) Are you pregnant? ☐ Yes ☐ No Number of months \_\_\_\_\_  
c) Have you recently delivered? ☐ Yes ☐ No Date: \_\_\_\_\_  
d) Are you on birth control pills? ☐ Yes ☐ No  
e) Any gynecological problems? ☐ Yes ☐ No
11. Screening for MRSA Infections:  
a) Do you have any lesions, sores or insect bites? ☐ Yes ☐ No  
If **so**, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☐ No  
If **yes**, where are these lesions? \_\_\_\_\_

**OBSERVE:**

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):  
☐ Normal ☐ Abnormal If **abnormal**, describe: \_\_\_\_\_
2. Skin Assessment (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*)  
☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
3. Is there evidence of Abuse or Trauma? ☐ Yes ☐ No



TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH QUESTIONNAIRE

**MENTAL HEALTH:**

1. Is the inmate presenting behavior(s) that are considered: ☐ Anxious ☐ Antagonistic/Hostile ☐ Hallucinations  
☐ Withdrawn/Avoidant ☐ Depressed/Hopeless ☐ No
2. Is the inmate presenting disorganized thought? (*Unable to track questions and/or present responses in logical or connected manner*) ☐ Yes ☐ No
3. Have you ever been in a mental hospital? ☐ Yes ☐ No  
If **yes**, when? \_\_\_\_\_ How often? \_\_\_\_\_
4. Have you ever been treated for mental health? ☐ Yes ☐ No  
Have you ever been treated for substance use? ☐ Yes ☐ No
5. Have you ever attempted to kill yourself? ☐ Yes ☐ No If **yes**, when? \_\_\_\_\_  
How? \_\_\_\_\_ How many times? \_\_\_\_\_
6. Are you thinking about suicide now? ☐ Yes ☐ No
7. Has a parent, other family member, or close friend committed suicide? ☐ Yes ☐ No If **yes**, who? \_\_\_\_\_
- 8.. Do you have a history of past or current head trauma? ☐ Yes ☐ No If **yes**, explain type of injury: \_\_\_\_\_  
\_\_\_\_\_
- 9.. As an adult or child, have you personally experienced being: ☐ Sexually abused ☐ Physically abused ☐ Emotionally abused

**DISPOSITION:**

\_\_\_\_\_ Intake housing \_\_\_\_\_ Intake housing with prompt referral appointment (*health, mental health, substance use treatment*)

\_\_\_\_\_ General housing \_\_\_\_\_ General housing with prompt/referral appointment

Referred to appropriate health, mental health or substance use provider due to emergency.

Additional comments on Progress Notes (CR-1884): ☐ Yes ☐ No


I have received information regarding the procedure for obtaining routine and emergency health care (*medical, dental, substance use, and/or mental health, and co-pay requirements*). These have been explained to me and I understand how to access healthcare services in the form of:

- ☐ **Orientation Handbook (i.e. Inmate Handbook)**
- ☐ **Information Sheet**
- ☐ **Transient inmate information-describing how to access healthcare**

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

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Employee Signature and Title

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.88	Page 1 of 1
	Effective Date: May 1, 2018	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING		

POLICY CHANGE NOTICE 18-26

INSTRUCTIONS:

Please change Section VI.(F)(2 and 3) to read as follows:

- “2. In the event of a mental health emergency safety need, the psychiatrist, APN, or licensed psychologist, when off-site, shall respond by telephone to an institutional page within a 30 minute time period”.
- “3. At privately managed facilities, the Warden or designee shall, within one hour, notify the Contract Monitor of Operations (CMO) when an order has been given for an inmate to be placed in mental health seclusion or suicide monitoring”.

Please change Section VI.(G)(4)(a) to read as follows:


- “a. The psychiatrist, APN or licensed psychologist shall directly assess the inmate. If it is determined that mental health seclusion or suicide monitoring is warranted, the psychiatrist, APN, or licensed psychologist shall complete Physician’s Orders, CR-1892 and the Mental Health Seclusion/Suicide Restraint Authorization, CR-3082. The psychiatrist, APN, or licensed psychologist shall also conduct a formal suicide risk assessment protocol, utilizing Suicide Risk Assessment, CR-4050, and document findings, including mental health history, precipitating factors, risk and protective factors, degree of lethality, alternative interventions considered, and follow-up plan”.

Please change Section VI.(G)(6) to read as follows:

- “6. A psychiatrist, APN, or licensed psychologist shall directly assess the inmate within 72 hours from the time the telephone order was given and complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization CR-3082, and sign and date the initial Physician’s Orders, CR-1892. The psychiatrist, APN, or licensed psychologist will conduct and document a structured risk assessment, utilizing Suicide risk Assessment CR-4050, including precipitating event, mental health history, current mental status, risk and protective factors, degree of lethality, and treatment plan”.

Please change throughout policy “Mental Health Administrator” to “Behavioral Health Administrator”.

Please change in Sections VI.(G)(4)(c), VI.(G)(10), and VI.(G)(11), the phrase “psychiatrist, APN” to read “psychiatrist, APN, or licensed psychologist”.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #113.88	Page 1 of 1
	Effective Date: December 21, 2018	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: MENTAL HEALTH SECLUSION AND SUICIDE MONITORING		

POLICY CHANGE NOTICE 18-57

INSTRUCTIONS:

Please change the term “Trained Inmate Observer” in Section IV.(P) to “Inmate Observer”.

Please change Section VI.(B)(13)(b) to read as follows:

- “b. The Director of Behavioral Health Services, or designee, in conjunction with institution Warden/Superintendent, has the authority to authorize the use of inmate observers. The use of inmate observers shall be implemented in situations in which there is clinical need or at the request of the institution Warden/Superintendent. The Suicide Prevention Coordinator/designee shall be responsible for oversight of the inmate observers, including selection, training, assignment and removal. There must always be two staff members present while inmate observers are performing their duties. Inmate observers are paid as an institution work assignment. Inmate observer selection and training requirements are identified within this policy”.

Please change Section VI.(G)(12) to read as follows:

- “12. Inmates released from suicide monitoring or mental health seclusion will be seen by a qualified mental health professional within 24 hours for a clinical follow-up. Additional follow-ups after discharge from suicide monitoring or mental health seclusion will occur within 72 hours, seven days, 14 days and 30 days. An additional evaluation shall occur every 30 days for six months post release unless such monitoring is not clinically indicated. To assess for depressive symptoms, The Columbia-Suicide Severity Rating Scale (C-SSRS) will be administered at twenty-four hours, seven days, and 30 days post release. All assessment results will be thoroughly documented in accordance with TDOC policy standards and placed in the inmate’s health record. The C-SSRS does not need to be placed in the chart and only a recording of the score from the C-SSRS is necessary. All clinicians shall utilize therapeutic conversation guidelines in their assessment of inmates expressing suicidal ideation”.

Please add to Section VI.(H)(3) to read as follows:

- “3. At any time a mental health professional determines that it is clinically indicated, a referral to the institution chaplain shall occur in order to explore the inmates experience of guilt, plan treatment, and resolve any underlying sense of distress that may be religious-spiritual in nature”.

Please change Section VI.(J)(1) to read as follows:

- “1. Selection of Inmate Observers:

Due to the sensitive nature of suicide watches, the facility Warden/Superintendent will approve the selection and removal of all inmate observers. Inmate observer applicants must be free of B or C disciplinary infractions for at least one year and have never received a Class A infraction. The inmate applicant must be reviewed in all other areas which could assist in determining their suitability for the assignment. The inmate observer applicant may be a LOC 1 or LOC 2, who has not been on clinical alert for at least 18 months. To be appointed as an inmate observer, it is preferable that they are minimum security level; however, medium security level inmates will be considered on a case-by-case basis”.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.89

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Effective Date: August 1, 2019

Distribution: A

Supersedes: 113.89 (3/5/16)  
PCN 17-73 (11/30/17)  
PCN 17-24 (3/15/17)

Approved by: Tony Parker

Subject: PSYCHOTROPIC MEDICATION/INVOLUNTARY TREATMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 29-26-118, TCA 33-3-405, TCA 33-6-1001 et seq., TCA 34-4-101 et seq., and TCA 34-6-201 et seq.
- II. PURPOSE: To provide procedures for the prescription and administration of psychotropic medications for the treatment of mental illness.
- III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Director of Behavioral Health Services, Chief Medical Officer, Tennessee Department of Correction (TDOC) mental health and health care staff, TDOC institutional employees, contract employees, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Behavioral Health Services: The assessment and/or treatment of individuals at risk of, or suffering from, mental, behavioral, and/or substance related disorders, that significantly interfere with their ability to function in prison as defined by the most current DSM criteria.
  - B. Declaration for Mental Health Treatment: An advanced healthcare directive authorized under state law that permits an individual to specify the refusal or acceptance of certain mental health treatment interventions in the event that the individual lacks capacity to make a decision about a proposed mental health treatment intervention.
  - C. Fiduciary: A legal guardian or conservator, or an attorney-in-fact who has been granted a valid power of attorney for health care decisions pursuant to applicable law in the event the patient lacks capacity.
  - D. Informed Consent: The voluntary consent or agreement, by an inmate who has the capacity to make an informed decision; or by an inmate's fiduciary to a treatment, assessment, medication, or other mental health intervention, and for which consent is given after the disclosure of facts regarding the nature, consequences, risks, benefits, and alternatives concerning the proposed treatment, assessment, medication or other mental health intervention.
  - E. Inmate Rights Advocate: For purposes of this policy, the Institutional Continuous Quality Improvement Coordinator (ICQIC) shall be designated as the Inmate Rights Advocate who is responsible to represent the inmate and ensure that the rights of the inmate are not violated.
  - F. Involuntary Treatment: Treatment rendered to the inmate (without regard to informed consent from the inmate) that is either ordered based on the physician's determination that the inmate presents a psychiatric emergency, or ordered pursuant to authorization by the Treatment Review Committee.

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- G. Lacks Capacity: A state in which an inmate lacks the present ability to make rational decisions or give informed consent due to organic or cognitive mental impairment.
  - H. Licensed Independent Mental Health Professional (LIMHP): A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation, senior psychological examiner, licensed clinical social worker, or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.
  - I. Mental Illness (Mental Disorder): A clinically significant behavioral or psychological syndrome or pattern that is typically associated with a clearly diagnosable psychopathology as indicated by the most current DSM criteria.
  - J. Psychiatric Emergency: An acute disturbance of behavior, thought or mood related to a mental illness or altered mental status which, if untreated, may lead to harm to self or others.
  - K. Psychiatric Provider: An Advance Practice Nurse (APN) or a Board Certified/eligible psychiatrist. An APN must possess a certificate of fitness from the Tennessee Board of Nursing and a Notice and Formulary that stipulates the specific site of practice.
  - L. Psychotropic Medication: For the purposes of this policy, a drug which exercises a direct effect upon the brain and central nervous system, and which is capable of modifying behavior and mental status.
  - M. Treatment Review Committee (TRC): A group of licensed mental health professionals, appointed by the Director of Behavioral Health Services to review the applications for involuntary treatment of an inmate in need of mental health services. This team consists of one psychiatrist and two doctoral level psychologists with health services provider designation who are not directly involved in the treatment of the inmate in question. This team will typically operate at DeBerry Special Needs Facility (DSNF) and Tennessee Prison for Women (TPFW).
- V. POLICY: Informed consent by the inmate (or the inmate's fiduciary) shall be required prior to the prescription and administration of a psychotropic medication for the treatment of non-emergency mental illness, except as permitted pursuant to a Declaration for Mental Health Treatment or in circumstances wherein involuntary treatment is medically necessary and permitted by law. Psychotropic medication may be involuntarily administered under strict guidelines and procedures.
- VI. PROCEDURES:
- A. Psychotropic Medications
    - 1. Psychotropic drugs shall be utilized for the treatment of mental illness only as a component of a total therapeutic program, under close supervision, and with a written mental health treatment plan addressed to treat a diagnosed psychiatric condition. Under no circumstances shall psychotropic medication be prescribed and administered for purposes of program management and control, as a means of chemical restraint, or for purposes of experimentation and research.



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2. The psychiatric provider will consider possible organic causes of symptoms of mental illness and either rule them out or assure that they are evaluated through appropriate testing or consultation with health services via Institutional Health Services Referral, CR-3431. The psychiatrist will document in the Section 10 of the medical record that organic causes have been considered and ruled out or are in the process of evaluation.
3. Prior to the initial prescription and administration of a psychotropic medication, the inmate shall be personally examined by the psychiatric provider. For inmates arriving at an institution from a non-TDOC facility, who are receiving psychotropic medications, medical/nursing staff shall personally examine the inmate and contact the psychiatric provider for instructions. If the psychiatric provider determines the medication should be continued, it may be continued by telephone order until the psychiatric provider can personally evaluate the inmate. The nurse shall document the telephone order on the Physicians Order, CR-1892. The psychiatric provider shall evaluate the inmate within 14 calendar days.
4. For inmates arriving at an institution from another TDOC facility, and who are receiving psychotropic medications, medical/nursing staff shall personally examine the inmate and contact the Behavioral Health Administrator by way of Institutional Health Service Referral, CR-3431. The Behavioral Health Administrator shall review the inmate's health record and schedule an appointment with the psychiatric provider as indicated on the last psychiatric visit in accordance with Policy #113.82.
5. For inmates who have not previously received psychiatric medication and are requesting services, a psychological assessment will be conducted using a standardized, reliable and valid testing protocol.
6. Inmates will be fully advised of alternatives to medication treatment to include individual and group counseling. Effort will be made to direct inmates to the least intrusive appropriate alternative available.
7. The inmate or the inmate's fiduciary shall sign the Mental Health Services Informed Consent Assessment and Treatment, CR-3766, authorizing the examination, treatment, procedure or psychotropic medications prior to receiving evaluations and assessments and/or mental health treatment services. The completed form shall be filed in the inmate's most current health record in a protective sleeve. Informed consents shall remain effective for one year from the date of the inmate's signature, after which time a new consent form shall be signed.
8. The psychiatric provider shall explain to the inmate, or inmate's fiduciary, the expected benefits, the possible side effects of the medication(s) being prescribed, the availability of alternative treatments, and expected prognosis without the proposed intervention with psychotropic medication(s).

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9. The management of psychotropic drugs and administration/distribution of medications shall follow the procedures as outlined in Policies #113.70 and #113.72. Inmates prescribed psychotropic medications shall be personally examined by a psychiatrist or an advanced practice nurse (APN) every 90 days. The psychiatrist shall personally examine all inmates under the care of the mental health advanced practice nurse (APN) at least once every 12 months, even if the inmate's case was reviewed as part of the required 20% supervisory case review. See Policy #113.11.
10. If the inmate has the capacity to make an informed decision and chooses to refuse the proposed examination, treatment, procedure or psychotropic medication, he/she shall be asked to sign a Refusal of Medical Services, CR-1984.
11. When a psychiatric provider discontinues an inmate's psychotropic medication, the inmate will be observed at his/her current level of care by Mental Health staff for at least 60 days before having his/her level of care reduced.
12. When an inmate discontinues his/her psychotropic medication against medical advice, then a psychiatric provider will observe that inmate for at least three months.
13. Patients who are discontinued from all mental health services will have a clearly written discharge summary documented on the Mental Health Discharge of Services Summary, CR-3765, six months after services were discontinued.

B. Declaration for Mental Health Treatment

1. During any mental health evaluations or assessments, the LIMHP may inform the inmate of his/her option to write and file a Declaration for Mental Health Treatment and shall document that the Declaration for Mental Health Treatment was explained on a Problem Oriented Progress Record, CR-1884.
2. An inmate may execute a Declaration for Mental Health Treatment at any time. When information is received that an inmate has executed a declaration, the Behavioral Health Administrator/designee shall cause a copy of the declaration to be filed in section 10 the most current volume of the Health Record and placed in a protective sleeve. The fact of the declaration shall be documented on the Major Problems List, CR-1894.
3. A declaration is effective upon execution and can express the individual's choices in all matters of mental health treatment. The declaration remains effective for a period of two years from the date of execution and may be given effect for a further period of thirty days beyond expiration, if the declarant is incapacitated at the time the declaration expires.
4. A mental health service provider may decline to honor the individual's declaration, but if so, must seek to withdraw from the inmate's care and facilitate referral to another mental health service provider. A mental health service provider cannot render care that is contrary to the individual's declaration, except in the event of involuntary treatment pursuant to approval of the TRC or except in the event of an emergency wherein the inmate's life is in danger.

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5. An inmate's fiduciary has no legal authority to revoke or countermand the provisions of an inmate's valid declaration.

C. Evidence of Fiduciary Authority

1. Mental health service providers may rely upon documentation of a legal representative's authority when such documentation is furnished by or through TDOC legal counsel or has been otherwise verified by counsel. TDOC legal counsel must verify any document that purports to give an individual legal authority to make mental health care decisions for an inmate.
2. When information is received that a fiduciary has been named for an inmate, the behavioral health administrator/designee shall document that a fiduciary has been named. Such documentation shall include the name and telephone number of the fiduciary and a secondary contact number, if available, on the Major Problems List, CR-1894. Additionally, the name and telephone number of the fiduciary shall be documented in OMS conversation LCLA, Option 6 (Emergency Notification) and LHSM.
3. Except in emergency circumstances or where a valid declaration controls a treatment decision, an inmate's fiduciary shall be notified of the need for treatment intervention related to the inmate's mental health care. The mental health service provider must seek the fiduciary's approval prior to any therapeutic action taking place.
4. The behavioral health administrator shall notify the inmate's fiduciary prior to any clinically invasive procedure taking place.
5. Staff may encounter circumstances wherein an inmate's fiduciary is deceased, incapacitated, unavailable, unresponsive, or (in the opinion of the provider) has wrongfully refused treatment. In these cases, the behavioral health services administrator/designee shall advise the Warden and request that TDOC Legal Counsel is consulted regarding making decisions for the inmate's treatment needs.

D. Emergency Psychotropic Medications:

1. If an inmate has a fiduciary, the fiduciary shall be notified within 24 hours following any invasive clinical care resulting from a psychiatric emergency, and this communication with the fiduciary shall be documented on the Problem Oriented Progress Record, CR-1884, and placed in section 10 (X) of the health record.
2. Psychotropic medication shall only be administered without the inmate/fiduciary's informed consent or the inmate/fiduciary's refusal under the following conditions:
  - a. The event of a psychiatric emergency as ordered by the psychiatrist.

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- b. When other less restrictive measures have been demonstrated to be ineffective or are highly unlikely to prevent a threatened harm. Involuntary medication shall be administered by injection only.
3. The Mental Health Emergency Medication Form, CR-3330, shall be utilized when psychiatric emergencies exist and shall be placed in Section 10 (X) of the health record.
4. In psychiatric emergencies, the psychiatrist may order involuntary medication for a period of 72 hours. Each administration of psychotropic medication shall require a separate order.
5. After administration of involuntary medication to any inmate, a health assessment to monitor for adverse reactions and side effects shall be conducted.
6. The institutional Mental Health Treatment Team shall meet at the next available opportunity to discuss the inmate receiving involuntary medication, review the treatment plan and goals, and make plans for less restrictive treatment alternatives as soon as possible.
7. When an emergency involuntary medication situation arises and the psychiatrist determines that it is in the inmate's best interest to remain at the facility where he or she is housed to receive treatment, a case review shall be conducted by the inmate right's advocate and the Mental Health Treatment Team for that facility. The review shall be made no later than 72 hours after issue of the initial emergency involuntary order. The psychiatrist may extend the initial administration of involuntary medication to no more than 72 additional hours. Each administration of involuntary medication shall require a separate order.
8. The decision to renew emergency medication beyond the then existing 72-hour involuntary emergency medication extension period shall be made only after review and authorization by the TRC.

E. Capacity Issues and Conservatorship:

1. For inmates who lack capacity, the decision to renew the medication beyond the initial involuntary emergency medication period shall be made by the TRC at the request of the psychiatrist and shall not exceed 90 days. The request to renew the medication shall be based on the psychiatrist's clinical observation of the inmate. Recommendation of the need for a conservator shall be based on the clinical judgment of the treating psychiatrist regarding the inmate's response to treatment and the prognosis for recovery. While an action to appoint a conservator is pending, the psychiatrist may continue to order treatment on an involuntary basis, subject to periodic review and authorization of the TRC.
2. During the course of the involuntary treatment that has been authorized on the basis of the inmate's incapacity, the psychiatrist shall periodically document whether the inmate continues to lack capacity. If at any time, the psychiatrist determines that the inmate has regained capacity, the physician may rely on the inmate's informed

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consent for or refusal of treatment regimen that began involuntarily. If the inmate continues to lack capacity, the psychiatrist may seek TRC approval to extend involuntary treatment beyond 90 days. The psychiatrist shall document a rationale for continuing treatment on an involuntary basis, in lieu of recommending the appointment of a conservator.

3. The TRC will review cases at DSNF and TPFW, or when available and appropriate, at the inmate's home facility by way of tele-health. If and when the need for a TRC case review is warranted, the behavioral health administrator/designee will contact the DSNF Behavioral Health Administrator/designee to coordinate the scheduling of the TRC assessment for the same day if feasible.
4. TRC assessment using tele-health technology will be considered when moving the inmate to DSNF or TPFW is considered unnecessary or inappropriate based on security, safety and mental health status of the inmate. However, if an inmate has decompensated significantly, and treatment at a higher acuity level facility is deemed necessary, transfer may be required. The use of tele-health technology to facilitate the TRC process should be appropriate in many instances. The decision to use tele-health for the TRC must be approved by the Director of Behavioral Health Services in consultation with DSNF clinical staff and the TRC.
5. The TRC's clinical findings and treatment recommendations shall be documented on Mental Health Treatment Review Committee, CR-3329.

F. Non-Emergency Involuntary Treatment Procedures:

1. Inmates who are considered to be in need of non-emergency intervention may be treated on an involuntary basis pursuant to determination by a TRC that involuntary treatment is indicated for the inmate.
2. Upon referral of the psychiatrist, the TRC shall make a determination, based on application of contemporary standards of practice, whether involuntary treatment is indicated for the inmate. Based upon its determination, the TRC may authorize involuntary treatment of an inmate for up to 90 days. Continuation of involuntary treatment beyond such term shall require the further review and authorization of the TRC.
3. Referral to a TRC is generally the last resort for the authority to provide treatment. It is appropriate only in the absence of other appropriate authority and only in urgent or emergent circumstances where the risk of harm is immediate or substantial.
4. The TRC is not a source of long-term authority to provide recommended treatment, nor is the TRC process a substitute for informed consent. The inmate's continued need for involuntary treatment may indicate a need to seek the appointment of a fiduciary who is empowered to make an informed decision for the inmate.

VII. ACA STANDARDS: 4-4378, 4-4401, and 4-4397.

VIII. EXPIRATION DATE: August 1, 2022.





**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH SERVICES  
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

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

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

I hereby authorize \_\_\_\_\_ to perform the following assessment or treatment:

\_\_\_\_\_

\_\_\_\_\_  
Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of the inmate or person authorized to consent for inmate

\_\_\_\_\_  
Signature of Practitioner and Professional Title

\_\_\_\_\_  
Signature of Practitioner and Professional Title

Witness: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
REFUSAL OF MEDICAL SERVICES**

**INSTITUTION:** \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

This is to certify that I \_\_\_\_\_ (Inmate's Name), \_\_\_\_\_ (TDOC Number)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

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---

---

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: \_\_\_\_\_  
(Inmate) (TDOC number) (Date)

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

The above information has been read and explained to,

\_\_\_\_\_ but has refused to sign  
(Inmate's Name) (TDOC number)  
the form.

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

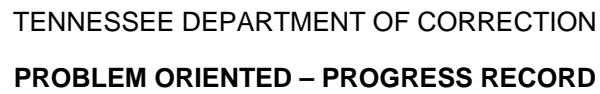
Witness: \_\_\_\_\_  
(Signature) (Title) (Date)



Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH DISCHARGE OF SERVICES SUMMARY**

\_\_\_\_\_  
INSTITUTION

**INMATE NAME:** \_\_\_\_\_

**TDOC NUMBER:** \_\_\_\_\_

**S** = SUBJECTIVE

**O** = OBJECTIVE

**A** = ASSESSMENT

**P** = PLAN

**DISCHARGE SUMMARY** (FOR PSYCHIATRY AND PSYCHOLOGY SERVICES)

Date	Time	
		<b>DOB: __/__/__ AGE: __ DATE SERVICES BEGAN: __/__/__ DISCHARGE DATE: __/__/__</b>
		<b>HISTORY OF CURRENT EPISODE:</b>
		<b>EVALUATIONS PERFORMED:</b>
		<b>CLINICAL COURSE:</b>
		<b>CONDITION UPON DISCHARGE:</b>
		<b>DISCHARGE DIAGNOSIS: DSM-V</b>
		<b><u>DISCHARGE AND AFTERCARE PLAN:</u></b>

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PROVIDER SIGNATURE



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
MAJOR PROBLEM LIST**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_  
                    Last                      First                      Middle

Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F Race: \_\_\_\_\_

Allergies: \_\_\_\_\_

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED (Please check "✓" if resolved)	RESOLVE DATE

Conservator Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

- \* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
- \* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.



TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH EMERGENCY MEDICATION

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DOB \_\_\_\_\_ SEX: \_\_\_\_\_

I, the undersigned physician, prescribe and authorize the administration of the following psychotropic medication to the above named inmate: \_\_\_\_\_  
(Medication)

I conclude that an emergency exists because of the following circumstances:

\_\_\_\_\_ an immediate threat of serious physical harm to the inmate or to others as a result of the violent behavior of the inmate: Specific Behaviors:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ an immediate threat to the inmate of deteriorating physical well-being with risk to life or long-term health caused by the effects of mental illness: Specific Behaviors:  
\_\_\_\_\_  
\_\_\_\_\_

I have personally observed these behaviors with a persistence of immediate threats.

The following less restrictive measures were considered/attempted but rejected as ineffective:

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

The certification of emergency and prescription and authorization for administration of psychotropic medication based on emergency shall be effective only for (72) seventy-two hours beginning at the time and date indicated below:

\_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
Time of First Administration \_\_\_\_\_ Date \_\_\_\_\_ Signature of Physician Certifying Emergency \_\_\_\_\_

**NOTE:** By the end of the next regular working day, the physician shall make sure that a copy of this form has reached the: (a) inmate's health record; (b) treatment team coordinator; (c) Inmate Rights Advisor, and; (d) the warden.

**EMERGENCY RENEWAL**

I, the undersigned physician, have determined that the above-certified emergency continues to exist beyond the original (72) seventy-two hour period indicated above, and I extend the prescription and authorization noted for an additional (72) seventy-two hours, creating an emergency medication period totaling one-hundred forty-four (144) hours.

As a result of my personal evaluation of the inmate, within (6) six hours of renewal, I have concluded that an emergency situation continues to exist because:

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

\_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
Time \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_ Signature of Physician \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION  
MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY**

INMATE NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

**I. REPORT OF INITIAL PSYCHIATRIST'S MEETING WITH INMATE'S:**

Initial Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**II. REPORT OF SECOND PSYCHIATRIST'S MEETING WITH INMATE:**

Second Psychiatrist's Recommendation(s):

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist Signature

\_\_\_\_\_  
Date

**III. REPORT OF TREATMENT TEAM MEETING:**

Treatment Team Recommendations(s):

Signature(s) of Treatment Team Member(s):	Date	Comments:
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____
_____ Title	_____	_____


MENTAL HEALTH TREATMENT REVIEW COMMITTEE  
DEBERRY SPECIAL NEEDS FACILITY

IV. REPORT OF TREATMENT REVIEW COMMITTEE:

Signature of Treatment Review Committee:	Date	Comments:
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>
<div><div></div><div>Title</div></div>	<div></div>	<div></div>

INMATE RIGHTS ADVOCATE COMMENT(S):

<div><div></div><div>Inmate Rights Advocate Signature</div></div>	<div><div></div><div>Date</div></div>
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 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 301.04	Page 1 of 14
	Effective Date: June 1, 2019	
	Distribution: A	
	Supersedes: 301.04 (9/15/16) PCN 18-13 (2/15/18)	
Approved by: Tony Parker		
Subject: JOB REQUIREMENTS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that all employees, contract employees and volunteers meet and maintain the qualifications established for their class title.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees, contract staff, volunteers, Tennessee Rehabilitative Initiative in Correction (TRICOR) employees, and employees of all privately managed institutions.
- IV. DEFINITIONS:
  - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the CMC assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the correctional administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - C. National Crime Information Center (NCIC): A computerized index of criminal justice information containing record history information (i.e., fugitives, stolen properties, and missing persons). It is available to Federal, state, and local law enforcement and other criminal justice agencies and is operational 24 hours a day, 365 days a year.
  - D. Offender Management System (OMS): The management information system designed to track offender populations and characteristics throughout the TDOC.
  - E. Prison Rape Elimination Act (PREA): Federal legislation enacted and signed by President George W. Bush in 2003 to prevent, detect, and respond to rapes, sexual assaults, and sexual harassment within correctional institutions in the United States.
  - F. Safety-Sensitive Position: A position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations or work with controlled substances, or a position in which momentary lapse in attention could result in injury or death to self or another person.



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G. Tennessee Department of Correction (TDOC) Site Manager: For the purpose of this policy, Warden for prisons, Superintendent for the Tennessee Correction Academy (TCA), Superintendent/Warden for transition centers, District Director for probation/parole offices, Correctional Administrator for day reporting centers, Division Director for the Office of Investigation and Compliance (OIC), Major Maintenance, Institutional Integrated Technology Services, and Central Office or designee(s).

H. TDOC Work Location: Any worksite in the Department of Correction generally recognized as an identifiable unit, including, but not limited to, correctional institutions, the TCA, transition centers, probation/parole offices, day reporting centers, Major Maintenance, the Office of Investigations and Compliance, and Central Office.

V. POLICY: All TDOC employees, contract employees and volunteers shall be required to obtain and maintain the minimum qualifications set forth by the Department of Human Resources in the job specifications or by law for their respective work classification.

VI. PROCEDURES:

A. TDOC site managers/designees shall ensure employees can access the current job classification specification with minimum qualifications and necessary special qualifications for each classification assigned to the TDOC. In TDOC work locations where employees are not assigned individual computers, a centrally located computer(s) shall be designated for this purpose. (See Policy #302.01)

B. Human Resources staff and hiring managers shall process applicants using the following procedures:

1. Human Resources Managers and hiring managers shall verify that applicants meet the minimum qualifications for education, training, and experience as stated in the job classification specification prior to selecting candidates for interview. For those applicants who are selected for employment, proof of education, license/certifications, and any documentation of verification of previous employment received shall be maintained in their human resources file.

- a. If the Human Resources Manager or hiring manager has a question or is in disagreement concerning an applicant's or employee's qualification, the final decision lies with the Director of Human Resources/designee.

- b. If it is determined that an employee has been hired or promoted that does not meet the minimum qualifications of the position the Director of Human Resources/designee shall be immediately notified. DCCO Human Resources staff will decide the action to be taken.

2. Those classifications which require added qualifications (license, certification, driver's license, permits, citizenship, etc.) shall be verified by the TDOC work location's Human Resources Staff prior to appointment/promotion to the position. Copies of the appropriate documentation shall be maintained in the employee's human resources file.

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3. After a conditional offer of employment is made to Correctional Officers (CO), Probation/Parole Officers (PPO), and staff commissioned to carry state owned firearms, physical examinations shall be completed prior to employment and psychological evaluations must be completed prior to or shortly after employment. The applicant/employee must meet the standards as defined in Policies #110.06, #305.06, and #305.06.1. These applicants/employees shall be required to pass the physical examination and the psychological examination as a conditional offer of employment or as a condition of continued employment. Human Resources staff/designee shall review the documentation submitted to ensure the applicant/employee has been certified as qualified by the medical and mental health providers.
4. After a conditional offer of employment, applicants applying for safety sensitive positions will be required to submit to a pre-employment drug screen. Human Resources staff shall verify that the screen was completed and has a negative result (See Policy #302.12). For those applicants selected for employment, documentation of the drug screen shall be maintained in the confidential human resources file.
5. Reference checks may be conducted, as a method of candidate screening or assessment, by the Human Resources staff or other member of the interview team before an offer of employment is extended. The TDOC site manager will determine the members of the interview team.
6. Candidates for CO positions, PPO positions, or any position that will require the use of a firearm shall not be hired if he/she has been convicted of a domestic violence criminal offense, unless the candidate can provide documentation to TDOC that these conviction(s) have been expunged, or set aside by a court of competent jurisdiction, or that the candidate has been pardoned as to the offense. Applicants for these positions shall complete Affidavit, CR-3600.
7. When considering former state employees for positions, employment histories shall be examined for any earlier separations without recommendations for rehire. The circumstances of these separations and prior work history should be thoroughly investigated and considered in the hiring decision. If a hiring manager intends to offer a position to a former employee with such an earlier adverse recommendation, he/she must contact the Commissioner/designee for approval before making any final job offer.
8. Applicants/Employees may not be a member or closely associated with a member of a security threat group as defined in Policy #506.25.
9. An applicant's/employee's education, credentials, training, and experience may be investigated to verify the statements contained in the application form or to verify statements regarding the applicant's character and fitness. If this investigation shows any falsification, including false information or documents submitted in support of any application or intentionally omitted information in any application which materially affects eligibility for employment consideration, the applicant may be removed from consideration for employment or, if employed, may be dismissed.

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- C. A National Crime Information Center (NCIC) criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees and fingerprints shall be taken and processed on all new or prospective staff assigned to a safety sensitive position. The NCIC criminal history record check shall be conducted prior to employment. Such inquiries will be made to determine whether there are past or pending criminal matters that would adversely impact the TDOC's mission.
1. All applicants who are subject of a national fingerprint-based criminal history record check for a purpose such as employment have certain rights which can be reviewed at: <https://www.fbi.gov/services/cjis/compact-council/guiding-principles-noncriminal-justice-applicants-privacy-rights>.
  2. Officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute.
  3. The agency shall not provide applicants with a copy of their FBI criminal history record. Applicants that wish to challenge the contents of their criminal history records check may get information regarding this process at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
  4. All applicants must be advised of these rights and sign Applicant's Privacy Rights, CR-4142.
- D. Criminal history inquiries through NCIC for prospective and current employees will be processed through the identification sections of the following TDOC work locations as indicated:
1. The following TDOC work locations will process all requests for applicants and employees at their location:
    - a. Northeast Correctional Complex (NECX)
    - b. Morgan County Correctional Complex (MCCX)
    - c. Bledsoe County Correctional Complex (BCCX)
    - d. Riverbend Maximum Security Institution (RMSI)
    - e. Lois M. Deberry Special Needs Facility (DSNF)
  2. West Tennessee State Penitentiary (WTSP) will process inquiries for:
    - a. West Tennessee State Penitentiary (WTSP)
    - b. Women's Therapeutic Residential Center (WTRC)
    - c. Mark Luttrell Transition Center (MLTC)
    - d. Northwest Correctional Complex (NWCX)

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- e. Hardeman County Correctional Facility (HCCF)
- f. Whiteville Correctional Facility (WCFA)
- 3. Tennessee Prison for Women (TPFW) will process inquiries for:
  - a. Tennessee Prison for Women (TPFW)
  - b. Tennessee Correction Academy (TCA)
  - c. Turney Center Industrial Complex (TCIX)
  - d. South Central Correctional Facility (SCCF)
  - e. Trousdale Turner Correctional Center (TTCC)
  - f. Board of Parole-Central Office (BOP)
- 5. Division of Human Resources will process inquiries for:
  - a. Central Office
  - b. Community Supervision and Rehabilitation Services
  - c. Major Maintenance
  - d. Office of Investigation and Compliance
  - e. TDOC Contract Monitors of Compliance and Operations for privately managed facilities

E. Contract Vendors

- 1. Staff of privately managed facilities (excluding TDOC staff working at these facilities) and staff of any non-construction contract vendors working at any TDOC facility will be fingerprinted by the vendor contracted by the TBI for such services.
- 2. Results of the criminal history record check applicable to contract vendor applicants/employees assigned to a TDOC facility shall be forwarded to the institution where the employee is working and maintained in the Human Resources Office. For contract staff assigned to a TDOC facility, the TBI letter Tennessee Applicant Processing Services (TAPS)-Contract Personnel Background Check may be maintained in lieu of a fingerprint card. Prior to the effective date of this policy, (June 1, 2019), either the payment confirmation for finger printing services or the TBI letter is acceptable in lieu of a fingerprint card.
- 3. Results applicable to applicants/employees of privately managed facilities shall be sent to WTSP for (WCFA) and HCCF employees and to TPFW for SCCF and TTCC employees. Assigned staff at WTSP and TPFW will forward the results to the CMO at the appropriate privately managed facility.

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4. Construction contractors (contractors hired by the State or subcontractors that work on any TDOC property as part of an approved construction project) will complete a Construction Contractor Pre-Access Questionnaire, CR-3834, and submit it to the TDOC site manager. The TDOC site manager shall ensure that a photocopy of the contractor's driver's license or other valid current photo identification is attached to the questionnaire. Fingerprints will also be collected at facilities and filed with the questionnaire. Assigned TDOC staff will review relevant data on the OMS as well as the submitted questionnaire in determining if the construction contractor or their employee(s) is allowed access to the site. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the process.
5. In no instance shall NCIC/FBI criminal history documentation or results be given to any contract entity.

F. Annual Background Checks

1. Current employees will be required to submit to an annual background check. The check is to be completed by the end of the month during which the employee's birth date occurs. The Human Resources Offices of each TDOC work location will be responsible for compiling a monthly list of employees who have birthdays within each month. Once the list is developed, the information is to be forwarded to the appropriate NCIC operator as indicated in VI.(D) above by the 25<sup>th</sup> of the month preceding the birth month in which the checks are to be completed. Additionally, Self-Declaration of PREA Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check.
2. TRICOR will be responsible for providing TPDFW with a monthly list of current employees who require annual background checks in conjunction with the employee's birth month. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check.
3. All current contract employees who have been employed for at least one year will have their annual background checks completed each July. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check.
  - a. The administrator/designee for the contract vendor(s) providing services for the TDOC shall notify the local Human Resources staff immediately upon appointment or separation of an employee that will be/is assigned to the TDOC work location.
  - b. The contract vendor(s) shall ensure that the local Human Resources office has an up-to-date list of all contract employees providing services at the TDOC work location each June and upon request.

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4. The results of the criminal history checks will be provided to the appropriate TDOC site manager and/or Human Resources Manager. The results of criminal history checks of TRICOR employees will be provided to the Chief Executive Officer of TRICOR and applicable TDOC Human Resources Manager. The results of the criminal history checks of employees of privately managed prisons will be forwarded to the appropriate CMO, who shall inform the Warden at the assigned contract facility, by completing a TDOC Vendor/Contractor Employee/Volunteer Criminal History Result, CR-3704. If the CMO is unavailable to complete the CR-3704, the CMC shall perform this function. The CMO shall maintain a copy of the CR-3704 that was provided to the Warden at the contract facility.
5. At no time shall the actual criminal history check results be shared with anyone outside the TDOC. Results of all criminal history checks of TDOC employees will be filed in accordance with Policy #306.01.
6. All results of criminal history checks must be thoroughly reviewed for any disqualifying convictions. The Appointing Authority/designee will have the final determination on approval of criminal history checks for hiring and retention decisions.

G. PREA Requirements

1. All applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with offenders shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standard #115.17 which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor, who may have contact with inmates, who:
  - a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
  - b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;
  - c. Has been civilly or administratively adjudicated to have engaged in the activity described in (b) above.
  - d. The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.
  - e. Material omissions regarding such misconduct, or false and fraudulent information provided regarding criminal history may disqualify the applicant/employee from further consideration for employment and, if employed, shall result in termination of employment.

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2. Assigned employees who have substantiated PREA complaints against them for sexual harassment or abuse must acknowledge such each year on their CR-3819 and whenever they apply for advancement.
  3. Consistent with Federal, State, and local law, the TDOC will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This information shall be documented on PREA Questionnaire for Prior Institutional Employers, CR-3962. Additionally, unless prohibited by law, the TDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.
- H. TDOC employees shall acquire and maintain, at their own expense, any special qualifications required for a position for which the employee applies or holds. Employees required to hold licenses, permits, driver's licenses, and/or certifications shall not allow them to expire. Failure to maintain the qualifications required for the position shall subject the employee to separation from state service, or other personnel actions as necessary and appropriate.
1. Human Resources staff or designee shall verify licenses, permits, driver's licenses, and certifications annually during the employee's birth month.
  2. Human Resources staff shall notify the appropriate TDOC site manager immediately when an employee has failed to maintain the qualifications required for the position to which they are assigned.
  3. The TDOC site manager shall take appropriate action to resolve any issue when he/she has knowledge of an expired/revoked license, permit, driver's license or certification, etc.
    - a. The employee may be given a reasonable deadline to obtain the required qualification.
    - b. The employee may be assigned to another position for which they meet the minimum qualifications.
    - c. If the employee is unable to obtain the required qualification(s) and there is not another position available that the employee can fulfill satisfactorily, the employee shall be separated for failure to maintain the minimum qualifications of their position.
- I. Prospective new employees shall complete a New Hire Information, CR-4122, once they have accepted a final offer of employment. Current employees shall complete an Employee Information Update, CR-3653, as personal information changes. These forms shall be submitted to the local Human Resources Division for placement in each employee's human resources file. Current employees shall update this information annually, even if existing information remains current. A new copy of the employee's driver's license will be made each year. All employees are required to maintain updated contact information in the EDISON database to include a complete and correct physical home address, mailing address (if different) and a valid contact phone number.

Effective Date: June 1, 2019	Index # 301.04	Page 9 of 14
Subject: JOB REQUIREMENTS		

- J. As a requirement of continued employment, all employees shall be required to acknowledge receipt and understanding of the following TDOHR policies/documents annually prior to June 30th. Acknowledgement of TDOHR policies shall be completed in Edison by following the indicated path below and then selecting “Create a Policy Acknowledgement eForm”:

NavBar >Navigator > HCM > Self Service > Policy Acknowledgements

1. State of Tennessee – Code of Conduct
2. Workers’ Compensation Acknowledgement
3. FA-0984 Acceptable Use: Network Access Rights and Obligations
4. 12-008 Workplace Discrimination and Harassment
5. 12-012 Political Activity
6. 12-056 Operation of Motor Vehicles by State Employees
7. 12-058 Personal Use of Social Media
8. 12-060 Violence in the Workplace
9. 17-001 Abusive Conduct in the Workplace

- K. As a condition of employment all employees shall be required to acknowledge receipt and understanding of TDOC policies and documents utilizing TDOC Policy Acknowledgement, CR-4123. Acknowledgement of TDOC policies will occur in orientation, core training, and/or as defined by local Human Resources staff.

VII. ACA STANDARDS: 4-4055, 4-4057 and 4-4061, 2-CO-IC-18, and I-CTA-IC-06.

VIII. EXPIRATION DATE: June 1, 2022.





**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION**

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

Purpose: Compliance with the Omnibus Consolidated Appropriations Act of 1997.

General: The Omnibus Consolidated Appropriations Act of 1997 amended the Gun Control Act of 1968 (GCA) to make it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition. As defined in the GCA, a "misdemeanor crime of domestic violence" means an offense that:

1. is a misdemeanor under Federal or State law; and
2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person with who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

The above definition includes all misdemeanors that involve the use or attempted use of physical force (e.g., simple assault, assault and battery) if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor (e.g., a person convicted of misdemeanor assault against his or her spouse or child is prohibited from receiving or possessing firearms or ammunition). This prohibition applies to persons convicted of such misdemeanors at any time, even if the occurrence/conviction is prior to the new law's effective date (September 30, 1996).

A person convicted of domestic violence as defined above would not be prohibited from receiving/possessing firearms if the conviction has been (1) expunged (2) set aside (3) pardoned (4) or the person has had his or her civil rights restored (if the law of applicable jurisdiction provides for the loss of civil rights under such an offense) and the person is not otherwise prohibited from possessing firearms or ammunition. Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed.

Employees of government agencies, convicted of misdemeanors as stated above, are not exempt from the prohibition against possessing firearms. Employees falling into this category may not lawfully possess or receive firearms or ammunition for any purpose, including performing their official duties.

I, (Name) \_\_\_\_\_, (SSN) \_\_\_\_\_, (have / have not) ever been convicted of a misdemeanor domestic violence offense (as defined above). \_\_\_\_\_ (circle one)

If previously convicted, the place of conviction (court and location) was \_\_\_\_\_ and date of conviction was \_\_\_\_\_. Has the conviction been set aside, pardoned, or have your civil rights been restored? ☐ Yes ☐ No  
(NOTE: Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed).

Explain (give date and court granting relief):

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

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**NOTE:** TCA§ 39-16-702 defines the offense of perjury as one who with intent to deceive, makes a false statement, under oath. Perjury is punishable with up to 11 months and 29 days in jail and a \$2,500 fine.



## TENNESSEE DEPARTMENT OF CORRECTION

### APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

**You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.**

**You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.**

**If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**

**The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**

**If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.**

**You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.**

**If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.**

**If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**

---

Signature

---

Date



# TENNESSEE DEPARTMENT OF CORRECTION

INSTITUTION \_\_\_\_\_

## CONSTRUCTION CONTRACTOR PRE-ACCESS QUESTIONNAIRE

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH

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

Have you ever been charged with a misdemeanor or felony? ☐ Yes ☐ No  
If yes, please list below:

<u>CHARGE</u>	<u>STATE</u>	<u>YEAR</u>	<u>CONVICTED YES/NO</u>	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you affiliated with any Security Threat Group(s)/Gang(s)? ☐ Yes ☐ No  
If yes, please list:

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

Do you know any individual previously/presently incarcerated within the TDOC? ☐ Yes ☐ No  
If so, list name(s):

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

Have you ever visited an inmate at any TDOC facility or other correctional facility in Tennessee?  
☐ Yes ☐ No If yes, please list:

<u>NAME</u>	<u>FACILITY</u>
_____	_____
_____	_____

Have you ever worked for the TDOC or any other law enforcement or correctional agency?  
☐ Yes ☐ No If yes, please list:

\_\_\_\_\_  
CONTRACTOR EMPLOYEE SIGNATURE DATE



**TENNESSEE DEPARTMENT OF CORRECTION  
VENDOR/CONTRACT EMPLOYEE  
CRIMINAL HISTORY RESULTS**

SUBJECT: \_\_\_\_\_  
*Employee Name (Printed)*

The individual, referenced above, is an employee of a private vendor / contractor, who has entered into a contract with Tennessee Department of Correction (TDOC).

Pursuant to the FBI's CJIS Security Policy, Section 4.5 and the FBI's CJIS Security Addendum, Section 6.01 and 6.02, a search of the Tennessee Criminal History Database has been performed and an applicant fingerprint card was submitted to the FBI for a criminal history record check. In accordance with federal laws and regulations, a private vendor / contractor is prohibited from receiving any actual data that may be maintained by the FBI. However, based on the results of the federal and state criminal history checks, the following has been determined.

- ☐ There is nothing in the vendor / contractor employee's criminal history record that would preclude the employee from working on the contract with the TDOC.
- ☐ Based upon the vendor / contract employee's criminal history record, the employee is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is nothing in the vendor / contractor employee's criminal history record that would preclude the employee from working on the contract with the TDOC in a position that does not involve firearms or ammunition.
- ☐ Based upon the vendor / contract employee's criminal history record, the employee / prospective employee will not be permitted to work on the contract with TDOC.
- ☐ Other:

\_\_\_\_\_

If the individual wishes to challenge the results of the criminal history record search and wishes to review his/her record, he/she should write to the following agencies:

FBI CJIS Division  
Special Correspondence Unit  
100 Custer Hollow Rd.  
Clarksburg, WV 26306

Identification Services Section  
Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216-2639



TENNESSEE DEPARTMENT OF CORRECTION

**PREA Questionnaire for Prior Institutional Employers**

Pursuant to the **Prison Rape Elimination Act 28 C.F.R. Part 115 (PREA)** before hiring any employee who may have contact with any individual or detained, the Tennessee Department of Correction must contact all prior institutional employers and request certain PREA related employment information. It should be noted that PREA further requires a past or present institutional employer to provide PREA related information upon request by another institutional employer.

We have been informed that \_\_\_\_\_ (hereafter referred to as Candidate) has been employed by you and you may have PREA related information. Accordingly, we request that you please respond to the following questions and provide relevant information regarding any PREA involved allegations.

**SECTION I. CANDIDATE INFORMATION (TO BE COMPLETED BY CANDIDATE)**

FULL NAME:		DATE OF BIRTH (MM/DD/YEAR):	ALIASES/MAIDEN NAME:
PREVIOUS EMPLOYER:		ADDRESS:	
WORK PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

**SECTION II. CANDIDATE HISTORY (TO BE COMPLETED BY AGENCY)**

PLEASE IDENTIFY THE POSITION HELD:

*Please identify any and all substantiated allegations of SEXUAL ABUSE against the candidate while in your employment. For each substantiated allegation identified, please provide the date of the incident, the nature of the allegation against the candidate, and the findings of any investigation conducted and disciplinary action taken.*

DATE OF INCIDENT:	NATURE OF ALLEGATION:	INVESTIGATION FINDINGS:	DISCIPLINARY ACTION TAKEN:
PLEASE STATE WHETHER CANDIDATE RESIGNED DURING ANY PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL ABUSE.			<input type="checkbox"/> YES <input type="checkbox"/> NO

*Please identify any and all substantiated allegations of SEXUAL HARASSMENT against the candidate while in your employment. For each substantiated allegation identified, please provide the date of the incident, the nature of the allegation against the candidate, and the findings of any investigation conducted and disciplinary action taken.*

DATE OF INCIDENT:	NATURE OF ALLEGATION:	INVESTIGATION FINDINGS:	DISCIPLINARY ACTION TAKEN:
PLEASE STATE WHETHER CANDIDATE RESIGNED DURING ANY PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL HARASSMENT.			<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION II COMPLETED BY (PRINT NAME):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYERS – Please return form to:**



# TENNESSEE DEPARTMENT OF CORRECTION

## EMPLOYEE INFORMATION UPDATE

*This document must be completed when required by the Department or whenever information pertaining to your home address, telephone number, emergency contact, or driver's license information has changed. Please forward to Human Resources upon completion. **Please legibly print all information. Please complete and sign form whether or not there is a change.***

### Personal Information

Employee's Full Name: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ ☐ check "✓" if changed  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ ☐ check "✓" if unpublished  
Cell/Pager Number: \_\_\_\_\_  
Health Care Directive: ☐ Yes ☐ No

### Emergency Information

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ ☐ check "✓" if unpublished  
Cell/Work Number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_  
Does this contact need medical staff accompaniment? ☐ Yes ☐ No  
Please contact clergy: ☐ Yes ☐ No If so, please list name / telephone number. \_\_\_\_\_

Have you been convicted of a felony, forfeited bond, or have you been placed on probation for any felony since your date of hire?  
If yes, provide details on a separate sheet of paper. Yes ☐ No ☐

Please provide any professional license or certification required as a part of the minimum qualifications of your position. \_\_\_\_\_

### Section to Be Completed by Operators of Government Issued Vehicles Only

**\*\*Please provide a valid driver license to be copied and attached to this form by Human Resources.**

Has your license been restricted, suspended, revoked, canceled, or otherwise invalidated since your date of hire. If yes, please provide details on separate sheet of paper. Yes ☐ No ☐

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your signature confirms that all of the information you have provided is accurate.)

### COMPLETED BY HR DEPARTMENT ONLY

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
If no license is presented, please explain: \_\_\_\_\_  
HR Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TENNESSEE DEPARTMENT OF CORRECTION

## NEW HIRE INFORMATION

SSN: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ BI #: \_\_\_\_\_

Prefix: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ MI \_\_\_\_\_

I prefer to be called (Nickname): \_\_\_\_\_  
First Name M Last

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Legal Residence: \_\_\_\_\_ Work County: \_\_\_\_\_

Veteran: ☐ Yes ☐ NoHome Phone: \_\_\_\_\_  
(including area code)Cell Phone: \_\_\_\_\_  
(including area code)**Education** (Please mark the highest grade completed):☐ Less than HS Grad ☐ HS or Equivalent ☐ Some College ☐ Technical ☐ Associate 2-yr College ☐ Bachelors ☐ Masters ☐ Graduate ☐ Doctorate**Marital Status:** ☐ Single ☐ Divorced ☐ Married ☐ Widowed **Gender:** ☐ Male ☐ Female**Race:** ☐ White ☐ Black ☐ Asian ☐ Indian (American or Native) ☐ Hispanic ☐ Other (please specify) \_\_\_\_\_

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

Prior State Service ☐ Y ☐ N

What Department? \_\_\_\_\_

Approximate Dates? From \_\_\_\_\_ To \_\_\_\_\_

Health Care Directive: ☐ Yes ☐ No If yes please specify: \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

In case of life threatening emergency or death, do emergency contacts require medical staff accompaniment? ☐ Yes ☐ NoIn case of life threatening emergency or death, contact your clergy? ☐ Yes ☐ No

If yes, please list clergy name: \_\_\_\_\_ clergy phone number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## HR LIAISON USE ONLY

ePAF: \_\_\_\_\_

Department/Division _____	
Position #: _____	Position Title: _____
Requisition #: _____	Reports To: _____
New Position Status (check one): <input type="checkbox"/> Preferred Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Interim Other: _____	
Action: <input type="checkbox"/> Promotion <input type="checkbox"/> Lateral Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> New Hire <input type="checkbox"/> Other (specify): _____	
Proposed Salary/Monthly: _____ Effective Date of Hire/Change: _____	
Currently employed with the State of Tennessee (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Department: _____	
Current Position Status (check one): <input type="checkbox"/> Preferred Service <input type="checkbox"/> Executive Service <input type="checkbox"/> Other	



TENNESSEE DEPARTMENT OF CORRECTION  
**POLICY ACKNOWLEDGEMENT**

My signature below acknowledges that I have received a copy and read the following Department of Correction administrative policies and procedures. I understand it is my obligation to comply with the procedures and provisions contained within these policies:

**PRE-EMPLOYMENT (After Conditional Offer of Employment)**

- ☐ Domestic Violence – Affidavit CR-3600 (Positions that may be required to carry a firearm)
- ☐ 305.06 Employment Qualification Standards of Correctional Officers CR-2783 (Correctional Officers Only)
- ☐ 305.06.1 Employment Qualification Standards of Probation Parole Officers CR-3973 (PPOs Only)
- ☐ Inmate/STG Affiliation/Previous Employment/Prior Conviction Acknowledgement CR-3969
- ☐ PREA – Self-Declaration of Sexual Abuse/Sexual Harassment CR-3819
- ☐ CR4142 – Noncriminal Justice Applicant's Privacy Rights
- ☐ CR4143 – Agency Privacy Requirements for Noncriminal Justice Applicants
- ☐ CR4122 – New Hire Information (Upon acceptance of employment)

**ORIENTATION**

- ☐ 109.05 Acceptable Use of Network Resources (signature page)
- ☐ 109.07 Code of Conduct for TDOC and STS Employees CR-3112
- ☐ 110.05 In-Service Training Policy
- ☐ 112.10 Non-Smoking Policy (TDOC Central Office) (Central Office and Community Supervision Staff)
- ☐ 112.11 Smoke-Free Policy (TDOC Institutions) (Institutional Staff)
- ☐ 301.04 Job Requirements CR-4122 and CR-4123
- ☐ 302.02 Nepotism
- ☐ 302.03 Political Activities
- ☐ 302.04 Conflicts of Interest and the Acceptance of Gifts and Gratuities
- ☐ 302.05 Employee Sexual Misconduct, Workplace Discrimination, and Harassment
- ☐ 302.06 Suspension/Termination of Staff for Alleged Criminal Acts
- ☐ 302.08 Code of Conduct and Oath of Correction Department Employees CR-3601 and CR-2254
- ☐ 302.09 Affirmative Action Program/Equal Employment
- ☐ 302.12 Drug-Free Workplace CR-3679 and CR-3678 (Safety Sensitive Positions)
- ☐ 302.14 Additional Employment
- ☐ 303.01.1 Attendance and Leave CR4140
- ☐ 303.03 Tennessee Consolidated Retirement System
- ☐ 303.04 Workers Compensation/Return to Work Program CR-3875
- ☐ 303.08 Employee Insurance FA-00
- ☐ 303.10 Assault Injury Pay
- ☐ 303.11 On Call/Call Back/Call In
- ☐ 305.01 Employee Disciplinary Action
- ☐ 305.02 Americans with Disabilities Act Complaint Resolution Procedures – ADA Act of 1990
- ☐ 305.03 Employee/Offender Interaction
- ☐ 306.02 Employee Exit Procedures CR-4043 and CR-4042 (upon the issuance of state property)
- ☐ 506.06 Acknowledgement Employee Searches

---

Employee Name (printed)

---

Employee Signature

---

Employee Edison ID#

---

Date





TENNESSEE DEPARTMENT OF CORRECTION

**PREA**

**Self-Declaration of Sexual Abuse/Sexual Harassment**

- Check One:** ☐ **Applicant – New or Promotion**  
☐ **Employee Annual**  
☐ **Unescorted Contractor/Volunteer**

I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.


1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☐ Yes ☐ No
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ Yes ☐ No
3. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse, or sexual harassment? ☐ Yes ☐ No

Full Printed Name: \_\_\_\_\_  
(First) (Middle) (Last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by (TDOC Representative): \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Human Resources

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 301.04	Page 1 of 1
	Effective Date: August 26, 2019	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: JOB REQUIREMENTS		

POLICY CHANGE NOTICE 19-63

INSTRUCTIONS:

Please strikethrough CR-4123 on page 14 and insert the attached page 15. Renumber all policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION  
**POLICY ACKNOWLEDGEMENT**

My signature below acknowledges that I have received a copy and read the following Department of Correction administrative policies and procedures. I understand it is my obligation to comply with the procedures and provisions contained within these policies:

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- ☐ 305.06.1 Employment Qualification Standards of Probation Parole Officers CR-3973 (PPOs Only)
- ☐ Inmate/STG Affiliation/Previous Employment/Prior Conviction Acknowledgement CR-3969
- ☐ PREA – Self-Declaration of Sexual Abuse/Sexual Harassment CR-3819
- ☐ CR4142 – Applicant's Privacy Rights
- ☐ CR4122 – New Hire Information (Upon acceptance of employment)

**ORIENTATION**

- ☐ 109.05 Acceptable Use of Network Resources (signature page)
- ☐ 109.07 Code of Conduct for TDOC and STS Employees CR-3112
- ☐ 110.05 In-Service Training Policy
- ☐ 112.10 Non-Smoking Policy (TDOC Central Office) (Central Office and Community Supervision Staff)
- ☐ 112.11 Smoke-Free Policy (TDOC Institutions) (Institutional Staff)
- ☐ 301.04 Job Requirements CR-4122 and CR-4123
- ☐ 302.02 Nepotism
- ☐ 302.03 Political Activities
- ☐ 302.04 Conflicts of Interest and the Acceptance of Gifts and Gratuities
- ☐ 302.05 Employee Sexual Misconduct, Workplace Discrimination, and Harassment
- ☐ 302.06 Suspension/Termination of Staff for Alleged Criminal Acts
- ☐ 302.08 Code of Conduct and Oath of Correction Department Employees CR-3601 and CR-2254
- ☐ 302.09 Affirmative Action Program/Equal Employment
- ☐ 302.12 Drug-Free Workplace CR-3679 and CR-3678 (Safety Sensitive Positions)
- ☐ 302.14 Additional Employment
- ☐ 303.01.1 Attendance and Leave CR4140
- ☐ 303.03 Tennessee Consolidated Retirement System
- ☐ 303.04 Workers Compensation/Return to Work Program CR-3875
- ☐ 303.08 Employee Insurance FA-0980
- ☐ 303.10 Assault Injury Pay
- ☐ 303.11 On Call/Call Back/Call In
- ☐ 305.01 Employee Disciplinary Action
- ☐ 305.02 Americans with Disabilities Act Complaint Resolution Procedures – ADA Act of 1990
- ☐ 305.03 Employee/Offender Interaction
- ☐ 306.02 Employee Exit Procedures CR-4043 and CR-4042 (upon the issuance of state property)
- ☐ 506.06 Acknowledgement Employee Searches

---

Employee Name (printed)

---


Employee Signature

---

Employee Edison ID#

---

Date

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 301.04	Page 1 of 1
	Effective Date: October 1, 2019	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: JOB REQUIREMENTS		

POLICY CHANGE NOTICE    19-67

INSTRUCTIONS:

Please strikethrough CR-4122 on page 13 and insert the attached page 16. Renumber all policy pages accordingly.



## TENNESSEE DEPARTMENT OF CORRECTION

## NEW HIRE INFORMATION

SSN: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ BI #: \_\_\_\_\_

Prefix: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle \_\_\_\_\_

I prefer to be called: \_\_\_\_\_  
(Nickname)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Legal Residence: \_\_\_\_\_ Work County: \_\_\_\_\_

**Veteran Status:** ☐ Yes ☐ No (Select Below)

Active Reserve \_\_\_\_\_ Inactive Reserve \_\_\_\_\_

No Military Service \_\_\_\_\_ Veteran (VA Ineligible) \_\_\_\_\_

Pre-Vietnam-Era Veteran \_\_\_\_\_ Retired Military \_\_\_\_\_

Vietnam-Era Veteran \_\_\_\_\_ Veteran \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(including area code) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(including area code) \_\_\_\_\_

**Education** (Please mark the highest grade completed):☐ Less than HS Grad ☐ HS or Equivalent ☐ Some College ☐ Technical College ☐ Associate 2-yr College ☐ Bachelors ☐ Masters ☐ Graduate ☐ Doctorate**Marital Status:** ☐ Single ☐ Divorced ☐ Married ☐ Widowed**Gender:** ☐ Male ☐ Female☐ Indian**Race:** ☐ White ☐ Black ☐ Asian (American or Native) ☐ Hispanic (please specify) \_\_\_\_\_☐ Other

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

Prior State Service ☐ Y ☐ N

What Department? \_\_\_\_\_

Approximate Dates? From \_\_\_\_\_ To \_\_\_\_\_

Health Care Directive: ☐ Yes ☐ No If yes please specify: \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

In case of life threatening emergency or death, do emergency contacts require medical staff accompaniment? ☐ Yes ☐ NoIn case of life threatening emergency or death, contact your clergy? ☐ Yes ☐ No

If yes, please list clergy name: \_\_\_\_\_ clergy phone number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## HR LIAISON USE ONLY

ePAF: \_\_\_\_\_

Department/Division \_\_\_\_\_

Position #: \_\_\_\_\_ Position Title: \_\_\_\_\_

Requisition #: \_\_\_\_\_ Reports To: \_\_\_\_\_

New Position Status (check one): ☐ Preferred Service ☐ Executive Service ☐ Interim Other: \_\_\_\_\_Action: ☐ Promotion ☐ Lateral Transfer ☐ Demotion ☐ New Hire ☐ Other (specify): \_\_\_\_\_

Proposed Salary/Monthly: \_\_\_\_\_ Effective Date of Hire/Change: \_\_\_\_\_

Currently employed with the State of Tennessee (check one) ☐ Yes ☐ No

If yes, list Department: \_\_\_\_\_

Current Position Status (check one): ☐ Preferred Service ☐ Executive Service ☐ Other



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 302.12

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Effective Date: August 1, 2019

Distribution: A

Supersedes: 302.12 (12/1/15)  
PCN 18-32 (5/30/18)

Approved by: Tony Parker

Subject: DRUG-FREE WORKPLACE

- I. AUTHORITY: TCA 4-4-103, TCA 4-3-603, TCA 4-3-606, TCA 39-16-201, TCA 41-1-121, TCA 50-9-101, et seq, TCA 50-9-105, and Tennessee Administrative Compilation (TAC) 0800-2-12.
- II. PURPOSE: To enhance professionalism and safety by promoting a drug-free workplace within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To all TDOC employees.
- IV. DEFINITIONS:
  - A. Adulterated Sample: Any sample that appears to have evidence of dilution, contamination, or tampering, before, during, or after the test collection with laboratory confirmation of the specific adulterant.
  - B. Alcohol: Has the same meaning as in the federal regulations describing procedures for the testing of alcohol by programs operating pursuant to the authority of the United States Department of Transportation as currently compiled at 49 Code of Federal Regulations (CFR) Part 40, as the same may be revised from time to time.
  - C. Alcohol Testing: The analysis of breath, blood, or any other analysis which determines the presence and level or absence of alcohol as authorized by the U.S. Department of Transportation in its rules and guidelines concerning alcohol testing and drug testing.
  - D. Applicant: A person who has applied for a safety-sensitive position within the Tennessee Department of Correction and has been offered employment conditioned upon successfully passing a drug test, and may have begun work pending the results of the drug test.
  - E. Appointing Authority: A commissioner, warden or superintendent having power to make appointments to, and separations from, positions in state service.
  - F. Cancelled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is otherwise required to be cancelled. A cancelled test is neither a positive nor a negative test.
  - G. CAP-FUT Program: The College of American Pathologists-Forensic Drug Testing accreditation program.
  - H. Chain of Custody: The methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for specified materials or substances, and providing for accountability at each stage in handling, testing, and storing specimens and reporting test results.

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- I. Confirmation Test: A second analytical procedure to identify the presence of alcohol or a specific drug or its metabolites in a specimen.
- J. Conviction: A finding of guilt, including a plea of nolo contendere and/or imposition of sentence, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
- K. Drug: Any chemical or substance subject to testing pursuant to toxicology testing regulations adopted by the United States Department of Transportation.
- L. Drug-free Workplace: A site for the performance of work done in connection with an employee's job whereby employees are prohibited from engaging in unlawful manufacture, distribution, dispensing, possession, or use of alcohol or drugs.
- M. Drug Test or Drug Testing: A chemical, biological or physical instrumental analysis administered by a laboratory authorized to do so pursuant to TCA 50-9-101 et seq., for the purpose of determining the presence or absence of a drug or its metabolites pursuant to regulations governing drug testing adopted by the United States Department of Transportation or such other recognized authority approved by rule by the Commissioner of Labor and Workforce Development.
- N. Employee: For purposes of this policy, any person employed full-time or part-time by the TDOC including interns and volunteers.
- O. Employee Assistance Program (EAP): An established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services regarding employee drug or alcohol abuse/use; referrals of employees for appropriate diagnosis, treatment, and assistance; and follow-up services for employees who participate in the program and require monitoring after returning to work.
- P. Fitness-for-Duty: For purposes of this policy, Fitness-for-Duty refers to a test performed by a licensed professional medical provider skilled and qualified to do fitness evaluations for physical and/or psychological impairments, to ensure that individuals are able to perform their duties in a safety sensitive position.
- Q. Initial Drug or Alcohol Test: The first alcohol or drug-screening test to determine the presence or absence of alcohol or drugs or their metabolites in a specimen(s).
- R. Invalid Sample: Any sample that appears to have evidence of dilution, contamination, or tampering, before, during, or after the test collection, if the laboratory cannot confirm the specific adulterant.
- S. Medical Review Officer (MRO): A licensed physician employed by the State contracted Third Party Administrator (TPA) who has knowledge of substance use disorders, laboratory testing procedures, and chain of custody collection procedures who verifies positive and confirmed test results. This individual possesses medical training to interpret and evaluate positive test results in relation to the employee's/applicant's medical history or other relevant biomedical information.

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- T. Metabolite: A substance that takes part in the process of metabolism. Metabolites are produced during metabolism or are constituents of food or substances taken into the body. When screening for drugs, laboratory personnel look for what is left in the urine after the body has broken down a complex drug into smaller pieces, i.e., they will find metabolites of the drug, not the original drug.
- U. Prescription or Non-Prescription Medication: A drug prescribed for use by a duly licensed physician, dentist, or other medical practitioner who is licensed to issue prescriptions or a drug that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, and/or injuries.
- V. Reasonable Suspicion: A belief based on specific, objective, articulable facts and the reasonable inferences that may be drawn from those facts, or knowledge sufficient under the circumstances, to cause an ordinary prudent and cautious person to believe that an employee used or is using illegal drugs, is misusing prescription drugs or is under the influence of alcohol.
- W. Reconfirmation Test: A third analytical procedure, paid for by the employee, to identify the presence of alcohol or a specific drug or its metabolites in a specimen.
- X. Return to Duty Testing: For purposes of this policy only, the re-testing of an employee, prior to his/her returning to the workplace, after previously testing positive for the presence of drugs or alcohol.
- Y. Safety-Sensitive Position: A position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations or work with controlled substances, or a position in which momentary lapse in attention could result in injury or death to themselves or another person.
- Z. Substance Abuse and Mental Health Services Administration (SAMHSA): A Federal agency within the U.S. Department of Health and Human Services created to focus attention, programs, and funding on improving the lives of people with or who are at risk for mental and substance use disorders.
- AA. TDOC Site Manager: For purposes of this policy only, Wardens/Superintendents for prisons/transition centers, Superintendent for the Tennessee Correction Academy (TCA), District Directors for probation/parole offices, Correctional Administrators for Day Reporting Centers, and the Director of Human Resources for the Office of Investigation and Compliance (OIC), Major Maintenance, Institutional Integrated Technology Services, and Central Office; or designee(s).
- BB. Third Party Administrator for Drug and Alcohol Testing (TPA): The company contracted by the Tennessee Department of Correction to handle drug and alcohol testing, collection of specimens, chain-of-custody, laboratory processes, and MRO follow-up for TDOC employees and applicants.



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CC. Zero Tolerance: Appropriate employee disciplinary or corrective action, up to or including termination, upon the confirmation of the illegal use of impairing substance(s), or the use of alcohol while in the workplace, by the employee.

V. POLICY: The TDOC is committed to a drug-free environment and will implement an employee drug testing program to assist in that effort. The Department shall maintain a zero tolerance for the illegal use of impairing substances on or off the job and the use of alcohol on the job.

VI. PROCEDURES:

A. The Department's Drug-Free Workplace program will conform to the requirements of TCA 50-9-101 through 50-9-114 and the Rules of the Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation, Drug-Free Workplace Programs, TAC 0800-2-12.

B. Each employee shall be required to certify his/her acknowledgement of this policy and the action to be taken if a violation occurs by using the Acknowledgement of Receipt of TDOC Drug-Free Workplace Policy, CR-3679. The signed acknowledgement shall be maintained in the employee's human resources file. Copies of these acknowledgement forms may be obtained through the Human Resources Division.

C. Employees shall be made aware of the Employee Assistance Program (EAP) and encouraged to seek assistance with any drug or alcohol related problems. All EAP procedures are to follow Policy #305.05.

1. An employee, who believes he or she has a substance use issue, may contact his or her supervisor and/or the Human Resources department for a referral to the EAP (See Policy #305.05) and begin a treatment process without penalty. Human Resources will review the EAP documentation and suggest accommodations as necessary.
2. Once the employee enters the EAP he or she must sign a release of information with the EAP to release information to the TDOC concerning the employee's assessment and any recommended job restrictions, and progress made with the substance use issue in order to participate in the process without penalty. All employees who enter the EAP shall submit to follow-up testing as indicated in number 4 below.
3. Once an employee is informed of any form of impending drug test, he/she does not have the option of going to supervisors and/or Human Resources at that time seeking help through EAP to avoid discipline before the pending drug test is completed. EAP services are available to the employee for all other issues except to avoid drug testing after the employee has been notified of an impending drug test.
4. An employee who, in the course of employment, enters an Employee Assistance Program for a drug or alcohol related problem or enters a drug or alcohol rehabilitation program shall be required to submit to drug and/or alcohol testing, as appropriate, as a follow-up to such program. Such testing shall be scheduled by the appropriate TDOC Site Manager/designee and shall occur at least quarterly for a two year period after successful completion of the program. No advance notice of a follow-up testing date shall be given to the employee.

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D. As a condition of employment or continued employment an employee shall not:

1. Use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. Work or report to work visibly impaired or while possessing in his or her body, blood, or urine, illegal drugs in any detectable amount.
3. Report to work under the influence of or impaired by alcohol.
4. Use prescription drugs illegally, including using prescription drugs that have not been legally obtained or using prescription drugs in a manner or for a purpose other than as prescribed.
5. Tamper with a drug test being administered pursuant to this policy.
6. As a condition of continued employment, an employee who is arrested for or charged with any criminal drug offense shall notify his or her supervisor or the TDOC Site Manager, no later than one working day after such arrest or charge. If notification is made to the supervisor, the supervisor shall notify the TDOC Site Manager. (See Policy #302.06)
7. If an employee is convicted of violating any criminal drug statute or offense that involves the use of or possession of drugs or alcohol, he/she shall be subject to disciplinary action up to or including termination. If he/she is not terminated, the Department shall also require the employee to successfully complete a drug use treatment program sponsored by an approved private or governmental institution and submit to follow-up testing, as described in Section VI.(C)(4) of this policy.
8. Employees who are confirmed to have a positive drug screen result, who refuse a required drug screen, or who are found to have an adulterated sample are subject to disciplinary action up to and including termination. The TDOC Site Manager shall be notified of these confirmed results and disciplinary action should occur in a timely manner, preferably within one week, provided there are no extenuating circumstances. The employee shall not be allowed to return to duty until having a negative result on a return to duty test as described in Section VI.(H)(7) of this policy.

E. Types of Testing

1. Applicant Drug Testing: Applicants will be notified of any drug testing requirements on vacancy announcements. All applicants, (including interns, and volunteers) for safety-sensitive positions within the Department will be required to submit to a drug test after a conditional offer of employment. A confirmed positive result or a refusal to test shall be grounds for non-selection or termination. Unacceptable test results shall be valid for one year. Candidates shall not be eligible for reconsideration until the one year period has elapsed.

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2. Reasonable Suspicion Drug and Alcohol Testing: Employees shall be required to submit to drug and/or alcohol testing as a condition of continued employment in any case in which an individualized “reasonable suspicion” exists that the employee uses illegal drugs and/or is misusing prescription drugs, or is using alcohol on the job. A supervisor may recommend a reasonable suspicion drug or alcohol test be conducted; however, the test must be authorized by the appointing authority/designee prior to the test being administered. This may be based upon the following reasons:
  - a. Observable phenomena, such as direct observation of drug or alcohol use or possession or the physical symptoms of being impaired by a drug or alcohol;
  - b. A pattern of abnormal conduct or erratic behavior;
  - c. The identification of an employee as a suspect in a criminal investigation involving drug possession, use, distribution, or trafficking;
  - d. Information provided by reliable and credible sources, as determined by the appointing authority/designee, or independently corroborated by methods to include but not limited to audio or video recorded evidence.
  - e. Newly discovered information indicating that the employee may have tampered with a previous drug or alcohol test
  - f. Additional procedures:
    - (1) If any employee is suspected of impairment or of using drugs or alcohol, the appropriate appointing authority/designee, supervisor and/or OIC shall gather all information, facts, and circumstances leading to and supporting this suspicion and shall document all the information used in forming the basis for testing. The appropriate appointing authority/designee shall notify the employee through the Reasonable Suspicion of Substance Use Testing Notice, CR-3676, that he or she must submit to testing. The written report of the appropriate appointing authority/designee, supervisor and/or OIC shall become part of the file created and maintained by human resources managers/designees for each reasonable suspicion drug/alcohol test ordered. The TDOC Director of Human Resources/designee must be notified within one business day of all reasonable suspicion test conducted.
    - (2) A staff member of the TDOC shall escort the employee to a test location where the initial test shall be conducted, at an approved collection site and processed by a certified laboratory.

The Human Resources staff or the Third Party Administrator (TPA) can advise of the location of an approved collection site. The appropriate TDOC Site Manager shall identify staff member(s) who shall provide escort for any employee who is to be tested due to reasonable suspicion. Procedures for the collecting and testing of urine specimens as well as the reporting and reviewing of results shall be in accordance with Sections VI.(G thru I) below.

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- (3) If the employee fails to provide a specimen immediately, the procedures outlined in Section VI.(I) below shall be followed. If the employee cannot provide a specimen during the three-hour timeframe, the escorting employee shall ensure that contact is made with the appropriate TDOC Site Manager for further instruction.
  - (4) TDOC reserves the right to request observed collection of samples at their discretion. Based on SAMHSA guidelines, all follow up tests due to an initial positive result will be an observed collection.
3. Follow-up Drug Testing: Testing that is conducted as a follow-up for an employee that in the course of employment enters an employee assistance program for drug or alcohol-related problems as described in Section VI.(C)(4) of this policy.
4. Return to Duty Testing: An employee who had a positive test result and received discipline must submit to a drug or alcohol test and have a negative test result before returning to duty as described in Section VI.(H)(7) of this policy.
5. Post-Accident/Critical Incident Testing:
  - a. An employee shall be subject to drug and/or alcohol testing if he or she appears to have caused or contributed to a work-site accident resulting in:
    - (1) Death
    - (2) Personal injury requiring immediate medical treatment away from the scene of the accident, or
    - (3) Any type of car accident in which the employee is operating a state vehicle and any form of damage is inflicted on the state and/or another vehicle or other property. If the accident involved the operation of a qualifying commercial motor vehicle, then post-accident testing may also be required under the authority of the Department of Transportation, Federal Highway Administration (DOT/FHWA).
  - b. An employee who is authorized to carry a firearm shall be required to submit to drug testing after any discharge of the firearm other than at the gun range.
  - c. If an employee is in an accident where a drug test is required these tests must be coordinated through the TDOC's TPA for drug and alcohol testing.
  - d. In the event of a serious or life threatening injury requiring immediate medical attention the employee shall be taken to the most convenient medical facility/emergency room for treatment of the injury. No specimens shall be taken prior to the administration of emergency medical care. Once this condition has been satisfied, an injured employee must submit to testing. The Human Resources Division or the TPA can advise where testing should occur. If an employee is admitted to the hospital the provider designated to conduct after-hours collections may be contacted to collect the specimen.

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- e. An employee who has a confirmed presence of drugs or alcohol or refuses to submit to a test for drugs or alcohol, following an accident or critical incident, may forfeit eligibility for workers' compensation medical and indemnity benefits and may be subject to disciplinary action including termination.
6. Random Testing: Employees in safety-sensitive positions shall be subject to mandatory, random drug and alcohol testing.
  - a. At each Department of Correction work location, Human Resources shall maintain a current list of employees who are subject to random testing as the result of being assigned to a safety-sensitive position. All positions in the department shall be reviewed annually to determine whether a change in job functions necessitates a change in a position's designation or non-designation as safety-sensitive.
  - b. Each employee in a position designated as safety-sensitive shall be notified of such designation and shall be required to certify his/her acknowledgment of the safety-sensitive designation by using Acknowledgment of Receipt of Notice of Designation of Position as Safety-Sensitive, CR-3678.
  - c. On a schedule established by the Department and using the list of TDOC employees in safety-sensitive positions supplied by TDOC Human Resources, the TPA will notify the appropriate TDOC Site Manager/designee, that an employee has been randomly selected for drug testing. The appropriate TDOC Site Manager/designee shall notify the employee that he/she has been randomly selected for a drug test and direct the employee to immediately report to the designated test site to provide a specimen. Notification to the employee shall occur during the employee's current shift or, if the employee is not on duty at the time, during the next shift the employee works. Testing shall occur during the period the employee is scheduled to work, and within two hours after the employee is notified of his/her selection.
  - d. The test shall be at the Department's expense.
  - e. When an individual is unable to provide a sufficient amount of urine for a valid drug test due to a medical condition the MRO may check with the physician to determine if there is clinical evidence that the individual is an illicit drug user. The MRO or the physician conducting the evaluation may conduct an alternative test (e.g., blood) as part of the medically appropriate procedures in determining clinical evidence of drug use. If the medical evaluation reveals no clinical evidence of drug use, the MRO must report the result to the employer as a negative test with written notations regarding results of both the evaluation conducted and any further medical examination.
7. Fitness-for-Duty Testing: Employees in safety-sensitive positions may be required to submit to fitness-for-duty testing as described in Section VI.(H)(2)(c) of this policy.

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- a. If the drug testing result indicates that an employee's ability to perform his or her duties and responsibilities may be impaired due to the presence of legally prescribed medication a recommendation for a fitness-for-duty examination may be received from the MRO.
  - b. If the MRO recommends a fitness-for-duty examination because the drug testing result indicates that an employee's ability to perform his or her duties and responsibilities may be impaired due to the presence of legally prescribed medications, the TDOC Site Manager will heed those recommendations. With prior approval of the appropriate Assistant Commissioner, the fitness-for-duty physical or psychological shall be coordinated through the Director of Human Resources.
  - c. The fitness-for-duty test will be conducted by a licensed professional medical provider skilled and qualified to do fitness evaluations for physical and/or psychological impairments, to ensure that the employee is able to perform his/her duties in a safety sensitive position. See Section VI.(H)(2)(c) of this policy for additional information.
- F. As a condition of receiving federal grant funding, if an employee participating in an activity funded by a federal agency is convicted of violating any criminal drug statute in the workplace, the Department shall notify the appropriate federal agency. Notification shall be within ten days of receipt of notice regarding such conviction.
- G. Testing:
  1. All testing thresholds shall comply with SAMHSA testing threshold guidelines:
    - a. All specimens will be tested for the following:
      - (1) Amphetamines/Methamphetamine (including MDA and/or MDMA)
      - (2) Barbiturates (BAR)
      - (3) Benzodiazepines (BZO)
      - (4) Buprenorphine (BUP)
      - (5) Cannabinoids (THC)
      - (6) Cocaine Metabolite (COC)
      - (7) Ecstasy
      - (8) Methadone (MTD)
      - (9) Opiates (OPI) (including Codeine, Morphine, and Heroin)
      - (10) Opiates (OPI) (Hydrocodone, Hydromorphone)
      - (11) Oxycodone (OXY), Oxymorphone
      - (12) Phencyclidine (PCP)
      - (13) Propoxyphene (PPX)
    - b. Specimens will also be examined for adulteration. The following are the standard, though not the only, indicators of adulteration that will be checked for:
      - (1) Temperature
      - (2) Color/Appearance
      - (3) Nitrates

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- (4) Oxidants
- (5) Specific Gravity
- (6) PH Level
- (7) Creatinine

2. Those employees assigned to a position requiring him/her to maintain a specialized/commercial driver's license in order to complete his/her assigned duties shall be tested in compliance with USDOT 49 CFR Part 40 and Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Part 382. Employees will also be tested in compliance with Policy #213.03.
3. Contract laboratory staff trained to collect urinalysis specimens shall conduct urine specimen collection. Employees to be tested shall be required to provide positive photograph identification before entering the testing area. A photographic TDOC identification card and/or driver's license may be used for this purpose. Collection procedures shall be in conformance with the procedures compiled at 49 CFR, Part 40, and must be collected in accordance with those procedures using the split sample method. The chain of custody form developed by the Department of Labor for the Tennessee Drug Free Workplace Program shall be utilized.
4. Security of the collection site, chain of custody procedures, privacy of the individual, collection control, integrity, identity, and retention of the specimen, and transportation of the specimen to the laboratory shall be in accordance with the SAMHSA guidelines and United States Department of Transportation regulations (49 CFR, Part 40).
5. A SAMHSA licensed and approved contract laboratory shall conduct an initial drug screening test using an immunoassay testing method. If a positive result is found, the laboratory shall immediately perform a confirmation test using gas chromatography/mass spectrometry (GC/MS).
6. Positive, adulterated, or invalid results attained on both testing methods shall be reported to the MRO who shall proceed as set forth in Section VI.(H).
7. If a test is cancelled due to an identified problem that cannot be corrected the test is considered neither negative nor positive.

#### H. Reporting and Review of Results by MRO

1. The contract laboratory shall report any specimens with evidence of dilution, contamination, tampering or any question normally requiring an MRO opinion to the MRO for disposition. The MRO may determine the need to re-test, re-collect, or otherwise modify the collection procedure to ensure adequate and appropriate testing.
  - a. Samples which are confirmed as "Adulterated Samples" will be considered positive and will follow the procedures outlined in Section VI.(H)(2-7).
  - b. Employees whose samples are confirmed as "Invalid Samples" shall be required to do the following:
    - (1) Submit to an immediate follow up, observed collection.

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- (2) During the follow-up test, employees who have produced invalid results twice will be required to submit to an alternative form of testing (hair, blood, etc.) as determined appropriate by the physician conducting the test and the MRO.
2. The contract laboratory shall report confirmed positive tests to the MRO. After the laboratory has returned a confirmed positive test result to the MRO, he/she shall attempt to contact the employee/applicant within 24 hours to privately discuss any issues that might have affected the urine sample.
  - a. An employee/applicant who receives a positive confirmed test result from the MRO may contest or explain the result to the MRO within five working days after receiving such notification. The MRO may require the employee/applicant to submit additional evidence to justify a positive drug test result, including, but not limited to, a valid prescription or a letter from the individual's physician verifying a valid prescription. The prescription must have been issued within six months prior to the positive confirmed drug result for purposes of determining a valid prescription and immunity from actions authorized by the drug-free workplace program following a positive confirmed drug result.
  - b. The MRO shall review all medical records made available by the employee/applicant, if any, and determine whether a confirmed positive test could have resulted from legally prescribed medication. If an employee's or applicant's explanation or challenge is unsatisfactory to the MRO, or if the employee/applicant does not challenge the test result, the tests shall be considered verified. The MRO shall promptly report the verified test result to the appropriate TDOC Site Manager/designee.
  - c. Employees who test positive for legally prescribed drugs or who have produced two invalid tests may be asked to submit to a fitness-for-duty test, as recommended by the MRO, to determine their ability to function in a safety sensitive position. A fitness-for-duty examination does not include an additional drug screen.
    - (1) Individuals who pass the Fitness-for-Duty test shall be allowed to return to work as scheduled.
    - (2) Individuals who fail the Fitness-for-Duty test shall have their results and all information leading up to the failure forwarded to the appropriate appointing authority/designee and the local Human Resources Staff. The appointing authority/designee shall review and decide upon the outcome on a case by case basis.
    - (3) Should further clarification be needed by the appointing authority/designee and/or the local Human Resources Staff, the TDOC Director of Human Resources will be available for consultation.



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3. If the MRO is unable to make contact with the employee/applicant within 24 hours after a minimum of three reasonably spaced attempts over the 24-hour period, he/she shall request the appropriate TDOC Site Manager/designee contact the employee/applicant and inform the employee/applicant to contact the MRO. The MRO shall not inform the TDOC Site Manager/designee that the employee/applicant has a confirmed positive, adulterated, substituted or invalid test result.
  - a. The appropriate TDOC Site Manager/designee shall immediately attempt to contact the employee/applicant, by telephone and written notification instructing him/her to call the MRO. The employee must contact the MRO within five working days of the date on the notification from the TDOC Site Manager/designee.
  - b. The TDOC Site Manager/designee must leave a message for the employee/applicant by any practicable means (such as voicemail, e-mail, or letter) to contact the MRO. The TDOC Site Manager/designee shall inform the MRO of the date and time of the attempted contact. Reasonable efforts include, at a minimum, three attempts, spaced over a 24-hour period, to reach the employee at the day and evening telephone numbers listed on the chain of custody form, as well as written notification to the address on record.
  - c. Five working days after the written notification has been sent the Site Manager/designee shall inform the MRO that the five day period has expired. If the employee/applicant does not contact the MRO within five working days after being contacted by the TDOC Site Manager/designee, the MRO may verify the test result as positive or refusal to test, as applicable.
4. Upon notification by the MRO, the employee/applicant may request a reconfirmation test using the same specimen sample previously taken.
  - a. The reconfirmation test shall be performed by an independent SAMHSA-certified or CAP-FUT program certified laboratory designated by the TPA.
  - b. The reconfirmation test shall be at the employee's/applicant's expense.
5. Results from this analysis on the split specimen sample shall be evaluated by the MRO and be the final step for determining positive or negative findings.
6. Upon being notified by the MRO of an employee's verified test result, the TDOC Site Manager/designee shall notify the employee/applicant of his/her positive drug test.
7. If there is a positive result the employee shall not be permitted to return to work. The employee shall be subject to disciplinary action up to and including termination. Disciplinary action should take place as soon as practicable, within one week provided no extenuating circumstances exist. If the disciplinary action is less than termination and the employee will be returning to duty the employee must submit to a return-to-duty drug and/or alcohol test before their first scheduled day of duty. A positive test result on the return-to-duty test may result in disciplinary action including termination.

Effective Date: August 1, 2019	Index # 302.12	Page 13 of 16
Subject: DRUG-FREE WORKPLACE		

8. If an employee is terminated for a positive drug screen the unacceptable test results shall be valid for one year. Employees shall not be eligible for reconsideration for hire until the one year period has elapsed.

I. Failure to Provide an Immediate Specimen

1. If the employee/applicant fails to provide a specimen immediately, he/she shall remain in the collection area with an escort and may be furnished up to a total of 40 ounces of fluids over a three-hour period.
2. If the employee/applicant has not provided a sufficient specimen within three hours of the first unsuccessful attempt, the collection site person shall discontinue the collection and notify the appropriate TDOC Site Manager/designee.
3. Any employee/applicant who fails to provide a sufficient urine specimen may have a licensed physician (who has performed an evaluation of the employee) submit to the MRO a brief written statement indicating the physician's conclusion as to the employee's/applicant's ability to provide an adequate amount of urine and the basis for the conclusion. The MRO shall consider the statement in determining whether the employee has willfully refused to provide the required specimen. After reviewing the physician's statement, the MRO shall report his/her determination to the appropriate TDOC Site Manager/designee in writing. For purposes of this paragraph, a medical condition includes an ascertainable physiological condition (e.g., a system dysfunction) or a documented pre-existing psychological disorder, but does not include unsupported assertions of "situational anxiety" or dehydration.

- J. Confidentiality: Subject to federal and state law, employee drug and alcohol testing results and records shall be maintained under strict confidentiality. The TPA, the MRO, and employees involved in the administration of this policy shall observe strict confidentiality of an employee's test results and treatment. Any employee violating this requirement of confidentiality will be subject to disciplinary action, up to and including termination.

- K. Any employee who compromises the integrity of the alcohol and drug testing program or who fails to enforce it shall also be subject to disciplinary action, up to and including termination.

- L. An employee or applicant shall be responsible for notifying the laboratory of any administrative or civil action brought pursuant to TCA 50-9-101 through 114 and/or Tennessee Administrative Compilation (TAC) 0800-2-12.

VII. ACA STANDARDS: 5-1C-4064, 4-4063.

VIII. EXPIRATION DATE: August 1, 2022.



## TENNESSEE DEPARTMENT OF CORRECTION

### ACKNOWLEDGMENT OF RECEIPT OF TDOC DRUG-FREE WORKPLACE POLICY

By signing this Acknowledgment form, I affirm that I have received a copy of Policy #302.12 Drug-Free Workplace. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this policy. I also understand that failure to comply with a drug and/or alcohol testing request or a positive confirmed test for the illegal use of drugs and/or alcohol may lead to disciplinary action up to and including termination of employment and/or loss of workers' compensation benefits.

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Employee Name (printed)

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Employee Signature

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Date

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TDOC Work Location

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Witness Signature



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
DRUG FREE WORKPLACE PROGRAM  
REASONABLE SUSPICION OF SUBSTANCE USE  
TESTING NOTICE**

**All parts, A through D, must be completed by a trained supervisor and signed by both the supervisor and the Appointing Authority/Designee prior to directing an employee to undergo reasonable suspicion drug testing.**

An employee is subject to reasonable suspicion testing when, after review of the specific facts and circumstances in a particular employee's case, a trained supervisor concludes that there exists a reasonable suspicion that an employee has engaged or is engaging in conduct prohibited under this policy. A trained supervisor must document the specific facts and circumstances that led to reasonable suspicion.

**PART A**

Employee \_\_\_\_\_ TDOC Work Location \_\_\_\_\_

Employee ID # (or SS#) \_\_\_\_\_ Date(s) of occurrence(s) \_\_\_\_\_

**PART B Check all that apply.**

1.

**PERSONAL APPEARANCE**

- |   |  |
|---|--|
| <input type="checkbox"/> Smells of alcohol  | <input type="checkbox"/> Deteriorating personal appearance or change in appearance after lunch or breaks |
| <input type="checkbox"/> Slurred speech   | <input type="checkbox"/> Unsteady walk   |
| <input type="checkbox"/> Bloodshot eyes, apparent unfocused vision or wearing sunglasses at inappropriate times |  |

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**MENTAL FACTORS**

- |   |  |
|---|--|
| <input type="checkbox"/> Decreased concentration or increased confusion     | <input type="checkbox"/> Repeated mistakes, increased carelessness, errors in judgment |
| <input type="checkbox"/> Difficulty understanding and following instruction | <input type="checkbox"/> Wide mood swings  |

---

**HEALTH & SAFETY**

- |  |   |
|--|---|
| <input type="checkbox"/> High on-the-job accident rate                               | <input type="checkbox"/> Careless handling and maintenance of equipment |
| <input type="checkbox"/> Numerous accidents off the job that affect work performance | <input type="checkbox"/> Needless risk-taking                           |
|  | <input type="checkbox"/> Disregard for others' safety                   |

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**GENERAL PERFORMANCE**

- |   |
|---|
| <input type="checkbox"/> Failure to meet deadlines                            |
| <input type="checkbox"/> Continuing decrease in work quality and productivity |
| <input type="checkbox"/> Improbable excuses for poor job performance          |

**PEER RELATIONSHIPS**

- |   |  |
|---|--|
| <input type="checkbox"/> Altercations with others       | <input type="checkbox"/> Threatening and intimidating behavior |
| <input type="checkbox"/> Avoidance of others            | <input type="checkbox"/> Borrowing money from co-workers       |
| <input type="checkbox"/> Excessive co-worker complaints |  |

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**ATTENDANCE**

- |   |  |
|---|--|
| <input type="checkbox"/> Frequent absences for questionable or unexplained reasons or a pattern of absences | <input type="checkbox"/> Unexplained disappearances from the job |
| <input type="checkbox"/> Unexcused absences   | <input type="checkbox"/> Tardiness / leaving work early          |
|   | <input type="checkbox"/> Long lunches or breaks                  |

**Comments made by employee:** (Please quote any remarks, admissions, inappropriate language, etc. that may be pertinent to the employee's condition)

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- ☐ **2.** Employee observed with drug paraphernalia while on duty or on State of Tennessee property

Reason for believing source is reliable and credible:

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- ☐ **3.** Report of prohibited drug and/or alcohol use by employee provided by a reliable and credible source

Reason for believing source is reliable and credible:

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**Note to Supervisor:** Each section of **Part B** will be reviewed independently. An absence of response(s) in any one section does not preclude the ordering of a reasonable suspicion test.

**PART C:** Provide any additional descriptions of the circumstances, including any facts, inferences drawn from those facts, which constitutes the reasonable suspicion held that the employee has engaged in prohibited drug or alcohol use.

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Trained Supervisor Recommending Test

Date

Testing:    ☐ Approved    ☐ Not Approved

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Appointing Authority/Designee

Date

The signatories are ordering the following reasonable suspicion test (check one):

\_\_\_\_\_ drugs \_\_\_\_\_ alcohol \_\_\_\_\_ both

It is required that a copy of this Reasonable Suspicion Form be forwarded to Human Resources.

For purposes of Department of Transportation reporting, please check the following box if this employee is required to maintain a Commercial Drivers License (CDL).

☐ CDL Holder



**TENNESSEE DEPARTMENT OF CORRECTION**  
**ACKNOWLEDGMENT OF RECEIPT**  
**OF NOTICE OF DESIGNATION OF POSITION AS SAFETY SENSITIVE**

By signing this Acknowledgment form, I affirm that I have been notified in writing that my position has been designated as safety sensitive and that I will be subject to random drug/alcohol testing in accordance with Policy #302.12.

---

Employee Name (printed)

---

Employee Signature

---

Date

---

TDOC Work Location

---

Witness Signature



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 305.03

Page 1 of 4

Effective Date: July 1, 2017

Distribution: A

Supersedes: 305.03 (6/15/14)

Approved by: Tony Parker

Subject: EMPLOYEE/OFFENDER INTERACTION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 39-16-402 Prison Rape Elimination Act of 2003 standard 115.15 (d)
- II. PURPOSE: To establish guidelines for employee and offender interaction.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) staff, offenders, volunteers, Tennessee Rehabilitative Initiative in Corrections (TRICOR) staff, employees of privately managed institutions, contract employees, vendors, and interns.
- IV. DEFINITIONS:
  - A. Employee: For purposes of this policy only, an employee is considered to be any individual who is employed by the TDOC, any individual serving as a volunteer to the Department, any contract employee, any vendor providing professional services to the Department, any TRICOR employee, and any intern.
  - B. Offender: For purposes of this policy, any incarcerated inmate, any person currently on active probation or parole supervision, or any former inmate who has been discharged from TDOC custody or probation/parole supervision for less than one year.
  - C. Sexual Abuse: The subjection of another person to any sexual act or contact between an employee, volunteer, visitor, or agency representative by force, persuasion, inducement, or enticement.
  - D. Sexual Contact: The intentional touching of another individual or of the individual's intimate parts and/or clothing covering the individual for the purpose of sexual arousal or gratification.
  - E. Sexual Harassment: Any unwelcome or unsolicited sexual advances, requests for sexual favors, or other verbal, written, or physical conduct of a sexual nature by a manager, supervisor, co-worker, or non-employee (third party).
  - F. Sexual Misconduct: Any unwanted behavior or unwanted act of a sexual nature directed towards any individual by an employee, volunteer, visitor, or agency representative.
- V. POLICY: Interaction between employees and offenders shall be of a professional nature only. All offenders shall be treated equally in a non-discriminatory manner.



Effective Date: July 1, 2017	Index # 305.03	Page 2 of 4
Subject: EMPLOYEE/OFFENDER INTERACTION		

VI. PROCEDURES:

- A. Employees shall conduct themselves in a professional manner when interacting with offenders. When staff of the opposite gender enters an inmate housing unit, he/she shall announce his/her presence. Each Warden/Superintendent shall ensure that this language is provided in the applicable post order governing inmate housing, living quarters, etc.
- B. It is the duty of each employee to correct all incarcerated offenders observed in violation of departmental rules and regulations in a fair, consistent, and impartial manner.
- C. Conversation with offenders shall be respectful and limited to what is necessary as part of the employee's duties. Inmate questions which cannot be answered shall be referred to the immediate supervisor. Offenders shall be addressed by name, rather than TDOC numbers.
- D. Social relationships are prohibited, including but not limited to emotional, sexual, or romantic attachments with offenders in an institution, offenders on parole or probation, and former offenders who have been discharged from TDOC custody or probation/parole supervision for less than one year. Social media relationships are also excluded, such as Facebook, Twitter, and so forth, unless written approval is obtained as described in subsection (F) below.
- E. Sexual contact between employees and offenders is prohibited and subject to administrative and criminal disciplinary sanctions. (See Policy #502.06) Any staff member convicted of an offense that constitutes a sexual offense or violent sexual offense as defined in TCA 40-39-202 will be placed on Tennessee's sex offender registry.
- F. Social relationships are also prohibited with relatives, family, and/or clearly identifiable close associates of such persons unless written approval is obtained from the Commissioner for Central Office employees, Wardens/Superintendents/District Directors for institutional, or Tennessee Correction Academy employees, District Directors for Community Supervision employees, or the Executive Director of TRICOR immediately upon establishment of such relationships. When an employee is related in any way to an offender and/or an offender's relatives, the employee will report this fact to the Warden/Superintendent or Central Office Director upon employment or when the relationship becomes known to the employee. (See Policy #302.08 Employee Code of Conduct) Upon receipt of this information, the local manager and appropriate assistant commissioner will review and determine appropriate action to be taken.
- G. Allegations of employee sexual misconduct, sexual harassment, sexual contact and/or sexual abuse shall be investigated in accordance with TDOC policies and Tennessee statutes. If the accusations are found meritorious, then the employee(s) shall be subject to disciplinary actions, up to and including termination, or appropriate actions where necessary, in accordance with Tennessee statute and TDOC policies. Consent on the part of an offender is not a defense on the part of the employee as a response to charges of any form of sexual misconduct. (See Policy #502.06)
- H. An employee shall not trade, barter, or enter into any business transaction or maintain any business interaction with offenders or their families except as outlined in Policy #510.02, nor shall an employee carry, mail, pass, or throw contraband in or out of any correctional institution. An employee shall not donate items to offenders or their families without prior approval of the Warden/Superintendent.

Effective Date: July 1, 2017	Index # 305.03	Page 3 of 4
Subject: EMPLOYEE/OFFENDER INTERACTION		


Should an employee have knowledge of any employee engaged in such trafficking, it is the employee's duty to report such information to his/her supervisor. Failure to do so shall result in disciplinary action. Any attempt by an employee to communicate or do business with offenders or their families through their relatives and/or clearly identifiable close associates in an effort to circumvent this policy shall be a violation of this policy.

- I. Exchange of correspondence or telephone conversations for any purpose other than related to official duty shall be considered a violation of this policy and shall result in disciplinary action being taken.
- J. The Warden/Superintendent/District Directors/designee shall post incompatible notices on TOMIS conversation LIBA listing employee(s) and/or offender(s) that have been determined to be incompatible based on an investigation conducted by the Wardens/Superintendents/District Directors/designee including, but not limited to, the following reasons:
  1. Assault by an offender with resulting serious physical injuries to the staff
  2. Sexual assault upon the staff member
  3. Employee's immediate family is a victim of the offender's crime which results in serious physical injury or death
  4. Staff gave testimony which caused the offender to be sent to the TDOC or whose testimony caused the offender to receive an additional sentence while incarcerated, or under TDOC supervision, such as death sentence, etc.
  5. A member of staff's immediate family gave testimony which may have resulted in the offender being incarcerated in TDOC
  6. OPTIONAL: If any staff member has a close relative, immediate family member, or close personal friend incarcerated within the same institution or under TDOC supervision in the same county
  7. Other reasons if approved by the Deputy Commissioner of Operations or the Assistant Commissioner of Community Supervision.
- K. Signs that declare the Department's zero tolerance policy regarding employee/offender relationships shall be prominently posted at institutional checkpoints and sally ports, at the Tennessee Correction Academy, Probation/Parole district offices, in TDOC Central Office, and any additional areas deemed appropriate by the Commissioner, Warden, Superintendent, or District Director.
- L. An employee who witnesses or knows of a violation of this policy must promptly report the violation. Any employee who fails to promptly report a violation shall be subject to disciplinary action, up to and including termination. An employee who retaliates against any person for reporting or providing information concerning a violation of this policy shall be subject to disciplinary action, up to and including, termination.

Effective Date: July 1, 2017	Index # 305.03	Page 4 of 4
Subject: EMPLOYEE/OFFENDER INTERACTION		

VII. ACA STANDARDS: 4-4281-6.

VIII. EXPIRATION DATE: July 1, 2020.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 501.01	Page 1 of 11
	Effective Date: May 1, 2018	
	Distribution: B	
	Supersedes: 501.01 (8/12/14) PCN 15-14 (5/15/14)	
Approved by: Tony Parker		
Subject: INMATE GRIEVANCE PROCEDURES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-24-110 and Title 28 CFR 115; and Prison Rape Elimination Act of 2003 standard 115.52(b)(1), (e)(1), and (3).
- II. PURPOSE: To establish a standard procedure for the expression and resolution of inmate complaints.
- III. APPLICATION: To Tennessee Rehabilitation Initiative in Correction (TRICOR) employees, employees and inmates of the Tennessee Department of Correction (TDOC), and privately managed facilities, except those offenders assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program.
- IV. DEFINITIONS:
  - A. Advocate: An inmate who is selected by a grievant from his/her peers or from those appointed by the Warden/Superintendent to assist in the filing and/or appeal of a grievance.
  - B. Calendar Days: A time limit that begins to run at 12:01 a.m. on the day following the date of the triggering event. Example: if an inmate files a grievance and the alleged triggering event occurred on April 1<sup>st</sup>, the seven calendar day's time limit for filing grievances set by Section VI.(C)(1) below would begin to run at 12:01 a.m. April 2<sup>nd</sup>, and end at 11:59 p.m. on April 8<sup>th</sup>.
  - C. Central Office Review: Review of Title VI allegations by the Central Office Title VI Coordinator.
  - D. Central Office Title VI Coordinator: The TDOC employee appointed to adjudicate Title VI allegations and monitor compliance for the Department.
  - E. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - F. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the contract monitor of compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the CA. If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - G. Emergency Grievance: The resolution of a grievance that if subjected to the normal time limits could cause the grievant substantial risk of personal injury or irreparable harm.
  - H. Grievance: A written complaint concerning the substance or application of a written or unwritten policy or practice, any single behavior or action toward an inmate by staff or other inmates, or any condition or incident within the Department or institution which personal affects the inmate complainant.

Effective Date: May 1, 2018	Index # 501.01	Page 2 of 11
Subject: INMATE GRIEVANCE PROCEDURES		

- I. Grievance Chairperson: The individual assigned by the Warden/Superintendent to supervise the inmate grievance process within the TDOC and privately managed facilities.
- J. Grievance Committee: A committee composed of a staff chairperson appointed by the Warden/Superintendent and members consisting of elected staff and inmates. This committee provides a forum in which an inmate may resolve a grievance at Level II of the inmate grievance process.
- K. Prison Rape Elimination Act (PREA): A federal law establishing a standard of zero tolerance for incidents related to sexual assault and rape on inmates and/or offenders.
- L. Reprisal: Any action or threat of action against anyone for the good faith use of or good faith participation in the grievance procedure.
- M. Title VI Site Coordinator: The Associate Warden of Treatment (AWT) and Deputy Superintendent (DS) at TDOC facilities and the Assistant Warden of Programs at privately managed facilities.
- V. POLICY: The TDOC shall ensure that every inmate has the right to utilize the grievance procedure without fear of reprisal. All grievances shall be considered in a fair and impartial manner and resolved at the lowest possible level in the grievance procedure.
- VI. PROCEDURES:
  - A. A handbook entitled *TDOC Inmate Grievance Procedures* shall provide detailed instructions for the filing and processing of inmate grievances and appeals, and for the election, appointment, and removal of grievance committee members. Copies of the handbook and any current departmental and institutional policies concerning inmate grievances will be available to inmates in the institutional legal library. Access to copies of the handbook shall be provided to all grievance committee members and alternates. All living units for housing segregated inmates shall also be provided with a copy of the handbook and policies regarding inmate grievances.
  - B. Access to the grievance procedure: Inmate Grievance, CR-1394, and locked grievance depositories shall be made available for use by all inmates. Inmates shall have unimpeded access to these grievance forms. For general population inmates, the grievance forms shall be openly available for pickup without the need for a request to staff. If required to ask staff for the form (i.e., an inmate in segregation), an inmate shall be given the form without question or discussion. All inmates will be informed of grievance procedures during orientation.
  - C. Grievance Review Process: Except as otherwise provided in VI.(K) and (L), inmate grievances shall follow the following process:
    - 1. First Level: Grievances must be filed utilizing CR-1394 within seven calendar days of the occurrence or the most recent occurrences giving rise to the grievance. The chairperson shall review all grievances received and logged them as received and enter them on Grievance screen (LIBG).

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Subject: INMATE GRIEVANCE PROCEDURES		

All copies of the form must be legible and intact. Grievance forms which are improperly completed or contain insufficient information for processing shall be returned to the inmate with instructions as to proper completion. It should not be logged as received (which starts the deadline times running) until the corrected version is submitted.

If more than one inmate files a grievance on the same incident, the hearing and responses may be consolidated. This shall be noted on the grievance response forms and on Grievance (LIBG) on the Description Detail Screen.

The chairperson's response shall be written on CR-1394 following the chairperson's receipt and review of the supervisor's response. The supervisor shall return his/her signed response to the chairperson within five working days of receipt. There will be a seven working-day time limit at Level I beginning on the day the grievance begins to be processed. If a grievant accepts the supervisor's response, the supervisor shall document on Response of Supervisor of Grievied Employee or Department, CR-3148. The grievance chairperson shall enter the approval on Grievance (LIBG).

2. Second Level: Within five calendar days of being notified of the Level I response, the grievant may appeal the response to the grievance committee and Warden/Superintendent. A hearing shall be held within five working days of an appeal's filing. Within five working days of the hearing, the committee's proposed response shall be documented on the Inmate Grievance Response, CR-1393, and forwarded to the Warden. Within seven working days of receipt, the Warden/Superintendent shall forward his/her decision to the chairperson. Within five working days of receiving the Warden's response, the chairperson will allow the grievant to review the grievance materials and responses. If the grievant accepts the Level II response, the grievance chairperson shall enter the approval on Grievance (LIBG). The failure of staff to comply with a directive by the Warden/Superintendent as a result of the Warden/Superintendent's review of the grievance may result in disciplinary action. If the Warden agrees to the grievant's requested solution, the grievant shall not have the right to appeal to Level III.

Grievances concerning TRICOR, over which the Warden/Superintendent has no line authority, shall be forwarded from the committee to the Warden/Superintendent for any comments. The grievance then proceeds to Level III of the process. The Assistant Commissioner of Prisons/designee shall review and, if necessary, may forward the grievance for review/response to TRICOR's Chief Executive Officer.

3. Third Level: A grievant may appeal the Level II response within five calendar days of receipt of that response. The chairperson shall forward one legible copy of the grievance and all documentation to the Assistant Commissioner of Prisons/designee. The Level III response shall be sent to the grievance chairperson for distribution within 25 working days of the date the appeal was received. The chairperson shall enter the final decision on Grievance (LIBG). This response is final and is not subject to appeal. Failure of staff at TDOC managed facilities to comply with a directive by the Deputy Commissioner of Operations or the Assistant Commissioner of Rehabilitative Services as a result of the Level III review may result in disciplinary action. (At privately managed facilities, the Assistant Commissioner of Prisons will make a determination as to the appropriate action to be initiated.) The CMO at privately managed institutions shall receive a copy of all directives issued by the Assistant Commissioner of Prisons or the Assistant Commissioner of Rehabilitative Services.

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Subject: INMATE GRIEVANCE PROCEDURES		

- D. If a time limit expires at any stage of the process without the required response, the grievant may move the grievance to the next stage of the process, unless the inmate agrees in writing to a fixed extension of the time limit for response.
- E. Committee election and hearing procedures shall be developed at each institution and shall be forwarded to the Assistant Commissioner of Prisons for review.
- F. Any subsequent revisions to said procedures shall also be forwarded to the Assistant Commissioner of Prisons for approval. The Warden/Superintendent/designee shall enter elected committee members' names on Board/Committee Members (LIBM).
- G. The good faith use of, or good faith participation in, the grievance process will not result in formal or informal reprisals against an inmate. An inmate shall be entitled to pursue, through the grievance procedure, a complaint that a reprisal occurred as the result of the filing of a prior grievance.
- H. Matters Inappropriate to the Grievance Procedure: If the chairperson determines a matter to be non-grievable, the grievant may appeal that decision as outlined in the handbook *TDOC Inmate Grievance Procedures*. Inappropriate grievance notification, CR-3689, shall be used to inform the inmate of an inappropriate grievance. The grievance process is inappropriate for:
  - 1. Appealing or seeking review of procedures or punishment imposed under established disciplinary procedures of the TDOC. These issues may be appealed pursuant to Policy #502.01. When this determination is made, the chairperson shall cite the incident number associated with the disciplinary report.
  - 2. Appealing decisions or actions of the Board of Parole or any other agency, other than TRICOR, outside the TDOC.
  - 3. Addressing classification matters such as institutional placement and custody level, which may be appealed through other avenues outlined in the #400 policy series, except where policy violations are alleged. Cell assignments not due to a classification or reclassification are grievable.
  - 4. Appealing or seeking review of any decision regarding the awarding of sentence credits. Sentence credit procedures shall be as provided in Policy #505.01.
  - 5. Seeking monetary compensation for injuries or property loss. Monetary claims against the TDOC or its employees based upon negligent care of persons or personal property should be filed with the Tennessee Claims Commission pursuant to TCA 9-8-101 et seq. Monetary claims by inmates against employees of privately managed facilities shall be filed with the managing company in accordance with TDOC approved contract vendor policy.
  - 6. Addressing questions regarding sentence structures. Such problems should be addressed to the counselor, institutional records office and Sentence Information Services (SIS) through established inmate inquiry procedures.
  - 7. Any visitor's behavior resulting in disciplinary action is not grievable by an inmate.
  - 8. Diagnoses by medical professionals, medical co-payments where Policy #113.15 has been adhered to, and requirements of substance use therapeutic programs.

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Subject: INMATE GRIEVANCE PROCEDURES		

9. Mail rejection, which may be appealed as described in Policy #507.02.

I. Abuse of the Grievance Procedure

1. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident.
2. Inmates shall not be permitted to have more than one grievance pending at the first level of review.
3. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted in grievances. Threats may result in disciplinary action.

J. Emergency Grievances

1. Grievances deemed to be emergencies shall be expedited. The grievance chairperson or designee shall immediately bring emergency grievances to the attention of the appropriate person by whom corrective action may be taken. The action taken on any emergency grievance may be appealed through expedited emergency grievance procedures, as outlined in the handbook.
2. The determination that a grievance is not an emergency may be appealed through normal grievance procedures.

K. Additional Procedures Applicable to Title VI Grievances:

1. All Title VI complaints must be filed within 180 days of the occurrence of an alleged discriminatory act (See Policy #103.10).
2. The grievance person shall review all grievances received and enter those listed as Title VI on Grievance screen (LIBG) with a flag indicating Title VI if the grievant alleges discrimination on the basis of race, color, or national origin. The chairperson shall then forward the grievance to the Title VI Site Coordinator for review and investigation; all findings from an investigation related to a Title VI grievance shall be documented on the Title VI Complaint Investigation, CR-3886. The investigation should begin within 24 hours and completed with five working days.
3. Upon completion of the investigation, the Title VI Site Coordinator shall notify the Grievance Chairperson of the results of his/her findings within 24 hours.
4. The Grievance Chairperson shall then forward the complaint to the Central Office Title VI Coordinator, electronically, within ten working days of their decision.
5. The Central Office Title VI Coordinator shall enter all Title VI complaints into a database and assign each complaint a tracking number. Only one Title VI allegation received from a complainant will be processed at a time.
6. The Central Office title VI Coordinator shall review and make a determination based on the findings of the investigation conducted by the Title VI Site Coordinator and shall notify the Title VI Site Coordinator of a response and/or decision within 25 working days.



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7. If the Central Office Title VI Coordinator determines that the allegation is not a Title VI violation, the Title VI Site Coordinator shall be notified to make the appropriate notations on OMS screen LIBG. This shall be done within one working day of receipt of such notification by the Grievance Chairperson.
8. If the Central Office Title VI Coordinator determines that the allegation is a Title VI violation, the Title VI Site Coordinator shall be notified to seek a remedy to redress the violation immediately. Once a remedy is identified, the Title VI Site Coordinator shall notify the Central Office Title VI Coordinator who shall concur or not concur. The remedy and/or plan of action shall be entered on OMS screen LIBG.
9. Appeals may be appealed to the Assistant Commissioner of Prisons. All appeals must be submitted within five working days upon notification; the inmate shall specify the reason for the appeal. The grievance number must be included on all documentation submitted to Central Office for review of an appeal.
10. The decision of the Assistant Commissioner of Prisons shall be final.

L. Additional Procedures Applicable to PREA Grievances:

1. An inmate may submit a grievance alleging sexual abuse at any time. Applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
2. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.
3. A final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment (AWT) and Deputy Superintendent (DS) within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by inmates in preparing the grievance. TDOC may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The inmate shall be notified in writing by the AWT/DS of any such extension and be provided a date by which a decision will be made. At any level of the grievance, including final level, if the inmate does not receive a response within the time allotted to reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. (See subsection (5) below regarding emergency PREA grievances).
4. Third parties (including fellow inmates, staff members, family members, attorneys, and outside advocates) shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse, and shall also be permitted to file such grievances on behalf of inmates. If a third party files such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed on their behalf and document such on the Inmate Grievance, CR-1394. The inmate shall be required to personally pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his/her behalf, the inmate's decision shall be documented on the original Inmate Grievance, CR-1394, and signed by the inmate.

Effective Date: May 1, 2018	Index # 501.01	Page 7 of 11
Subject: INMATE GRIEVANCE PROCEDURES		

5. After receiving an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the AWT/DS so that any required immediate corrective action may be taken. The grievance chairperson shall provide an initial response within 48 hours and shall issue a final decision within five calendar days. The initial response and final decision provided within the PREA Allegation System (PAS) shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Timeframes in (3) above still apply after any immediate corrective action has been implemented.
6. An inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith."

M. Records

1. Records concerning inmate grievances shall be kept confidential. Only the chairperson shall process grievances after they have been answered by the Warden/Superintendent. Grievance (LIBG) should be available only to employees who have a need for access because of their assigned duties.
2. Records shall be kept regarding inmate grievances as detailed in the handbook, *TDOC Inmate Grievance Procedures*.
3. Upon resolution, grievances shall be distributed as indicated on Inmate Grievance Response, CR-1393, and entered on Grievance (LIBG). An extra copy of health-related grievances shall be supplied to the institutional health administrator by the chairperson.

N. Each institution will submit an annual evaluation of the grievance procedures as outlined in the handbook, *TDOC Inmate Grievance Procedures*. Staff preparing these reports may review actual grievances.

O. Documentary Evidence: Any TDOC policy referred to in any description of problem or response shall be cited by number, paragraph and section. Copies of any institutional policies, post orders, or documents referred to, will accompany all grievances to the third level. The grievant shall be furnished with a copy of all documentation unless deemed inappropriate by the chairperson for security reasons.

VII. ACA STANDARDS: 4-4016, 4-4180, 4-4284, 4-4344, 4-ACRS-6A-10, 4-ACRS-6A-11, 4-ACRS-6A-12, 4-ACRS-6A-13, 4-ACRS-6B-01, 4-ACRS-6B-02, 4-ACRS-6B-03, 4-APPFS-2G-01, and 4-APPFS-2G-02.

VIII. EXPIRATION DATE: May 1, 2021.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE**

NAME	NUMBER	INSTITUTION & UNIT
DESCRIPTION OF PROBLEM: _____		

REQUESTED SOLUTION: \_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

*TO BE COMPLETED BY GRIEVANCE CLERK*

<u>Grievance Number</u>	<u>Date Received</u>	<u>Signature Of Grievance Clerk</u>
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INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date

\_\_\_\_\_  
Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_ CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

\_\_\_\_\_

GRIEVANT

\_\_\_\_\_

DATE

\_\_\_\_\_

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)



Distribution Upon Final Resolution:

White - Inmate Grievant	Canary – Warden	Pink – Grievance Committee	Goldenrod – Commissioner (if applicable)
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CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



Date Due: \_\_\_\_\_

Inmate Number

DATE \_\_\_\_\_

RDA 2244



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

\_\_\_\_\_  
NAME    NUMBER    INSTITUTION & UNIT    GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee \_\_\_\_\_

\_\_\_\_\_  
Inmate Grievance Committee's Response and Reasons \_\_\_\_\_

\_\_\_\_\_  
DATE    CHAIRMAN    MEMBER

\_\_\_\_\_  
MEMBER    MEMBER    MEMBER

Warden's Response:    Agrees with Proposed Response    ☐

Disagrees with Proposed Response    ☐

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: \_\_\_\_\_    WARDEN'S SIGNATURE: \_\_\_\_\_

Do you wish to appeal this response?    YES    NO

If yes:    Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

\_\_\_\_\_  
GRIEVANT    DATE    WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

\_\_\_\_\_  
DATE    SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod - Commissioner



**TENNESSEE DEPARTMENT OF CORRECTION**

**Title VI Complaint Investigation Form**

Date Complaint Received: \_\_\_\_\_

Complainant's Name (and TDOC number, if applicable), Facility and/or Address:

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Facility/Site Involved in Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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Date of Interview with Complainant: \_\_\_\_\_

Interview via: ☐ Telephone ☐ In-Person ☐ Other (specify) \_\_\_\_\_

Summary of Interview with Complainant: \_\_\_\_\_

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Other Interviews Conducted:

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



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Interviewee's Address and Telephone Number: \_\_\_\_\_

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Interviewer's Name and Position: \_\_\_\_\_

Interview via: ☐ Telephone ☐ In-Person ☐ Other (specify) \_\_\_\_\_

Summary of Interview:

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Resolution/Action Taken (include dates, names, etc.): \_\_\_\_\_

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Please attach copies of the complaint, statements of involved parties and witnesses, and response to complainant, etc.

**Note:** If the offender is no longer at the institution that the Title VI complaint originated, please contact the Title VI Site Coordinator to schedule an interview by phone at his/her current location. If the offender is no longer on community supervision, please contact the Title VI Site Coordinator to schedule an interview by phone. Indicate the Title VI Site Coordinator's name on the document.

**Attach Additional Sheets if Necessary**





TENNESSEE DEPARTMENT OF CORRECTION  
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: \_\_\_\_\_  
INMATE NAME (Printed) TDOC NUMBER HOUSING UNIT

FROM: \_\_\_\_\_, Grievance Chairperson  
Inmate TDOC Grievance Number

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

SUBJECT: \_\_\_\_\_

**THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE.** Your Grievance is being returned to you due to the following reason(s):


1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

**THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY.** Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4. \_\_\_\_\_

**Reminder:** You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box.

\_\_\_\_\_  
Grievance Chairperson

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.01	Page 1 of 4
	Effective Date: December 15, 2017	
	Distribution: B	
	Supersedes: 506.01 (9/1/14)	
Approved by: Tony Parker		
Subject: CUSTODY AND SECURITY LEVELS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-35-213, TCA 41-1-403, and TCA 41-21-202.
- II. PURPOSE: To establish specific levels of custody and security within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To employees of all TDOC correctional facilities, employees of Tennessee Rehabilitative Initiative in Correction (TRICOR), and privately managed facilities.
- IV. DEFINITIONS:
  - A. Complex: Two or more distinct institutional locations operated by one administrative component, (except West Tennessee State Penitentiary/Women's Therapeutic Residential Center).
  - B. Custody Level: The amount/degree of supervision required for inmates consistent with the protection of the community, inmate(s), and staff.
  - C. Security Level: The physical (architectural/environmental) constraints of an institution or complex designed and constructed for the purpose of confining inmates.
- V. POLICY: All inmates shall be classified, programmed, and housed in accordance with specific custody and security levels which shall be the least restrictive necessary for the protection of the community, staff, and other inmate(s).
- VI. PROCEDURES:
  - A. All inmates shall be classified to a custody level of minimum, medium, close, or maximum for supervision in accordance with recognized classification procedures. (See Custody Supervision Guidelines chart on page 4). This chart shows the least amount/type of supervision and restraints required for each custody level in specified situations.
  - B. Inmates shall be recommended for placement in a facility or complex appropriate to their custody level. (See "Security Levels and Assignment Parameters" chart on page 3). Inmates with a custody designation higher than the custody range of the receiving or holding institution or complex shall remain at that facility only until required to arrange transportation or transfer to an appropriate institution.
  - C. The *Classification User's Guide* shall contain operational information regarding all TDOC facilities' security designations, established custody ranges, and programs. The Chief Counselor (CCC) shall notify the Director of Classification of any program changes in September of each year or as program changes occur. The Director of Classification shall disseminate current program information for all TDOC and privately managed facilities.

Effective Date: December 15, 2017	Index # 506.01	Page 2 of 4
Subject: CUSTODY AND SECURITY LEVELS		

VII. ACA STANDARDS: 4-4189 and 4-4296.

VIII. EXPIRATION DATE: December 15, 2020.

Effective Date: December 15, 2017	Index # 506.01	Page 3 of 4
Subject: CUSTODY AND SECURITY LEVELS		

### SECURITY LEVELS AND ASSIGNMENT PARAMETERS

<u>Security Level</u>	<u>Custody Range</u>	<u>Institution</u>	<u>Parameters</u>
Level II	MT - Med	HCCF	Through Life Sentence
		WCFA	Through Life Sentence
		SCCF**	Through Life Sentence
		TTCC	Through Life Sentence
		MLTC	MIT to MR/Annex includes work release
		WTRC	Through Life Sentence (Therapeutic Needs Female)
Level III	MT – Close	NWCX**	Through Life Sentence
		TCIX**/**/*****	Through Life Sentence/SAIU
		NECX**/**/*****	Through Life Sentence
Level IV	MT - Max	DSNF	No Sentence Limits/Medical/behavioral health programs
		RMSI	No Sentence Limits
		TPFW**/**/****	No Sentence Limits/Annex includes work release
		WTSP**	No Sentence Limits/Pre-release Program
		MCCX**/**/****	No Sentence Limits
		BCCX**	No Sentence Limits

\* Technical parole violators assigned by Parole Board, technical probation violators classified by TDOC

\*\* Minimum security annex units: See Policy #404.07 for eligibility criteria

\*\*\* Denotes Work Release Program

\*\*\*\* Designated for Special Alternative Incarceration Unit (SAIU)

\*\*\*\*\* Designated for Parole Technical Violators Unit (PTVU)

# CUSTODY SUPERVISION GUIDELINES

	Minimum Trustee	Minimum Direct	Minimum Restricted	Medium	Close	Maximum
DAY MOVEMENT	Regulated access within and out of facility and into the community	Regulated acces within and out of facility and to worksite in company of correctional employee	Restricted to within secure facility	Restricted within secure facility passes for other than callout	Restricted within secure facility to designated areas with officer supervision; passes for other than callouts	Restricted to secure zone/housing unit within secure facility; movement always escorted by two officers and with the inmate cuffed behind the back, leg irons and tether attached to cuffs; access to programs as regulated by institutional policy
NIGHT MOVEMENT	Restricted according to program schedule	Restricted to facility and regulated in accordance with housing and program scheduling	Restricted to within secure facility: telephone/ radio contact with destination	Restricted within secure facility passes and direct observation or authorized movement with telephone/radio contact to confirm arrival at destination	Restricted within secure facility passes and direct observation or authorized movement with telephone/radio contact to confirm arrival at destination	Restricted to secure zone/housing unit within secure facility; movement always escorted by two officers and with the inmate cuffed behind the back, leg irons and tether attached to cuffs; access to programs as regulated by institutional policy
SUPERVISION	Intermittent within institution; periodic through established monitoring procedure in programs away from our outside institution	Intermitttent within institution ; <u>periodic supervision with supervisor remaining within close proximity of inmate</u> outside perimeter	Intermitttent within institution	General observation within institution; one officer in housing	Continued general observation within perimeter two officers in housing unit except third shift	Constant while out of cell

**CUSTODY SUPERVISION GUIDELINES CONT.**

	Minimum Trustee	Minimum Direct	Minimum Restricted	Medium	Close	Maximum
<b>LEAVE FACILITY PERIMETER/ GROUND</b>	Unescorted per program schedule; restrained when transported with minimum restricted and above.	Under escort and supervised by correctional employees except for furlough; restrained when transported with minimum restricted and above	Armed escort (2 officers) and restraints (cuffs with covers and waist chains) for transport; armed escort for work detail with 2 officers and 1 work supervisor up to 35 inmates	Armed escort (2 officers) and restraints (cuffs with covers and waist chains) for transport; armed escort for work detail with 2 officers and 1 work supervisor up to 35 inmates	Armed escort (2 officers) and restraints (cuffs with covers and waist chains) for transport; armed escort for work detail with 2 officers and 1 work supervisor up to 35 inmates	Armed escort; full restraints (cuffs with covers, leg restraints and waist chains) and either white jump suit or white scrubs 2 officers in transport vehicle. Wardens may assign a trail vehicle if they determine it is needed in certain cases. When transporting death row inmates, a trail vehicle shall be mandatory.
<b>JOB/PROGRAM ACCESS</b>	As permitted by assigned schedule	As permitted by assigned schedule	As permitted by assigned schedule	As permitted by assigned schedule	Restricted to selective activities patrolled by officer within secure perimeter; participation on worklines outside perimeter.	Authorized activities/jobs within housing unit or secure zone require a minimum of leg irons
<b>MEALS/MOVEMENT</b>	Dining area as scheduled	Dining area as scheduled	Dining area as scheduled under direct observation	Dining area as scheduled under direct observation	Dining area as scheduled under direct observation	In cell or housing unit dining area as directed by institutional policy.

<b>HOSPITAL SUPERVISION (COMMUNITY)</b>	<p>Inmates classified trustee and direct may be supervised with a ratio of 1 officer to 5 inmates weapons not required. Minimum restricted through maximum custody inmates shall be supervised by a minimum of 2 officers with weapons available. Wardens/Superintendent may waive the requirement for 2 officers in cases mutually agreed upon by the Warden/Superintendent and Assistant Commissioner of Prisons. Leg restraints shall be used for all inmates with a custody level of minimum restricted and higher, unless medically contraindicated. Leg restraints used to attach an inmates leg to a bed shall not be removed until both legs are placed in leg restraints, unless medically contraindicated. Post assignment schedule for routinely used secure hospital facilities shall not be altered by the above. Wardens/Superintendent may increase supervision standards based upon need and risk factors. Inmates being transported to the hospital via Life Flight shall be accompanied by TDOC staff, depending on availability of space on the aircraft. The closest institution shall be notified of the Life Flight activity and provide security for the inmate. If staff is not immediately available, THP and/or local law enforcement shall be notified and requested to provide security until the nearest TDOC staff is dispatched and in place.</p>					
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#### CUSTODY SUPERVISION GUIDELINES CONT.

NOTES:

Sex offenders are not allowed worksite movement, supervised or unsupervised, into the community (except for job assignments to TRICOR or a TRICOR facility)

The mandates of controlled movement, as defined in TDOC #506.13.1, are applicable for all security levels.

\*Movement within the institution but off the inmates housing unit pod requires full restraints (cuffs with covers, leg restraints and waist chain) and two officer escort



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.02

Page 1 of 6

Effective Date: June 1, 2018

Distribution: B

Supersedes: 506.02 (6/1/15)

Approved by: Tony Parker

Subject: KEY CONTROL

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a safe and secure system for the issue, distribution, and control of keys within Tennessee Department of Correction (TDOC) facilities.
- III. APPLICATION: All institutional employees.
- IV. DEFINITIONS:
  - A. Biometric Fingerprint Readers/Dispensers: An electronic device that determines a person's identity by detecting and matching individual physical characteristics (fingerprints) which allows the reader to disburse authorized/approved keys.
  - B. Emergency Key: A key that is to be used only in a sudden or unforeseen situation that requires immediate action.
  - C. Key Chit: A metal tag citing employee's name or assigned number which, when presented, will obtain the key(s) that employee is authorized to have. The key chit will be returned to the employee upon return of the key.
  - D. Non-Security Key: As determined by the Warden/Superintendent, any institutional key which, if lost, would not require urgent security reactions.
  - E. Restricted Keys: Any key designated for issue to certain individuals, identified by the Warden/Superintendent, who are assigned to particular areas of high accountability, i.e., commissary.
  - F. Security Key: Any key which, if lost or duplicated by persons other than Key Control Officer or in possession of an inmate, would jeopardize the security of the institution, institutional property, employees, visitors, or inmates and/or directly/indirectly could facilitate an escape. The Warden/Superintendent shall determine which keys will be in this category.
- V. POLICY: It shall be the policy of the TDOC to maintain a system of key control at all institutions which will indicate the location of every key and lock at any time.
- VI. PROCEDURES:
  - A. Key Control Officer: The Warden/Superintendent shall designate an employee(s) to function as the key control officer. It shall be his/her responsibility to monitor key control. The key control officer shall have exclusive control and responsibility over the institution's key control system, including the maintenance of key records, and shall coordinate the replacement or repair of any lock in the facility.



Effective Date: June 1, 2018	Index # 506.02	Page 2 of 6
Subject: KEY CONTROL		

B. Recording and Storage of Keys: All pattern and duplicate keys for each permanent lock (except desk, file cabinets, and computers) within the institution shall be stored in a centrally located, locked area. Cabinet key hooks shall be numbered. Keys shall be cross-indexed by alphabetical location, cabinet hook numerical listing, and key numerical listing. The cabinet and the "cross-index" listing must be kept in a secure area separate from central control. Duplicate keys shall be maintained for all locks, and pattern keys shall be maintained for locks for which computer-coded key duplication is not available. Duplicate and pattern keys shall be differentiated through color coding. Only duplicate keys shall be issued for use.

1. Locations of locks and padlocks. Blueprints and/or maps shall be maintained showing the location of all permanent locks. Padlocks may be used to provide additional security. Accurate records of all locks shall be maintained.
2. Change of lock location or duplication of keys. Any change in lock location or duplication of any key shall be authorized by the Warden/Superintendent/designee. Any change in locking systems affecting evacuation shall be reviewed by the Facilities, Planning, and Construction (FPC) Division and, if deemed necessary by the FPC, by the State Fire Marshal.
3. Preventive maintenance schedule of locks. Each Warden/Superintendent shall ensure an annual preventive maintenance schedule is implemented and maintained on all security locks at his/her prison. This schedule shall provide for security locks to be inspected on a routine basis to ensure security locks are free of mechanical failures which would prevent the lock from functioning as required. Post orders will define and require correctional employees to routinely examine any locking mechanisms in use in their work area as to detect any obvious mechanical failure or manipulation of the lock and report any findings immediately to their supervisor.

C. Key Accountability and Inventory

1. An operational key board sufficient to accommodate all keys and key rings routinely used shall be provided in a designated area. This key board shall have vertical and horizontal rows which are respectively numbered or lettered. Every key board hook shall be filled at all times holding a set of unissued keys, an employee key chit, or a key chit appropriately numbered and stamped indicating that specific hook is not in use at the present time. All keys maintained on this board, including security, non-security, restricted, and emergency keys, shall be cross-indexed to ensure easy access and accountability.
2. All keys on the operational key board shall hang on soldered, closed key rings. Small metal tags indicating the hook number of the key ring and the number of keys on the ring shall be attached to each ring.

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Subject: KEY CONTROL		

- a. The shift supervisor/designee is required to check the operational key board as soon after reporting for duty as possible. Accountability for each key ring shall be recorded in the post log book on each shift. On third shift, each key on every key ring assigned to the central operational key board shall be inventoried, with the inventory totals documented in the post log book for central control. Keys in use at the time of inventory shall be accounted for only after verification of the number of keys on each ring with the staff person in possession of the ring. Any discrepancy in assigned versus actual number of keys shall be reported in writing to the Associate Warden of Security/Deputy Superintendent before the end of the shift, and the shift supervisor shall document all efforts to rectify and/or discover the cause of the discrepancy in this report.
- b. All security and restricted keys will be logged in/out in a bound ledger as directed by the institutional Warden/Superintendent in policy.
- c. Employees are prohibited from removing from the institution or otherwise possessing non-permanently assigned institutional keys when off duty.
- d. At facilities equipped with biometric key dispensers, keys will be dispensed to the appropriate person after their hand has been scanned and a personal identification number entered into the system. Due to this procedure metal key chits and an operation key board will not be applicable.

D. Issue of Keys

1. Keys shall be issued as follows:
  - a. All employees must use provided metal key chits as receipts for all keys drawn from the key board (See VI.(C)(2)(d) above). Permanently issued keys must be approved by the Warden/Superintendent/designee and so indicated on a signed receipt which will be maintained in the Key Control Office. Security keys shall never be issued permanently.
  - b. Employees shall not use a temporary tag to draw keys from the key board unless so authorized by the shift supervisor or personnel of higher rank. Use of temporary chits shall be documented to indicate who obtained the keys and which keys were issued.
2. To obtain keys from an officer on post or an employee on duty, the relief officer or employee must first exchange his/her key chit at the designated area for the key chit of the person being relieved. The relief person shall take this key chit to the person being relieved and exchange the chit for the appropriate ring of keys. That person shall immediately count the keys on this ring and report any discrepancy to the supervisor. At facilities using Biometric dispensers, keys will be returned to the dispensers at the end of each shift before being reissued to the on-coming shift.

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Subject: KEY CONTROL		

E. Lost or Misplaced Keys and/or Key Rings

1. A verbal report of any lost or misplaced key or key rings shall be made to the shift supervisor immediately, stating when the loss or misplacement was discovered, circumstances surrounding that loss or misplacement, and the key(s) identification. A written report in memorandum form shall be submitted as soon as possible, but before the end of the shift, to the Warden/Superintendent/designee.
2. When security keys are lost or misplaced, proper security precautions must be taken immediately to preclude use of the key(s) for unauthorized access or escape from institutional areas. If security keys are lost or unaccounted for, or if inmates may have made impressions of the key(s), locks shall be replaced upon order of the Warden/Superintendent.

F. Handling of Security Keys: All employees shall observe the following key control procedures:

1. Carry and use keys as inconspicuously as possible
2. All uniformed employees shall securely fasten all security keys (by chain to the belt) and carry them in the pants pocket or in a leather pouch attached to the belt.
3. Non-uniformed employees who are issued a security key shall be responsible for the physical custody of this key during their normal work assignment.
4. Perform count when exchanging keys from one employee to another (confirm key count with ring tag)
5. Avoid reference to key numbers or any identifying information in the presence of inmates
6. Avoid dropping keys; keys shall be exchanged hand-to-hand and never tossed or thrown.
7. Do not use force to operate the locks. If a lock does not function easily, the employee shall report the malfunction to the shift supervisor.
8. Do not attempt to repair the locks. This should be done only by an authorized locksmith or other qualified employee.
9. Do not permit an inmate to handle any security keys under any circumstances. Occasionally, an inmate may be authorized to use non-security keys through written approval from the Warden/Superintendent/designee or Assistant Commissioner of Prisons in accordance with Policy #503.11. Written approval is not required if the key issued is to the inmate's room, cabinet, or tool box for designated maintenance workers. No other institutional key shall ever be permanently issued to an inmate.

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Subject: KEY CONTROL		

- G. Emergency Keys: Duplicate fire and emergency key rings shall be maintained. These keys shall be marked for identification by touch and color code so staff may have access to every part of the facility without delay during a fire, disturbance, or other crisis, and issued only in an emergency. Emergency keys shall be stored in a designated area on a red, color-coded, operational key board or in a red color coded breakable glass front box. Emergency keys will be checked and counted in the manner set forth in Section VI.(B) above. Armory and control center keys shall be stored outside the perimeter of the institution. At facilities using a biometric dispenser the emergency keys shall be stored in a red color coded key cabinet instead of an operational key board, Central Control will log the keys out to the responding officer without using a metal key chit.

The key control officer/designee shall check all emergency keys with their locks to ensure proper functioning on a quarterly basis, and shall document this test and its results via memorandum to the Associate Warden of Security. All emergency keys will be color-coded and identifiable by touch, and the rings shall be soldered closed. Each corresponding lock shall be color and touch coded on each side to match the appropriate key. "Clear" is not a color; color codes must be clearly distinguishable from the color of the item on which they have been placed (i.e. keys, doors, locks, etc.).

Training for all employees in regard to institutional written fire and emergency evacuation plans, including the use of emergency keys, shall be conducted in accordance with Policy #112.04.

- H. Restricted Keys: Some keys on the operational key board will be classified as restricted and only issued to certain designated persons by order of the Warden/Superintendent. These restricted keys, the designated holder, and the employee's chit will be stamped with the word "yellow" on one side. In facilities with Biometric Key dispensers, metal key chits are not necessary. The following institutional areas are designated as requiring restricted keys. Additional areas may be included by the Warden/Superintendent at each institution.

Food service stockroom/freezers  
Pharmacy/Medication Carts  
Armory  
Key Control  
Warehouse(s) (includes Industries)  
Commissary  
Business Office  
Maintenance  
Gas Pumps  
Communications Equipment Room  
Emergency Power Supply Room  
Hazardous Materials Storage  
Tool Room(s)  
Records


- I. Vehicle Keys: Vehicle keys shall only be issued to designated staff as authorized by the Warden/Superintendent or designee. Inmates may be authorized to use vehicle keys through written approval of the Warden/Superintendent/designee or Assistant Commissioner of Prisons in accordance with Policy #503.11.

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Subject: KEY CONTROL		

- J. Duplication of Keys: Unauthorized possession, alteration, marking, duplication, manufacture, or impression-making of state issued institutional security and non-security keys is prohibited.
1. Any such incident shall be reported in writing via memorandum to the Warden/Superintendent. The Warden/Superintendent shall cause any such incident, or suspected incident, to be reported to the Director of the Office of Investigation and Compliance (OIC). If criminal acts are involved, the inmate/employee shall be referred for prosecution by the OIC.
  2. Key making equipment shall be maintained in a secure area and shall be considered off limits to all inmates, and only the staff authorized by the Warden/Superintendent to duplicate keys shall use this equipment.
- K. Inventory of Keys: The key control officer shall inventory all keys and key blanks on a monthly basis, and submit a tally sheet of the inventory to the Associate Warden of Security/Deputy Superintendent, who shall sign and forward it to the Fiscal Director for acceptance and filing.
- L. Lost or Misplaced Key Chits: It shall be the responsibility of the employee assigned to the key issuance area to know the identification of persons presenting chits and accepting keys. A verbal report of missing chits shall be made immediately to the shift supervisor, with an explanation of the circumstances. A written report shall be made to the Warden/Superintendent/designee before a replacement chit is issued.
- M. Key Cards/Pads: Facilities that have key cards/pad systems shall establish an accountability system within their in-house policies to address when the numbering systems will be changed, who will be issued access to these systems, and what steps to take should the codes be lost, misplaced, stolen, or found in the possession of an inmate.
- N. Narcotic Medication Carts: The institutional key control officer shall ensure that each medication cart used to dispense narcotics shall have two padlocks installed. Each of the padlocks shall be cored differently which will require two medical staff to be present to retrieve medication. The locks shall be cored so that the keys cannot be removed until the locks have been secured. Wardens/Superintendents at facilities with only one medical staff member on duty shall address this issue in their institutional policy.
- O. Sugar Dispensing Bins: The institutional key control officer shall ensure that the sugar dispensing bins have two padlocks installed. Each of the padlocks shall be cored differently which will require that two staff (Food Steward/Correctional Officer) be present to retrieve the amount needed. The locks shall be cored so that the keys cannot be removed until the locks have been secured.

VII. ACA STANDARDS: 4-4222, 4-4195, 4ACRS-2D-01, and 4-ACRS-2D-03.

VIII. EXPIRATION DATE: June 1, 2021.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.03	Page 1 of 9
	Effective Date: January 15, 2018	
	Distribution: B	
	Supersedes: 506.03 (6/15/14) PCN 17-8 (2/1/17)	
Approved by: Tony Parker		
Subject: TOOL CONTROL		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish an effective control plan to ensure that all tools used at the institution are utilized in a safe, economical, and secure manner and to ensure that accountability and responsibility for the issue, storage, receipt, and disposal of tools is established.
- III. APPLICATION: Assistant Commissioner of Prisons/designee, institutional employees, employees of the Tennessee Rehabilitative Initiative in Correction (TRICOR), contract food service vendors, and inmates.
- IV. DEFINITIONS:
  - A. Central Maintenance: A consolidated group of maintenance staff responsible for the general maintenance/upkeep of several institutional locations (Davidson County facilities only).
  - B. Class A: Hazardous tools and instruments which are most likely to be used by inmates in an attempt to escape, as a weapon, or in the manufacture of weapons.
  - C. Class B: Tools and instruments of a less hazardous nature.
  - D. Personal Possession: When an inmate has possession of a tool that is used for any purpose other than its design or when the tool is located in an area other than the area to which it was signed out.
- V. POLICY: Procedures shall be implemented at all institutions that will maintain control and accountability of all tools.
- VI. PROCEDURES:
  - A. Each Warden/Superintendent shall designate an employee to serve as the tool control officer and establish procedures to implement the mandates of this policy. The designated employee has the responsibility for control and accountability of all tools.
  - B. Classification of Tools: All tools shall be classified in one of two categories, Class A and/or Class B. Designation of Class A tools shall be by memorandum from the Assistant Commissioner of Prisons/designee and reviewed annually. Wardens/Superintendents may add to the list through local policy. The designation of "Class A" is based upon where the tool is to be issued and used. Tools designated to be Class A inside the confines of a secure prison may be Class B at an annex, minimum security facility, or outside the secure confines of a facility. Each Warden/Superintendent shall designate how tools are to be classified in situations or settings other than on minimum/restricted, medium, or maximum security compounds.

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Subject: TOOL CONTROL		

C. Tool Identification

1. The tools in each work or program area shall be marked with an identification symbol and number, identifying the department or work detail. This symbol and number shall be etched on each tool so that it may be readily identified. Color coding or similar quick identification methods may be used only as an addition to the etched marking on each tool. Care shall be taken not to duplicate numbers for the same work or program area.
2. Tools that cannot be marked without damage (such as surgical instruments, micrometers, small drill bits, etc.), shall be kept in locked storage when not in use, maintained on a Tool Inventory, CR-2353, or Bin Card specific to the storage container, and checked frequently by the responsible employee. Anytime the storage container is unlocked/opened, all tools within shall be counted and the count documented on the Record of Twice Daily Checks, CR-3551.
3. Personally owned arts and craft tools shall be listed on the inmate personal property inventory list; however, the storage and physical possession of these tools are restricted to areas designated by the Warden/Superintendent. Any such tools found in the possession of inmates outside of designated areas will be considered contraband.

D. Storage of Tools

1. All tools (except medical, designated arts and crafts areas, food services, farm and community service crew tools, and central maintenance tool boxes assigned to inmates, where applicable) shall be stored and shadowed in a designated tool room, industrial/vocational tool room, or tool cabinets. All tools shall be mounted on a shadowboard when feasible. Tools that cannot be mounted on the shadowboard will be placed on a shelf or in a drawer, etc., and a tool bin card will be utilized to maintain the inventory. When issued, the receiving employee/inmate will sign an Issue and Turn-In form, CR-2026, which must be maintained for two years.
  - a. The shadowboard background will be painted white.
  - b. Class A tools will be shadowed in red.
  - c. Class B tools will be shadowed in black.
  - d. If a tool is removed from the inventory permanently, the corresponding shadow will be removed from the shadowboard immediately.
  - e. The shadows of tools not returned during the same day they are issued (including tools on loan to other areas or institutions), shall be tagged to indicate the location of the tools, the name of the employee responsible for returning the items, and the date the tool was loaned out. Any tool signed out for more than 30 days shall be evaluated by the tool control officer for permanent transfer to the appropriate area.

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Subject: TOOL CONTROL		

2. Tool kits, tool trailers, boxes, or pouches shall include an itemized inventory of the tools contained therein. An inventory of the contents will be displayed on the appropriate section of the respective tool shadowboard. The contents of these containers will be determined by each institution Warden/Superintendent/designee based on recommendations from facility maintenance staff.
3. Any tool which could easily facilitate a breach of the perimeter, (i.e. hacksaw blades, files, ladders, welding or acetylene torches, cutting heads, bolt cutters, and come-alongs) shall be stored outside the perimeter of a secure institution. The Warden/Superintendent shall designate storage locations for these items. When needed, these items shall be issued by the work supervisor or designee. These items may be stored in a tool box containing an inventory of the items within a double locked storage area.
4. Shovels, rakes, and similar items shall be stored on a shadowboard rack. A numerical system will be used on the storage rack indicating the number of tools with a corresponding number on each tool for identification.
5. When it becomes necessary for an employee (other than those assigned the tool room responsibility) to enter and remove tools from a tool room after normal working hours, a security supervisor must be present and written notification of such entries shall be submitted to the Associate Warden of Security (AWS)/Deputy Superintendent (DS). A signed list of all tools removed are to be documented on Tool Control Issue and Turn-In, CR-2026, shall be submitted to the central tool room officer.
6. When emery wheels, belt/drum sanders, table saws, grinders, and band saws are not in use, they shall either be secured by a security mechanism that is locked with a cover and padlock or the power source shall have a cage/lock box placed around the disconnect to prevent unauthorized usage (except where a machine is already equipped with a keyed lockout system unit).

E. Supervision of Inmates in Possession of Class A and B Tools:

1. Within a Secure and Confined Perimeter:
  - a. Staff must be in the general work area at all times when tools are used by inmates. All tools must be accounted for, on the Record of Twice Daily Tool Check, CR-3551, before inmates leave the work site at mealtime, at the end of each shift, when specific work details are completed, or any other time a work site is vacated.
  - b. Constant direct visual observation must be maintained by staff when Class A tools are used and the egress is not monitored and controlled by staff.
  - c. Direct visual observation must be on an intermittent basis in all locations where the egress is monitored and controlled by staff utilizing a metal detector.
2. Outside a Secure and Confined Perimeter: Inmates must be supervised by staff on an intermittent basis. All tools must be accounted for before inmates leave the work site at mealtime, at the end of each shift, when specific work details are completed, or any other time a work site is vacated.



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3. Employees whose actions or failure to act result in an inmate gaining unauthorized personal possession of a Class A or B tool may be subject to a charge of gross misconduct.

F. Disposition of Tools

1. Broken or worn-out tools shall be removed from service. The Removal From Inventory, CR-2352, will be completed and listed items deleted weekly from the inventory by the tool control officer. If the removed tool is not going to be replaced, the shadowboard shall be adjusted accordingly.
2. Tools determined to be in excess of the number required for any given department or work detail shall be returned to the designated tool control officer for secure storage pending reissue or disposition.
3. Each department shall be routinely inventoried. Caution should be used to maintain tool inventories at the most efficient operating level.
4. All pieces of broken metal cutting blades (hacksaws, metal cutting band saw, jigsaw, and all saw blades) and files shall be collected prior to issuing a replacement blade or file. Missing blade pieces of usable length shall be treated as lost tools if inside and outside (work crew areas) the secure perimeter of a facility.

G. Tool Inventories

1. The maintenance of an inventory in each department is the dual responsibility of the tool control officer and respective work supervisors. Copies of all Tool Inventory forms, CR-2353s, shall be submitted to the AWS/DS for review and returned to the tool control officer for filing. These records shall be retained for three years. The removal of tools from the inventory will be recorded on a Removal from Inventory, CR-2352. Transfers of tools from one area to another will be recorded on a Transfer of Tools, CR-2351.
2. At a minimum, twice daily checks of tools shall be made by the work supervisor of his/her respective tool inventory and recorded on a Record of Twice Daily Tool Checks, CR-3551, in accordance with Section VI.(E) of this policy. This form will be signed by the work supervisor and forwarded to the tool control officer at the end of each week. The form will be maintained on file for a period of one year. Any lost tool will be reported to the AWS/DS and tool control officer on a Loss of Tools and/or Hazardous Substances, CR-2236, immediately after the tool is discovered to be missing.
3. A monthly tool audit will be conducted by the tool control officer. This audit shall verify inventories, classification of tools, markings, policy compliance, and secure storage of tools. The tool control officer and area supervisor shall complete the Tool Inventory form, CR-2353; on a monthly basis and cross reference the master inventory list for accuracy. A summary report shall be forwarded to the AWS/DS. The report shall include deficiencies, if any, and corrections or changes to the inventory. As directed by the Warden/Superintendent, any deficiencies shall be investigated and appropriate action taken.

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#### H. Issuing Tools

1. All tools shall be issued by the assigned tool control officer/employee designee and recorded on the Tool Control Issue and Turn-In, CR-2026.
2. All area Tool Inventory forms, CR-2353s, will reflect an accurate and up-to-date listing of tools assigned to the area.
3. The work supervisor shall require the signature of the employee/inmate receiving any tool issued on the Tool Control Issue and Turn-In, CR-2026.
4. All ladders and scaffolding are considered Class A tools within the secure confines of the institution. These tools shall be stored outside the perimeter of the institution. If scaffolding is to be left on the job site overnight, a prior request in writing must be approved by the Warden/Superintendent or AWS/DS. The request shall state where the scaffolding is located and describe how and to what it is to be secured. A chain will be looped around each section of scaffolding and padlocked to a stationary object in the area. Walk boards shall be removed from the perimeter.
5. In institutions where tool boxes are issued to inmates rather than to employees within a secure perimeter, every tool will be accounted for each time the tool box is returned and recorded on the Tool Control Issue and Turn In, CR-2026. Each tool box shall be locked with two padlocks. The inmate worker is allowed to possess a key for one lock with a Tool Inventory, CR-2353, maintained inside the toolbox. Designated staff at the inmate's work area will maintain a key to the second lock. Both locks will be in the locked position when the inmate worker is not on a job or is between work sites.

#### I. Health Services - Surgical, dental, and other medical tools, supplies, equipment, and materials shall be maintained in the safest manner possible in keeping with medical, state, and local standards of infection control practice. Health care tools and supplies of a hazardous nature shall be maintained in a locked storage area or container containing a Tool Inventory, CR-2353.

1. Reserve stock of hypodermic needles and syringes shall be kept in a restricted, locked, and secure area designated by the Warden/Superintendent. An accurate and current inventory shall be maintained.
2. A perpetual inventory of the daily use "working stock" syringes and hypodermic needles issued and used shall be maintained by the health administrator/designee. The tool control officer shall be responsible for conducting quarterly verification of the perpetual and stock inventory.
3. Used, disposable syringes, needles, and other disposable sharp instruments shall be disposed of in accordance with applicable state and local health department standards and guidelines of infection control practice.

#### J. Food Services - Class A culinary tools as used by the food service department shall be stored in a steel tool cabinet equipped with a shadowboard and a secure locking device. This box/cabinet shall be anchored to the wall in a fixed and easily visible location. All hazardous tools shall be marked with the food service identification symbol. All long shaft table can openers will have a hole drilled in the end of the shaft to allow for a padlock to be placed which will secure this tool to the work station. When not in use, this tool shall be stored in the Class A tool cabinet.

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The Class A tools which may be stored in the food service area are those necessary to complete the menus. All reserve stock shall be stored in a secure area outside the perimeter with a proper inventory maintained and issued as required.

- K. Arts and Crafts - Facility owned tools used in arts and crafts shall be stored at a central location in a locked metal cabinet within the area where the hobby craft work is being performed. Inmate-owned tools may be stored in this or other location(s) as designated by the Warden/Superintendent. The Warden/Superintendent shall designate an employee to account for all inmate-owned tools at least weekly. A memo outlining the findings of the inventory shall be submitted to the tool control officer with a copy forwarded to the AWS/DS. Inventories shall be maintained for one calendar year.
- L. Freeworld Contractor Tools - All freeworld contractor tools will be accounted for and inventoried when used within the secure perimeter of a correctional facility. Itemized inventories of all freeworld tools shall be conducted by checkpoint/sallyport staff prior to entering the security perimeter of any facility. Escorting security staff will be responsible for ensuring that proper supervision of these tools is maintained at all times as per Section VI.(E)(1) of this policy. Upon exiting the perimeter, checkpoint/sallyport staff shall check the contractor tools against the inventory to ensure all tools are present and accounted for. All freeworld contractors working outside the secure perimeter will be monitored by staff to ensure all tools are accounted for prior to vacating the work area.
- M. Cleaning Equipment Tools - All brooms, mops (wet and dust) with handles, mop buckets, ringers and any other cleaning equipment identified by the Warden/Superintendent will be appropriately marked/shadowed and issued by staff using form Tool Control Issue and Turn-In, CR-2026. Each department head will be responsible for inventory, control, and accountability of all assigned cleaning equipment in his/her area. All cleaning equipment tools will be stored in a secure area and this area will remain secured unless staff are issuing or returning tools. All tool areas shall have an up to date Tool Inventory, CR-2353, and Record of Twice Daily Tool Checks, CR-3551.
- N. Copies of purchase requests for tools shall be routed through the tool control officer and Warden/Superintendent of the respective institutions to which the tool is to be permanently assigned. When tools are received by TRICOR employees on site, the plant/farm manager/designee shall notify the institutional tool control officer and arrange a time and place to process the received order. The tool control officer will mark the tools and add them to the master inventory after verifying them against the receiving and add them to the master inventory after verifying them against the receiving report/invoice (to be provided by the TRICOR staff member). This process shall be accomplished as soon as possible but no later than two business days after receipt of tools. In the event an emergency need exists for the usage of a newly received tool, the tool control officer will be notified so the process can be accomplished immediately.

VII. ACA STANDARDS: 4-4196.

VIII. EXPIRATION DATE: January 15, 2021.



DEPARTMENT/AREA

(CHECK ONE)

☐ WEEKLY INVENTORY (Employee's Use)☐ MONTHLY INVENTORY (Tool Control Officer's Use)[illegible]

Tool Control Officer Signature

Department Head Signature

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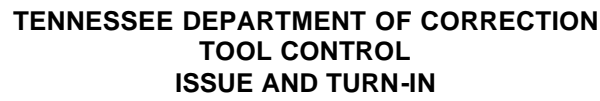
Title



WEEK

[illegible]

RDA 2309



TIME PERIOD:

TO

RDA 2309



**TENNESSEE DEPARTMENT OF CORRECTION  
REMOVAL FROM INVENTORY**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
DATE

LOCATION: \_\_\_\_\_

CLASS (check one)

☐ A

☐ B

\_\_\_\_\_  
(Description of Item) Has been removed from my inventory for the following reasons:

\_\_\_\_\_  
(Breakage, outdated, reported loss, etc.)

Disposition of all tools taken from inventory: \_\_\_\_\_

\_\_\_\_\_  
Reporting Officials' Title

CR-2352 (Rev. 4-01)

RDA 2309



**TENNESSEE DEPARTMENT OF CORRECTION  
REMOVAL FROM INVENTORY**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
DATE

LOCATION: \_\_\_\_\_

CLASS (check one)

☐ A

☐ B

\_\_\_\_\_  
(Description of Item) Has been removed from my inventory for the following reasons:

\_\_\_\_\_  
(Breakage, outdated, reported loss, etc.)

Disposition of all tools taken from inventory: \_\_\_\_\_

\_\_\_\_\_  
Reporting Officials' Title

CR-2352 (Rev. 4-01)

RDA 2309







**TENNESSEE DEPARTMENT OF CORRECTION  
LOSS OF TOOLS AND/OR HAZARDOUS SUBSTANCES**

INSTITUTION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CLASS:      A   ☐      B   ☐  
(check one)

EMPLOYEE DISCOVERING LOSS: \_\_\_\_\_

EMPLOYEE RESPONSIBLE FOR ITEM(S): \_\_\_\_\_

DATE AND TIME LOSS DISCOVERED: \_\_\_\_\_ REPORTED: \_\_\_\_\_

PLACE LOSS OCCURRED: \_\_\_\_\_

QUANTITY AND DESCRIPTION OF ITEM(S) LOST: \_\_\_\_\_

CIRCUMSTANCES SURROUNDING LOSS: \_\_\_\_\_

ACTION TAKEN TO RECOVER LOST ITEMS(S): \_\_\_\_\_

ITEM(S) RECOVERED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REPORTING EMPLOYEE



STATE OF TENNESSEE  
**DEPARTMENT OF CORRECTION**  
5TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
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**MEMORANDUM**

**TO:** Wardens/Superintendents (except TCA)  
**FROM:** Chuck Taylor, Deputy Commissioner/Chief of Staff  
**DATE:** September 14, 2018  
**SUBJECT:** Classification of Tools (Policy #506.03)

In accordance with the above referenced policy, the following is a listing of various tools commonly stored and used by institutions in the Tennessee Department of Correction. All tools listed are considered Class A when inside the confines of a secure institution. Wardens/Superintendents shall designate how tools are to be classified in situations or settings other than on minimum/restricted, medium, or maximum security compounds. Please place this list in your policy manual with Policy #506.03.

Axes, all	Cutter, circle
Bar, Wrecking	Cutter, end mill
Bender, conduit hand	Cutter, glass
Binder, load	Cutter, high voltage
Bit, center	Cutter high speed deburring
Bit, masonry	Cutter, milling machine, wheel type
Bit, metal	Cutter, pipe
Bit, Torx security	Drill, hand
Blades, bandsaw	Drill, motor
Blades, grinder	Drill, pneumatic
Blades, hacksaw	Drill, power hammer
Briar, bush hook	Drill, rotary electric
Burner, butane	Engraver
Cable, heavy steel and/or fiber	Files
Cake Marker, stainless steel	Forks, hay
Can opener, long shaft, table**	Grinders
Chain, towing, heavy-duty	Grip, vise
Channel, locks	Grip, vise "C"
Chisel, brick	Gun, impact
Chisel, cape	Gun, nail
Chisel, cold-hand	Gun, pop rivet
Chisel, diamond point	Gun, soldering
Clamp, "C"	Hammer, ball-peen
Cleaver, meat *	Hammer, claw
Cookie Cutter ***	Hammer, masonry
Crowbar	Hammer, sheetrock
Cutter, abrasive	Hammer, sledge
Cutter bolt	Hatchets
Cutter, cable-hand	Hawk, masonry

## Classification of Tools

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Hoe, garden  
Hoist and chain  
Hose, Water  
Jack, hydraulic  
Kettle paddle  
Keys, Hex-T-Set  
Knife, boning\*  
Knife, butcher\*  
Knife, cloth cutting  
Knife, Formica  
Knife, putty  
Knife, sheetrock  
Knife, utility  
Ladders, all  
Ladle, melting hand  
Lathe, tool  
Mattock  
Metal Tongs  
Nutdrivers  
Picks  
Picks, lock  
Pliers  
Pliers, diagonal cut  
Post Hole Digger  
Prestolite, set/tips  
Puller, 3-jaw external  
Puller, bearing protector  
Puller, gear and bearing  
Puller, mechanical  
Pullers, sliding hammer  
Pusher, pipe  
Rake, metal  
Retrieval Unit  
Roller  
Rope  
Sander, belt  
Sander, disk electric  
Sander, pneumatic  
Sander, portable disk  
Saw, band portable, electric  
Saw, brick  
Saw, chain, gas

Saw, circular  
Saw, compass  
Saw, hack frame  
Saw, keyhole  
Saw, masonry  
Saw, miter  
Saw, reciprocating portable, electric  
Saw, woodcutting  
Scaffolding  
Scissors, metal  
Screwdriver, Any Size  
Shears  
Shears, metal cutting, electrical  
Shears, metal cutting, hand  
Shop hammers  
Shovel  
Snips, hedge  
Snips, pruning  
Snips, tin  
Spatula, metal  
Splitter, maul  
Square, combination  
Square, framing  
Stretchers, come along  
Stud gun  
Swing blades  
T Square  
Thermometer, food  
Tip, cutting  
Tip, welding  
Tool, tire  
Torch, propane  
Trowel, brick  
Welders  
Welding rods  
Whetstone  
Wire cutters  
Wiring, electrical/extension cords  
Wisk, Food, 16" or longer  
Wrench, adjustable  
Wrench, pipe  
Wrench torque

\* Effective immediately, the above tool(s) shall be stored outside the secure perimeter in the tool control area

\*\* A hole shall be placed in the bottom of the shaft to allow for the placement of a lock, which will secure the tool(s) to the workstation


\*\*\* A hole shall be placed in the tool and a looped/crimped steel cable attached, to allow for the placement of these tools to a secure workstation by use of a padlock.

Air hoses within secure perimeter shall be accounted for daily.

Any tool which could easily facilitate a breach of the perimeter, (i.e. hacksaw blades, files, ladders, welding or acetylene torches, cutting heads, bolts cutters and come-alongs) shall be stored outside the perimeter of a secure institution.

CT/ljj/lg

PC: Ronald Whitmore, Superintendent TCA  
Historical File, Policy #506.03

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.04	Page 1 of 8
	Effective Date: June 1, 2017	
	Distribution: B	
	Supersedes: 506.04 (6/1/15)	
Approved by: Tony Parker		
Subject: ARMORY CONTROL		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-3-609, and TCA 39-16-201.
- II. PURPOSE: To establish a procedure for the control, storage, and maintenance of weapons and riot control equipment and to establish uniform methods to control the issuance and inventory of all security equipment.
- III. APPLICATION: To all Deputy Commissioners, Assistant Commissioner of Prisons and appropriate Tennessee Department of Correction (TDOC) institutional employees.
- IV. DEFINITIONS:
  - A. Armory: An area designated for the secure storage of lethal and non-lethal weapons.
  - B. Compound: Areas of the institution where inmate traffic is routine, including housing units, yards, and program spaces.
  - C. Deadly Weapon: Any firearm or other weapon, device, instrument, material, or substance which, in the manner it is used or is intended to be used, is capable of producing death or severe bodily injury.
  - D. Equipment: Any security related equipment stored within the armory, such as riot control equipment, personal protection equipment, batons, handcuffs, bullet resistant vests, gas masks, electronic restraint devices and all security equipment assigned throughout the facility.
  - E. Perimeter: The line of security around an institution marked by fences, walls, towers, sallyports, and traps.
  - F. Public: Any free-world individual visiting institutional property.
- V. POLICY: The Warden/Superintendent shall establish an armory in a secure area of the institution which is not accessible to inmates or to the public.
- VI. PROCEDURES:
  - A. The armory shall be the primary storage area for state owned deadly weapons, ammunition, non-deadly weapons, and personal protection equipment.
    1. The armory location shall be outside the secure perimeter of the compound of the institution.
    2. The armory shall be secured behind at least one solid reinforced security door and behind at least two doors if located on the ground level. The armory shall have no windows, except the service window, unless it is one story or more above ground level. Stairways leading to armories must be either retractable or have a locked door at the bottom entry.

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3. The issuance of equipment to staff shall be made through a service window or aperture in a door, wall, or cage, so that access to the armory remains secured.
  4. All persons entering the armory shall sign in and out. This record of armory traffic ~~will~~ shall be maintained a minimum of 90 days.
  5. The Warden/Superintendent shall designate the institutional personnel by name and rank/position who are allowed to enter the armory and issue weapons or equipment.
  6. Except for the pattern key(s), there shall be two sets of keys to the armory (one in the key control room and one in a secure area designated by the Warden/Superintendent outside all perimeter fencing). These keys shall not be keyed to any master or submaster.
  7. The armory shall be constructed and ventilated to ensure that it remains free from moisture as much as possible.
  8. All ammunition is to be stored and locked in metal cabinets within the armory. All flammables shall be stored according to Policy #112.09.
- B. The Warden/Superintendent shall designate an employee to be responsible for the armory. Additional employees may be designated to assist the primary armory officer.
1. The armory officer and assistants shall be knowledgeable in all areas of weapons training, safety, and use and shall be provided training when needed.
  2. The armory officer(s) shall be responsible for all weapons and security equipment assigned to the facility.
- C. The discharge of weapons or chemical agents, other than for training purposes, shall be reported in accordance with Policy #103.02.
- D. The Warden/Superintendent shall promulgate a written policy and procedure designating the areas in which weapons are permitted and issued for normal operational practice. These procedures will include institutional procedures for issuance of all security equipment on Daily and Permanent Assignment, Equipment Issuance, CR-1940.
- E. As designated via post orders of the institution, weapons and security equipment are not permitted in certain areas except during periods of extreme emergency, and then only upon direct orders of the Warden/Superintendent and Deputy Commissioner of Operations.
- F. The Warden/Superintendent shall issue post orders to be written for all posts requiring the use of weapons and security equipment.
- G. All deliveries of weapons, ammunition, or security equipment shall be made directly to the armory.
1. All purchase orders requesting weapons and security equipment shall clearly state to the manufacturer or vendor "DELIVER TO ARMORY ONLY". The Commissioner must approve all purchases for weapons before processing by TDOC Fiscal Services Division.

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2. All packages for delivery are to be marked clearly "DELIVER TO ARMORY ONLY".
  3. The employee receiving the item shall notify the Warden/Superintendent or designee that a delivery has been received.
  4. The Fiscal Director/designee shall designate one person to proceed immediately to the armory to receive and inventory the order.
- H. The Deputy Commissioner of Operations, in consultation with the Deputy Commissioner of Administrative Services, shall authorize the disposal or transfer of any weapon, ammunition, or security equipment.
- I. The armory officer(s) shall maintain accurate records documenting the daily issuance and maintenance of the armory inventory.
1. All security equipment issuance shall be recorded on the Daily and Permanent Assignment Equipment Registration, CR-1940.
  2. Permanent assignment of equipment shall be recorded on a separate CR-1940.
  3. CR-1940 shall be maintained for three years prior to destruction in loose-leaf form in a separate section of a binder maintained in the armory.
  4. CR-1940 shall be made available to any person authorized by the Warden/Superintendent for audit or information purposes.
- J. Firearms, ammunition, or other equipment shall be issued only to TDOC personnel on official state business, in accordance with Policies #110.06 and #506.09.
1. The issuing officer(s) shall ensure that persons being issued weapons or equipment are qualified for each specific item, in accordance with Policies #110.06, #506.07.5, and #506.09.
  2. The institutional training officer or designated staff shall provide the armory officer with a current listing of employees qualified to carry weapons and their weapons qualification expiration dates, along with the weapons they are qualified to carry, in accordance with Policies #110.06 and #506.07.5.
  2. The issuing officer(s) shall verify the need for issuance of weapons and equipment as standard operational procedure, according to the written post orders for the armory and the written post orders of the requesting employee. Any other authorization for issuance must be made by a shift supervisor, Associate Warden, or Warden/Superintendent.
  3. The issuing officer(s) shall draw the weapon, ammunition, or equipment from the inventory and make the appropriate entries on CR-1940.
- K. When a weapon(s) or piece(s) of equipment are returned to the armory or the designated locations, the officer(s) shall locate the entry and compare the identification and serial number with those recorded on the log.
- L. The armory officer(s) shall issue only state owned weapons and equipment.

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1. Personally owned weapons are not to be used on assigned duty stations.
  2. When assigned to a mobile patrol, the 12 gauge shotgun shall be secured in the mounting rack and locked in place. The officer assigned is required to properly wear the state issued ballistic vest. The revolver and additional ammunition is to be properly worn at all times in the provided state issued holster and ammunition carrier.
  3. Except in cases of emergency, and then only with the specific approval of the shift supervisor or higher authority, all firearms being issued by the armory or being returned to the armory shall be unloaded at the unloading pit with the action open at all times. After verification by the armory officer that the weapons being returned are unloaded, he/she may then close the action on the shotgun, semi-automatic, and mini-14, release the trigger mechanism and store the weapon. The procedure reverses when reissuing the weapons.
  4. The Warden/Superintendent shall designate a secure area for storage of weapons of visiting law enforcement officials. The weapons shall be stored unloaded. A sign noting that the TDOC is not responsible for the loss or damage and that the weapon shall be stored unloaded shall be posted conspicuously for all to read.
  5. Public visitors who are legally authorized to possess a firearm may transport and safely store the item while utilizing designated parking areas on the facility grounds. The firearm(s) and ammunition shall be kept out of ordinary observation from the general public failure to secure can result in the suspension of visitation.
  6. Through institutional policy, Wardens/Superintendents of facilities with an armory may authorize employees to store their personally owned weapons in the facility armory. Only those employees who possess a permit to carry a weapon in compliance with TCA 39-17-1313 and verified by the Armory Officer, may be authorized to transport or store the weapon on state property. The weapons shall be stored unloaded. The TDOC shall accept no responsibility for the loss or damage of personally owned weapons.
  7. In the event that a TDOC employee desires to have in their possession their legally carried handgun, the employee must ensure his/her firearm is secured and kept from ordinary observation from the general public, failure of an employee to secure the firearm/ammunition shall be grounds for disciplinary action up to and including termination.
- M. Departmental weapons and equipment shall be well maintained. Each item returned to the armory shall be inspected for cleanliness and damage.
1. If visual inspection indicates, the armory officer(s) shall clean the item.
  2. The armory officer(s) shall repair any damage noted to the limits of his/her abilities.
  3. When unable to repair the equipment, the armory officer shall identify that item as needing repair.
  4. The armory officer(s) shall notify, in writing, the appropriate Associate Warden of the items in need of repair. Any item damaged by misuse shall be reported to the Warden/Superintendent.



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5. Any equipment in need of repair shall not be issued or reissued until it has been repaired.
6. Weapons permanently assigned to posts are rotated quarterly.
7. When weapons are rotated off posts or used on the range, the weapon shall be cleaned. Any weapon being returned to the armory from temporary use where the weapon was not fired shall be thoroughly inspected and cleaned if necessary
8. The armory officer shall maintain a written record that shall note the last time each weapon was thoroughly cleaned. All weapons shall be thoroughly cleaned on at least an annual basis.

N. Weapons and Equipment Inventory:

1. Once each month, the armory officer(s) shall complete a physical inventory of the armory and all areas issuing security equipment; the property officer will semi-annually complete a physical inventory of the armory. The semi-annual inventory will be conducted and jointly signed by the armory officer and property officer. The semi-annual inventory shall be conducted in June and December.
2. The armory officer(s) shall personally visit each tower and duty station monthly to count and inspect each piece of equipment that is on permanent issuance.
  - a. The armory officer(s) shall repair or clean equipment if required at the completion of his/her inventory.
  - b. Minor repairs or cleaning shall be performed only in the armory. This does not preclude weapons being cleaned on the range at the completion of training exercises.
3. The inventory shall be completed on the Weapon/Equipment Inventory, CR-1862, for each month prior to the ninth working day of the following month.
  - a. Security equipment not physically stored in the armory proper, but stored in towers, housing units, tactical units, etc., shall be listed on the back of the CR-1862 and be included in the totals on side one. Except at community hospitals that contract with DeBerry Special Needs Facility (DSNF) to provide in-patient health care, no guns are to be stored anywhere except in the armory. The Warden at DSNF must specifically approve the storage procedure of guns at community hospitals.
  - b. When weapons or equipment are surplus, received or exchanged, CR-1862 shall be revised within three working days to reflect accurate inventories and locations.
  - c. One copy of the inventory shall be maintained in loose-leaf form in the armory for five years prior to being destroyed.
  - d. A copy of CR-1862 shall be forwarded to the Assistant Commissioner of Prisons. Modifications to the previous month's inventory must be documented in the comments section, for example, two pair of broken handcuffs etc.

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e. The original of CR-1862 shall be forwarded to the Deputy Commissioner of Operations on a semi-annual basis for the months of June and December.

4. The institutional armory shall be audited annually by the Fiscal Director or designee and copies of each audit shall be maintained by the Fiscal Director.

VII. ACA STANDARDS: 4-4091, 4-4092, 4-4173, 4-4199, 4-4200, 4-4201, 4-4204, and 4-4205.

VIII. EXPIRATION DATE: June 1, 2020.



**TENNESSEE DEPARTMENT OF CORRECTION  
WEAPON/EQUIPMENT INVENTORY**

INSTITUTION \_\_\_\_\_

MONTH OF: \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS
HANDGUNS: 38/4				
OTHER				
SHOTGUNS: 12 GAUGE				
OTHER				
RIFLES: 22				
308				
223				
OTHER				
<b>50-12 GA. SUPER SOCK BEAN BAG ROUNDS</b>				
<b>50-12 GA. FIN STABILIZED ROUNDS</b>				
<b>15-.60 CAL. RUBBER BALLS (8 INCH) (IN 37MM OR 40MM)</b>				
GAS CANISTER: CS				
CN				
LIQUID CHEMICAL: CS				
CN				
37/40MM GAS LAUNCHER:				
GAS PROJECTILE: LONG (CS)				
LONG (CN)				
SHORT (CS)				
SHORT (CN)				
OTHER (CS)				
OTHER (CN)				
ELECTRONIC SHIELDS:				
GAS MASK:				
TASER WEAPON:				
<b>10 STINGER HAND-BALL GRENADES (w/o chemical agents)</b>				
RADIOS & CHARGERS:				
METAL DETECTORS				
LISTENING DEVICES:				
BATONS: SHORT				
LONG				

**WEAPON/EQUIPMENT INVENTORY**

INSTITUTION		MONTH		DATE COMPLETED	
WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS	
15-MULTIPLE DENSE RUBBER BATONE (8-INCH)					
HANDCUFFS:					
LEG IRONS:					
WAIST CHAINS:					
RIOT HELMETS:					
RIOT SHIELDS:			2 2		
HANDCUFF COVERS:					
FLEX CUFFS:					
HOLSTERS:					
SHOTGUN BELTS:					

**REMARKS:**     *INCLUDE MISCELLANEOUS ARMORY EQUIPMENT, EQUIPMENT IN NEED OF REPAIR, EQUIPMENT NOT ACCOUNTED FOR, ETC.*

I CERTIFY THAT I HAVE PHYSICALLY INSPECTED ALL POSTS AT THIS FACILITY AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

## WEAPON/EQUIPMENT INVENTORY

INSTITUTION

MONTH

DATE COMPLETED

[illegible]

SIGNATURE

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TITLE



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INSTITUTION

DATE \_\_\_\_\_

CR-1940 (Rev. 03.17)

***Duplicate-as-Needed***

RDA 2308

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 506.05	Page 1 of 11
	Effective Date: November 15, 2017	
	Distribution: B	
	Supersedes: 506.05 (9/1/14) PCN 17-42 (6/1/17)	
Approved by: Tony Parker		
Subject: CONTROL OF GATES, PERIMETER, AND COMMUNICATIONS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To describe security procedures which are appropriate to prevent inmate escapes and unauthorized access by the general public, to control vehicular and pedestrian traffic, and to maintain communication functions.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) institutional employees.
- IV. DEFINITIONS:
  - A. Central Control: The designated office(s) and/or heavily secured area which is an integrated function of all external and internal security and is the base station of the institution's radios. This area may be synonymous with the operations office.
  - B. Checkpoint: The main entrance to an institution located either in front of or in close proximity to the administration building.
  - C. Mobile/Security Patrols: Armed or unarmed correctional officers who maintain the perimeter security of the institution by regularly monitoring, observing, and inspecting the perimeter fences/walls and entrance gates.
  - D. Operations: The designated office(s) which serves as the post assignment base(s) of the ranking security officer(s).
  - E. Post: An established security assignment. (See Policy #506.17)
  - F. Sallyport/Vehicle Gate: A secure enclosure designed to accommodate vehicular/pedestrian traffic requiring admittance inside the perimeter of the institution. It is equipped with two gates which are designed not to be opened simultaneously. This is considered part of the secure compound.
  - G. Secure Institution: Institutions, Level II and above, that are designated and operated to ensure that all entrances and exits are under the exclusive control of the facility's staff, thereby not allowing an inmate to leave the facility unsupervised or without permission.
  - H. Through Body Scanner: A scanning device that uses electromagnetic radiation in low doses to detect the presence of weapons or other contraband on or within the body cavities.
  - I. Towers: Points of observation which are designated as security posts and manned by armed correctional officers and located on the second and/or outside line of perimeter security.

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Access to these posts shall be limited and strictly controlled, with the officer on duty being the only person able to grant access. In cases of emergencies, the on duty shift commander can grant permission to these posts.

- J. Trap Gate: A secure enclosure for pedestrian use with two gates or doors which shall never be opened simultaneously located at the inside or first line of perimeter security (i.e., entrance to the yard, hospital, central control, program areas, etc.) around the institution.
- V. POLICY: All TDOC institutions shall maintain safe and secure perimeters that are appropriate to the facility's security designation.
- VI. PROCEDURES:
  - A. Operations: Under the authority of the Warden/Superintendent, the Associate Warden(s)/Deputy Superintendent/designee shall coordinate and supervise all functions which are based in this office. Functions include, but are not limited to:
    - 1. Deployment of security staff for routine and emergency post assignments.
    - 2. Supervision of designated security staff and functions, to include duties as provided in institutional policies and post orders.
  - B. Towers and Perimeter Patrols: These posts shall be manned and equipped as outlined in institutional policies and post orders, with post assignments designated to include constant monitoring of the perimeter of the institution.
    - 1. Access to towers shall be strictly controlled
      - a. With stairways which can be withdrawn and/or security doors/fencing
      - b. With the officer on duty being the only person able to grant access
      - c. Absolute restriction of inmates in towers from which gates or sallyports are controlled
    - 2. Tower and Patrol Duties
      - a. Procedures shall be established to require communication with operations, central control, and/or the checkpoint at specified intervals during a 24 hour period and in a specified manner to ensure that the officer is alert and not under duress. Call-ins may occur by telephone/radio/intercom. Perimeter patrol vehicles shall be restricted to patrolling the perimeter and responding to alarms in their zone of the secure facility only. Stationary mobile units may be utilized in lieu of patrolling units where the terrain is appropriate for such. Additional roving patrols may be designated by the Warden/Superintendent for areas other than the perimeter of the secure facility. When an alarm occurs, personnel from within the facility will check the inside fence and the perimeter patrol will investigate the outside fence. The perimeter patrol officer(s) will exit the vehicle with radio and weapons(s), secure the vehicle, and conduct a thorough inspection of the alarmed/tampered region. The perimeter patrol officer will notify Operations/Central Control of any relevant information regarding the reason for the alarm.



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- b. Strict accountability and control shall be maintained for all weapons and security equipment issued.
- c. A permanent ledger, entitled "Fence Detection Alarm Check", will be maintained in each perimeter vehicle and will remain in that vehicle. Should the vehicle be removed and replaced by another vehicle, the log book will be removed and maintained in the replacement vehicle on the perimeter at all times. A ledger entry will be made each time a fence zone is checked after activation. The ledger will be inspected daily by a second shift supervisor (sergeant or above) for accuracy, accountability, and content, and will be signed by that shift supervisor (to include the time he/she signs the ledger). The completed ledgers will be maintained by the facility for a period of three years. The following information will be recorded in the ledger book.
  - (1) Date of alarm
  - (2) Time checked
  - (3) Zone identification numbers
  - (4) Cause of the alarm, i.e., birds, yard mowing, weather, etc. Strong wind, heavy rain, and lightning will be listed as "weather". "Unknown" will only be used when it cannot be determined by what means the zone was activated.
  - (5) Name of officer(s) checking the zone (inside and out)
  - (6) Time central control was notified of the results of the check

C. Checkpoint Entrance

1. The front entrance shall be the primary pedestrian traffic point for entrance or exit from the institution. Entry to minimum security facilities shall be governed by Policy #506.06. Precautions shall be taken to prevent weapons and other contraband from being introduced into the institution. Searches shall be conducted of all visitors, employees, and inmates as outlined in Policy #506.06.
2. In addition to searches by metal detectors per Policy #506.06, all visitors to secure locations shall be stamped with incandescent ink using a series of designs, letters, etc., on the back of the left hand and checked by "blacklight" upon exiting the institution. This is to be used only as an aid and not to be relied upon solely as a means of identification. The stamp used should be rotated daily to prevent any attempt at copying and to prevent establishment of a routine or pattern.
3. Where installed all persons may be required to pass through and clear a Through Body Scanner, unless the person is pregnant or thinks they may be pregnant, is a child under the age of 16, is a person with a pacemaker, or a person confined to a wheelchair. The officer assigned to checkpoint shall utilize the walk-through metal detectors and a hand-held metal detector to screen these individuals. The assigned officer will view the image produced by the through body scanner to determine if the person has an unauthorized object on/or within their body.

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4. Shoes shall be required to be removed; shoes removed will be placed in a container marked for shoes only.
5. The “blacklight” will be located at either central control and/or checkpoint entrance to be determined by the Warden/Superintendent based upon the physical layout of the facility.
6. The checkpoint post assignment shall be staffed by a correctional officer performing the following duties:
  - a. Identify all persons entering or leaving the institution by one or more of the following methods:
    - (1) Personal recognition
    - (2) Official identification and/or photo identification card
    - (3) Written authorization by the Warden/Superintendent, Associate Warden/Deputy Superintendent, or designee
    - (4) Blacklight verification of hand stamp for visitors to secure locations
    - (5) Official visitor tag or official TDOC identification card
    - (6) In addition to any of the above listed identification methods; the following procedures will be applied:
      - (a) A shift supervisor or rated officer, sergeant or above, will be posted at the Central Control area at shift change and positively identify all security staff prior to them exiting the secure compound. Security staff who exit the facility prior to the conclusion of their shift must be identified at central control by a shift supervisor.
      - (b) All non-security staff, including official visitors, will be required to relinquish their ID card at central control and/or checkpoint upon entering the compound/facility. The ID card will be returned to the staff member upon his/her exit from the compound/facility after it has been used to positively identify that person. This system will also be used for those employees (security or non-security) who are required by the duties of their position to work both inside and outside the secure compound.
      - (c) A digital picture system (computerized or manual) of all employees will be maintained in central control and/or checkpoint. This system will be utilized when the employee cannot be positively identified by any of the methods identified above. In the event an employee loses his/her ID card, a digital picture will be used for identification purposes only until a replacement card can be issued.

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- b. Identification tags labeled "Official Visitor" shall be issued to and worn by all non-uniformed official visitors not wearing a TDOC identification card with photograph. Volunteers not wearing a TDOC volunteer identification card with photograph shall also be issued an "Official Visitor" tag.

7. Ledgers

- a. Three permanent ledgers shall be maintained at the checkpoint. The first will be for official visitors, the second for employees, and the third for inmates. Inmate visitation records shall be governed by Policy #507.01.
  - b. The assigned officer will ensure that entries are made in the appropriate ledger of admissions and departures which shall include, but not be limited to, the date, name, identification presented, nature of business, and arrival/ departure times. Ledgers shall include the following information:
    - (1) A complete record of all visitors entering and leaving the institution and their destination in the facility
    - (2) A complete record of all non-security personnel who enter or exit the institution
    - (3) A complete record of all inmates who pass through the checkpoint.
8. No employee assigned to the checkpoint shall ever be armed with a deadly weapon during times of usual or routine traffic. (See Policy #506.08)
9. Employees assigned to the checkpoint shall not permit the passing of any person who refuses to abide by any rule governing the method of entering or leaving the institution. The employee should attempt to obtain the name and address of the person who has been refused admittance and record this in the appropriate ledger. He/she shall immediately notify the officer in charge about such a situation should it arise.
10. No person(s) shall be allowed to loiter or congregate inside or outside the checkpoint entrance or any point contiguous to it if the security and safety of the facility are thereby threatened.
11. Any person, employee or otherwise, who is under the influence of intoxicants or narcotics or who conveys the impression of not being in full possession of his/her faculties shall be refused admission and shall be referred to the Warden/Superintendent/designee in charge of the institution. The name and address of the person who has been refused admittance will be obtained, if possible, and recorded in the appropriate ledger.
12. Checkpoint officers shall regularly maintain radio and/or telephone contact with central control and/or operations.
13. Itemized inventories of all tools shall be conducted and documented by the pedestrian checkpoint officer prior to staff/vendors/inmates entering and when exiting the secure perimeter.

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D. Trap Gates/Sallyports

1. The enclosed space between the gates or doors of sallyports and trap gates shall be fully observable to the officer in charge of the gates or doors and shall be kept secure.
2. The gates or doors of sallyports and trap gates shall be equipped with interlocking devices and under no circumstances, unless authorized by the Warden/Superintendent/designee, shall both gates and/or doors be opened simultaneously, thereby permitting continuous traffic.

E. Sallyport/Vehicle Gate(s)

1. This entrance to a secure institution is primarily used for vehicular traffic entering and leaving the premises. It shall be staffed as designated by the Warden/Superintendent. To provide security and to maintain control against the introduction of contraband, the following procedures shall be followed:
  - a. All vehicular traffic shall be strictly monitored to determine the need for entry, and only those vehicles that meet institutional requirements for entry shall be permitted to enter through the vehicle gate.
  - b. Upon entry, the officer in charge shall direct or make a detailed search of the vehicle, etc., to determine if any objects have been attached or deposited for illegal entry into the institution. This search shall include all compartments, under the hood, and in other areas where contraband is likely to be hidden.
  - c. Confirmation of destination shall be obtained from the driver, and the anticipated arrival of the vehicle shall be relayed to that point.
  - d. An escort officer will normally be assigned to accompany all vehicles during the entire time that the vehicle is inside the institution. The Warden/Superintendent may make exceptions for vehicles driven by TDOC employees. The Warden/Superintendent shall promulgate post orders outlining the duties of escort officers including all aspects of security requirements, i.e., searching the vehicle, supervision of loading/unloading, vehicle keys, locking of the cab or rear compartment, and any other appropriate issues.
  - e. All drivers shall be searched according to Policy #506.06 prior to entering the institution. All contractors will be photographed and a temporary photo identification card made and presented to the contractor to be worn anytime they are performing services within the secure perimeter of the institution. An additional photograph will be maintained at the sallyport to ensure positive identification if this area is used to enter or exit the institution.
  - f. For each vehicle or person entering and leaving the secure perimeter of an institution, entries shall be made in one of the three permanently bound ledgers entitled "Gate Traffic 1, 2, or 3" and shall include the following information:
    - (1) Gate Traffic 1 - For business or delivery vehicles:
      - (a) Company's/owner's name and address

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- (b) License plate number and state of issue
- (c) Make of vehicle
- (d) Driver's name
- (e) Time in and time out
- (f) Destination - upon entry
- (g) Rider's name (if applicable)
- (h) Contents of vehicle

(2) Gate Traffic 2 - For vehicles providing transportation to inmates:

- (a) Name of institution/jurisdiction owning vehicle
- (b) License plate number and state of issue
- (c) Make of vehicle
- (d) Driver's name
- (e) Time in and time out
- (f) Destination - upon entry
- (g) Destination - upon exit
- (h) Names of all staff aboard
- (i) Names and TDOC numbers of all inmates aboard vehicle (central transportation vehicles record total number of inmates only)
- (j) See also Policies #403.02 regarding the movement of inmates by the central transportation system and #506.13.1 regarding the use of gate passes.

(3) Gate Traffic 3 - For all pedestrian traffic that is allowed to proceed through the vehicular gate because the proper prisoner pass is presented (See Policy #506.13.1) or the staff member or visitor passing through has received authorization by the Warden/Superintendent, Associate Warden/Deputy Superintendent, or designee:

- (a) Name of person/position or visitor
- (b) Name of inmate(s)
- (c) TDOC number of inmate(s)

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- (d) Name of TDOC staff/visitor responsible for respective inmate's custody
    - (e) Time in and time out
    - (f) Destination upon entrance
  - (4) Sallyport pedestrian gate traffic is not to be utilized as a substitute for entry/exit of the institution as a matter of convenience for staff.
  - (5) Groups of inmate movement in and out of the vehicle gate, i.e., shotgun lines, work lines, shall be further identified or verified as required by Policy #506.13.1 and may be recorded by total number of inmates instead of individual names.
  - (6) The institution's compliance manager shall monitor logbooks and pedestrian traffic periodically.
2. To eliminate the possibility of escape through the sallyport/vehicle gate, departing vehicles shall be monitored carefully. The following procedure shall be followed:
- a. All vehicles departing from the institution shall be searched thoroughly while within the vehicle gate prior to final exit. The vehicle driver shall remove keys, disembark, and step well clear of the vehicle while the search is in progress. When transporting inmates for appointments or transfer, it shall be the responsibility of the transportation officers and vehicle gate officers to ensure that only the inmates listed on the transportation pass are aboard. The use of a pit or inspection using mirrors and/or automotive "creepers" shall be required.
  - b. Search procedures for exiting vehicles shall include, but not be limited to, the provisions of Section VI.(E)(1)(b) of this policy.
  - c. Vehicles exiting the institution loaded with garbage or rubbish shall be, whenever possible, directed to compact their load prior to final exit. For those vehicles not equipped with a compactor, a metal rod "probe" sufficient in length to provide complete penetration into all containers and piles of refuse shall be utilized to ensure no escape is being attempted.
  - d. All non-escorted equipment utilized to remove garbage/debris/finished products, etc., shall be locked or under constant observation while inside the secure compound.
  - e. Wardens/Superintendent of institutions with the Avian System (heart beat monitor) shall ensure that the system is tested on a daily basis prior to any vehicle traffic entering/exiting the facility. This test will be conducted by security staff and will verify that the system is fully functional and capable of identifying a body inside a vehicle.
    - (1) A logbook documenting the times and names of personnel conducting these tests shall be maintained at the sallyport.

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- (2) If the test fails to verify that the system is functional, the regional field services supervisor of Information Systems (IS) and appropriate vendor, if under warranty, will be notified immediately. IS will have the complete maintenance responsibility of the heartbeat monitor if it is not under warranty.
  - (3) Maintenance will have the complete maintenance responsibility of the electrical and mechanical operation of the sallyport/vehicle gates, excluding incoming control signals from central control panels.
3. When a vehicle is too long for the trap of the sallyport/vehicular gate, an armed officer must be posted outside facing or covering the gate area until the gates can be closed. Inmate movement on the compound shall cease until the outer sallyport gate is closed.
4. All emergency vehicles should be stopped within the sallyport gates to allow a cursory search to ensure only the person(s) inside is authorized and that the emergency drivers/passengers are not under duress. Unless lifesaving methods are in progress both the driver and passenger must exit the vehicle to ensure they are not under duress.
5. All sallyport gates shall be equipped with at least one set of crash barriers.
6. Inmates should not be in the sallyport when a vehicle is passing through or being searched. Inmate cleaners assigned to keep the sallyport clean should be scheduled to clean when activity at the sallyport is at a minimum.
7. Inmates should never be permitted to loiter in the gate area.
8. Clear lines of communication shall be established from the sallyport officer and the individual controlling the opening and closing of the gates to ensure that the sallyport officer is not being held under duress when gate is opened.
9. Vehicles entering the secure perimeter delivering materials or picking up products for the facility and/or TRICOR will be processed in the following manner. These requirements are in addition to all other requirements stipulated within this policy.
  - a. State Vehicles
    - (1) Unless specifically approved by the Warden/Superintendent, all TRICOR shipments shall be loaded into a secured trailer that has been dollied inside the institution, and at least one formal count shall be cleared before the trailer is permitted to exit the institution.
    - (2) Delivery vehicles (i.e., supply, maintenance) shall be constantly observed by institutional employees while inside the institution.
    - (3) The vehicle shall be thoroughly searched at the sallyport, to include checks for false compartments, prior to exiting the institution.
    - (4) The heartbeat detection equipment shall be used on all vehicles where this equipment is available.

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b. Private Carriers

- (1) A correctional officer shall be assigned to private carriers which are making deliveries or picking up manufactured items. The officer shall observe the loading/unloading at all times, being especially watchful of all items being loaded to ensure that no inmate(s) are concealed inside or on the vehicle. Any time the officer leaves the area when the vehicle is being loaded, the cargo doors must be locked. Where practical, the cargo items being loaded shall be weighed by hand or scale to compare against the weight of the product.
- (2) When loading, the vehicle cargo shall be packed in such a manner that an inspection of all contents may be performed at the sallyport to determine if anyone is hiding inside the vehicle.
- (3) Before the vehicle is loaded, a documented informal count of all inmates in the area will be conducted. Prior to the vehicle departing the institution, the vehicle will be locked and a documented informal count shall be conducted of all inmates assigned to the area where the vehicle was loaded/unloaded.
- (4) All departing vehicles shall be thoroughly inspected at the sallyport prior to the vehicle exiting the institution. Additionally, the heartbeat detector equipment shall be used on the vehicle at institutions where this equipment is available.
- (5) Itemized inventories of all tools shall be conducted and documented by the sallyport officer prior to entering and when exiting the secure perimeter.

F. Central Control

1. Each institution shall staff a central control area 24 hours each day. The location of central control may differ from day to night shifts and may be more than one designated area(s). Such areas shall be designated as central control 1, central control 2, etc.
2. The central control area shall be staffed by officers trained in operating equipment specifically designated for use in that post.
3. Access through a security vestibule (See Section VI.(D)(1) and (2) above) to this area shall be strictly limited. Boot camps and minimum security annexes may be secured by a single locked entrance.
  - a. The control center security doors shall remain locked when not in use.
  - b. No unauthorized personnel shall be permitted inside the control center. Off-duty officers or officers assigned to other posts are considered unauthorized personnel.
  - c. All persons entering central control shall sign a permanently bound ledger denoting date, time in and out, and nature of business.
  - d. At no time, for any purpose, shall an inmate be permitted into central control. Sanitation and housekeeping shall be the responsibility of the on duty staff assigned.



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e. The officer on duty inside central control shall have full control over access to the area. Duplicate keys accessing the control center shall be maintained outside the secure perimeter (or within a secure location for minimum security annexes and boot camps), as designated by the Warden to allow emergency access.

4. The institutional telephone lines, alarm systems, ~~and~~ radio and/or intercom networks shall be controlled by and/or accessible to the central control location.

a. Functions and/or substations of central control may include the following:


- (1) Telephone switchboards
- (2) Television observation monitors
- (3) Radio base station
- (4) Key control room
- (5) Emergency alarms system
- (6) Fence detection system
- (7) Body alarm system
- (8) Gate/door control panel
- (9) Radio/alarm/key issue
- (10) Count functions

b. When a disturbance occurs anywhere in the institution, central control shall be the first location notified. The control center officer(s) becomes the center of communication during a disturbance (until a command post is established), gathering and relaying information and delegating duties as may be dictated by the Warden/Superintendent designee.

5. Major responsibilities of central control will be outlined in institutional policy and/or post orders.

VII. ACA STANDARDS: 4-4170, 4-4171, 4-4172, 4-4175, 4-4176, 4-ACRS-2A-01, and 4-ACRS-2A-02.

VIII. EXPIRATION DATE: November 15, 2020.

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	Distribution: B	
	Supersedes: 506.06 (7/15/16) PCN 16-34 (12/15/16)	
Approved by: Tony Parker		
Subject: SEARCHES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-102, TCA 39-16-201, TCA 39-17-1313, TCA 39-17-1359, and Prison Rape Elimination Act of 2003 standards 115.5 and 115.15(e).
- II. PURPOSE: To standardize approved methods for Tennessee Department of Correction (TDOC) staff to search visitors, employees, inmates, inmate housing units, and other areas of the facility.
- III. APPLICATION: To employees of TDOC institutions, transition centers, employees of Tennessee Rehabilitative Initiative in Correction (TRICOR), employees of privately managed facilities, and inmates.
- IV. DEFINITIONS:
  - A. Body Cavity: An internal part of the body, i.e., anus, vagina, ears, nose, or mouth.
  - B. Body Orifice Security Scanner (BOSS): A fast, non-intrusive, high sensitivity detector designed to detect metal objects hidden in body cavities.
  - C. Cell Sense Cellular Telephone Detector: A fast, non-intrusive, high sensitivity detector designed to perform full body scans with a single walk by for the detection of cellular telephones indicating the presence of a cellular telephone, whether switched on or off.
  - D. Contraband: Any item not permitted by law or expressly prohibited by TDOC or institutional policy.
  - E. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - F. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the contract monitor of compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the CA. If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - G. Drug Search by K-9: A periodic search of cells, property, and vehicles for contraband drugs utilizing dogs that are specially trained to detect controlled substances.
  - H. Dry Cell: A room equipped with bed, lighting, and proper ventilation which will prevent the disposal of waste material or contraband.
  - I. Employees: For purposes of this policy, individuals who are on the payroll of the institution, including TRICOR, or individuals contracted to provide services for that institution.

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- J. Frisk Search: A pat search in which an individual is not required to remove clothing.
- K. Institutional Search: An unannounced, thorough search of prison areas (grounds, buildings, and inmates) in an effort to uncover any contraband items.
- L. Probable Cause: Where specific observable facts or trustworthy information from a reliable source leads a reasonably prudent and cautious person to conclude that a crime has been or is being committed.
- M. Official Visitors: TDOC/TRICOR employees from work sites other than the institution, law enforcement officials, visiting dignitaries, etc.
- N. Random Selection: A sample taken from the total population so that each member has an equal chance of being selected.
- O. Reasonable Suspicion: Knowledge, based on specific objective facts and rational inferences drawn from those facts considering the totality of the circumstances, which would cause a prudent and cautious person to believe a particular individual at a particular time is concealing contraband in the particular place to be searched.
- P. Room or Area Search: A thorough inspection of a housing unit, cell(s), room(s), or any other area, and of all items and furniture therein. Vehicles of employees and visitors are subject to search.
- Q. Strip Search: An examination of an individual's unclothed body for weapons and contraband, and a thorough search of all of the individual's clothing while it is not being worn.
- R. Transgender: For purposes of this policy only, a term describing persons whose gender identity and/or expression do not conform to the gender roles assigned to them at birth.
- S. Transsexual: A person who strongly identifies with the opposite gender and may seek to live as a member of this gender especially by undergoing surgery and hormone therapy to obtain the necessary physical appearance.
- T. Visitors: Persons other than TDOC employees or inmates, including vendors and volunteers, who seek to enter the gates or grounds of the institution.
- U. Visual Body Cavity Search: A visual inspection of body cavities which excludes touching the recipient, either personally or with instruments.
- V. POLICY: Searches of visitors, volunteers, employees, inmates, inmate housing units, and other areas of the facility shall be conducted in accordance with the procedures set forth below and in a manner which will avoid unnecessary force, embarrassment, or indignity to those whose person and/or belongings are being searched.
- VI. PROCEDURES:
  - A. Posting

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1. Each Warden/Superintendent shall have signs in English and Spanish posted conspicuously at all entrance roads to institutional grounds and at all checkpoint and vehicular gate entrances to advise visitors to the institution that:

- a. All persons and property are subject to search.
- b. Drugs, alcohol, explosives, and edged weapons are prohibited.

Pursuant to TCA 39-17-1313, the holder of a valid handgun carry permit recognized in Tennessee may transport and store a firearm or firearm ammunition in the permit holder's motor vehicle, while on or utilizing any public or private parking area if:

- (1) The permit holder's secured vehicle is parked in a location where it is permitted to be; and
- (2) The firearm or ammunition being transported or stored in the vehicle:
  - (a) Is kept from ordinary observation if the permit holder is in the motor vehicle; or
  - (b) Is kept from ordinary observation and locked within the trunk, glove box, or interior of the person's motor vehicle or a container securely affixed to such vehicle if the permit holder is not in the vehicle.

- c. Weapons/ammunition found to be unsecured in vehicles shall subject the permit holder to have his/her visiting privileges suspended.

2. Each Warden/Superintendent shall have signs posted conspicuously at all visitor search points advising visitors to the institution that refusal of a search shall result in a suspension of his/her visitation privileges at any TDOC institution.

3. In addition to the above, all existing TDOC facilities and all new TDOC facilities opened after July 1, 2000, must post a sign at all public entrances to TDOC buildings, premises, and property which reads as follows:

"Pursuant to TCA 39-17-1359, the Tennessee Department of Correction has banned weapons within buildings. Failure to comply with this prohibition is punishable as a criminal act under state law and may subject the violator to a fine of not more than \$500."

4. Inmates shall be advised of the institutional policy on searches during orientation and by means of the institutional inmate handbook.

- B. The Warden/Superintendent of each facility shall develop and implement written procedures for the utilization of the Cell Sense cellular telephone detector for the prevention and detection of cellular telephones into TDOC facilities. It shall be utilized at any time at the discretion of the Warden/Superintendent/designee. Members of the Office of Investigations and Compliance (OIC) Special Operations may deploy the Cell Sense cellular telephone detector while on assignment as governed by OIC protocol.

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- C. The Warden/Superintendent of each facility shall develop and implement written procedures for the utilization of the BOSS chair for the prevention and detection of cell phones, knives, and unauthorized metallic contraband in TDOC facilities. It shall be utilized at any time at the discretion of the Warden/Superintendent/designee. Members of OIC may deploy the BOSS chair while on assignment as governed by OIC protocol.
- D. Frisk searches of visitors, volunteers, employees, and inmates shall be conducted by designated staff who have received proper training in search procedures.
- E. All persons (employees, visitors, inmates) and their property on the grounds of any TDOC facility shall be subject to a search by the canine team using a barrier screen. Failure to consent to a search will limit that person's ability to access the facility/facility grounds. The shift supervisor will be notified immediately following a refusal to consent to a search. Searches of this type shall be conducted as outlined in Policy #506.18.
- F. Frequent unannounced searches of inmates, inmate quarters, and all other areas of the facility shall be conducted as often as necessary in order to ensure the safety of the inmate population and security of the facility. Times and patterns of the searches shall vary, but shall be conducted semi-annually at a minimum.
- G. Searching Visitors:
  - 1. There shall be no cross-gender searches of visitors. See Section VI.(I) regarding searches of transgender and transsexual visitors.
  - 2. No forcible searches shall be conducted. Searches of children may only be conducted in the presence of the child's parent or guardian. Any visitor who refuses to submit to any search shall be denied admittance and ordered to leave state property.
  - 3. Any visitor who refuses to submit to an authorized search shall not be forcibly detained. However, if probable cause exists that the individual has illegal item(s) in their possession, efforts shall be made to detain the individual. If unable to detain the individual without using force, vital information such as names, address, phone number, automobile make and model, description, and license plate number and state of issue should be obtained and recorded. This information shall be passed on to the officer in charge, who in turn will notify local law enforcement authorities.
  - 4. A written memorandum detailing the visitor's refusal shall be prepared by the staff member who is involved and forwarded to the Warden.
  - 5. Visitors who refuse to be searched shall have their visitation privileges suspended. Documentation of the refusal to be searched shall also be recorded in the offender management system (OMS) conversation LCDG, contact code VIRC.
  - 6. All institutions (See Policy #506.01) shall be equipped with metal detectors (either walk-through or hand-held) at all visitor checkpoints.
    - a. Each visitor must be processed with the metal detector.

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- b. Anyone failing to clear a walk-through metal detector will be subjected to a closer screening by a hand-held metal detector. Failure to pass the localized search will require the individual to produce or otherwise identify the item causing the metal detector to react.
- 7. A frisk search shall be conducted on all visitors, including vendors, entering the perimeter of a secure institution.
- 8. Strip and visual body cavity searches of visitors require the prior approval of the Warden/Superintendent/designee based upon a finding of reasonable suspicion. The approved Authorization for Search, CR-2156, shall be completed by the staff member designated to conduct the search and returned to the Warden/Superintendent for filing. A copy will be provided for the person being searched.
  - a. Visitors may be required to replace their feminine hygiene products in the presence of institutional staff only if there exists individualized reasonable suspicion to prove that contraband is being brought in.
  - b. Local policy may dictate non-contact visitation as an alternative option when a feminine hygiene product is detected. (See Policy #507.01.1)

H. Searching Employees:

- 1. All employees and official visitors entering an institution shall be frisk searches unless a directive is received from the Warden/Superintendent/designee.
- 2. There shall be no cross-gender searches of employees. See Section VI.(I) regarding searches of transgender and transsexual employees.
- 3. No forcible searches shall be conducted. Any employee who refuses to submit to a frisk search shall be subject to disciplinary action up to and including termination.
- 4. If an employee refuses to submit to any type of search and there is reasonable suspicion to believe that the employee may be concealing contraband, the employee may not be detained without his/her consent unless by a law enforcement official; however, he/she may be terminated for refusing to submit to a search.
- 5. A written memorandum detailing the staff's refusal shall be prepared by the searching staff members involved and forwarded to the supervisor and the Warden.
- 6. All inmates entering a secure perimeter will be strip searched. Strip searches and visual body cavity searches may be authorized by the Warden on a routine basis for all inmates participating in certain activities, including but not limited to the following:
  - a. Visitation
  - b. Work Details
  - c. Parole Boards

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d. Institutional Lockdowns

Institutional policy and post orders shall stipulate areas and activities where routine strip searches and/or visual body cavity searches will occur. An Authorization for Search, CR-2156, is not required in such instances. Strip searches/visual body cavity searches based upon reasonable suspicion require that CR-2156 be completed by the Warden/Superintendent/designee

7. All institutions (See Policy # 506.01) shall be equipped with metal detectors (either walk-through or hand-held) at all checkpoints.
  - a. Each staff member must be processed with the metal detector.
  - b. Anyone failing to clear a walk-through metal detector will be subjected to a closer screening by a hand-held metal detector. Failure to pass the localized search will require the individual to produce or otherwise identify the item causing the metal detector to react.

Strip and visual body cavity searches of staff require the prior approval of the Warden/Superintendent or Assistant Commissioner of Prisons based upon a finding of reasonable suspicion. The approved CR-2156 shall be completed by the staff member designated to conduct the search and returned to the Warden/Superintendent for filing. A copy will be provided to the person being searched. Staff may be required to replace their feminine hygiene products in the presence of searching staff only if there exists individualized reasonable suspicion to prove that contraband is being brought in.

8. Prior to conducting a strip or visual body cavity search of an employee, the specific objective facts forming the basis of the reasonable suspicion finding shall be disclosed to the employee.

I. Searching Inmates:

1. Female correctional officers may frisk search inmates of both genders. Male correctional officers may frisk search only male inmates. Strip searches will only be conducted by staff members of the same gender. See Section VI.(I) regarding searches of transgender and transsexual inmates.
2. All inmates are subject to search at any time by institutional staff. No inmate will be searched solely for the purpose of determining the inmate's gender.
3. All inmates designated as minimum custody or above shall be thoroughly searched whenever they have occasion to enter or leave a more secure area of the institution.
4. Inmates refusing a search of any type shall be charged with a disciplinary infraction for refusing a direct order. They may be forcibly frisked and strip searched upon prior approval of the Warden/Superintendent/designee and/or the CMO at privately managed facilities.
5. The Warden/Superintendent shall determine areas within the facility in which inmates will be required to process through a metal detection screening.

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6. Strip searches and visual body cavity searches may be authorized by the Warden on a routine basis for all inmates participating in certain activities, including but not limited to returning from pass or furlough, transportation runs, transfers, visiting, work details, institutional lockdowns, etc. Institutional policy/post orders should stipulate areas/activities where routine strip and/or visual body cavity searches will occur. CR-2156 is not required in such instances. Strip/visual body cavity searches based on reasonable suspicion/probable cause require CR-2156 be completed by the Warden/Superintendent/designee.
7. Inmates suspected of hiding contraband in a body cavity or who refuse to undergo a visual body cavity search may be temporarily housed in a "dry cell" subject to the following conditions:
  - a. Confinement is ordered by the Warden/Superintendent/designee (no lower than shift supervisor) based upon reasonable suspicion
  - b. A thorough search of the cell is conducted prior to placement of the inmate
  - c. Inmate is provided with toilet articles, clothing, bedding, etc.
  - d. Inmate is provided with a means of collecting body excretion
  - e. Constant observation of the inmates is conducted by staff
  - f. Confinement to be continued longer than 72 hours must be reviewed and authorized by the Warden/Superintendent and the CMO shall be notified at privately managed facilities.
  - g. The health, hygiene, and exercise requirements outlined in Policy #506.16 shall be followed.
  - h. A Segregation Unit Record Sheet, CR-2857, shall be completed for each inmate held in a dry cell. (See Policy #506.16 for sample of form)
8. Inmates will be placed in a dry cell rather than be subjected to a manual body cavity search.

J. Searching Transgender and Transsexual Individuals

1. If there is no doubt as to the gender of a person or there is no reason to suspect the person is not the gender that they appear, they should be searched in accordance with policy mandates stated herein as they relate to that gender.
2. If there is uncertainty as to a person's gender, the responsible officer shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of that gender to conduct the search. If the subject of the search then objects on the basis of gender, an officer of the person's apparently preferred gender shall conduct the search.



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3. Officers should always address people according to the gender role in which they present themselves. Despite possible challenges to their own beliefs and attitudes, officers shall consistently maintain a professional and dignified manner in interacting with the individual.

K. Searches of Inmate, Visitor, or Employee Personal Property:

1. Any item in the immediate possession of an inmate, visitor, or employee at the time he/she is searched shall also be searched. This applies to all types of searches.
  - a. Written documents should be sorted to detect contraband, but shall not be read. Walk-through and hand-held metal detector use does not constitute a search for this purpose.
  - b. A visitor or employee's wallet, purse, or briefcase should not be handled by the searcher, but shall be opened completely and its contents displayed by the owner/bearer. Inmate visitors' purses and wallets shall be secured in lockers provided for visitors.
  - c. X-ray machines can be utilized to scan packages and personal property.
2. Vehicles driven by visitors or employees shall be searched as authorized by the routine plan developed by the Warden/Superintendent in charge of the institution or based on reasonable suspicion. If the driver refuses to have the vehicle searched, the matter shall be handled as it would be if he/she refused a personal strip search or visual body cavity search.
  - a. An organized vehicle search shall be conducted no less frequently than once per quarter.
  - b. Vehicle searches can be conducted anytime to include holidays.
  - c. When possible, searches should be a coordinated effort between the institution, the OIC Division, and other law enforcement agencies. Tennessee Highway Patrol, Sheriff's Department, and TDOC drug dogs will be utilized when available.
  - d. The results of the search shall be reported on OMS conversation LIBJ and in the institution's quarterly report. A free text report shall be made to the Assistant Commissioner of Prisons on OMS conversation LSWA advising of the search, the number of arrests, and items confiscated as a result of the search.
  - e. The Warden/Superintendent shall determine whether the vehicle search will include the vehicles of employees. An unannounced employee vehicle search will be conducted at least annually.
3. One employee may conduct searches of housing units and cells/rooms. The inmate is not required to be present at the time the search is conducted.

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- a. There shall be a complete search and inspection of each vacant room/cell/bed before it is occupied by a new inmate. This shall be accomplished by searching the bed, mattress, and pillow. Along with the search, the mattress and pillow shall be examined to ensure they are in good condition, and the bed shall be examined for damage. All components of the cell/bed/room shall be sanitized before admitting another inmate. The Warden/Superintendent/Designee shall ensure that all cell search requests and results are entered into the OMS conversation LIBQ, Cell Search Request and LIBR, Cell Search Results.
  - b. There shall be a complete search and inspection of each room/cell before it is occupied by a new inmate. The Warden/Superintendent of each facility shall develop and implement written procedures for all searched cells to be entered at the time of each move on OMS conversation LIBQ, Cell Search Request, and LIBR, Cell Search Results. All post orders should reference procedures to be used for searching and documenting the search and results.
  - c. The Warden/Superintendent/Designee shall identify the number of occupied cells/rooms that are to be searched. The cell search request shall be entered on OMS conversation LIBQ. The employee designated to conduct the search shall enter the Cell Search Results on OMS conversation LIBR within 48 hours of completing the search.
4. Property, supplies, goods, and food stocks delivered to the institution shall be searched for contraband prior to entering the confines of the institution. All vehicles entering the institution compound shall be searched. (See Policy #506.05)
- L. All parts of the institution shall be subjected to an institutional search during each calendar year. Searches (length and number of buildings) shall be coordinated through and approved by the Assistant Commissioner of Prisons.
- M. Disposition of Contraband:
1. Any inmate possessing contraband shall be subject to disciplinary action. Possession of illegal items which have some legal penalty attached may also result in prosecution in a court of law.
  2. If contraband is found in the possession of a visitor, the contraband shall be confiscated and the visitor may be detained for local law enforcement officials and possible felony prosecution as per TCA 39-16-201. If the visitor refuses to be detained, force shall not be used. Vital information such as name, address, phone number, automobile make and model, description, and license plate number and state of issue should be obtained and recorded. This information shall be passed on to the officer in charge, who in turn will notify local law enforcement authorities. An incident report shall be submitted. (See Policy #103.02)
  3. Employees found possessing contraband shall be subject to disciplinary action up to and including termination. Those in possession of illegal items shall be subject to arrest and prosecution.

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4. All detected contraband shall be handled in accordance with Policy #506.15.

N. Records:

1. The Warden/Superintendent shall maintain a file record of all submitted CR-2156 forms.
2. The Warden/Superintendent/Designee shall further maintain incident reports, ledgers, memorandums, etc., submitted by the searching employee, regarding the patterns, frequency, and types of searches conducted of housing units, grounds, and buildings.

O. The Warden/Superintendent shall develop institutional policy which establishes procedures for conducting searches of all persons entering and leaving the institution. This policy shall be reviewed annually.

VII. ACA STANDARDS: 4-4192, 4-4193, 4-4194, 4-4281, 4-4282, and 4-4503.

VIII. EXPIRATION DATE: March 15, 2021.



TENNESSEE DEPARTMENT OF CORRECTION  
AUTHORIZATION FOR SEARCH

\_\_\_\_\_  
INSTITUTION

Date of Search: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Search:

\_\_\_\_\_ Strip/Visual Cavity

\_\_\_\_\_ Personal Vehicle

Subject of Search: \_\_\_\_\_  
(Name of Person)

\_\_\_\_\_ Visitor Address \_\_\_\_\_

\_\_\_\_\_ Employee Address: \_\_\_\_\_

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

\_\_\_\_\_ is hereby authorized to conduct the above specified  
(Name of Officer/Position)

search of the named subject, I have been informed and believe there is good cause based in the following:

\_\_\_\_\_ to authorize that the search be conducted for the purpose of detecting contraband.

\_\_\_\_\_  
Signature of Warden / Designee

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

I understand that an authorization has been issued to conduct a \_\_\_\_\_ search  
(strip/visual cavity/vehicle)

I hereby:

\_\_\_\_\_ Consent to the above described search


\_\_\_\_\_ Refuse to consent

Visitors who refuse to submit to a strip, visual cavity or personal vehicle search shall be advised that their refusal shall result in the termination of the intended visit and may result in the suspension of future visits at any TDOC institution.

\_\_\_\_\_  
Signature of Visitor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

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	Effective Date: November 1, 2017	
	Distribution: B	
	Supersedes: 506.05.1 (5/15/14)	
Approved by: Tony Parker		
Subject: RADIO REPAIR AND ASSIGNMENT		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish procedures for repairing and servicing radio equipment.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) institutions, Tennessee Correctional Academy (TCA), South Central Correctional Facility (SCCF), and Office of Investigations and Compliance OIC).
- IV. DEFINITIONS:
  - A. Factory/Rework Repair Provider: A repair shop operated by the manufacturer or manufacturer's approved vendor that performs radio equipment repairs which are beyond the scope of the TDOC radio repair shop.
  - B. Institutional Radio Coordinator: An individual (usually the armory/key/tool sergeant) assigned to coordinate the repair of the hand-held radios at a particular institution.
  - C. Public Safety Answering Point (PSAP): 911 Centers or other public safety answering points and dispatch centers that receive emergency calls and dispatch state or local public safety first responders [fire, police, Emergency Management Agency (EMA)].
  - D. Radio Communications Technician: An employee of the TDOC responsible for the problem analysis and repair of radios and radio equipment. This person is responsible for the actual repair and calibration of the radios and radio equipment
  - E. Radio Repair Shop: An established repair shop operated by the TDOC.
  - F. Talk Group: A computer generated virtual radio channel created by the control unit in a trunked radio system. These talk groups (channels) move from repeater to repeater and radio site to radio site as needed to provide radio communications. These units are not actual frequencies but they use frequencies assigned to them by the control unit. In the case of the statewide system, multiple sites and switching units are often in use simultaneously to achieve radio communications across the state.
  - G. TDOC Radio Communications Coordinator: A central office position responsible for the planning, implementation and maintenance of all TDOC Radio Communications systems and equipment. This person will represent the TDOC at all Tennessee Valley Radio Communications System meetings, Sync Meetings with Motorola, planning and budget meetings concerning radio communications, and other meetings as directed. This position will be responsible for the day to day operations of the radio repair shop and will report directly to the Director of Facilities, Planning & Construction.

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V. POLICY: Repair of all hand-held and mobile radio communication equipment shall be processed through the TDOC radio repair shop.

VI. PROCEDURES:

A. All radio equipment shall be forwarded to the TDOC radio repair shop located at the Tennessee State Penitentiary Warehouse, 6406 Centennial Blvd., Nashville, TN 37209.

1. When it is determined that a radio or radio accessory (i.e., hand microphone, single or multi-port battery charger, antenna) is not functioning properly, it shall be forwarded to the radio repair shop by use of the departmental chain bus system. Chain of Custody - Radios/Batteries, CR-3555, will be signed each time the radio or accessory changes custody during the transfer to the repair shop. A copy of the CR-3555 will be retained by each employee who had custody of the radio. These records are to be maintained no more than three years and no less than one year.
2. The sending radio coordinator will fax or e-mail Radio Repair Request, CR-3553, to the radio repair shop (615) 253-6359 with the following information:
  - a. The apparent problem with the radio or accessory
  - b. When the problem was discovered
  - c. The radio serial number and state tag number
  - d. The name of the individual reporting the radio as needing repair
  - e. The date of shipment to the radio repair shop and the estimated time of arrival
  - f. The e-mail address and telephone number of the sending radio coordinator
  - g. Generate an Inventory Control System (ICS) transfer for tagged non capitol asset items to: "repair, DITACN" (See Policy #206.01).

B. The radio communications technician at the repair shop shall evaluate each radio to determine the level of maintenance required.

1. If the radio requires the services of a factory/rework institution, the technician shall contact that institution and forward the equipment to the appropriate repair facility. The technician will document all repair work on a Radio Repair Log, CR-3554. Copies of the log will be provided to the sending institution.
2. If the radio is repairable at the radio repair shop level, the technician will repair the radio and contact the appropriate radio coordinator when the repairs have been completed. If the radio must be sent to the factory for rework, the sending institution will be notified by email of this circumstance.
3. The radio repair technician will e-mail or call the institutional radio coordinator and inform him/her that the equipment is either being sent to them via TDOC chain bus or is ready to be picked up.

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4. If it is determined that the radio is not repairable, it shall be retained by the radio repair shop for spare parts and/or disposal. The sending institution will conduct a permanent transfer of the radio to the radio shop.
- C. When it appears that a battery is not properly functioning, it shall be forwarded to the radio repair shop for evaluation.
1. The radio coordinator shall fax or e-mail to the radio repair shop a Radio Repair Request, CR-3553, indicating that he/she has sent the batteries to the shop for analysis or disposal with the following information:
    - a. Type of batteries being sent
    - b. Number of batteries being sent
    - c. Any pertinent information that will make the determination of the condition of the battery easier and quicker once it arrives at the shop. Example: Broken tabs, cracked or broken housing, and so forth.
  2. The radio repair shop shall replace batteries on a one-for-one basis.
  3. Staff of the radio repair shop will conduct diagnostic tests on all batteries that are turned in to the shop, except those batteries that are obviously damaged.
  4. If the battery passes the diagnostic test with 80% or better potential, it will be returned to service
  5. If the battery fails the diagnostic test or is physically damaged, it will be shipped to an approved recycle facility by the radio repair shop.
  6. Recycling of used rechargeable batteries:
    - a. When a battery is determined to be of no use (less than 80% capacity), it shall be recycled in accordance with EPA regulations.
    - b. The recycling shall be the responsibility of the radio repair shop.
    - c. Recycling shall occur by donation to an approved recycling center or by utilizing a manufacturer's recycling program.
    - d. The decision as to how to recycle will be determined based upon availability and cost.
    - e. When a battery is recycled, the sending institution will be sent a replacement battery.

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- D. Exposure to Bio Hazards: When a radio, radio battery or radio accessory is exposed to any type of bio-hazard, in addition to procedures already established at the institution, the following additional procedures will be followed:
1. Place the radio(s), radio battery(s) and or radio accessory(s) in an appropriate bio-hazard bag and seal the bag.
  2. Tag the bag with the following information explaining the type of exposure:
    - a. Blood
    - b. Urine
    - c. Sewage
    - d. Other
  3. All safety precautions should begin at the institution, do not send anything that has been contaminated without following the proper bio-hazard procedures. The clean up begins when it occurs and it should be rendered safe prior to forwarding it to the radio shop.
- E. Record Keeping: The radio repair shop shall maintain accurate records of the service provided to each institution. These records shall indicate the following:
1. The number of radios repaired, batteries replaced, and from which institution they were from
  2. Which parts were installed in which radios and the cost of the part, including shipping charges for part(s)
  3. If the repair was required as a result of the age of the equipment, abuse of the equipment, failed parts, etc.
  4. Quarterly and annual reports shall be submitted to the TDOC Radio Communications Coordinator and the Director of Facilities, Planning and Construction.
- F. Assignment of Radios: Each institution in the TDOC shall be given a specific number of radios to keep in stock. The following formula shall be used to determine what that number shall be:
1. Each security post shall have a radio assigned to it.
  2. The following administrative staff may be assigned a radio:
    - a. Warden/Superintendent
    - b. Associate Warden of Security
    - c. Associate Warden of Treatment



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3. Unit Management Staff
  - a. Unit Manager and/or Sergeant
  - b. Correctional Officers
4. Facility Safety Officer (FSO)
5. Maintenance
  - a. Facility Manager and/or Maintenance Supervisor
  - b. Each Building Maintenance Worker
6. Medical Health Services:
  - a. Clinical or Health Services Administrator
  - b. Health Services staff making rounds (radio(s) shall be shared by the health services staff and not assigned to a particular staff member).
7. Laundry/TRICOR Staff: All laundry supervisors and TRICOR supervisors should have a radio assigned. TRICOR shall bear the expense for the purchase and repair of radios issued to the TRICOR section.
8. Education: In institutions that do not have an officer assigned to the education department (or where the education department is isolated), a radio should be assigned to the education supervisor.
9. Food Service Manager and/or Assistant Manager and Food Service Delivery Driver
10. Other areas as approved by the Assistant Commissioner of Operational Support/Designee.
11. Service Radios: Each institution should maintain a certain number of radios to be issued when an assigned radio is in the radio repair shop. This number should not exceed 10% of the total number of assigned radios. This will provide ten service radios for every 100 radios assigned, but no less than three service radios regardless of the number of assigned radios.
12. Battery inventory shall not exceed two batteries per radio.
13. Facility Based Tactical Squad Radios: The Special Operations Tactical Coordinator (SOTC) is responsible for ensuring that all Strike Force members have the radios and associated equipment that they need. This is coordinated by the SOTC and the radio repair shop will supply strike force with the required equipment and or replacement equipment as needed. They will in turn be responsible for assigning assets to the SOTC members and submitting the appropriate Property Movement/Removal from the Worksite, CR-1801, and ICS information to appropriate property personnel.

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14. CERT Team: This team will carry the same type of equipment used by the Strike Force and the Facility Based Squads. This equipment will be obtained through
15. Community Supervision: The radio communications shop will be the single source provider for radios and equipment. All programming and repairs of TDOC radio communications assets shall be made by the TDOC Radio Communications Shop. If it is found that there is an operational problem with the radio or that additional talk group assets are needed, they are to be requested in accordance with this policy.

G. Installation of Mobile Radios

1. When a vehicle is in need of having a mobile radio removed or installed, the facility in need of the services will contact the Radio Communications Coordinator, at (615) 350-1931.
  - a. The TDOC Radio Communications Coordinator will coordinate the installation of mobile radios.
  - b. When the installation of radio equipment is scheduled (whether at the TDOC Radio Shop, or through a service contract), the vehicle should be considered out of service until notified that the installation is complete.
2. The installation of emergency equipment will be accomplished through a service contract and handled by the Office of Investigations and Compliance upon approval of the Commissioner or Assistant Commissioner of Operational Support/designee.

H. Statewide Radio System: The State of Tennessee has built out a statewide radio system. This will enable the Department to communicate with all of its prisons, districts, and other entities statewide. The Department has established a communications center whose staff will monitor all radio traffic throughout the Department. When transporting inmates, the following procedures shall be followed:

1. Select the statewide radio talk group listed as SW-Trans. (this talk group/channel shall remain selected while transporting inmates)
2. Key the radio and state, "This is (name of institution) transport unit (number assigned by the institution) to TDOC Central Communications".
3. Wait for response from Central Communications
4. When Central Communications acknowledges, provide the following information:
  - a. Departure location
  - b. Destination
  - c. Number of inmates being transported
  - d. Any additional special information necessary

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e. Route (I-40, I-81, State Route, etc.)

5. Upon arrival at destination, the following procedures are to be followed:

- a. Key the radio and state, “(name of institution) to transport unit (number assigned by your institution) to TDOC Central Communications”.
- b. Wait for Central Communications to respond
- c. Notify of arrival at destination

6. This system is shared by all state agencies and is not a chat channel; the transmissions are to be short and to the point. The statewide transportation channel has been made available to TDOC through a Memorandum of Understanding with Roan County 911 and is monitored by THP, Roan Co. 911, Clarksville PD, and the CCC (Central Communications Center) 24 hours a day, 7 days a week. Any unprofessional conduct on this talk group/channel will be reported to the appropriate administrative personnel, requesting that appropriate actions be taken.

I. Emergency Communications: When an emergency occurs, the following procedures shall be followed, regardless of the system you are on:

1. Key the radio and calmly announce, “(institutional name) transport unit (number as assigned by your institution) I have an EMERGENCY.”
2. Wait for a response, in the case of the statewide system, the nearest PSAP or TDOC Central Communications will answer.
3. Upon being acknowledged, regardless of who acknowledges the call, calmly state the nature of the emergency. (Medical, Mechanical, or Safety) State in plain language what is happening and the exact location.
4. Follow the instructions given.
5. When possible, ensure that Central Communications is advised of the situation.
6. When the emergency is resolved, the above procedures shall be followed. The institution and Central Communications shall be notified of any changes in destination (returning to institution, redirected to which county jail, redirected to which hospital, etc.) It is very important to keep Central Communications and the institution advised of the current location at all times.

J. Radio Repair Center contact information:

1. Telephone: 615-253-6360
2. Fax 615-253-6359

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: November 1, 2020.

RDA 2308



TENNESSEE DEPARTMENT OF CORRECTION  
**PROPERTY MOVEMENT / REMOVAL FROM THE WORKSITE**

Request permission to transport the following property from:

\_\_\_\_\_ to \_\_\_\_\_  
WORKSITE/BUILDING/ROOM WORKSITE/BUILDING/ROOM

	<u>ITEM</u>	<u>SERIAL NO.</u>	<u>STATE TAG</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The purpose for the movement of this property is: *(mark the appropriate box)*

☐ Facility Transfer    ☐ Loan    ☐ Repair    ☐ Surplus    ☐ In-House Location Change

I understand that I am responsible for these items, while in my possession, and will be held liable for them in the event of loss or damage.

_____	_____
Transferring Employee	Date
_____	_____
Receiving Employee	Date
_____	_____
Releasing Property Officer	Date
_____	_____
Receiving Property Officer	Date

***PLEASE COMPLETE ALL REQUIRED INFORMATION AND PROVIDE COPIES TO THE RELEASING DEPARTMENT HEAD, RELEASING PROPERTY OFFICER, AND ITS/STS STAFF, IF APPLICABLE.***

If an item is moved for either loan or repair, please note when the item is returned to the appropriate location, and sign and date, below.

\_\_\_\_\_

_____	_____
Property Officer	Date



TENNESSEE DEPARTMENT OF CORRECTION  
RADIO REPAIR REQUEST

TO: Radio Repair Shop

FROM: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
Sending Institution

DATE	SERIAL #	STATE TAG #	PROBLEM	REPORTING EMPLOYEE

Instructions for completion:      Use short phrases (no receive, no transmit, broken antenna, etc.)  
Complete each line as much as possible.  
Any questions call the repair shop.




# TENNESSEE DEPARTMENT OF CORRECTION

## RADIO REPAIR LOG

INSTITUTION \_\_\_\_\_

DATE	SERIAL #	STATE TAG #	PROBLEM FOUND	FACILITY	ACTION TAKEN

Instructions for completion:      Use short phrases (no receive, no transmit, broken antenna, etc.)  
Complete each line as much as possible.

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 506.06	Page 1 of 1
	Effective Date: July 26, 2018	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: SEARCHES		

POLICY CHANGE NOTICE 18-43

INSTRUCTIONS:

Please change Section VI.(G)(1) to read as follows:

- “1. There shall be no cross-gender searches of visitors. See Section VI.(J) regarding searches of transgender and transsexual visitors”.

Please change Section VI.(H)(2) to read as follows:


- “2. There shall be no cross-gender searches of employees. See Section VI.(J) regarding searches of transgender and transsexual employees.

Please change Section VI.(I)(1) to read as follows:

- “1. Female correctional officers may frisk search inmates of both genders. Male correctional officers may frisk search only male inmates. Strip searches will only be conducted by staff members of the same gender. See Section VI.(J) regarding searches of transgender and transsexual inmates”.

In instances throughout the policy where the phrase “Warden” appears alone, add the phrase “/Superintendent” afterwards.



 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 506.07	Page 1 of 23
	Effective Date: June 1, 2018	
	Distribution: B	
	Supersedes: 506.07 (12/15/14) PCN 15-16 (6/1/15)	
Approved by: Tony Parker		
Subject: USE OF RESTRAINT DEVICES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-24-110.
- II. PURPOSE: To establish uniform procedures governing the use of restraint devices.
- III. APPLICATION: All employees of the Tennessee Department of Correction (TDOC), behavioral health and medical care providers, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Approved Electronic Restraint Devices: Devices that have been approved for use by trained employees, such as the Taser, the NOVA XR-5000, the NOVA Spirit, the NOVA Shield, ~~and~~ the Remotely Activated Custody Control (RACC) belt, and Stun-Cuff.
  - B. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - C. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the contract monitor of compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the CA. If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - D. Electronic Restraint Basic Course: The official certification course conducted by an instructor certified by a competent authority for users of the NOVA XR-5000, the NOVA Spirit, ~~and~~ the NOVA Shield and the Stun-Cuff.
  - E. Electronic Restraint Device (ERD): A defensive device designed with the intent to temporarily immobilize or restrain a person when it is applied to the individual.
  - F. Escort: For purposes of this policy only, escort is the movement of any inmate to a location outside the secure confines of a facility.
  - G. Friction Marks: Marks that may appear on the body indicating where the hand-held electronic restraint metal contact probes were placed when activated.
  - H. Licensed Independent Mental Health Professional (LIMHP): A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation; senior psychological examiner; licensed clinical social worker; or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.

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- I. Multi-point Restraint: A therapeutic restraint that may consist of leather (or similar, pliable materials) cuffs that encircle the wrists and ankles, or pliable waist or shoulder straps, which fasten to a stationary platform and/or seat, which restrain all four limbs simultaneously, and which heavily restricts movement.
- J. NOVA Electronic Shield: An electronic shield capable of delivering between 50,000 to 75,000 volts of low amperage electrical pulse rates to a combative inmate.
- K. NOVA Electronic Tester: A unit that tests the critical pulse rate and power levels of NOVA electronic stun devices and shields.
- L. NOVA Spirit and NOVA XR-5000: Hand-held contact devices, powered by rechargeable batteries, intended to be pressed into the aggressor's body so that an electrical shock can be delivered to produce a brief period of incapacitation with no significant residual effect.
- M. Offender Management System (OMS): The management information system designed to track offender populations and characteristics throughout the TDOC.
- N. Qualified Health Provider: For the purpose of this policy, clinical staff who are legally authorized by licensure, registration, or certification to perform direct or supportive physical health care services and whose primary responsibility it is to provide clinical services to inmates in the custody of the TDOC. Examples of qualified health professionals may include physicians, dentists, physician assistants, nurse practitioners, nurses, etc.
- O. Quality Improvement Review (QIR): A process of internal review and evaluation to systematically and objectively assess the adequacy and appropriateness of the mental health care services provided to inmates who inflicted serious self-injury, had an episode of suicidal behavior, made a suicide attempt, were placed in therapeutic restraints, or died as a result of suicide or placement in therapeutic restraints.
- P. Qualified Mental Health Professional: Licensed Psychological examiner, or other who is professionally licensed/certified as a mental health professional, or Mental Health Program Specialist having a Master's Degree in the behavioral sciences.
- Q. Remotely Activated Custody Control (RACC) Belt: A small and compact electronic device (belt) designed to be powered by a 9 volt battery and activated remotely.
- R. Restraint: Any instrumentality which heavily restricts a person's movement, use of limbs, or normal access to one's person.
- S. Stun-Cuff: A small, compact electronic device (worn around the lower leg/ankle) that is battery-powered and can be remotely activated
- T. Taser: A battery operated device that, when activated, propels two small conductors (darts) which embed the skin or clothing of the aggressor and deliver an electrical shock when the holder of the taser depresses a switch.
- U. TASER International: The maker of tasers utilized by the TDOC and who provide the official certification course.

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V. Therapeutic Restraints: A device attached to the body for the purpose of restricting movement of an inmate who is exhibiting behavior which is of potential danger to self or others and for whom less restrictive alternatives have been exhausted or ruled out as inappropriate or ineffective.

V. POLICY: Approved restraint devices may be used in accordance with established procedures (as a security measure) to control an inmate's violent, combative, or resistive behavior when there is reasonable expectation that it will be unsafe for an employee to approach the inmate without such a defensive device. Devices also may be used as a medical or therapeutic measure only when necessary to prevent injury to the inmate or to others. Restraint devices will be used only after less restrictive alternatives have been fully evaluated or attempted and failed.

VI. PROCEDURES:

A. Use of Restraints as a Security Measure

1. Electronic Restraint Devices

a. Authorization and Training of Users

- (1) The Warden/Superintendent/designee in charge of the institution must grant permission before an electronic restraint device may be used. At privately managed facilities, the CMO shall also grant prior approval for the use of an electronic restraint device unless immediate action is necessary. [See Section VI.(A)(1)(b)(3)(a)] If immediate use is necessary, notification will be made to the CMO as soon as possible but no later than one hour after the incident. If the CMO is not physically available, the necessary notification/request for authorization will be made by telephone to the CMO. If the CMO is not reachable via telephone, the correctional administrator (CA) shall be contacted for required authorizations or notifications. The Warden/Superintendent shall designate a safe, secure storage area that allows rapid accessibility of this equipment. The electronic restraint devices may be used only by employees who have satisfactorily completed the training.
- (2) The Warden/Superintendent shall ensure that institutional procedures and post orders are developed which clearly outline the delegation of his/her authority, and the required approval of the CMO in order to use the equipment as it relates to the specific needs of that institution.
- (3) Training of personnel in the correct use and care of electronic restraint devices shall be the responsibility of a certified instructor and shall be documented in the individual's training records.
- (4) Electronic restraint devices shall be used only by employees who have satisfactorily completed the prescribed training course.
  - (a) Users of NOVA XR-5000, the NOVA Spirit, and the NOVA Shield and must have successfully completed the electronic restraint basic course conducted by an instructor certified in the use of electronic restraints by a competent authority.

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- (b) Users of Tasers, regardless of type, must have successfully completed the training course conducted by a certified TDOC institutional instructor. The TDOC institutional instructors shall be trained and certified by a certified instructor from Taser International. The Taser International training will be hosted by the Academy.
- (c) Users of the RACC belt must have successfully completed the training course conducted by an instructor at the Tennessee Correction Academy or at a privately managed facility. Documentation of this training must be placed into the officer's training records.
- (d) Users of the Stun-Cuff device must have successfully completed the training course conducted by an instructor at the Tennessee Correction Academy or at a privately managed facility.

b. Uses

- (1) The user of the electronic restraint device shall follow the manufacturer's instructions for operation of the specific device.
- (2) No employee shall playfully or maliciously use an electronic restraint device against another individual. Display of power (not in line of duty), playful use, malicious use or thrusting motions, and/or carelessness in the handling of the device are forbidden and are subject to strict disciplinary action.
- (3) The device may be used in the following situations:
  - (a) To prevent employee injury
  - (b) To prevent inmate injury
  - (c) To control or stop an attack
  - (d) To break resistance when an offender is exhibiting violent or combative behavior
  - (e) To break up a fight when the inmates have not responded to verbal commands
  - (f) To facilitate a forced cell change of a resistive inmate
  - (g) To assist in violent crowd control
  - (h) To assist in moving a violent inmate from one location to another to avoid physical confrontation

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- (i) RACC belts shall be used when transporting maximum custody or other inmates deemed by the Warden/Superintendent/designee (Warden/CMO at privately managed facilities) to be a high security risk outside the institution. RACC may be activated only to prevent escape or to gain control of the inmate and shall never be used as punishment
- (j) Stun-Cuff devices shall be used when transporting maximum custody or other inmates of lower custody levels as deemed necessary by the Warden/Superintendent/designee (Warden/ CMO at privately managed facilities) or Director of Statewide Transportation to be a high security risk outside the facility. The Stun-Cuff device may be activated only to prevent escape or to gain control of the inmate and shall never be used as punishment.

(4) The device may not be used in the following situations:

- (a) Against a handgun or other firearm, except where there is no choice in a life-threatening situation
- (b) Against a person already restrained unless physical resistance has to be overcome
- (c) As a "prod"
- (d) To wake up a suspected intoxicated individual
- (e) To threaten or intimidate a person during interrogation
- (f) Pregnant inmates [See Section VI.(D)]
- (g) As punishment

- (5) The shift supervisor shall be notified prior to use of the electronic restraint device and be present during the actual incident.
- (6) Institutional health services personnel should be notified prior to the use of the electronic restraint device and be present during the actual incident to provide appropriate medical care.
- (7) A video record of the incident shall be made.

c. General Precautions

- (1) Employees must be keenly aware of their surroundings and the possible repercussions of igniting a fire or explosion through electronic devices. The sparks generated by the device are quite capable of igniting flammable material. Do not use the device in a flammable or explosive atmosphere, such as one containing industrial chemicals, fuels, wood or grain dust, gaseous fumes, and/or vapors. Never use an electronic restraint device on persons who have poured flammable liquid on themselves.

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- (2) It is important to watch the area in which an inmate falls in order to reduce the possibility of accidental injury; break the inmate's fall upon initial application and assist the person to the ground. Be aware that an injury could occur if an inmate falls from a high position when stunned. The likelihood of injuries is increased in elderly or physically debilitated individuals.
- (3) There are people who are not affected by an electronic restraint device. Generally, the application of the device will subdue a physically combative person or cause the person to comply with verbal instructions without causing injury to the aggressor or user. If the device is ineffective, its continued use can infuriate an already violent inmate and escalate the level of violence. In cases such as this the user must be prepared to escalate the use of force should the inmate continue to be combative.

d. Post Use of Electronic Restraint Device

- (1) Restrain the inmate immediately
- (2) Watch the incapacitated person to protect from environment or forces outside of his/her control
- (3) If possible, take pictures of the friction marks
- (4) Complete the Electronic Restraint Device Report, CR-1716, prior to the conclusion of the shift and submit the report through the supervisor to the Warden/Superintendent (and CMO at privately managed facilities). Record the serial number or state property tag numbers in order to be able to produce the exact unit in court if needed. On the chart, place an "X" in every area the device was used. The detailed report must indicate what precipitated the use of the device, the employee who authorized the use of the device, to what extent it was used, and what results were derived from the use.
- (5) A TDOC Incident Report, OMS conversation LIBJ, shall be completed by the Warden/Superintendent/designee each time an electronic device is applied to an inmate. (See Policy #103.02) This incident shall be titled "Use of Force - Electronic Restraint (UFE)" and shall include all pertinent information, i.e., to what extent the device was used and what results were derived from the use. The shift supervisor shall ensure that this report is completed prior to the end of the shift. (See Policy #506.08 for reporting the uses of force requirements)
- (6) Following the application of any electronic restraint device to an inmate, a health service provider will assess the inmate's condition and treatment, if needed. If any Taser darts are imbedded in the inmate's skin, only a health service provider shall remove them. An Accident/Incident/Traumatic Injury Report, CR-2592, shall be completed after each use of an electronic restraint device. (See Policy #113.53)

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e. Maintenance of Equipment

- (1) Each user shall keep the unit clean, in good working order, and maintain an acceptable power source to required levels.
- (2) The Warden/Superintendent shall designate the armory supervisor as the employee responsible to inspect each Taser for proper functioning and service. Inspections shall be accomplished at least once each month and recorded on Weapon/Equipment Inventory, CR-1862.
- (3) If the unit appears to require attention, that unit will not be used until again rendered operable.
- (4) There shall be no attempt by the employee to alter, modify, or repair the unit except to maintain an acceptable power source. If the unit appears to need repair or malfunctions, the shift supervisor shall be immediately informed verbally and in writing. The shift supervisor shall then notify the armory supervisor. The unit must be returned to the manufacturer for repair, as per warranty instructions.

2. Restraint Equipment

- (a) The use of restraint equipment is an intervention designed to maintain secure physical control of an individual's person.
  - (1) The application of restraints is required for movement and escort of certain inmates by reason of custody level. See Policy #506.01, generally, regarding applicable requirements for such use.
  - (2) The use of restraints for any purpose involving a pregnant inmate is subject to the specific restrictions and precautions set forth in Section VI.(D).
  - (3) Any physical restraint that involves the use of multi-point restraint (restraint of the person to a stationary platform) is considered a therapeutic restraint. Procedures for therapeutic restraint in Section VI.(C) shall apply to such use.
  - (4) The application of restraints is (in all other instances) an intervention to be used only for the purpose of preventing, by reason of immediate necessity, to prevent the commission of an offense or self harm by violent or unruly inmates.
- (b) Instruments of restraint (such as handcuffs, leg irons, and multi-point restraints) shall never be applied as punishment. Restraint equipment shall be used as a security measure at the discretion of the Warden/Superintendent or his/her designee as a precautionary measure against the escape of inmates under escort for any purpose other than work. It may also be used as a therapeutic measure to prevent self-mutilation, injury to others, or property damage when all other reasonable methods of control have been tried and have failed. [See Section VI.(C)]

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- (c) When any security restraints (handcuffs and leg irons) are applied to an inmate and the inmate remains in a cell, the following shall occur:
  - (1) The application of security restraints must be authorized by the shift supervisor.
  - (2) Physical assessment shall be conducted by medical staff at the time of application and every two hours thereafter, or more often, as needed.
  - (3) Continuance in restraints beyond eight hours requires the notification and approval of the Warden/Superintendent/Associate Warden of Security (AWS)/Deputy Superintendent (DS). Behavioral health shall be notified of the use of restraints for security purposes by the next business day in order to evaluate the inmate's mental health status.
  - (4) Continuance of restraints beyond ten hours requires the notification and approval of the Assistant Commissioner of Prisons/designee.
  - (5) An incident report in accordance with Section VI. (E)(2) and (3) shall be prepared. The original OMS report shall be modified as needed to reflect the ongoing approval of the application of the restraints (i.e., initially by the shift supervisor, at eight hours if approved by the Warden/Superintendent/AWS/DS, and at ten hours if approved by the Assistant Commissioner of Prisons/designee).

NOTE: At privately managed facilities, the approval of the CMO is required in conjunction with that of the shift supervisor in subsection (a) above and that of the Warden in subsection (c) above.

- (d) In the selection of restraint equipment for escort procedures, consideration shall be given to the following:
  - (1) Custody classification of the inmate
  - (2) Anticipated contact with the public
  - (3) Physical and mental condition of the inmate
  - (4) Demonstrated behavior
  - (5) Purpose and destination of escort
  - (6) Age, size, and stature of the escort(s) as compared to the inmate
  - (7) Mode of travel

- 3. Use and Storage of Equipment: The Warden/Superintendent shall develop policy, institutional procedures, and post orders to clearly outline the use and storage of restraint equipment, as well as the delegation of his/her authority to use it as it relates to the specific needs of that institution. (See Policy #506.04 and privately managed facilities refer to TDOC approved corporate policy)



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4. The Wardens/Superintendents of institutions shall develop procedures for the establishment of cell extraction teams for use where inmate resistance is anticipated and employees are required to use force and restraints to implement a lawful order or prevent harm. (See Policy #506.08) Institutional procedures shall contain guidance in the following:
  - (a) The extraction of pregnant inmates is prohibited, unless she is threatening to kill herself or do harm to the fetus.
  - (b) Number of extraction teams authorized.
  - (c) Selection criteria for team members. At a minimum, all members must have completed their probationary period and have completed all required correctional officer pre-service and in-service training.
  - (d) Size of each team (usually five plus supervisor).
  - (e) Specific duties of each team member, i.e., restraint equipment, open door, restrain leg or arm, operate video equipment, etc.
  - (f) Protective equipment provided for each member. Normally, helmet, chest protector, knee and elbow pads, and forearm protector will be worn.
  - (g) Use of video equipment. A video shall be made of each extraction. The video, regardless of quality, shall be immediately transferred to the AWS/Deputy Superintendent (Internal Affairs officer at privately managed facilities) to be labeled, reviewed, filed, and retained for at least three years.
  - (h) Authorization requirements to implement extraction procedures (to include approval of the CMO at privately managed facilities).
  - (i) Training. Team must complete a minimum of four hours of specific extraction team training each quarter. At a minimum, training will be conducted in use of force, proper use of all authorized restraint equipment, defensive techniques, and early recognition intervention for mentally disturbed inmates.
  - (j) Alerting medical staff to be on standby for required medical examination of inmate and staff.
  - (k) Reports/documentation required.
5. At privately managed facilities, the institutional procedures regarding the use of restraint devices must be reviewed and approved by the Commissioner and shall include provisions for prior approval for the use of force and security equipment by the CMO. In situations where prior approval is not feasible, the CMO must be notified of the incident within one hour of its occurrence. In no event is physical force justifiable as punishment
6. Staff shall be trained in the use of restraint devices referenced in this policy prior to utilization.

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- B. Use of Restraints for Medical and Surgical Immobilization: Staff at facilities that provide acute and long-term medical care shall refer to institutional policy regarding restraints for medical and surgical support, and appropriate procedures to be followed when such a restraint is ordered as a part of a plan of general medical treatment (e.g. to address an inmate's lack of capacity to understand the importance of not interfering with dressings, monitors, lines, etc.)
- C. Therapeutic Restraints
1. Therapeutic restraints are a safety intervention of the last resort and are not a treatment intervention. When therapeutic restraints are ordered, the clinical rationale for the use of restraints must be recorded in the inmate health record on The Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  2. Therapeutic restraints are typically initiated by health or behavioral health professionals. In a behavioral crisis, any correctional staff may apply security restraints to mitigate the safety risk. If so, the inmate shall be moved to the designated location where therapeutic restraints are monitored, and switched into soft restraints if he/she was initially placed in metal restraints for security reasons.
  3. An order from a psychiatrist or APN shall be obtained by health or behavioral health staff within a period of no longer than an hour when an inmate has been placed on therapeutic restraints.
  4. Any physical restraint that involves the use of a multi-point restraint is considered a therapeutic restraint.
  5. At privately managed facilities, the Warden shall, within one hour, notify the CMO when an order has been given for an inmate to be placed in therapeutic restraints.
  6. When placement on mental health seclusion or suicide monitoring involves the removal of property or possessions, security personnel will be responsible for ensuring that the monitoring cell is searched and the inmate is strip-searched prior to the initiation of mental health seclusion or suicide monitoring.
  7. A list of restraints to be used in therapeutic situations, as approved by the Director of Behavioral Health Services shall be maintained as an attachment to this policy and additionally maintained by the Behavioral Health Administrator for staff reference at each facility. All restraint devices listed as approved for use shall be maintained at each institution and shall be in good repair and usable condition. If the approved list contains multiple choices, the psychiatrist/APN shall specify which method is to be used.
  8. All staff who are likely to be involved in using therapeutic restraints (and in assessing, monitoring, and providing care to inmates in therapeutic restraints), will maintain current certification in first aid techniques and the use of CPR and shall have completed training in the use of therapeutic restraints per Policy #113.88.
  9. Therapeutic restraints may be indicated when one of the following criteria is met:
    - a. The inmate presents an imminent danger to self.

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- b. The inmate presents an imminent danger to staff who are providing for his/her care and/or custody needs.
  - c. The inmate demonstrates behavior indicating likelihood that he/she will create an unsafe condition within an isolation management room. (See Policy #113.88)
- 10. Placement of an inmate into therapeutic restraints shall require that the psychiatrist or APN be notified and an order be obtained after evaluation of all existing information. The order of priority for consultation shall be attending psychiatrist or APN, followed by on-call psychiatrist or APN. Placement may be accomplished as follows:
  - a. The psychiatrist or APN shall directly assess the inmate. If it is determined that a therapeutic restraint is warranted, the psychiatrist or APN shall complete Physician's Orders, CR-1892, and the Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  - b. In the absence of a psychiatrist, an APN, LIMHP, or a qualified mental health professional shall directly assess the inmate or appraise the circumstance and complete the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, initiate therapeutic restraints, and notify the facility's assigned or supervising nurse, who shall immediately notify the psychiatrist or APN to obtain a telephone order. The nurse shall complete Physician's Orders, CR-1892, and the applicable sections of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
  - c. When an inmate has engaged in self-injurious behavior that has prompted emergency intervention and there is no psychiatrist, APN, or other therapeutic professional on-site, the facility's assigned or supervising nurse shall directly assess or appraise the inmate, initiate the therapeutic restraint, and immediately contact the psychiatrist or APN to obtain a telephone order. The nurse shall complete Physician's Orders, CR-1892, and the Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
- 11. The Physician's Orders, CR-1892, shall contain the following:
  - a. Date and time of the order
  - b. Maximum duration of the order (not to exceed four hours without renewal).
  - c. Description of the behavioral changes that must take place in order for the inmate to meet criteria for release from restraints, e.g.,:
    - 1. Calm and compliant behavior
    - 2. Able to exhibit self-control in partial restraints
    - 3. Convincingly maintains no further intention to engage in self-injurious or assaultive behaviors

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12. Use of Therapeutic restraints shall be extended upon the completion of the new orders from the psychiatrist or APN.
13. Therapeutic restraints shall not be extended more than a total of 24 continuous hours without a direct assessment of the inmate by the psychiatrist.
14. Inmates placed in therapeutic restraints shall be directly observed by staff on a continuous basis until the psychiatrist orders another monitoring schedule, e.g., observe the inmate on an irregular basis at least every 15 minutes. Monitoring Report, CR-2004 shall be used to document monitoring activities at a minimum of 15 minute intervals. These observations are to include:
  - a. Visual inspection of the restraints to ensure their security and safety
  - b. A description of the inmate's observable action (i.e. lying on the bed, or standing at the door).
  - c. Documentation of any verbal exchange between the observing staff member and the inmate shall be documented on Monitoring Report, CR-2004.
15. A health assessment of the inmate's physical condition shall be conducted every hour, at a minimum, by a qualified health provider for each inmate in therapeutic restraints. Assessment findings shall be documented on CR-3082, Mental Health Seclusion/Suicide/Restraint Authorization.
16. For therapeutic restraints, the inmate shall be secured in a face-up position unless otherwise clinically or medically indicated. If the inmate is not secured in a face-up position, the rationale for the alternate position should be documented on The Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082.
17. When therapeutic restraints are indicated the qualified health provider shall advise the security staff of any medical concerns/complications and/or individual physical condition, such as weight, which may need to be taken into consideration when applying a restraint device to an inmate.
18. When an inmate is in therapeutic restraints, nursing staff shall document the provision of the following on Progress Notes, CR-1884:
  - a. Fluids at least every two hours or upon awakening
  - b. Meals at scheduled times
  - c. Provision of bed pan or urinal every two hours or upon awakening
19. Therapeutic restraints shall be discontinued when, in the clinical judgment of the psychiatrist or APN the inmate has met:
  - a. The behavioral changes specified in the original Physician's Order, CR-1892 and,

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- b. The inmate has regained sufficient control over his/her behavior so as to no longer present an imminent danger or harm to self or others and
  - c. There are written or verbal orders from the psychiatrist or APN to do so.
- 20. Therapeutic restraints will be discontinued at the earliest possible time, regardless of the remaining time on the Physician's Order, CR-1892 for restraints.
- 21. Only correctional officers shall remove the inmate from restraints. When restraints are removed, a LIMHP or qualified health provider shall be present to assess the inmate's response to the removal of the restrictive intervention. An order from a psychiatrist or APN shall be obtained if the inmate is to be returned to his /her pre-restraint status.
- 22. In the event an inmate dies in therapeutic restraints, a QIR meeting shall be conducted as a function of the institutional CQI committee. (See Policy #113.09)
- 23. Documentation:
  - a. Complete documentation of all actions relating to the placement of an inmate in mental health seclusion, suicide monitoring, and/or restraint shall be made on Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, Physician's Orders, CR-1892, and Monitoring Report, CR-2004. Shift Supervisors on each shift will review the monitoring reports CR-2004, ensuring that staff has completed the forms as ordered, any errors found will immediately be corrected and the shift supervisor will sign at the bottom of the form indicating his/her review and that the forms are correct.
  - b. By the 15<sup>th</sup> of each month, each institution (except DeBerry Special Needs Facility) shall forward a copy of all completed Mental Health Seclusion/Suicide/Restraint Authorizations, CR-3082, to the Director of Behavioral Health Services for review.
  - c. Documentation is to be recorded in military time only on the Monitoring Report, CR-2004.
  - d. Within 72 hours of placement in therapeutic restraints the Behavioral Health Administrator or designee will meet with the inmate to conduct an after incident review. The after incident report shall consist of the following:
    - (1) Review of immediate triggers resulting in therapeutic restraints placement.
    - (2) Inmate's opinion of the personal impact of the therapeutic restraints.
    - (3) Discussion of efforts for future least restrictive treatment alternatives.
  - e. In the event that an inmate is placed in therapeutic restraints and/or dies in therapeutic restraints, a QIR meeting shall be conducted as a function of the institutional CQI committee. (See Policy #113.09)
  - f. The after incident review shall be documented in the inmate's health record on Problem Oriented Progress Record, CR-1884.

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- g. The report shall be reviewed during a treatment team meeting and given to the AWS/DS and AWT.
- h. When the CQI committee meets to discuss a QIR, minutes shall be confidentially compiled and maintained by the Behavioral Health Administrator or designee.
- i. A summary of each quality improvement review shall be forwarded to the TDOC Director of Behavioral Health Services within 14 days of the occurring event. The quality improvement review summary shall be outlined to include the following:
  - (1) CQI Meeting Information: the name of the institution, date/time/location of meeting, names of professional and titles of members present, names and professional titles of relevant absent members.
  - (2) Incident Information: Type e.g., suicide attempt, date/time/location of when incident took place.
  - (3) Demographic Information: inmate name, date of birth, age, race, religion.
  - (4) Criminal History: length of current incarceration in years, custody status, internal affairs investigation (yes/no),
  - (5) Mental Health Information: diagnosis, current treatment, compliance issues, prior suicide attempts including method, results of suicide screening, review of Mental Health Seclusion/Suicide/Restraint Authorization, CR-3082, any warning signs if applicable such as, suicide note, feelings of hopelessness, guilt, spiritual/existential issues, disposal and or giving away of personal property.
  - (6) The report shall include the inmate face sheet and OMS incident report (See Policy #103.02).

D. Restraints During Pregnancy

- 1. Restraints devices and methods for pregnant inmates are subjected to the following actions and requirements regarding usage and are applicable during security situations as well as situations with mental health implications:
  - a. Qualified health service personnel will prescribe necessary precautions, including decisions about the manner and circumstances in which the inmate is to be restrained. Leg restraints (in particular) are not medically recommended for a pregnant inmate as they may affect balance and ambulation. If leg restraints must be used during movement or transportation for security reasons, they will be used only when the inmate is seated, being moved by wheelchair or gurney, or otherwise supported and protected against the risk of fall while walking or transferring.
  - b. At no time shall electronic restraint devices be used to gain or maintain control of a pregnant inmate. Restraints shall always be applied in a face-up position and in a manner that avoids placing pressure on the inmate's abdomen and the fetus.

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Therapeutic restraints during active labor and childbirth shall not be used. Under no circumstances shall therapeutic or electronic restraints be used during inmate's labor or during delivery.

- c. Restraint devices and methods employed during movement or transportation shall be appropriate to the medical and security needs of the inmate. This shall be based on an individualized determination of risk to the inmate and risk to the fetus from the application of restraint, and the risk to the safety of others in the vicinity or in the larger community, if particular restraint is not applied.
- d. The Wardens at facilities housing female inmates shall develop policy, institutional procedures, and post orders to clearly define the use of restraints regarding pregnant inmates. These institutional procedures must be approved by the facility medical director. Those who are classified minimum restricted and above shall be restrained in the following manner:
  - (1) Handcuffs (Can use blackbox with lock to cover handcuffs)
  - (2) Arm restraint (alternative to waist chain if approved by medical)
  - (3) Leg restraint, during movement and transport only, and only when not medically contradicted
- 2. Anytime a pregnant inmate is transported without restraints, the Assistant Commissioner of Prisons shall be notified prior to transporting. If the inmate's condition is determined by the facility's Health Services personnel to be life-threatening and the Assistant Commissioner is not immediately available, then he/she should be notified as soon as possible. The use of restraints at an outside medical facility shall be in accordance with the transportation post orders. Upon removal of any restraints, notification shall be made to the Warden or AWS.
- 3. In the selection of restraint equipment for escort procedures, consideration shall be given to the following:
  - a. Custody classification of the inmate
  - b. Anticipated contact with the public
  - c. Physical and mental condition of the inmate
  - d. Demonstrated behavior
  - e. Purpose and destination of escort
  - f. Age, size, and stature of the escort(s) as compared to the inmate
  - g. Mode of travel

E. Reporting Usage

- 1. The use of security restraints (force) as an immediate and necessary response to an inmate's violent or unruly behavior shall be reported. (See Policy #103.02)

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2. Only in cases in which security restraints are used as a necessary response to an inmate's violent behavior, and not in the routine maintenance of security that is required by an inmate's custody level or routine movement, a written report shall be prepared and submitted to the Associate Warden of Security/Deputy Superintendent/designee (Assistant Warden at privately managed facilities) for review. This report shall be submitted to the AWS/DS/designee for review no later than the conclusion of the tour of duty (with a copy submitted simultaneously to the CMO at privately managed facilities).
  3. OMS conversation LIBJ, Incidents, shall be used to document the use of security restraint when used as a necessary response to an inmate's violent behavior, and not in the routine maintenance of security that is required by an inmate's custody level, post orders or routine movement. The staff preparing the incident report should be familiar with and follow the OMS on-line user procedure (LSWF) for documenting incidents in the OMS.
- F. All staff injured in an incident as a result of the usage of a restraint device shall receive an immediate medical examination and treatment if necessary. In the event that a visitor is injured as a result of a security restraint incident, the visitor shall be provided any emergency treatment required, and otherwise offered an immediate medical assessment and any necessary referral for further treatment that may be indicated.
- G. Staff shall be trained in the use of restraint devices referenced in this policy prior to utilization.
- VII. ACA STANDARDS: 4-4090, 4-4173, 4-4190, 4-4199, 4-4202, 4-4203, 4-4206, and 4-4281.
- VIII. EXPIRATION DATE: June 1, 2021.



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## ATTACHMENT

### LIST OF APPROVED THERAPEUTIC RESTRAINTS

The following list details all approved physical restraints when therapeutic restraints are ordered per Policy #506.07 (Use of Restraints)

- Locking restraints (leather or synthetic): wrist, ankle, extra large ankle with foam padding or disposable liner
- Locking bed restraints (leather or synthetic): wrist, torso, ankle, extra large ankle with foam padding or disposable liner
- Wrist to waist ambulatory restraint (leather): separately adjustable wrist cuff with limited range of movement recommended
- Ankle hobble: extra large ankle, foam padding
- Tether (leather or synthetic): with wrist cuffs and ankle hobble
- Transport belt (leather): with wrist cuffs
- Bed restraint wrist, ankle and torso. Hook and loop, side release or locking acceptable
- Transboard with 6-point restraint and head pillow. Board standard 6-point system recommended
- Spitting: transport hood
- Head banging: hard and soft shell helmet
- Self-injury: locking hand mitts



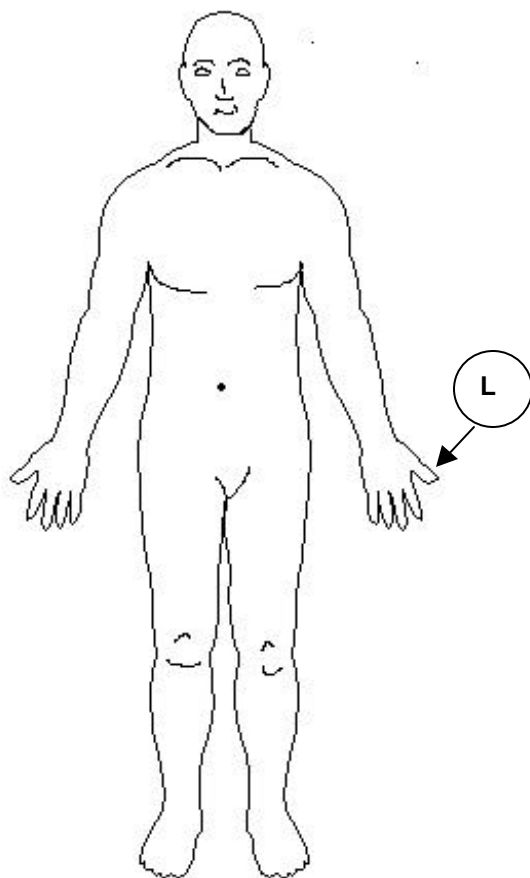
TENNESSEE DEPARTMENT OF CORRECTION  
ELECTRONIC RESTRAINT DEVICE REPORT

INSTITUTION \_\_\_\_\_

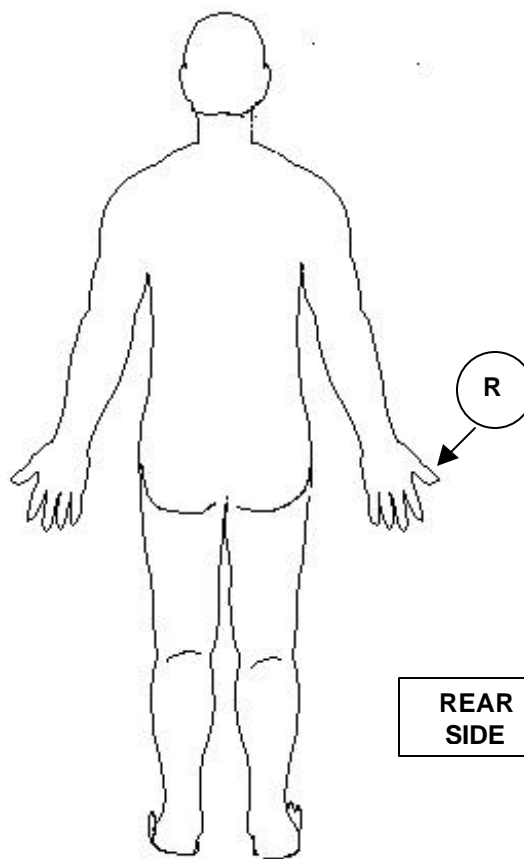
LOCATION \_\_\_\_\_

DATE & TIME \_\_\_\_\_

LOCATION OF CONTACTS 1/2



LOCATION OF CONTACTS 1/2



REAR  
SIDE

INMATE NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

Device Used: \_\_\_\_\_ Serial/Tag Number: \_\_\_\_\_

ERD User: \_\_\_\_\_ Title: \_\_\_\_\_

Employee witnesses: \_\_\_\_\_

Shift Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

1. Describe the danger present:: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe other means attempted to control the inmate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Number of applications: ☐ Duration of applications: \_\_\_\_\_
4. For Taser Use Only: Approximate Target Distance: \_\_\_\_\_  
Need for additional shot: ☐ No ☐ Yes  
If yes, please state the reason: \_\_\_\_\_  
\_\_\_\_\_  
Need for an electrical shock: ☐ No ☐ Yes  
If yes, please state the reason: \_\_\_\_\_  
\_\_\_\_\_  
Did contacts penetrate the skin? ☐ No ☐ Yes  
If yes, who removed the darts from the inmate's skin? \_\_\_\_\_  
\_\_\_\_\_
5. Did this incident result in any injuries? ☐ No ☐ Yes  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe inmate's demeanor after device was applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Post use procedure implemented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Title of User

\_\_\_\_\_  
Signature and Title of Shift Supervisor



**TENNESSEE DEPARTMENT OF CORRECTION  
WEAPON/EQUIPMENT INVENTORY**

INSTITUTION \_\_\_\_\_

MONTH OF: \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS
HANDGUNS: 38/4				
OTHER				
SHOTGUNS: 12 GAUGE				
OTHER				
RIFLES: 22				
308				
223				
OTHER				
<b>50-12 GA. SUPER SOCK BEAN BAG ROUNDS</b>				
<b>50-12 GA. FIN STABILIZED ROUNDS</b>				
<b>15-.60 CAL. RUBBER BALLS (8 INCH) (IN 37MM OR 40MM)</b>				
GAS CANISTER: CS				
CN				
LIQUID CHEMICAL: CS				
CN				
37/40MM GAS LAUNCHER:				
GAS PROJECTILE: LONG (CS)				
LONG (CN)				
SHORT (CS)				
SHORT (CN)				
OTHER (CS)				
OTHER (CN)				
ELECTRONIC SHIELDS:				
GAS MASK:				
TASER WEAPON:				
<b>10 STINGER HAND-BALL GRENADES (w/o chemical agents)</b>				
RADIOS & CHARGERS:				
METAL DETECTORS				
LISTENING DEVICES:				
BATONS: SHORT				
LONG				

**WEAPON/EQUIPMENT INVENTORY**

INSTITUTION		MONTH		DATE COMPLETED	
WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS	
15-MULTIPLE DENSE RUBBER BATONE (8-INCH)					
HANDCUFFS:					
LEG IRONS:					
WAIST CHAINS:					
RIOT HELMETS:					
RIOT SHIELDS:			2 2		
HANDCUFF COVERS:					
FLEX CUFFS:					
HOLSTERS:					
SHOTGUN BELTS:					

**REMARKS:**     *INCLUDE MISCELLANEOUS ARMORY EQUIPMENT, EQUIPMENT IN NEED OF REPAIR, EQUIPMENT NOT ACCOUNTED FOR, ETC.*

I CERTIFY THAT I HAVE PHYSICALLY INSPECTED ALL POSTS AT THIS FACILITY AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

### WEAPON/EQUIPMENT INVENTORY

INSTITUTION

MONTH

DATE COMPLETED

[illegible]

SIGNATURE

TITLE



**INMATE/PATIENT:** \_\_\_\_\_ **TDOC #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE	INITIAL	SIGNATURE/TITLE



Order Form 1206/4 (If 4-part set) or  
Order Form 1206/5 (If 5-part set)

## PHYSICIAN'S ORDERS

[illegible]



**TENNESSEE DEPARTMENT OF CORRECTION**  
**ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

☐ Employee ☐ Inmate ☐ Visitor ☐ Other \_\_\_\_\_

Location (of occurrence) \_\_\_\_\_ Date (of occurrence) \_\_\_\_\_ Time (of occurrence) \_\_\_\_\_

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence  
☐ Use of Force ☐ Other: \_\_\_\_\_

Weapon, Property, Equipment, Machinery Involvement (Specify): \_\_\_\_\_

Subject's Version (how situation occurred): \_\_\_\_\_

\_\_\_\_\_  
Signature of Subject

Witness' Version: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

**Health Service Provider's Report**

Subjective: \_\_\_\_\_

Objective: \_\_\_\_\_

Assessment: \_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Treatment

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of of Health Service Provider

Disposition: ☐ Treated by Institutional Health Service Staff

☐ Transported to Community Facility for Outpatient Care:

\_\_\_\_\_  
Facility

☐ Transported to Community Hospital for Inpatient Care:

\_\_\_\_\_  
Hospital

☐ Other, explain: \_\_\_\_\_

Did death result?

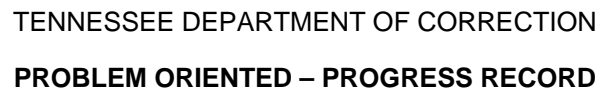
☐ Yes

☐ No

Relatives notified:

☐ Yes

☐ No



INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

[illegible]

RDA 1485



**TENNESSEE DEPARTMENT OF CORRECTION**  
**MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION**

\_\_\_\_\_  
INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRECIPITATING SYMPTOMS (OBSERVATION/JUSTIFICATION): \_\_\_\_\_

ASSESSMENT: \_\_\_\_\_

INITIAL ORDER: \_\_\_\_\_

TIME OF AUTHORIZATION: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE ORDER: \_\_\_\_\_  
SIGNATURE OF ASSIGNED OR  
SUPERVISING NURSE

\_\_\_\_\_  
SIGNATURE OF ORDERING PSYCHIATRIST/CNS DATE SIGNATURE/TITLE OF AUTHORIZING STAFF DATE

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS LOCATION: \_\_\_\_\_

IF RESTRAINT, TYPE: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE/TITLE OF AUTHORIZED STAFF

# MENTAL HEALTH SECLUSION/SUICIDE/RESTRAINT AUTHORIZATION

INSTITUTION

PATIENT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

REASSESSMENT: \_\_\_\_\_

TYPE OF PLACEMENT: ☐ SECLUSION ☐ SUICIDE WATCH ☐ RESTRAINTS

EXTENSION ORDER: \_\_\_\_\_

TELEPHONE CONSULTATION: \_\_\_\_\_

TIME OF REASSESSMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF


ORDER DISCONTINUED: \_\_\_\_\_

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/TITLE OF AUTHORIZED STAFF

TIME OF DISCONTINUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE PSYCHIATRIST / CNS

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.07.1	Page 1 of 3
	Effective Date: September 1, 2019	
	Distribution: B	
	Supersedes: 506.07.1 (7/15/16) PCN 18-17 (2/15/18)	
Approved by: Tony Parker		
Subject: USE OF CHEMICAL AGENTS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-24-110.
- II. PURPOSE: To establish a departmental policy that addresses the use of chemical agents.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) employees and employees of privately managed facilities.
- IV. DEFINITIONS:
  - A. Chemical Agent: Chemical substances utilized to incapacitate, either CN-Chloractophenone (tear gas), CS-Orthochlorobenzal Malononitrile (irritant gas), or OC-Oleoresin Capsicum in a non-toxic, non-flammable vehicle.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - C. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities
- V. POLICY: Chemical agents shall be used only in emergency situations and at the direction of the Warden/Superintendent/Director or his/her designee.
- VI. PROCEDURES:
  - A. The Warden/Superintendent/Director shall establish and maintain a standard operating procedure or policy for the use of chemical agents within the following parameters:
    1. Chemical agents are to be used only when less serious methods of regaining control have not been successful or when such methods have been determined to be ineffective in resolving an emergency situation.
    2. A verbal warning of the intended action shall be given prior to using the chemical agents.


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Subject: USE OF CHEMICAL AGENTS		

3. Chemical agents shall never be used for the punishment, harassment, or intimidation of inmates.
  4. Before chemical agents may be used, proper precautions must be taken in advance to minimize injury to inmates, especially those who are not participants in the immediate situation.
  5. With the development of this procedure, an alternate plan should be developed in the event the inmate is not affected by chemical agents.
- B. At privately managed facilities, institutional procedures must be reviewed and approved by the Commissioner and shall include provisions for prior approval of the CMO (or notification within one hour of the incident in cases where obtaining prior approval is not feasible) for the use of chemical agents.
- C. All large quantities of chemical agents, or those with delivery systems other than 126 gram aerosol spray, shall be stored in the armory and never issued or used without the express permission of the Warden/Superintendent/designee. The only exception to the aforementioned is each facility shall maintain the Pepper Ball Custom Carbine chemical agent delivery system and chemical agent pepper balls/pellets in Central Control only. Personnel permitted to use chemical agents must be trained in their use and in the treatment of individuals exposed to the chemical agent, with the training documented by the training officer in the user's training file. The pepper balls/pellets shall be accounted for at the beginning of each shift and after every use. The issuance and accountability of equipment and pepper balls/pellets shall be documented in the Central Control Post Logbook. The equipment issuance will also be documented on the Daily and Permanent Assignment Equipment Registration, CR-1940, per policy #506.04.
- D. In the standard operating procedures or in policy, the Warden/Superintendent/Director shall designate staff members (positions) authorized to carry and use small quantities of CN/CS/OC agent. The canister of CN/CS/OC issued as regular security equipment shall not exceed 126 grams in size. Personnel so equipped must be trained in its use, with the training documented by the training officer. These chemical agents may not be used against anyone while the employee is off duty.
- E. Should it become necessary to use chemical agents to remove an inmate from his/her cell or any other location, the following guidelines shall be observed:
1. Taking into consideration the urgency of the situation and the time of day, the shift supervisor or above (CMO at privately managed facilities) may authorize the use of chemical agents after making an on-site evaluation. If the CMO is not on-site, then authorization by the CMO can be given over the telephone. If neither CMO nor the CMC is reachable via phone, the CA will be contacted.
  2. If possible, a health services staff person shall be present.
  3. If possible, the use of chemical agents should be recorded. All planned uses of chemical agents shall be recorded.

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Subject: USE OF CHEMICAL AGENTS		

- F. The Pepper Ball Custom Carbine chemical agent delivery system shall be utilized to remove an inmate from his/her cell or other location, to end disturbances where there is a need to disperse, move or control an individual or group of inmates or de-escalate a potentially violent situation while reducing the likelihood of death or serious injury to all persons involved.
    1. The Warden/Superintendent shall develop institutional procedures and post orders to clearly outline the delegation of his/her authority to use the Pepper Ball® delivery System. At privately managed facilities, this shall include the requirement for seeking the CMO's approval prior to such use.
    2. The Pepper Ball® delivery system shall only be used by employees trained in its utilization and the training shall be documented in the employee's training records. Training of personnel in the correct use of this system shall be the responsibility of the Warden/Superintendent using certified instructors. Only members of the Correctional Emergency Response Team (CERT), Special Operations Response Team (SORT at privately managed facilities), Facility Based Tactical Squad (FBTS) and designated ranking staff members will be trained in the use of this system. The training curriculum shall follow the manufacturer's instructions for use and will be approved in writing by the Assistant Commissioner of Prisons. Members of the Special Operations Unit will be trained in its use and shall be authorized to deploy the Pepper Ball® delivery system as needed while on assignment.
    3. Recertification shall occur as product updates necessitate. Ongoing training by the CERT/SORT and FBTS shall keep each member current and provide recertification opportunities for designated ranking staff members.
    4. The Pepper Ball Custom Carbine delivery system is designed to be direct fired or indirect fired (skip shot) into the intended target. Since there is the potential for serious physical injury with this product, the user must be correctly trained in its use. Intentional impact to the head (face) or neck should be avoided.
  - G. At any time chemical agents are used, the exposed inmate(s) and/or staff shall be given immediate medical attention by on-duty health services staff.
  - H. Each time chemical agents are used for other than training purposes, an incident report shall be completed, preferably by an individual with first-hand knowledge in accordance with Policy #103.02. The incident report shall be completed prior to the conclusion of the shift and submitted to the Warden/Superintendent/Director or his/her designee, with a copy forwarded to the CMO at privately managed facilities. Incident reports will be entered on OMS Incidents (LIBJ).
  - I. Most chemical agents have dates of expiration when they should be replaced. Chemical agents received without expiration dates shall be clearly marked to expire four years from the date received. Chemical agents shall be inventoried monthly to determine their condition and to ensure proper disposal upon expiration. At TDOC institutions, all expired chemical agents shall be turned over to the Special Operations Unit of OIC for disposal and/or training purposes.
- VII. ACA STANDARDS: 4-4092, 4-4173, 4-4199, 4-4201, 4-4202, and 4-4203.
- VIII. EXPIRATION DATE: September 1, 2022.



 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 506.07.2	Page 1 of 11
	Effective Date: November 15, 2016	
	Distribution: B	
	Supersedes: 506.07.2 (4/1/14)	
Approved by: Tony Parker		
Subject: STATEWIDE TACTICAL PROGRAMS		

- I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606, TCA 4-3-609, and TCA 41-21-401.
- II. **PURPOSE:** To establish procedures for the effective control of large or small groups or individual inmates who resist lawful authority and to respond and assist in any situation that is deemed appropriate by the Warden, Deputy Commissioner of Operations, and/or Commissioner.
- III. **APPLICATION:** Employees at institutions, including privately managed facilities, for which tactical programs have been approved.
- IV. **DEFINITIONS:**
  - A. **Correctional Emergency Response Team (CERT):** A five person, full time team that responds to common emergency situations at a Tennessee Department of Correction (TDOC) institution. At privately managed institutions, these teams may be denoted by another name.
  - B. **Facility Based Tactical Squad (FBTS):** A part-time call-up team which consists of 13 employees assigned to the institution that are certified in tactical concepts and special weapons.
  - C. **Special Operations Unit Director:** A person appointed by the Commissioner who shall be directly responsible for all tactical programs, functional concepts, training curriculum, and tactical equipment utilized throughout the TDOC.
  - D. **Special Operations Tactical Coordinator (SOTC):** A designee appointed by the Special Operations Unit Director who is responsible for the appropriate function and oversight of FBTS and CERT statewide.
  - E. **Squad Leader (SL):** An individual responsible to the Tactical Squad Commander (TSC) who (in the event of an institutional emergency) directs the implementation of all orders received from the Tactical Squad Commander (TSC).
  - F. **Strike Force One (SFO):** A full time rapid response team consisting of 26 tactical officers certified in tactical concepts and special weapons. These 26 tactical officers, strategically ranked Tactical Officer I, II and III are divided into two fully functional tactical squads consisting of 13 members each.
  - G. **Tactical Squad Commander (TSC):** An individual responsible to the Warden who (in the event of an institutional emergency) plans, directs, and coordinates the procedures utilized in a tactical situation.
  - H. **Level One Training:** A 40 hour Tactical Training Course that is approved by and held at TCA within 120 days of selection. This training shall be conducted by the Special Operation Unit's training team, with instructors selected from Strike Force One who have been validated to instruct through TCA and other accredited training groups.

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- I. Level Two Training: A 80 hour Advanced Tactical Training Course that is approved by and held at TCA within 120 days of selection, Level One training is a prerequisite for the attendance at the Level Two Training. This training shall be conducted by the Special Operation Unit's training team, with instructors selected from SFO who have been validated to instruct through TCA and other accredited training groups.
- J. Level Three Training: A 40 hour Tactical Training Course that shall be comprised of specialized courses approved and offered by TCA in conjunction with specialized courses offered by outside law enforcement agencies.
- V. POLICY: The Warden of each institution, excluding the Women's Therapeutic Residential Center (WTRC) of WTSP and the Mark H. Luttrell Correctional Center, shall maintain a full time five member CERT and a part time 13 member FBTS to respond to emergency contingencies as they occur in accordance with the mission and logistical layouts of their facility. In addition, the Tennessee Prison for Women and the Lois M. DeBerry Special Needs Facility shall maintain an auxiliary tactical unit consisting of six members at each facility.
- VI. PROCEDURES:
  - A. To ensure proper fit of required emergency equipment, no employee serving on a CERT, FBTS, or SFO team(s) shall wear a beard. Additionally, no member of these teams shall wear a mustache that extends below the creases of the mouth. Failure to comply with these grooming standards will result in immediate termination from the team(s).
  - B. Correctional Emergency Response Team (CERT):
    - 1. A Correctional Emergency Response Team (CERT) shall consist of four Correctional Officers and one Correctional Corporal selected by the Warden who shall serve as the team supervisor.
    - 2. CERT shall function as one complete unit which reports only to the Warden, Associate Wardens, and/or Chief of Security of the facility. The team shall not be divided into independent components operating at different times. All members of CERT shall be scheduled for duty as a complete unit operating as a single entity.
    - 3. Mission objectives, hours of the assignment and call-back procedures for CERT shall be at the discretion of each Warden and the SOTC. CERT members are subject to call-back 24 hours per day, seven days per week. A temporary short term absence of any CERT member does not require immediate replacement. Extended absences may only be temporarily filled by active Facility Based Tactical Squad members, and only at the discretion of the Warden and the SOTC.
    - 4. CERT members shall not be routinely assigned to fixed posts or utilized for staffing coverage and/or staffing shortages. CERT activities shall not be conducted based on a predictable pattern or schedule. Each team member shall have complete access to all areas of the facility in order to conduct security inspections, unannounced searches and intelligence gathering functions.

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5. CERT members shall provide direct emergency response coverage for their respective facility. Therefore, CERT members cannot serve as members of the Facility Based Tactical Squad (FBTS).

C. Facility Based Tactical Squad (FBTS):

1. A FBTS is a part-time call-up team used to respond to correctional emergencies and supporting functions occurring within or around the base facility as directed by the Warden and the SOTC. FBTS will be used to support statewide Strike Force operations as directed by the Special Operations Unit Director.
2. A FBTS shall consist of 13 correctional employees assigned to the facility working within the security classification series. Correctional Lieutenant shall be the highest ranking position authorized to serve on a FBTS and such placement shall only be authorized if the lieutenant is serving as the Tactical Squad Commander (TSC). Otherwise, any active team member can serve as the TSC regardless of his/her facility assigned rank or title. Included within the 13 member structure of a FBTS shall be one TSC appointed by the Warden, one Squad Leader (SL) and 11 tactical squad members.
3. Tennessee Prison for Women and Lois M. DeBerry Special Needs Facility shall maintain an auxiliary tactical unit consisting of six members at each facility. Auxiliary tactical units report directly to the Warden/Associate Wardens/Special Operations Tactical Coordinator during emergency operations. The Special Operations Tactical Coordinator shall serve as the primary supervisor for all auxiliary tactical units during deployments.
4. FBTS members cannot serve as permanent members of a CERT. However, active FBTS members can serve temporarily on a CERT in order to provide coverage due to extended absences or temporary vacancies. Such temporary service is at the discretion of the Warden and the SOTC.
5. FBTS may only wear black uniforms when participating as a component of a regional or statewide Strike Force contingency. To avoid desensitizing a tactical presence during major emergencies, the use of the black dress code among FBTS shall be limited.

D. Strike Force One (SFO): The Department shall fully equip, train, and maintain a full-time 26 member rapid response team based in Nashville, TN. The full-time rapid response team shall be equipped and conditioned for extended emergency deployments across the state.

1. SFO is a full-time rapid response team consisting of 26 members (2 Tactical Officer(s) III, 4 Tactical Officer(s) II and 20 Tactical Officer(s) I) certified in tactical concepts and special weapons. These 26 members shall be divided into two fully functional tactical squads consisting of 13 members each who report directly to the Special Operations Unit Director.
2. Operations activities associated with SFO shall be considered highly confidential. The team's daily location and mission objectives shall only be known to the Commissioner/Deputy Commissioners/Assistant Commissioners/Chief of Staff /Director of OIC.

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3. The Special Operations Unit Director/Designee shall have complete authority to deploy SFO to any TDOC facility without providing notice for the purpose of conducting unannounced security operations and/or unit/area searches.

E. Equipment Utilization and Consideration:

1. Uniforms and tactical equipment required to be worn and used by all TDOC tactical programs shall be determined by the Special Operations Unit Director. A listing of such uniforms and equipment shall be included in the *TDOC Special Operations Unit Standard Tactical Operations Manual*. For privately managed facilities, TDOC approved corporate policy shall govern these issues.
2. Uniforms and tactical equipment items for wear and use by all TDOC tactical programs shall be issued, inventoried, and monitored by staff assigned to the Special Operations Unit Quartermaster. Particular attention shall be given to statewide standardization of all tactical uniforms, equipment, and munitions.
3. All tactical related munitions located at TDOC facilities shall be assigned to and the care and control by the SOTC/Designee. The reassignment, issuance, and purchasing of all tactical related munitions shall be coordinated by staff assigned to the Special Operation Unit Armory and approved by the Special Operations Unit Director or Designee.
4. Tactical equipment items, to include uniforms and accessories, shall not be altered or labeled without direct authorization from the Special Operations Unit Director. Badges and/or Unit Insignias shall only be worn when authorized by the Special Operations Unit Director or Designee.
5. Patches and other program identifiers shall maintain a consistent theme across the entire department as it relates to these programs. Patches and other identifiers shall not denote any facility, or special team function.
6. Regional identifiers for Strike Force components shall be denoted by a number worn in the center of the tactical patch located on the left sleeve of members assigned to FBTS and SFO. The number 1 shall denote SFO, the number 2 shall denote the Middle Tennessee Region, the number 3 shall denote the West Tennessee Region and the number 4 shall denote the East Tennessee Region.

F. Selection Criteria for Tactical Appointments:

1. Security personnel seeking a position on the CERT or the FBTS shall submit Application for Tactical Consideration, CR-3989, for a character endorsement by the Warden. All applicants must meet or exceed the following criteria:
  - a. Must receive an endorsement from the Warden. An endorsement indicates that an applicant exhibits enough personal and professional characteristics to represent TDOC in a tactical capacity.

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- b. Must have successfully completed a minimum of twelve consecutive months of service within the correctional officer series without any disciplinary action to be assigned to a position of CERT/Tactical Units.
- c. Must be able to respond within an hour and a half to the institution of assignment.
- d. For CERT – must be a correctional officer to be considered for a membership position, or a Corporal to be considered for the CERT supervisory position.
- e. For FBTS – must be in a security job classification with a rank no higher than lieutenant to be considered for a position. (Note: A lieutenant position is only justified if serving as the FBTS Commander. Tactical leadership positions are not determined by facility rank structures)
- f. Must understand that selection to any TDOC tactical program is an honor and a privilege, not a right. CERT/Tactical members do not have property rights to team membership or internal team positions.
- g. Must understand that any supplemental or differential pay increase received due to membership status shall be immediately rescinded upon membership termination or extended inactive status.
- h. Must clear a background and moral turpitude check conducted by the Office of Investigations and Compliance (OIC) and the Tennessee Bureau of Investigations (TBI).
- i. Must successfully complete the Tactical Officer Physical Fitness—Test administered by the Special Operations Unit Director and/or Designee. Passing results shall remain active for one year. If an applicant fails to meet the physical fitness requirements, he/she may reapply after 90 days. This shall serve as an appropriate reconditioning period.
- j. Once an applicant has met the criteria identified in section VI.(F)(1), he/she becomes eligible for membership selection. If endorsed by the Warden to serve on CERT or FBTS, the employee(s) application shall be kept on file in the office of the facility warden and the SOTC. Selection to an auxiliary tactical unit based at DSNF and TPFW will require endorsements from both the Warden and the Special Operations Tactical Coordinator.
- k. Upon selection, the Special Operations Tactical Coordinator will notify the Tennessee Correctional Academy (TCA) of those employees eligible for tactical related training. This shall be accomplished through a Tactical Eligibility & Service Register which identifies all tactical members operating within the TDOC. Employees not identified as active CERT/FBTS members shall not be allowed to attend tactical training at TCA.

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2. Applicants seeking a position on SFO shall submit the Application for Tactical Consideration, CR-3989, to the Special Operations Unit Director for review. All applicants must meet or exceed the following criteria:
  - a. Must receive an endorsement from the Special Operations Unit Director. An endorsement indicates that an applicant exhibits enough personal and professional characteristics to represent TDOC in a tactical capacity.
  - b. Must possess twelve consecutive months of accredited correctional or community supervision experience, without any character/background concerns.
  - c. Must be able to respond within an hour to the Special Operations Headquarters located in Nashville, TN.
  - d. Must be willing to accept a reclassification in rank to fulfill this requirement.
  - e. Must understand that a selection to SFO is an honor and a privilege, not a right. SFO members do not have property rights to team membership or internal team positions.
  - f. Must understand that any supplemental or differential pay increase received due to membership status shall be immediately rescinded upon membership termination or extended inactive status.
  - g. Must clear a background and moral turpitude check conducted by the Office of Investigations and Compliance (OIC) and the TBI.
  - h. Must successfully complete the Tactical Officer Physical Fitness Test administered by the Special Operations Unit Director and/or Designee. Passing results shall remain active for one year. If an applicant fails to meet the physical fitness requirements, he/she may reapply after 90 days. This shall serve as an appropriate reconditioning period.
  - i. Once an applicant has met the criteria identified in Section VI.(F)(2), he/she becomes eligible for SFO selection. If selected by the Special Operations Unit Director to serve on SFO, the employee shall be entered into the tactical database.
  - j. The facility Warden, District Directors and the Director of Special Operations shall coordinate inter-departmental transfers within a reasonable amount of time. Such transfer arrangements shall not exceed 30 days beyond the employee's selection date to SFO.
  - k. Upon selection, the SOTC will notify the Tennessee Correction Academy of those employees eligible for tactical related training. This shall be accomplished through a Tactical Eligibility & Service Register List which identifies all tactical members operating within the TDOC.

G. Operational Mandates for Tactical Activities:

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1. Employees serving on a CERT must successfully complete the 40 hour Level One Tactical Training at TCA within 120 days of selection. If training attendance is fewer than ten participants, the 120 day mandate shall be extended an additional 120 days.
2. Employees serving on a FBTS must successfully complete the 40 hour Level One and the 80 hour Level Two Tactical Training at TCA within 120 days of selection. If training attendance is fewer than ten participants, the 120 day mandate shall be extended an additional 120 days.
3. Employees serving on SFO must successfully complete the 40 hour Level One and the 80 hour Level Two Tactical Training, and the 40 hour Level Three Tactical Training at TCA within 120 days of selection. If training attendance is fewer than ten participants, the 120 day mandate shall be extended an additional 120 days.
4. Employees that have successfully completed the tactical certification program at TCA prior to January 1, 2012, shall be considered as having met the requirements of Level One and Level Two Tactical Training certification. Such consideration does not include the background investigation conducted by the Office of Investigations and Compliance (OIC) or the Tactical Officer Physical Fitness Test which shall be administered by the Special Operations Unit Director and/or Designee.
5. An official tactical activation and/or deployment approved by the Warden shall not constitute a training activity. Such activations and/or deployments shall not serve as a substitution for required monthly or quarterly training.
6. FBTS shall conduct monthly training on a standardized schedule as determined by the SOTC. The schedule shall accommodate regional Strike Force training exercises when activated. Only the Special Operations Unit has the authority to activate a statewide or regional Strike Force protocol. If such protocol is activated, the Special Operations Unit Director shall assume complete command and control authority over all tactical resources operating within the TDOC.

H. Tactical Training Level Requirements:

1. TCA and SFO shall serve as the primary training resource for all CERT and FBTS training. Such training shall be identified as Level One for CERT requirements and Level Two for FBTS requirements. By default, Level One is a prerequisite for Level Two tactical training. No active tactical member shall attend Level Two training without having first successfully completed Level One training.
2. Employees serving on SFO shall meet the minimum requirements established for the 40 hour Level One and the 80 hour Level Two tactical training before attending the 40 hour Level Three training sessions and 40 hours of training annually, at least 16 of which are specifically related to the emergency unit assignment. In addition, these employees must also complete a 40 hour leadership development course and New Supervisor Training (NST) within 120 days of selection.
3. In addition to the basic training level requirements, all tactical program members shall maintain annual certifications in electronic devices, chemical agents, physical fitness standards, CPR and First Aid, standard weapons qualification, and any other specialties that require annual recertification.

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4. CERT members shall receive a minimum of four hours of cell extraction training each quarter. Such training must include the four man entry method. CERT members shall have 40 hours of training annually, at least 16 of which are specifically related to the emergency unit assignment.
5. FBTS members shall receive a minimum of eight hours of tactical related training every month as determined by the SOTC. Such training may be conducted locally, regionally, or as part of a statewide tactical readiness operation. FBTS members shall have 40 hours of training annually, at least 16 of which are specifically related to the emergency unit assignment.

I. Tactical Physical Fitness Standards:

1. Tactical physical fitness standards shall be determined by the Special Operations Unit Director and clearly identified in the *Physical Fitness Agility Manual*.
2. Any changes to the tactical officer physical fitness standards shall require a six month grace period before such standards can be fully applied or enforced. Immediately following the six month grace period, team membership will be rescinded for non-compliance of newly established physical fitness standards.
3. Applicants and existing CERT and FBTS members shall be held to the same physical fitness standards. Standards established for SFO must exceed that of CERT and FBTS membership.
4. Active tactical members must successfully pass the Tactical Officer Physical Fitness Test annually in order to retain their position within any tactical program. Failure to successfully pass or attend the annual Tactical Officer Physical Fitness Testing will place the member on fitness probation for up to 30 days. The member will be afforded only one opportunity to successfully pass the physical fitness test within the 30 day probation period. Failure to successfully pass or attend the physical fitness test will result in one year suspension from all tactical programs.
5. Tactical members serving in the military and on deployment during an annual physical fitness test shall not be placed on physical fitness probation. Such members shall be afforded an opportunity to complete the annual physical fitness test upon returning to state duty. Only then can such members be placed on physical fitness probation for non-compliance.

J. Tennessee Correction Academy-CADETS

1. Cadets attending the Basic Correctional Officer Training or Basic Probation/Parole Officer Training programs at TCA may participate in a standard deployment with the Special Operations Unit as part of the Academy training. When this occurs, members of the Drill Instructors Corp assigned to TCA shall be directly responsible for the safety and accountability of all cadets.



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2. The Superintendent of TCA, in conjunction with the Director of Special Operations, shall determine to what extent cadets will be allowed to participate in tactical deployments and Special Operation functions during training.

VII. ACA STANDARDS: 4-4086 and 4-4089.

VIII. EXPIRATION DATE: November 15, 2019.



<b>OPS</b> Special Operations	<b>TENNESSEE DEPARTMENT OF CORRECTION</b> <b>Office of Investigations &amp; Compliance/Special Operations Unit</b> <b>Application for Tactical Consideration</b>	<b>OIC</b> Form SO-01 REVISED 2015
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Last Name:		First Name:		MI:	Date of Birth:
Hair Color:	Eye Color:	Edison ID:	Current Facility/Office:		
Social Security#:		Home Phone#:		Cell Phone#:	
TDOC Hire Date:	Last Evaluation Rating:	TDOC Job Classification/Position Title:		Name of Immediate Supervisor:	
Home Address:		City:	Zip Code:	Tennessee Driver's License No:	

### Membership Consideration and Agreement

The Tennessee Department of Correction maintains three (3) different tactical programs designed to aid in the mission of operating safe and secure prisons. Applicants applying for membership consideration for any of the tactical programs identified herein must understand the primary differences associated with each and agree/conform to the conditions set forth:

#### Tactical Programs Defined:

- **Correctional Emergency Response Team (CERT)** – A full time team consisting of (4) Correctional Officers and (1) Correctional Corporal or Correctional Sergeant. These security staff members are not assigned to fixed posts and shall have complete access to all areas of a facility in order to conduct Security Inspections, Unannounced Searches, Intelligence Gathering, Cell/Area Extractions, Crisis Interventions, High Risk Transportations, and other duties as directed by the Warden. These security staff members remain on-call 24 hours a day and 7 days per week, but cannot be deployed away from the base facility.
- **Facility Based Tactical Squad (FBTS)** – A part-time team consisting of (13) correctional employees operating from within the security job classification. These security members are assigned to regular post assignments and are subject to emergency activations by the Warden and/or Special Operations Unit. Duties include, but are not limited to the following: Large Area Searches, Vehicle Searches, Facility Containment, Listening & Observation Outpost Coverage, Control Loss Incidents, Roadblock Details, Crowd Control & Event Management, Facility Protection & Evacuation, and Assist Strike Force One as needed. These security staff members remain on-call 24 hours a day and 7 days per week. ***(Note: TPFW, and DSNF shall maintain a team consisting of (6) members each.)***
- **Strike Force One (SF1)** – A full time statewide rapid response team based in Nashville, Tennessee. This team consist of (26) Correctional Officers assigned to the Special Operations Unit which are directly responsible for providing tactical and logistical support to all state prison facilities. Duties include, but are not limited to the following: Line of Duty Death Detail, Statewide Mobilization, Dignitary Protection, Air Transportation, Rapid Insertions, Execution of Warrants, Extraditions, Adjunct Instructor Services, Large Scale Evacuations, Law Enforcement Support, and Leadership Development. These security staff members remain on-call 24 hours a day and 7 days per week. Strike Force One (SF1) members are expected to participate in extended deployment operations.



<b>OPS</b> Special Operations	<b>TENNESSEE DEPARTMENT OF CORRECTION</b> <b>Office of Investigations &amp; Compliance/Special Operations Unit</b> <b>Application for Tactical Consideration</b>	<b>OIC</b> Form SO-01 REVISED 2015
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**Membership Conditions:**

- Applicant must be a Correctional Officer to be considered for a position on the Correctional Emergency Response Team (CERT) or Strike Force One (SF1). Applicant must be a Correctional Corporal or Sergeant to be considered for a leadership position on CERT. Applicant must be in a security job classification with a rank no higher than Lieutenant to be considered for a position on the Facility Based Tactical Squad (FBTS). *(Note: A Lieutenant position is only justified if serving as the team commander. Tactical Squad leadership positions are not determined by facility rank structures.)*
- Applicant must reside within a one hour commuting distance from the facility for which he/she is applying.
- Applicant must successfully complete the Standard Tactical Physical Fitness Test administered by staff assigned to the Special Operations Unit.
- Applicant must have received a rating of "Valued" or above on his/her performance evaluation and must have completed his/her initial probation period in the Correctional Officer series.
- ***Applicants must clear a background and moral turpitude check conducted by the Office of Investigations & Compliance (OIC) and the Tennessee Bureau of Investigations (TBI).***
- Applicant must understand that selection to any TDOC tactical program is an honor and a privilege, not a right. CERT/Tactical members do NOT have property rights to team membership or internal team positions.
- Applicant must understand that any supplemental or differential pay increase received due to membership status shall be immediately rescinded upon membership termination or extended inactive status.
- Applicant must receive an endorsement from both the Warden and the TDOC Tactical Coordinator before membership consideration can be granted for the Correctional Emergency Response Team (CERT) or the Facility Based Tactical Squad (FBTS).
- Applicant must receive an endorsement from the TDOC Tactical Coordinator before membership consideration can be granted for Strike Force One (SF1) or any additional Strike Force programs.

I have read and fully understand/agree to the conditions set forth in this application and the above information is true to the best of my knowledge as indicated by my signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Based on the information provided within this application, please indicate which tactical program you are applying for by placing and (X) in the appropriate box below: *(Note: You may apply for more than one Program.)*

☐ CERT

☐ Tactical Squad

☐ Strike Force One

\_\_\_\_\_  
Facility Warden's Endorsement  
*\*Warden's endorsement required for CERT or FBTS\**

\_\_\_\_\_  
TDOC Tactical Coordinator's  
Endorsement

\_\_\_\_\_  
Special Operations Unit Director

*(Please forward this original application to the Office of Investigations & Compliance, Attention: Special Operations Unit)*



<b>OPS</b> Special Operations	<b>TENNESSEE DEPARTMENT OF CORRECTION</b> <b>Office of Investigations &amp; Compliance/Special Operations Unit</b> <b>Application for Tactical Consideration</b>	<b>OIC</b> Form SO-01 REVISED 2015
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**To be completed by the Office of Investigations & Compliance/Special Operations Unit**

If applicant has received the required endorsement(s), begin processing procedures.

Limited background investigation:  Based on the information received from the limited background investigation, I conclude the applicant is hereby:  <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED  _____ Intelligence Analyst                      Date	Analyst comments:  _____  _____  _____  _____
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If applicant clears background investigation, schedule and conduct Standard Tactical Physical Fitness Test.

**Standard Tactical Physical Fitness Test**

Gender/Age information will be used to calculate your Physical Agility Score.      Gender: \_\_\_\_\_ Age: \_\_\_\_\_

1.5 Mile Run  Time: _____	Sit-Ups (1 minute) Required: 25 Sit-ups  Sit-ups: _____	Push-ups (1 minute) Required: 15 Push-ups  Push-ups: _____
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I hereby certify that the applicant was administered the Standard Tactical Physical Fitness Test with the following result:

☐ PASSED

☐ FAILED

\_\_\_\_\_  
Special Operations Director

\_\_\_\_\_  
Date

If applicant has successfully completed the Standard Tactical Physical Fitness Test, schedule required basic training through TCA. If applicant has failed to meet the physical fitness requirements, he/she may reapply after 90 days. This serves as an appropriate reconditioning period.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.07.4

Page 1 of 4

Effective Date: November 15, 2016

Distribution: B

Supersedes: 506.07.4 (12/15/13)

Approved by: Tony Parker

Subject: NEGOTIATION MANAGEMENT TEAM

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish guidelines for the formation and training of institutional Negotiation Management Teams (NMT).
- III. APPLICATION: Deputy Commissioner of Operations, Wardens, and institutional staff.
- IV. DEFINITIONS:
  - A. Assistant Team Leader: A team member who is responsible for organizing the negotiations post, establishing communication, and coordinating all resources made available to the team. In the absence of the team leader, he/she assumes the responsibility of that position.
  - B. Intelligence Officer: An individual who is responsible to the team leader and manages the gathering, recording, and dissemination of all information related to the crisis. This individual should be knowledgeable of tactical operations and procedures.
  - C. Negotiation Management Team (NMT): A team that is comprised of specially selected, trained, and equipped personnel to be utilized in an inmate disturbance or hostage situation, as well as in situations where their specific skills will benefit the institution/Department.
  - D. Primary Negotiator: A team member who is responsible for being a sounding board, information processor, and facilitator for problem solving during crisis situations. During hostage situations, this individual will be the primary contact with the hostage takers.
  - E. Secondary Negotiator: A team member who is responsible for serving as back-up negotiator, regulating and providing information to the primary negotiator, acting as recorder and communicator, and keeping negotiations on a predetermined path.
  - F. Support Member(s): Team members who have specific technical expertise and perform special functions required for the successful conclusion of a crisis situation, (i.e., communication hook up, psychological profiling, etc.).
  - G. Team Leader: An individual who is responsible for the training, readiness, and performance of team members. The NMT is under the direction of the team leader during a crisis situation.
- V. POLICY: Negotiation management teams shall be established and maintained for use on a regional or inter-institutional basis during inmate disturbances, hostage situations, and/or suicide interventions where their specific skills would benefit the institution and/or Department.

Effective Date: November 15, 2016	Index #506.07.4	Page 2 of 4
Subject: NEGOTIATION MANAGEMENT TEAM		

VI. PROCEDURES:

- A. The Deputy Commissioner of Operations will designate the number of NMTs necessary for each institution.
- B. The members of the NMT shall include, but not be limited to, the following individuals:
  - 1. Team Leader
  - 2. Assistant Team Leader
  - 3. Primary Negotiator
  - 4. Secondary Negotiator
  - 5. Intelligence Officer
  - 6. Support Member(s)
- C. Selection:
  - 1. Personnel desiring a position as an NMT member shall submit an application to the Warden. Application should be made utilizing Negotiations Management Team Application, CR-3319.
  - 2. Each applicant shall be interviewed by the Warden/designee. Consideration should be given to those employees possessing the following characteristics:
    - a. Communication skills
    - b. Emotional stability
    - c. Physical condition
    - d. Correctional experience and knowledge
  - 3. Primary and secondary negotiators should not hold regular positions identifiable by inmates as positions of authority or command.
  - 4. NMT members should reside no further than one hour commuting distance to the institution of assignment.
- D. Training:
  - 1. All negotiators must successfully complete a minimum of 40 hours of approved basic negotiations training offered at TCA or by the FBI.
  - 2. All NMT members shall receive a minimum of eight hours of relevant training every two months. In addition to the training, the TCA will provide Hostage Negotiation update workshops/training opportunities at a minimum of once every three years based on need.
  - 3. Training in conjunction with the SF1/FBTS teams will be scheduled at the discretion of the Warden and Deputy Commissioner of Operations.

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Subject: NEGOTIATION MANAGEMENT TEAM		

- E. The Warden may activate the NMT for any crisis situation when he/she deems such action to be necessary.
- F. The Commissioner/Deputy Commissioner of Operations may order other institutional NMTs into any institution to resolve a crisis situation.
- G. The Warden shall incorporate the role and use of the NMT in all applicable emergency operating plans.
- H. Each NMT shall maintain or have access to the following equipment or items:
  - 1. A control console
  - 2. Three headsets - one headset equipped with a microphone with volume control
  - 3. Speaker outputs
  - 4. Speakers with a minimum of 100 yards of speaker wire/cable
  - 5. Recorder outputs with loop start controller
  - 6. Tape recorder (connected to the communication system) and tapes
  - 7. Throw phone with padded case
  - 8. Wireless microphone and receiver and/or long range directional microphone for face to face negotiations
  - 9. Pocket micro-cassette recorder (voice activated) for face to face negotiations
  - 10. Stab resistant vest (for face-to-face negotiations)
- I. The Deputy Commissioner of Operations will designate institutions that will house throw-in negotiator telephone systems with built-in microphone capability. The Deputy Commissioner of Operations will approve a schedule for each NMT which will utilize this equipment for training purposes.
- J. The TCA shall also maintain the equipment listed above in order to provide for the on-going basic training, as well as quarterly and annual update training, of new and existing negotiators and NMT members as needed.

VII. ACA STANDARDS: 4-4224 and 4-4225-1.

VIII. EXPIRATION DATE: November 15, 2019.



TENNESSEE DEPARTMENT OF CORRECTION  
NEGOTIATION MANAGEMENT TEAM APPLICATION

\_\_\_\_\_  
INSTITUTION

***Please print and complete in ink. Also, attach any additional information sheets necessary.***

NAME: \_\_\_\_\_  
Last First Middle

CORRECTION BACKGROUND:

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

EDUCATION / RELEVANT TRAINING:

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

CERTIFICATION OF APPLICATION: I hereby certify that all information contained in this application is true, complete, and accurate to the best of my knowledge. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my selection. I understand that misrepresentation of this information may subject me to disqualification for appointment to the Negotiation Management Team.

I further certify that my application is voluntarily submitted and if selected I shall maintain any required certification, and attend all training assignments. I further agree to abide by all rules, regulations, policy and procedure requirements. I also further acknowledge that this is a voluntary assignment, and as such I shall serve at the discretion of the warden.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.07.5

Page 1 of 7

Effective Date: March 15, 2018

Distribution: B

Supersedes: 506.07.5 (1/15/15)

Approved by: Tony Parker

Subject: USE OF SPECIALTY IMPACT WEAPONS/MUNITIONS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-3-609, TCA 40-7-108, and TCA 41-21-401.
- II. PURPOSE: To establish procedures for the use of specialty impact weapons and munitions.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) employees and employees of privately managed facilities.
- IV. DEFINITIONS:
  - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - C. Less Lethal Force Technology: Technology and equipment which, when used properly, is less likely to result in death or serious physical injury than force commonly referred to as "deadly". Less lethal force leaves the possibility of a lethal outcome in rare or unexpected instances.
  - D. Specialty Impact Munitions (SIM): Less lethal projectiles designed to incapacitate with a reduced potential for causing death or serious injury. Some munitions are capable of being thrown by hand while others can be fired from 12 gauge shotguns, 37mm gas guns, or multi-launchers.
  - E. Specialty Impact Weapons: Extended range impact weapons or devices capable of firing impact or less lethal munitions. The special impact munitions are designed to utilize impact to cause discomfort to bring hostile and/or disruptive inmates under control.
- V. POLICY: Specialty impact weapons and munitions may be used in accordance with established procedures to incapacitate a potentially dangerous inmate where the only other alternative is the use of lethal force.
- VI. PROCEDURES:
  - A. Authorization and Training of Users

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Subject: USE OF SPECIALTY IMPACT WEAPONS/MUNITIONS		

1. The Warden/Superintendent or designee (and the CMO at privately managed facilities) in charge of the institution must grant permission before specialty impact weapons and munitions are brought into a facility for use.
2. The Warden/Superintendent shall develop institutional procedures and post orders to clearly outline the delegation of his/her authority to use specialty impact weapons and munitions. At privately managed facilities, this shall include the requirement for seeking the CMO's approval prior to such use.
3. Training of personnel in the correct use of specialty impact weapons/munitions shall be the responsibility of the Warden/Superintendent using certified instructors in this specific area. Personnel trained in specialty impact munitions shall have such indicated on their Weapons Qualification Card, CR-2938, or other approved qualification documentation at privately managed institutions. The institutional training officer shall ensure that specialty impact munitions qualification information is transferred to newly issued weapons qualifications cards when requalification occurs.
4. Specialty impact weapons and munitions shall be used only by employees trained in their use; the training shall be documented in their training records. Only the Correctional Emergency Response Team (CERT), Facility Based Tactical Squad (FBTS) and/or ranking staff (senior correctional officer or above for privately managed institutions) will be trained in the use of specialty impact weapons/munitions. These employees shall receive their initial qualification training by Tennessee Correction Academy (TCA) or Office of Investigations and Compliance (OIC) staff at the academy and shall receive additional training at the academy or other designated location as product updates necessitate. The training curriculum and training location for corresponding staff at privately managed institutions must be approved in writing by the Assistant Commissioner of Prisons.

a. Certifications

1. Provided by academy or OIC instructors with SIM certifications (or instructors approved by the Assistant Commissioner of Prisons for privately managed institutions)
2. Institutional Wardens/Superintendents shall determine trainees
3. Training shall consist of lectures, demonstrations, and practical applications
4. Trainees must be able to illustrate comprehension in the usage of SIMs

b. Practical application shall consist of each trainee's firing the following rounds for TDOC employees:

- 5-12 gauge "Supersock" beanbag rounds
- 1-Stinger han-ball grenade (without chemical agents)
- 5-12 gauge Fin Stabilized rounds
- 1-.60 caliber rubber ball (8 inch) rounds (in 37 mm or 40 mm)
- 1-Multiple dense rubber baton (8 inch, 5 baton) rounds

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Subject: USE OF SPECIALTY IMPACT WEAPONS/MUNITIONS		

c. Recertifications

Recertification shall occur as product updates necessitate. Ongoing training by the CERT and FBTS teams at each facility according to the *CERT or FBTS Manual* shall keep each member current. Any major changes shall require a refresher course.

5. Users of specialty impact weapons must possess a current departmental firearms qualification card or corporate/facility firearms qualification card, for each weapon to be used before this equipment is issued to them.

- B. The following munitions are approved and each TDOC institution shall have a minimum of the below items in stock for emergency situations:

10 - Stinger han-ball grenades (without chemical agents)  
50 - 12 gauge "Supersock" beanbag rounds  
50 - 12 gauge Fin Stabilized rounds (ID#3021)  
15 - .60 caliber rubber ball (8 inch) (in 37 mm or 40 mm)  
15 - Multiple dense rubber baton (8 inch, 5 baton)

- C. Munitions and stock of privately managed institutions (if different from TDOC) must be justified by the Warden/Superintendent and approved in writing by the Assistant Commissioner of Prisons. Institutions shall store the above listed munitions in their institutional armory for emergency use.

- D. The Commissioner may approve other munitions not listed above in Section VI.(B), provided appropriate staff has been properly trained prior to their use.

E. Distribution of Munitions

1. All munitions associated with training shall be purchased by and stored at the Academy or OIC/Special Ops for TDOC use by FBTS/CERT/Strike Force.
2. Institutions shall replace their stock as needed according to policy and expiration dates, or as required in corporate/institutional policy for privately managed institutions.

F. Uses

1. The users of specialty impact weapons and munitions shall follow the manufacturer's instruction for their use.
2. Specialty impact weapons and munitions may be used in the following circumstances:
  - a. Riot situations or disturbances where there is a need to disperse, move, or control an individual or group of inmates where lesser degrees of force were or may be ineffective.
  - b. When excessive contamination of down-wind properties by chemical agents is a concern.

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Subject: USE OF SPECIALTY IMPACT WEAPONS/MUNITIONS		

- c. To resolve a hostage situation when chemical agents, electronic restraint devices, batons, etc., might be ineffective and the use of a firearm with regular issue ammunition may not be appropriate or desired.
- d. To control and prevent suicide by an inmate armed with a lethal weapon or device capable of causing lethal harm.
- e. For forced cell moves when the inmate is armed with a lethal weapon and chemicals agents were either ineffective or have been found to be ineffective on this individual in past situations.
- f. In situations where there is a desire to de-escalate a potentially deadly situation while reducing the likelihood of death or serious injury to all persons involved.

3. Specialty impact weapons and munitions may not be used in the following situations:

- a. Against a firearm or large groups of inmates armed with weapons unless there is a lethal force backup.
- b. As punishment, harassment, or intimidation
- c. When lesser degrees of force have not been evaluated as to appropriateness

G. General Precautions

- 1. Specialty impact munitions are designed to be either thrown overhead, direct fired, or indirect fired (skip shot) into the intended target. Since there is the potential for death or serious physical injury with these products, the user must be trained and aware of the two key factors of shot placement/point of impact and the amount of energy transferred to the individual's body which is determined by distance and the type of munition selected.
- 2. Intentionally targeting the head, neck, heart, and spine is to be avoided unless deadly force is authorized and circumstances dictate that such targeting is necessary and required to quell the hostility as described in VI.(F)(2).

H. Reports

- 1. When specialty impact munitions have been used, the exposed inmate(s) and/or staff shall be given immediate medical attention by on-duty health services staff. The health services supervisor shall be notified of SIMS intended/possible use prior to deploying, if time permits.
- 2. When specialty impact weapons/munitions are used other than for training purposes, an incident report shall be completed in accordance with Policy #103.02 and reported in accordance with Policy #103.15. The incident report shall be completed prior to the conclusion of the shift and submitted to the Warden/Superintendent/designee (and the CMO at privately managed facilities). Incident reports shall be entered in the offender management system (OMS) conversation LIBJ.

Effective Date: March 15, 2018	Index # 506.07.5	Page 5 of 7
Subject: USE OF SPECIALTY IMPACT WEAPONS/MUNITIONS		

I. Specialty Impact Munitions Expiration

1. Most specialty impact munitions have dates of expiration indicating when they should be replaced. SIMs received without manufacturing or expiration dates shall be clearly marked to expire four years from the date received.
2. A monthly inventory of SIMs shall be conducted to determine condition and to insure proper disposal upon expiration. Documentation of the inventory shall be noted on the Weapons/Equipment Inventory Form, CR-1862. Disposal should be effected through use in training activities at the institution or sent to TCA/Special Operations to be used during training.

VII. ACA STANDARDS: 4-4201, 4-4202, and 4-4204.

VIII. EXPIRATION DATE: March 15, 2021.



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
**ANNUAL WEAPONS QUALIFICATION CARD**

**NAME**

**ISSUE DATE**

This certification, upon issuance, shall be valid for a period not to exceed 12 months, or until requalification, whichever comes first.

**WEAPON**

.223 Caliber Rifle \_\_\_\_\_

.38 Caliber Revolver \_\_\_\_\_

12 Gauge Shotgun \_\_\_\_\_

Semi-Automatic \_\_\_\_\_

Specialty Impact Munitions \_\_\_\_\_

Chemical Agents \_\_\_\_\_

**PROGRAM**

Standard Qualification \_\_\_\_\_

Firearms Instructor \_\_\_\_\_

IU \_\_\_\_\_

**Taser Qualifications** \_\_\_\_\_

CR-2938 (Rev. 8-13)

\_\_\_\_\_  
QUALIFIED INSTRUCTOR



**TENNESSEE DEPARTMENT OF CORRECTION  
WEAPON/EQUIPMENT INVENTORY**

INSTITUTION \_\_\_\_\_

MONTH OF: \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS
HANDGUNS: 38/4				
OTHER				
SHOTGUNS: 12 GAUGE				
OTHER				
RIFLES: 22				
308				
223				
OTHER				
<b>50-12 GA. SUPER SOCK BEAN BAG ROUNDS</b>				
<b>50-12 GA. FIN STABILIZED ROUNDS</b>				
<b>15-.60 CAL. RUBBER BALLS (8 INCH) (IN 37MM OR 40MM)</b>				
GAS CANISTER: CS				
CN				
LIQUID CHEMICAL: CS				
CN				
37/40MM GAS LAUNCHER:				
GAS PROJECTILE: LONG (CS)				
LONG (CN)				
SHORT (CS)				
SHORT (CN)				
OTHER (CS)				
OTHER (CN)				
ELECTRONIC SHIELDS:				
GAS MASK:				
TASER WEAPON:				
<b>10 STINGER HAND-BALL GRENADES (w/o chemical agents)</b>				
RADIOS & CHARGERS:				
METAL DETECTORS				
LISTENING DEVICES:				
BATONS: SHORT				
LONG				

**WEAPON/EQUIPMENT INVENTORY**

INSTITUTION		MONTH		DATE COMPLETED	
WEAPON/EQUIPMENT DESCRIPTION	COUNT	AMMUNITION BALL	WAD CUTTER OR SLUG	COMMENTS	
15-MULTIPLE DENSE RUBBER BATONE (8-INCH)					
HANDCUFFS:					
LEG IRONS:					
WAIST CHAINS:					
RIOT HELMETS:					
RIOT SHIELDS:			2 2		
HANDCUFF COVERS:					
FLEX CUFFS:					
HOLSTERS:					
SHOTGUN BELTS:					

**REMARKS:**     *INCLUDE MISCELLANEOUS ARMORY EQUIPMENT, EQUIPMENT IN NEED OF REPAIR, EQUIPMENT NOT ACCOUNTED FOR, ETC.*

I CERTIFY THAT I HAVE PHYSICALLY INSPECTED ALL POSTS AT THIS FACILITY AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE



## WEAPON/EQUIPMENT INVENTORY

INSTITUTION

MONTH

DATE COMPLETED

[illegible]

SIGNATURE

TITLE



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.07.6

Page 1 of 7

Effective Date: September 30, 2019

Distribution: B

Supersedes: 506.07.6 (2/1/15)

Approved by: Tony Parker

Subject: HONOR GUARD DETAILS

- I. AUTHORITY: TCA 4-3-603; TCA 4-3-606.
- II. PURPOSE: To establish the use of the Honor Guard, their members, the duties the Honor Guard are to perform, and guidelines as to the selection process, training requirements, and grooming standards of members.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees.
- IV. DEFINITIONS:
  - A. Ceremony: A formal act or set of acts performed as prescribed by ritual, custom, or etiquette.
  - B. Honor Guard: Staff selected and specifically trained to represent the Department in funerals, color guard, and other ceremonial occasions.
  - C. Regional Honor Guard Commander: The point of contact for the Honor Guard team in each region who reports directly to the Honor Guard Coordinator.
  - D. Honor Guard Coordinator (HGC): A person appointed by the Commissioner who shall be directly responsible for all Honor Guard details, functional concepts, training curriculum, and equipment utilized throughout the TDOC and who reports directly to the Office of Investigations and Compliance (OIC) Director.
- V. POLICY: The TDOC shall establish an Honor Guard in order to represent the department at various functions, such as funerals, Color Guards, and other ceremonial occasions.
- VI. PROCEDURES:
  - A. The Honor Guard Coordinator shall:
    1. Oversee the operations of Honor Guard details
    2. Develop Honor Guard teams in each region and select members to perform approved details including the following events:
      - a. Special events, including but not limited to (Employee Appreciation Week, departmental ceremonies, and other approved events.
      - b. Funerals for current or retired TDOC staff.

Effective Date: September 30, 2019	Index # 506.07.6	Page 2 of 7
Subject: HONOR GUARD DETAILS		

B. Request and Utilization of the Honor Guard Detail

1. When requesting the Honor Guard, an electronic e-mail request shall be submitted to the Honor Guard Coordinator (HGC) no less than 14 calendar days prior to the event for approval/disapproval. The HGC shall return an approved/denial response no more than seven calendar days after the request is received. Requests for the Honor Guard for a funeral should be submitted by e-mail to the HGC as soon as possible, but no less than 24 hours before the funeral services being held. Responses for funeral details will be given as soon as possible.
2. Detail requests for the Honor Guard shall be made to the Commissioner through the chain of command beginning with the HGC.
3. The Commissioner may deny any requested services based on the recommendation of the HGC if circumstances warrant a denial. Circumstances for denial must be documented through the appropriate chain of command.
4. Upon HGC approval, Regional Honor Guard teams may perform these duties in other regions of the state.
5. After a detail has been approved, the designated detail leader shall contact the requestor to discuss specifics of the event.

C. Designation of Honor Guard Members: The Honor Guard shall be organized into three teams covering ~~three~~ each regions of the state. Staff from any TDOC facility, Community Supervision office, or the Office of Investigations and Compliance may apply for a position on the Honor Guard. The authorized teams in each region are as follows:

1. West Tennessee Region: Northwest Correctional Complex, West Tennessee State Penitentiary, Women's Therapeutic Residential Center, Mark H. Luttrell Transition Center, Offices in Districts 60, 61, 70, 71, and 72.
2. Middle Tennessee Region: Riverbend Maximum Security Institution, Lois M. DeBerry Special Needs Facility, Tennessee Prison for Women, Turney Center Industrial Complex, Offices in Districts 40, 41, 50, 51, 80, and 81.
3. East Tennessee Region: Morgan County Correctional Complex, Bledsoe County Correctional Complex, Northeast Correctional Complex, Offices in Districts 10, 20, 21, 30, and 31.

D. Criteria and Member Selection:

1. Each region's Honor Guard team shall consist of six members and one Regional Honor Guard Commander (a total of seven members).
2. Criteria for selection of detail members are as follows:
  - a. All applicants must be in compliance with Policy #506.23 and/or #701.10.

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- b. If applicants are assigned as members of a Correctional Emergency Response Team, a Facility Based Tactical Squad, or Strike Force One their on-call status will take priority over Honor Guard details.
  - c. Applicants shall consist of probation/parole officers II, III, PPMs, correctional officers, correctional clerical officers, Corporals, Sergeants, Lieutenants, Correctional Counselors, and tactical officers I and II who are in good standing.
  - d. Individuals who apply must submit an Application for Honor Guard Consideration, CR-3931, to the HGC. Applicants shall receive an endorsement from his/her Warden/Superintendent, District Director, or Shift Supervisor/Manager indicating that the applicant exhibits personal and professional characteristics to represent TDOC.
  - e. Have successfully completed the initial employment probationary period with a valued performance rating or higher.
  - f. The applicant must conduct a basic marching practical application.
  - g. The selection process shall consist of an interview board. Board members shall be the HGC, a member from the Office of Investigations and Compliance, a member of Human Resources, and/or any other staff deemed appropriate.
3. Upon selection, the HGC will notify the Tennessee Corrections Academy (TCA) of those members eligible for Basic Honor Guard Training. This shall be accomplished through an Honor Guard Detail service list that identifies all Honor Guard members in the TDOC.

E. Training for Honor Guard Details:

1. The HGC shall be responsible for developing a training curriculum for Honor Guard Details. Initial training shall be conducted at the TCA.
2. Honor Guard Detail members shall train a minimum of once per month, for a minimum of eight hours. Training shall be conducted at a location to be determined by the HGC. Training shall be scheduled for the same day(s) and time for each location, whenever possible.
3. Honor Guard training and operational guidelines will be overseen by the HGC, who shall maintain all activation documents and training rosters.
4. The HGC shall be responsible for monitoring all training as well as periodically observing and evaluating the performance of an activated Honor Guard team; therefore, a training schedule will be forwarded to the Wardens/Superintendents/District Directors of each region.
5. If a stated training date or time needs to be changed for any reason, the Regional Honor Guard Commander shall notify the HGC at least two calendar days prior to the original date and time.
6. The training of honor guard members shall include, but not be limited to, the following:
  - a. Basic drill and ceremony,

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- b. Posting of the colors,
- c. Funeral details; and
- d. Presentation of the flag.

F. Provision and Wearing of Uniforms:

1. Honor/Color Guard members are expected to maintain their uniforms and approved equipment in a clean, pressed, neat, and serviceable condition. Members are expected to wear their uniform in a manner that displays military bearing and a professional demeanor that reflects the dignity of this Department. Honor Guard members are to keep in mind that individual actions reflect on the entire Department.
2. The uniforms and equipment provided to Honor Guard members are to be worn during the course of the special assignment only. These uniforms and accessories are not to be worn off duty, unless in direct transit to and from assignments. Any member wearing his/her uniform, or any part thereof while not on assignment, will be subject to disciplinary actions and possible removal from the HG. Uniform items are as follows:
  - a. Grey high collar single breasted dress coat,
  - b. Black dress pants with maroon stripe,
  - c. High gloss dress shoes,
  - d. Black Honor Guard rig (Sam Browne Belt),
  - e. High gloss leather dress belt
  - f. White Parade Gloves,
  - g. Round style service cap,
  - h. White collared shirt,
  - i. Maroon velcro or clip on tie; and
  - j. Fourrageres cord.
3. When dressed in the uniform, whether on duty or off, Honor Guard members are subject to public scrutiny and shall not purchase or drink alcoholic beverages in public, participate in political activities, or engage in conduct unbecoming of an officer.
4. Uniforms and equipment items for wear and use by all Honor Guard Details shall be issued, inventoried, and monitored by staff assigned by the HGC. The OIC chain of command for the HGC or the Commissioner shall be authorized to make changes/additions to the uniform.

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- a. Upon being issued uniforms, Honor Guard members shall complete a signed Payroll Deduction Authorization, FA-0973. If the employee fails to return all assigned equipment within one business day after their last day of work, the cost of the uniform and/or cleaning fee shall be deducted from the employee's payroll check.
- b. If uniform or equipment items need to be replaced, each Regional Commander shall contact the HGC who shall arrange for replacement items.
- c. A member who resigns employment with TDOC, or is removed from the Honor Guard shall return all assigned uniforms/items (excluding footwear) to the Regional Commander clean and professionally laundered upon retirement, resignation, termination of honor guard assignment, or termination from employment. The Payroll Deduction Authorization, FA-0973, must accompany the returned clothing.

G. Appearance and Grooming Standards

1. Hair may be of a style that reflects current trends and projects an image that is not exaggerated or in contrast with generally recognized styles. It must be neatly trimmed, clean, and present a well-groomed appearance. Members must also comply with the following additional requirements:
  - a. Male Honor Guard members shall wear their hair in such a manner that it does not touch the eyebrows, ears, or collar of any garment being worn. Sideburns must be straight and not extend beyond the first indentation of the ears; i.e., flared styles such as "lamb chops" or "mutton chops" are not permissible. Male members may not wear hair in braids, twists, plats, dreadlocks, mohawks, or any similar styles. Mustaches shall not extend beyond the corners of the mouth; i.e., no "handlebar" and other flared styles. Beards, goatees, and other facial hair, other than the aforementioned mustache, are not permissible.
  - b. Female Honor Guard members shall wear their hair in a style that prevents any hair from extending below the bottom edge of the collar of any garment being worn. Hairstyles must not interfere with the proper wearing of headgear. Hairstyles must be evaluated by its appearance when headgear is worn.
2. Jewelry will be limited to a watch and one ring per hand. Female Honor Guard members may wear one stud earring in each ear, not to dangle below the earlobe. Male Honor Guard members are expressly prohibited from wearing earrings/studs while in uniform. Ear cuffs are not permitted for members of either gender. While on duty, the wearing of earrings/studs or body piercing jewelry in areas other than the above is prohibited for all uniformed staff.
3. Fingernails must remain neat and clean. Fingernails must not extend more than ½ inch beyond the tip of the finger for females and must not extend beyond the tip of the finger for males.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: September 30, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**Application for Honor Guard Consideration**  
**Office of Investigations and Compliance**

Last Name:	First Name:	MI:	Date of Birth:
Last Four SSN:	Edison ID:	Current Facility/Office:	
Work Phone#:	Home Phone #:	Cell Phone#:	
TDOC Hire Date:	Last Evaluation Rating:	TDOC Job Classification/Position:	Name of Supervisor:
Home Address:	City:	State:	Zip Code:

**Membership Consideration and Agreement**

The Tennessee Department of Correction maintains three (3) Honor Guard Details to produce a formal way of presenting the National and State Colors during specific events. Applicants applying for membership consideration for the Regional Honor Guard Detail must understand the purpose of Regional Honor Guard Details and agree/conform to the conditions set forth:

**Regional Honor Guard Defined:**

- Regional Honor Guard – A seven member team that is based in each region to provide the Tennessee Department of Correction the ability to formally present the National and State Colors during events.

**Membership Conditions:**

- Applicant must be a Correctional Officer, Correctional Clerical Officer, Correctional Corporal, Correctional Sergeant, Correctional Lieutenant, Correctional Counselor, Probation/Parole Officer II, III, PPM, or a Tactical Officer I and II.
- Applicant must be in compliance with Policy 506.23/701.10. (Department's Appearance and Grooming Standards)
- Applicant must have received a valued performance rating or higher and being in good standing.
- Applicant must understand that being a member of a Regional Honor Guard Detail is a privilege, not a right. Honor Guard members do not have property rights to team membership or internal team positions.
- Applicants can be on CERT, FBTS, or SFO; however, their on-call status will take priority over Honor Guard Details.
- Applicant must receive an endorsement from both the Warden/District Director and Supervisor before membership consideration can be granted for the Regional Honor Guard Detail.







**TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**PAYROLL DEDUCTION AUTHORIZATION**

DEPARTMENT/AGENCY \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EDISON EMPLOYEE ID#: \_\_\_\_\_

I hereby acknowledge that I have received State funds and/or property and I am obligated to return the funds and/or property at the request of my agency or upon my termination from State government. I understand that the State funds and/or property are provided for use during my employment and are not my personal funds or property. I agree that, at the request of my agency or upon termination of my employment, I will return and property in good condition (with the exception of normal wear) or funds to my immediate supervisor or fiscal/payroll officer within three (3) business days of my agency's request or within **one (1) business day** of my last day worked/separation.

In the event that the State funds and/or property are stolen or damaged while in my custody, I understand that I should notify my supervisor and fiscal officer immediately. I understand that I may be required to reimburse the State for the cost of the missing State funds or property.

If, at my agency's request or at such time of my termination of employment, I do not return the State funds or property in good condition that I signed for by the required deadline, I understand that I will incur a debt to the State. I agree that I will reimburse the State for any amount outstanding. I hereby authorize the State to deduct the appropriate amount as indicated below from my paycheck.

I understand that at the time of my agency's request or my termination, if I disagree with the amount of funds being deducted from my paycheck, I have the right to an immediate Pre-decision Meeting with a person who has direct access to the agency appointing authority for this purpose.

I have read and understand this agreement and by signing, I indicate that the terms of this agreement are satisfactory to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**DESCRIPTION AND DOLLAR AMOUNT OF STATE FUNDS / COST OF PROPERTY AT TIME OF ISSUANCE:**

QTY	STATE TAG No.	ITEM DESCRIPTION	UNIT COST	TOTAL COST	DATE ISSUED	DATE RETURNED

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Fiscal Officer



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

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Effective Date: August 1, 2018

Distribution: B

Supersedes: 506.08 (4/1/16)  
PCN 18-18 (4/15/18)

Approved by: Tony Parker

Subject: THE USE OF FORCE

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-3-609, TCA 39-17-1315, TCA 39-17-1350, TCA 40-7-108, and TCA 41-21-401.
- II. PURPOSE: To establish uniform procedures governing the use of force.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) and privately managed facility employees.
- IV. DEFINITIONS:
  - A. Anticipated Use of Force: A planned use of force in which time and circumstances allow for the preparation of the use of force and there is not an immediate threat of injury of staff, others, or damage to state property.
  - B. Chemical Agents: Chemical substances utilized to incapacitate, either CN-Chloractophenone (tear gas), CS-Orthochlorobenzal Malononitrile (irritant gas), or OC- Oleoresin Capsicum in a non-toxic, non-flammable vehicle.
  - C. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - D. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - E. Deadly Force: That degree of force that can reasonably be expected to cause death or serious bodily injury.
  - F. Deadly Weapon: Any firearm or other weapon, device, instrument, material, or substance which, in the manner it is used or is intended to be used, is capable of causing death or serious bodily injury.
  - G. Escort: The movement of any inmate to a location outside the secure confines of a facility.
  - H. Electronic Restraint Devices: Devices that have been approved for use by trained employees, such as the Taser, the NOVA XR-5000, the NOVA Spirit, the NOVA Shield, and the Remotely Activated Custody Control (RACC) belt, or stun cuffs.

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- I. Hard Empty Hand Control: A manual control technique characterized by the use of an empty hand with such force that there is a potential for causing injuries such as scratches, bruises, soft tissue injury, or to a greater extent, bone fractures. This would include the arm bar, wrist locks, joint manipulation, strikes, and pressure point pain compliance techniques.
  - J. Less Lethal Force Technology: Technology and equipment which, when used properly, is less likely to result in death or serious physical injury than force commonly referred to as “deadly”. Less lethal force leaves the possibility of a lethal outcome in rare or unexpected instances.
  - K. Officer Presence: The first level on the use of force continuum where the officer controls the offender’s resistance level by his/her presence.
  - L. Physical Force: The use of hard empty hand control or physical restraint equipment utilized against a person to compel him/her to do something against his/her will or to compel compliance with an order.
  - M. Soft Empty Hand Control: An empty hand control technique that has very low potential for injury. This would include simple moving by touch or escorting.
  - N. Use of Force: Actions used against an offender/inmate to compel him or her to do something against his or her will or to compel compliance with order.
  - O. Use of Force Continuum: An escalating series of actions a person may take to resolve a situation. In this instance, the continuum has many levels and officers respond with a level of force appropriate to each situation, acknowledging that the officer may move from one part of the continuum to another in a matter of seconds.
  - P. Verbal Commands: The second level on the use of force continuum used to gain control of or maintain a situation involving a resistant offender through the use of assertive, clear, and concise verbal directions.
- V. POLICY: The TDOC authorizes the use of force based upon the approved Use of Force Continuum as described herein.
- VI. PROCEDURES:
- A. Use of Force General Considerations
    - 1. The level of force used shall be determined by the person’s actions, behavior, level of resistance, and the circumstances of the interaction.
      - a. The least restrictive and least severe use of force or control option that is necessary, under the circumstances, to stop and control the offender’s inappropriate, unlawful or dangerous behavior(s) shall be limited to that which an officer is authorized to use. Intentional misuse of the authority granted under this policy is grounds for disciplinary actions.

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- b. Progressively more restrictive and severe use of force or control measures will be used only if less restrictive and less severe measures have failed or proven ineffective or are reasonably believed to be incapable of controlling the situation. De-escalation through the use of force continuum shall be used when a lesser amount of force is reasonably believed capable of stopping and controlling the offender.
  - c. Use of force options shall be described using the TDOC approved continuum. This continuum shall include logically ordered response options in the order of least restrictive to most severe. Staff members shall not be required to progress sequentially through the continuum when involved in situations authorizing the use of force.
2. To the extent possible, a situation involving the use of force shall be avoided by the officer. In an unavoidable situation, only that force necessary to bring the situation under control shall be applied, and only for as long as is needed to eliminate the threat or resolve the situation that initially justified the use of force.
3. Officers shall only use weapons and control techniques that are issued and/or approved for use by the TDOC. Officers shall not carry any weapons or employ any techniques prior to successfully completing the relevant approved training for each weapon or technique.
4. Use of Force Continuum: The use of force continuum shall provide staff members with use of force options for the most appropriate and reasonable response to offender resistance in order to control, maintain, and/or remain in a position of advantage over the offender. Although the use of force continuum is linear, officers are not restricted to using the force continuum in order (e.g., staff members do not have to exhaust all lower forms of force prior to moving up the continuum). The TDOC approved use of force continuum is as follows:
  - a. Officer Presence
  - b. Verbal Commands
  - c. Soft Empty Hand Control
  - d. Hard Empty Hand Control
  - e. Electronic Restraint Devices (Institutions/transition centers only)
  - f. Chemical Agents
  - g. Batons
  - h. Less Lethal Technology (Institutions/transition centers only)
  - i. Deadly Force

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B. Authorized Use of Force: The use of force continuum provides staff members with a level of force to respond immediately with the most appropriate and reasonable control option to ensure the safety and protection of the public, self, others, property, and to gain control of a situation. The goal of every encounter shall be to minimize injury to everyone involved. However, nothing in this policy requires an employee to actually sustain injury before applying reasonable force. Furthermore, employees are authorized to use the continuum in the order dictated by the situation and do not have to implement force in the order listed below. The use of force continuum is as follows:

1. Officer Presence: No physical force is used in this level of force. Officer presence may include officer identification, displaying credentials, professional demeanor, and/or the visibility of issued security equipment.
2. Verbal Commands: Verbal commands shall be given as the situation and person's behavior dictate. All verbal commands shall be professional communications. Staff members may use diffusion and de-escalation techniques, instructions, and warnings. At no time shall a staff member use profanity while giving verbal commands.
3. Soft Empty Hand Control: Staff members shall use soft empty hand control to maintain the situation or regain the position of advantage.
4. Hard Empty Hand Control: Staff members may use hard empty hand control as a defense tactic or a response to an aggressive action.
5. Electronic Restraint Devices: These devices shall be used in emergency situations when a lesser amount of force is inappropriate to control offender(s). Electronic restraint devices shall be used in accordance with Policy #506.07.
6. Chemical Agents: Chemical agents shall be used in emergency situations when a lesser amount of force is inappropriate to control offender(s) (For institutions, see Policy #506.07.1).

a. Training and Authorization to Use Chemical Agents (CS Only)

- (1) Officers who have successfully completed a departmentally approved training program in the use of chemical agents are authorized to use said spray in the performance of their duties. Chemical agents are intended to provide the officer with a less lethal use of force option which is capable of temporarily disabling a subject, allowing the officer an opportunity to gain control of a situation or take evasive action to avoid combative contact and potential injury.
- (2) Officers shall only carry departmentally authorized and issued chemical agents.

b. Guidelines for Chemical Agent Use:

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- (1) The use of chemical agents shall be consistent with departmentally authorized training. Chemical agents shall not be used on a person except to prevent serious injury and/or prevent loss of life to the officer or others (CS Only).
- (2) Prior to use, when time permits, a verbal warning of “clear” shall be given to alert other officers of the deployment of chemical agents.
- (3) Upon discharging the chemical agents the officer must ensure that effective control measures are utilized to prevent the subject and any other person who may have been affected by the chemical agents (over spray, wind drift, etc.), from becoming injurious to self, others, or the officer.
- (4) Chemical agents shall not be used to punish, harass, or intimidate.
- (5) Any time staff uses chemical agents, medical attention is required when safely possible.
- (6) Officers shall be required to attend and successfully complete chemical agent recertification training annually.
- (7) The use of chemical agents is a use of force which shall be reported pursuant to Policy #103.02, Incident Reporting, and Policy #103.02.1, Community Supervision Incident Reporting.
- (8) Officers shall avoid deploying chemical agents in the vicinity of infants.

7. Batons

- a. In an institution/transition center, the Warden/Superintendent shall designate safe and secure areas for the storage of short/long batons that will allow for rapid accessibility for use in each housing or program area should the need arise. (See Policy #506.04 and privately managed facilities refer to TDOC-approved corporate policy).
- b. In an institution/transition center, short/long batons shall not be routinely issued or carried, and their use shall only be authorized by the Warden/Superintendent, or per succession roster or shift supervisor in emergencies. Privately managed facilities shall obtain the approval of the CMO prior to the use of batons.
- c. Officers who have successfully completed a departmentally approved training program in the use of batons may be authorized to use said baton in the performance of their duties. A baton is intended to provide the officer with a use of force option which is capable of temporarily disabling a subject, allowing the employee an opportunity to gain control of a situation or take evasive action to avoid combative contact and potential injury.

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- d. Officers may use batons to separate confrontational offender(s), brawling offenders, quell violence, or for the defense of staff or other officers.
- e. Officers may use batons when the degree of force that can be applied by physical intervention alone is inadequate.
- f. Officers shall only carry the baton when in uniform [Community Supervision (CS) only].

8. Less Lethal Technology (Institutions/Transition Centers only)

- a. Less lethal technology consist of equipment such as specialty impact weapons, munitions, or any other item that has the least possibility of causing death when used properly.
- b. The use of specialty impact weapons and munitions shall be in accordance to Policy #506.07.5.

9. Deadly Force: See Policy #506.08.1.

- C. Any injuries sustained by offenders, third parties, or officers/staff members during the use of force shall receive appropriate medical treatment. Any use of force in the course of duty beginning at hard empty hand control up to and including deadly force shall be reported according to the use of force reporting procedures in this policy. When an employee uses force which results in injury, the employee shall:

- 1. Take reasonable and appropriate action to manage the situation;
- 2. Provide for the safety of the recipient of the force;
- 3. Promptly seek medical care, if needed;
- 4. Monitor the injured person and provide for first aid when possible;
- 5. Protect evidence and manage the scene until assistance arrives;
- 6. Summon a supervisor to the scene;
- 7. Contact local law enforcement (CS only);
- 8. Report the incident according to this policy.

D. Restraints

- 1. Institutions/Transition Centers: See Policy #506.07.

- 2. Community Supervision Only:

- a. Handcuffs may only be used after verbal de-escalation techniques have not resulted in compliant behavior.

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- b. Sworn personnel may detain offenders under active supervision when an offender behaves in a combative manner or poses an imminent danger to himself/herself or others. Officers must be able to articulate the need for the use of handcuffs in such situations.
- c. A non-offender may be placed in restraints for the officer's safety when that individual behaves in a combative manner or poses an imminent danger to the officer or others. Officers must articulate the use of handcuffs in such situations.
- d. If warranted, local law enforcement shall be requested to the scene. OIC may be requested as well.
- e. Officers shall not use handcuffs on compliant offenders during home checks.
- f. Handcuffs shall never be:
  - (1) Placed around a person's neck;
  - (2) Applied in a way likely to cause undue physical discomfort or restrict blood flow or breathing; i.e., hog-tying; and
  - (3) Used to secure a person to any object.
- g. Officers shall articulate every use of handcuffs in the LCDG conversation of the OMS and the offender's or third parties behavior that lead to the use of restraints
- h. The use of physical force against persons in handcuffs shall be prohibited except in situations where the officer believes that bodily harm to another person or persons is imminent.

E. Cell Extraction (Institutions/Transition Centers only)

- 1. The Wardens/Superintendents of all level II or higher institutions/transition centers shall develop procedures for the establishment of cell extraction teams for use where inmate resistance is anticipated and employees are required to use force to implement a lawful order or prevent harm. The extraction of pregnant inmates is prohibited. Institutional procedures shall contain guidance in the following:
  - a. Number of extraction teams authorized
  - b. Selection criteria for team members. At a minimum, all members must have completed their probationary period and have completed all required correctional officer pre-service and in-service training.
  - c. Size of each team (usually five plus supervisor)
  - d. Specific duties of each team member, i.e., restraint equipment, open door, restrain leg or arm, operate video equipment, etc.



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- e. Protective equipment provided for each team member. Normally, helmet, chest protector, knee and elbow pads, and forearm protector will be worn.
    - f. Alerting medical staff to be on standby for required medical examinations of inmate and staff.
    - g. A video shall be made of each extraction. The video, regardless of quality, shall be immediately transferred to the Associate Warden of Security (AWS) or Deputy Superintendent at TDOC facilities/transition centers and the Internal Affairs officer at privately managed facilities to be labeled, reviewed, filed, and retained for at least three years.
  2. Training: The Cell Extraction Team must complete a minimum of four hours of specific extraction team training each quarter. At a minimum, training will be conducted in use of force, proper use of all authorized restraint equipment, defensive techniques, and early recognition intervention for mentally disturbed inmates.
  3. Reports/documentation required
  4. Authorization requirements to implement extraction procedures (to include approval of the CMO at privately managed facilities).
- F. Recordings (Institutions/Transition Centers only): At these locations, recordings shall be a routine supplemental report for any use of force.
1. Anytime use of force is anticipated, including cell extractions, a video recording shall be made of the use of force. When time or circumstances do not permit use of the video recorder, the circumstances must be explained and justified on the Use of Force Report, CR-3818.
  2. If at all possible, begin recording before any contact occurs, including hands-on contact. This practice will document the inmate's behavior and the degree of force used to restrain the inmate.
  3. Before entering the area where video recording will occur, the staff member video recording the incident must video record the senior official present while he/she completes the following narrative of information: Name of the officer/staff video recording this incident, date, time, place, name and number of all inmates involved, circumstances, names of all involved officer(s)/staff, and plan of action. The senior officer will be the sole narrator throughout the video recording of an incident.
  4. Once filming begins, the camera shall continue recording until after staff leave the scene. Once entry is made, the camera shall remain on the inmate. Try to obtain a continuous stream of action. Let the camera tell the story. If the camera gets jostled, continue filming and quickly point it back on the inmate. Do not stop the recording. That is, film the exit, showing a closed cell door or other evidence that the action is over.

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5. Video recordings of each use of force shall be identified and labeled, using the corresponding use of force report number, and retained in a secure location at the facility where the incident occurred for a period of three years. A video recording may not contain multiple uses of force incidents on a single disc.
6. Chain of custody requirements shall be followed regarding possession of the video recorded use of force once the incident has been completed. The Warden/Superintendent or designee shall review each use of force video recording and its corresponding Use of Force Report/Incident Report and forward all associated documentation to the OIC.
7. The Warden/Superintendent is responsible for ensuring that a system is in place to maintain the recording equipment to include charged batteries, extra discs, and the recorder is functioning properly. Note: All anticipated uses of force should be video recorded with two recorders. This provides additional documentation of the incident and ensures coverage of the incident is continuous in case of malfunctions.
8. At privately managed facilities, the institutional procedures regarding the use of force and security devices must be reviewed and approved by the Commissioner and shall include provisions for prior approval for the use of force and security equipment by the CMO.
9. Staff shall be trained in the use of force/security devices referenced in this policy prior to utilization.

G. Reporting the Use of Force

1. Personnel shall report all use of force incidents; however, no report is required when officer presence, verbal commands, and/or soft empty hand control is used and there is no injury *and* no allegation of injury.
2. Personnel shall verbally report incidents involving hard empty hand control up to and including deadly force to the appropriate supervisor immediately after the incident. Community Supervision supervisors shall notify the District Director (DD) who shall notify the Correctional Administrator (CA), Probation Parole Administrator/Field Services Administrator, the Assistant Commissioner of Community Supervision (ACCS) and the CCC.
3. Reporting to the OIC: Any use of force incident hard empty hand control and above shall be reported to the OIC within 24 hours of the incident as follows.
  - a. In the event that deadly force is used, local law enforcement and OIC, shall be notified immediately.

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- b. Each person involved in the use of hard empty hand control force up to and including deadly force shall prepare a Use of Force Report, CR-3818, and submit to the Warden/Superintendent/District Director. Community Supervision District Directors shall submit the report to the Correctional Administrator, Probation Parole Administrator/Field Services Administrator, and ACCS prior to being forwarded to OIC. The CR-3818 must be received by the Warden/Superintendent/District Director within eight hours or end of shift in institutions and 24 hours for Community Supervision. Deadly Force shall be reported immediately.
  - c. Supervisors shall review the CR-3818 and document his/her findings on the Use of Force - Supervisor's Review Report and Checklist, CR-3820.
  - d. (Community Supervision only) Supervisors shall forward the CR-3818 and CR-3820 to the District Director. The District Director shall forward copies to the regional Correctional Administrator and Probation Parole Administrator/Field Services Administrator, and to the ACCS.
  - e. Wardens/Superintendents/District Directors shall review the reports and include in the documents to be forwarded to OIC. Community Supervision District Directors shall submit the report to the Correctional Administrator, Probation Parole Administrator/Field Services Administrator, and ACCS prior to being forwarded to OIC.
  - f. All other personnel involved in the incident shall complete the Use of Force Supplement Report, CR-3817, and submit to a supervisor. The CR-3817 shall be reviewed by the supervisor and included in the documents forwarded to OIC.
  - g. The Warden/Superintendent/DD shall maintain a file for each use of force reported to the CCC and OIC.
  - h. Upon receipt, the OIC shall conduct a review of all statements and evidence to ensure actions taken were in compliance with policy, procedures, and law.
4. Reporting on the offender management system (OMS)
  - a. Institutional personnel shall report all use of force incidents using OMS conversation LIBJ (Incidents), in accordance with Policy #103.02.
  - b. CS personnel shall document the use of force on the LCDG and LIBJ conversation in OMS within 24 hours of using force. At a minimum, the detailed comment shall include the nature of the situation leading up to the use of force, offender's level of resistance, all individuals present, a clear articulation of the reason for the use of force, type of force used, a list of all forms completed, and date/time forms were submitted to the supervisor.
5. Reporting Protocols: Personnel reporting the use of force beginning at hard empty hand control and beyond shall include the following documents in all reports to OIC:

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- a. Use of Force/Supervisor's Review Report and Checklist, CR-3820: The standard form to document the completion of the Use of Force incident report and chain of custody. In the institutions, this form will document the administrative review of the report and recording by the AWS/DS and the Warden/Superintendent.
  - b. Use of Force Report, CR-3818: The standard document that shall be utilized when reporting a Use of Force incident. Each officer using hard empty hand control and beyond during an incident is required to complete a separate report detailing his/her individual actions.
  - c. Use of Force Supplement Report, CR-3817: When use of force is employed, each staff member involved in the actual use of force shall complete a Use of Force Supplement Report, CR-3817. Any use of chemical agents will be documented on this form as well as the certification date of the employee deploying the chemical agent.
  - d. Witnesses: Any staff witnesses shall submit a written statement. Offender witness to the use of force shall be asked to submit written statements. The recipient of the use of force shall be asked to submit a written statement. This statement shall be requested by a staff member not involved in the incident.
  - e. Law Enforcement Reports (CS only): Staff shall obtain a copy of the law enforcement report, if law enforcement were involved in and/or responded to the incident.
  - f. Summary of Supervision (CS only): If the use of force incident involves an offender, staff shall document the offender's history of supervision to include the conviction charge, sentence information, supervision level, compliance/sanctioning/revocation history, and any special conditions.
  - g. Medical Statements (Institutional only): A written report completed by the Medical staff serving as documentation.
  - h. Mental Health Statements (Institutional only): A written report completed by the mental health staff when applicable.
  - i. Disciplinary Report (Institutional only): A copy of the disciplinary report that has been completed and served on the inmate justifying the use of force incident.
6. Non-compliance with the applicable requirements specified in the aforementioned procedures shall result in disciplinary or corrective action.

#### H. Department Issued Equipment

1. Security Equipment for Institutions

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- a. Use and Storage of Equipment: The Warden/Superintendent shall develop policy, institutional procedures, and post orders to clearly outline the use and storage of security equipment, as well as the delegation of his/her authority as it relates to the specific needs of that institution/transition center. See Policy #506.04 and privately managed facilities refer to TDOC approved corporate policy.
- b. Assigned Security Equipment
  - (1) Restraint equipment: handcuffs, leg irons, waist chains, and tethers;
  - (2) Chemical Agent/launchers: See Policy #506.07.1
  - (3) Short/Long Batons: See Policy #506.04
  - (4) Electronic Restraint Devices: See Policy #506.07
  - (5) Specialty Impact Weapons/Munitions: See Policy #506.07.5
  - (6) Ballistic/Stab vest (See Policies #506.04 and #506.23)

2. Security Equipment for Community Supervision

- a. Sworn personnel shall use only equipment that has been issued by the TDOC while on duty or during qualification. The following equipment shall be issued to all sworn personnel. No equipment shall be modified:
  - (1) Flashlight and holder
  - (2) Chemical agent and holder (post-training only)
  - (3) Expandable baton and holder (post-training only)
  - (4) Ballistic/Stab vest
  - (5) Authorized semi-automatic firearm, two additional magazines, and appropriate ammunition
  - (6) Approved weapons holster
  - (7) Restraint equipment (Handcuffs)
- b. Storage of Issued Security Equipment for Community Supervision:
  - (1) Office: While in the office, sworn personnel shall wear all issued security equipment on their person with the exception of the ballistic vest while in TDOC issued uniform. Sworn personnel not wearing TDOC issued uniform shall adhere to Policy #701.10. At no time shall any security equipment be left unattended and unsecured within the office environment.

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- (a) Firearm storage: Each district office shall maintain a working safe to store all firearms and ammunition removed from sworn personnel possession until returned to TCA inventory. The firearm safe storage must have an updated log to track the movement of a firearm and/or ammunition in and out of storage within the safe. Inventory log shall be reviewed by the office manager by the fifth working day of each month to ensure timely return to TCA inventory and accountability of inventory.
- (b) Each office shall maintain a secured storage area for temporarily unassigned security equipment, not including firearms, to include an inventory log sheet to track movement of security equipment in and out of storage area. An example would be the removal of security equipment upon separation of sworn personnel until return to TCA inventory. Inventory log shall be reviewed by the office manager by the fifth working day of each month to ensure timely return to TCA inventory and accountability of inventory.
- (c) Each office shall have an approved hook on each restroom door to place the security equipment (fully equipped duty belt) in a manner to ensure inaccessibility by others.

(2) Vehicle

- (a) State Vehicle: Sworn personnel shall wear all required issued security equipment while in the field or state vehicle in the performance of their job duties. If at any time the firearm or other state issued equipment has to be removed during the performance of their duties, the firearm shall be stored in the provided lock box and remaining security equipment stored in the vehicle trunk or locked area, not visible to passersby.
- (b) Personal Vehicle: Sworn personnel shall wear all required issued security equipment when carrying out job duties. Sworn personnel may wear their state issued security equipment while traveling to and from their designated work location or secure the equipment in accordance with the following:
  - (1) Issued security equipment shall be stored inside a secure area and shall not be visible from the outside the vehicle.
  - (2) State issued firearm and magazines must be stored in a locked vehicle and restricted from view outside of the vehicle.
  - (3) No security equipment shall be left within the personal vehicle when the employee is off duty.
- (3) Residence: Sworn personnel shall store all state issued security equipment within their residence in accordance with the following:

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- (a) State issued security equipment shall be stored in a manner that restricts access by other individuals within the residence.
  - (b) State issued firearms, magazines, and ammunition shall be stored in a manner that is inaccessible by minors, or to anyone other than to whom the equipment is issued, properly trained and assigned.
  - (c) State issued firearm, magazines, and ammunition shall not be stored in any residence where a convicted felon or someone convicted of domestic violence resides.
- c. Reporting of theft, loss, or damage of any Community Supervision issued equipment:
  - (1) Immediate notification to the direct supervisor shall occur when an employee discovers an issued equipment item(s) has been stolen, lost, or damaged. Notification shall occur verbally and followed by a written statement as outlined in Section VI.(2)(C)(3).
  - (2) Other than the flashlight or a holder, the officer's direct supervisor shall ensure notification to the ACCS.
  - (3) The ACCS shall be verbally notified of theft, loss, or damage, within four hours and shall receive written report within 24 hours.
  - (4) The written report shall include the serial number of any missing firearm, statements from the assigned sworn personnel, witnesses, law enforcement, or other official report(s).
  - (5) If a firearm or issued equipment is lost or stolen, a police report shall be made and a copy of the report shall be obtained and immediately submitted to the supervisor and submitted through proper channels to the ACCS who shall notify the Commissioner of the Department of Correction.
  - (6) The Office of Investigations and Compliance will be notified within 24 hours by the ACCS or designee. OIC will follow up with local law enforcement for any criminal or internal investigation that may be deemed appropriate. This process includes the entry of all appropriate property into law enforcement databases.
- d. Chemical Agents (Community Supervision only): OC spray shall be carried in a TDOC issued OC holder. Most chemical agents have dates of expiration when they should be replaced. Chemical agents received without expiration dates shall be clearly marked to expire four years from the date received. Officers shall inventory his/her OC spray monthly to determine condition and to ensure proper disposal upon expiration. Disposal shall be accomplished through use in training activities before the expiration date.

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3. Officers who are issued a ballistic/stab vest shall be responsible for sanitation of the vest, as well as loss or any non-duty related damage.
  - a. Vests shall not be worn for any other employment or loaned to anyone without prior approval from the appropriate leadership.
  - b. Vests shall be worn underneath the TDOC issued shirt.
  - c. Vests shall be worn by institution/transition center staff as follows:
    - (1) Officers assigned to restrictive housing when removing inmates from their cells for any purpose.
    - (2) Employees who are tactically involved when participating in cell extractions.
    - (3) Vests shall be stored within the high security unit control room and/or in the armory/operations when not in use, unless issued per Policy #506.04.
    - (4) Mobile Patrol Officers: Officers assigned to mobile patrols shall wear a ballistic resistant vest while assigned to this duty. Vests shall be stored in a secure location designated by the Warden/Superintendent of each facility/transition center and assigned to the mobile patrol post, not specific individuals.
    - (5) Transportation: Ballistic resistant vests shall be used when transporting inmates classified to minimum restricted or higher custody for court, funeral home trips, hospital family visits, etc. Ballistic panels shall be worn on the front and rear when vests are worn. Vests shall be issued to specific individuals, not posts.
  - d. Vests shall be worn by CS officers when performing field work.
4. Firearms, uniforms, and security equipment shall not be used/worn to conduct any outside employment or business. Employees that violate this directive shall be subject to disciplinary action up to and including termination.

I. Firearms:

1. Only state issued weapons shall be utilized by TDOC staff while on duty. Contract approved weapons shall be used at privately managed facilities.
2. No employee shall carry or use a firearm in the performance of their duties unless he/she has been authorized to carry the firearm and has a valid Weapons Qualification Card, CR-2938, in accordance with Policy #506.09. While armed employees shall maintain a weapons qualification card, the employee(s) shall also be required to acknowledge and sign the TDOC affidavit, CR-3600, prior to being issued a firearm concerning "misdemeanor crime of domestic violence" convictions.



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3. No employee shall be issued a firearm unless he/she has qualified or requalified and is authorized to carry a firearm in accordance with Policies #110.06 and #506.09. Employees of privately managed facilities shall be qualified/requalified in accordance with TDOC-approved contract vendor policies.
4. Draw and Display of a Firearm: Firearms may only be drawn and displayed in the use of deadly force, imminent danger of serious bodily injury or death, and for maintenance, inspection after being properly cleared, storage or use on an approved firing range. Officers who discharge their firearm for reasons other than during use on an approved firing range shall:
  - a. Report the use of the firearm to the CCC and the OIC through the chain of command according to procedures and protocols outlined in this policy.
  - b. Be required to submit to a drug screen. The officer shall be accompanied by his/her supervisor or other person in his/her chain of command.
5. Possession and Control of a Firearm: Sworn personnel shall be in full possession and control of their weapons at all times. When on duty, the weapon is to be carried with a fully loaded magazine with a chambered round and two fully loaded magazines. Firearms shall not be disassembled or cleaned within the building. Firearms are issued primarily for defensive purposes and are not to be drawn, displayed in a general and/or threatening manner, threatened to be used, or in any way utilized as a means of intimidation.
6. Prior to the inspection of the firearm for return to the armory/inventory and/or maintenance of the weapon, the firearm shall be cleared in compliance with Policies #701.15 and #506.04.
7. Firearms, uniforms, and security equipment shall not be used/worn to conduct any outside employment or business. Employees that violate this directive shall be subject to disciplinary action up to and including termination.
8. Safety precautions for Community Supervision
  - a. Chemical agents and firearms shall be subject to stringent safety regulations and inspections. The inspections shall be conducted by a qualified staff member.
  - b. Staff shall follow established safety procedures for ensuring the safety of firearms as covered in training.
  - c. Correctional Administrators/designee or District Directors may revoke the authorization to carry a chemical agent and/or a firearm when reasonable cause exists. In such situations, the CA/DD shall retrieve and secure the weapons and/or chemical agents according to established procedures
  - d. Officers shall notify their supervisors of physical and pharmacological conditions that could affect the ability to carry a firearm or less lethal weapon. In such situations, supervisors shall follow employee confidentiality procedures.

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- J. Training: Personnel shall be authorized to employ the use of force continuum only according to approved training.
- VII. ACA STANDARDS: 4-4090, 4-4173, 4-4190, 4-4199, 4-4202, 4-4203, 4-4204, 4-4206, 4-4281, 4-APPFS-3A-22-M, 4-APPFS-3A-23, 4-APPFS-3B-01-M, 4-APPFS-3B-02, 4-APPFS-3B-06, and 4-APPFS-3G-01.
- VIII. EXPIRATION DATE: August 1, 2021.



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
USE OF FORCE REPORT

1. TOMIS INCIDENT REPORT NO.

2. INSTITUTION/SITE

EMPLOYEE INFORMATION

3. EMPLOYEE'S NAME (Last, First, Middle)			STAFF ID #	JOB TITLE	4. RACE	5. SEX	6. AGE
7. HEIGHT	8. WEIGHT	9. POST/ASSIGNMENT				10. DATE/ TIME OF INCIDENT / /	
11. EXACT LOCATION OF INCIDENT				12. REASON FOR USE OF FORCE (Check all applicable) <input type="checkbox"/> IN SELF DEFENSE <input type="checkbox"/> IN DEFENSE OF OTHER(S) <input type="checkbox"/> NON-COMPLIANCE TO COMMANDS <input type="checkbox"/> RESIST OFFICER <input type="checkbox"/> ACCIDENTAL DISCHARGE <input type="checkbox"/> OTHER			
13. WEAPON(S) AND/OR FORCE USED BY EMPLOYEE (Check all applicable and describe the method of use in the narrative) WEAPON, TYPE : <input type="checkbox"/> FIREARM(S) (Type _____ Caliber _____ Serial no. _____ Rounds expended _____) <input type="checkbox"/> BATON/ASP <input type="checkbox"/> CANINE <input type="checkbox"/> CHEMICAL AGENT <input type="checkbox"/> ERD OTHER _____ PHYSICAL FORCE, TYPE <input type="checkbox"/> FOOT STRIKES <input type="checkbox"/> HAND STRIKES <input type="checkbox"/> TAKEDOWN TECHNIQUES <input type="checkbox"/> WRESTLING/GRAPPLING <input type="checkbox"/> OTHER _____							
14. EMPLOYEE INJURIES (DESCRIBE THE SPECIFIC TYPE(S) AND BODY LOCATION OF INJURIES) *ATTACH PHOTOGRAPH OF INJURY							
14A. RECEIVED TREATMENT YES NO		14B. WAS THE APPLIED FORCE EFFECTIVE? YES NO			15. EMPLOYEE WAS WEARING UNIFORM PLAIN CLOTHES		
16. DUTY STATUS							

SUBJECT INFORMATION

17. INMATE/SUBJECT'S NAME (Last, First, Middle)			18. SEX	19. RACE	20. ETHNICITY	21. D.O.B.	22. AGE	23. HT	24. WT
25. INMATE/SUBJECT CUSTODY/HOUSING UNIT/ADDRESS									
26. SUBJECTS LEVEL OF RESISTANCE <input type="checkbox"/> NO RESISTANCE <input type="checkbox"/> PASSIVE RESISTANCE <input type="checkbox"/> ATTEMPT TO FLEE/ESCAPE <input type="checkbox"/> ACTIVELY RESISTED <input type="checkbox"/> ACTIVELY RESISTED & INCITED BYSTANDERS <input type="checkbox"/> ASSAULTED OFFICER PHYSICALLY <input type="checkbox"/> ASSAULTED OFFICER WITH A WEAPON <input type="checkbox"/> OTHER (DESCRIBE IN NARRATIVE)									
27. SUBJECT ARMED WITH ( <input type="checkbox"/> NONE ) <input type="checkbox"/> BLUNT INSTRUMENT <input type="checkbox"/> CUTTING INSTRUMENT OTHER									
28. SUBJECTS INJURIES (DESCRIBE THE SPECIFIC TYPE(S) AND BODY LOCATION OF INJURIES)						29. RESULT OF USE OF FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO			
30. LOCATION OF MEDICAL TREATMENT									
<input type="checkbox"/> N/A <b>WITNESS INFORMATION</b> <input type="checkbox"/> OTHER WITNESSES CONT. IN NARRATIVE									

31. WITNESS #1 NAME (Last, First, Middle) (If applicable, Staff ID or Inmate #)									
32. SEX	38. RACE	39. D.O.B.	40. BUSINESS TELEPHONE NO. ( ) -	41. BUSINESS ADDRESS (Street, City, State, & Zip Code)					
42. WITNESS #2 NAME (Last, First, Middle) (If applicable, Staff ID or Inmate #) <input type="checkbox"/> N/A									
43. SEX	44. RACE	45. D.O.B.	46. BUSINESS TELEPHONE NO. ( ) -	47. BUSINESS ADDRESS (Street, City, State, & Zip Code)					

INCIDENT INFORMATION

48. TYPE OF INCIDENT									
49. SUPERVISOR NOTIFIED NAME & TITLE		DATE/ TIME / / HRS.	DID SUPERVISOR RESPOND TO SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID SUPERVISOR INTERVIEW INVOLVED PARTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID SUPERVISOR WITNESS INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISTRICT DIRECTOR/MANAGER SHIFT COMMANDER'S NAME			
50. PHOTOGRAPHS OF EMPLOYEES INJURIES YES NO				51. PHOTOGRAPHS OF SUSPECTS INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO					
LOCATION WHERE FILED / STORED				LOCATION WHERE FILED / STORED					
52. CRIMINAL/ADMINISTRATIVE CHARGES FILED & TYPE OF CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO									

BLK  
NO.

## NARRATIVE

53. DESCRIBE THE CIRCUMSTANCES CONCERNING THE INCIDENT AND ANY SPECIAL REASON FOR FORCE OR ACCIDENTAL DISCHARGE.  
ALSO CONTINUE DETAILS OF ANY INDICATED BLOCKS.☐ NARRATIVE CONTINUED ON SUPPLEMENT REPORT**NOTE: THIS COMPLETED REPORT AND ITS CONTENTS ARE FOR THE PURPOSE OF INFORMING THE AGENCY OF THE CIRCUMSTANCES CONCERNING THE INCIDENT.  
THE REPORT IS TO BE SUBMITTED TO THE CHAIN OF COMMAND AS SOON AS POSSIBLE BY THE APPROVING SUPERVISOR.**

54. REPORTING EMPLOYEE'S PRINTED NAME &amp; TITLE

REPORTING EMPLOYEE'S SIGNATURE

DATE/ TIME

HRS.

55. APPROVING SUPERVISOR'S PRINTED NAME &amp; TITLE

APPROVING SUPERVISOR'S SIGNATURE

DATE/ TIME

HRS.

56. ASSISTANT WARDEN, OR ASSOCIATE WARDEN (INSTITUTIONS)

DATE

57. WARDEN/DISTRICT DIRECTOR

DATE



TOMIS Incident  
Report #:

FACILITY

OFFENDER NAME/SUBJECT

TDOC NUMBER

EMPLOYEE NAME

STAFF "BI NUMBER" OR EDISON ID

TIME OF INCIDENT

DATE OF INCIDENT

**NARRATIVE:**

**APPROVED:**

SHIFT SUPERVISOR OR PROBATION PAROLE MANAGER

PRINTED NAME

SIGNATURE

DATE \_\_\_\_\_

ASSOCIATE WARDEN

SIGNATURE

DATE \_\_\_\_\_

WARDEN/DISTRICT DIRECTOR

SIGNATURE

DATE \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
USE OF FORCE - SUPERVISOR'S REVIEW REPORT AND CHECKLIST

FACILITY

DATE

OFFENDER NAME (PLEASE PRINT)

TDOC NUMBER

**I. CHECKLIST:**

- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| 1. Use of Force Reports from all involved | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 2. Video Recordings                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 3. Photos                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 4. Witness statements from all involved   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 5. Disciplinary Report filed              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 6. Medical Statements                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 7. Mental Health Statements               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |
| 8. Chain of Evidence                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pending <input type="checkbox"/> |

If pending is checked on any of the above, state the reason why:

**II. SHIFT COMMANDER OR PROBATION PAROLE MANAGER'S REVIEW:**

Date Received: \_\_\_\_\_ Date Video Recording Reviewed: \_\_\_\_\_

Comments:

Signature – Shift Commander/PPM

Date

**III. ASSOCIATE WARDEN OR DISTRICT DIRECTOR REVIEW:**

Date Received: \_\_\_\_\_ Date Video Recording Reviewed: \_\_\_\_\_

Comments:

Signature

Date

**IV. WARDEN/CORRECTIONAL ADMINISTRATOR'S REVIEW:**

Date Received: \_\_\_\_\_

Comments:

Signature – Warden/CA Designee

Date

**V. DIRECTOR – OFFICE OF INVESTIGATION AND COMPLIANCE (OIC):**

Date Received: \_\_\_\_\_ Date Video Recording Reviewed: \_\_\_\_\_

Signature – Director - OIC

Date



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

Purpose: Compliance with the Omnibus Consolidated Appropriations Act of 1997.

General: The Omnibus Consolidated Appropriations Act of 1997 amended the Gun Control Act of 1968 (GCA) to make it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition. As defined in the GCA, a "misdemeanor crime of domestic violence" means an offense that:

1. is a misdemeanor under Federal or State law; and
2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person with who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

The above definition includes all misdemeanors that involve the use or attempted use of physical force (e.g., simple assault, assault and battery) if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor (e.g., a person convicted of misdemeanor assault against his or her spouse or child is prohibited from receiving or possessing firearms or ammunition). This prohibition applies to persons convicted of such misdemeanors at any time, even if the occurrence/conviction is prior to the new law's effective date (September 30, 1996).

A person convicted of domestic violence as defined above would not be prohibited from receiving/possessing firearms if the conviction has been (1) expunged (2) set aside (3) pardoned (4) or the person has had his or her civil rights restored (if the law of applicable jurisdiction provides for the loss of civil rights under such an offense) and the person is not otherwise prohibited from possessing firearms or ammunition. Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed.

Employees of government agencies, convicted of misdemeanors as stated above, are not exempt from the prohibition against possessing firearms. Employees falling into this category may not lawfully possess or receive firearms or ammunition for any purpose, including performing their official duties.

I, (Name) \_\_\_\_\_, (SSN) \_\_\_\_\_, (have / have not) ever been convicted of a misdemeanor domestic violence offense (as defined above).

If previously convicted, the place of conviction (court and location) was \_\_\_\_\_ and date of conviction was \_\_\_\_\_. Has the conviction been set aside, pardoned, or have your civil rights been restored?

(NOTE: Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed).

Explain (give date and court granting relief):

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


\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**NOTE:** TCA§ 39-16-702 defines the offense of perjury as one who with intent to deceive, makes a false statement, under oath. Perjury is punishable with up to 11 months and 29 days in jail and a \$2,500 fine.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.08.1	Page 1 of 3
	Effective Date: May 1, 2019	
	Distribution: B	
	Supersedes: 506.08 (4/1/16) PCN 18-19 (2/15/18)	
Approved by: Tony Parker		
Subject: USE OF DEADLY FORCE		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-3-609, TCA 39-17-1350, TCA 39-17-1315, and TCA 40-7-101 et seq.
- II. PURPOSE: To establish uniform procedures governing the use of deadly force.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees and privately managed facility employees.
- IV. DEFINITIONS:
  - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications
  - C. Deadly Force: That degree of force that can reasonably be expected to cause death or serious bodily injury.
  - D. Escape: For purposes of this policy, having fled or absconded from the confines of an institution, its properties, authorized work location, and/or the supervision of employees to whom the offender(s) is officially assigned. This includes failure to return from pass/furlough.
  - E. Imminent Danger: An act that holds the potential to cause serious bodily injury or death. For institutional personnel this may include escapes.
- V. POLICY: The TDOC authorizes the use of deadly force during circumstances presenting an immediate and imminent danger to public safety.
- VI. PROCEDURES:
  - A. Deadly force is authorized when one or more of the following circumstances exist:
    - a. Self-Defense: Officers/Staff are authorized to use deadly force to protect themselves when they reasonably believe themselves to be in imminent danger of death or serious bodily harm.



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Subject: USE OF DEADLY FORCE		

- b. Serious offenses against persons: Officers/Staff are authorized to use deadly force to prevent the commission of a serious offense against a person(s) in circumstances presenting an imminent danger of death or serious bodily harm.
  - c. Custody/Apprehension: Officers/Staff are authorized to use deadly force to apprehend or prevent the escape of a person who indicates that he or she poses an imminent danger of death or serious bodily harm to one's self or the general public unless apprehended without delay.
- B. At no time is deadly force justified as punishment. The threat of deadly force shall never under any circumstances, be used to merely harass or intimidate any person. The goal of every encounter shall be to minimize injury to everyone involved. However, nothing in this policy requires an employee to actually sustain injury before applying deadly force.
- C. TDOC trained staff may use deadly force only if all other reasonable means have been exhausted or are unavailable and the officer(s) reasonably believe that there is imminent danger of death or serious bodily injury to him/her or a third party. When feasible before deadly force is used, but not if it would cause imminent risk of death or serious bodily injury to staff or a third party, staff should identify themselves and give warning (not a warning shot) that deadly force may be used against the individual.
- D. Deadly force will not be used inside an occupied building except to prevent an act which can reasonably be expected to result in death or serious bodily injury to one's self or to another person.
- E. Any injuries sustained by offenders, third parties, or officers/staff members during the use of deadly force shall receive appropriate medical treatment.
- F. Deadly force is authorized to prevent an inmate escape from an institution.
  - 1. If an inmate attempts to escape by leaving the secured area of an institution, employees are directed to give a verbal directive for the inmate to "stop". If the inmate does not stop and progresses over, under or through the outer perimeter of the institution, the employee may use deadly force while using their sanctioned lines of fire.
  - 2. If an unauthorized aircraft enters an institutions air space for an apparent escape attempt, employees are directed to:
    - a. If possible, identify the aircraft by its ID number, description and type of aircraft, number of occupants, direction of travel, and report this information to Central Control immediately.
    - b. If offender(s) are attempting to advance towards the aircraft, perimeter patrol/tower officers shall order the offender(s) to move away from an intruding aircraft. Failure of the offender(s) to move away from the aircraft shall be treated as if the offender(s) were crossing the outside perimeter fence.


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- c. Officers shall not shoot at the aircraft.
- d. The Warden/Superintendent of each institution shall determine appropriate sanctioned lines of fire and shall develop contingency/escape plans to address the possible use of aircraft as a means of escape.
- e. In every case where an unauthorized aircraft lands and/or hovers on state property or property where TDOC inmates are housed, local law enforcement authorities shall be contacted and the appropriate incident report entered into the offender management system (OMS).

G. Reporting the Use of Deadly Force. When deadly force has been used or a firearm discharged for any reason except training, the Central Communication Center (CCC) shall be notified and a written report shall be filed with the Office of Investigation and Compliance (OIC) in accordance with Policy #506.08. This action shall be taken as soon as possible after discharge of a firearm. Privately managed facilities shall also file written reports with the CMO and the CMC. Any officer/staff member involved in the use of deadly force shall follow the mandates as directed in Policy #303.12.

VII. ACA STANDARDS: 4-4090, 4-4173, 4-4190, 4-4199, 4-4202, 4-4203, 4-4204, 4-4206, 4-4281, and 4-APPFS-3B-02-M.

VIII. EXPIRATION DATE: May 1, 2022.

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	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
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POLICY CHANGE NOTICE      19-36

INSTRUCTIONS:

Please add the following to Section IV. and re-letter accordingly:

- “J. Individual Firearms Safe (IFS): A travel size lockable steel case issued to TDOC Community Supervision commissioned officers for the purpose of providing a secure location for officers to secure the state issued firearm, magazines, and ammunition in his/her residence and/or private vehicle”.

Please change Section VI.(H)(2)(b)(1) to read as follows:


- “(1) Office: At no time shall any security equipment be left unattended within the office environment and IFS shall not be used in the office setting. While in the office, sworn personnel, shall wear all issued security equipment, with the exception of ballistic vest, pursuant to Policy #701.10”.

Please change Section VI.(H)(2)(b)(2)(b)(3) to read as follows and add subsection (4):

- “(3) Issued IFS can be used for traveling to/from work, during work, or after work when a weapon must be secured and the officer’s residence is unacceptable to use. While using the safe in a vehicle, the safe must be out of sight and attached to a solid anchor inside the vehicle with the provided tether. IFS shall not be left in the trunk of a rental car.
- (4) State issued firearm, magazines, and ammunition shall be stored in the IFS. The safe key shall be left in a secure location only accessible by the commissioned officer”.

Please change Section VI.(H)(2)(b)(3) to read as follows:

- “(a) IFS shall be issued to TDOC Community Supervision commissioned officers. The safe shall be placed in a secure location within the residence that restricts access to individuals not authorized, trained or certified to access officer’s assigned weapon.
- (b) State issued firearm, magazines, and ammunition shall be stored in the IFS. The safe key shall be kept in a secure location only accessible by the commissioned officer.
- (c) State issued firearm, magazines, and ammunition shall not be stored in any residence where a convicted felon or a person convicted of a felony charge of domestic violence resides. Alternatively, the placement of the IFS can be in the officer’s personal vehicle and secured according to section VI.(H)(2)(b)(2)(b) of this policy, if the officer determines his/her personal vehicle is a more secure location”.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.09	Page 1 of 12
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	Distribution: B	
	Supersedes: 506.09 (1/15/16) PCN 18-33 (6/1/18) PCN 18-28 (5/8/18) PCN 17-59 (10/20/17)	
Approved by: Tony Parker		
Subject: STANDARD FIREARMS QUALIFICATION TRAINING		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 4-3-609.
- II. PURPOSE: To establish procedures for the initial and subsequent annual firearms qualification training required to certify employee proficiency in the safe and appropriate use of departmental firearms specified as standard issue to assigned personnel in the performance of their duties.
- III. APPLICATION: All institutional correctional officers (regardless of tenure or rank), Community Supervision (CS) commissioned employees (regardless of tenure or rank), commissioned employees, and non-security personnel, except Investigative Unit Special Agents and authorized Office of Investigations and Compliance (OIC) members, who are trained in the use of weapons.
- IV. DEFINITIONS:
  - A. Certified Instructor: A Tennessee Department of Correction (TDOC) employee with certification from the Academy's TDOC firearms instructor program or an instructor from a police firearms instructor training program which has been conducted or sanctioned by the FBI, the National Rifle Association (NRA), or other reputable law enforcement training agencies.
  - B. Commissioned Employee: Pursuant to the Commissioner of TDOC's authority under TCA-4-3-609 an employee designated and vested with the power and authority of a law enforcement officer in conducting assigned duties by the Commissioner.
  - C. Double-Action Firing: Initiating the firing sequence of the standard service revolver through the application of gradually increasing trigger pressure, thus causing a rearward movement of the hammer through its release point, resulting in hammerfall and the firing pin striking of the cartridge primer and subsequent detonation of the round.
  - D. Firing for Effect: An application of deadly force techniques requiring that an informed judgment, based upon departmental policy and procedure, be made by the shooter as the situation at hand is assessed. Firing for effect might very well involve the full spectrum of deadly force responses ranging from shooting to wound or disable to center-mass shooting techniques, as warranted.
  - E. Full Course Attempt/Per Day: Consists of three repetitions of each qualification course (QC-38, QC-223, QC-12, QC-40).
  - F. In-Service Tenured (for purpose of this policy only) Employee: An employee (regardless of rank) who has successfully completed his/her initial probationary period.
  - G. Institutional/CS Training Coordinator: A departmental employee, appointed by the Warden/Superintendent/District Director, who is charged with coordinating institutional/CS staff training needs and maintaining compliance with departmental standards.

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- H. Instructor Trainer: A Tennessee Correction Academy (TCA) instructor or an instructor with certification from a police firearms instructor training program conducted or sanctioned by the FBI, the National Rifle Association (NRA), or other reputable law enforcement training agencies.
- I. Point Shoulder/Isosceles Stance: A firing position in which the shooter's body is placed parallel to the target. The weapon is raised in a two-handed grip to a position directly in front of the shooter's body at eye-level with the arms extended.
- J. Pre-Service Employee: A newly-hired employee whose continued employment is contingent upon the successful completion of the pre-service training program.
- K. Speed Loader: A device utilized to quickly load ammunition into the revolver cylinder by a simple twist or push of the mechanism.
- L. Standard Issue Firearms: A departmentally sanctioned and issued weapon loaded with type-approved ammunition which, when routinely carried by trained and duly authorized personnel, forms the basis for institutional perimeter integrity and/or individual protection. Specifically, these weapons are:
  - 1. .38 Caliber Double-Action Service Revolver
  - 2. 12-Gauge Pump-Action or Semi-Automatic Shotgun with a minimum 18-inch barrel.
  - 3. .40 Caliber Semi-Automatic Pistol
- V. POLICY: All departmental correctional officers (regardless of tenure or rank), and Community Supervision commissioned employees (regardless of tenure or rank), must successfully complete the standard firearms qualification training component of the appropriate initial pre-service or annual in-service training programs as a condition of continued employment in the job classification specified above.
- VI. PROCEDURES:
  - A. Firearms qualification training for Investigative Unit Special Agents (IU) commissioned Special Agents and authorized OIC members shall be governed by (OIC) Operational Protocols #001, #002, #003 and TCA 4-3-609. These above staff who fail to requalify shall be governed by the above referenced Protocols and in accordance with TCA 4-3-609. Any other individual who has been commissioned, excluding correctional officers, probation and parole officers, and OIC staff identified above, who fail to requalify shall lose their commission until such time they successfully requalify.
  - B. Commissioner and employees designated by the Commissioner who have completed the required training shall be issued the semi-automatic pistol with three magazines for ammunition. All full-time transportation officers must maintain the standard firearms qualification for all weapons. Special Agents of the IU shall be issued the semi-automatic pistol and the M-4 Rifle. Any employee who is assigned transportation duties and is not classified as a full-time transportation officer will be issued a .38 revolver, with 18 rounds of 125 grain jacketed hollow point +P ammunition.

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- C. Employees shall use only equipment that has been issued by TDOC or approved by the TDOC Commissioner while on duty or during qualification.
- D. Initial firearms qualification for all employees shall include a minimum of 13 hours of initial classroom training, directly supervised by a certified instructor, prior to firing any live ammunition during the initial qualification attempt. This classroom training shall include:
  - 1. Statutory and Department Authorizations Governing Deadly Force:
    - a. Justifications for employing deadly force
    - b. Constraints against employing deadly force
    - c. Liabilities incurred in the misuse of deadly force
    - d. Firearms training and certification criteria
    - e. Firearms issuance and control procedures
  - 2. Safety Considerations:
    - a. Firearms nomenclature and operational characteristics
    - b. Weapons handling procedures
    - c. Range safety regulations
    - d. Weapons retention
  - 3. Marksmanship Fundamentals:
    - a. Stance and position
    - b. Hand placement
    - c. Sight alignment
    - d. Breath control
    - e. Trigger squeeze
    - f. Sight picture
  - 4. Firearms Maintenance:
    - a. Common malfunctions/remedies
    - b. Cleaning techniques
    - c. Authorized repair procedures
    - d. Storage
- E. Pre-service employee comprehension of this classroom instruction shall be assessed by written examination. Employees who fail to meet the minimum acceptable examination score of 80% on the initial written examination are required to complete remedial study. Remedial study prior to official re-testing should consist of the following:
  - 1. The employee is notified of the testing failure.
  - 2. An individual coaching session is scheduled to address any deficits identified in the standardized testing.

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3. A certified instructor will meet one on one with the employee to review and provide additional instruction as needed to address any lack of understanding or comprehension of the employee that may include proper technique, mechanics, safety, policy, or procedure to the point of full understanding by the employee.
  4. Following remedial instruction the employee will be allowed to re-test to demonstrate understanding and comprehension.
  5. The employee must obtain a minimum acceptable score of 80%.
  6. Alternate testing can be completed by a reorganization of the prior testing questions based on the original test or alternate similar test that has been reviewed during the remedial study.
  7. Upon successful completion of testing each employee will be allowed to proceed with the range qualification process having successfully tested.
  8. It is incumbent on the instructor to ensure all efforts have been made to work with the employee to gain full understanding of the firearms qualification process.
- F. Each newly-hired correctional officer/employee enrolled in the initial firearms qualification course shall be afforded the opportunity to participate in a non-scored firearms familiarization exercise under the direct supervision of a qualified instructor prior to his/her initial recorded qualification attempt. Any firing of a weapon by pre-service employees at the institutional firing range prior to qualification attempts will be preceded by required classroom training with a qualified instructor regarding weapons familiarization. The course will include all items in Section VI. (D)(2) and (3) above.
- G. Upon completion of the firearms familiarization exercise, each pre-service employee shall be required to demonstrate his/her proficiency in the use of each standard-issue firearm by shooting a minimum acceptable qualification score of 80% of the maximum possible score awarded for each weapon utilizing standard issue ammunition. These certification courses (QC-38 and QC-12 or QC-40) shall be directly supervised by a certified instructor and shall not exceed one full-course attempt per employee/weapon on the initial qualification/certification attempt.
- H. Pre-service employees who fail to attain a minimum acceptable qualification score with a particular weapon upon their initial qualification attempt shall be afforded the opportunity to fire a second, and if necessary a third, standard firearms qualification course utilizing that weapon. These courses (if required) shall be conducted on separate days and shall not exceed two successive full-course attempts per employee/weapon per day.
- I. The TCA Superintendent/Training Specialist will provide written notification to the Warden, Superintendent, or District Director of all pre-service/in-service employees who fail to successfully complete the standard firearms qualification training which includes the written examination and demonstrated weapon proficiency. Failure to successfully complete this requirement will result in Basic Correctional Officer Training (BCOT) employees receiving notification. Failure to successfully complete this requirement for Basic Probation/Parole Officer Training (BPOT) staff will result in termination of employment for Community Supervision pre-service employees.

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- J. Each in-service employee shall receive classroom training, conducted by a certified firearms instructor, prior to his/her inclusion in any live ammunition exercise or qualification attempt. Qualifying requirements for in-service employees shall be the same as for pre-service employees. In-service employees must attain an 80% passing score on the written examination before any live fire qualification attempts are made. This training shall include all of the material specified in Section VI.(D)(1-4) offered to pre-service employees.
- K. Each in-service employee shall be afforded the opportunity to participate in a non-scored firearms familiarization exercise, under the direct supervision of a certified instructor, as an integral part of (and prior to) his/her annual qualification attempt. The appropriate practice exercise (PC-38, PC-12, PC-40) shall be offered once prior to the first scored qualification attempt each firing day.
- L. Each in-service employee shall be required to demonstrate his/her proficiency in the use of each standard-issued firearm for their assigned position by shooting a minimum acceptable qualification score of 80% of the maximum possible score awarded for each weapon. These qualification courses (QC-38, QC-12, QC-40) shall be directly supervised by a certified instructor and shall not exceed more than three successive standard firearms qualification course attempts (One Full Course Attempt).
- M. In-service correctional officers must qualify with all departmental standard issued firearms upon their annual qualification attempt prior to the expiration of their 12 month firearms certification. If the employee's re-qualification cannot be scheduled within the 12 month timeframe, a 90-day grace period for re-qualification may be granted by the Warden/Superintendent or District Director, and the employee will be assigned to work unarmed posts/positions.
- N. All commissioned employees must qualify with his/her assigned firearm(s). All in-service commissioned employees must complete quarterly firearms proficiency sessions following their annual qualification. Quarterly firearms proficiency will include one live ammunition non-recorded firearms qualification course attempt (QC-40) and two one hour judgmental training scenario-based simulator sessions directly supervised by a certified instructor.
- O. All employees in the probation/parole officer series, regardless of rank or tenure, are required to qualify with their assigned weapon. Preferred employees that fail to qualify will have six months in which to successfully complete the requalification course. Failure to meet the qualification requirement will result in the employee being removed from their position for the good of the service.
- P. All employees in the correctional officer series, regardless of rank or tenure, who fail to qualify with any weapon, will have six months in which to successfully complete the qualification course. Failure to do so will result in the employee being removed from their position for the good of the service. Such removal shall be in accordance with the preferred service laws and the Rules of the Tennessee Department of Human Resources (TDOHR).
  - 1. The Department will exert good faith efforts to assist such employees in finding other employment within the department or within state government in order to avoid separation from state service; however, the Department shall not propose placements which violate preferred service laws or TDOHR rules concerning appointments, promotions, demotions, or transfers.



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2. The employee failing to maintain the required minimum standards shall demonstrate diligence and active participation in the Department's efforts to assist him/her in finding alternate employment. Ultimately, it is the responsibility of the employee, not of the department, to find other employment in a classification that does not require the minimum standard which the employee failed to maintain.
3. Upon notice that a correctional officer/employee has failed to maintain minimum qualification standards, the Warden/Superintendent or District Director shall:
  - a. Notify the employee in writing.
  - b. Inform the employee that he/she will:
    - (1) Be removed from his/her position within six months
    - (2) Be assisted in finding other employment
    - (3) Be primarily responsible for securing his/her own employment, not withstanding the Department's effort to assist him/her
    - (4) Be retained in the position if he/she is able to achieve the minimum qualification score before separation from the position
    - (5) Be allowed to make one full attempt to qualify every 30 days during their period of not being qualified. The Department will provide access and supervision on the range for this purpose
    - (6) Be temporarily assigned to a post/position that does not require the use of a firearm for the applicable period.
    - (7) No longer be allowed to carry or possess department issued weapons and that his/her commission is suspended. The employee's manager will direct issued weapons to be retrieved by the issuing division.
4. Any employee assigned to a position requiring the use of a firearm or is a commissioned staff member, who is convicted of a misdemeanor crime of domestic violence or any felony offense must be immediately assigned to a security post or position that does not require possession of firearms and all department issued firearms must be surrendered. Within 60 days of the assignment, the affected employee must either transfer into a job classification for which the employee qualifies that does not require firearm qualification, or provide written and certified documentation to TDOC that his/her conviction(s) have been expunged or set aside by a court of competent jurisdiction, or that he/she has been pardoned of the offense. Failure to comply with either of the above alternatives, within the time allowed, will result in the dismissal of the employee from state service.

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5. A Warden/Superintendent or District Director may remove the authorization to carry a firearm and/or less lethal weapon when reasonable cause exists. When authorization is revoked, all issued weapons are to be retrieved by the issuing authority.
- Q. Employees who attempt and fail to requalify within six months from the date of their failure to requalify will have their commission suspended upon failure, and will be removed from their position for the good of the service. Such removal shall be in accordance with the preferred service laws and the Rules of the Tennessee Department of Human Resources (TDOHR).
1. The Department will exert good faith efforts to assist such employees in finding other employment within the department. Questions about available positions can be directed to the TDOC HR Division.
  2. Upon notice that an employee has failed to maintain minimum qualification standards, the District Director shall:
    - a. Notify the employee in writing.
    - b. Inform the employee that he/she will:
      - (1) Be removed from his/her position.
      - (2) Be primarily responsible for securing his/her own employment, notwithstanding the Department's effort to assist him/her.
      - (3) Be retained in the position if able to achieve the minimum qualification score before separation from the position.
      - (4) Be allowed to make one full attempt to qualify as often as once every 30 days, for a total of three attempts, during their period of not being qualified. The Department will provide access and supervision on the range for this purpose.
      - (5) Be temporarily assigned to a post/position that does not require the use of a firearm for the applicable period.
      - (6) No longer be allowed to carry or possess state issued weapons and that their commission is suspended. The employee's District Director shall retrieve the employee's assigned weapon.

Each institution/district will establish a range schedule with no less than one date per month. Employees who are within three to six months of their official annual re-qualification date may request to attend the range for the purpose of participating in a non-scored firearms familiarization exercise under the direct supervision of the range officer.

- R. Only departmentally owned and issued firearms and equipment will be used in the standard firearms qualification training program. Department issued firearms shall not be modified from factory standards, unless approved by the Commissioner or designee.

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- S. The use of artificial sighting devices (telescopic sights, lasers or telescopic lens) shall be prohibited, unless approved by the Commissioner or designee.
- T. All correctional officers/employees who qualify with firearms shall be issued an Annual Weapons Qualification Card, CR-2938. This card shall specify firearms qualification scores and shall be valid for a period of 12 months upon issue or until decertified by failure to re-qualify, whichever comes first. The training specialist shall retain a copy of the employee's certification card in the training files and shall reschedule the employee for annual in-service training on a date which preceded the expiration of the current certification card. The institutional armory officer or district director shall be provided a list of those employees who have qualified.
- U. In instances where in-service employees have a medical doctor's statement documenting a temporary medical condition that prevents their using a firearm, i.e., pregnancy, broken nose, etc., the employee shall be exempt from this policy with approval of the Warden/Superintendent or District Director for a time not to exceed six months. In instances of pregnancy, the time limit may be extended beyond six months. While exempt from this policy, employees shall not be placed on post or in a position that requires the use of firearm(s).
- V. The initial and annual standard firearms qualification/certification courses shall be as specified herein:

Revolver Qualification Course – QC-38

This course can be run forward or in reverse, it will be run with the use of speed loader devices when instructed and time will begin with a loaded revolver in the holster (hot line)

Fifty (50) rounds, double-action – (total staged time: 9 minutes)			
4 Yards 6 rounds Staged time – 1.0 Minute	7.5 Yards 18 rounds Staged Time – 3.0 minutes	15 Yards 18 rounds, service loading Staged Time – 3.0 minutes	25 Yards 8 rounds, service loading Staged Time – 2 minutes)
6 rounds Standing Strong side Point shoulder stance	18 rounds Standing Strong side Point shoulder stance	18 rounds Standing Strong side Point shoulder stance	4 rounds Standing Strong side Point shoulder stance
			4 rounds Kneeling Strong side

QC-38 (revolver qualification course) is designed as a scored proficiency evaluation utilized in the delivery of initial and annual standard firearms qualification training to assess shooter competency. It is fired using the standard issue .38 caliber service revolver and ammunition. It stresses center-mass shooting techniques in order to evaluate shooter accuracy and to determine point scores for employee certification. It is fired using the standard NRA B-27 police target and is scored as follows:

- Hits in the 8, 9, 10, and 10X ring will be counted as 5 points each. Hits inside the 7 ring will be counted as 4 points each.
- Hits outside the 7 ring but within the silhouette will be counted as 3 points each.

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3. Maximum points possible: 250
4. Minimum points acceptable: 200

All firing will be commenced upon command and scores will be tabulated, verified, and recorded by a certified instructor.

#### Shotgun Qualification Course – QC-12

Ten (10) rounds	
25 yards: 5 rounds Rapid Fire/Command Targets	15 yards: 5 rounds Rapid Fire/Command Targets
5 rounds - standing (offhand shoulder combat stance)	5 rounds – standing (hip-fire combat stance)

QC-12 (shotgun qualification course) is designed as a scored proficiency evaluation utilized in the delivery of initial and annual standard firearms qualification training to assess shotgun competency. It is fired using the standard issue 12-gauge shotgun and #4 buckshot service-loaded ammunition. It stresses low body-mass (disable) shooting techniques in order to achieve a non-lethal shot pattern. It shall be fired upon command and in rapid succession in order to simulate multiple-target, deadly force situations. Shots shall be verified by a certified instructor as either hits or misses, with only low-body mass shots counting toward a qualifying score. Each hit per target will be counted as 10 points.

1. Maximum points possible: 100
2. Minimum points acceptable: 80

Semi-Automatic Pistol Qualification Course – QC-40 (Full Time Transportation Officers, Commissioners, others as authorized by the Commissioner, Wardens, LEU Special Agents, and OIC Authorized Members Only):

This course can be run forward or reverse.

50 Rounds- Total time 3 minutes				
4 Yards 2 Magazines of 6 30 Seconds	7 Yards 2 Magazines of 4 30 Seconds	10 Yards 2 Magazines of 6 30 Seconds	15 Yards 2 Magazines of 5 45 Seconds	25 Yards 2 Magazines of 4 45 Seconds
6 rounds Standing Strong side	4 rounds Standing Strong side	12 rounds Standing Strong side Point shoulder stance	5 rounds Standing Strong side	4 rounds Standing Strong side
6 rounds Standing Weak side Point shoulder stance	4 rounds Standing Weak side Point shoulder stance		5 rounds Kneeling Strong side Point shoulder stance	4 rounds Kneeling Strong side Point shoulder stance
12 Rounds total	8 Rounds total	12 Rounds total	10 Rounds total	8 Rounds total

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1. Maximum points possible: 250
2. Minimum points acceptable: 200
3. All TDOC employees being issued a semi-automatic pistol must have successfully completed initial qualification conducted by TCA or a site approved by TCA. Any employee who fails their initial qualification will be rescheduled for any subsequent attempts. Annual or semi-annual re-qualification may be completed by the institutional firearms instructors who have successfully completed the pistol transition course and can be conducted at the facility or other TCA approved sites.

Rifle Qualification Course – QC-223 (IU Special Agents and OIC Authorized Members Only):

Ten (10) rounds – (total staged time: 2.5 minutes)
50 yards: 10 rounds – (staged time: 2.5 minutes)
10 rounds – standing (unsupported offhand shoulder stance)

QC-223 (rifle qualification course) is designed as a scored proficiency evaluation utilized in the delivery of initial and annual standard firearms qualification training to assess shooter competency.

It is fired using the M-4 and Mini-14, .223 caliber rifle. It stresses center-mass shooting techniques in order to evaluate shooter accuracy and to determine point scores for employee certification. It is fired using the standard NRA B-27 police target and is scored as follows:

1. Hits in the 8, 9 and 10-X rings shall count as 10 points each
2. Hits outside the 8, 9 and 10-X rings but within the silhouette shall count as 5 points each
3. Maximum points possible: 100
4. Minimum points acceptable: 80

All firing will be commenced upon command and scores will be tabulated, verified, and recorded by a certified instructor.

W. The firearms familiarization exercises shall be specified herein:

Revolver Practice Course – PC-38

Fifteen rounds, double-action		
7.5 Yards 5 rounds, wad-cutter	15 Yards 5 rounds, wad-cutter	25 Yards 5 rounds, wad-cutter
3 rounds – standing (point shoulder stance)	3 rounds – standing (point shoulder stance)	3 rounds – standing (point shoulder stance)
2 rounds – standing (point shoulder stance)	2 rounds – standing (point shoulder stance)	2 rounds – standing (point shoulder stance)

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Shotgun Practice Course – PC-12


Two rounds	
25 yards: 1 round	15 yards: 1 round
1 round - standing (Unsupported offhand shoulder stance)	1 round – standing (hip-firing stance)

These practice courses are designed as non-scored firearms familiarization exercises to be fired as part of the regular initial or annual standard firearms qualification training program, or as an institutionally provided firearms familiarization program, offered to maintain shooter proficiency. All firing shall be done on command and firing-for-effect techniques employed. Practice firing courses shall be directly supervised by a certified instructor or instructor trainer at all times.

- X. The practice course for the (PC-40) will be the same as the qualifying course.
  - Y. Each shift commander shall select a group of officers on each shift who will be provided with additional weapons training conducted by a certified weapons instructor. The officers who are selected will be utilized for mobile patrols and for a pool of officers that will be used on outside armed trips, such as hospitals, funerals, fog patrol, and so forth. The Warden/Superintendent will approve these officers based upon experience, maturity, and depth of knowledge relative to weapon safety. All transportation officers will also be required to participate in additional training. The trained, selected officers shall be noted on the daily shift roster.
  - Z. The training referenced in subsection (X) above shall be provided by a certified weapons instructor and completed no less than once per quarter. Each facility will be provided a lesson plan from the Tennessee Correctional Academy. The classroom training will take one hour and will consist of weapon safety, retention, and unloading techniques. Each participant will be required to fire a minimum of fifty rounds with the .38 caliber revolver, ten rounds of 12 gauge, and fifty rounds with the .40 caliber semi-automatic pistol, if qualified. No more than seven officers shall be in one group to allow the armory officer to spend time with each participant as needed. All training will be documented in each employee's training file.
- VII. ACA STANDARDS: 4-4091, 4-4204, 4-APPFS-3B-01-M, 4-APPFS-3B-03-M, 4-APPFS-3B-04, 4-APPFS-3B-05, and 4-APPFS-22-M.
- VIII. EXPIRATION DATE: April 1, 2022.

Effective Date: April 1, 2019	Index #506.09	Page 12 of 12
Subject: STANDARD FIREARMS QUALIFICATION TRAINING		

 <p style="text-align: center;">STATE OF TENNESSEE DEPARTMENT OF CORRECTION <b>ANNUAL WEAPONS QUALIFICATION CARD</b></p>	
<b>NAME</b>	<b>ISSUE DATE</b>
This certification, upon issuance, shall be valid for a period not to exceed 12 months, or until requalification, whichever comes first.	
<b>WEAPON</b> .223 Caliber Rifle _____ .38 Caliber Revolver _____ 12 Gauge Shotgun _____ Semi-Automatic _____ <b>Specialty Impact Munitions</b> _____ Chemical Agents _____	<b>PROGRAM</b> Standard Qualification _____ Firearms Instructor _____ IU _____ <b>Taser Qualifications</b> _____ _____ _____ _____ _____ <b>QUALIFIED INSTRUCTOR</b>
CR-2938 (Rev. 8-13)	

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.10	Page 1 of 2
	Effective Date: March 15, 2018	
	Distribution: B	
	Supersedes: 506.10 (1/15/15)	
Approved by: Tony Parker		
Subject: ESCORTED EMERGENCY VISITS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a departmental policy that addresses escorted emergency visits to facilities within the state of Tennessee.
- III. APPLICATION: All TDOC institutional employees, privately managed institutions, and inmates.
- IV. DEFINITIONS:
  - A. Escorted Emergency Visit: Escort of inmates outside of a secure facility where physical custody and contact is maintained by staff of the department and/or privately managed institutional staff for prescribed purposes of visitation to specific locations, such as nursing homes, hospitals, and funeral homes.
  - B. Immediate Family: Mother, father, husband, wife, children, grandchildren, brother, sister, grandmother, grandfather, and half siblings. Step-parents may be considered as the basis for an emergency escorted visit, but only when it has been verified that the inmate was reared by this individual as a result of death, divorce, desertion, or other absences of a parent. Relationships must be verified from the institutional file or other documentation deemed acceptable by the Warden/Superintendent.
  - C. Offender Management System (OMS): The management information system designed to track offender populations and characteristic throughout the TDOC.
- V. POLICY: Escorted emergency visits may be permitted for those inmates whose immediate family members have been determined to be either critically ill, terminally ill, or recently deceased unless they are deemed to be ineligible by Section VI.(C) of this policy.
- VI. PROCEDURES:
  - A. The Warden/Superintendent shall have the authority to approve an inmate being transported under escort for an emergency visit with family under conditions determined to be appropriate to the situation. Unless otherwise stipulated by the Warden/Superintendent, these visits will normally be of one hour in duration. All such visits shall be restricted to public places within the State of Tennessee, i.e., hospitals, funeral homes, or nursing homes. If time permits and distance to location and conditions are appropriate, the inmate may be temporarily transferred to an institution closer to his/her family for the visit to be arranged. (See Policy #403.01) The inmate shall be dressed in appropriate Tennessee Department of Correction (TDOC) clothing and necessary restraint equipment shall be applied in accordance with TDOC policy and the inmate's custody level.




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Subject: ESCORTED EMERGENCY VISITS		

- B. Family members are not allowed to be present during an inmate's visits with the critically ill, terminally ill, or recently deceased family member without prior, written consent from the Warden/Superintendent at the facility in which they are housed.
- C. If the Warden/Superintendent determines that an inmate's custody classification (maximum), security threat group affiliation, psychological status, behavioral problems, unavailability of staff, or other extenuating circumstances (such as the notoriety surrounding the inmate's offense, strong community opposition, inclement weather, or insufficient time of notice) make transportation inadvisable, the Warden/Superintendent may decline the request. Inmates with detainers or recent prison escapes may be considered but only after a close review and only on a case by case basis. In cases such as this, the Warden/Superintendent may authorize a one-time special visit with the inmate and his/her immediate family members at the institution (family members must be on the inmate's approved visitation list).
- D. Only staff who are part of the correctional officer series will transport inmates on any escorted emergency visit and they shall wear protective equipment as per Policy #506.08.
- E. Request for Emergency Visit: Requests for emergency visits shall be initiated by the inmate through the institutional counselor/chaplain, who will forward the request to the Warden/Superintendent using OMS conversation LCD4, Institution Travel Request. The Warden/Superintendent/designee will review the request and enter the decision into OMS conversation LCD4. If approval is granted, an Institutional Travel Document, BI01MAV, shall be printed and signed by the Warden/Superintendent.
  - 1. Hospital Visit: The institutional health services staff, chaplain, or Warden/Superintendent/designee shall verify the critical or terminal circumstances with the doctor or staff of the facility where the relative is being treated. Upon approval the transportation coordinator shall contact the facility's security staff making them aware of the pending visit prior to arrival.
  - 2. Funeral Home Visits: The chaplain or Warden/Superintendent/designee shall verify the death through the funeral home housing the remains of the immediate family member. Visits to funeral homes shall be concluded prior to the beginning of funeral services, unless specifically approved by the Assistant Commissioner of Prisons. The transportation coordinator shall contact local law enforcement making them aware of the pending visit prior to arrival.
- F. Documentation: All appropriate TDOC personnel should familiarize themselves with the OMS on-line user procedures (LCD4) for documenting the occurrences of emergency travel. The Warden/Superintendent/designee should advise the requesting inmate that approved travel will be to a hospital, nursing home, or funeral home. Inmates should be advised that if they are escorted to the hospital/nursing home, they will not normally be escorted to the funeral home should their family member expire.

VII. ACA STANDARDS: 4-4189 and 4-4445.

VIII. EXPIRATION DATE: March 15, 2021.

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 506.13	Page 1 of 7
	Effective Date: October 15, 2018	
	Distribution: B	
	Supersedes: 506.13 (12/15/16)	
Approved by: Tony Parker		
Subject: IDENTIFICATION OF INMATES		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish requirements for the inmate identification process.
- III. APPLICATION: All institutional employees and inmates, employees of TRICOR, ~~and~~ privately managed facilities, and contract vendors.
- IV. DEFINITIONS:
  - A. Also Known As (AKA): An indicator that an inmate is known by a name other than the name under which the commitment was ordered.
  - B. Committed Name: The name shown on mittimus forms under which a court has committed an inmate to the Tennessee Department of Correction (TDOC).
  - C. Physical Identification Traits: Scars, marks, tattoos, or physical handicapping conditions which aid in the positive physical identification of an individual.
  - D. Strategic Technology Solutions (STS): A division of the Tennessee Department of Finance and Administration responsible for managing and operating the IT and support functions of the Tennessee Department of Correction (TDOC).
- V. POLICY: The TDOC shall require inmates to complete the identification process at ~~reception~~/diagnostic centers and thereafter as necessary to ensure the availability of the most current physical identification and criminal history record.
- VI. PROCEDURES:
  - A. The following are general mandates concerning the inmate identification process:
    1. Inmates received into the physical custody of the TDOC shall be processed through the identification section of the receiving institution.
      - a. Staff assigned shall determine whether an offender management system (OMS) inmate number exists for the inmate by reviewing Phonetic Compare (LSWE), Name Search Compare (LSWN), and Offender Attributes (LCLA) Option 5.
        - (1) Staff shall exercise due caution to ensure that positive identification is established prior to entering current information. Staff shall thoroughly verify the committed name and known aliases against OMS conversations listed in (a) above.
        - (2) If an OMS ID (TDOC) number has not been previously assigned, one shall be assigned by staff accessing OMS ID Add (LSWD).

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Subject: IDENTIFICATION OF INMATES		

- b. The inmate's current status shall be ascertained by reviewing Arrival/Departure (LIMD) for the following categories:
      - (1) New commitments (first felony sentence to TDOC or return with new sentence following sentence expiration)
      - (2) Return from escape (TDOC/private managed facilities)
      - (3) Parole violator
      - (4) Return from bond
      - (5) Interstate compact (parole supervision/interstate exchange)
      - (6) Probation or community correction violator
      - (7) Safekeeping
  2. Aliases shall be reviewed, via Offender Aliases (LCLB), for all inmates entering TDOC in the above categories listed in Section VI.(A)(1)(b). Aliases for new inmates shall be entered under Offender Aliases (LCLB) during the classification process from the pre-sentence investigation report, information from the county sheriff's department, or the FBI criminal history report based upon fingerprint processing.
    - a. Aliases versus committed names should be searched against Name Search Compare (LSWN)/Phonetic Compare (LSWE) and identification data on Offender Attributes (LCLA) Options 1 and 5.
    - b. Should an inmate be found to have more than one conviction/sentence record or more than one OMS ID number, the institutional record office shall be notified. The record clerk will immediately forward the necessary information to the office of Sentence Management Services and STS for appropriate action.
    - c. Records of aliases received after an inmate has been assigned to a permanent institution shall be verified against the committed name as required above and entered on Offender Aliases (LCLB).
  3. Fingerprint processing shall be completed for the purpose of establishing or updating the inmate criminal history information report prepared by the Federal Bureau of Investigation (FBI).
  4. Photographs must be taken of all marks, scars, and tattoos on the inmate to establish or update the TDOC record of identity.
  5. Physical identification traits shall be recorded on fingerprint documents and entered on Offender Attributes (LCLA) Option 1, using codes from the *TBI Criminal Fingerprint Card Data Entry Manual*.

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Subject: IDENTIFICATION OF INMATES		

6. Social Security Numbers (SSNs), or Individual Taxpayer Identification Numbers (ITINs) for non-resident aliens, must be obtained if the inmate does not have or know the number.
  - a. Staff must request that an ITIN Application (W-7) be completed and filed in the inmate institutional record (IIR) for all inmates.
  - b. A SSN can usually be obtained from inmates who are U.S. citizens through the interview process or NCIC criminal history review. Those who do not have a number shall be assisted in completing and mailing the Application for Social Security Card Form, SS-5.
  - c. The Chief Counselor/designee shall assist non-citizens in completing and mailing ITIN Form W-7.
  - d. Staff shall enter Contact Notes (LCDG) Contact Type – Inmate Pay (IPAY), regarding forms being processed. The type of form completed and when mailed shall be included in the comments. A copy of the application shall be filed in the inmate's institutional record, Volume II, Section VI.
  - e. Staff shall ensure the return of documentation to the Warden/Superintendent/designee in order to allow for entry of data into OMS. The number will also be written in the space provided on the Request for Taxpayer Identification Number and Certification Form W-9. The contact note entered per (d) above shall be modified to include this information. The document will be forwarded to the inmate.
  - f. If the inmate has transferred during this time, the number will be entered into OMS at the diagnostic center. The document will be forwarded to the records office at the receiving institution for disposition.
  - g. If OMS will not permit the inmate job coordinator to assign an inmate due to no SSN or ITIN, he/she shall check Contact Notes (LCDG) to determine if/when the W-7 or SS-5 was mailed. If it has been mailed at least six weeks, or if there is no appropriate contact note, the job coordinator will notify the unit manager. The unit manager/designee shall follow up on the status of the application.
- B. Identification photographs shall be made of the inmate's face/head in front of a standard height chart with an identification plate positioned at the V of the inmate's neck. The inmate's face shall be clean shaven (absolutely no facial hair) for photographs during the initial classification process. Inmates who fail to comply shall be subject to disciplinary action. (See Policy #502.01)
  1. Front and right profile views shall be photographed. The profile view requires the head to be turned to the left, leaving the body positioned forward.
  2. The identification plate shall include the following information in the listed order:

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- a. Agency title: (TN DOC)
  - b. Inmate TDOC ID number
3. One copy of the Face Sheet Application containing a color photograph of each view shall be placed in Volume I and Volume II of the institutional file.
  4. Information Technology Services shall print and place a copy of the Face Sheet Application, containing a color photograph of each view, in the departmental inmate file.
  5. It shall be the responsibility of the institutional staff to ensure that each inmate has an updated ID card that reflects their current appearance. During annual reclassification, each unit manager, correctional counselor, unit sergeant, or records personnel shall compare current photographs to the respective inmate for updating. The Chief Correctional Counselor is responsible for monitoring this procedure and ensuring the photograph comparison is accomplished. Inmates shall be re-photographed as a result of changing their appearance by the alteration of facial features, hair color, etc. as stated in Section VI.(D)(3).
  6. Inmate photos shall be updated, at minimum, once every four years. The cost associated with updating the photo of an inmate on the four year cycle shall be the responsibility of the institution. The Face Sheet application alerts staff when an inmate's four year cycle photograph (mug shot) is due. Staff has 90 days from the date of that notification to complete and insert the new photographs
  7. The Warden/Superintendent of the receiving institution shall ensure that staff member(s) are responsible for completing the information required on OMS Screens LCLA, (Option 2 and Option 5), LCLE, and LCLC.
- C. Fingerprint record processing shall occur via the TBI Automated Fingerprint Information System (AFIS) electronic transmission from reception/diagnostic centers as required by the TBI. In the event AFIS cannot be used, inked fingerprints shall be prepared on TBI provided fingerprint cards until AFIS is restored; then inmates shall be electronically fingerprinted.
1. One red TBI fingerprint card and one red FBI fingerprint card shall be forwarded to the TBI Criminal Records Unit with reply request indicated. At least one copy shall be made and filed in the inmate institutional record (IIR).
  2. Fingerprint record cards (supplied by the Records and Identification Unit, Forensic Services Division, of the TBI) shall be completed in accordance with TBI requirements.
  3. Fingerprint record cards returned to TDOC by the TBI due to unacceptable quality shall be remade and resubmitted to TBI by the institution where the inmate is assigned.

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Subject: IDENTIFICATION OF INMATES		

4. When reception/diagnostic center staff receives the FBI criminal history record (rap sheet), staff designated by the Warden/Superintendent in records/identification sections shall promptly enter Offender Attributes (LCLA), Option 1 the FBI, state identification (SID), and the FBI/NCIC fingerprint class numbers in the designated fields.
  5. Reception/Diagnostic center staff shall forward the “rap sheet” to the institutional record office of the inmate’s location. (See Policy #403.01.1)
- D. All inmates shall be issued a laminated Inmate Identification Card, CR-2118, and advised of the requirement to keep it on their person at all times unless required to surrender it upon demand by TDOC employees. Inmates involved in acute or intensive mental health treatment programs shall not be required to keep an ID card in their possession; the ID card shall be maintained by the unit manager.
1. Cards shall contain all required information. The Face Sheet application will generate and place the TDOC number, committed name, and birth date of the inmate on the identification card. The TDOC number of inmates identified as deficient in English Language Proficiency will be highlighted in blue.
  2. Identification cards shall be renewed in accordance with the requirements for updating inmate photos. [(See Section VI.(B)(5)]
  3. If inmates lose or destroy identification cards, receive a legal name change, or alter their facial features, they will be required to update their ID cards. They shall be assessed a fee of \$5.00 for the issuance of a new ID card and replacement of file photographs.
  4. In cases of a court ordered name change, verification must be provided by the institutional records office that the inmate has received a legal name change. The inmate’s new legal name shall be considered an alias and entered in the AKA field on the inmate identification card and on Offender Aliases (LCLB). All correspondence generated by Strategic Technology Solutions (STS) will continue to use the committed name and OMS ID number.
  5. Identification cards shall go with the inmate when he/she goes on furlough. When inmates are transported outside the secure perimeter of an institution their identification cards shall be surrendered to the transporting/escorting officers. Any other time, the identification card will be surrendered to TDOC staff upon an inmate's release from custody, such as to parole or discharge at expiration of sentence. Cards surrendered in cases of parole or discharge shall be forwarded to the institutional records office and subsequently destroyed.
  6. The Reentry/Career Development Specialist shall assist the inmate with obtaining any needed identification (birth certificate, social security card, etc.) beginning 90 days prior to the inmate’s scheduled release date. All identification documents received shall be kept in the IIR located within the facilities records office until the inmate’s day of release.
  7. Inmates discharged from TDOC custody must have documents as outlined within Policies #511.05 and #511.08.

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Subject: IDENTIFICATION OF INMATES		

- E. Wardens/Superintendents at each TDOC facility and privately managed facilities shall establish procedures governing the mandatory use of colored wristbands to be worn by all TDOC inmates assigned to general population and other units approved by the Warden/Superintendent. These wristbands will be attached to the inmate's wrist and shall be utilized to enhance security measures of inmates attempting to enter unauthorized areas of the facility, such as housing units which the inmates are not assigned. Each Warden/Superintendent shall establish procedures on how wristbands are monitored at strategic locations.
1. A location shall be designated where the application of wristbands shall be applied by authorized staff. This location shall take into account the amount of housing unit changes occurring on a daily basis in an effort to avoid heavy traffic areas. All wristbands and related equipment will be maintained in a secure area and strict accountability of all items/equipment must be maintained.
  2. All wristbands shall be color-coded based on housing unit assignment with no color-code or color pattern being repeated. Segregation units will not be assigned a colored wristband.
  3. A placard or door frame of the unit entrance door shall match the color-code or color pattern of the wristband for those inmates housed within the designated unit. The door color-code or color pattern shall be visible to the camera covering the unit entrance
  4. It is the responsibility of the officer to examine each inmate's wristband to ensure the inmate is entering the proper unit/area.
  5. The wristbands shall have a width no less than one and a quarter inch and shall be made of a hypoallergenic material and attached with metal dual-grip fasteners, not plastic. Wristbands shall meet or exceed TOSHA safety regulations for those working in areas with machinery or heavy equipment. All wristbands must be approved by the Assistant Commissioner of Prisons.
  6. If an inmate is discovered to have tampered or altered the wristband, a new wristband shall be applied immediately. The tampered or altered wristband shall be placed in evidence and the inmate shall be charged with destruction of state property. If the inmate is convicted of the infraction at the disciplinary hearing, the inmate shall be assessed a \$15.00 replacement fee in addition to the \$4.00 Class B disciplinary fine.
  7. Any inmate refusing to wear the required wristband shall not be housed in general population until compliance has been met, a disciplinary shall be issued for defiance.

VII. ACA STANDARDS: 4-4285.

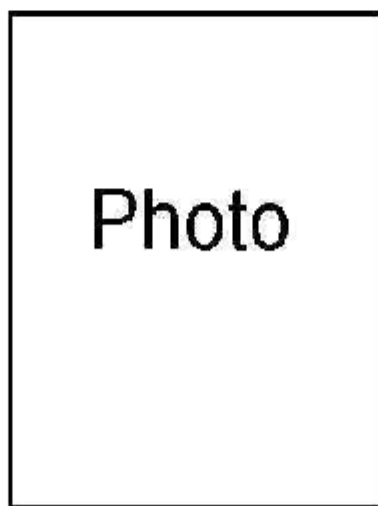
VIII. EXPIRATION DATE: October 15, 2021.

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Subject: IDENTIFICATION OF INMATES		

<b>INMATE</b>	
<b>00000000</b>	
<b>DOE</b>	
<b>JOHN</b>	
DOB: 01/01/1960	HT: 00' 00"
Issued: 6/5/2003	WT: 000
_____ <i>Signature</i>	
Tennessee Department of Correction	
CR 2118 (Rev. 6-03)	

<b>INMATE</b>	
<b>00000000</b>	
<b>DOE</b>	
<b>JOHN</b>	
DOB: 01/01/1960	HT: 00' 00"
Issued: 6/5/2003	WT: 000
_____ <i>Signature</i>	
Tennessee Department of Correction	
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<b>INMATE</b>	
<b>00000000</b>	
<b>DOE</b>	
<b>JOHN</b>	
DOB: 01/01/1960	HT: 00' 00"
Issued: 6/5/2003	WT: 000
_____ <i>Signature</i>	
Tennessee Department of Correction	
CR 2118 (Rev. 6-03)	







ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.11

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Effective Date: November 15, 2017

Distribution: B

Supersedes: 506.11 (9/1/14)  
PCN 16-2 (3/15/16)

Approved by: Tony Parker

Subject: POPULATION COUNT

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To standardize counts that will account for the locations of all inmates, including inmates absent from the confines of the institution.
- III. APPLICATION: To employees and institutional inmates of Tennessee Department of Correction (TDOC) and privately managed facilities.
- IV. DEFINITIONS:
  - A. Count: The strict visible accounting of a number of inmates at a given place and time. Counts are usually conducted by requiring all inmates to be physically present in their assigned area. Inmate identification is normally necessary only in instances where the count is incorrect.
  - B. Count Slip: A form developed by the institution that verifies that the inmate(s) are physically present in their assigned area.
  - C. Cover Counting: A count procedure which requires two staff members. One will observe while the other counts, and at the completion of the first count the officers will rotate and the observing officer shall count while the counting officer observes. Both officers shall participate in the count in order to verify the accuracy of the unit/area count.
  - D. Emergency Count: An immediate count conducted when circumstances have occurred that may have provided an opportunity for an inmate to abscond from custody.
  - E. Exceptions: Counts taken of inmates who for good reason are physically absent from their cells, rooms, or units at the time count is taken, but who are elsewhere in the in-house count. Example: in-transit, emergency moves after the count has been initiated.
  - F. Formal Count: Counts conducted as mandated by TDOC at a specific time of the day or night to account for the present whereabouts of every inmate who is in the in-house and/or total assigned count of an institution. This type of count is recorded, statistically balanced, and reported as required.
  - G. Informal Count: Counts conducted periodically and routinely by employees who supervise inmates working or engaging in daily living or recreational activities. Such counts are made at irregular times and the results are only reported when an inmate is believed to be missing.
  - H. In-House Population: Those inmates who are in the physical custody of the institution.
  - I. Offender Management System (OMS): Network computer system providing accurate and current information relating to inmates accountable to the (TDOC).

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- J. Outcount: A count of inmates who are physically absent from their cells, rooms, or units at the time count is taken, but who are elsewhere in the institution or off its grounds due to a program assignment or function (i.e., food service, laundry, etc.).
- K. Outcount Slip: A form developed by the institution that identifies inmate(s) who are physically present in an area other than his/her assigned cell/dormitory location.
- L. Standing Count: A formal or informal count which requires an inmate to be standing or sitting in their assigned area and visibly counted by the staff member performing the count.
- M. Total Assigned Population: Population comprised of all inmates, excluding those present as transients and/or temporary transfers, who are assigned to an institution pursuant to actions authorized by TDOC policy or pursuant to a court order for safekeeping, including inmates who are temporarily absent from the in-house count.

V. POLICY: Facilities housing TDOC inmates will conduct accurate population counts in accordance with the procedures set forth below.

## VI. PROCEDURES:

### A. General

1. The Warden/Superintendent shall designate an officer to have primary responsibility for the completion of an accurate count. The officer(s) must know the specific manner of entering formal counts on OMS and counting inmates in different types of locations, i.e., housing units, open areas, work areas, and exceptions. Formal count times will be arranged to provide as little interference with the daily work and activity schedule as possible, while still providing accountability for all inmates.
2. At a minimum, five formal counts shall be taken as follows:
  - a. A standing count will be performed Monday through Friday between 5:15 a.m. and 6:15 a.m. Saturdays, Sundays, and holidays between 5:15 a.m. and 7:15 a.m.
  - b. At times specified by the Warden/Superintendent which conform with the below activity:
    - (1) Prior to noon meal
    - (2) Prior to evening meal (standing count)
    - (3) At evening institutional lockdown (standing count)
  - c. At 10:30 p.m. (institutional official daily count)

NOTE: The 10:30 p.m. count shall be reported by OMS e-mail to the central dispatch office of classification programs no later than 7:30 a.m. Central Time, Monday through Friday, as specified in Policy #403.05.

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3. Staff must be certain they see a living human body before counting an inmate as present. At the count between 5:15 a.m. and 6:15 a.m., the evening meal, and at evening institutional lockdown, inmates shall be required to stand up or sit on their bed during count.
4. All formal counts including the official count in housing units and other areas excluding minimum custody work crews [See Section VI.(A)(5)] require cover counting. The officer from the adjoining unit or another security staff member shall assist in the cover count. The assisting officer shall ensure that all inmates are in their cells, and each cell is secured prior to exiting the unit to assist another staff member with their count. One officer shall count while the other officer observes the unit for movement. At the completion of the first count, the officers shall rotate and the covering officer shall recount with the original officer covering. Both counting officers share in the responsibility for accuracy of the count and shall sign the official count sheet.

There will be NO MOVEMENT of inmates during count until the facility count has been verified. Staff members shall not begin counting prior to the official count being announced. The counting officers will remain in the area counted until the count is verified by both counting officers as correct. The employee entering the count into the OMS must remain in the area until the count is verified as correct.

5. The counting officers/employees will remain in the area counted until the count is verified as correct. The employee entering the count into the OMS must remain in the area until the count is verified as correct.
6. Inmates approved for outcount will be kept at an absolute minimum. A report of inmates absent from the confines of the institution such as work crews, park crews, etc., must be telephoned/radioed to the staff responsible for accepting the count. Except for inmates assigned to work/educational release programs, supervisors in charge of work crews in areas out of radio range from the institution or without access to a telephone will record times counts are made and the number of inmates counted on the back of the Gate/Outside Work Pass, CR-2155, or other document approved by the Warden. The document should be turned in to the count room daily, upon return to the institution, and attached to the documentation maintained for the count conducted just prior to the 10:30 p.m. official count. No movement of inmates out of the count area is permitted until the officer/employee monitoring the count announces the count as clear and correct.
7. When counting inmates who are on outcounts (i.e., food service, laundry, education programs, or other open areas), two employees shall conduct the count. One officer/employee counts while a second watches for inmate movement. The officer/employee shall then rotate and the covering staff member shall count with the original counting staff member watching for inmate movement.
8. The count must be regarded as a mutual responsibility of the officer/employee and the inmate.
9. If there is any doubt as to the correctness of the count, a recount shall be conducted. Visually identify each inmate being counted; do not rely on a roll call.

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10. Each facility shall notify the Central Communication Center (CCC) by email that the 10:30 p.m. count has cleared. After receiving notifications from all facilities, the CCC shall then make notifications accordingly by email that the institutional official daily count has cleared immediately after that determination has been made.

B. Basic principles/procedures of entering formal counts into OMS within the institution shall be as follows:

1. All formal counts shall be initiated 30 minutes prior to the actual time of the count.
2. Three counts will be entered into the OMS daily and they are the 5:00-5:30 a.m. count, the evening lockdown count, and 10:30 p.m. count. Exact records of the 10:30 p.m. official count shall be made available for a 30 day period through INFOPAC report BI01MCF in order to reconstruct the count if necessary. That report may be obtained by the count officer by making a request for the actual count report BI01MCF OMS conversation LSWB. When the BI01MCF report is available, the count officer will receive an OMS email notification that the report is now available. The count officer should maintain a record of the email messages of the exact date/time of that count. The date/time of the email message is necessary information when requesting that actual count should it be needed in the future.
3. The officer monitoring the count shall monitor the count from each unit and outcount location via OMS. The officer/employee will prepare to initiate the count on the count room prompt screen on OMS. As each area enters its count on OMS correctly, the monitoring officer/employee shall verify that all counts are cleared on in the OMS by the supervising employee or staff designated by the Warden/Superintendent at their respective locations. (NOTE: The monitoring employee will enter all exceptions on OMS. Areas reporting incorrect counts will be required to count a second time. If the count remains incorrect a second time, additional employee(s) will be sent to the count area to assist with a third count. (NOTE: No count shall be cleared until all counted areas have been corrected or until the cause of error has been accurately ascertained and corrective action taken)
4. Each count entered into OMS must be accurate and prompt.
5. Inmates shall never participate in the preparation, documentation, or entry of the count into the OMS or manual count sheets.

C. Movement/Count Process

1. Fifteen minutes before each count all inmate movement into and out of the institution shall cease. All inmates inside the institution, excluding inmates on outcounts, must be in their assigned cells/cubicles, with the exception of emergencies. Emergency movements must be kept to a minimum and immediately reported to the officer responsible for count adjustment. NOTE: No inmate movement that affects the accountability of an institution will be permitted after the count has been initiated on OMS.
2. While counting and entering the count on OMS, officers/employees must allow nothing, short of an emergency, to distract them. After a physical count has been completed on a unit, it should immediately be entered on OMS. Inmates will not be allowed to move from their assigned bed within a cell without authorization from the count room, unit manager, or shift commander at any time.

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Subject: POPULATION COUNT		

3. All inmates will be counted simultaneously. Each inmate is counted at a specific time and location. All movement of inmates shall cease before the count begins and shall not resume until the total institutional count is announced clear and correct.
4. During formal counts, there will be no movement of inmates from any area inside the perimeter of the institution until the count is verified and cleared by the count room/shift supervisor on TOMIS. In the event OMS is inoperable, the count will be cleared manually.
5. Inmates housed in an annex building outside the secure perimeter of an institution may be allowed to return to program/work activities upon the count being verified and announced clear by the staff responsible for monitoring the count. The annex count may be officially cleared prior to clearing the count of inmates housed inside the perimeter at the discretion of the Warden/Superintendent or designee. Annex inmates will not be allowed entry into the secure perimeter until the count is cleared in all areas.
6. Inmates housed within a secure perimeter who are assigned to work details outside the perimeter, but are not returned to the inside dining room for meals, may be allowed to return to program/work activity upon the count of the detail being verified by the staff responsible for monitoring the count.

D. Documentation

1. Count Slips: Count slips or computer printouts will be prepared by all areas with inmates and forwarded to the officer/employee monitoring the count. The slips shall not be accepted by the officer/employee if they are incorrectly completed or contain erasures, whiteout, strikeouts, or alterations of any kind. The officer/employee making the count, as well as any back-up employee involved in the count, will sign the count slips. Count slips will be picked up from the unit/area by a designated employee. Unit officers will not leave the unit to take the slips to the count room.
2. Outcount Slips: Outcount slips will be prepared and forwarded to the count room at least 30 minutes before count. The Warden/Superintendent or designee will determine what time the outcount slips are due in the count room. The slips shall not be accepted by the officer/employee if they are incorrectly completed or contain erasures, whiteout, strikeouts, or alterations of any kind.
3. The officer/employee responsible for the accountability of inmates must be provided up-to-the-minute information regarding all inmate housing moves, work assignment changes, commitments to the hospitals, new admissions, releases, and any other changes that could affect accountability.

- E. Informal counts are frequent but irregular checks made by officers/employees to verify that all inmates in their charge are present. Such checks shall be made periodically between formal counts and during night hours. For work crews, a count shall be made when the crew assembles for work, at frequent intervals during the work period, and when the crew is dismissed at the end of the work period. A report of this count shall be made only when an inmate is missing; however, a record of count time should be maintained in the count room for two years.

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Subject: POPULATION COUNT		

F. Housing unit counts shall be conducted as follows:

1. During counting in individual room areas, each inmate must be in his/her room physically visible during the daylight hours. At night, when inmates are in bed, the employee is required to see "living, breathing flesh" in making an accurate count. Inmates wearing bathrobes, having handkerchiefs or bath towels around their heads or necks, or those who are completely covered while in bed should be properly identified.
2. During counting in dormitories or other "open" living areas, all inmates will be on their beds (standing at the foot of their beds for boot camp) for all counts. One officer/employee will count, while a back-up employee observes inmate movement. The officer/employee shall then rotate and the covering staff member shall count with the original counting staff member watching for inmate movement. This will ensure that no inmate changes location, causing him/her to be counted twice.
3. When making night counts, flashlights should be used judiciously, but enough light should be directed toward the inmate to ensure that a dummy is not being counted.

G. If there is a reason to believe an inmate is missing or if there has been a major disturbance, an emergency count shall be conducted to determine the status of all inmates. The officer/employee in charge of maintaining the location of all inmates must always be prepared to produce an accurate up-to-the-minute assignment list. Staff conducting this count shall verify the identity of the inmate against his/her identification card. All inmates shall stand/sit up for emergency counts. During emergency counts, all inmates may be returned to their respective housing units/cells, all areas within the cell (under bunks, in showers etc.) shall be searched to ensure inmates are not attempting to conceal their presence.

H. Contingency plans shall provide for count measures to be taken. (See Policy #506.20) This count need not be entered into the OMS (per the discretion of the Warden/Superintendent or designee); however, count slips must be used.

VII. ACA STANDARDS: 4-4103, 4-4104, 4-4187, and 4-ACRS-2A-11.

VIII. EXPIRATION DATE: November 15, 2020.



**TENNESSEE DEPARTMENT OF CORRECTION  
GATE / OUTSIDE WORK PASS**

\_\_\_\_\_  
INSTITUTION

GATE PASS FOR INMATES \_\_\_\_\_ OUTSIDE WORK PASS FOR INMATES \_\_\_\_\_

EFFECTIVE DATE(S) \_\_\_\_\_ ONLY \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

Pass the following named inmate(s) through gate: \_\_\_\_\_ in the custody of: \_\_\_\_\_

<u>INMATE NAME</u>	<u>TDOC NUMBER</u>	<u>CUSTODY DESIGNATION</u>	<u>HOUSING UNIT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**USE AND ATTACH ADDITIONAL FORM IF NEEDED**

Job Assignment: \_\_\_\_\_

Hours of Work Assignment \_\_\_\_\_ a.m. / p.m. \_\_\_\_\_ a.m. / p.m.

Job Assignment: ☐ Permanent ☐ Temporary

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting / Escorting Staff or  
Work Supervisor (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Associate Warden / Designee

\_\_\_\_\_  
Date



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.14

Page 1 of 5

Effective Date: August 15, 2017

Distribution: B

Supersedes: 506.14 (6/1/14)

Approved by: Tony Parker

Subject: HOUSING ASSIGNMENTS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and Prison Rape Elimination Act of 2003 Standards 115.13(d) and 115.42(g).
- II. PURPOSE: To establish uniform procedures for housing assignments of inmates in the physical custody of the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To all Wardens, Superintendents, Associate Wardens, Deputy Superintendents, employees responsible for assigning inmate housing, inmates, and privately managed facilities. Any offender assigned to and actively participating in an SAIU program is excluded.
- IV. DEFINITIONS:
  - A. Administrative Segregation: The assignment to a segregation housing unit for inmates believed to be a threat to the security of the institution, the welfare of staff, other inmates or those inmates in the physical custody of the Department by court order for safekeeping
  - B. Housing Unit: A physical area which contains cells/rooms or dormitories.
  - C. Mandatory Administrative Segregation: The assignment to a segregation housing unit for inmates on or those inmates in the physical custody of the Department by court order for safekeeping.
  - D. Maximum Security Administrative Segregation (MSAS): The purposeful separation of inmates which are a threat to the safety and security of an institution, the welfare of staff, inmates, or public due to past or current acts of violence and/or escape or are committed to the Department under the sentence of death.
  - E. Protective Custody (PC): The separation of inmates from the general population for the purpose of providing a level of safety for inmates requiring such.
  - F. Protective Custody Segregation: The purposeful separation of safekeeping inmates from the general TDOC population and do not appear to pose a risk of harm or escape.
  - G. Punitive Segregation: The confining of an inmate as a result of a disciplinary conviction for no longer than 30 days, as punishment for the commission of an infraction.
  - H. Room/Cell: The inmate living quarters that are either single, double, triple, or quadruple occupancy, or barracks style.
  - I. Section: A portion of a housing unit designed for a specific custody level; the custody level is determined by the Deputy Commissioner of Operations based on departmental needs.



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Subject: HOUSING ASSIGNMENTS		

- J. Therapeutic Seclusion: The confinement of an inmate in a locked cell/room as part of a treatment plan for mental or emotional disorders. (See Policy #506.07)
- K. Tier Management Supervision: A supervision method that allows one half/tier of a medium or higher custody level group of inmates out of their cells into the pod/unit for leisure activities. This does not include the release of inmates for meals (outside the unit), gym, recreation/ball field activities, education and/or programs.
- L. Transients: Inmates who are temporarily (not to exceed 14 days) in the in-house count of a receiving institution and in the assigned count of a sending institution.

V. POLICY: Housing assignments for inmates shall reflect a balance between custody and control requirements, inmate needs, and TDOC resources consistent with the least restrictive level of custody.

VI. PROCEDURES:

A. Method of Assignment

- 1. Inmate housing assignments shall be controlled and coordinated under the supervision of the unit management team/Associate Warden/Deputy Superintendent/designee. Staff of the institutional count room will enter assignments on TOMIS screen LIMC immediately after the inmate's housing assignment has been determined.
- 2. Panels of the classification committee may determine if there is a need for a particular housing assignment or change in the assignment of an inmate and shall notify the Associate Warden/Deputy Superintendent/unit management team by e-mail with reasons for the particular recommendation.
- 3. Certain factors will be taken into consideration prior to assigning inmates to a housing unit. These factors include, but are not limited to, the following:
  - a. Compatibility among inmate population
  - b. History of institutional adjustment
  - c. Institutional conduct
  - d. Conviction offense
  - e. Program needs
  - f. Handicapping conditions including identified mental illness or retardation
  - g. Custody level
  - h. Escape history
  - i. Chronic or disabling medical conditions
  - j. STG affiliation

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k. Geriatric status

l. PREA status

4. Assignments shall not be made on the basis of race, color, national origin, religion, or political views unless they are justified by legitimate and documented security concerns (i.e., opposing or rival security threat group affiliation). In those instances, a specific written justification shall be prepared and filed in the inmate's institutional record and in a separate file maintained by the Associate Warden/Deputy Superintendent/unit management team. Sexual orientation shall not be the sole determining factor in facility or housing placement.
5. Housing units shall be designated by name, number, letter, or location. Each institution shall maintain an inmate housing display locator which includes unit designation, names and numbers of inmates assigned, and cell/bed location of inmates. For statistical purposes only, it shall be permissible to denote inmates by race on this locator. The housing display locator may be either electronic or hard board.

B. Special Housing

1. Inmates with special medical needs are housed according to the level of care needed. (See Policy #113.32) Physically disabled inmates in the general population should be assigned to an institution and housing unit that can accommodate the disabling condition and facilitate mobility to activity areas as resources permit. Inmates with special medical needs shall not have their cell or location changed without the unit manager/shift commander consulting with Health Services. When emergency action is required, this consultation shall occur as soon as possible but no later than the next working day. The Director of Classification will maintain a list of institutions that cannot accommodate non-ambulatory inmates. This list will be included in the *Classification Users Guide*, Section K, entitled Programs and Placement.
2. Inmates who are under a sentence of death shall be single-celled and housed in a Maximum Security Administrative Segregation (MSAS) unit separate from the general population.
3. Inmates placed in MSAS shall be single-celled and confined within a maximum security unit separate from the general population. Facilities without maximum security units may retain inmates on MSAS status in their facility only as long as it takes to affect a transfer to an appropriate facility.
4. Inmates assessed as having a behavioral health disorder or intellectual disability shall not be permanently assigned to a housing unit until there has been a consultation between the unit manager/shift commander and the appropriate behavioral health staff or their designee. When emergency action is required, this consultation shall occur as soon as possible but no later than the next work day to review the appropriateness of the action. When inmates require mental health seclusion or suicide monitoring for crisis stabilization, the requirements of Policy #113.88 shall be met.

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5. Protective custody/Security Management Unit (SMU) housing shall be secure from access by the remainder of the inmate population. This requirement extends to program and activity areas used by protective custody/SMU inmates. Inmates may be selectively double-celled in protective custody and in SMY, Phase 2 and Phase 3.
6. Punitive segregation housing shall be designated at the Warden/Superintendents discretion. Inmates may be separated from the general population in a section of a secure unit or restricted to room/cell for the period of confinement.
  - a. Inmates in MSAS who subsequently receive a disciplinary disposition for punitive segregation must remain in the MSAS unit. Such inmates must continue to be single-celled.
  - b. General population inmates under punitive segregation may be selectively double-celled.
7. Transients may be segregated from the general population at a receiving institution. If the inmate is not placed in general population but is placed in segregation for reasons other than punitive and/or protective custody, the period of time shall not exceed 14 days. (See Policy #506.16)
8. New admission inmates and those returning from parole or escape shall be single-celled until a determination can be made that they can be reasonably safe when double-celled. The Warden of a privately managed facility is responsible for ensuring that inmates returning from escape are appropriately secured and supervised until such time as the inmate can be transferred to a state operated facility.
9. Inmates ordered by courts to be housed by TDOC for safekeeping purposes due to safety and/or security concerns shall be assigned to Protective Custody Segregation. They shall be single-celled and remain secure from access by the remainder of the institution's population.
10. Inmates ordered by the courts to be housed by TDOC for safekeeping purposes due to health and/or behavioral health disorders or intellectual disabilities shall be assigned to protective custody segregation. These inmates may be selectively double-celled with other safekeeping inmates after the Warden/designee has determined that the two inmates are compatible and pose no known risk to one another. Such inmates remain under mandatory administrative segregation status. The security for movement within the compound shall be at the discretion of the Warden.
11. The Warden/Superintendent's designee shall enter segregation placement and release dates, along with other required information, in E-TOMIS/TOMIS conversation LIBD.

C. Custody Levels

1. Inmates in the general population should normally be of the same custody level when double-celled; however, inmates classified to different custody levels may be housed in the same unit/pod.
2. Assigning inmates of different custody levels to the same housing unit(s) shall be restricted to the following:

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Subject: HOUSING ASSIGNMENTS		

- a. Minimum custody through close custody in protective custody and security management units, and supportive living units provided post orders direct intensive supervision when close custody inmates are involved in activities with inmates in lower custody levels.
  - b. Minimum through maximum custody at DSNF only when the need for inmate behavioral health programming and/or health care is necessary. The Warden shall cause appropriate levels of supervision to occur in these situations so that inmates are protected from harm by one another.
- D. The shift commander/unit manager or designee shall conduct unannounced rounds of inmate living and activity areas at least once during his/her shift for the purpose of detecting deficiencies and possible breaches of security and to identify and deter sexual abuse and sexual harassment of inmates. Members of the unit team, counselors, teachers, and other members of the program staff shall be available upon request. All staff members and official visitors who visit the housing units shall make an entry in the unit log.
- E. General population units/pods with a capacity to house 64 or more inmates who are medium or higher custody shall supervise in accordance with Policy #506.01, and shall adhere to the Tier Management Supervision model at all times. Inmates shall be allowed out of their cells for dayroom activities by tier/walk as determined by the institutional policy; however, inmates housed on the upper and lower tier/walk shall not be allowed out of their cells for pod/dayroom activities at the same time. Staff shall ensure all cell doors are secured when inmates are released out of their cell.
- F. Each Warden/Superintendent shall promulgate the necessary institutional policy and procedures governing housing arrangements for inmates in accordance with this policy and incorporating the tier management supervision for his/her facility.
- G. Inmates assigned to the Women's Therapeutic Residential Center (WTRC) are exempt from Tier Management.
- VII. ACA STANDARDS: 4-4103, 4-4132, 4-4133, 4-4142, 4-4277, 4-4399, 4-ACRS-6B-01, and 4-ACRS-6B-02.
- VIII. EXPIRATION DATE: August 15, 2020.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.15	Page 1 of 5
	Effective Date: March 15, 2018	
	Distribution: B	
	Supersedes: 506.15 (3/15/15)	
Approved by: Tony Parker		
Subject: DISPOSITION OF CONTRABAND		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish procedures for the safe and efficient disposal of contraband items.
- III. APPLICATION: To all institutional employees, Office of Investigations and Compliance (OIC) staff, employees of Tennessee Rehabilitative Initiative in Correction (TRICOR), and privately managed institutions.
- IV. DEFINITIONS:
  - A. Contraband: Any item which is not permitted by law or is expressly prohibited by Tennessee Department of Correction (TDOC) or institutional policy.
  - B. Office of Investigation and Compliance (OIC): For purposes of this policy, OIC is defined as the investigative and law enforcement unit within the Tennessee Department of Correction.
- V. POLICY: All contraband found and/or confiscated shall be disposed of properly and safely by authorized personnel.
- VI. PROCEDURES:
  - A. All contraband must be identified, documented on the Chain of Possession-Contraband, CR-3255, and stored properly until no longer necessary for disciplinary or evidentiary purposes. Photographs of perishable items (such as homemade wine-julep, food items that will spoil or cannot be stored or flammable/hazardous materials) shall be made and retained for evidentiary purposes. The contraband shall then be disposed of in accordance with Section VI.(B) of this policy. Institutions utilizing an evidence storage bag that incorporates the documentation as required by CR-3255 may substitute the storage bag for CR-3255, and ensure that an indelible pen or marker is used to write on the bag.
  - B. The Warden/Superintendent shall establish an institutional policy for the disposal of all contraband items. He/she shall designate two employees, one of whom is his/her direct report and the other a ranking security officer/(institutional investigator), to witness the destruction. A Disposition of Contraband, CR-2593 listing all items destroyed shall be prepared and both witnesses shall sign the certificate. The certificate shall remain on file for three years.
    1. Drugs, narcotics, and non-prescribed medications that are no longer needed for evidentiary purposes, shall be disposed of in accordance with Policy #113.70.

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Subject: DISPOSITION OF CONTRABAND		

Marijuana and tobacco shall be burned; all alcohol shall be flushed through the sewer system.

2. United States currency, when confiscated from an inmate, shall be deposited in accordance with the provisions established by Policy #208.06.
  3. All firearms confiscated/found shall be turned over to the Director/designee of OIC and a receipt shall be obtained from said office.
  4. All cellular telephones confiscated/ found shall be turned over to the OIC.
  5. Other weapons (such as knives, clubs, etc.), shall be destroyed within the institution or at some outside location, at the conclusion of any disciplinary proceedings.
  6. When an item is of considerable value or when there is a question of proper disposition, the Deputy Commissioner/General Counsel shall be consulted for an opinion. Valuables that are temporarily confiscated from employees and visitors shall be returned to the owner after completion of use in disciplinary procedures and/or for evidentiary purposes. (See Policy #504.02)
  7. Infectious waste shall be disposed of in accordance with Policy #112.07. All flammable or caustic substances confiscated as contraband shall be remanded to the facility safety officer for reuse, storage, or disposal in accordance with Policy #112.09, applicable American Correctional Association (ACA) standards, and local municipal codes.
  8. Contraband (such as security threat group materials) will normally be destroyed after all disciplinary proceedings. Materials should also be reviewed and properly documented in the inmate's security threat group (STG) file by the institutional STG coordinator.
- C. The Warden/Superintendent may identify specific items of contraband that are no longer necessary for institutional evidentiary purposes but would serve a useful function either as a training aid for staff or to educate the public. Such items shall be clearly documented in the Warden/Superintendent's files as to their origin and disposition. The Warden/Superintendent shall ensure that any contraband item utilized in this manner is appropriately secured so as not to fall into the possession of an offender.
1. Drugs shall not be utilized for this purpose.
  2. Firearms shall be rendered inoperable by the armory officer and/or the OIC. Retention of commercial firearms for these purposes shall be additionally authorized by the Alcohol Tobacco, Firearms, and Explosives (ATF) Bureau.

Effective Date: March 15, 2018	Index # 506.15	Page 3 of 5
Subject: DISPOSITION OF CONTRABAND		

3. When the item (firearms, etc.) is no longer needed as a training/educational aid, it shall be disposed of in accordance with Section VI.(B) of this policy. Copies of the documentation maintained in the Warden/Superintendent's office shall be filed with the appropriate CR-2593 and maintained on file for three years after destruction.

D. A review of all contraband disposal procedures and related documentation shall be conducted no less frequently than once each six months to ensure that the prescribed procedures are being followed. Records of the review shall be kept on file for three years. The Warden/Superintendent shall designate a responsible staff member from the fiscal operations section to conduct the required review.

E. Weapons, drugs and currency or other items that involve a criminal activity or likely to involve criminal activity that may be prosecuted are to be turned over to the OIC.

F. The disposition of contraband including cellular telephones turned over to the OIC shall be governed by OIC Protocol #02-005.

VII. ACA STANDARDS: 4-4192, 4-4282, and 4-4494.

VIII. EXPIRATION DATE: March 15, 2021.



**TENNESSEE DEPARTMENT OF CORRECTION  
CHAIN OF POSSESSION  
CONTRABAND**

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

Control Number: \_\_\_\_\_

Time: \_\_\_\_\_ A.M./P.M.

Disciplinary Report # \_\_\_\_\_

Recovered from:

Name: \_\_\_\_\_ Number: \_\_\_\_\_  
(last) (first) (mi) (if applicable)

Check One: ☐ Offender (see 504.01) ☐ Visitor  
☐ Employee ☐ Other

Description of Evidence and Recovery: \_\_\_\_\_

Contraband Discovered By:

\_\_\_\_\_  
(Full name – signature)

\_\_\_\_\_  
(Full name – type or print)

**FINAL DISPOSITION OF CONTRABAND**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. / P.M. Location: \_\_\_\_\_

Disposing Official: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Method of Disposal \_\_\_\_\_  
(incineration, flushing, etc.)

DATE	RELEASED BY	RECEIVED BY	REASON FOR CHANGE
	Signature	Signature	
	Name & Title (print)	Name & Title (print)	

DATE	RELEASED BY	RECEIVED BY	REASON FOR CHANGE
	Signature	Signature	
	Name & Title (print)	Name & Title (print)	



DATE	RELEASED BY	RECEIVED BY	REASON FOR CHANGE
	Signature	Signature	
	Name & Title (print)	Name & Title (print)	

DATE	RELEASED BY	RECEIVED BY	REASON FOR CHANGE
	Signature	Signature	
	Name & Title (print)	Name & Title (print)	

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	Signature	Signature	
	Name & Title (print)	Name & Title (print)	

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	Name & Title (print)	Name & Title (print)	

DATE	RELEASED BY	RECEIVED BY	REASON FOR CHANGE
	Signature	Signature	
	Name & Title (print)	Name & Title (print)	



**TENNESSEE DEPARTMENT OF CORRECTION  
DISPOSITION OF CONTRABAND**

\_\_\_\_\_  
INSTITUTION

The following contraband item(s) were disposed of on this date in compliance with administrative policies and procedures #506.15:

<u>CONTRABAND</u>	<u>TYPE OF DISPOSITION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
(Officer in Charge)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.16

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Effective Date: April 1, 2019

Distribution: B

Supersedes: 506.16 (10/1/17)  
PCN 18-6 (1/15/18)  
PCN 17-77 (12/10/17)

Approved by: Tony Parker

Subject: LIVING CONDITIONS FOR SEGREGATED INMATES

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606; and Prison Rape Elimination Act of 2003 Standard 115.13(d).
- II. PURPOSE: To provide guidelines governing the living conditions of inmates segregated from the general population.
- III. APPLICATION: Assistant Commissioner of Prisons, institutional employees, privately managed facilities, and inmates, excluding any offender assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program, Parole/Probation Violators program, or the Transition Center at Mark Luttrell (MLTC).
- IV. DEFINITIONS:
  - A. Administrative Segregation (AS): The purposeful separation of inmates believed to be a threat to the security of the institution, the welfare of staff, or to other inmates.
  - B. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - C. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - D. Extended Restrictive Housing: Housing that separates the offender from contact with general population while restricting an inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe operation of the facility.
  - E. Extended Restrictive Housing Step-Down Program (SDP): A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multi-disciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.
  - F. Mandatory Segregation: Assignment to maximum security housing of those inmates committed to the department under the sentence of death, or individuals in the physical custody of the Department by court order for safekeeping, if segregation is indicated upon the initial classification.

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- G. Protective Custody: Separation of inmates from the general population for the purpose of providing a level of safety for inmates requiring such.
- H. Punitive Segregation: The confining of an inmate as a result of a disciplinary conviction, for no longer than 30 days, as punishment for the commission of an infraction.
- I. Restrictive Housing: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons that are subject to remain in their cells up to 22 hours each day.
- J. Safekeeper: Defendants who have been court-ordered to TDOC physical custody and who have not been adjudicated and/or formally sentenced.
- K. Segregation: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons.
- L. Transients: Inmates who are temporarily (not exceeding 14 days) in the in-house count of a receiving institution and in the assigned count of a sending institution.
- V. POLICY: Living conditions of segregated inmates shall be approximate to those of the general population and their rights and privileges shall not be limited to any further extent than is necessary for their own well-being and for the good order of the institution.
- VI. PROCEDURES:
  - A. Housing Provisions
    - 1. All segregated inmates, according to their status, shall be separated by cells from each other and other general population inmates. (See Policy #506.14) Segregated inmates should be able to converse with other segregated inmates in the same unit.
    - 2. Punitive segregation inmates from general population may be housed in any unit at any location, unless otherwise prohibited by this policy. Inmates assigned to administrative segregation (AS) may not be reassigned to a unit with a lower security designation in order to serve punitive segregation time.
      - a. Punitive segregation inmates may be single-celled or selectively double-celled with another punitive segregation inmate.
      - b. If punitive segregation inmates are housed in maximum security units, they shall be maintained, programmed safely, and separate from those on AS status.

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3. If an inmate in segregation status is deprived of any authorized item or activity, a report of the deprived item or activity shall be immediately prepared and forwarded to the Associate Warden of Security, Associate Warden of Treatment, or shift captain. At privately managed facilities, a copy of the report shall be forwarded to the assistant Warden and/or Chief of Security, with a copy forwarded to the CMO for review and approval no later than the next business day. In all instances, a copy shall be placed in the inmate's institutional record.
4. Safekeepers shall be assessed using the Department's classification process for safekeepers to determine the appropriate recommendation for the safekeeper's housing, programming and status.

B. Health and Hygiene Provisions

1. Adequate ventilation, heat, and lighting shall be provided. The units and cells shall be cleaned daily and maintained in a sanitary condition.
2. Doors to the cells of segregated inmates should be equipped with a service window/flap at mid-level for the passing in and out of food trays and other necessities. Under no circumstances shall food trays or medicine be passed under the bottom frame of the cell door or through the lower level window/flap to the inmate.
3. Inmates on segregation shall be afforded the following on a daily basis, except where noted:
  - a. Access to medical/nursing staff and prescribed medication. (See Policy #113.31)
  - b. Opportunity to shower/bathe/shave three times weekly (Monday, Wednesday, Friday or Tuesday, Thursday, and Saturday) and have access to barber and hair care services as needed. Inmates on razor restriction may have their beards and/or mustaches trimmed as approved by the Warden. Inmates who have been classified as maximum custody, inmates housed in mental health supportive living units (LOC III and above), mental health LOC IV and above, or under sentence of death (Level C) will be permanently razor restricted and will only be allowed a clipper shave through barber and hair care service. No type of scissors shall be used. Inmates are not allowed to possess personal or state issued razors. Inmates under sentence of death with a Level of A or B will be allowed razors as outlined in the local RMSI policy.
  - c. Restraints shall be utilized as stated in Section VI.(C)(1).
  - d. Meals of the same content as the general population
    - (1) The food shall be served hot or cold as appropriate.
    - (2) The food shall be served with palatable appearance.

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Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- (3) Therapeutic and Religious diets shall be available to inmates in segregation when requested.
  - (4) Diet jelly and syrup may be substituted for regular.
  - (5) Plastic serving utensils and trays will be used.
  - (6) Styrofoam trays may be used when an inmate is assaultive.
- e. Should the behavior of an inmate be of a nature that serving utensils cannot be issued without jeopardizing the safety and security of institutional personnel and inmates, the Warden/designee/CMO at privately managed facilities or in his/her absence the shift supervisor, may order the serving of finger foods for a time period not to exceed three days. Should the shift supervisor, in the absence of the Warden/designee/CMO authorize the serving of finger foods, the Warden/designee/CMO will sign the order the next business day following the authorization.
  - (1) Finger foods will be accordance with those items listed on the approved finger food master menu.
  - (2) The Warden/designee/CMO must make this order in writing with a copy placed in Volume II, Section III, of the inmate's institutional record. The Health Administrator/designee will review and approve the order to ensure there are no existing health problems that contradict use of the diet.
  - (3) The order must specify the date(s) on which finger foods will be served and the reason for this action.
  - (4) Should the Warden determine that the inmate's behavior requires the serving of finger foods beyond the three day time period, the Assistant Commissioner of Prisons/designee will be contacted for approval to extend this restriction.
- 4. Inmates on segregation shall be afforded exercise periods as follows:
  - a. Segregated inmates shall be afforded an exercise period five days per week (Monday through Friday) commencing on the first day following their placement, with the following exceptions:
    - (1) If the behavior of the inmate is judged by the Warden to be dangerous or unmanageable, the Warden may order that the daily exercise period not be granted for a period of time not to exceed 30 days. At privately managed facilities, prior approval of the CMO is required.

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- (a) The Warden/CMO must make the order in writing with a copy placed in the inmate's institutional record.
  - (b) The order must specify the date(s) on which the exercise period is to be withheld and state the reasons for the action.
- (2) In no event may the segregated inmate be held longer than 30 consecutive days without being afforded an exercise period unless authorized according to #3 below.
- (3) If the Warden judges that the inmate's behavior continues to be dangerous or unmanageable, he/she may, with the written approval of the Assistant Commissioner of Prisons, repeat the action outlined in Section VI.(B)(4)(a)(1) above.
- (4) When an inmate on AS status is transferred from one facility to another, exercising will begin on the next weekday following his/her arrival.
- b. Exercise periods shall be according to the following:
  - (1) Inmates shall be taken to a secure outside exercise yard for one hour, weather and other circumstances permitting.
  - (2) Inmates should be taken to a secure hallway or day-room for one hour during inclement weather or if other circumstances preclude use of an outdoor exercise yard.
- 5. Bedding/linens shall be provided of like kind and in like quantity with that provided the general inmate population.
- 6. Laundry services for the provision of clean bedding and clothing shall be provided commensurate with that provided the general population.

C. Use of Restraints

- 1. Administrative Segregation: Restraints shall be double locked when placed on administratively segregated inmates prior to being released from their cell. Handcuffs will be applied with the hands behind the inmate's back, leg irons applied, and tether utilized per the facility post orders. This requirement shall apply to movement either within or outside the unit when there is direct face-to-face contact by the inmate and anyone else. Once the inmate is within the secure confines of an exercise yard or shower, the restraints may be removed for the duration of the activity. Upon completion of the exercise period or shower, the restraints shall once again be placed on the inmate until properly secured in his/her cell. If it is determined that an inmate has the need to have his hands available for signature on a document or for medical treatment, handcuffs may be applied in the front but only with the use of a waist chain.

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2. Punitive segregation: Inmates on punitive segregation will not routinely be restrained when released from their cells. The Warden/designee may, however, require the application of restraints as indicated in Section VI. (C)(1) above. When this occurs at privately managed facilities, a memorandum shall be forwarded to the CMO within the next business day detailing the need for restraints and the actions taken.
3. When the building is being evacuated due to fire or other emergency cuffing is mandatory unless extreme conditions dictate another decision.
4. Inmates approved by the Warden for a job assignment within the unit may be restrained with leg irons only when performing the duties of their assigned job.
5. Inmates who are housed in extended restrictive housing and are assigned to the SDP, for the purpose of programming ONLY, shall be restrained by leg irons and cuffs in the front instead of behind the back.
6. Inmates that are pregnant shall be restrained only according to procedures as outlined in Policy #506.07.

D. Personal Property

1. At the time of placement in segregation, the inmate's personal property must be inventoried and stored, as appropriate. The property of punitive segregation inmates may be stored by the institution until their release to general population. Punitive segregation inmates shall not be allowed to have any personal property in their possession except:
  - a. State issue outer clothing
  - b. Personal nightwear
  - c. Towel, washcloth, underwear, bar soap, comb, toothbrush, toothpaste, deodorant, toilet paper, facial tissues, and shampoo, and sanitary napkins for females. [Razors will be issued as needed but must meet the directives of VI.(B)(3)(b) above]
  - d. Personal jewelry, i.e., watch, wedding band, etc.
  - e. Writing materials, i.e., pencils, paper, envelopes, and stamps
  - f. Correspondence in their possession at the time punitive segregation is initiated or received during segregation time
  - g. Medication in their possession (both prescribed and over-the-counter) at the time punitive segregation is initiated or when prescribed during segregation time



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- h. Religious reading material
- i. Legal materials (does not include typewriter).

- 2. Inmates in protective custody and pending investigation status are allowed property commensurate with the general population. Inmates on administrative segregation status will be allowed property commensurate with the general population except those items restricted on the Inmate Personal Property memorandum published by the commissioner. (See Policy #504.01) Personal hygiene items (e.g., toothpaste, shampoo, hair care products, liquid soap, bar soap, shaving gel, deodorant, etc.) must be of a clear, see-through type available from the institutional commissary. Only safety angle mini-toothbrushes will be permitted.
- 3. Segregation inmates shall be limited to a total bulk of permitted property, including any state issue, of six cubic feet. Property not permitted to AS inmates must be disposed of according to Policy #504.02. Further restrictions on personal property may be approved by the Warden. At privately managed facilities, the CMO shall be notified by memorandum of any restrictions by the next business day for review and approval. Inmates assigned to the SHU may have additional property restrictions.
- 4. The property of inmates being segregated shall be searched, inventoried, stored, and disposed of in accordance with Policy #504.02 by staff before the property leaves the sending unit, the transfer of property is to occur within eight hours of the inmate's segregation placement.

E. Activity and Privilege Access

1. Visitation

- a. Punitively segregated inmates may be allowed visits at the Warden's discretion. These inmates may visit in an area within the unit or as scheduled with the general population. Institutional policy or procedures shall also establish visitation guidelines for protective custody inmates.
- b. For security reasons, administrative segregation inmates (excluding inmates under sentence of death) and safekeeping inmates shall not be allowed to receive visits from anyone except immediate family, attorneys, and ministers. Visitation shall be in accordance with the guidelines established in Policies #507.01 and #507.01.1. Inmates assigned to the TDOC for safekeeping as of June 1, 2001, shall be allowed to visit with others on their approved list; however, no new visitors who are not family members may be added.

If non-family visitors are suspended or removed from the visitation list in accordance with Policy #507.01, they shall not be allowed to be added back to the approved visitation list.

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Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- c. For security reasons, mandatory administrative segregation inmates shall be allowed to visit according to a schedule and in a place designated by the Warden.
2. Segregated inmates' access to attorneys and the courts shall be governed by the guidelines set forth in Policies #105.09 and #501.02. Inmates of privately managed facilities shall be governed by the TDOC approved private vendor policy. State-operated and privately managed facilities shall develop local procedures to allow legal assistance by other inmates for segregated inmates.
3. Telephone access for segregated inmates shall be a 30 minute local or long distance call scheduled as follows:
  - a. Punitive - as necessary on a limited basis at the discretion of the Warden/designee, except for telephone calls to the inmate's attorney of record
  - b. All other classes of segregated inmates - at least once each calendar month
  - c. Transients - at least once each seven days
4. Commissary access shall be restricted as follows:
  - a. Punitive segregation inmates shall be limited to the following items: personal hygiene items, writing materials, and stamps.
  - b. All other segregated inmates shall be permitted to make purchases from the commissary once each week.
5. Mail privileges for segregated inmates shall be according to Policy #507.02.
6. Within 24 hours of placement, inmates assigned to segregation shall be oriented to their living conditions as appropriate. The orientation shall include, but not be limited to, access to health, hygiene, and meals, procedures for job assignments, etc.
  - a. A written information packet is acceptable provided the inmate clearly understands the information presented and has an opportunity to receive answers to questions.
  - b. Receipt of the orientation shall be documented by inmate/staff signatures on Orientation Acknowledgement, CR-2110. An inmate representative is not required for segregation orientation.
  - c. Any inmate who has received segregation orientation at the same institution within the past 12 months shall not be required to receive a second orientation.

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7. Inmate publications may be distributed to segregated inmates, excluding those in punitive segregation.
8. Inmates in segregation may be provided with individual academic study packets or be allowed to take a correspondence course, as institutional resources will permit and at the discretion of the Warden. (See Policy #117.01.1) Privately managed facilities shall follow the corporate policy regarding individual academic study packets for segregated inmates.
9. Administrative segregation, mandatory segregation, and protective custody inmates may be given limited job assignments, if eligible and at the discretion of the Warden pursuant to Policy #505.07.
10. Each inmate on segregation status shall be paid according to the pay scales specified in Policy #504.04.
11. Access to counseling, behavioral, and treatment staff shall be provided to all segregated inmates pursuant to procedures developed by the Warden and in accordance with Policy #113.84
12. Access to chaplains and religious programs shall be provided to segregated inmates pursuant to Policy #118.01.
13. Access to library services shall be provided to segregated inmates pursuant to Policy #509.01. (Privately managed facilities shall follow mandates of TDOC approved private vendor policy regarding access to library services). Inmates in punitive segregation shall only be permitted to access legal, religious study library materials, and educational material pertaining to teacher-issued assignments.
14. Segregated inmates may have visits with another inmate, designated by the Warden, to provide assistance in legal matters pursuant to Policy #501.04. The time and location of these visits shall be scheduled by the Warden/designee. No more than two visits for each inmate confined in the unit per week shall be scheduled. A maximum of two inmates may be designated to visit inmates in segregation for the purpose of providing legal assistance.
15. Administrative segregation inmates shall be scheduled for hearings before the administrative review panel in compliance with Policy #404.10.
16. Segregated inmates shall have access to the inmate grievance process pursuant to Policy #501.01.

F. Documentation:

1. On all units/pods where segregated inmates are housed, a permanently bound log shall be maintained.

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- a. Entries in the log shall be made by the officer on the post of each shift.
- b. The shift commander/unit manager or designee shall conduct unannounced rounds of inmate living and activity areas at least once during his/her shift for the purpose of detecting deficiencies and breaches of security to identify and to deter sexual abuse and sexual harassment of inmates. Members of the unit team, counselors, teachers, and other members of the program staff shall be available upon request. All staff members and official visitors who visit the housing units shall make an entry in the unit log. When there is significant interaction with a specific inmate, an entry will be made on the Segregation Unit Record CR-2857-1 (for facilities working three, eight-hour shifts) or CR-2857-2, (for facilities working two twelve-hour shifts) and the purpose of the contact shall also be entered in the offender management system (OMS) Contact Notes (LCDG).

2. On all units where segregated inmates are housed, a CR-2857-1 or CR-2857-2, shall be maintained for each individual inmate for the duration of time in segregation. Once the form is complete or the inmate is released from segregation, it shall be filed as designated by the Warden/Superintendent and retained at the institution for no less than three years. The Warden/Superintendent and health authority or their designee shall review segregation sheets monthly and document their reviews.
3. The mandates of this policy and all other instructions regarding the management of segregated inmates shall be included in the post orders of the correctional officers assigned to the unit(s) where the segregated inmates are housed.
4. All segregated units/pods shall be monitored on an irregular basis at least every 30 minutes. Documentation of these checks shall be documented in the unit/pod log book record sheet.

G. SAIU and MLTC Transition Inmates

1. Should inmates assigned to the SAIU program requiring segregation for a period of time exceeding 4 hours, the inmate shall be transported to the TCIX main compound for the segregation purpose.
2. If an inmate assigned to a transition center requires segregation for more than 24 hours, the inmate shall be transferred to a secure facility until the conclusion of the reason for segregation placement.

VII. ACA STANDARDS: 4-4249, 4-4257, 4-4258, 4-4260 through 4-4273, 4-4320, 4-RH-0003, and 4-RH-0004.

VIII. EXPIRATION DATE: April 1, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION  
SEGREGATION UNIT RECORD**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE ☐ MANDATORY ☐ PUNITIVE ☐ PH ☐ PI ☐ PC ☐ PCI ☐

DATE RECEIVED: \_\_\_\_\_ DATE RELEASED: \_\_\_\_\_

IF PUNITIVE: CHARGE \_\_\_\_\_ PUNITIVE TIME \_\_\_\_\_

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) \_\_\_\_\_

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
MON	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
TUE	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
WED	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
THUR	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
FRI	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
SAT	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)

Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)

Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.

This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 <sup>st</sup>											
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
MON	1 <sup>st</sup>											
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TUE	1 <sup>st</sup>											
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SAT	1 <sup>st</sup>											
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	3 <sup>rd</sup>											

Meals/Shower/Shave: Yes (Y)      Not Offered (N)      Refused (R)  
Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y)      Not Offered (N)      Refused (R)  
Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.  
This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:

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**TENNESSEE DEPARTMENT OF CORRECTION  
SEGREGATION UNIT RECORD**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE ☐ MANDATORY ☐ PUNITIVE ☐ PH ☐ PI ☐ PC ☐ PCI ☐

DATE RECEIVED: \_\_\_\_\_ DATE RELEASED: \_\_\_\_\_

IF PUNITIVE: CHARGE \_\_\_\_\_ PUNITIVE TIME \_\_\_\_\_

PERTINENT INFORMATION (*Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.*) \_\_\_\_\_

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 <sup>st</sup>											
	2 <sup>nd</sup>											
MON	1 <sup>st</sup>											
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FRI	1 <sup>st</sup>											
	2 <sup>nd</sup>											
SAT	1 <sup>st</sup>											
	2 <sup>nd</sup>											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)

Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)

Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.

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DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 <sup>st</sup>											
	2 <sup>nd</sup>											
MON	1 <sup>st</sup>											
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TUE	1 <sup>st</sup>											
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FRI	1 <sup>st</sup>											
	2 <sup>nd</sup>											
SAT	1 <sup>st</sup>											
	2 <sup>nd</sup>											

Meals/Shower/Shave: Yes (Y)      Not Offered (N)      Refused (R)  
Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y)      Not Offered (N)      Refused (R)  
Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.  
This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:

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TENNESSEE DEPARTMENT OF CORRECTION  
ORIENTATION ACKNOWLEDGMENT

\_\_\_\_\_  
INSTITUTION

OFFENDER NAME: \_\_\_\_\_

TDOC#: \_\_\_\_\_

I have completed the orientation program/unit of this institution. I have been advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)
- ☐ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)

I have viewed:

- ☐ VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ☐ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

I have been informed of:

- ☐ THE REQUIREMENTS TO PURCHASE A STATE ISSUED IDENTIFICATION CARD PRIOR TO RELEASE

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Offender Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Correctional Counselor


\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Service Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Warden of Treatment/Chief Counselor

\_\_\_\_\_  
Date

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.17	Page 1 of 4
	Effective Date: August 15, 2017	
	Distribution: B	
	Supersedes: 506.17 (4/1/14)	
Approved by: Tony Parker		
Subject: POST ORDERS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish procedures for the development, use, and periodic review of institutional post orders.
- III. APPLICATION: To institutional employees.
- IV. DEFINITIONS:
  - A. Employee: A staff member of the Tennessee Department of Correction (TDOC).
  - B. Officer: An employee in the correctional officer series or other employee functioning as a Correctional officer.
  - C. Post: A location, area, or accumulation of tasks requiring surveillance, supervision, or control by specifically assigned personnel.
- V. POLICY: Post orders shall be developed for each security post, and other institutional functions, as designated by the Warden/Superintendent and the post assignment schedule. Once developed, post orders shall be diligently maintained to reflect the current duties and assignments of the post.
- VI. PROCEDURES:
  - A. Post orders shall be compiled in a manual as part of the security manual of operation, thereby providing both detailed and general instructions on all procedures for institutional security and control. (See Policy #102.02)
  - B. The Warden/Superintendent shall be responsible for the annual review of all post orders and necessary updates. Post orders that have been reviewed shall be clearly marked as being reviewed on the document. The issuance of all pages of post orders and/or any amendments or modifications to existing post orders shall be completed under the signature of the Warden according to the following format:

Name of Institution

POST ORDERS

For Post Assignment: \_\_\_\_\_  
(Location)

Approved: \_\_\_\_\_  
(Warden/Superintendent's Signature) (Date)

Effective Date: August 15, 2017	Index # 506.17	Page 2 of 4
Subject: POST ORDERS		

- C. Each post order shall contain the following statement concerning hostage situations:

HOSTAGE STATEMENT

Any person, regardless of rank or position, who is taken hostage immediately relinquishes all authority normally designated to that rank or position and any orders issued by that person shall not be obeyed.

- D. Post orders shall state: "These post orders shall not be changed or altered without the approval of the Warden/Superintendent."
- E. Post orders shall give specific and general instructions regarding the operation of each post.
- F. All employees and supervisors shall utilize post orders to keep abreast of changes that occur in the duties of the post. The employee assigned to the post should exhibit good judgment, tact, and careful attention to details while discharging his/her duties, whether covered by post orders or not. When operating procedures impact upon the post, all staff are encouraged to suggest or recommend changes in their respective post orders.
- G. The field training officer and shift supervisor shall instruct all new employees to read the post orders for the post to which they have been assigned.
- H. Post orders shall be available and easily accessible to the officer or employee assigned to the post and to the supervisor monitoring the post. Copies of all post orders shall be kept in the operations office of each institution. All post orders shall be secured to ensure that they are accessible to staff but not likely to fall into unauthorized hands.
- I. Employees shall not be allowed to work on any assigned post until compliance with Section VI.(J) has been verified. If employees are unclear as to what the post orders require, they shall contact their supervisor and obtain clarification.
- J. A Signature Sheet, CR-2013, shall be attached to the post orders of each post assignment. The sheet shall be utilized to verify (by signature) that all employees assigned to that post and shift supervisors have read, understood, and demonstrated working knowledge of the orders for the post. All signatures must be legible. The signature sheet shall also be dated by all employees assigned to that particular post. The supervisor of the staff member working the post shall initial the signature sheet after the officer has signed and dated. This procedure must occur at least once a quarter or anytime the post orders are changed or updated.
- K. Employees refusing to sign CR-2013 shall be subject to disciplinary action.
- L. At the beginning of each quarter, the existing CR-2013 shall be replaced for each post assignment with a new CR-2013. The CR-2013 shall be retained in the office of the Associate Warden of Security/or Administrative Lieutenant of the institution for three years.
- M. All post orders, where applicable, shall reflect a statement on the usage of TOMIS/E-TOMIS for the documentation of specific events on a particular post.

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Subject: POST ORDERS		

VII. ACA STANDARDS: 4-4164, 4-4178, and 4-4179.

VIII. EXPIRATION DATE: August 15, 2020.



POST: \_\_\_\_\_

By my signature I verify that I have read and understand the Post Orders, both general and specific, for this post. I have also read and understand the Operations Statements and Memorandums affecting the operations of this post which are attached to these Post Orders. I also understand I will have to provide a demonstrated knowledge of these post orders.

[illegible]



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.18

Page 1 of 11

Effective Date: September 30, 2019

Distribution: B

Supersedes: 506.18 (12/1/16)

Approved by: Tony Parker

Subject: USE OF CANINES

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-102, and TCA 4-3-609.
- II. PURPOSE: To establish procedures for the use and care of the departmental canine units.
- III. APPLICATION: To the Chief Interdiction Officer (CIO), Director of Office of Investigations and Compliance (OIC) and all employees of Tennessee Department of Correction (TDOC) facilities.
- IV. DEFINITIONS:
  - A. Barrier Screen: A physical barrier between humans and search dogs. It allows the odor of illegal substances to flow freely from persons, personal effects, and property through the screen without allowing the search dog to come into direct contact with the person or elements being searched.
  - B. Canine Application: A restricted website located on the TDOC intranet page by which designated staff may request a drug detector canine assistance.
  - C. Canine Coordinator: An individual located in the Office of the Chief Interdiction Officer (CIO) who has been designated to oversee the departmental canine program including job performance evaluations of canine handler(s) at their assigned institutions.
  - D. Canine Handler: The handler is from the Correctional/Probation Officer series charged with the duty of handling drug detector and tracking canines.
  - E. Drug Detector Canine: A canine utilized to detect drugs so as to prevent the introduction of the same into any facility housing TDOC inmates through searches of vehicles, property, housing units, buildings, and other locations as appropriate. (These facilities can also include jails, etc., as long as the canine utilization is approved by the Director of the Chief Interdiction Office).
  - F. Employee: For purposes of this policy, an employee is considered to be any individual employed by the TDOC, any individual serving as a volunteer to the Department, any contract employee providing services to the Department, any TRICOR employee, or any intern.
  - G. Handler's Equipment: Necessary equipment used in canine training and handling, including but not limited to, leashes, collars, muzzles, choke chains, harnesses, grooming brushes and combs.
  - H. Tracking Canine: A canine utilized for the purpose of locating and apprehending escapees and locating missing individuals.
  - I. Training Aide: Training devices used in the proper training of drug detector canine including, but not limited to, narcotic samples, narcotic bags, fetch sticks, Kong balls, and rubber gloves.

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Subject: USE OF CANINES		

- J. Training Record: Records documenting the training of each individual canine, including the number of hours trained daily for bloodhounds. Drug detector canines have a separate and specific series of training.
- V. POLICY: The Director of CIO may establish programs for the use and training of all canines and canine handlers.
- VI. PROCEDURES:
  - A. The Director of CIO shall develop and approve canine programs at institutions located in areas that permit sharing and scheduling of services with other institutions.
  - B. The primary mission of TDOC tracking canine units is to provide tracking assistance for the apprehension of inmates who have escaped from TDOC or privately managed facilities. This goal will be achieved through training that includes searches for persons using their scents and articles belonging to them. Officers will receive additional training in visual tracking without their tracking canine partners.
  - C. The primary mission of TDOC drug detector canine units is to provide drug detector canine and handlers to be used to prevent the introduction of drugs into any facility housing TDOC inmates, or the recovery of the same in any facility housing TDOC inmates. This goal will be achieved through the use of certified drug detector teams certified by the Tennessee Department of Correction Drug Detection Training Course. Training will continue to ensure that the teams remain certified.
  - D. Establishing and increasing the number of tracking or drug detector canines authorized at any institution must be approved by the Director of CIO.
  - E. Appropriate health care for all canines will be provided by a state approved licensed veterinarian. An adequate kennel that meets basic health standards must be available prior to the establishment of a canine utilization program.
  - F. State owned canines shall not be carried or housed away from state property unless the Director of CIO specifically approves the action.
  - G. Cleaning, sanitation, housekeeping, daily grooming, and pest control of primary enclosures must be maintained on a daily basis. The Canine Coordinator will conduct monthly and unannounced inspections of kennels. These inspections shall be documented in a memorandum to the Director of CIO.
  - H. All canines must be trained properly in their designated use. Wardens/Superintendents at institutions designated to maintain canine tracking programs shall ensure adequate training as directed and approved by CIO is provided for both canines and handlers to maintain proficiency in tracking. Training conducted for canines will be documented on the Tracking Canine Training/Utilization Record, CR-3648, and in a logbook titled "Training for Canines".
  - I. Each Warden/Superintendent of an institution where tracking canine programs exist shall develop institutional policies and procedures to ensure that canines in use are under the control of their handlers at all times. These institutional policies shall be in accordance with CIO protocol.

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Subject: USE OF CANINES		

- J. The canine unit shall provide assistance in training as requested.
- K. Canines shall be leashed at all times and not left unattended by the handlers outside the kennel or vehicles.
- L. If at any time the canines are temporarily left inside the vehicle unattended, appropriate heat and/or air temperature for the canines' health and comfort will be maintained and the vehicle shall be locked to prevent unauthorized access.
- M. Equipment utilized by any canine unit shall be used in conjunction with CIO approval and protocol.
- N. Drug Detector canines and handlers must be properly trained in their area of use, utilizing the Office of Chief Interdiction Officer certification process. The certified TDOC canine trainer will conduct the initial ten week training. Thereafter, each team (canine/handler) will train routinely as directed by the CIO. The training will be documented as required on the Detector Canine Training/Utilization Record screen, along with the Drug Detector Dog Training Work Sheet, CR-3645. Actual searches will be documented on the Search Details screen. All handlers will be trained to work canines to search housing units, cells, buildings, vehicles, open areas, and humans utilizing the barrier screen between an individual and the canine. Each canine team will re-certify annually during a two day process by the certified TDOC canine trainer.
  - 1. Drug detector canine handlers shall utilize the offender management system (OMS) Canine Application system to document Search Detail data, Detector Canine Training/Utilization Records and Canine Service Records.
  - 2. Drug Detector Dog Search Details, CR-3646, will be utilized to document search details in the event that a drug canine handler does not have access to a laptop or is unable to access the canine application website due to an extended power outage. Searches placed on this form shall be entered on the website as soon as access is available.
  - 3. Procedures shall be developed by the Director of CIO and implemented for staff training for discovery and preservation of narcotics for outside prosecution. The Director of CIO shall be responsible for providing annual refresher training.
  - 4. The standard uniform attire shall be the black polo shirt and olive drab tactical pants while on search assignments; however, black polo shirt and khaki tactical pants shall be worn while attending training or assignments with the OIC Investigation Units (IU) and/or other OIC Apprehension Enforcement Unit (AEU) unless otherwise directed by the Director of CIO/Designee. All other uniform or uniform items will be as approved by CIO.
  - 5. Kennels may be located at the handler's residence, if approved by the Director of CIO, and the facility warden.
  - 6. If the handler does not have approval to house a state owned canine away from an institution, the handler shall secure and maintain the state issued K-9 vehicle at the institution where the canine(s) are kenneled.



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Subject: USE OF CANINES		

7. If the TDOC does not have a certified canine trainer available due to circumstances beyond the control of the department, then it may become necessary to request the assistance of the Tennessee Department of Safety and Homeland Security to certify the TDOC handlers. In that instance the Director of CIO/Designee shall make arrangements with the TDOSHS to schedule the training.
- O. Trained canine units operated by the TDOC may not be routinely used to assist other agencies or local governments and may not be used to assist other agencies in any function other than for the specific canine's trained purposes. Assistance may be provided to other governmental agencies upon a request from an authorized representative of that agency, i.e., Sheriff, Chief of Police, and District Attorney. Such assistance shall be authorized by the Director of CIO/designee. Handlers who have successfully completed the standard firearms qualification training will carry firearms when pursuing TDOC escapees, escapees from a local jail or as directed by the Commissioner of the TDOC.
- P. Requests for assistance by the TDOC tracking canines by outside agencies shall be classified into two categories:
  1. Assistance to locate lost or missing persons.
  2. Assistance to locate fleeing persons (non-TDOC escapee).
- Q. In all instances, the least amount of force necessary to control the situation shall be used. Canines owned by TDOC shall never be used for the purpose of harassing or intimidation.
- R. Designated staff with access to and training in the use of Canine Application shall enter a Request for Drug Detector Canine(s) utilizing the Canine Request Entry screen. The requestor shall enter the Date the Canine Team Needed, Facility Site, Start Time, End Time, Number of Teams Requested, Search Type and the Reason for the Request, then Submit. The request will be reviewed for approval and assignment by the Canine Coordinator.
- S. Canine Units are under the direct supervision of the CIO while activated. The activated Unit will remain under direct CIO supervision until the duty assignment is completed. The Warden of the assigned facility of the Tracking Canine Unit will be notified immediately when a Canine Units is activated and upon return to the home facility.
- T. Canine Detection/Screening: Trained drug detector canine units operated by the TDOC will be routinely used as directed by the Office of the Chief Interdiction Officer to conduct searches. Canine searches shall not be conducted via direct contact between the dogs and the subjects of the search, but shall be conducted with the dogs behind barrier screens. Under no circumstances shall the search dogs be permitted to directly search any humans.
  1. All persons, including employees, entering the grounds of a TDOC correctional facility are subject to canine detection screening utilizing the barrier screen. A special agent from the OIC shall be present at all times when a barrier screen is being used to sniff humans.
    - a. TDOC employees and visitors entering the facility/office/campus will be directed to pass the drug detector canine unit. The drug detector canine unit will utilize a barrier to prevent contact. Canine alerts/indications to the presence of drugs or drug use will establish reasonable suspicion to frisk search and interview the employee/visitor as to the cause of the alert.

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Subject: USE OF CANINES		

- b. Canine alerts shall also subject the employee's/visitor's vehicle to a search by the canine unit.
- c. If an employee/visitor refuses to submit to any type of search and there is reasonable suspicion to believe the employee/visitor may be concealing contraband, the employee/visitor may be detained/arrested by Law Enforcement Personnel. Outside law enforcement may be contacted for assistance with the detention, interview, search, and possible arrest of the individual.
- d. Failure to submit to any search will result in denial of entrance to visitors, volunteers, and contract staff.
- e. If a visitor refuses to submit to the search, a written memorandum detailing the visitor's refusal shall be prepared by the staff member who is involved and forwarded to the Warden/Superintendent/District Director. Inmate visitors who refuse to be searched shall have their visitation privileges suspended as outlined in Policy #507.01.
- f. Refusal to submit to any search by an employee may result in disciplinary action up to and including dismissal. A written memorandum detailing the staff's refusal shall be prepared by the OIC Special Agent involved and forwarded to the Warden/Superintendent/District Director.

2. Barrier Screen Procedure for Searching TDOC Employees, Inmates, and Visitors

- a. Individuals attempting to enter a facility may be detained briefly and requested by an OIC Special Agent to place all items of personal property from within their pockets, cases, bags, etc., in to an open container for purposes of a canine screening of property and/or submit to a canine screening of their person.
- b. Once the individual has indicated his/her willingness to comply with the request, the search team shall:
  - (1) In the case of a property screen, instruct the individual to step away from the container; or
  - (2) In the case of a personal screening, to step up to the barrier screen.
- c. With the individual cleared from the immediate area of the container and/or property positioned behind the barrier screen, the canine handler shall move the dog in to inspect either the items in the container and/or the individual through the barrier screen.
  - (1) If the dog does not indicate the presence of an odor of contraband, the canine handler shall remove the dog from the immediate area of the property and/or the barrier screen, and advise the OIC Special Agent that the individual is cleared.
  - (2) If the dog does indicate the presence of an odor of contraband, the canine handler shall advise the OIC Special Agent and the dog shall be removed from the immediate area.

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Subject: USE OF CANINES		

- d. OIC Special Agents shall be responsible for all communication with the individuals subject to searches that are attempting to enter the facility including:
  - (1) Providing verbal instructions and request for removal of property items;
  - (2) Ensuring the individual is removed a sufficient distance from the container to permit the dog access to screen the property;
  - (3) Advising the individual to collect the property items and proceed into the facility; or
  - (4) Advising the individual of the results of the dog's screening through the barrier screen and notifying the Warden/Superintendent of the canine alert.
    - (a) If the canine "alerts" on a person's property, the individual shall be detained by the OIC Special Agent and the Warden/Superintendent/District Director shall be notified immediately. Additionally, a canine alert on a person's property is sufficient cause to require further searches of the person or property, as requested by the OIC Special Agent or the Warden/Superintendent/District Director.
    - (b) The OIC Special Agent shall then begin a criminal investigation. He/she may contact outside law enforcement for assistance with the detention, interview, search, and possible arrest of the individual.
    - (c) Strip and visual body cavity searches shall follow procedures contained in TDOC Policies #506.06, Searches and #703.22, Searches of Visitors under the Jurisdiction of Community Supervision.
- e. Barrier screen searches of inmates shall be performed as follows:
  - (1) A staff member from the OIC must be present to provide verbal instructions;
  - (2) In the case of a property screen, instruct the inmate to step away from the container; or
  - (3) In the case of a personal screening, to step up to the barrier screen.
  - (4) Instruct the canine handler to move the dog in to inspect either the items in the container and/or the individual through the barrier screen.

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Subject: USE OF CANINES		

(5) If the dog does not indicate the presence of an odor of contraband, the canine handler shall remove the dog from the immediate area of the property and/or the barrier screen, and advise the OIC staff member that the individual is cleared.

(6) If the dog does indicate the presence of an odor of contraband, the canine handler shall advise the OIC staff member and the dog shall be removed from the immediate area.

U. Procedure for Searching Vehicles:

1. Authorization for Search, CR-2156, must be completed.
2. Vehicle occupants shall be asked to vacate the vehicle and a frisk search performed.
  - a. In the event the canine indicates the presence of drugs, the vehicle will be searched. If drugs are not found, occupants will be questioned as to why the canine indicated in a particular area of the vehicle.
  - b. At the Warden's/Superintendent's discretion a strip search of the occupant(s) may be authorized in accordance with Policy #506.06.
  - c. At the discretion of the Warden/Superintendent/designee, the visit may be terminated or the visitor allowed a non-contact visitation.
  - d. Any suspicious activity or alert involving an employee vehicle will be reported to the Warden/Superintendent.
3. The handler must utilize the Canine Application to enter information on the Search Detail screen upon completion of all searches.

V. Procedure for Searching Housing Units:

1. Evidence shall be collected and maintained in accordance with TDOC policies and OIC protocol.
2. The inmate(s) shall be removed from the cell and strip searched before the drug detector canine team enters.
3. The handler must utilize the Canine Application to enter information on the Search Detail screen upon completion of all searches.

W. Procedure for Searching Areas and Other Buildings:

1. Evidence shall be collected and maintained in accordance with TDOC policies and OIC protocol.
2. The search shall be conducted with the canine team and the search team. The outside perimeter of the building will also be searched.
3. The handler must utilize the Canine Application to enter information on the Search Detail screen upon completion of all searches.

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Subject: USE OF CANINES		

- X. The Director of CIO/Canine Coordinator shall be responsible for providing a means of identification, and maintaining proper documentation recording the canines as the property of the State of Tennessee.
  - 1. TDOC may purchase canines from private vendors, the Tennessee Department of Safety and Homeland Security (TDOSHS), other state Departments of Correction, and from the Federal Bureau of Prisons. All information pertaining to each canine shall be documented on the Dog Service Record Form, CR-3649.
  - 2. Canines shall never be traded or destroyed until they are no longer effective. A canine that has to be destroyed, dies of natural causes, or is killed, shall be disposed of by burial on TDOC property or by a state contracted veterinarian. Such actions shall be conducted in accordance with Policy #206.01, and shall be documented as to the disposal of canines that are no longer utilized.
  - 3. Canines accepted as gifts to the TDOC must be handled as any other donation to the State of Tennessee. (See Policy #202.08) The Director of CIO must authorize the purchase or trade for canines. All actions regarding the trading or destroying of canines shall be fully documented on records maintained in the institution business office.
- Y. The Director of the Chief Interdiction Office in conjunction with the Drug Enforcement Administration (DEA) requirements will establish procedures for the control and accountability of narcotics which are used for training purposes. An appropriate license must be obtained from the state pharmacy board which approves use and storage of narcotics needed for training.
- Z. The Director of CIO shall have access to the Canine Application screens to review any information documented concerning the canine units.

- VII. ACA STANDARDS: 4-4208, 4-4209, and 4-4210.
- VIII. EXPIRATION DATE: September 30, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION  
TRACKING DOG TRAINING / UTILIZATION RECORD**

\_\_\_\_\_  
**INSTITUTION**

\_\_\_\_\_  
Name of Dog & Handler

\_\_\_\_\_  
Date

Start of Track Time: \_\_\_\_\_

End of Track Time: \_\_\_\_\_

Length of Track: \_\_\_\_\_

Type of Tracking (pre-scent, tracking, etc.) \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Results of Tracking: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG DETECTOR DOG**  
**TRAINING WORK SHEET**

\_\_\_\_\_  
Institution

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DOG: \_\_\_\_\_ HANDLER: \_\_\_\_\_ ASSISTANT: \_\_\_\_\_

SET TIME	SEARCH START	SEARCH STOP	TOTAL MINUTES
----------	--------------	-------------	---------------

SAMPLE	HEIGHT	AMOUNT	TIME	RESPONSE*	LOCATION	REMARKS
1.						
2.						
3.						
4.						
5.						

SET TIME	SEARCH START	SEARCH STOP	TOTAL MINUTES
----------	--------------	-------------	---------------

SAMPLE	HEIGHT	AMOUNT	TIME	RESPONSE*	LOCATION	REMARKS
1.						
2.						
3.						
4.						
5.						

SET TIME	SEARCH START	SEARCH STOP	TOTAL MINUTES
----------	--------------	-------------	---------------

SAMPLE	HEIGHT	AMOUNT	TIME	RESPONSE*	LOCATION	REMARKS
1.						
2.						
3.						
4.						
5.						

\* A - Response  
B - No Response  
C - False Response

[illegible]

Handler Signature





NAME	ID#	COLOR	HEIGHT	WEIGHT	WHELP DATE	SEX	BREED
------	-----	-------	--------	--------	------------	-----	-------

DATE ACCEPTED	PURCHASED FROM

[illegible]

DATE	REASON / COMMENTS



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR SEARCH**

\_\_\_\_\_  
INSTITUTION

Date of Search: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Search:

\_\_\_\_\_ Strip/Visual Cavity

\_\_\_\_\_ Personal Vehicle

Subject of Search: \_\_\_\_\_  
(Name of Person)

\_\_\_\_\_ Visitor Address \_\_\_\_\_

\_\_\_\_\_ Employee Address: \_\_\_\_\_

\_\_\_\_\_ Inmate TDOC ID: \_\_\_\_\_

\_\_\_\_\_ is hereby authorized to conduct the above specified  
(Name of Officer/Position)

search of the named subject, I have been informed and believe there is good cause based in the following:

\_\_\_\_\_ to authorize that the search be conducted for the purpose of detecting contraband.

\_\_\_\_\_  
Signature of Warden / Designee

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

I understand that an authorization has been issued to conduct a \_\_\_\_\_ search  
(strip/visual cavity/vehicle)

I hereby:

\_\_\_\_\_ Consent to the above described search

\_\_\_\_\_ Refuse to consent

Visitors who refuse to submit to a strip/visual cavity or personal vehicle search shall be advised that their refusal shall result in the termination of the intended visit and may result in the suspension of future visits at any TDOC institution.

\_\_\_\_\_  
Signature of Visitor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.19

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Effective Date: November 15, 2017

Distribution: B

Supersedes: 506.19 (9/15/14)

Approved by: Tony Parker

Subject: SECURITY INSPECTIONS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish procedures for the daily or weekly inspection of all areas of the institutions.
- III. APPLICATION: All institutional employees and Tennessee Rehabilitative Initiative in Correction (TRICOR) employees.
- IV. DEFINITIONS:
  - A. Management Staff: For purposes of this policy, management staff consisting of Wardens/Superintendents, Associate Wardens/Deputy Superintendents, Chiefs of Security, Assignment Officers, and Fiscal Directors.
  - B. Security Devices: Locks, gates, doors, bars, fences, ceilings, floors, walls, and barriers used to confine and control inmates. Also included are electronic monitoring equipment, security alarm systems, security cameras, security light units, auxiliary power supplies, and other equipment used to maintain facility security.
- V. POLICY: The Tennessee Department of Correction (TDOC) shall conduct security inspections of its facilities to enhance a safe environment by controlling contraband, identifying problems, and preventing escape(s).
- VI. PROCEDURES:
  - A. On a daily basis (including holidays and weekends) supervisory staff on each shift shall be designated to patrol all areas of the institution accessible to inmates for the purpose of detecting deficiencies or breaches of security and report back to the shift commander/unit manager the results of their inspections on the Daily Inspection Report, CR-2913. Areas not accessible by inmates are to be inspected weekly and also reported on CR-2913. The integrity of the perimeter fence as well as each zone of the perimeter detection system shall be tested at least once during each shift on an irregular schedule (i.e., should not be checked at 1:00 p.m. each day). This testing shall be documented on CR-2913.
  - B. Security/Unit Management staff must conduct 30 minute irregular cell observations in every unit. This observation should be documented in the unit logbook. Post orders should reflect this requirement as well as the documentation requirement. Unit Sergeants and Unit Managers will conduct cell observations in their assigned units at least three occurrences during their shift. Cell observations must be documented in unit logs and monitored for compliance by the Warden/Superintendent/Associate Warden of Security/Deputy Superintendent.

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Subject: SECURITY INSPECTIONS		

- C. Shift Commanders shall visit each unit daily and there will be no exceptions. The Warden/Superintendent and Associate Warden/Deputy Superintendent must enforce and monitor these procedures. Warden/Superintendent and Associate Warden/Deputy Superintendent are to continue the daily inspections of the units/cells (except weekends) to include verifying the documentation of cell observations listed above in logbooks.
- D. Facilities with an annex shall require the perimeter fence be physically checked and inspected at least three times on each shift. This inspection should be properly logged in the annex and in central control/operations as well as on the Daily Inspection Report, CR-2913. Perimeter security (MOBILE) must routinely patrol the annex perimeter zone as well as patrol the main compound's perimeter. The specifics of this patrol should be reflected in post orders that are approved by the Warden/Superintendent. Door alarms shall be installed on fire exit doors and any other doors that cannot be locked that permit access to outside areas of the Minimum Security Annex (i.e. doors that open from the day room to the recreational yard area). The audible alarms can operate from battery or electrical power. Post orders must require the alarms be checked to verify they are working properly on each shift and this check must be logged in the unit log as well as in the central control/operations area.
- E. Warden/Superintendent shall have weekly security inspections conducted of all institutional security devices. A written report detailing devices needing repair or maintenance and the corrective action taken shall be submitted to the Warden/Superintendent or designee and the Information Technology Services (ITS) manager.
- F. Random frisk searches must be conducted frequently for inmates moving in and out of units, on the yard, and in other areas of the facility using assigned technology at strategic points (gym call, yard call, chow movement, and so forth).
- G. Correctional officers assigned to posts in housing units, towers, control centers, and other posts identified by the Warden/Superintendent shall be required to record routine activity, emergency situations, and unusual incidents in a permanent log.
- H. The Warden/Superintendent shall promulgate institutional policy and post orders to implement these procedures.
- I. Administrative Duty Officer: The job responsibilities/duties of the staff member assigned to this duty will be governed by Policy #103.16.

VII. ACA STANDARDS: 4-4183, 4-4184, and 4-4186.

VIII. EXPIRATION DATE: November 15, 2020.



TENNESSEE DEPARTMENT OF CORRECTION  
DAILY INSPECTION REPORT

INSTITUTION

DATE

**NOTE:** This form will be submitted to the Shift Commander / Unit Manager by the inspector. The following items will be inspected.


AREAS TO BE INSPECTED	Y	N	DISCREPANCIES NOTED
Doors and locks working			
Interior lights working			
Exterior lights working			
Perimeter fencing intact			
Telephones working			
Closed circuit TV cameras working			
Keys secured on rings			
Two-way radio functional			
Security screens intact			
Vents to air handling units secured			
Man-hole covers secured			
Air vents secured / cell			
Razor wire intact			
Entrances / exits secured			
Ground surfaces undisturbed			
Perimeter detection system functional			
Time Checked			
Body alarms functional			
Walls / floors / ceilings undamaged			
Post orders available			
Tool control area secure			
Key control area secure			
Fire detection system working			
Electrical access panels secured			
Exercise yards secured			
Pipe chase / mechanical room secured			
Food service knives secured			
Showers searched			
Sallyports / trap gates working			
Industries buildings secured			
Other out buildings secured			
Controlled substances secured (medical)			
Needles & Syringes secured			
No storage by buildings or perimeter			
Grill gates secured			
Control panels functional			
Vehicles not in use locked			
Yeast & sugar secured			
Toxic / flammable materials secured			
Other			
Other			

**INSTRUCTIONS:** This checklist is to be used as a guide by officers making daily security and sanitation inspections. A check mark "✓" will be placed in the appropriate column as to the condition of all areas generally. If a discrepancy is discovered, it will be noted in the proper column. Where more space is needed, the reverse side may be used. When making a comment on the reverse side, please indicate on the front side that you have done so.

SHIFT: POST / AREA INSPECTED: SIGNATURE:

ABBREVIATIONS: Y = YES N = NO NA = Not Applicable

**NOTE:** Rated officer will note discrepancies and alleviate them if possible, then forward to Shift Commander / Unit Manager for further action.

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 506.20	Page 1 of 6
	Effective Date: September 15, 2019	
	Distribution: B	
	Supersedes: 506.20 (9/1/16) PCN 17-47 (6/20/17)	
Approved by: Tony Parker		
Subject: EMERGENCY OPERATIONS PLAN		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 10-7-504(a)(14).
- II. PURPOSE: To provide guidelines for the development of predetermined, standardized plans for staff response to emergency situations within TDOC operational units utilizing the Incident Command System.
- III. APPLICATION: All employees of the Tennessee Department of Correction (TDOC), TRICOR, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Central Office Emergency Operations Plan Coordinator (COEOPC): A Central Office staff member appointed by the Assistant Commissioner of Prisons to coordinate the testing and rehearsal of the institutional contingency plans.
  - B. Emergency Operations Center (EOC): The location where a group of designated Central Office employees are formed to receive emergency information and provide direction and support to the Incident Commander.
  - C. Emergency Services Coordinator: Central Office staff member appointed by the Commissioner to make and receive requests for mutual aid from the Tennessee Emergency Management Agency (TEMA) and other state agencies during emergency situations.
  - D. Incident Command System (ICS): A standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents/disturbances, without being hindered by jurisdictional boundaries.
  - E. Level I Emergency: An emergency of a nature such that on-duty and readily available employees can resolve it.
  - F. Level II Emergency: An emergency of a nature such that on duty and readily available employees cannot resolve it and which requires implementation of the ICS.
  - G. Operational Unit: All TDOC institutions, offices, training academy, divisions, or privately managed facilities under operational control of the TDOC.
- V. POLICY: It is the policy of the TDOC to maintain effective plans and procedures for responding to incidents which involve life threatening matters and/or breaches of security that are likely to cause serious operational problems, imminent threat to the control and order of the operational unit and/or risk to the community.

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Subject: EMERGENCY OPERATIONS PLAN		

VI. PROCEDURES:

- A. Plan Development: Section A of the *TDOC Emergency Operations Plan* (EOP) shall contain Policy #506.20. Section B of the TDOC EOP shall contain definition of terms. Section C of the TDOC EOP shall include a general section addressing those operational unit concerns common in most emergency situations. Section D will consist of site-specific plans for response to specific emergencies. Section E will contain checklists that have been developed for use throughout the EOP. All plans should be concise, contain immediate action to be taken, and provide for all necessary resources to respond quickly and appropriately to any emergency situation.
- B. The General Section of Section C of the EOP shall provide general instructions and/or operational guidelines. All organizational units shall include the following subsections:
1. Accountability and disposition of guests and visitors
  2. Chain of command
  3. Communication with inmates/offenders
  4. Communication with local/state agencies
  5. Crime scene procedures
  6. Critical incident stress management
  7. Emergency squads/canine
  8. Employee conduct and responsibility
  9. Handling of security and emergency keys and radios
  10. Immediate accountability for staff
  11. Incident command post/communication center
  12. Inmate telephone cutoff (TCA and Community Supervision excluded)
  13. Medical responsibility
  14. Notification/Call Back
  15. Post emergency procedures
  16. Public relations
  17. Safekeeping of records
  18. Securing and accountability of inmates
  19. Signs of tension
  20. Staging area(s)
  21. Use of force (ensuring compliance with Policies #506.07, #506.07.1, #506.07.5, #506.08, and #506.08.1)
  22. Utilities
- C. Emergency Plans: The emergency plans provide guidance and procedures to be utilized in an emergency situation. Section C includes individual plans for the following incidents:
1. Adverse job action (The Emergency Plan maintained in policy manuals will not contain facility specific information on adverse job action)
  2. Bomb threat
  3. Chemical spill
  4. Civil disobedience
  5. Facility evacuation

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6. Fire
7. Food service emergency plan
8. Hostage situation
9. Inclement weather
10. Medical emergency
11. Natural disaster
12. Riot
13. Transportation emergency plan
14. Inmate work stoppage
15. Hunger Strike: When inmates refuse to eat meals as a form of protest associated with other acts of civil disobedience, that situation shall be identified and addressed as any other act of inmate civil disobedience. When an individual inmate or any inmate involved in a group protest reaches a state that threatens their well being, that situation shall be addressed by the appropriate health care staff and procedures approved by the health authority

D. Site-specific information shall be contained in Section D of the *EOP Manual* and shall include the following:

1. Deployment of security personnel
2. Fire evacuation plans
3. Food services emergency menu, if applicable
4. Emergency medical services plan
5. Memoranda of understanding
6. Notification/Call Back procedures
7. Staging area locations
8. Use of video equipment, if applicable
9. Provision of utility services, if applicable
10. Escape/Absconder (TCA and Community Supervision excluded)
11. Active Shooter(s)

E. Training

1. All employees shall be trained in the implementation of the Emergency Plans in new employee orientation and annually thereafter during in-service training.
2. Adverse job action plans are communicated only to appropriate supervisory employees or other employees directly involved in the implementation of these plans. These plans are to be included in a separate binder located only in the offices of the Warden/Associate Wardens/Superintendent, if applicable.
3. Each operational unit will be responsible for conducting a minimum of two emergency exercises per year to ensure employees are prepared to respond to emergency situations. At least one of these exercises shall be a Level II situation. Community Supervision offices in close proximity to each other may conduct drills together. Smaller offices may conduct drills by district as required.



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4. The Warden/Superintendent/District Director/designee is responsible for ensuring that all exercises are planned, conducted and documented appropriately. The COEOPC shall conduct a minimum of one unannounced exercise at each facility annually. A synopsis of the exercise shall be submitted to the Assistant Commissioner of Prisons and Assistant Commissioner of Community Supervision within seven calendar days.
  5. The Warden/Superintendent/designee will review all documentation and forward the Assistant Commissioner of Prisons within seven calendar days a synopsis of the exercise to include a brief description of concerns discovered during the exercise as well as plans to resolve those concerns. District Directors shall review all documentation and forward to the Assistant Commissioner of Community Supervision, and the Assistant Commissioner of Prisons.
  6. Training and exercises will be documented on the TDOC In-Service Training Course Roster, CR-2245, and maintained in employee training files.
- F. Emergency Operation Plans shall be treated as confidential and shall not be open for inspection by members of the public/inmates/offenders. The locations of these plans shall be determined by the Warden/District Director/Superintendent. However, at a minimum, copies shall be maintained in the appropriate administrator's office, the Command Center (institutions), field office, Central Control, Central Communication Center, and Central Office.
- G. Emergency Notification: One of the key elements in an emergency situation is the ability to access additional resources when necessary to resolve an emergency.
1. Emergency Call Back List: The emergency contact numbers for all personnel in the event of implementation of the EOP. This list shall be reviewed and updated at least quarterly.
  2. Emergency Notifications List: The emergency contact numbers for EOC and all outside agencies whose assistance may be required during the activation of the EOP.
- H. Memorandum of Understanding
1. Memorandum of Understanding (MOUs) will be developed with outside agencies for assistance in the event of an emergency.
  2. The Warden/District Director/Superintendent will be responsible for maintaining the MOUs and ensuring that MOUs are reviewed on an annual basis. At a minimum, updating will occur to include re-signing of the MOU by the participating agency when significant changes in department/agency heads or available resources occur.
- I. Emergency Operation Plan Manual: *Emergency Operation Plan Manual* must be red in color, shall bear the facility name on the cover, and contain the following information:
1. Emergency plans
  2. Emergency call back list
  3. Emergency notification list
  4. Memoranda of understanding
  5. Appropriate aerial maps

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Subject: EMERGENCY OPERATIONS PLAN		

- J. Review/Revisions: The Warden/Superintendent/District Director/designee is responsible for updating Section D of the emergency manual annually by July 1 or more frequently as necessary. This review shall include all attachments, and at a minimum will be conducted by the following individuals:

(Institutions)

1. Warden/Superintendent
2. Associate(s)/Deputy Superintendent
3. Correctional Administrator
4. Administrative Lieutenant/Captain
5. Chief of Security
6. Health Services Administrator (as needed)
7. Fiscal Director

(Community Supervision)

1. District Director
2. Correctional Administrator
3. Probation/Parole Administrator
4. Assistant Commissioner of Community Supervision

- K. Signatures: The original signature of the Warden/District Director/TCA Superintendent/COEOPC shall be on each copy of the emergency operation plan to indicate that it is both accurate and current. All revised pages will be dated and approved by the Warden/District Director/TCA Superintendent/COEOPC and the appropriate Assistant Commissioner.

- L. The COEOPC shall, in conjunction with the Assistant Commissioner of Prisons, test the main elements of selected institutional contingency plans on an unannounced scheduled. The COEOPC shall be present during each one of these tests and the results of these tests will be forwarded to the Assistant Commissioner of Prisons, each Warden/Superintendent and/or TCA Superintendent for review within seven calendar days.

VII. ACA STANDARDS: 4-4217, 4-4220, 4-4223, 4-4224, 4-4225, 1-CTA-3C-03 through 1-CTA-3C-05, 2-CO-3B-01, 2-CO-3B-02, 4-APPFS-3F-01, and 4-APPFS-3F-02-M.

VIII. EXPIRATION DATE: September 15, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION  
IN-SERVICE TRAINING COURSE ROSTER**

**COURSE TITLE:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

**DATE(S) OF TRAINING:** \_\_\_\_\_

Name -- SSN

**TIME(S):** \_\_\_\_\_

Instructor's Institution, Region, Company or Agency

**TRAINING HOURS:** \_\_\_\_\_

**TRAINING LOCATION:** \_\_\_\_\_

PARTICIPANT NAME (PLEASE PRINT LEGIBLY)	SIGNATURE	FACILITY





ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index # 506.21

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Effective Date: March 1, 2019

Distribution: B

Supersedes: 506.21 (1/1/16)

Approved by: Tony Parker

Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-120, and TCA 41-21-237.
- II. PURPOSE: To uphold the safety and security of the correctional environment by specifying the conditions and procedures for conducting urinalysis testing of inmates.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) and privately managed institutions and institutional staff and inmates.
- IV. DEFINITIONS:
  - A. Confirmation Test: A test to corroborate the result of the first test through the use of a second methodology.
  - B. Drug Testing Coordinator: Individual who shall be designated by the Warden/Superintendent to direct and monitor all necessary duties relating to inmate drug testing.
  - C. Facility Drug Screen: Any test for which all inmates at a facility are eligible, including random, reasonable suspicion and any other test not considered a Program Drug Screen. Results are entered into the offender management system (OMS).
  - D. Laboratory Drug Screen: A controlled laboratory test conducted to detect the usage (inhalation, ingestion, injection) of illegal drugs or alcohol detectable in the subject's system.
  - E. On-Site Drug Screen: Preliminary analytical testing procedure done at the institution to detect the presence or absence of alcohol in urine or saliva or illegal drugs or their metabolites in urine.
  - F. Random Selection: A sample drawn from the inmate population so that each member of the population has an equal chance to be selected.
  - G. Reasonable Suspicion: Knowledge sufficient under the circumstances to cause an ordinarily prudent and cautious person to believe someone has consumed illegal drugs or alcohol.
  - H. Substance Use Treatment Program Drug Screen: Any test in which only inmates participating in a substance use treatment program are eligible, which is limited to initial/discharge tests, random tests requested by the program manager in addition to facility random tests, and reasonable suspicion tests requested by the program counselors or manager. Results are stored in the inmate's clinical file and are not entered into the OMS.

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- I. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental, or social issues related to the use of mood altering substances.
  - J. Urinalysis Testing: The process of conducting a chemical analysis of urine to detect the presence or absence of alcohol or illegal drugs or their metabolites.
- V. POLICY: The TDOC is committed to a policy of zero tolerance of inmate drug/alcohol use within state correctional facilities. The TDOC shall operate a urinalysis-testing program based on drug/alcohol testing, graduated sanctions, and treatment interventions that deter the use of illegal drugs and alcohol by inmates.
- VI. PROCEDURES:
- A. Authority to Conduct Drug Testing:
    1. All inmates shall be subject to drug/alcohol testing at any time during their incarceration. This policy provides for nondiscrimination on the basis of race, religion, national origin, creed, sex, age, or disability.
    2. Urinalysis testing shall be used as the primary means to detect and deter illegal substance use and to determine treatment needs of inmates. Urinalysis testing will not be used for harassment of inmates.
    3. The following personnel within the TDOC can request inmate urinalysis testing:
      - a. Commissioner or designee (this includes privately managed facilities)
      - b. Deputy Commissioner of Administrative Services/General Counsel
      - c. Chief of Staff
      - d. Assistant Commissioner of Operational Support
      - e. Assistant Commissioner of Prisons
      - f. Assistant Commissioner of Rehabilitative Services
      - g. Assistant Commissioner of Community Supervision
      - h. Warden/Superintendent
      - i. Associate/Assistant Warden of Security (AWS) or Treatment (AWT)
      - j. Director of Behavioral Health Services
      - k. Director of Addiction Treatment and Recovery Services
      - l. Unit Manager
      - m. Behavioral Health Administrator
      - n. Health Services Administrator
      - o. Substance Use Program Manager or Alcohol and Drug Counselor
      - p. Shift Commander
      - q. Drug Testing Coordinator or the Warden's/Superintendent's designee
      - r. Institutional Investigator

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4. The Warden/Superintendent shall ensure that inmates are notified in writing (inmate orientation manual, posted notices, etc.) of the TDOC's policy on zero tolerance of drug use within state correctional institutions. This notification shall also state that inmates are subject to drug or alcohol testing during their incarceration and subject to disciplinary action for the following:
  - a. Failure to submit to testing or to provide a urine sample within two hours of the request
  - b. Tampering or attempting to tamper with the specimen or test results
  - c. Receiving a positive test result for which there is no satisfactory explanation
  - d. Intoxication or inhalant overdose symptoms that are in no relation to any mental/medical illness or prescribed medication confirmed by physician and/or a physician assistant/nurse practitioner.
  - e. Self-admission of illicit drug use.
5. Only alcohol and drug kits on the statewide contract that have been approved for on-site drug and alcohol testing shall be used to conduct on-site urinalysis testing.
  - a. Urinalysis kits shall be used to test for:
    - (1) The active ingredients found in Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methadone, Methamphetamine (including Ecstasy), Opiates, Oxycodone, Phencyclidine (PCP), Cannabinoids (THC, including marijuana), Buprenorphine (Suboxone).
    - (2) Adulteration based on, but not limited to, pH, Specific Gravity, Nitrates, Oxidation, Creatinine, Color/Appearance, and Temperature.
    - (3) Privately managed facilities must test for the eleven drugs listed above.
    - (4) The Warden/Superintendent/Designee may further test for other substances at his/her discretion.
  - b. All positive on-site drug test results shall be confirmed through a state approved contract laboratory.

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- c. Any negative on-site drug test result which is deemed suspect may, with the written approval of the Warden/Superintendent/Designee, be forwarded to the state approved contract laboratory for further analysis. Reasons for suspecting the negative field test result is invalid shall be cited in the Warden's/Superintendent's/Designee's approval memorandum and in the comments field on the (OMS). These specimens shall be handled and forwarded for contract laboratory analysis in the same manner as positive field test specimens.
  - d. A second on-site alcohol test shall be used to confirm positive alcohol tests.
  - e. A comprehensive medical drug screen should only be used in cases of suspected overdose or intoxication when necessary for diagnostic and/or treatment purposes. The health staff shall also review the health record to rule out the presence of a medical condition or prescribed medication which can mimic symptoms of intoxication. (See Policy #113.94)
- 6. The following are examples of when an inmate may be subject to urinalysis testing [other than for reasonable suspicion as addressed in Section VI.(A)(8)]:
  - a. As part of the monthly drug-testing program, each institution's population shall be randomly selected for drug testing.
    - (1) At a minimum, each correctional facility shall test 2.5 percent of the institution's in-house inmate population each month. At the discretion of the Warden/Superintendent, any facility may request in writing to the Assistant Commissioner of Prisons permission to test a sampling larger than 2.5 percent, but may not exceed 10 percent.
    - (2) Each institution shall be provided with a computer-generated, randomly selected list of inmates to be tested every 30 days. This list will be generated by Decision Support: Research and Planning and made available no later than the seventh day of each month. This list will be sent to each facility by the Director of Behavioral Health Services or designee. Actual monthly test dates shall be at irregular intervals, shall include both weekdays and weekends, and should occur on all shifts during the month.
  - b. Upon initial admission to a TDOC diagnostic center or upon admission to a specialized correctional facility/program (boot camp, therapeutic community, technical violators program, youthful offender program), inmates shall receive an on-site drug screen.
    - (1) The Warden/Superintendent at the respective diagnostic center/facility shall be responsible for designating the appropriate staff to conduct on-site drug screening during initial classification.



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- (2) All inmates entering a diagnostic center/facility shall be tested for the presence of all drugs and adulterants listed in Section VI.(A)(5)(a)(1-2) and any positive test result will be sent to laboratory for confirmation.
  - (3) All test results, including positive laboratory confirmations, shall be recorded in the inmate's medical record or treatment program file. No sanctions shall be issued for testing positive on an initial diagnostic drug screen.
- c. The following provides the guidelines for drug testing in substance use treatment programs and distinguishes between Facility Drug Screens and Substance Use Drug Screens:
  - (1) All substance use treatment programs must provide an initial, random, and discharge drug screen to participants, which shall be considered a Substance Use Program Drug Screen and results are to be communicated with the program manager.
  - (2) Facility-wide random drug tests shall be considered a Facility Drug Screen, regardless of participation in a substance use treatment program. Additionally, any follow up drug screens as a result of a disciplinary or failed drug screen will be considered a Facility Drug Screen, regardless of participation in a substance use treatment program.
  - (3) Substance use treatment program managers reserve the right to request saturation testing of an entire treatment unit if drug use is suspected, which will be considered a Substance Use Drug Screen.
  - (4) In any case in which a substance use treatment program manager or counselor requests a reasonable suspicion test, it will be considered a Substance Use Treatment Program Drug Screen. Reasonable suspicion tests requested by any other staff, including security on the treatment unit, shall be considered a Facility Drug Screen.
  - (5) While participants failing a Substance Use Treatment Program Drug Screen will not receive a disciplinary for "Positive Drug Screen" or have their results entered on LIBS screen on OMS, they may, if after review and approval by the treatment team, be dismissed from their current program with a Class A "Refusal to Participate" based on the agreed upon rules of the program.
  - (6) Substance Use Treatment Program Drug Screen results will be stored in the inmate's clinical file and can be made available upon request in order to perform necessary job duties.

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- d. Any time that an inmate is involved in an altercation, stabbing, or accident resulting in non-minor injuries, or any occupational incident resulting in injury other than minor self-limiting injuries, and/or property damage over \$50.00, a drug screen will be conducted.
  - e. Inmates returning from furlough, work release, or community work assignment with access to or potential contact with contraband, drugs, and/or alcohol may be subject to an on-site drug or alcohol screen.
  - f. Any time a canine unit or narcotic detection instrument indicates the presence of drugs during a search of inmates in the housing unit or work area, a drug screen shall be conducted.
  - g. Inmates who have been selected for pre-release or work release placement shall submit to a drug screen prior to the reclassification hearing and again in 30-45 days if the transfer has not occurred. All such inmates shall be subject to re-testing after arrival at the pre-release or work release program.
  - h. Urinalysis testing may be conducted prior to and after an inmate participates in an institutional visit.
7. Reasonable suspicion drug or alcohol screening:
  - a. Reasonable suspicion drug or alcohol screening may be conducted based upon circumstances arising from one or more of the following:
    - (1) Confidential information from a reliable source
    - (2) Observed unusual actions or behavior by the inmate
    - (3) Suspected intoxication of an inmate
    - (4) Discovery of drug paraphernalia or evidence that alcohol/drugs have been used
    - (5) Positive indication from a narcotic detection instrument or canine search.
    - (6) Any inmate requesting or placed in protective custody shall receive a drug screen upon request and/or placement.
  - b. Reasonable suspicion drug or alcohol screens shall require the approval of any of the following: Warden/Superintendent/Designee, AWS and/or AWT, or the shift commander.
8. Unannounced saturation testing may also be conducted on an annual basis or on an as needed basis.
9. All inmates being considered for release on parole supervision shall receive an on-site drug screen within 30 days prior to their parole hearing and a minimum of one on-site drug screen within the 30 day period prior to release from the institution. The test results shall be reported to the institutional parole officer (IPO).

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B. Collection of Sample:

1. The Director of Behavioral Health Services, or designee, shall be responsible for coordinating all drug-testing activities for the Department.
2. Each institution shall appoint a drug testing coordinator to be responsible for the coordination, monitoring, and service provision of the drug-testing program within their respective institution. The coordinator shall report any program deficiencies to the Warden/Superintendent/Designee for resolution. The Warden/Superintendent, or their designee, will communicate to the Director of Behavioral Health Services, or designee, any change in status of a drug testing coordinator.
3. Before collecting the test sample, the designated staff shall positively identify the inmate by name and OMS identification number while using the issued identification card, and have the inmate sign Drug Screen Consent/Refusal, CR-3993, or if it is a Substance Use Treatment Program Screen, Drug Screen Consent/Refusal Substance Use Treatment, CR-3992. The Drug Testing Coordinator will sign as witness.
4. The designated staff shall examine the inmate's arms and hands, especially under the fingernails, before observing the specimen collection to ensure that the inmate does not have any foreign substances that could be used to adulterate the specimen. The inmate may be requested to wear gloves when providing a urine specimen.
5. The collection of the urine sample shall take place in any designated area, as determined by the Drug Testing Coordinator that does not permit the inmate to come in contact with any person other than staff members assigned to observe the collection, and witness the chain of custody process. The collection of the urine sample shall be observed only by one trained staff member of the same gender, unless there is a legitimate security need for the presence of additional staff. The inmate shall be instructed to position himself or herself in a manner that allows the staff member unobstructed observation of the urine voiding process. All inmates shall be required to wash, rinse, and thoroughly dry their hands prior to and after the collection of the sample.
6. Collection staff shall ensure that the designated area is clean and all potential contaminants are removed from the collection area.
7. The designated staff shall provide the inmate with a clear (when available), non-reusable container for the collection of the urine specimen.
8. The inmate must provide the urine sample within a reasonable time (two hours after entering testing area). Inmates shall be given up to eight ounces of water to assist in specimen production. Refusal to provide the urine sample is grounds for an immediate disciplinary report. Inmates who are unable to void after the above waiting time can be placed in a "dry room" for up to 24 additional hours or until a urine sample is obtained, subject to the following conditions:
  - a. Confinement is ordered by the Warden/Superintendent/Designee.

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- b. The room of confinement is thoroughly searched prior to placement of the inmate.
  - c. The inmate is provided with toilet articles and a means of collecting body excretions.
  - d. The inmate remains under visual observation by staff.
  - e. The inmate may be given up to eight ounces of water every four hours, not to exceed a total of 32 ounces of water within a 24-hour period to assist in specimen production.
9. There may be extenuating medical (e.g., dehydration, kidney problems, medication, etc.) and psychological (e.g., social phobias) conditions that may preclude the giving of a sample. In such cases, the inmate must provide written evidence from the health care or mental health staff indicating such a condition. The Warden/Superintendent shall, in extreme cases, authorize the use of an alternative drug testing method for those inmates who have a documented medical condition that would prohibit the use of urinalysis testing. Approval of the Commissioner or his designee is required prior to the use of any alternate drug testing method or instrument.
  10. Inmates are responsible for informing the collection staff if they are taking any medication. The use of medically approved prescribed medication that would cause a positive test result shall be verified by the collection staff through the medical staff and recorded in the inmate's medical file.
  11. Any inmate found attempting to alter, contaminate, or adulterate the sample in any way shall be cited with a disciplinary report.

C. Testing Procedures:

1. Collection staff shall exercise universal precautions (gloves) when handling urine specimens.
2. Each specimen collected for urinalysis testing shall be tested at the institution by trained staff designated by the Warden/Superintendent, using kits designed for on-site testing. Prior to using test kits, expiration dates will be checked. Test kits will not be used beyond their expiration dates. When a full laboratory screen is being done, a field test is not required.
3. All positive urine specimens shall be forwarded to the clinical laboratory for analysis and confirmation through gas chromatography/mass spectrometry (GC/MS).
4. Specimens collected for alcohol testing shall be collected and tested at the institution by trained staff designated by the Warden/Superintendent, using field testing equipment designed for the detection of alcohol.
5. Collection staff shall immediately dispose of negative specimen and containers after testing has been completed according to the following procedures:

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- a. Urine is to be emptied in toilet receptacle.
  - b. Plastic specimen containers will be disposed of in a lined trash receptacle or a trash bag. The trash receptacle shall have a lid cover for cleanliness and hygiene.
  - c. Trash bags containing drug testing specimen collection cups shall be tied securely and left in a trash receptacle for disposal.
  - d. The collection area shall be cleaned thoroughly when all testing is complete.
  - e. The collection staff shall wash their hands with soap and water after handling urine specimens.
  - f. Specimen containers will not be reused for another urine sample.
6. The testing of urine specimens at the institution by a field test kit is done solely as a means of minimizing the cost of unnecessary laboratory testing, and the failure to conduct a field test at the institution in and of itself does not require the dismissal of a disciplinary report resulting from a positive laboratory test.
  7. Alternative drug testing procedures shall be conducted in accordance with manufacturer's training manual instructions. A user's manual shall be available at each institution (when applicable).

D. Chain of Custody:

1. All specimens forwarded to the clinical laboratory for drug testing and confirmation shall be submitted in accordance with procedures recommended by the laboratory. A chain of custody form, as provided by the clinical laboratory, shall be completed on specimens forwarded to the clinical laboratory.
2. The collection staff shall ensure that all shaded areas on the chain of custody form are completed in accordance with the clinical laboratory's specifications.
3. When the sample is collected, the staff member(s) who receives the specimen from the inmate shall be responsible for:
  - a. Sealing the specimen collection container.
  - b. Placing the primary tamper seal label with barcode across the top of the specimen collection container. The label must match the barcode on the chain of custody form.
  - c. Placing the specimen container in the specimen collection bag.
  - d. Sealing the specimen collection bag with the secondary tamper seal.
  - e. Completing the chain of custody form.

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4. The collection staff shall seal the specimen container under observation of the inmate. The inmate shall sign the laboratory chain of custody form and initial the specimen tamper seals, along with the staff member. If an inmate refuses to sign the chain of custody form or initial the specimen tamper seal, he/she shall be charged with "Refusing Drug Screen".
5. The collection staff member shall transport the sealed specimen to the specimen holding area.
6. The number of staff handling the specimen shall be kept to the minimum to maintain the integrity of what may become evidence in a disciplinary proceeding. A log book shall be kept in the vicinity of the refrigerator/freezer, and each person who accesses it shall note his/her name, rank, date, time, and reason for access.
7. Specimens shall be stored in a secured location until such time as it is turned over to the appropriate lab personnel for testing.
8. Test specimens and test kits shall be secured with a lock when the test area is not in use.
9. Specimens shall be transported to the laboratory within 72 hours of collection (or other time period acceptable by the clinical laboratory). When specimens cannot be transported within 24 hours, they shall be frozen and placed in a locked freezer until they can be transported to the laboratory.
10. The clinical laboratory shall retain, freeze, and place all positive specimens in a properly secured long-term storage for a period of 12 months. Specimens shall be destroyed by the clinical laboratory in accordance with Substance Abuse Mental Health Services Administration (SAMHSA) standards.
11. Urine specimens forwarded to the laboratory shall be rejected and therefore cannot be analyzed if any of the following procedural errors are identified:
  - a. Specimen container seal is broken/tampered.
  - b. There is less than 20 ml of specimen.
  - c. The primary tamper seal is missing.
  - d. Specimen identification number on specimen container and chain of custody form do not match.
  - e. Specimen shows obvious adulteration (color, odor, foreign objects, etc.).
12. When the specimen is rejected, the clinical laboratory shall notify the submitting location with the reason for the rejection, in writing.
13. Alternative drug testing kits forwarded to the laboratory for analysis shall comply with the following:
  - a. Must be accompanied by a chain of custody form.

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- b. Must be placed in a specimen bag and sealed.
- c. A barcode label from the chain of custody form must be fixed to the specimen bag and the label must match the barcode labels on the chain of custody form.
- d. The security seal from the chain of custody form must be fixed to the specimen bag.

E. Reporting of Results:

1. A drug screen profile of each test sample submitted to the clinical laboratory for analysis shall be prepared by the clinical laboratory, indicating either positive or negative results, and returned to the designated institutional contact. The laboratory profile shall contain the following information:
  - a. Name and Address of Clinical Laboratory
  - b. Account Number
  - c. Specimen/Donor Identification Number
  - d. Name of Receiving Institution
  - e. Name of Institutional Contact
  - f. Collection Date
  - g. Test Methods by Drug Class and Detection Levels
  - h. Profile Results by Class and Confirmation Detection Levels
  - i. Name of Certifying Authority
  - j. Date of certification

Failure to include any of the information listed above does not automatically negate a “positive” drug screen.
2. All drug screen profiles shall expressly state that positive results are reported only after confirmation by Gas Chromatography/Mass Spectrometry.
3. The institutional drug testing coordinator shall maintain a copy of all positive confirmation test results and a copy of the chain of custody form from the laboratory in a confidential file, which will be stored in a locked cabinet behind a locked door at all times when unattended.
4. The results of each clinical laboratory examination shall be final and shall be grounds for disciplinary action in instances of positive reports.
5. Disciplinary action shall be handled in accordance with Policy #502.01.
6. The Warden/Superintendent/Designee shall notify the Board of Parole and institutional parole officer (IPO), through OMS, of inmates that test positive for drug/alcohol use when the inmate has a pending parole hearing, has had a hearing and a parole decision is pending, or parole has been granted. The drug testing coordinator shall forward copies of all drug testing supporting documentation, including laboratory test results, to the IPO.

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7. Drug test results (positive or negative) from Substance Use Treatment Programs shall be considered confidential and not entered on LIBS screen on OMS. The drug test results of inmates who are assigned to a substance use treatment program shall be placed in the inmate's program file and if the result is positive, appropriate sanctions will be taken through the program as outlined in Section VI.(A)(6)(c)(5). The negative drug test results of all other inmate drug testing shall be entered on OMS and are not required to be placed in the inmate's institutional record. The positive drug test results of all other inmate drug testing shall be entered on OMS and placed in the IIR along with the disciplinary.
8. Participation in a substance use treatment program does not exclude an inmate from being selected for or participating in any Facility Drug Screen, which will follow all standard drug testing procedures, regardless of program participation.

F. Staff Training:

1. All staff involved in the collection, documenting, transport, or other handling of urine specimens shall receive training on inmate drug testing procedures and sanctions. Documentation of staff training will be placed in staff's training files.
2. The drug testing coordinator shall be responsible for training staff involved in specimen collection and chain of custody procedures.
3. Each institution shall designate and train a staff member to serve as back up for the drug testing coordinator in his/her absence.

G. Sanctions:

1. In all instances where an inmate is convicted of the charges of Drugs – Possession/Selling/Use (DPO), Positive Drug Screen (PDR), Drug Paraphernalia (DRP), Refusal of/or Attempt to Alter Test (RAA), Intoxicants-Use, Sell, Exchange, Possess (IUS), or Conspiracy to Violate State Law (CVS) (when related to alcohol or drug related charges), or the inmate is in possession of or has ingested any controlled drug not specifically prescribed, see Policy #502.02 for appropriate disciplinary action.
2. Inmates who refuse to provide a specimen, attempt to adulterate, or alter a drug screen shall be charged in accordance with Policy #502.02 and the inmate shall be assessed a fee of \$25. Visitation privileges shall be suspended in accordance with Policy #502.02 and inmates shall submit to mandatory monthly drug testing for a period of three consecutive months.
3. Inmates with a positive confirmation test or overdose as determined by a medical provider, shall be required to:
  - a. Incur the cost of the confirmation for each drug charged for confirmation (i.e., if an inmate has two separate drug classes confirmed on the same test, they will be charged for two costs of confirmation). Inmates will incur the cost of any ambulance or hospital services due to the use of illegal substance, unidentifiable intoxicants, or inhalants that resulted in health associated risk of an overdose.



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- b. Visitation privileges shall be suspended in accordance with Policy #502.02.
- c. Inmates shall also submit to mandatory monthly drug testing for a period of three consecutive months, which will start following the initial positive confirmation. When the inmate is initially re-tested will be based on what he/she tested positive for and the timeframes below:

SUBSTANCE	DETECTABLE	RE-TEST AFTER
Amphetamines	24-72 Hours	5 Days
Barbiturates	14-21 Days	30 days
Benzodiazepines	1-7 Days	10 days
Cocaine	48-72 Hours	5 Days
Methadone	72-96 Hours	7 Days
Methamphetamine (including Ecstasy)	24-72 Hours	5 Days
Opiates	72-96 Hours	7 Days
Oxycodone	72-120 hours	10 Days
Phencyclidine (PCP)	72-96 Hours	7 Days
Cannabinoids (THC, including marijuana)	14-21 Days	30 Days
Buprenorphine (Suboxone)	24-60 Hours	5 Days

- d. Should mandatory follow up testing result in an additional positive test, subsequent mandatory follow up testing will run concurrently with any previous requirements and will not exceed three months.
4. In addition to Sections VI.(G)(1) through (G)(3)(c) above and any other sanctions imposed by Policies #502.01, #502.02, and #507.02, the following escalating sanctions for convictions on drug related charges shall be imposed:
- a. First Offense: Referral to institutional substance use treatment program where resources permit.
  - b. Second Offense (within 18 months of first offense): All sanctions for the second offense shall run concurrently to any similar sanction for the first offense.
    - (1) Mandatory monthly drug testing for a period of six months
    - (2) Loss of audio/visual equipment for six months
    - (3) Termination from treatment program if applicable.
    - (4) Referral to Substance Use Recovery Education (SURE) at WTSP if the positive test is for opioid use.
  - c. Third and Subsequent Offenses (within 24 months of the first offense) : All sanctions for the third or subsequent offenses shall run concurrently to any similar sanction for the second offense.
    - (1) Mandatory monthly drug testing for nine months

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(2) Loss of audio/visual equipment for 12 months

5. The Warden/Superintendent has the discretion to cancel an inmate's suspended visitation restrictions and reinstate visitation privileges or any other imposed sanction provided the inmate has met all of the following conditions:
  - a. Completed a written request to the Warden/Superintendent for reinstatement of privileges
  - b. Enrolled and is actively participating in the recommended substance use treatment program. (First offense only)
  - c. Submitted to monthly urinalysis testing.
  - d. No positive urinalysis tests during the last three months.
6. Any inmate that tests positive on a drug screen who has been approved for parole shall be referred to the institutional parole officer. The names of inmates that test positive on a drug screen that have a pending parole hearing or decision shall be referred to the institutional parole officer for review.
7. The Board of Parole, at its discretion, may deny or rescind, if known or anticipated, the release of any inmate who tests positive for drug use.

H. Investigation and Reports:

1. Each institution shall submit to the Director of Behavioral Health Services or designee a monthly summary of all substance use testing and interdiction activities. This report shall be due in central office no later than the tenth working day of the month, unless otherwise instructed by the Director of Behavioral Health Services or designee. The report shall include the following information:
  - a. Number of inmates drug tested during the month (by test type)
  - b. Number and type of disciplinary sanctions imposed for positive drug screen
  - c. Number and type of treatment program sanctions imposed for positive drug screen
2. All positive drug or alcohol tests of inmates not assigned to a substance use treatment program shall be entered on OMS conversation LIBS and shall cause an inquiry to be conducted by designated institutional staff to determine how the drugs/alcohol were introduced into the institution. The Warden/Superintendent may request assistance from the Director of the Office of Investigations and Compliance (OIC).
3. In addition to drug testing inmates, the Warden/Superintendent may employ other drug detection methods to enforce the Department's zero drug tolerance policy. Other drug detection methods shall include, but not be limited to:

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- a. Random and routine searches of inmates, employees, visitors, Department facilities, inmate housing units, visitors' and employees' vehicles, inmate property, and inmate mail. (See Policy #506.06)
  - b. Monitoring inmate telephone calls
  - c. Employee orientation and training regarding the presence and use of drugs in the workplace
  - d. Where available, the use of narcotic detection canines
4. The Director of Behavioral Health Services or designee shall compile, on a quarterly basis, a summary of the program-related drug testing. This summary report shall be submitted to the Assistant Commissioner of Rehabilitative Services. The Assistant Commissioner of Rehabilitative Services shall review and forward the information to the Assistant Commissioner of Prisons.

VII. ACA STANDARDS: 4-4437.

VIII. EXPIRATION DATE: March 1, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**

**Name:** \_\_\_\_\_ **TDOC Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, Number: \_\_\_\_\_, hereby ☐ Consent / or  
☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the purpose  
of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this  
refusal will be considered in the disciplinary proceedings.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involve in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Abuse) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF CORRECTION**  
**DRUG SCREEN CONSENT/REFUSAL**  
**SUBSTANCE USE TREATMENT/DO NOT ENTER IN OMS**

**Name:** \_\_\_\_\_ **TDOC ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

I \_\_\_\_\_, Number: \_\_\_\_\_, hereby ☐ Consent / or  
☐ Refuse to allow a ☐ blood sample, ☐ urine specimen to be drawn/collected for the purpose  
of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to  
be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this  
refusal will be considered in the disciplinary proceedings.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Disciplinary Board Ordered \_\_\_\_\_  
Inmate Involved in Altercation \_\_\_\_\_  
Pre-Parole Hearing \_\_\_\_\_  
Program Testing (Non-Substance Abuse) \_\_\_\_\_  
Random List \_\_\_\_\_  
Reasonable Suspicion \_\_\_\_\_  
Within 30-Day Release \_\_\_\_\_  
Other Reason, please specify: \_\_\_\_\_  
Temperature: \_\_\_\_\_ Initial \_\_\_\_\_  
Start Time: \_\_\_\_\_ Random \_\_\_\_\_  
End Time: \_\_\_\_\_ Exit \_\_\_\_\_

**TO BE PLACED IN THE INMATES TREATMENT FILE**



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 506.23

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Effective Date: September 1, 2019

Distribution: B

Supersedes: 506.23 (7/15/16)

Approved by: Tony Parker

Subject: PROVISION AND MAINTENANCE OF CORRECTIONAL OFFICER UNIFORMS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide guidelines for the issuance and maintenance of uniforms to security personnel.
- III. APPLICATION: To the Assistant Commissioner of Prisons, all Tennessee Department of Correction (TDOC) uniformed personnel within the Correctional Officer series except officers assigned to the Special Operations Unit.
- IV. DEFINITIONS: None.
- V. POLICY: The TDOC shall establish acceptable standards for employee appearance, including the provision of uniforms for selected personnel.
- VI. PROCEDURES:
  - A. Correctional officer uniforms will be ordered by the institutions from the contract vendor who will deliver the uniforms to the institutions. While TCA still has boots/shoes, shoes will be issued from that location. Once the stock is depleted, the institutions will order and issue footwear from the contract vendor.
  - B. Wearing of Correctional Officer Uniform
    1. Employees are expected to maintain their uniforms and approved equipment in clean, pressed, neat, and serviceable condition. They are expected to wear their uniform in a manner that displays a professional approach to their assignment and is representative of the Department. Uniform shirts shall be tucked into the uniform pant at all times, including when employees are entering and leaving the worksite. Unless assigned or participating in a CERT operation, the uniform pants are not be worn tucked into the officer's boots. Employees are to keep in mind that individual actions reflect on the entire Department as they represent the Department in the public view.
    2. The uniforms provided to employees are to be worn during the course of employment. The uniforms and accessories are not to be worn off duty, unless in direct transit to and from work. Any employee wearing his/her uniform or any part thereof while not on duty will be subject to disciplinary actions.
    3. Uniformed employees (when dressed in the uniform, whether on duty or off duty) are subject to public scrutiny and shall not purchase or drink alcoholic beverages in public, participate in political activities, or engage in any action or behavior which a reasonable person would deem inappropriate.

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4. The TDOC shoulder patches shall be fastened one inch below the shoulder sleeve seam on both sleeves of the gray shirts.
5. In addition to the patches, only the following insignia (worn on the right breast pocket) are appropriate for uniform dress:
  - a. The EMT certification pin shall be worn on the right corner of the pocket flap.
  - b. The CPR certification pin shall be worn on the right corner of the pocket flap.
  - c. Name tags showing the employee's name and institution's initials shall be worn to overlap the seam of the right shirt pocket. Silver tags shall be issued to correctional officers and gold tags shall be issued to ranking officers.
  - d. Anyone who wears an insignia approved by this policy as part of their uniform must remove it after termination of the membership or certification.
  - e. (Optional) K-9, CERT, and state service pins may be worn in the center of the pocket flap. State service tie tacks may also be displayed on uniform ties. An American flag lapel pin (no larger than one inch square) may be worn one inch above the center of the service badge.
  - f. (Optional) "Serving since" tags which attach or are attached to name plates may be worn.
  - g. Employees, who wear the departmental uniform while attending a funeral for departmental employees, shall wear a black band across the center portion of their breast badge. Upon entering the church or funeral home, any hat/cap worn shall be removed unless the employee is serving on honor guard duty. Staff may wear a black band across their badge at the facility for a deceased staff member until the staff member is buried.
  - h. Correctional officers awarded the Medal of Valor and/or the Medal of Merit by the TDOC may wear their award ribbon(s) on their uniforms. The medal (ribbon) shall be worn centered one-quarter inch above the nameplate on the right side of the uniform shirt. Officers who have received both the Medal of Merit and Medal of Valor shall display them to show the Medal of Valor ribbon above all other recognition pins/ribbons.
  - i. Field training officers may wear a silver FTO insignia centered one inch above the name tag. Institutional training officers may wear a gold IFTO insignia centered one inch above the name tag.

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6. Ranked correctional officers who successfully graduate the Sergeant's Academy (SA) program conducted by the Tennessee Correction Academy (TCA) shall be authorized to wear special epaulets on their uniform. The epaulets will be registered with the TCA for the purpose of accountability. They are to be worn on the right and left shoulder of the security uniform shirt only. They shall not be worn on the correctional jacket or sweater as these clothing items display ranking insignias.
7. The SA epaulets/pin shall be removed from the uniform and returned to TCA by the Training Specialist for officers receiving disciplinary action leading to a demotion, or who resign from employment.
8. Personal T-shirts/thermals that are worn under the uniform shirt that are visible must be white, or black, in color and the sleeves shall not protrude below the bottom of the uniform shirt sleeve.

C. Physical Appearance: Each Warden/Superintendent/designee shall ensure that the staff is clean and well groomed by conducting daily uniform and grooming inspections of all subordinate staff in accordance with the following guidelines:

1. When reporting for duty or acting in an official capacity, employees shall be clean with their uniforms clean, pressed, and properly fitting. Foot attire should be properly cleaned, must be black, able to maintain a shine, and in good repair.
2. Officers' hair may be of a style that reflects current trends and projects an image that is not exaggerated or in contrast with generally recognized styles. It must be neatly trimmed, clean, and present a well-groomed appearance. Employees shall also comply with the following additional requirements:
  - a. The hair of male officers must be worn in such a manner that it does not touch the eyebrows, ears, or collar of any garment being worn. Sideburns must be straight and not extend below the bottom lobe of the ears. Flared styles such as "lamb chops" or "mutton chops" are not permissible. Male officers may not wear their hair in braids, twists, plats, dreadlocks, mohawks, or any similar styles.
  - b. Female officers shall wear their hair in a style that prevents any hair from extending below the bottom edge of the collar of any garment being worn.
  - c. An officer's hair must be of a natural color and not such that would diminish the professional uniform appearance. Fluorescent or unnatural dyed hair colors are not permitted (Crayola yellow, pink, blue, etc.). Bizarre or extreme hairstyles are prohibited.
  - d. Employees may wear false or cosmetic hairpieces as long as they do not conflict with the aforementioned provisions.
3. Beards will be no longer than one inch in length and will be maintained in a clean, trimmed, and shaved manner around the collar.



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4. Mustaches will not extend beyond the corners of the mouth. "Handlebar" and such other flared styles are not permissible. False mustaches are prohibited.
5. Jewelry will be limited to a watch and one ring per hand. Female officers may wear one stud (post style) earring in each ear, the earring must not dangle. Male employees are expressly prohibited from wearing earrings/studs while in uniform. Ear cuffs are not permitted for officers of either gender. While on duty, the wearing of earrings/studs or body piercing jewelry in areas other than the above is prohibited for all uniformed staff.
6. Medic-Alert bracelets/necklaces shall be allowed.
7. Fingernails shall not extend more than ½ inch beyond the tips of the fingers. Nails shall be neat, clean, and not have bizarre or exaggerated colors.
8. Supervisors shall instruct subordinate officers who are found to be in violation of the uniform and grooming section of this policy to correct the violation immediately.
9. Supervisors shall report in writing to their immediate supervisor any violation an officer fails to correct. Any officer who fails to correct violations shall be subject to disciplinary action.
10. Officers with extreme violations of the uniform and grooming policy shall be sent home immediately to correct their appearance. During this absence, the employee shall not be counted as working, and are expected to return for duty within a reasonable timeframe. Failure to return shall be cause for disciplinary action.

D. Uniform Issue for Institutional Security Staff

1. Employees eligible to receive clothing will have their clothing ordered directly from the contract vendor after receipt of a Uniform Replacement Request, CR-3548. The replacement cycle for this group of officers will be during their anniversary month and according to the replacement schedule as listed in Section VI.(F). Uniform issue for security staff shall consist of:
  - a. One black nylon belt with black buckle
  - b. One black duty jacket/liner
  - c. One pair standard, black leather boots or shoes
  - d. One badge worn above the left shirt pocket.

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- (1) Each facility shall issue all badges for graduating correctional officers upon completion of BCOT. Documentation of the issuance of the badges shall be maintained by the Armory Supervisor to ensure accountability. Copies of the signed Payroll Deduction Authorization, CR-4042, shall be forwarded to the Fiscal Director/Payroll Officer for placement into the employee's property file.
  - (2) Each badge will be designated with the four letter facility code followed by a four digit code, which will be specific to each rank in the series.
 

Administration:	1001
Captain:	2001
Lieutenant:	3001
Sergeant:	4001
Corporal:	5001
Officer:	6001
CCO	7001

(For example, NWCX-2001 would denote a Captain at the Northwest Correctional Complex).
  - (3) Badges will be maintained and engraved as needed by the Armory supervisor. When requested by the Fiscal/Payroll Officer, the Armory supervisor will issue each badge, in sequential order, to the receiving staff member who will be required to sign the CR-4042 for receipt of the badge. The issuance will be logged into a permanent bound ledger by the Armory Supervisor. The Fiscal/Payroll Officer shall place a copy of the CR-4042 into the employee's property file.
  - (4) If a badge is lost or damaged, a report will be made to the Warden/Superintendent, which includes the circumstances, the employee's name, contact information and badge number. This will be noted in the Armory Supervisors issuing ledger as well as in the employee's file.
  - (5) For the purposes of this policy the Fiscal Director (FD) at each facility has been designated as the staff member charged with ensuring all badges are surrendered by employees leaving the facility's service. The FD shall deliver these and all pertinent information to the Armory Supervisor. The Armory Supervisor will document the return in the issuing ledger and return the badge to stock for re-issuance.
- e. Four gray, short-sleeved polyester/cotton shirts with a zipper and false buttons.

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- f. Four pair polyester/cotton, black pants.
  - g. Two high-crowned, black baseball-style caps with TDOC embroidered above the bill.
- 2. Optional Items: Any additional uniform items may be assigned at the Warden's/Superintendent's discretion and will be issued by the facility.
  - a. One black trooper fur cap, one pair of black gloves, and one black toboggan
  - b. One black "wooly pulley" sweater
  - c. Accessories for utility belt
  - d. An adequate supply of yellow or black raincoats will be maintained at the institution to provide to employees during inclement weather who are required by their job function to be outdoors.
  - e. Departmental pin to be worn one inch above the name tag
- 3. Correctional officer maternity uniforms shirts are available from TCA:
  - a. Four maternity uniform shirts shall be provided for officer as needed from the Training Academy.
  - b. Maternity uniforms shall be cleaned and returned to the facility when no longer needed.
- 4. Ranked officers, and CCOs shall be issued the following insignia by the facility:
  - a. Corporals and sergeants shall wear the issued respective gold-color chevrons on the uniform shirt collars.
  - b. Lieutenants and captains shall wear ~~be~~ the appropriately issued gold-color bars on the uniform shirt collars.
  - c. Correctional clerical officers shall wear the letters "CCO" in silver color on the shirt collars.
- 5. Special Assignment Uniforms Issued at the Institution (Optional)
  - a. At the Warden/Superintendent's discretion, officers on special assignment may be issued the following uniform:
    - (1) Polyester/wool blazer (black or burgundy) available from the facility
    - (2) One charcoal-gray or black tie available from the facility

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(3) The badge, in a black folder/wallet

- b. Corporals assigned to transportation may be issued five pairs of black dress pants and five white shirts (both of which must be ordered from the contract vendor).
- c. Any employee whose assignment mandates the wearing of a protective vest (See Policy #506.08 and Transportation Post Orders) and who refuses or fails to wear the vest in the manner prescribed by the manufacturer's specifications shall be subject to disciplinary action up to and including termination.
- d. The standard uniform attire for K-9 handlers shall be the black polo shirt and olive drab tactical pants while on search assignments; black polo shirt and khaki tactical pants while attending training/assignments with the OIC Investigation Units (IU) and/or Apprehension Enforcement Unit (AEU) unless otherwise directed by the Interdiction Director/Designee. All other uniform or uniform items will be as approved by the Interdiction Director.

E. Termination of Employment

- 1. All uniforms (excluding footwear) must be returned to the institution in a cleaned or professionally laundered condition upon retirement, resignation, or termination. Upon being issued uniforms, employees shall sign a Payroll Deduction Authorization, CR-4042, and the cost of the uniforms or cleaning fee shall be collected from the employee's payroll check should the employee fail to return the uniforms within one business day of their last day of work.
- 2. All items must be returned to the TDOC within one business day of an employee's last day of work. The Payroll Deduction Authorization, CR-4042, must accompany the returned clothing.
- 3. The staff of the TDOC will examine all returned items to ascertain if they are acceptable to be used for replacement of damaged uniforms. All returned items found to be reusable will be cleaned prior to reissue. Used clothing will be issued as first preference to all staff. Clothing that has been in service for more than one year and is found to be unacceptable for reuse will be disposed of in the following manner:
  - a. The Institutional Property Officer will complete a Property Disposal sheet in the Edison system.
  - b. Once the Property Officer receives permission from Department of General Services (Surplus Property Division), he/she shall make the necessary arrangements to have the clothing shredded before the clothing leaves state property.

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4. Employees separated during probation shall retain issued footwear and shall be required to reimburse the Department for the purchase price of these items. As long as these items are returned unworn, individuals who are separated prior to the completion of basic training at the TCA will not be required to pay for these items.
5. Correctional officers who transfer to another TDOC facility shall take all standard issue clothing (except badge) with them. Optional clothing items shall be retained by the institution. The receiving facility Warden/Superintendent/designee shall be notified by the exiting Warden/Superintendent/designee of any correctional officer transfer before the transfer occurs.

F. Replacement of Uniforms

1. Standard issue clothing may be exchanged for replacement on the following schedule:  
Pants - two years  
Shirts - three years  
Belt - three years  
Boots - one year  
Coat - five years  
Cap - one year
2. Optional issue clothing may be exchanged for replacement on the following schedule:  
  
Wooly Sweater - three years  
  
Accessories for utility belt - as needed
3. Deliberate destruction, improper care, or unsightly appearance of state issued items shall be cause for disciplinary action against an employee for careless, negligent, improper use of state property. [See Tennessee Department of Human Resources Rules and Regulations 1120-10-.03(3)]

- G. Notification of Uniform Replacement and/or New Issue: Correctional officers shall be responsible for notifying their supervisor of the need for replacement clothing due to damage, destruction, or other reasons that are outside normal replacement procedures. The supervisor shall be responsible for notifying the Fiscal Director/designee of this need who shall act accordingly. A Uniform Replacement Request, CR-3548, shall be completed and approved by the Warden/Superintendent before items are disbursed/ordered.
- H. All non-specified items of special issue or specified items of a different model or type other than those cited in this policy must be approved by the Assistant Commissioner of Prisons prior to issuance.

VII. ACA STANDARDS: 4-4065.

VIII. EXPIRATION DATE: September 1, 2022.



## TENNESSEE DEPARTMENT OF CORRECTION

### Payroll Deduction Authorization

Employee Name: \_\_\_\_\_  
(Print Name)

Edison ID#: \_\_\_\_\_ Job Title: \_\_\_\_\_

I hereby acknowledge that I have received State funds and/or property and I am obligated to return the funds and/or property at the request of my agency or upon my termination from State government. I understand that the State funds and/or property are provided for use during my employment and are not my personal funds or property. I agree that, at the request of my agency or upon termination of my employment, I will return all State property in good condition (with the exception of normal wear) or funds to my fiscal/payroll officer within three business days of my date of separation.

In the event that the State funds and/or property are stolen or damaged while in my custody, I understand that I should notify my supervisor and fiscal officer immediately. I understand that I may be required to reimburse the State for the cost of the missing State funds or property.

If at my agency's request or at such time of my termination of employment, I do not return the State funds or property in good condition that I signed for by the required deadline, I understand that I will incur a debt to the State. I agree that I will reimburse the State for any amount outstanding. I hereby authorize the State to deduct the appropriate amount as indicated below from my paycheck.

I understand that at the time of my agency's request or my termination, if I disagree with the amount of funds being deducted from my paycheck, I have the right to an immediate Pre-decision Meeting with a person who has direct access to the agency appointing authority for this purpose.

I have read and understand this agreement and by signing, I indicate that the terms of this agreement are satisfactory to me.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Issuer Name (Print) Issuer Signature Date

#### **DESCRIPTION AND DOLLAR AMOUNT OF STATE FUNDS/COST AT TIME OF ISSUANCE:**

Quantity	State Tag No.	Item Description	Unit Cost (\$)	Total Cost (\$)	Date Issued	Date Returned





TENNESSEE DEPARTMENT OF CORRECTION  
UNIFORM REPLACEMENT REQUEST

Tennessee Department of Correction Policy #506.23 and 506.24 states; "All uniform articles being exchanged due to damage, or wear and tear, must be laundered prior to time for return."

Items other than annual issue must be approved through the Warden/designee.

EMPLOYEE NAME	EDISON EMPLOYEE I.D. NUMBER
INSTITUTION	JOB CLASSIFICATION

**Shirts** (Circle the appropriate size and list quantity for replacement)

Men's shirt size	14 1/2 15 1/2 16 1/2 17 1/2 18 1/2 19 1/2 20 1/2 21 1/2 22 1/2 24 1/2 26 1/2	Quantity ShSI
	33 35 37	Quantity LgSI
Women's shirt size	8 10 12 14 16 18 20 22 24 26	Quantity ShSI
		Quantity LgSI

**Pants** (Circle the appropriate size and list quantity for replacement)

Unisex	waist XS (24" - 29") S (29" - 33") M (34" - 37") L (38" - 41") XL (42" - 45")	
	2XL (46" - 50") 3XL (51" - 54") 4XL (55" - 60")	Quantity
	inseam Short (28" to 30") Regular (30" to 32") Long (32" to 34")	

**Pants - Maintenance - no hem** (Circle the appropriate size and list quantity for replacement)

Men's pant sizes	28 30 32 34 36 38 40 42 44 46 48 50 52 54	Quantity
Women's pant sizes	6 8 10 12 14 16 18 20 22 24 26 28 30 32 34	Quantity

**Jackets** (Circle the appropriate size and list quantity for replacement)

Small Medium Large XL 2XL 3XL 4XL 5XL 6XL 7XL 8XL	Quantity
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**Belts** (Circle the appropriate size and list quantity for replacement)

Small Medium Large XL 2XL 3XL 4XL	Quantity
-----------------------------------	----------

**Other Issue**

Item	Size	Quantity
------	------	----------

**Caps** (Please indicate quantity by desired style)

Summer Winter Maintenance (summer only)

**Boots** (Please indicate width in blank provided, M=Medium and W=Wide) Steel-toed (Maintenance Only) Yes No

**Unisex sizing**

4 Men / 6 Women	4 1/2 Men / 6 1/2 Women	5 Men / 7 Women	5 1/2 Men / 7 1/2 Women	6 Men / 8 Women
6 1/2 Men / 8 1/2 Women	7 Men / 9 Women	7 1/2 Men / 9 1/2 Women	8 Men / 10 Women	8 1/2 Men / 10 1/2 Women
9 Men / 11 Women	9 1/2 Men / 11 1/2 Women	10 Men / 12 Women	10 1/2 Men / 12 1/2 Women	11 Men / 13 Women
12 Men / 14 Women	13 Men / 15 Women	14 Men / 16 Women	15 Men / 17 Women	

**Shoes** (Please indicate width in blank provided, M=Medium and W=Wide) Steel-toed (Maintenance Only) Yes No

**Men's Size**

7 7 1/2 8 8 1/2 9 9 1/2 10 10 1/2 11 11 1/2 12 13 14 15

**Women's Size**

5 5 1/2 6 6 1/2 7 7 1/2 8 8 1/2 9 9 1/2 10

RETURN / REPLACEMENT

Description of Item	Quantity	Condition	Return Code	Disposition

Please indicate return code

Return Code D = Damaged, W = Replaced due to wear, L = Loss, S = Retirement, resignation, termination, R = Replaced due to sizing


Disposition Code (To be completed by Fiscal Director/Designee) S = Surplus, R = Recycle

APPROVED BY:

Superintendent/Warden/Designee

Date



 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 506.24	Page 1 of 6
	Effective Date: March 1, 2017	
	Distribution: B	
	Supersedes: 506.24 (1/15/14)	
Approved by: Tony Parker		
Subject: PROVISION AND MAINTENANCE OF NON-SECURITY UNIFORMS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide guidelines for the issuance, wearing, and maintenance of uniforms to non-security personnel.
- III. APPLICATION: To the Deputy Commissioner of Operations and all non-security employees who are required to wear uniforms.
- IV. DEFINITIONS: None.
- V. POLICY: The Tennessee Department of Correction (TDOC) shall enforce acceptable standards for the issuance, wearing, and maintenance of uniforms by non-security employees.
- VI. PROCEDURES:
  - A. Tennessee Correction Academy (TCA) staff will warehouse and distribute uniforms at the TCA from the TDOC Distribution Center when employees are on site for pre-service or specialty training. Uniforms for staff not attending the TCA for training will be sent directly to the institution for distribution.
  - B. Name tags and institutional ID badges indicating the employee's name, etc., shall be issued by the institution.
  - C. Uniform Issue:
    1. Food Service Uniforms:
      - a. The standard items issued shall be as follows:
        - (1) Red polo style short sleeved shirts (issued by the food services contract vendor.
        - (2) Four pair black, permanent press pants, and an issue of two per year thereafter
        - (3) One pair black leather oxford support, rubber-soled, low-heeled shoes per year
        - (4) One coat/jacket



**TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**PAYROLL DEDUCTION AUTHORIZATION**

\_\_\_\_\_  
DEPARTMENT/AGENCY

EMPLOYEE NAME: \_\_\_\_\_

EDISON EMPLOYEE ID#: \_\_\_\_\_

I hereby acknowledge that I have received State funds and/or property and I am obligated to return the funds and/or property at the request of my agency or upon my termination from State government. I understand that the State funds and/or property are provided for use during my employment and are not my personal funds or property. I agree that, at the request of my agency or upon termination of my employment, I will return and property in good condition (with the exception of normal wear) or funds to my immediate supervisor or fiscal/payroll officer within three (3) business days of my agency's request or within **one (1) business day** of my last day worked/separation.

In the event that the State funds and/or property are stolen or damaged while in my custody, I understand that I should notify my supervisor and fiscal officer immediately. I understand that I may be required to reimburse the State for the cost of the missing State funds or property.

If, at my agency's request or at such time of my termination of employment, I do not return the State funds or property in good condition that I signed for by the required deadline, I understand that I will incur a debt to the State. I agree that I will reimburse the State for any amount outstanding. I hereby authorize the State to deduct the appropriate amount as indicated below from my paycheck.

I understand that at the time of my agency's request or my termination, if I disagree with the amount of funds being deducted from my paycheck, I have the right to an immediate Pre-decision Meeting with a person who has direct access to the agency appointing authority for this purpose.

I have read and understand this agreement and by signing, I indicate that the terms of this agreement are satisfactory to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**DESCRIPTION AND DOLLAR AMOUNT OF STATE FUNDS / COST OF PROPERTY AT TIME OF ISSUANCE:**

QTY	STATE TAG No.	ITEM DESCRIPTION	UNIT COST	TOTAL COST	DATE ISSUED	DATE RETURNED

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Fiscal Officer

Effective Date: March 1, 2017	Index # 506.24	Page 2 of 6
Subject: PROVISION AND MAINTENANCE OF NON-SECURITY UNIFORMS		

- b. Hair nets, beard guards, and/or cello-caps shall be provided as needed by the contract vendor.
- c. Food service directors and assistant food service managers may wear business attire (including neck tie for males) or food service uniforms.
- d. If a belt is worn with the uniform, it should be plain black with a buckle no more than three inches in diameter. If suspenders are worn, they should be a solid dark color.

2. Health Service Uniforms

- a. The standard items issued to nursing staff (including RNs, LPNs, aides, dental hygienists, dental assistants, and X-ray technicians) shall be as follows:
  - (1) Four one or two piece scrub uniforms made of static, soil, wrinkle, and transparency resistant fabric, and an issue of two per year thereafter
  - (2) Two long-sleeved, three-quarter clinic matching (clinical warm up) jackets
  - (3) One pair white or matching clinic shoes
- b. Two white clinic/lab jackets shall be issued to all other medical staff (i.e., nurse practitioners, physician assistants, etc.) involved in direct patient care and are to be worn over business attire.
- c. The health administrator shall wear business attire.  
  
Optional - registered nurse health administrators whose responsibilities include clinical nursing functions may elect to wear the same uniform attire designated for registered nurses.
- d. Staff member's name, professional title, and institutional ID badge shall be visible at all times and are to be pinned above the left pocket of the uniform/lab jacket or business attire.
- e. Professional school pins, professional certification pins, and service pins shall be pinned to the upper left side of uniform/lab jacket pocket.

3. Maintenance, Warehouse, Water and Waste Treatment Uniforms

- a. The clothing issued to maintenance, warehouse, water, and waste treatment workers shall be as follows:

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- (1) Four medium green, permanent press, poly/cotton, short-sleeved work shirts, and an issue of two per year thereafter
  - (2) Four pairs of dark green, permanent press, poly/cotton work pants, and an issue of two per year thereafter
  - (3) One pair of black safety shoes or boots per year
  - (4) One coat/jacket
- b. Each facility will be responsible for providing protective clothing as needed.
  - c. If a belt is worn with the uniform, it should be plain black with a buckle no more than three inches in diameter. If suspenders are worn, they should be a solid dark color.

D. Uniform Dress Code

1. Employees are expected to maintain their uniforms in clean condition and good repair.
2. The uniforms provided to employees are to be worn during the course of employment. The uniforms and accessories are not to be worn off duty, unless in direct transit to and from work. Any employee wearing his/her uniform or any part thereof while not on duty will be subject to disciplinary action.
3. The TDOC shoulder patches shall be fastened one inch below the shoulder sleeve seam on both sleeves of all shirts, except food service staff uniforms.
4. In addition to the patches, only the following insignia worn on the right breast pocket are appropriate for uniform dress. See the exception for health care professionals in Sections VI.(C)(2)(d) and (e).
  - a. The EMT certification pin shall be worn on the left corner of the pocket flap.
  - b. The CPR certification pin shall be worn on the right corner of the pocket flap.
  - c. Name tags showing the employee's name and institution's initials shall be worn to overlap the seam of the right shirt pocket. Silver tags shall be issued to non-security employees.
  - d. Anyone who wears an insignia approved by this policy as part of their uniform must remove it within five working days after termination of the membership or certification.
  - e. (Optional) "Service since" tags may be attached to name plates.

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Subject: PROVISION AND MAINTENANCE OF NON-SECURITY UNIFORMS		

f. Employees awarded the Medal of Valor and/or the Medal of Merit by the TDOC may wear their award ribbon(s) on their uniforms. The medal (ribbon) shall be worn centered one-quarter inch above the name plate on the right side of the uniform shirt. Employees who have received both the Medal of Merit and Medal of Valor shall display them to show the Medal of Valor ribbon above all other recognition pins/ribbons. An American flag lapel pin (no larger than one inch square) may be worn above the center of the left pocket. If no pocket is available, the pin may be worn in another appropriate area on the left side above the heart.

5. Jewelry will be limited to a watch and one ring per hand. Female employees may wear stud/post style earrings only. Male employees are expressly prohibited from wearing earrings of any type while in uniform.

E. Termination of Employment:

1. All TDOC issued uniforms, except footwear, must be returned to the institution in a cleaned or professionally laundered condition upon retirement, resignation, or termination.
2. Employees separated within the first six months of service shall retain issued footwear and shall be required to reimburse the TDOC for the purchase price of the shoes, per Policy #306.02.
3. Upon being issued TDOC uniforms, employees shall sign a Payroll Deduction Authorization, FA-0973, and the cost of the uniforms shall be collected from the employee's last payroll check should the employee fail to return the uniforms within the specified period of time. One copy will be retained at the TDOC Distribution Center, one copy will be placed in the employee's property file, and one copy will be given to the employee.
4. All items must be returned to the TDOC within one business day of an employee's last day of work. The facility will ensure that the Payroll Deduction Authorization, FA-0973, is completed and properly filed when the garments are returned. See Policy #306.02.
5. TDOC staff will examine all returned items to ascertain if they are acceptable to be used for replacement of damaged uniforms. All returned items found to be reusable will be cleaned prior to reissue. Used clothing will be issued as first preference to all staff. Clothing that has been in service for more than one year and is found to be unacceptable for reuse will be disposed of in the following manner:
  - a. The institutional property officer will complete a Property Disposal sheet in the Edison system.
  - b. Once the property officer receives permission from Department of General Services, surplus property division, he/she shall make the necessary arrangements to have the clothing shredded or burned before the clothing leaves state property.

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6. Employees who transfer to another TDOC facility shall take all standard issue clothing/items with them, except facility ID badges. Optional clothing items shall be retained by the institution. The TDOC Distribution Center shall be notified of any employee transfers before they occur.


F. Notification of Uniform Replacement and/or New Issue:

1. The Warden/designee shall be responsible for notifying the TDOC Distribution Center of all new standard issue and/or replacement of uniforms as needed.
2. The names of new employees, except TRICOR, contracted health services, and contracted food services will be submitted to the TDOC Distribution Center before the employee attends pre-service training.
3. All TDOC issued uniform articles being exchanged due to damage or wear and tear must be laundered prior to time for return to the TDOC Distribution Center . The Warden/designee must agree that used uniforms are no longer serviceable before they are replaced.
4. The deliberate destruction, improper care, or unsightly appearance of state-issued uniform items shall be cause for disciplinary action against an employee for careless, negligent, or improper use of state property. [Rules of Tennessee Department of Human Resources 1120-10-.06(3)]

- G. Optional Items: Any additional uniform items are assigned at the discretion of the Warden/Superintendent.

VII. ACA STANDARDS: 4-4065.

VIII. EXPIRATION DATE: March 1, 2020.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 508.04	Page 1 of 5
	Effective Date: March 15, 2017	
	Distribution: B	
	Supersedes: 508.04 (9/15/13) PCN 15-3 (3/15/15) PCN 13-40 (10/1/13)	
Approved by: Tony Parker		
Subject: COUNSELING SERVICES		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide a descriptive summary of institutional counseling staff responsibilities.
- III. APPLICATION: To all institutional employees and inmates of the Tennessee Department of Correction (TDOC) and privately managed institutions.
- IV. DEFINITIONS:
  - A. Career Development Plan: A detailed plan that the offender will develop with the assistance of Career Development Facilitator that includes occupational and educational short-term goals, long-term goals, and action steps for the individual to follow through while incarcerated and once released. Career development plans will be based on the results of career exploration tools.
  - B. Career Development Services: Services provided to assist offenders in employment readiness, career development, and workforce development.
  - C. Career Exploration Tool: An evidence-based tool, such as the O\*Net Interest Profiler, that measure an individual's interests and skills in occupational areas and provide direction to the individual in possible career paths.
  - D. Case Management Coordinator: The person assigned to TDOC Central Office who has oversight of Reentry Services.
  - E. Counseling Services: Supportive consultation services provided by correctional counselors and other correctional staff to provide effective guidance, to promote an inmate's adjustment within the correctional environment, and to aid in coping with various issues of incarceration and transition from prison to community.
  - F. Employment Portfolio: A comprehensive file of offenders' essential documents and employment search tools that the offender takes with them upon release that includes, but is not limited to, copies of O\*Net Interest Profiler, O\*Net Ability Profiler, a master resume, a master job application, a master cover letter and a job search plan along with a list of recent openings within offender's county of residence.
  - G. Employment Readiness Assessment: An evidence-based assessment tool that certifies offenders as employment ready.
  - H. Employment Readiness Workshops: Workshops, facilitated by a career development facilitator on employment readiness subject matters to include interviewing skills, resume writing, dress for success, basic math skills, how to keep a job, etc.

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- I. Risk Needs Assessment Tool (RNA): For the purposes of this policy, a validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate's/offender's/resident's level of programming.
- J. Reentry Services: Services provided to assist offenders transitioning from prison to community i.e., Tennessee Department of Safety Drivers License/identification, birth certificate, social security replacement card, housing, employment, education, substance use, mental health, medical, behavioral programming, Veteran's benefits, transportation, disability benefits and service providers.
- K. Social Service Staff: Correctional counselors, substance use counselors, mental health professionals, and institutional probation/parole officers (IPPOs).
- L. Specialized Counseling: Individual and/or group oriented mental health services provided by licensed/qualified professional staff in order to meet the needs of an inmate.
- M. Transitional Assessment Plan (TAP): A summarization of an inmate's assets and liabilities which prioritizes programmatic needs, establishes goals, and establishes an action plan to aid the inmate in successfully meeting the stated goals.
- N. Transitional Assessment Plan-Behavioral Intervention Goals (TAP-BIG): Information derived from each inmate's risk needs assessment scores that identify strengths, weaknesses, and prioritizes programmatic needs, establishes goals, and an action plan to aid inmates in successfully meeting the stated goals. TAP-BIG information shall be stored on LCLX.
- O. Transitional Zone: Period of time in which an inmate is within one to six years of his/her release eligibility date (RED), expiration date, or future action date.
- V. POLICY: The Warden/designee shall develop, supervise, and maintain counseling services designed to address the needs of the inmates assigned to the facility.
- VI. PROCEDURES:
  - A. Counseling Services: In order to support the process of offender reentry, it is imperative that social services staff begin the reentry process when an offender is sentenced to TDOC. Each facility shall provide the following counseling services to the offender population:
    - 1. Reentry Services counselors shall assist with offender release planning, TAP-BIG, family reunification, housing, Veteran's Affairs, Social Security, etc. and shall not manage an assigned caseload due to institutional duties.
    - 2. Career development services counselors shall assist offenders in obtaining identification, administering career exploration and employment readiness assessments, creating career development plan and employment portfolio, conduct job readiness workshops, etc.



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3. Program facilitators shall facilitate evidence-based programming as approved by the Department.
4. Case managers shall assist offenders by reviewing, updating, and documenting an offender's program status, case plans, and providing information and clarification regarding an offender's inmate's inquiries to include, but not limited to, trust funds, sentence management questions, classification, etc.

B. Staff Availability

1. Institutional policy shall cover procedures for counselor assignments, inmate access to counselors, and provision of crisis intervention services. Such policy shall be submitted to the Assistant Commissioner of Rehabilitative Services for review and approval. Counselors are responsible for ensuring that TOMIS conversation LCD3, Staff Assignment, is kept current.
2. The staff to inmate ratio shall not exceed 1:150 unless approved by the Assistant Commissioner of Rehabilitative Services.
3. Work schedules of counselors and unit team staff shall be flexible and include evenings and weekends.
4. The Associate Warden of Treatment/Designee shall notify the Case Management Coordinator at TDOC Central Office of any reassignment of specialty counselors within three business days of the reassignment. Specialty counselors include the following:
  - a. Reentry Specialists
  - b. Career Development Specialists
  - c. Program Facilitators for Group Therapy, Therapeutic Community, and Pro-Social Life Skills.
5. The AWT/Designee shall notify the Case Management Coordinator at TDOC Central Office in writing of any correctional counselor who is on extended leave within three business days of notification from correctional counselor. The AWT/Designee shall also provide a contingency plan in writing on how to ensure the correctional counselors duties will be covered during his or her absence to ensure the facility is operating within policies.

C. Provisions for Services

1. TAP-BIG recommendations for inmates will be recorded on e-TOMIS LCLX or on TOMIS LCLX, Option 2, per Policy #513.04.1 and, if necessary, continued under LCLF (NA) by staff at diagnostic centers at the conclusion of the classification process. (See Policy #401.08)

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- a. Within 14 days of the inmate's arrival at the permanently assigned institution, the assigned counselor shall meet with the inmate to review classification and TAP/TAP-BIG recommendations. Inmates will be placed on registers according to Policy #513.04.1
  - b. Staff shall also request the assistance of mental health and educational specialists for recommendations as needed. The use of community resources which augment institutional social services shall be encouraged.
2. Program Plan Summary: Following the TAP/TAP-BIG review, a program plan summary or update is to be entered on TOMIS-LCDG, Contact Type TAPR (Transitional Assessment Review Plan) by a member of counseling services. The summary should include a brief statement concerning the inmate's needs background.

Emphasis should be placed on areas which appear to be significant. Needs should include, but not be limited to, the following:

- a. Risk, Needs, Assessment Domains
  - b. Mental health
  - c. Sex offender treatment (SOTP)
  - d. Violence intervention and anger management
  - e. Victimization
  - f. Predatory conduct
  - g. Security threat group (STG)
  - h. ID/Driver's License (See Policy #511.05)
3. Monitoring/Progress Notes: During the period of incarceration, the inmate's progress will be monitored by the counseling services staff. Program progress notes and other significant contacts shall be entered under LCDG, Contact Type TAPR. During scheduled annual or special classification hearings, the counselor shall summarize the inmate's total progress to date.
4. Notes shall be made if significant events occur at any time between these intervals, or if there is a substantive contact between the inmate and the counselor, including but not limited to, the following events:
  - a. Treatment program/class terminations
  - b. New Risk, Needs, Assessment recommendations
  - c. Significant misconduct
  - d. Segregation
  - e. Social Issues

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Counseling services staff may determine if there is a need for additional or updated evaluations, e.g., mental health. In this case, the counselor shall make the referral to the appropriate program coordinator or supervisor.

5. Inmates who are in the transition zone will be seen quarterly to review program status and documentation recorded on TAPR by the assigned case manager.
  6. The process of program review and monitoring will be suspended during periods of administrative segregation except for obvious needs, e.g., health, mental health, and conduct. Appropriate attention will be given to such needs and notes will be made during required reviews.
  7. Protective custody unit programmatic resources may be limited, thereby resulting in suspended program activity. However, there may be issues of need to be addressed and noted, e.g., significant protection issues including victimization, which may necessitate further attention.
- D. The chief counselor and correctional counselors shall serve on various institutional committees and boards, as institutional coordinators of inmate organizations.
- E. Any staff member with documented qualifications may provide specialized group counseling and other appropriate services which address risk, needs, assessment domains and are within their areas of expertise (i.e., substance abuse programs, etc.). Classroom training and monitoring by the mental health staff also allows for non-clinical group counseling to be conducted by unit teams or individual counselors (AA, NA, anger management, self-esteem, etc.).
- VII. ACA STANDARDS: 4-4428, 4-4433, 4-4434, 4-4435, 4-4437, and 4-4442.
- VIII. EXPIRATION DATE: March 15, 2020.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 511.01

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Effective Date: November 30, 2018

Distribution: B

Supersedes: 511.01 (4/1/16)  
PCN 18-20 (2/15/18)

Approved by: Tony Parker

Subject: FURLOUGHS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-21-227, TCA 41-21-239, and TCA 41-24-110.
- II. PURPOSE: To establish guidelines for granting inmate furlough privileges.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) and privately managed facilities employees and inmates.
- IV. DEFINITIONS:
  - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications
  - C. Electronic Monitoring: Monitoring of an inmate's movements and location via electronic equipment when on an authorized release from the facility.
  - D. Furlough: A temporary and time-limited release from physical custody status.
  - E. Furlough Coordinator: Staff member(s) appointed by the Warden/Superintendent to coordinate furlough processing at each facility.
  - F. Immediate Family: Mother, father, husband, wife, children, grandchildren, brother, sister, grandmother, grandfather, and half siblings. With verification, stepparent(s) or legal guardian may be considered within this definition.
- V. POLICY: The TDOC may grant furloughs on an individual basis to inmates who meet the eligibility criteria and are approved by the Warden/Superintendent (CMO at privately managed facilities).
- VI. PROCEDURES:
  - A. Furlough Privilege: Furloughs are a privilege and may be awarded only to those inmates with a record of behavior worthy of that privilege. The Warden/Superintendent (CMO at privately managed facilities) may revoke or withhold furlough privileges. Additionally, furlough privileges may be revoked or withheld as a result of action taken by the disciplinary committee. Failure to comply with furlough conditions can result in disciplinary action as deemed appropriate for the violation per Policy #502.01.

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- B. Inmates participating in a furlough shall be responsible for expenses incurred during the furlough. Expenses shall include, but not be limited to, transportation, lodging, meals, medical expenses incurred for non-emergency/non-life threatening conditions, etc. The inmate's signature releasing TDOC from financial or other liability during the furlough shall also be included on the conditions of the furlough statement. Inmates shall also be responsible for the cost incurred for electronic monitoring. A Personal Withdrawal Request, CR-2727, will be signed and the money deducted from the inmate's trust fund account prior to the inmate leaving the facility for furlough.
- C. Furlough Requests and Processing: When any type of furlough is requested by an eligible inmate, Institution Travel (LCD4) shall be completed. The Warden/Superintendent/designee (CMO at privately managed facilities) shall review and then enter the decision into Institution Travel (LCD4). If approved, travel document BI01D072 will be printed and signed by the Warden/Superintendent/designee (CMO at privately managed facilities), inmate, and staff who have been designated to process furloughs. If disapproved, Institution Travel (LCD4) will be completed, screen printed, and reason(s) for disapproval shall be noted on the printout. A copy shall be forwarded to the inmate and the original shall be sent to the inmate institutional record (IIR) through the furlough coordinator.
- D. Inmates will be allowed to take their TDOC ID with them on furlough.
- E. Law Enforcement Notification: The chief law enforcement officer of the furlough destination (sheriff and/or chief of police) shall be notified by staff designated by the Warden/Superintendent at least five calendar days prior to the date of furlough departure of all inmates approved for furlough.
1. INFOPAC report BI01D082 shall be used for notification purposes for all inmates convicted of homicide offenses.
  2. INFOPAC report BI01D071 shall be used for notification purposes for all other inmates.
  3. In the event that an emergency furlough is granted based on the death or critical illness of an immediate family member, notification shall be made immediately. The appropriate notification form should be faxed, when possible, to the chief law enforcement (sheriff and/or chief of police) agency in the area of the furlough destination. The fax confirmation message should be attached to the file copy and placed in the IIR. If the fax transmission is not possible, telephone notification shall be made and documented on Contact Notes, (LCDG), using the code OLTC.
  4. All inmates must have the furlough form BI01D072 stamped, signed, etc., by an authorized representative in the law enforcement official's office of the county where the inmate is going. Upon return from furlough, the inmate must turn in the form showing that contact was made with the appropriate official. That document shall be filed in the IIR.
- F. All offenders who have been referred by the Reentry Discharge Planning committee to the classification committee may be granted up to one 48-hour furlough only for the purpose of securing employment and/or a place of residence upon release from confinement. In no event shall such a furlough be granted to an inmate after he/she has secured both employment and a place of residence. The following rules and criteria are applicable:

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1. Furloughs shall be taken during the regular workweek between Monday and Friday only; holidays are excluded.
2. The inmate must be within 30 days of a verified expiration of sentence release date or have been granted parole by the Board but has neither been able to develop a release plan nor have a release plan approved after a minimum of 30 days.
3. Inmates shall be classified minimum restricted custody or less, have no history of escape, have no active detainers, and have not been identified as a sex offender § (current or prior).
4. Inmates leaving the institution on a furlough will be monitored electronically via an approved TDOC system. The monitoring system will be set for the inmate's itinerary and parameters and will be fully explained to the inmate prior to leaving the institution.
5. Requests for a furlough shall be submitted to the Associate Warden of Treatment/Deputy Superintendent and/or Security at least 14 days prior to the furlough date. All requests shall be processed and finalized at least five days prior to the furlough date. Once the furlough has been approved, the Victim Services Coordinator shall be notified of the impending furlough. The Victim Services Coordinator shall notify any registered victims and/or victims' family members of the approved furlough.
6. Furlough expenses shall be the responsibility of the inmate. A withdrawal for up to \$50.00 may be processed (using the approved TDOC contract vendor reloadable debit card), ten working days prior to the date of the furlough departure. Upon return to the facility, the inmate must relinquish the contract vendor debit card so that any money not spent can be deposited back into his/her trust fund account.
7. A member of the inmate's immediate family who is on the approved visitation list, a representative from an approved housing provider, or a volunteer approved by the Associate Warden of Treatment or Security/Deputy Superintendent shall provide transportation both to and from the institution. In the event the family member is also the offenders' victim, the family member will not be eligible.
8. A description of the vehicle and license tag number will be noted and kept in central control until the return of the inmate. The transporter will also provide a valid Tennessee driver's license and a copy will be kept on file. The transporter's cellular telephone number shall be recorded by the Associate Warden of Treatment or Security/Deputy Superintendent and he/she shall verify that the telephone is in working order prior to departure.
9. The furlough may consist of interviews for either employment and/or housing. The inmate shall provide the Chief Counselor or Re-Entry Specialist with details of prospective employers and prospective housing arrangements.
10. The Chief Counselor or Re-Entry Specialist shall follow up with the documented contact person to ensure that the inmate appeared at the interview and document the results of the interview on OMS Screen LCDG, using contact code CDWD and RESP.

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Subject: FURLOUGHS		

11. In the event of an accident/emergency, the transporter should call 911 for life-threatening emergencies and then contact the institution to report the situation. Each institution shall develop a Contact Information Sheet for the transporter that details institutional contact protocol and local law enforcement non-emergency contact information
12. Inmates leaving on furlough will be allowed to wear state issue, non-stenciled clothing. The clothing will be collected upon return from the furlough and reissued upon release from incarceration.

G. Emergency Furlough: Any inmate classified as minimum trustee custody may be granted up to a two day emergency furlough only if he/she has no more than one year until his/her release eligibility date (RED), future action date (FAD), expiration date (EXP) date, or sentence expiration and has served no less than one year in a TDOC facility on the current conviction. Emergency furloughs may be considered only in the event of a death or critical or terminal illness of an immediate family member.

1. Verification of a death must be made through the funeral home or through the local coroner's office by designated institutional staff. Verification shall be documented and signed by verifying staff.
2. Health services staff, the chaplain, or a designee must make verification of any critical or terminal illness with the staff or doctor of the hospital where the relative is being treated.
3. In addition to completing the procedures outlined in Section VI.(C) of this policy, the furlough coordinator shall request and print INFOPAC reports BI01MAV, Emergency Travel Request, for all approved furloughs. This report shall be placed in Volume II of the IIR.

H. Furlough Violation:

1. Failure to accomplish the purpose of the furlough (i.e., not going to a scheduled interview, spending the furlough at home instead of job/house hunting, etc.) or violation of furlough rules will result in disciplinary action.
2. Any inmate committing a felony while on furlough shall be ineligible for further furlough consideration as is anyone with a pending charge or detainer.
3. Inmates who do not return from furloughs or ~~to~~ report within the agreed upon time will be disciplined by the procedures set forth below:
  - a. An individual who is beyond more than 30 minutes late in violation of the agreement shall be issued a disciplinary report for Abscond Custody – Minimum Security (ACM). If an inmate determines that he/she will be unable to arrive at the designated location by the assigned time due to conditions beyond his/her control, he/she will notify the institution within 15 minutes prior to the designated time. If it is determined to be a justified condition, a disciplinary report will not be issued.
  - b. Inmates who fail to report to the designated location for more than three hours after the agreed upon time and who have made no contact with the institution or who remove an electronic monitoring device improperly shall trigger immediate action.

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At this point, the local authorities shall be notified, escape procedures implemented, and an escape warrant obtained in accordance with Policy #506.12. A disciplinary report will be issued for Abscond Custody - Minimum Security (ACM). In the event that a lesser disciplinary charge is more appropriate, the disciplinary will be dismissed and rewritten to reflect the correct offense (furlough violation) at the time of the disciplinary hearing.

- I. Inmates returning to the facility from any type of furlough shall be strip searched and tested for drug and alcohol use. Drug screens shall be administered in accordance with Policy #506.21 and subject to the provisions therein.
- J. Upon the conclusion of a furlough, the institution's reentry and career development specialist shall discuss the results of the furlough with the inmate to determine if the goals and objectives were met (i.e., job interviews completed, employment obtained, housing located, etc.). This discussion shall be documented on Contact Notes (LCDG), using code CDWD and RESP.

VII. ACA STANDARDS: 4-4442, 4-4444, and 4-4502.

VIII. EXPIRATION DATE: November 30, 2021.





TENNESSEE DEPARTMENT OF CORRECTION  
TRUST FUND ACCOUNT  
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$

DATE:

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME  
STREET ADDRESS  
CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

INMATE SIGNATURE

INMATE #

Building:  
Room #:

WITNESSED:

APPROVED: YES NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE



TENNESSEE DEPARTMENT OF CORRECTION  
TRUST FUND ACCOUNT  
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APPROVED: YES NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 511.01.1

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Effective Date: July 1, 2019

Distribution: B

Supersedes: 511.01.1 (6/15/14)

Approved by: Tony Parker

Subject: MEDICAL FURLOUGHS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-35-501, and TCA 41-21-227.
- II. PURPOSE: To provide guidelines for the initiation, processing, and granting or denial of medical furloughs.
- III. APPLICATION: To Assistant Commissioner of Prisons, Assistant Commissioner of Community Supervision, all Tennessee Department of Correction (TDOC) employees, inmates, medical contractors, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Medical Furlough: The release of an inmate from TDOC institutional custody (for medical reasons) to the supervision of the TDOC Division of Community Supervision.
  - B. Medical Furlough Coordinator: Clinical Services staff member who, under the direction of the TDOC Chief Medical Officer, is responsible for the coordination of the medical furlough process from initial request to final decision of the TDOC Commissioner.
- V. POLICY: The Commissioner is empowered to grant a medical furlough and such furlough may be revoked at his/her discretion at any time. Medical furloughs are a privilege and are to be considered as such.
- VI. PROCEDURES:
  - A. Requests for medical furloughs may be submitted for inmates meeting the following medical criteria in accordance with TCA 41-21-227.
    1. Inmates who, due to their medical condition, are in imminent peril of death.
    2. Inmates who have a severe physical/or psychological deterioration who are no longer able to take care of themselves in the prison environment. The level of deterioration must render the inmate incapable of performing basic activities of daily living or unable to think cognitively to the point where the inmate does not pose a threat to the public. Such furloughs are generally considered for inmates requiring skilled nursing care, hospitalization, or acute psychiatric care for an extended period of time without expectation of improvement in their medical condition.
    3. Inmates who are under sentence of death shall not be considered for medical furlough.
  - B. Authorization of Medical Furlough: In accordance with the Process for Medical Furlough Request, CR-2285, medical furloughs may be granted by the Commissioner, upon receipt of recommendations from the Warden, the TDOC Chief Medical Officer/designee, Assistant Commissioner of Prisons, and the Assistant Commissioner of Community Supervision.

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C. Medical Furlough Request and/Routing Process:

1. Inmates meeting the criteria for medical furlough, their legal guardian/conservator, TDOC staff, or family acting on their behalf, may request consideration by the institutional physician
2. Initiation of Medical Furlough Request
  - a. The institutional physician shall initiate the Process for Medical Furlough Request, CR-2285, by completing sections I and II.
    - (1) If the institutional physician determines that the inmate does not meet the medical criteria for a medical furlough, he/she shall so indicate in section II of Process for Medical Furlough Request, CR-2285, and forward CR-2285 to the TDOC Chief Medical Officer/designee with copies to the Institutional and Statewide Clinical Case Managers to close the request. No further action is required.
    - (2) If the institutional physician determines that an inmate meets the medical criteria for a medical furlough, he/she shall advise the institutional health administrator and institutional clinical case manager.
  - b. The institutional clinical case manager shall complete Section III of Process for Medical Furlough Request, CR-2285, and shall:
    - (1) Identify community resources that are available to the inmate, to facilitate continuum of health care.
    - (2) Identify available housing resources (i.e. family, skilled nursing care, nursing home, hospice, etc.).
    - (3) Identify support systems and initiate the application process for Social Security Insurance, Medicaid/Medicare, and Veterans benefits, etc.
  - c. The Health Administrator or staff designee shall notify the inmate and assist in completing a Process for Medical Furlough Request, CR-2285. The health administrator is responsible for completing and submitting the following documents to the Warden:
    - (1) Authorization for Release of Health Services information, CR-1885.
    - (2) Process for Medical Furlough Request, CR-2285
    - (3) Supporting statement from person or organization accepting responsibility for the inmate upon release (e.g., Hospice, nursing home, family members, etc.).
    - (4) Notarized report from facility physician including:

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- (a) Inmate's name and TDOC number
  - (b) History of illness or condition (list diagnosis)
  - (c) Description of illness or condition at the time of application for medical furlough
  - (d) How continued incarceration will affect the inmate's condition
  - (e) Prognosis and life expectancy
  - (f) Release plans (include name and address of the physician who will be providing care during furlough)
  - (g) Recommendation for medical furlough
  - (h) Offender Management Screens (OMS):
    - (1) Inmate's Face Sheet
    - (2) LSTQ- Tennessee sentences
3. The Warden shall review the inmates' institutional record, Process for Medical Furlough Request, CR-2285, and accompanying documents. The Warden shall attach a separate sheet adding any pertinent remarks to the request and recommend approval or denial in Section VI of the CR-2285, Actions/Recommendations. All documents shall be forwarded to the TDOC Chief Medical Officer/designee within two business days for evaluation.
4. The TDOC Statewide Clinical Case Program Manager shall verify completion of Process for Medical Furlough Request (Section III), CR-2285, and shall:
- a. Ensure community resources are available to the inmate, to facilitate continuum of health care.
  - b. Ensure availability of housing resources (i.e. family, skilled nursing care, nursing home, hospice, etc.)
  - c. Ensure support systems have been identified and status of the application process for Social Security Insurance, Medicaid/Medicare, and Veterans benefits, etc.
  - d. Document progress of the furlough re-entry plan in Section VI of CR-2285, Actions/Recommendations.
5. The TDOC Chief Medical Officer/designee shall:
- a. Conduct a physical assessment of the inmate and complete Section IV of Process for Request for Medical Furlough, CR-2285, and Consideration-Physical.
  - b. Review the Medical Furlough Request and documentation for appropriateness and recommend approval or denial in Section VI, Actions/Recommendations of the CR-2285.
  - c. Forward all documents to the Victim Services Director.

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6. The Victim Services Director shall determine if there is opposition by the victim(s). The Victim Services Director shall notify the victim(s) of an inmate's request for medical furlough with return response request required within three days of receipt via telecommunication to the Victim Services Director who shall document findings in Section VI, Actions/Recommendations, of Process for Medical Furlough Request, CR-2285. The CR-2285 shall be forwarded within four business days of the initial notification to Victim Services, and to the TDOC Chief Medical Officer/designee from time of receipt.
7. The TDOC Chief Medical Officer/designee shall confirm all documents are in order and forward the CR-2285, and supporting documents to the Assistant Commissioner of Community Supervision.
8. Assistant Commissioner of Community Supervision Duties and Responsibilities for Verification of Furlough Request:
  - a. Specific emphasis on:
    - (1) Proposed residence arrangements
    - (2) Family support
    - (3) Medical and financial arrangements
    - (4) Social services resources
    - (5) Determine if there is community opposition by the district attorney, chief law enforcement officer (both in county of proposed residence and in the county in which the offense was committed), or the sentencing judge. The probation/parole staff will be authorized to provide information to the district attorney or chief law enforcement officer that fully explains the applicant's condition and prognosis.
    - (6) Document any community opposition to the furlough and the reason for the opposition.
  - b. Review of Medical Furlough Request and documentation for appropriateness and recommend approval or denial in Section VI, of Actions/Recommendations of Process for Medical Furlough Request, CR-2285.
9. During the recommendation/routing process any special considerations or conditions of furlough, shall be introduced by attaching a separate sheet.
10. Return the Process for Medical Furlough Request, CR-2285, and accompanying documents to the TDOC Chief Medical Officer or designee indicating that the furlough information has been verified or is unverified along with a written summary of the field investigation. The substance of any opposition to the furlough should be clearly explained.

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11. The TDOC Chief Medical Officer/designee shall forward all documents for approval/denial and signature to the Commissioner for final review in the order listed below:

- a. General Counsel
- b. Assistant Commissioner of Prisons
- c. Chief of Staff
- d. Commissioner

D. Approval/Denial of Medical Furlough Request by the Commissioner:

1. The Commissioner shall have the final decision on the Process for Medical Furlough Request, CR-2285.
2. Should the Commissioner deny the request, a medical furlough shall not be resubmitted unless there is a significant change of circumstances not included in the original request.
3. A written notification of the final decision shall be prepared by the TDOC Chief Medical Officer/designee and distributed as follows:
  - a. Original: Warden
  - b. Copies:
    - (1) Assistant Commissioner of Community Supervision
    - (2) Assistant Commissioner of Prisons
    - (3) Institutional Health/Behavioral Health Administrator
    - (4) Inmate
    - (5) Operational Support Services File
    - (6) TDOC Medical Furlough Coordinator
    - (7) Victim Services Director
    - (8) Institutional Records Office if applicable
    - (9) Tennessee Bureau of Investigation, if the inmate is a sex offender. (See Policy #511.03)
    - (10) Contract Monitor of Operations (CMO) and Contract Monitor of Compliance (CMC) at privately managed facilities
4. Upon the Commissioner's approval of the Medical Furlough Request, the Warden shall:
  - a. Instruct the Institutional Counselor to verbally advise the inmate or conservator (if the inmate is unable to sign for himself/herself) of the conditions of the furlough.

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- b. Complete the Medical Furlough Conditions of Release, Section V. of the CR-2285, with the furloughed inmate. The Warden and inmate or inmate's guardian/conservator shall sign the form affirming that the conditions of the Medical Furlough request have been reviewed and signatures shall be witnessed by an Associate Warden/designee. TDOC Medical Furlough Coordinator will coordinate with the Warden the effective furlough date.
- c. Ensure that the completed Medical Furlough Conditions of Release, Section V of Process for Medical Furlough Request, CR-2285, is forwarded to the Institutional records office, who shall verify that OMS conversation LPDD (Interested Party/Comments) has been completed and notify all appropriate including the Assistant Commissioner of Community Supervision, of the effective furlough date. The institutional records office shall send written notice to the sheriff in whose jurisdiction the furloughed inmate was convicted and the sheriff in whose jurisdiction the inmate intends to reside.

Copies shall also be sent to the chief of police (where applicable) and district attorneys general at each location. In addition, the victim coordinator in the jurisdiction where the crime(s) occurred shall be notified. Copies of all such notifications shall be placed in the inmate's institutional file.

- d. Ensure that copies of the completed CR-2285 are distributed as follows:
  - (1) Inmate/conservator
  - (2) Assistant Commissioner of Community Supervision
  - (3) Operational Support Services File
5. The Warden or designee shall forward copies of the Medical Furlough Conditions of Release, CR-2285, Section V, to the following:
  - a. Assistant Commissioner of Community Supervision
  - b. Assistant Commissioner of Prisons
  - c. Institutional Health Administrator
  - d. Inmate
  - e. Operational Support Services File
  - f. TDOC Medical Furlough Coordinator

E. Medical Furlough Financial Responsibility: The Department shall not be responsible for any expenses, medical or otherwise, incurred by the inmate while on medical furlough. All such expenses shall be the responsibility of the inmate. The inmate's signature, or the signature of the inmate's guardian/conservator, releasing the department from financial or other liability during the furlough, must be included on the conditions of furlough statement.

F. Furlough Supervision

1. Community Supervision: The Assistant Commissioner of Community Supervision/designee will be requested to assign staff to:

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- a. Supervise the inmate while he/she is on medical furlough.
- b. Ensure that the Process for Medical Furlough Request, CR-2285, is placed in the client's file and the case is added to the statistical report. Staff shall make initial and continuing appropriate entries into OMS conversations about the offender's status and location.
- c. Establish a supervision level and explain the written monthly reporting procedures.
- d. Establish a reporting schedule including time and place of future reporting.
- e. Furnish the inmate/conservator with the names, location, and phone numbers of supervisors within the region giving instructions (including 24 hour access information) stating that the probation/parole officer's supervisor may be contacted if the probation/parole officer is unable to be reached.
- f. Explain to the inmate/conservator that the probation/parole officer will visit the inmate on a monthly basis and submit a written report of his/her present medical status to the District Director and immediate supervisor.
- g. Explain to the inmate/conservator that the probation/parole officer will periodically contact the inmate's physician to monitor the medical condition on which the furlough is granted. The officer shall obtain the inmate's signature on an Authorization of Release for Health Services Information, CR-1885.
- h. Explain to the inmate/conservator that the inmate is required to pay supervision fees in accordance with TCA 40-28-201.
- i. Discuss thoroughly with the inmate/conservator the conditions of the furlough. It is imperative that the inmate/conservator have a clear understanding of his/her responsibilities during the medical furlough period.
- j. Each month, the Assistant Commissioner of Community Supervision/designee shall prepare a Medical Furlough Status Report that contains information regarding inmates currently on medical furloughs. This report shall be distributed to the Commissioner, Assistant Commissioner of Prisons, TDOC Chief Medical Officer/designee, Community Corrections Administrators, and District Directors.

2. Parole Eligibility:

- a. If the inmate becomes eligible for parole during furlough, the releasing institution shall notify the BOP, through the institutional parole officer, of the inmate's medical furlough and determine from the Board where the hearing is to be scheduled. The institution shall notify the inmate and his/her probation officer of the relevant details. If parole is granted, the parole certificate will be issued through the institution and the inmate will transfer from furlough status to parole supervision.



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- b. A monthly written progress report shall be made by the probation/parole officer and sent to the Assistant Commissioner of Community Supervision/designee, and the TDOC Chief Medical Officer/designee who shall forward the report to the Commissioner.
3. Permanent address: Under the conditions of medical furlough, the inmate is not allowed to move permanently from the legal address to which he/she was released without the prior written approval from the Commissioner/designee. This will not preclude an offender being moved to a hospital or nursing home. This would be considered a temporary emergency move, which would then be investigated and approved if it were later to become permanent. Also, this information is to be sent to the Assistant Commissioner of Community Supervision/designee and documented in OMS.
4. Medical care outside of county/state: If the inmate requests medical care at a location outside of the county or the state, detailed information regarding the facility location, name of physician, length of stay and other pertinent information must be confirmed and recorded by the probation/parole officer. Prior approval and a travel permit issued by probation/parole officer are required, after approval by the Commissioner/designee.
5. Death of an Inmate on Medical Furlough:
  - a. In the event of the death of an inmate on medical furlough, the probation/parole officer shall:
    - (1) Confirm the death and comply with any applicable mandates of Policies #103.02, #103.05, and #511.01.1.
    - (2) Notify the Assistant Commissioner of Community Supervision/designee.
    - (3) Complete Medical Furlough Review, CR-3877, detailing the death, the place and time of death, along with any known circumstances.
    - (4) Notify the Warden of the appropriate institution promptly via e-mail and with documentation in OMS giving details of death, i.e. date and time, funeral notification; and forwarding a copy of the incident report.
    - (5) Close the case in compliance with any applicable mandates of Policy #708.06.
  - b. Upon notification of the event of death of an inmate on medical furlough, the Assistant Commissioner of Community Supervision/designee shall notify the Assistant Commissioner of Prisons/designee and TDOC Chief Medical Officer/designee and provide a copy of CR-3877.
  - c. The TDOC Chief Medical Officer/designee shall secure a copy of the death certificate to be placed in the inmate's health file.

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6. Violation of Conditions or Change of Medical Status: If, at any time, the probation/parole officer has reason to believe that the inmate has been arrested or violated the conditions of his/her furlough, that the furlough is not being used for the purpose granted, that the inmate no longer qualifies for the furlough granted, or that the inmate's continued presence in the community poses a threat to the inmate, to a member of the community, to the community as a whole, or to the Department's furlough program, the probation/parole officer shall prepare a written report and submit this report to his/her supervisor for approval. The supervisor shall review the report for approval and immediately notify the Assistant Commissioner of Community Supervision/designee via telephone. The Assistant Commissioner of Community Supervision will immediately notify the Commissioner, and the TDOC Chief Medical Officer/designee, giving full details of the violation or change of status/condition under which the medical furlough was granted. If the Commissioner is of the opinion that immediate action is required, then the following steps are to be taken.
  - a. The Assistant Commissioner of Prisons shall notify the Warden of the TDOC institution closest to the inmate's location of the situation.
  - b. The Assistant Commissioner of Prisons shall complete an Order of Revocation of Medical Furlough and Return to Prison, CR-3565, and fill out all necessary information. The Assistant Commissioner of Prisons will then have the Commissioner sign the CR-3565 and shall fax, scan/email it to the Warden of the institution that will be responsible for taking the inmate into custody. A copy of the CR-3565 shall also be forwarded to the CMO at privately managed facilities if applicable.
  - c. The Warden shall contact the Director of the Office of Investigation and Compliance (OIC) and request their assistance in taking the inmate into custody. A copy of the CR-3565 will be provided to the agency or agencies that assist institutional personnel.
  - d. The inmate will be housed in the nearest TDOC institution until he/she is returned to the releasing institution or to other appropriate housing.
  - e. Reporting: The Assistant Commissioner of Community Supervision shall provide a monthly violation report to the Assistant Commissioner of Prisons and the TDOC Chief Medical Officer/designee.

G. Furlough Revocation/Modification/Extension:

1. When an inmate has been returned to an institution pursuant to the Commissioner's order, the Commissioner shall designate a person or persons to conduct a due process hearing.
  - a. Such designee(s) shall ensure that the inmate receives a copy of the order at least 24 hours before the hearing. A copy of the order signed by the inmate shall be maintained as evidence of the notification. If the inmate has an appointed guardian or a conservator, the legal guardian or conservator shall also be notified 24 hours before the hearing.

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- b. The hearing shall be conducted by the designee(s) within seven days of the inmate's return to the institution.
  - c. The inmate shall be entitled to assistance from an inmate/staff advisor.
  - d. The inmate shall be permitted to appear and testify before the designee(s), unless the inmate is disorderly (i.e., preventing orderly conduct of the hearing). The inmate shall be permitted to present at least one witness in his/her behalf and additional witnesses may be presented at the discretion of the designee(s). The personal appearance of any witness may be prohibited for security reasons, but a written statement shall be accepted instead.
  - e. If an inmate has an appointed legal guardian or a conservator, that individual may represent the inmate at the due process hearing.
  - f. The Commissioner, at his/her discretion, may personally appear before the designee(s) or provide a written summary of the information upon which he/she relied if the order does not provide complete information. The testimony of the Commissioner, or any other witness, may be taken in a closed session, in whole or part, where the testimony could reasonably reveal the source of confidential information. Likewise, written statements containing confidential information may be considered without making the statement available to the inmate or inmate advisor.
  - g. After conducting the hearing, the designee(s) shall submit a report and recommendation to the Commissioner within three working days. Such report shall include a summary of relevant testimony and evidence received a recommendation as to whether the furlough should be revoked or modified, and the reasons therefore.
  - h. Within three working days of receipt of the report and recommendation, the Commissioner shall decide whether there is substantial (even if subjective) reason(s) to believe that the furlough should be revoked or modified for the reasons stated in his order. His/her decision shall be reduced to writing and a copy transmitted to the inmate in a timely manner. This decision shall be final.
2. Medical Furlough Review: Current furloughed inmates will be semi-annually reviewed for the consideration of a Medical Furlough Continuation by the TDOC Chief Medical Officer /designee and their assigned probation/parole officer.
- a. The TDOC Chief Medical Officer/designee shall request medical records from the furloughed inmate's community physician semi-annually, to review and determine if an inmate continues to meet the medical criteria for a medical furlough continuation, Medical Furlough Review, CR-3877.
    - (1) If the inmate continues to meet the criteria for the medical furlough established herein, Medical Furlough Review, CR-3877 shall be noted and no further action is required.

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(2) If the review of the inmate's community physician's medical record indicates he/she may no longer meet the criteria for the medical furlough established herein, Medical Furlough Review, CR-3877, shall be noted and the medical furlough may be revoked.

b. The assigned probation/parole officer shall preform a comprehensive review semi-annually of the inmate's case to ensure that the inmate is in compliance with the Conditions of Medical Furlough, noting recommendation on the Medical Furlough Review, CR-3877.

c. If the assigned probation/parole officer identifies a Violation(s) of Conditions of Medical Furlough, the procedure outlined in Section VI.(F)(6) shall be followed. The inmate shall receive a medical screening in accordance with Policies #113.20, #113.23, and #113.44.

H. Failure to Return: The Commissioner may order that an inmate be taken immediately into custody at any time. All furloughs may include the condition that the inmate shall ~~to~~ return to an institution at a designated time. Should the inmate fail to return as directed, escape procedures will be implemented in accordance with Policy #506.12.

VII. ACA STANDARDS: 4-4347.

VIII. EXPIRATION DATE: July 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION**

\_\_\_\_\_  
INSTITUTION

INMATE NAME (PRINTED): \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

☐ I hereby authorize \_\_\_\_\_  
(NAME OF PROVIDER/FACILITY) to release the information

indicated below to the Tennessee Department of Correction (TDOC) regarding my clinical treatment.

TDOC Facility Name/Community Supervision Office: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please release the following information (Check "✓" all that apply):**

☐ Health Record    ☐ Infectious Disease Record    ☐ Dental Record    ☐ Behavioral Health Record    ☐ Psychotherapy Notes  
☐ Substance Use Diagnosis/Treatment    ☐ Other: \_\_\_\_\_    Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.*

**Purpose of the disclosure:** \_\_\_\_\_

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of TDOC Division of Records Management, 2<sup>nd</sup> Floor, 320 Sixth Avenue North, Nashville, TN 37243-0465.
- I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
- I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
- I understand that a provider may not condition treatment on whether or not I sign this authorization.
- Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

***The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.***

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if minor) or Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
MEDICAL FURLOUGH REVIEW

ATTENTION: Warden / Chief Medical Officer / Administrator of Community Supervision/ Sheriff: \_\_\_\_\_

\_\_\_\_\_  
Name of Offender

\_\_\_\_\_  
TDOC#

\_\_\_\_\_  
Race

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Security Level

- ☐ The above Offender's community medical records have been reviewed and he/she has been recommended for a **MEDICAL FURLOUGH CONTINUATION** by the TDOC Chief Medical Officer/Designee.

Reason for Medical Furlough:

Illness: \_\_\_\_\_ Other: \_\_\_\_\_

- ☐ The above Offender case has been reviewed by the assigned Probation/Parole Officer and has been recommended for a **MEDICAL FURLOUGH CONTINUATION**.

Where does Offender reside?

Where does Offender report?

**RESIDE:** \_\_\_\_\_ **REPORT:** \_\_\_\_\_

Note Special Instructions: (ex. **GPS Structured Home Confinement** Authorized by)

- ☐ The above Offender has **NOT** been granted a **continuation** of his/her MEDICAL FURLOUGH by the TDOC. The Medical Furlough is revoked in accordance with the provisions of TCA 41-21-227, TDOC policy 511.01.1 and/or Conditions of the Medical Furlough.

\_\_\_\_\_ Violation of Conditions of Medical Furlough \_\_\_\_\_

**Date and Time to be returned to the Institution:** \_\_\_\_\_

- ☐ Inmate's condition improved so that the inmate is no longer in imminent peril of death or so that inmate may be able to adequately care for their own health in the prison environment.

**Date and Time to be returned to the Institution:** \_\_\_\_\_

- ☐ **Inmate is deceased** (process in accordance with applicable mandates of policies 103.02, 103.05, 708.06 and 511.01.1)

Date of death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Circumstances:

\_\_\_\_\_  
Department of Correction, Clinical Services

\_\_\_\_\_  
Date and Time forwarded to Community Supervision

\_\_\_\_\_  
Department of Correction, Community Supervision

Inmate Name: \_\_\_\_\_

TDOC#: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**

The Medical Furlough process is outlined in Policy # 511.01.1 and allows consideration for release by the Tennessee Department of Correction for inmates with terminal illness and/or seriously ill as outlined in Policy #511.01.1 Medical Furlough and who are no longer a threat to public safety. The objective is to identify inmates, meeting these criteria, and refer them for medical furlough. For the purpose of the Medical Furlough Request, Terminally Ill and Seriously Ill are defined as:

Terminally ill: guesstimate life expectancy < 12 months due to illness.

Seriously ill: condition requires frequent, extensive, specialized care, not reversible with current medical therapy.

Everyone involved in clinical care is responsible for identifying appropriate inmates.

Once identified, the Warden, assistant Warden of Treatment, Health Service Administrator (HSA), Institutional Physician and Clinical Case Manager (CCM) at the assigned facility must work as a team.

The Physician will initiate the Medical Furlough Request. Each section of the request form must be fully completed, by appropriate personnel, in order to provide compelling documentation to the Tennessee Department of Correction, to hopefully grant the request. This 'snapshot' of the inmate should describe the medical condition, and include information to support no threat to public safety (i.e. assistance with ADL's, mobility: wheelchair /bed bound, dementia, restrictions due to respiratory compromise, etc.) Please include a plan for continuity of care upon release (accommodations, financial and medial support systems, etc.).

**The Health Service Administrator and Clinical Case Manager should be diligent in identifying social/ community resources (and initiating applications, if needed-SSI, Medicaid/Medicare, VA, etc.) and conducting initial review of the "residence plan":**

- **Verification of the proposed address**
- **Willingness and capability of the proposed care giver**
- **Restrictions, especially for sex offenders**

The completed Medical Furlough Request will be processed by the institution's Clinical Services and forwarded to the Office of Clinical Services, Tennessee Department of Correction at [Medical.Furlough@tn.gov](mailto:Medical.Furlough@tn.gov) The decision of either approval or denial of the medical furlough will be communicated to the Warden and Physician of the assigned facility.

Thank you in advance for your cooperation. Any questions or concerns should be directed to the TDOC Chief Medical Officer.

**Section I**

DATE: _____	SECURITY: _____
NAME: _____	RED: _____
INSTITUTION: _____	EXP: _____
TDOC NUMBER: _____	DETAINER: <input type="checkbox"/> Y <input type="checkbox"/> N Where? _____
DATE OF BIRTH _____	MH Level: _____ ( <u>Level of Care</u> )
RACE: _____ SEX: _____	OFFENSE: _____



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**

**Section II**

**INSTITUTIONAL MEDICAL AUTHORITY**

A. What is the diagnosis (es)?					
B. Prognosis:	<input type="checkbox"/> less than 6 months	<input type="checkbox"/> less than 12 months	<input type="checkbox"/> Other (specify):		
C. Diagnosis (es) was established by:	<input type="checkbox"/> Tissue	<input type="checkbox"/> Lab results	<input type="checkbox"/> Imaging	<input type="checkbox"/> Procedure	<input type="checkbox"/> MH Evaluation
Results:					
Current Treatment:					
D. Is inmate compliant with treatment plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	
E. Level of inmate functioning limitations:					
<input type="checkbox"/> Feeding	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Toilet	<input type="checkbox"/> Wheelchair/Walker		
<input type="checkbox"/> Dressing	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Positioning		
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Ostomy	<input type="checkbox"/> Limb Prosthesis	<input type="checkbox"/> Respiratory Assistance		
<input type="checkbox"/> Mental Impairment:	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Memory	<input type="checkbox"/> Dementia		
<input type="checkbox"/> Other(Explain):					
F. Medication Category:					
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Pain Management	<input type="checkbox"/> HIV		
<input type="checkbox"/> Steroids	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Hepatitis C		
<input type="checkbox"/> Respiratory Assistance					
G. Placement required as demonstrated by limitation of Activities of Daily Living:					
<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Hospice	<input type="checkbox"/> Nursing Home			
<input type="checkbox"/> Residence	<input type="checkbox"/> Long term Acute Care				
H. Inmate does not meet Medical Furlough criteria. No further action needed.		<input type="checkbox"/>			

\_\_\_\_\_  
Institution Physician/Designee

\_\_\_\_\_  
Date



Inmate Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**

**Section III**

**CLINICAL CASE MANAGER**

A. Name/Relationship to inmate of where the inmate would live:

\_\_\_\_\_

B. Location and contact number:

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

Type of Accommodation: ☐ Residence ☐ Room ☐ Apartment ☐ Facility

C. Is family or other physical/financial support available? \_\_\_\_\_

D. Is there a written statement for such support? \_\_\_\_\_

E. Name and Address of available

Primary Medical Care: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Hospital: \_\_\_\_\_

Facility: \_\_\_\_\_

F. Available Resources: Insurance \_\_\_\_\_ Government Agency \_\_\_\_\_

G. What other support (emotional/financial) is available? \_\_\_\_\_

\_\_\_\_\_

H. Discharge Plan has been started: ☐ SSI ☐ Medicaid ☐ Veteran

\_\_\_\_\_  
Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**Section IV**

**TDOC CHIEF MEDICAL OFFICER (Central Office Use Only)**

A. Is the diagnosis (es) valid? ☐ Yes ☐ No

B. Is the prognosis consistent with the clinical information? ☐ Yes ☐ No

C. Estimated  
costs

- Future medical care while in TDOC custody \_\_\_\_\_
- Avoidance cost, if approved for Medical Furlough \_\_\_\_\_
- Security Cost \_\_\_\_\_
- Additional cost to include: (medical equipment and supplies, ER runs, pharmacy cost and hospital admissions) \_\_\_\_\_

D. How will the inmate function, if released?

☐ Independent ☐ Ventilator Dependent ☐ Assisted Living ☐ Bedridden

E. Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Chief Medical Officer/Designee \_\_\_\_\_ Date \_\_\_\_\_

Inmate Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**  
**MEDICAL FURLOUGH CONDITIONS OF RELEASE**

**Section V**

\_\_\_\_\_  
Inmate Name

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

This Furlough Certificate will not become operative until the following conditions are agreed to by the inmate. Violation of any of these conditions or providing false information on this order may result in immediate arrest followed by furlough revocation.

I, \_\_\_\_\_, \_\_\_\_\_ will proceed directly to my  
Inmate Name TDOC Number  
destination upon release and I will report to the Probation/Parole Officer assigned to supervise my case within 24 hours of my release.

Probation/Parole Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Office Address: \_\_\_\_\_

1. I will not change my residence or leave the county of my residence or the state without the prior written approval of my Probation/Parole Officer.
2. I will not use intoxicants nor use narcotic drugs unlawfully, nor visit places where intoxicants or drugs are unlawfully sold or dispensed.
3. I agree to authorize the release of medical information by my physician or other health care providers to the Probation/Parole Officer and/or department employees for purposes of monitoring the medical condition on which this furlough is granted.
4. I will obey the laws of the United States, State and Municipal Ordinances. I will not violate the law of any law of any governmental unit. I will immediately notify my Parole Officer if I am arrested for any offense, including a traffic offense. My parole officer or any other parole officer may, at any time, conduct a warrantless search of my person, papers, and place of residence, automobile, or any other property under my control.
5. I will not receive, possess, transport, have under my control, or attempt to purchase or obtain transfer of any type of deadly weapon (guns, rifles, ammunition, knives, explosives, illegal weapons or any other deadly weapon).
6. I will avoid injurious habits and will not associate with persons of bad reputations or harmful character.
7. I will at all times conduct myself honorably to the best of my ability.
8. I will not leave my state of residence, even briefly or change my residence without first getting permission from my Parole Officer. I will not abscond from Furlough supervision.
9. I hereby waive all extradition rights and process and agree to return to Tennessee if at any time during my furlough I leave the State of Tennessee.
10. I will promptly and truthfully answer all inquiries directed to me by local enforcement agencies and departmental employees including Probation/Parole Officers and will carry out all written and verbal instructions from them.
11. I will allow my Probation/Parole Officer to visit my home or elsewhere, and will carry out all instructions he/she gives.
12. I will not marry during my furlough unless given special permission by the Commissioner of Correction.
13. I will not operate a motor vehicle unless I have a valid Tennessee Driver's license.
14. I agree to assume responsibility for all medical and health care expenses incurred by me while on furlough.
15. I understand and agree that the Commissioner may, at any time, order my return to a D.O.C. institution.
16. I understand and agree that the Commissioner may, at any time revoke or modify the condition of my medical furlough.
17. I have completed of CR-1885 Authorization for release of Health Services Information.
18. Special Conditions: \_\_\_\_\_

**Furlough Beginning:** \_\_\_\_\_ **to** \_\_\_\_\_  
Month, Day, Year Date or any time as directed by my Probation/Parole Officer

By signing this form, I affirm that the conditions of the Medical Furlough Request have been explained to me by the Warden.

Signature of Inmate/Conservator: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I affirm that I have explained the conditions of this Medical Furlough Request.

Warden's Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**PROCESS FOR MEDICAL FURLOUGH REQUEST**

**Section VI**

**MEDICAL FURLOUGH REQUEST**

Institution: \_\_\_\_\_  
Inmate Name: \_\_\_\_\_ TDOC Number: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Requested Furlough: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

**REASON FOR APPLICATION**

Attached is a notarized statement from the attending department physician which describes and documents the medical conditions for which the application is based (as outlined in Policy #511.01.1, Medical Furloughs. An authorization to Release Medical Information (CR-1885) shall be attached.

**RELEASE PLANS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Where inmate will reside) Street, City, County  
Attending Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City County

Other Arrangements: \_\_\_\_\_

**Actions/Recommendations**

**Warden**

Recommended: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Statewide Clinical Case Manager**

Furlough Re-entry plan in place ☐ Yes ☐ No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Chief Medical Officer/Designee**

Recommend: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Assistant Commissioner of Prisons**

Recommend: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Chief of Staff/Deputy Commissioner**

Recommend: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Victim Services Notification to Victim(s)**

☐ No Response ☐ No Opposition ☐ Opposition (see attached)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Assistant Commissioner of Community Supervision**

Recommend: ☐ Approval ☐ Denial  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

Based on my review of this Request for Medical Furlough, I ☐ **Grant** ☐ **Deny** such within the provisions of TCA 41-21-227 and policy # 511.01.1

**Commissioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(To be printed exclusively from the office of the Commissioner of Correction on Commissioner Letterhead)

**DATE**

**OFFENDER ADDRESS**

SUBJECT: ORDER OF REVOCATION OF MEDICAL FURLOUGH AND RETURN TO PRISON

Dear Mr. (Ms.) **INMATE NAME**:

On **(DATE OF FURLOUGH APPROVAL)**, this office, pursuant to Department of Correction Policy #511.01.1 and Tennessee Code Annotated § 41-21-227, approved your release on medical furlough from **(NAME OF INSTITUTION)**.

Your medical furlough release was granted based on the guidelines outlined in T.C.A. § 41-21-227 and secured with your agreement to comply with conditions under which the medical furlough was granted, confirmed by your signature.

Information has been provided to this office and confirmed that:

\_\_\_\_\_ ***You have failed to comply with the following condition(s) of the medical furlough:***  
***Condition # \_\_\_\_\_, (CONDITION VIOLATED).***


**AND/OR**

\_\_\_\_\_ ***Subsequent to your release, your condition has improved so that you are no longer in imminent peril of death and/or you can adequately care for your own health in the prison environment.***

Therefore, by the authority granted to this office by T.C.A. § 41-21-227 (i) (3), it is hereby **ORDERED** that the medical furlough which was granted to you on **(DATE OF FURLOUGH)** is hereby **REVOKED**. You are **ORDERED to IMMEDIATELY RETURN** to **(NAME OF INSTITUTION)** to commence service of your sentence. Your Probation/Parole Officer will be in contact with you to coordinate your return to prison. If you fail to or refuse to return to prison as ordered within 24 hours of receipt of this notice, the Department of Correction will institute escape procedures concerning furloughs as provided for in accordance with the Department of Correction Policy #506.12.

Sincerely,

Tony Parker  
Commissioner

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #: 511.01	Page 1 of 1
	Effective Date: April 1, 2019	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: FURLOUGHS		

POLICY CHANGE NOTICE    19-35

INSTRUCTIONS:

Please change section VI.(F)(5) to read as follows:

- “5. Requests for a furlough shall be submitted to the Associate Warden of Treatment/Security/Deputy Superintendent, at least 14 days prior to the requested furlough date. All requests shall be processed and finalized at least five days prior to the furlough date. Once the furlough has been approved, the Director of Victim Services shall be notified of the pending furlough. The Director of Victim Services shall notify any registered victims and/or victims’ family member of the approved furlough”.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 511.03

Page 1 of 20

Effective Date: October 15, 2017

Distribution: B

Supersedes: 511.03 (2/1/15)  
PCN 15-38 (12/1/15)  
PCN 15-11 (4/1/15)

Approved by: Tony Parker

Subject: RELEASE PROCEDURES

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-28-107, TCA 40-28-117, TCA 40-28-123, TCA 40-31-101, TCA 40-35-501, TCA 40-38-103, TCA 40-39-101 et seq., TCA 40-39-201 et seq., TCA 41-21-219, and TCA 41-21-224.
- II. PURPOSE: To standardize procedures for the release of inmates by probation, parole, mandatory parole, pardon, expiration of sentence, court order, bond, and death.
- III. APPLICATION: To all Assistant Commissioners, Central Office Directors, Wardens, Superintendents of transition centers, institutional staff, inmates, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Board of Parole (BOP): The Tennessee state agency who has the authority to release Tennessee Department of Correction (TDOC) inmates on parole. The seven-member board also makes recommendations to the governor concerning applications for executive clemency.
  - B. Commutation: An executive clemency act of the Governor that reduces a prisoner's sentence from a greater to a lesser amount of time, with the extent of such reduction being totally within the discretion of the Governor.
  - C. Court Appearance: A specific date and time for an offender to appear in a specific court as required by an official document of that court.
  - D. Determinate Release: A release to probation granted by statute that applies to all felons sentenced to two years and under. The determination of eligibility for such probation is based solely upon the length of sentence as imposed by the sentencing court.
  - E. DNA Analysis of Human Biological Specimen: A sample of blood taken from an individual for laboratory analysis where deoxyribonucleic acid (DNA) is analyzed and compared with DNA from other biological specimens for the purpose of identification.
  - F. Executive Clemency: An act of leniency or an instance of mercy which may be exercised by the Governor in all criminal cases after conviction, except in cases of impeachment. This power includes the granting of full pardons, commutations, stays of execution, etc.
  - G. Institutional Probation/Parole Officer (IPPO): A TDOC employee who serves as liaison between the institution, the Board, and TDOC Community Supervision.
  - H. Mandatory Parole: The release of an offender to parole supervision from determinate and/or indeterminate sentence types only. Sex offenders may be eligible. Mandatory parole does not apply to the following

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1. Sentences of two years or less
2. Class X sentences
3. Judge Sentencing Statute sentences
4. Sentences under the Sentencing Reform Act of 1989
5. Previously granted parole on the sentence

Mandatory parole applies to determinate/indeterminate sentences as follows: On sentences over two years and up to and including ten years, mandatory parole is granted 90 days prior to the expiration date. On sentences of over ten years, mandatory parole is granted six months prior to the expiration date. Offenders remain under parole supervision until the expiration date.

- I. Pardon: An executive clemency act of the Governor which forgives the defendant or extinguishes his/her crime, thereby granting such defendant full relief from all or any portion of his/her sentence remaining at the time of pardon.
  - J. Release Clothing: State-purchased clothing that is provided to inmates when they are released from institutions. Release clothing can also include personal clothing that the inmate has been allowed to receive for this purpose. (See Policy #504.05)
  - K. Sexual Offender: A person convicted at any time of a sexual offense in Tennessee or convicted at any time of an offense in another state that, if committed in Tennessee, would be a sexual offense.
  - L. Victim Services Director: TDOC staff member designated by the Commissioner as having the responsibility for registering victims into the Victim Offender Information Caller Emissary (VOICE) system and for assisting victims by providing them with pertinent information concerning the offender(s) associated with their case.
- V. POLICY: All eligible inmates shall be released from the physical custody of the TDOC in a timely and proper manner.
- VI. PROCEDURES:
- A. Unless otherwise indicated, the procedures outlined in #1 through #24 of this section shall be followed in all types of releases, including parole, mandatory parole, probation, determinate release, expiration of sentence, pardon, detainer, and court ordered release.
    1. The institutional records office shall initiate and complete the Release Checklist, CR-3835. The CR-3835 must be signed and placed in each offender's institutional file upon any release from TDOC custody including expiration of sentence. Some of the procedures for items on the checklist are listed in more detail below.
    2. The institutional records office shall initiate the Release Authorization, CR-1947, generated through the Facesheet application on the offender management system (OMS).

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3. The counselor/reentry specialist shall assist inmates in obtaining documents of identification, i.e., social security card, birth certificate, and/or driver's license or state identification only license as outlined in Policies #511.05 and #511.06. These documents will be kept in the records office until the day of release.
4. The property room officer shall sign the CR-1947 and ensure that all state property forms are signed, and if requested, release clothing is provided.
5. The business office shall ensure that the inmate's trust fund account is cleared. All monies due will be transferred to a third party release card and given to the inmate at the time of release. If the inmate is released to a detainer, a check will be issued to the inmate rather than a third party release and mailed to an address provided by the inmate. The business office employee shall sign the CR-1947.
  - a. Inmates released to parole, determinate release, probation, or probation upon successful completion of the SAIU/PTVU program and who have less than \$75.00 in their trust fund or freeworld savings accounts at the time of release, shall be given \$30.00 by the business office when they are released.
  - b. The following inmates are not entitled to release money:
    - (1) Inmates who have had \$75.00 or more (which was not subject to court-ordered deductions) in their trust fund account at any time during the 30 days prior to their release
    - (2) Inmates who have ever been given release money upon release from TDOC custody in the past
    - (3) Inmates who are assigned to a work/educational release program at the time of release
    - (4) Inmates released to parole or probation supervision or at the expiration of sentence to a law enforcement agency under authority of a detainer, or notification in cases of the U.S. Immigration and Naturalization Service
  - c. Each inmate who is released to parole, determinate release, or probation upon successful completion of the SAIU/PTVU program, or by discharge at expiration of sentence shall be provided with a non-transferable ticket for the least expensive available means of transportation to his/her approved parole or probation residence when private transportation is not available. Inmates being re-released from TDOC within three months of a return to custody for parole or probation violation are ineligible for these tickets.
6. All release transactions shall be entered into the offender management system (OMS) as they occur. The inmate shall be removed from the institution's in-house and total assigned count at the moment of release by entering a correct movement to LIMD Arrival/Departure screen as reported by institutional record office staff.



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7. Institutional staff shall make every attempt to ensure that any pending grievance regarding damaged or lost possessions is administratively resolved prior to the inmate's release.
8. Unless other arrangements prevail, the inmate shall be provided transportation to the nearest public conveyance depot.
9. The mailroom officer/designee will be responsible for obtaining a forwarding address for the inmate prior to his/her release from the institution.
10. Inmates categorized as sex offenders must be registered with the Tennessee Bureau of Investigation (TBI) Sex Offender Registry program within 48 hours prior to their release. See Sex Offender Registry Policy #512.02 for a list of the offenses and procedures; additionally, follow the procedures listed in VI.(C) of Policy #512.02 for all releases.
11. Inmates convicted of sexual offenses that require SOR and/or convicted of committing all other felony offenses on or after July 1, 1998, must have submitted to DNA testing in accordance with Policy #113.92.
12. Community Supervision for Life (CSL) offenders being released from a facility shall have GPS installed by an IPPO or correctional officer at the institution prior to release (See Policy #704.12, Global Positioning System Offender Monitoring). Persons reinstated to CSL may not be required to have GPS installed if release is on a new non-CSL conviction.
13. Prior to any inmate's release, the records clerk shall check the offender management system (OMS) and the inmate's institutional record to ensure appropriate action is taken regarding out to court flags and/or detainers.
  - a. Out to court flags on Offender Attributes (LCLA) must be cleared with respect to court action prior to the inmate's release.
  - b. If Detainer (LSTS) or Interested Party/Comments (LPDD) reflects a detainer or notification, procedures outlined in Section VI.(H) of this policy shall be followed.
14. The initial NCIC report or FBI rapsheet is to be checked for possible additional sentences or detainers that are not listed or entered on the offender management system (OMS). This can be done within 120 days of release. NCIC wants and warrants is to be run and checked on all offenders prior to release to determine if there are any other wants or holds that need to be followed up on to determine if a detainer needs to be placed. The NCIC wants and warrants check may be done within 30 days of release but must be done again no earlier than one week prior to release.

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15. Prior to any inmate's release by any means, the institutional file and Filenet are to be checked by the institutional records supervisor to see if any judgments/revocations/detainers are in the file but not on the offender management system (OMS). The sentencing documents are to be compared to the entry in OMS to determine if entered correctly and that sentence calculation appears to be accurate. The institutional records supervisor must also check OMS offender attributes dates detail (LCLA) to determine that the unprocessed sentence flag is not set to YES. If there is a concern with any information found in the file or on OMS, SIS shall be notified for additional confirmation on release eligibility. Release shall not occur until subsequent approval is received.
16. On the date of release due to expiration of sentence, facility staff to include the Institutional Records Supervisor and the Warden/Superintendent, must review OMS offender attributes dates detail (LCLA) to ensure the expiration date on OMS is not greater than the expiration date on the Letter of Expiration. Such staff shall ensure that the unprocessed sentence flag on LCLA is not set to YES. SIS shall be notified for additional confirmation on release eligibility. Release shall not occur until subsequent approval is received.
17. Positive identification shall be made of the inmate, utilizing the inmate identification card and institutional file photograph, CR-1947.
18. A check shall be made to ensure that no institutional property is taken by the inmate.
19. When required, medical/mental health staff shall ensure that arrangements for community follow-up medical/mental health care have been made. (See Policy #113.80)
20. Upon notification of the inmate's date of release, health services staff shall issue any needed medications in accordance with Policy #113.70.
21. Institutional inmate records shall be prepared in accordance with Policy #512.01.
22. If the inmate was a member of a STG during his/her TDOC confinement, the TDOC institutional security threat group (STG) Investigator shall notify the TDOC security threat group (STG) Director who will send notification (by memorandum) to the law enforcement agency in the jurisdiction of conviction and intended inmate residence. Notification may also be sent to other law enforcement agencies when applicable.
23. NO inmate release, of ANY type, shall occur without completing the Release Checklist, CR-3835, in its entirety and with the required signatures of two record office staff/designees and the Warden/Superintendent/Designee, and without final authorization from Sentence Information Services.
24. The institution will attempt to ensure that offenders are not released directly into the community from restrictive housing. In the event that the release of an offender directly from restrictive housing into the community is imminent, the facility will document the justification and receive unit manager/designee approval (does not apply to immediate court order release). In addition to other required release procedures the following must be taken at a minimum:

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- a. Development of a re-entry plan that is tailored to specific needs of the offender (does not apply to immediate court order release)
- b. Notification of release to state and local law enforcement
- c. Notify releasing offender of applicable community resources
- d. Victim notification (if applicable)
- e. Notify Community Supervision district concerned (even if not paroled)

B. Release by Parole and Mandatory Parole

1. All inquiries, communications, questions, and materials dealing with parole matters shall be routed through the IPPO for clearance and/or handling. This person is responsible for all coordination of services between BOP staff, TDOC Community Supervision staff, and the institution.
2. The institutional records office or IPPO will receive parole certificates from the BOP and the records office staff shall verify parole dates. Parole certificates may be faxed, or scanned and emailed to institutions and established procedures shall be followed. Persons reinstated to parole will not receive a new parole certificate.
3. The IPPO shall ensure that the inmate reads, understands, and signs the parole certificate. The certificate must be dated and witnessed. The original (faxed or scanned) certificate shall be retained by the inmate, one copy placed in the institutional record, one copy forwarded to the Central Office of the BOP, and one copy sent to the probation/parole officer.

C. Release of Parole Violators by BOP

1. If an offender is brought into TDOC custody on a parole violation warrant only, and BOP disposes of the warrant and advises to reinstate back to parole supervision, this release is to be coordinated with the IPPO for clearance and/or handling. This release will be authorized by e-mail from BOP staff. The record office staff shall review the inmate record, including but not limited to detainers, notifications, and sentences not on OMS.
2. If an offender is brought into TDOC custody on a parole violation warrant only, and BOP disposes of the warrant due to expiration of parole without holding a revocation hearing, the holding institution is to release the offender due to expiration of parole. This release will be authorized by an e-mail from BOP staff and SIS staff will approve the release by confirming BOP's e-mail. The record office staff shall review the inmate record, including, but not limited to detainers, notifications, and sentences not on OMS.
  - a. Prior to the inmate's release, the institutional records office staff shall complete the Release Notification, CR-1945, to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside. Copies shall also be sent to the chief(s) of police (where applicable), district attorney generals at each location, and the victim witness

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coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Copies of both forms shall be placed in the inmate's institutional record.

- b. The inmate being discharged shall be given a Letter of Discharge, CR-1941, issued by the institutional records office staff and signed by the Warden/Superintendent. The inmate shall receive the original and a copy shall be placed in the institutional inmate file.
- c. If there is an out-to-court (OTC) flag on Offender Attributes (LCLA), the flag may be removed if a detainer is received from that jurisdiction and entered on OMS. If TDOC has not received the detainer, the records office shall immediately notify the sheriff in the county where charges are pending that the inmate will be released that day, and advise that there is a need for a detainer. There may also be a need to contact the district attorney's office in that county if the sheriff's office does not send a detainer.

D. Release to Probation or Community Corrections Supervision

1. Amendment of Sentence by Court Order:

- a. When the court suspends a sentence to probation or orders the sentence to be served in a Community Corrections program, a certified order shall be forwarded to TDOC from the court clerk's office stating the specific case(s) that have been suspended. The records office staff shall notify Sentence Information Services (SIS) by e-mail and forward a copy of the probation order, if requested by SIS. The records office staff shall ensure that the inmate is not released if he/she is serving time for convictions not suspended to probation.
- b. A copy of the order shall be placed in the institutional record. The records office staff shall notify the appropriate TDOC Community Supervision office or Community Corrections office that the inmate is being released to probation or Community Corrections by order of the court.
- c. On the day of the inmate's release, the institutional records office staff shall send a Release Notification, CR-1945, to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside, with copies to the chiefs of police (where applicable), district attorney generals at each location, and the victim witness coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD) on the day of release. Copies of both forms shall be placed in the inmate's institutional record.

2. Determinate Release Procedures

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- a. Inmates who are serving a total effective sentence of one to two years (as fixed by the court) shall be placed under the supervision of the TDOC Community Supervision upon reaching their identified release eligibility date unless an objecting petition has been filed as stated in Section VI.(D)(2)(c-e). SIS shall identify all inmates who are eligible for release to determinate release probation and is responsible for the coordination of release to probation. All inquiries dealing with actual release dates shall be routed through SIS.
  - b. The IPPO assigned to the institution shall receive probation certificates from SIS. Probation certificates may be faxed or scanned and emailed to the institutions by SIS and established procedures followed. The probation date will be identified on the probation certificate. If the probation date is not listed when the probation certificate is received, this date must be typed in on the date the inmate is released. The expiration date on the certificate must equal or be greater than the expiration date recorded on Offender Attributes on OMS.
  - c. The Warden/Superintendent may file a petition objecting to an inmate's release (TCA 40-35-501) by contacting the district attorney in the county of conviction no later than 24 hours prior to the inmate's approved release eligibility date.
  - d. If an objecting petition is filed, the hearing will follow current out-to-court procedures until a final disposition is reached.
  - e. If no objection has been filed, the institutional records office shall initiate the CR-1947 for all offenders released under determinate release procedures.
  - f. The IPPO shall ensure that the inmate reads, understands, and signs the probation certificate. The certificate must be dated and witnessed. The original (or faxed copy, or scanned copy sent by e-mail) certificate shall be retained by the inmate, one copy shall be placed in the inmate's institutional record, one copy shall be forwarded to the probation/parole officer, one copy forwarded to SIS, and one copy shall be forwarded to the court clerk of the county of conviction.
  - g. The institutional records office shall check Interested Party/Comments (LPDD) prior to any inmate being released and shall notify the victim(s) and victim witness coordinator listed of the release of the inmate by mailing the Notification of Release, CR-3626, shown at the end of this policy. Such notice shall be provided five working days prior to release, if possible.
3. Release to Probation from SAIU unit at the facility assigned with the SAIU program, release to Parole from Technical Violator Program (PTVDP) at TCIX, or release to probation from Probation Technical Violator Program (PTVU) at TCIX.

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- a. The SAIU facility IPPO shall notify records office staff at the SAIU facility by e-mail of the names and TDOC numbers of inmates with tentative program completion dates within the next 30 days for the SAIU unit. The TCIX IPPO shall notify records office staff at TCIX by e-mail of the names and TDOC numbers of inmates with tentative program completion dates within two weeks for Diversion (Parole Technical Violator) and Probation Technical Violator (PTVU) inmates.
- b. Upon completion of a review of the cases, SIS, and/or BOP staff will send release certificates to the institutions by e-mail.
- c. When the inmate completes the program and reaches the release date, the IPPO shall negotiate the release certificate with the inmate. The original (faxed/scanned) certificate shall be retained by the inmate, one copy will be placed in the inmate's institutional record, one copy will be forwarded to the BOP's Central Office (parole) or SIS (SAIU/PTVU), and one copy will be sent to the probation/parole officer.
- d. Prior to the inmate's release, the institutional records office staff shall complete CR-1945 to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside. Copies shall also be sent to the chief(s) of police (where applicable), district attorney generals at each location, and the victim witness coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Copies of both forms shall be placed in the inmate's institutional record.

E. Discharge at Expiration of Sentence

1. The institutional record office staff shall review the Monthly Sentence Expiration Report, INFOPAC BI01MBC. The expiration report lists all offenders who have an expiration date within the following 120-day period. BI01MBC is updated each month on the fifth processing (i.e., the fifth working) day of the month. The Daily Expiration Report, INFOPAC BI01MDE, lists all offenders who have an expiration date on the day of the report. This report shall be reviewed on a daily basis to ensure that all eligible inmates are appropriately discharged. No inmate shall be discharged at the expiration of sentence without authorization from SIS. The records office staff shall monitor the inmate record, including, but not limited to, the following:
  - a. Sentence reduction credits (See Policy #505.01)
  - b. Detainers
  - c. Notifications
  - d. BOP action
  - e. Sentences not on OMS.
  - f. Accurate sentence calculation

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2. Victim/victim witness coordinators shall be notified 90 days prior to an inmate's pending release at expiration of sentence by the Victim Services Director in accordance with Policy #103.11. Five working days prior to the inmate's release, (if possible), the institutional records office staff shall send CR-1945 to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside. Copies shall also be sent to the chiefs of police (where applicable), district attorney generals at each location, and the victim witness coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Whenever possible, such notice shall be sent five working days prior to the inmate's release. Copies of both forms shall be placed in the inmate's institutional record.
  3. Inmates released at the expiration of sentence who have less than \$75.00 in their trust fund accounts shall receive \$75.00, provided that:
    - a. They have never received release money from the TDOC in the past, and
    - b. They have not had at least \$75.00 (not subject to court-ordered deductions) in their trust fund account during the 30 days prior to release.
  4. When an inmate is discharged from the TDOC, he/she shall be given a Letter of Discharge, CR-1941, issued by the institutional records office staff and signed by the Warden/Superintendent. The inmate shall receive the original and a copy shall be placed in the institutional inmate file.
  5. If there is an out-to-court (OTC) flag on Offender Attributes (LCLA), the flag may be removed if a detainer is received from that jurisdiction and entered on OMS. If TDOC has not received the detainer by the sentence expiration date, the records office staff shall immediately notify the sheriff in the county where charges are pending that the inmate will be released at expiration of sentence, and to advise there is a need for a detainer. There may also be a need to contact the district attorney's office in that county if the sheriff's office does not send a detainer.
  6. If an offender is marked "lifetime supervision" (CSL) on the judgment order, a report is generated 120 days prior to discharge by the Board of Parole. The IPPO and records office staff at the institution will be notified and a lifetime supervision certificate will be issued prior to the offender's discharge date.
- F. Release by Commutation or Pardon: An official document signed by the Governor shall be received by the inmate/TDOC relieving him/her from part or all of the legal consequences of a conviction. If the inmate is in custody, he/she shall be certified eligible for parole, released to parole, or discharged immediately according to the provisions of the appropriate Sections listed above. A copy of the commutation or pardon shall be forwarded to the Director of Sentence Management Services (SMS) for entry into OMS.
- G. Release to Detainer: If a local, state, or federal government law enforcement agency [including the United States Immigration and Customs Enforcement (ICE)] has filed a detainer or notification requesting custody, the records office staff shall notify the agency placing the detainer or notification of the inmate's pending release at least 30 days prior to release date or as soon as possible. Inmates [excluding those being released from

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Hardeman County Correctional Facility (HCCF) or Whiteville Correctional Facility (WCFA)] who are to be detained for the ICE may be transferred at the request of the ICE through the Central Dispatch office to West Tennessee State Penitentiary (WTSP) for male offenders and to the Women's Therapeutic Residential Center (WTRC) for female offenders in order to facilitate the transfer of custody to agents of the Memphis ICE office.

This notification shall initially be made by telephone and subsequently confirmed by certified letter with return receipt requested or confirmed by facsimile with confirmation by receipt of transmission verification report. Included in this letter shall be the statement that the failure to take custody of the inmate on the release date will result in his/her release. In the event that the detaining authority does not take custody of the inmate on the release date, the following procedures shall apply:

1. Pardon/expiration of sentence: If the agency has neglected to respond to notification attempts, the inmate shall automatically be released.
  - a. If an unforeseen circumstance presents itself to the agency en route to obtain the inmate, that agency should contact the local Tennessee law enforcement agency closest to the institution housing the inmate and request that a fugitive warrant be issued upon the release date. The documentation should also request that the agency take custody of the inmate pending arrival of the detaining agency's officials.
  - b. If the detainer was issued by the ICE and that agency is unable to take custody of the inmate on the release date, the inmate may be temporarily detained at the TDOC facility. This detainment shall be for a period of time not to exceed 48 hours, excluding Saturdays, Sundays, and federal holidays, pursuant to 8 CFR 287.7, in order to permit the ICE to assume custody. In such cases, inmates who are being released at expiration of sentence should be placed in administrative segregation during this time frame.
2. Mandatory parole/parole/commutation/determinate release: In the event of an untimely response by the agency with the detainer or other unforeseen circumstances delaying the arrival of the agency, these inmates can be held up to 48 hours after their scheduled release time. If 48 hours elapse and the agency has not obtained the inmate or notified TDOC, procedures in Section VI.(A) and (B) shall be followed for processing as a parole release. However, when the ICE is the detaining agency, the inmate shall be held for an additional 48 hours (for a total of 96 hours), in accordance with Section VI. (H)(1)(b).
3. Detainer information shall be included on all release forms referred to in this policy.
4. All offenders eligible for any type of release shall be fully screened for detainers prior to their scheduled release date. This includes reviewing initial NCIC reports or FBI rapsheets and running NCIC for wants and holds prior to release. It is the responsibility of the institutional records office staff to verify if an offender has a detainer against him/her. In the event that an offender has a detainer from another state, an Extradition Waiver, CR-0122, must be signed by the inmate. If the offender refuses to sign the waiver, the detaining agency shall be notified in writing to allow time to initiate extradition procedures. Extradition assistance/information can be received through the TDOC Legal Division.



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5. When multiple detainers are filed against an inmate, custody is first given to agencies within the State of Tennessee in accordance with the date the detainer was received. Other detaining agencies shall be notified in writing of the inmate's release and advised that copies of their detainers were provided to the officers into whose custody the inmate was placed.
6. An offender may be transported from one facility to a facility closer to the detaining agency prior to any release other than discharge if the detaining agency requests assistance in arranging travel. Movement of an offender to a closer facility will not be available for offenders begin discharged at expiration of sentence. Offenders being released at expiration will be released from the facility assigned to at the time of discharge.
7. After release to a detainer, the records office shall e-mail SIS to have the detainer to which the inmate was released removed from OMS; an entry to this effect shall be made on Contact Notes (LCDG).
8. Inmates released to detainers do not receive release monies.
9. Release notifications will be made, with the notation that the inmate was released to the detaining authority, in accordance with the type of release involved in the dictates of this policy [i.e., a determinate release to detainer would follow Section VI.(D)(2)].

H. Release for Court Appearance (Temporary Transfer)

1. The institutional records office shall receive a court order, directly from a court or through the TDOC central dispatch office, properly identifying the inmate in order to affect a legal release to court appearance status.
  - a. A copy shall be placed in the inmate's institutional record.
  - b. If the authenticity of the document appears questionable, before effecting legal release to court appearance status, the institutional records office shall confirm the authenticity of the order by telephoning the court or the clerk of the court using a telephone number obtained from a directory or directory assistance.
  - c. Record Office staff shall determine whether the matter involves charges or no-charges against the inmate and ensure the appropriate OMS entry is made on LIMD Arrival/Departure screen. The record office staff is responsible for obtaining necessary information regarding status of any charges or no-charges and updating Offender Findings (LCLF) in OMS.
2. When a properly identified agent of the court arrives to accept custody, he/she shall receive custody of the inmate upon presenting a certified copy of a court order.
3. If the TDOC is ordered by the court to produce or transport the inmate to the court for custody and/or an appearance, the following shall apply:

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- a. Staff of the records office at the assigned institution shall determine whether the matter involves charges or no-charges against the inmate and ensure the appropriate OMS entry is made on LCLF Offender Findings screen. If the inmate is to be moved temporarily to another TDOC facility for the court appearance, the records office staff of both facilities shall communicate with each other to ensure that the correct data is entered. After the court hearing, the record office staff at the assigned institution shall be responsible for obtaining necessary information regarding the status of any charges or no-charges and updating Offender Findings (LCLF). If an offender is ordered to be released by court order while at an institution temporarily, the assigned institution shall be responsible for the paperwork. The receiving institution shall be responsible for the movements.
  - b. Inmates are not normally transported by the TDOC to court to pursue civil matters; however, upon the insistence of the court which issues such an order, it shall be honored. Transportation shall never be provided simply upon the basis of an inmate and/or attorney's request. Any such court orders or requests may be referred to the TDOC attorney for assistance in resolving.
  - c. Procedures for scheduling transportation for temporary transfers are described in Policy #403.01.
4. Inmates released to the custody of law enforcement or court agency shall be removed immediately from the in-house count of the releasing institution by entry on Arrival/Departure (LIMD), but shall remain in the total assigned count of the institution to which they are assigned. Court appearance status is neither a discharge nor a parole.
5. The count room/records office/operations officer shall cause proper entry to be made on Arrival/Departure (LIMD) to reflect out-to-court on charges or no-charges.
6. In the event that an inmate is not physically returned to the custody of the TDOC within six months, the records office staff shall contact the detaining authority to determine the reason. An entry on Offender Findings (LCLF) explaining the status will be made. In the event that there is no response, SIS shall be notified by e-mail. SIS shall then notify the detaining authority and request information regarding the legal status of the inmate. If necessary, SIS shall request assistance from the TDOC legal section to resolve the OTC status. The inmate shall remain in a court appearance status until such time as the TDOC receives notification to the contrary. This verification procedure shall be implemented every six months until the matter is resolved. SIS shall determine if an offender has expired his/her sentence while in OTC status and notify the assigned institution.
  - a. If it is learned or reported that an offender has escaped custody while out to court in the custody of the sheriff's department or other authority/agency, the records office staff shall document details on Offender Findings (LCLF), ask for a copy of the escape warrant, and inquire as to whether the NCIC warrant was entered by the sheriff's office. The record office staff

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shall also ensure that the correct entry is made (county code to escape) on Arrival/Departure (LIMD), and that Escape (LIMK) is properly updated. In addition, notification shall be sent to the victim witness coordinator and all other interested parties listed on Interested Party/Comments (LPDD).

- b. After 30 days on escape status, the procedures outlined in Policy #506.12 regarding transfer of the file to the Escape Information Center (EIC) shall be followed.
  - c. The escape warrant shall be forwarded to SIS for entry on Detainer (LSTS).
7. Inmates who have medical conditions requiring follow-up treatment or medication while out to court shall be accompanied by a Health Services Discharge/Transfer Health Summary, CR-1895. (See Policy #113.04)
  8. Procedures for temporary transfer of inmate's accompanying files are outlined in Policy #403.01.1.
  9. If the OTC movement entry results in an OTC flag on Offender Attributes (LCLA), the records office staff shall follow procedures outlined in the *Records Unit Manual of Operation* to have the flag removed, once the case is reflected on Tennessee Sentences (LSTQ) or a disposition (other than conviction, i.e., case dismissed, inmate found not guilty, etc.) is known.

I. Release by Bond

1. When an inmate secures a bond, the criminal/circuit court will process the paperwork involving the dollar amount of the bond to the satisfaction of the court. The court clerk shall forward a copy of the court order allowing bond and the bond document to the institutional record office staff.
2. If the inmate is the principal (i.e., the party posting the bond money), two copies of the bond document will be received by the records office staff. The inmate is required to sign the bond document.
3. If the inmate is the principal, one copy of the signed bond document shall be returned to the sending court. A copy of the bond document and the certified court order shall be placed in the institutional record.
4. The institutional records office staff shall verify that the bond fully covers all of the sentence(s) that the inmate is serving and not just a portion thereof.
5. The record office staff shall coordinate release to bond with SIS through e-mail or facsimile prior to the final release. The records office staff shall notify any authorities who have a detainer, hold, or notification filed against the inmate.
6. Prior to the inmate's release, the institutional records office staff shall complete CR-1945 to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside. Copies shall also be sent to the chief(s) of police (where applicable), district attorney generals at each location, and the victim witness

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coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Copies of both forms shall be placed in the inmate's institutional record. When released, the inmate shall be moved from the in-house count of the releasing institution but shall remain in the total assigned count. Bonded status is neither a discharge nor a parole. The records office staff shall notify the property officer and the business office regarding the disposition of monies and property. The count room/record office/operations officer shall cause the proper entry to be made into OMS.

7. The status of the bonded inmate shall be monitored as specified in Section VI. (I)(6) above. If the inmate has remained on bond past a reasonable amount of time and the court clerk has no knowledge of the status of the case, a letter shall be written to the district attorney by the records office staff to request assistance to resolve the OTC to bond.

J. Court Ordered Release

1. The institutional records office/(SMS) shall receive an order from the sentencing court advising the TDOC of a change in the original court order. If the inmate has no other convictions and the court orders the release, either by dismissal, court ordered discharge, and/or awaiting a new trial, all steps outlined in Section VI.(A) shall be followed. All court ordered releases shall be coordinated with SIS. SIS shall confirm validity of all orders of release by contacting the court clerk and/or district attorney's office in the county where the order originated.
2. Prior to the inmate's release, the institutional records office staff shall complete CR-1945 to the sheriff(s) in whose jurisdiction the inmate was convicted and where he/she intends to reside. Copies shall also be sent to the chief(s) of police (where applicable), district attorney generals at each location, and the victim witness coordinator. In addition, the records office staff shall send the Notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Copies of both forms shall be placed in the inmate's institutional record.

K. Death of Inmate

1. In the event of the death of a TDOC inmate, Policy #113.05 shall be followed.
2. Once the death is officially reported to the Warden/Superintendent, he/she shall have the official entries made into Dead Offender (LIMH). The inmate shall be removed from all population counts. The Warden/Superintendent shall also immediately notify the Director of Victim Services verbally and by email of the death.
3. The institutional records office shall check Interested Party/Comments (LPDD), and notify appropriate persons of the inmate's death. The institutional records office shall check Detainers (LSTS) and notify all agencies that have detainers placed against the inmate of the inmate's death. The institutional records office staff shall send the CR-1945 to the sheriff(s) in whose jurisdiction the inmate was convicted. Copies shall also be sent to the chief(s) of police (where applicable), the

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district attorney generals in each county of conviction and in the county of death, to the victim witness coordinator in each county of conviction, and to the BOP. In addition, the records office staff shall send the notification of Release, CR-3626, to victims/victim family members listed on Interested Party/Comments (LPDD). Copies of both forms shall be placed in the institutional record

4. If the deceased offender is a registered sex offender, follow TBI notification procedure as outlined in Policy #512.02.

VII. ACA STANDARDS: 4-4446, 4-4447, and 4-RH-0030.

VIII. EXPIRATION DATE: October 15, 2020.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RELEASE CHECKLIST**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

\_\_\_\_\_  
TDOC #

*This checklist will be placed in each offender's file upon release from a Tennessee Department of Correction (TDOC)/Corrections Corporation of America (CCA) facility.*

**Please initial or respond to the following accordingly:**

1. Type of Release (Circle one):    a.    Expiration        b.    Parole        c.    Release by Certificate        d.    Other: \_\_\_\_\_
2. \_\_\_\_\_ Reviewed judgment orders/revocations/detainers in **FileNet** and compared with **TOMIS**.
3. \_\_\_\_\_ Checked **institutional file** to see if any judgments/revocations/detainers are in the file but not on **TOMIS**.
4. \_\_\_\_\_ Checked NCIC for wants/warrants.
5. \_\_\_\_\_ Checked to make sure all credits have been reconciled
6. \_\_\_\_\_ Checked **LIBL/LIBK** to ensure credit removals (if any) are correct if the offender received a Class A disciplinary in the last 2 years.
7. \_\_\_\_\_ Checked for OTC flag, reviewed **LIMD** movements, and **LCLF**.
8. \_\_\_\_\_ Checked for Detainer. If one or more exist(s), Agency/Date contacted: \_\_\_\_\_
9. \_\_\_\_\_ Does the offender have an **LCDJ** warrant that has not been disposed?        ☐ Yes        ☐ No
10. \_\_\_\_\_ Is he/she a sex offender or has a conviction that requires them to be registered as a sex offender? (Include **LCLR** for prior offenses)        ☐ Yes        ☐ No
11. \_\_\_\_\_ Is this a Lifetime Supervision Offense?        ☐ Yes        ☐ No
12. \_\_\_\_\_ Will a GPS monitor be placed on the offender before release?        ☐ Yes        ☐ No  
\_\_\_\_\_ Who will place the GPS monitor? \_\_\_\_\_
13. \_\_\_\_\_ Confirmed address where offender will be residing.
14. \_\_\_\_\_ Completed and mailed the CR3626 - Victim Notification of Release.        ☐ Not Applicable
15. \_\_\_\_\_ **For Parole Only:** Checked **LPDA** to see if offender has the required votes needed and checked **LPDF** to ensure there is a release plan approved. Consulted with IPO to ensure these screens are correct
16. \_\_\_\_\_ **For Parole Only:** Checked **LIBG** for pending Grievances.        ☐ Not Applicable
17. \_\_\_\_\_ Indicate the form completed:        ☐ CR-1941        ☐ CR-1945        ☐ CR-1947
18. \_\_\_\_\_ Release Money        ☐ Yes        ☐ No        Trust Fund/JPay Card        ☐ Yes        ☐ No



- Comments:

---

*DATE*

\_\_\_\_\_  
DATE



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION – OFFENDER RELEASE AUTHORIZATION

TOMIS ID: \_\_\_\_\_ NAME: \_\_\_\_\_

Photo

FRONTAL IMAGE  
(submitted \_\_\_\_\_)

Photo

PROFILE IMAGE  
(submitted \_\_\_\_\_)

Height:	Weight:	Sex:	Eye Color:
Hair Color:		Race:	
Complexion:	Birth Date:	Age:	
Citizenship:	Incompatible Inmates:		
Sex Offender:	Escape History:	Detainers:	Pending Charges:

Sentence Effective:	Current Location:
Sentence Expires:	Custody Level:
Release Eligibility:	Number of Convictions:
Safety Valve Date:	Max Sentence:

Released by: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Released to: \_\_\_\_\_ Inmate's address upon release

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release Signatures:

Records Verified: <input type="checkbox"/>	Records Office	Date
<input type="checkbox"/> Does not receive release money <input type="checkbox"/> Receives the amount of \$ _____ (Any funds owed will be mailed within 30 days)	Business Office	Date
Inmate ID Verified: <input type="checkbox"/> Inmate's property processed: <input type="checkbox"/>	Property Room	Date
GPS Unit Installed and properly working: <input type="checkbox"/>	IPO or Security Staff	Date
Inmate ID verified: <input type="checkbox"/>	Operations	Date
I have received my property, money, and clothing due me: <input type="checkbox"/>	Inmate's Signature	Date
Inmate ID verified: <input type="checkbox"/> Release through Gate: <input type="checkbox"/>	Escorting Staff	Date
Inmate Received State ID: <input type="checkbox"/> Inmate Received Driver's License: <input type="checkbox"/> Verified by Photo ID before Issuance: <input type="checkbox"/>	Records Staff	Date





STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**RELEASE NOTIFICATION**

Sheriff

Dear Sir:

In compliance with TCA 41-21-224, you are hereby notified that:

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

Date Convicted: \_\_\_\_\_ County of Conviction: \_\_\_\_\_ DOB \_\_\_\_\_

For the offense of \_\_\_\_\_

Has been/will be released from custody by way of: \_\_\_\_\_  
(TYPE OF RELEASE)

on \_\_\_\_\_. This sentence expires: \_\_\_\_\_

The offender's intended residence is: \_\_\_\_\_

This information is for your confidential files.

\_\_\_\_\_  
Record Clerk

\_\_\_\_\_  
Warden

\_\_\_\_\_  
Date

pc: Sheriff: County of Conviction  
Chief of Police: County of Conviction/Residence  
District Attorney General: County of Conviction/Residence  
Victim Witness Coordinator  
Institutional file



**VICTIM NOTIFICATION OF RELEASE**

Date:

TO:

Dear

In compliance with TCA 41-21-224, you are hereby notified that:

Name: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

Date Convicted: \_\_\_\_\_ County of Conviction: \_\_\_\_\_ DOB \_\_\_\_\_

For the offense of \_\_\_\_\_

Has been/will be released from custody by way of: \_\_\_\_\_  
(TYPE OF RELEASE)

on \_\_\_\_\_. This sentence expires: \_\_\_\_\_

The offender's intended residence (**CITY and STATE only**): \_\_\_\_\_

If the offender is released by detainer to a Tennessee county facility, please register for information and notification through Tennessee Statewide Automated Victim Information & Notification service (SAVIN) by calling 1-888-868-4631, or through the internet connection at [www.vinelink.com](http://www.vinelink.com)

If you have any questions regarding this matter, or need additional information, please contact:

Victim Services Coordinator  
**(615) 253-8145**  
Monday – Friday between 8:00 a.m. and 4:30 p.m.



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

TELEPHONE (    )                      FAX (    )

**LETTER OF DISCHARGE**

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

INMATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

You are being discharged from \_\_\_\_\_  
having completed a sentence of \_\_\_\_\_  
for \_\_\_\_\_.                      You are being  
released to the detainer filed by: \_\_\_\_\_.

\_\_\_\_\_  
Record Clerk

\_\_\_\_\_  
Warden

pc:      Institutional file



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

## EXTRADITION WAIVER

I, \_\_\_\_\_, a prisoner, now confined in the \_\_\_\_\_, do hereby freely and voluntarily promise and agree, without compulsion, coercion, pledge or promise, upon the part of any person whomsoever, that I will peacefully and willingly accompany **ANY** duly authorized officer from \_\_\_\_\_ to be returned to \_\_\_\_\_ for the purpose of answering the charge of \_\_\_\_\_ placed against me.

**FURTHERMORE**, I waive all formality, and acts of legality and am willing to be returned to \_\_\_\_\_ with said officer, without the Governor's Requisition, and all **OTHER** papers usually necessary in such case, and exonerate all interested parties from any blame or liability whatsoever in this connection.

\_\_\_\_\_  
(Signed)

I certify that the above was signed in my presence, and that this agreement has been made without compulsion, coercion, pledge or promise (oral or written) whatsoever of the authorities of this Institution, and that this Waiver was presented to the prisoner at the request of \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



TENNESSEE DEPARTMENT OF CORRECTION  
**TRANSFER/DISCHARGE HEALTH SUMMARY**

Name of Inmate: \_\_\_\_\_ Inmate Number (TDOC/IDN): \_\_\_\_\_

Inmate DOB: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Current Institution/County/Facility: \_\_\_\_\_ Receiving Institution/County/Facility: \_\_\_\_\_

Reason for Transfer/Discharge: \_\_\_\_\_

Requires Chronic Illness Monitoring: ☐ Yes ☐ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☐ No

**HEALTH HISTORY** Check (✓) all conditions present

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Depression             | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Prosthesis (specify) _____       |
| <input type="checkbox"/> Alcoholism             | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Rheumatoid Arthritis             |
| <input type="checkbox"/> Anemia                 | <input type="checkbox"/> Emphysema              | <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Kidney Disease     | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Liver Disease      | <input type="checkbox"/> Tuberculosis                     |
| <input type="checkbox"/> Chemical Dependency    | <input type="checkbox"/> Hepatitis C            | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease                 |
| <input type="checkbox"/> COPD                   | <input type="checkbox"/> Other (specify): _____ |   |   |

MH Diagnosis(s): \_\_\_\_\_

**MEDICATION ORDERS**

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)	AMOUNTS SENT	KOP (Circle Y/N)
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s): \_\_\_\_\_

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): \_\_\_\_\_

Referred to Community Resources: ☐ Yes ☐ No Specify: \_\_\_\_\_

**TB INFORMATION**

TB Clearance ☐ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_ CXR Completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Health Authority Clearance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Name Title Date

**SPECIAL INSTRUCTIONS/PRECAUTIONS**

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☐ No Dates: \_\_\_\_\_

Is Inmate medically able to travel by BUS, CAR, or VAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate require medication during transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate require medical equipment during transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate have communicable disease clearance to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No


Conservator: ☐ Yes (list information below) ☐ No ( If no, list Emergency Contact)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Health Signature/Professional Title Date

Report prepared by: \_\_\_\_\_  
Mental Health Signature/Professional Title (if applicable) Date

Receiving Institution: \_\_\_\_\_  
Signature/Professional Title Date

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #511.03	Page 1 of 1
	Effective Date: April 1, 2019	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: RELEASE PROCEDURES		

POLICY CHANGE NOTICE 19-30

**INSTRUCTIONS:**

Please change Section I. to read as follows:

- “I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-28-107, TCA 40-28-117, TCA 40-28-123, TCA 40-31-101, TCA 40-35-501, TCA 40-38-103, TCA 40-39-101 et seq., TCA 40-39-201 et seq., TCA 41-21-219, TCA 41-21-224, and TCA 41-21-204(e)”.

Please change VI.(A)(13)(b) to read as follows:

- “b. If Detainer (LSTS) or Interested Party/Comments (LPDD) reflects a detainer or notification, procedures outlined in Section VI.(G) of this policy shall be followed.

Please change VI.(A)(16) to read as follows:

- “16. On the date of release due to expiration of sentence, facility staff to include the Institutional Records Supervisor/Designee and the Warden/Superintendent/Designee, must review OMS offender attributes dates detail (LCLA) to ensure the expiration date on OMS is not greater than the expiration date on the Letter of Expiration. Such staff shall ensure that the unprocessed sentence flag on LCLA is not set to YES. The OMS offender attributes dates detail (LCLA) is to be printed and initialed as reviewed by the supervisor and Warden/Superintendent/Designee and attached to the Release Checklist, CR-3835. SIS shall be notified for additional confirmation on release eligibility. Release shall not occur until subsequent approval is received”.

Please change Section VI.(A)(23) to read as follows:

- “23. NO inmate release, of ANY type, shall occur without completing the Release Checklist, CR-3835, in its entirety and with the required signatures of two record office staff/designees and the Warden/Superintendent/Designee, and without final authorization from Sentence Information Services. On the day of release, the OMS offender attributes dates detail (LCLA) is to be printed and initialed as reviewed to ensure offender is eligible for release and attached to the Release Checklist, CR-3835”.

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

- “7. If the Chief Medical Officer or designee has determined that an inmate is acutely ill at the expiration of the term of imprisonment, the offender is not to be discharged, except at the inmate’s request in accordance with TCA 41-21-204(e). (See Policy #113.04)”

Please cross through CR-3835 on page 17, CR-1945 on page 18, and CR-3626 and CR-1941 on page 19. Insert the attached pages 21, 22, and 23 and renumber policy pages accordingly.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RELEASE CHECKLIST**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

\_\_\_\_\_  
TDOC #

*This checklist will be placed in each offender's file upon release from a Tennessee Department of Correction (TDOC)/CoreCivic facility.*

**Please initial or respond to the following accordingly:**

1. Type of Release (Circle one):    a.    Expiration        b.    Parole        c.    Release by Certificate        d.    Other: \_\_\_\_\_
2. \_\_\_\_\_ Reviewed judgment orders/revocations/detainers in **FileNet** and compared to ensure entry on **OMS**.
3. \_\_\_\_\_ I have reviewed the institutional file to see if any judgements/revocations/detainers are in the file  
☐ Yes    ☐ No  
Do the charges on the judgment order(s) in the file exactly match the active charges that are on the OMS?  
☐ Yes    ☐ No    If No, immediately notify SIS and **DO NOT RELEASE THE OFFENDER**.
4. \_\_\_\_\_ I reviewed the initial NCIC report or FBI rap sheet for possible additional sentences/detainers not listed/entered on OMS        ☐ Yes    ☐ No  
Were there additional charges from the initial NCIC report, FBI rap sheet, or NCIC wants/warrants that conflict with the charges that offender is being released on?  
☐ Yes    ☐ No    If Yes, immediately notify SIS and **DO NOT RELEASE THE OFFENDER**.
5. \_\_\_\_\_ Completed final NCIC wants/warrants run and checked for any possible holds.
6. \_\_\_\_\_ Checked to make sure all credits have been reconciled.
7. \_\_\_\_\_ Checked **LIBL/LIBK** to ensure credit removals (if any) are correct if the offender received a Class A disciplinary in the last 2 years.
8. \_\_\_\_\_ Checked for OTC flag, reviewed **LIMD** movements, and **LCLF**.
9. \_\_\_\_\_ Checked for Detainer. If one or more exist(s), Agency/Date contacted: \_\_\_\_\_
10. \_\_\_\_\_ Does the offender have an **LCDJ** warrant that has not been disposed?        ☐ Yes        ☐ No
11. \_\_\_\_\_ Is he/she a sex offender or has a conviction that requires them to be registered as a sex offender? (Include **LCLR** for prior offenses)        ☐ Yes    ☐ No
12. \_\_\_\_\_ Is this a Lifetime Supervision Offense?        ☐ Yes    ☐ No
13. \_\_\_\_\_ Will a GPS monitor be placed on the offender before release?        ☐ Yes    ☐ No  
Who will place the GPS monitor? \_\_\_\_\_
14. \_\_\_\_\_ Confirmed address where offender will be residing.
15. \_\_\_\_\_ Completed and mailed the CR3626 - Victim Notification of Release.        ☐ Not Applicable
16. \_\_\_\_\_ **For Parole Only:** Checked **LPDA** to see if offender has the required votes needed and checked **LPDF** to ensure there is a release plan approved. Consulted with IPO to ensure these screens are correct
17. \_\_\_\_\_ **For Parole Only:** Checked **LIBG** for pending Grievances.        ☐ Not Applicable
18. \_\_\_\_\_ Indicate the form completed:        ☐ CR-1941        ☐ CR-1945        ☐ CR-1947



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

---

*DATE*

---

*DATE*

---

*DATE*





STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**RELEASE NOTIFICATION**

Sheriff

Dear Sir:

In compliance with TCA 41-21-224, you are hereby notified that:

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

Date Convicted: \_\_\_\_\_ County of Conviction: \_\_\_\_\_ DOB \_\_\_\_\_

For the offense of \_\_\_\_\_

Has been/will be released from custody by way of: \_\_\_\_\_  
(TYPE OF RELEASE)

on \_\_\_\_\_. This sentence expires: \_\_\_\_\_

The offender's intended residence is: \_\_\_\_\_

This information is for your confidential files.

\_\_\_\_\_  
Record Clerk

\_\_\_\_\_  
Warden/Superintendent

\_\_\_\_\_  
Date

pc: Sheriff: County of Conviction  
Chief of Police: County of Conviction/Residence  
District Attorney General: County of Conviction/Residence  
Victim Services Director  
Institutional file



**VICTIM NOTIFICATION OF RELEASE**

Date:

TO:

Dear

In compliance with TCA 41-21-224, you are hereby notified that:

Name: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

Date Convicted: \_\_\_\_\_ County of Conviction: \_\_\_\_\_ DOB: \_\_\_\_\_

For the offense of \_\_\_\_\_

Has been/will be released from custody by way of: \_\_\_\_\_  
(TYPE OF RELEASE)

on \_\_\_\_\_. This sentence expires: \_\_\_\_\_

The offender's intended residence (**CITY and STATE only**): \_\_\_\_\_

If the offender is released by detainer to a Tennessee county facility, please register for information and notification through Tennessee Statewide Automated Victim Information & Notification service (SAVIN) by calling 1-888-868-4631, or through the internet connection at [www.vinelink.com](http://www.vinelink.com)

If you have any questions regarding this matter, or need additional information, please contact:

Victim Services Director  
**(615) 253-8145**  
Monday – Friday between 8:00 a.m. and 4:30 p.m.



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

TELEPHONE (    )                      FAX (    )

**LETTER OF DISCHARGE**

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

INMATE: \_\_\_\_\_


NUMBER: \_\_\_\_\_

You are being discharged from \_\_\_\_\_  
having completed a sentence of \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_. You are being  
released to the detainer filed by: \_\_\_\_\_.

\_\_\_\_\_  
Record Clerk

\_\_\_\_\_  
Warden/Superintendent

pc:      Institutional file

 <div style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </div>	Index #511.03	Page 1 of 1
	Effective Date: December 20, 2019	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: RELEASE PROCEDURES		

POLICY CHANGE NOTICE 19-75

INSTRUCTIONS:

Please change Section IV.(G) to read as follows:

“G. Institutional Probation Parole Specialist (IPPS): A Community Supervision employee in a dedicated position who serves as a probation/parole liaison for offenders, institutional staff, Community Supervision staff, and the Board of Parole (BOP) and whose work assignment is based out of an institution”.

Throughout policy change the term IPPO to IPPS.

Please cross through CR-3835 on page 21 and insert the attached page 24; renumber policy pages accordingly.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RELEASE CHECKLIST**

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
INMATE NAME

\_\_\_\_\_  
TDOC ID

*This checklist will be placed in each offender's file upon release from a Tennessee Department of Correction (TDOC)/CoreCivic facility.*

**Please initial or respond to the following accordingly:**

1. Type of Release (Circle one):    a. Expiration    b. Parole    c. Release by Certificate    d. Other: \_\_\_\_\_
2. \_\_\_\_\_ Reviewed judgment orders/revocations/detainers in **FileNet** and compared to ensure entry on **OMS**.  
Does the judgment order(s) in FileNet/file indicate consecutive?    \_\_\_\_\_ yes    \_\_\_\_\_ no  
If consecutive on judgment order but not entered as consecutive on OMS, have you notified SIS?    \_\_\_\_\_ yes    \_\_\_\_\_ no
3. \_\_\_\_\_ I have reviewed the institutional file to see if any judgments/revocations/detainers are in the file  
☐ Yes    ☐ No  
Do the charges on the judgment order(s) in the file exactly match the active charges that are on the OMS?  
☐ Yes    ☐ No    If No, immediately notify SIS and **DO NOT RELEASE THE OFFENDER**.
4. \_\_\_\_\_ I reviewed the initial NCIC report or FBI rap sheet for possible additional sentences/detainers not listed/entered on OMS    ☐ Yes    ☐ No  
Were there additional charges from the initial NCIC report, FBI rap sheet, or NCIC wants/warrants that conflict with the charges that offender is being released on?  
☐ Yes    ☐ No    If Yes, immediately notify SIS and **DO NOT RELEASE THE OFFENDER**.
5. \_\_\_\_\_ Completed final NCIC wants/warrants run and checked for any possible holds.
6. \_\_\_\_\_ Checked to make sure all credits have been reconciled.
7. \_\_\_\_\_ Checked **LIBL/LIBK** to ensure credit removals (if any) are correct if the offender received a Class A disciplinary in the last 2 years.
8. \_\_\_\_\_ Checked for OTC flag, reviewed **LIMD** movements, and **LCLF**.
9. \_\_\_\_\_ Checked for Detainer. If one or more exist(s), Agency/Date contacted: \_\_\_\_\_
10. \_\_\_\_\_ Does the offender have an **LCDJ** warrant that has not been disposed?    ☐ Yes    ☐ No
11. \_\_\_\_\_ Is he/she a sex offender or has a conviction that requires them to be registered as a sex offender? (Include **LCLR** for prior offenses)    ☐ Yes    ☐ No
12. \_\_\_\_\_ Is this a Lifetime Supervision Offense?    ☐ Yes    ☐ No
13. \_\_\_\_\_ Will a GPS monitor be placed on the offender before release?    ☐ Yes    ☐ No  
Who will place the GPS monitor? \_\_\_\_\_
14. \_\_\_\_\_ Confirmed address where offender will be residing.
15. \_\_\_\_\_ Completed and mailed the CR3626 - Victim Notification of Release.    ☐ Not Applicable
16. \_\_\_\_\_ **For Parole Only:** Checked **LPDA** to see if offender has the required votes needed and checked **LPDF** to ensure there is a release plan approved. Consulted with IPPS to ensure these screens are correct
17. \_\_\_\_\_ **For Parole Only:** Checked **LIBG** for pending Grievances.    ☐ Not Applicable



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RELEASE CHECKLIST**


18. \_\_\_\_\_ Indicate the form completed: ☐ CR-1941 ☐ CR-1945 ☐ CR-1947
19. \_\_\_\_\_ Release Money ☐ Yes ☐ No Trust Fund/JPay Card ☐ Yes ☐ No
20. \_\_\_\_\_ Circle the certificate(s) you have:  
a. Letter of Expiration b. Parole Certificate c. Probation (DR/SAIU/PTVU)  
d. Lifetime of Supervision e. Authorizing email for Parole reinstate/Parole Discharge
21. \_\_\_\_\_ **For Determinate Release Only:** On the day of release, checked **LCLA** to ensure offender's overall sentence is **2 years or less**. Also, checked **LCLA** to ensure the expiration date listed on the certificate has not increased.
22. \_\_\_\_\_ **On the dates of all releases**, reviewed OMS offender attributes dates detail (**LCLA**) to ensure there is no OTC flag.
23. \_\_\_\_\_ **On the dates of all releases**, reviewed OMS offender attributes dates details (**LCLA**) to ensure the unprocessed sentence flag is not set to "YES".
24. \_\_\_\_\_ **On the date of release**, due to expiration of sentence, reviewed OMS offender attributes dates details (**LCLA**) to ensure the expiration date on OMS is not greater than the expiration date on the **Letter of Expiration**.
25. \_\_\_\_\_ **On the dates of all releases**, reviewed OMS (**LSTQ**) to ensure offender has not had a new sentence entered.
26. \_\_\_\_\_ **On the dates of all releases**, reviewed OMS detainer (**LSTS**) to ensure a new detainer has not been placed.
27. \_\_\_\_\_ If any of the above is unclear, does not match or additional information found that is not reflected on OMS. **Do not Release**. Contact SIS to discuss concern.
28. \_\_\_\_\_ Did I contact SIS to discuss my concern? ☐ Yes ☐ No  
Who did I contact? \_\_\_\_\_
29. \_\_\_\_\_ Do you have release confirmation? ☐ Yes ☐ No
30. \_\_\_\_\_ A copy of offender attribute dates detail (**LCLA**) printed on day of release is attached.

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

**REQUIRED:** \_\_\_\_\_  
RECORDS STAFF/DESIGNEE DATE

**REQUIRED:** \_\_\_\_\_  
RECORDS STAFF/DESIGNEE DATE

**REQUIRED:** \_\_\_\_\_  
WARDEN/SUPERINTENDENT/DESIGNEE DATE

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 511.04	Page 1 of 3
	Effective Date: April 1, 2017	
	Distribution: B	
	Supersedes: 511.04 (3/15/14)	
Approved by: Tony Parker		
Subject: COORDINATION/COOPERATION WITH BOARD OF PAROLE		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-28-101 through TCA 40-28-104, and TCA 40-28-127.
- II. PURPOSE: To provide information governing the responsibilities of the Tennessee Department of Correction (TDOC) in working with the Board of Parole (BOP) and its agents.
- III. APPLICATION: To all TDOC employees, inmates, and employees of privately managed facilities.
- IV. DEFINITIONS: None.
- V. POLICY: The TDOC shall cooperate with and assist the Board to coordinate functions and responsibilities related to the parole process.
- VI. PROCEDURES:
  - A. Parole Dockets
    1. Sentence Management Services (SMS) shall generate a list of inmates, with locations, who are eligible for a parole grant hearing at least four months prior to the inmate's earliest release date.
    2. An official docket will be prepared from the list by the BOP and forwarded through the institutional probation/parole officer (IPPO) to each Warden/Superintendent. The Warden/Superintendent shall be responsible for its proper distribution within two working days of receipt.
    3. The institution shall not normally transfer an inmate whose name appears on the final hearing docket. The Warden/Superintendent of each institution shall develop procedures for notifying central transportation to place a hold on inmates pending transfer. Administrative transfers, due to extreme emergencies including: administrative segregation for assaultive behavior, court appearances, or work camp disciplinarys shall be the only exceptions. The Warden/Superintendent shall notify the institutional IPPO or the Director of Board Operations of any such transfer.
    4. An inmate may request that his/her parole grant hearing be waived or deferred until a later specified month or year by signing the Parole Hearing Waiver, BP-0067. The inmate must appear before the Board member/parole hearing officer to present the waiver. The waiver request will either be accepted or rejected by the Board. If the waiver request is rejected, the parole hearing will proceed.

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Subject: COORDINATION/COOPERATION WITH BOARD OF PAROLE		

B. Parole Hearing Preparation Arrangements: The Warden/Superintendent shall:

1. Arrange for parole hearings to be held in an area of the institution that allows sufficient working space free from interruptions.
2. Establish a limit for the number of interested parties who may attend any one hearing. This number will be set following consultation with the Board and will be based solely on the physical constraints of the hearing room.
3. Arrange for an officer to be in close proximity to the hearing to provide for the safety of participants.
4. Provide the IPPO and Board personnel access to institutional records, relevant information needed to complete BOP summary reports, and the predictor scale form. These reports will be completed on each inmate prior to their hearing date. Release of drug/alcohol information requires the written consent of the inmate.
5. Institutional staff shall not provide anyone with information contained in Board Action (LPDA), Board Member Voting Summary, and TOMIS/e-TOMIS (LPDF), Release Plan Screen. The Board furnishes each inmate a copy of the final decision letter. This serves as the only official written communication to the inmate concerning the final decision of the Board.

C. Release Plans

1. Release plans will be coordinated through the institutional probation/parole officer (IPPO)/designee.
2. Prior to being released, the inmate shall be required to sign the certificate of parole which has been read to the inmate by the IPPO/institutional designee. The IPPO will forward copies of the certificates to the appropriate Board section.
3. If the inmate is recommended for parole to a detainer, the institutional records office will contact the detaining authority first by telephone, follow up by letter or facsimile, and make arrangements for release of the inmate to the detainer. If the detaining authority does not pick up the inmate, the IPPO will be notified. (See Policy #511.03) The IPPO shall work in conjunction with the records office to accomplish the above tasks.

D. Rescission of Parole Recommendation


1. The Board shall be notified of inmates who have been arrested for, charged with, or convicted of disciplinary infractions defined as Class A or Class B by the disciplinary board after being recommended for parole or who have failed to comply with pre-release conditions. When the Board states as a condition of parole "no further disciplinary infractions," all classes of disciplinary infractions are included. These inmates will appear before the Board or hearing officer for a rescission hearing. The Board shall be notified if the inmate receives three or more Class C disciplinary convictions after a parole recommendation.



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- a. The Warden/Superintendent/designee shall notify the Board of Parole, through TOMIS/e-TOMIS, of inmates that test positive for drug/alcohol use when the inmate has a pending parole hearing, has had a hearing and a parole decision is pending, or parole has been granted. A copy of the positive lab confirmation test results shall be forwarded to the institutional probation/parole officer.
  - b. The records office shall forward a copy of any arrest information to the IPPO/designee. (See Policy #502.01)
  - c. All parole release paperwork shall be placed in a hold status pending the outcome of the rescission hearing.
2. The Warden/Superintendent/IPPO may request a rescission hearing if a situation is deemed sufficiently serious or when additional information is made available which may warrant review by the Board.
    - a. The Warden/Superintendent shall forward to the IPPO/designee a memorandum explaining the situation and attaching any available supporting documents.
    - b. It is the responsibility of the Board to determine whether a rescission hearing is necessary.

- VII. ACA STANDARDS: 4-4005, 4-4011, 4-4102, 4-4304, and 4 ACRS-5A-13.
- VIII. EXPIRATION DATE: April 1, 2020.

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	Effective Date: March 1, 2019	
	Distribution: B	
	Supersedes: 511.05 (4/1/16)	
Approved by: Tony Parker		
Subject: TENNESSEE OFFENDER DRIVER'S LICENSE AND STATE IDENTIFICATION ONLY LICENSE		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 55-50-33, and TCA 55-50-321.
- II. PURPOSE: To assist eligible offenders in obtaining and/or maintaining a valid form of Tennessee identification to utilize upon their release from custody.
- III. APPLICATION: To Tennessee Department of Correction (TDOC) employees, eligible offenders of Tennessee Department of Correction (TDOC) sites, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Authorized Transactions: A specific set of state identification only license and driver's license transactions for which Tennessee Department of Safety and Homeland Security (TDOSHS) has granted TDOC issuance staff the authority to perform on its behalf for eligible offenders, in accordance with TDOSHS policies and procedures.
  - B. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - C. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - D. Driver's License: A permit issued under the authority of the TDOSHS allowing the holder to lawfully drive/operate a motor vehicle on public roads.
  - E. Eligible Offenders: Those offenders who are eligible for release from TDOC custody, plan to reside in Tennessee, and are legal residents of the United States. Offenders who are considered undocumented aliens or offenders who will not be acquiring a location of residence in Tennessee are deemed ineligible.
  - F. Expiration of Sentence (EXP): The date upon which an offender is considered to have completed his/her sentence of incarceration without parole, probation, or any other type of supervision being required.
  - G. Interim Document: The temporary driver's license or state identification only license generated on secure paper, which is provided by TDOSHS and in accordance with TDOSHS policy.

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- H. Issuance Staff: TDOC institutional staff selected by the Warden/Superintendent who are approved and trained by TDOSHS to access and operate issuance equipment for the sole purpose of processing state identification only license and driver's license transactions under the authority of TDOSHS.
- I. Lawful Permanent Resident: Legal immigrants with the same or similar rights as U.S. Citizens.
- J. Memorandum of Instruction: A document used at privately managed facilities that is the equivalent of a facility policy.
- K. Offender Management System (OMS): A management information system designed to track offender populations and characteristics throughout the TDOC.
- L. Offender Reentry Application: An OMS application consisting of the Offender Reentry Plan and Offender Reentry Report containing the details and status of the offender's reentry plan from initiation to completion.
- M. Offender Reentry Plan: The segment within the Offender Reentry Application used by reentry staff members to enter offender information as designated.
- N. Offender Reentry Report: A report within the Offender Reentry Application detailing the status of the offender's reentry plan 60 days prior to their Scheduled Parole Hearing Date (SPHD) or Expiration of Sentence (EXP) date. The report is generated daily and automatically sent to the AWT, Chief Counselor, and institutional probation/parole officer.
- O. Reentry Services: Services specifically related to the offenders transition back into the community, i.e. identification, offender programming, Veteran's benefits, transportation, disability benefits, mental health, medical, connection with community resources, etc.
- P. Reentry Services Counselor: A designated staff member who coordinates and provides reentry services to ensure a successful transition from prison to community.
- Q. Release from Custody: The release from legal custody of any offender from a TDOC facility or a privately managed facility that houses offenders sentenced to the TDOC.
- R. Scheduled Parole Hearing Date (SPHD): The certified date an offender is scheduled to appear before the Board of Parole (BOP) to receive a parole grant hearing. The scheduled parole hearing date will be available in the OMS, and on the Parole Board Eligibility docket.
- S. State Identification Only License: A form of identification issued under the authority of the TDOSHS to be used for identification purposes only and does not grant the holder driving privileges.
- T. Undocumented Alien: An offender who cannot provide immigration documentation of temporary legal presence of non-immigrant status.
- U. Vendor: For purposes of this policy, the vendor is the entity contracted by the TDOSHS for fulfillment of its issuance of driver's license and/or state identification only document software.

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- V. Warden's/Superintendent's/Designee: For purposes of this policy only, a counselor; Reentry Services counselor; or any other designee(s) who have been approved by the Warden/Superintendent to be responsible for tracking the status of offender identifications as described within this policy.
- V. POLICY: In accordance with the procedures established below, the TDOC, via interagency agreement with the TDOSHS shall require all eligible offenders currently in its custody to obtain and/or maintaining credentials that will be accepted as a valid form of Tennessee identification/driver's license by local, state, and federal agencies.
- VI. PROCEDURES:
- A. Each TDOC Warden/Superintendent shall develop procedures to ensure the safe, secure, and orderly operation of the issuance room and equipment at their facility. Each facility shall incorporate into a local policy or a memorandum of instruction the specific details for how this is to be accomplished. Security inspections shall be conducted monthly by the AWT/Deputy Superintendent at TDOC facilities and by the assigned facility CMO and Associate Warden of Treatment at privately managed facilities.
1. The procedures shall be reviewed and approved by the Correctional Administrator for Rehabilitative Services and the Correctional Administrator for Prisons prior to implementation.
  2. Documentation of the monthly inspection must be signed by the Warden/AWT/Deputy Superintendent and by the CMO at privately managed facilities.
  3. Documentation of the monthly inspection shall be stored electronically at the facility for a period of two years and be available for inspection as needed.
  4. The Warden/Superintendent/designee shall immediately notify the Rehabilitation Services Correctional Administrator/designee if there are any procedures deemed noncompliant regarding the security of the issuance room or the issuance process.
  5. Procedures to ensure compliance with TDOC policy, local policy, and the memorandum of instruction shall be incorporated into the annual inspection audit.
- B. Criteria for eligibility
1. The following offenders are eligible for a Tennessee driver's license renewal:
    - a. Must have a valid Tennessee driver's license or license that has expired within the last five years with no change in its renewal eligibility status.
    - b. Must be a citizen of the United States or a lawful permanent resident
    - c. Must plan to reside in the State of Tennessee upon release
  2. The following offenders are not eligible for a Tennessee driver's license renewal:

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- a. Offenders whose license has been expired for more than five years without renewal
  - b. Offenders whose license have expired within the last five years but no longer meet the other eligibility requirements for renewal
  - c. Offenders whose license has been suspended
  - d. Offenders whose license has been revoked
  - e. Offenders who held a restricted license prior to incarceration
  - f. Those offenders with active detainees, including but not limited to Immigration and Customs Enforcement (ICE) detainees
  - g. Offenders serving life sentences without parole
  - h. Offenders sentenced to death
  - i. Offenders who are not citizens of the United States or lawful permanent residents
  - j. Offenders not planning to reside in Tennessee upon release
  - k. Safekeepers
  - l. Offenders determined ineligible by TDOSHS
3. The following offenders are eligible for a Tennessee State Identification License issuance or renewal:
- a. Must be a citizen of the United States or lawful permanent resident
  - b. Must be planning to reside in the State of Tennessee upon release
4. The following offenders are not eligible for a Tennessee State Identification License issuance or renewal:
- a. Those offenders with active detainees, including but not limited to, ICE detainees
  - b. Offenders serving life sentences without parole
  - c. Offenders under the sentence of death
  - d. Offenders who are not citizens of the United States or lawful permanent residents
  - e. Offenders not planning to reside in Tennessee upon release

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f. Safekeepers

g. Offenders determined ineligible by TDOSHS

5. Offenders must be able to hold themselves in an upright seated position and able to look straight ahead for the purpose of taking a photo.

a. The health services administrator shall be consulted when there is a question about an offender's ability to do so

b. Should an offender not be able to hold themselves in an upright position for the photo, the health services administrator shall submit to the reentry counselor, via memo or email, any physical limitations the offender may have, which the reentry counselor will then place in the offender's institutional file.

C. During the Intake and Diagnostic Classification process

1. The NCIC operator will request an NCIC inquiry to include the Tennessee Driver's License by Social Security Number check (DQ06).

2. Once the intake counselor receives the NCIC report they will verify the DQ06 report is included and create the institutional file.

3. The intake counselor shall obtain the offender's Tennessee driver's license/state identification only license number from the NCIC and enter the identification number in the OMS.

4. The intake counselor will then enter the status of the offender's driver's license or identification in the OMS.

5. All determinate release offenders, if eligible, shall immediately be referred for a Tennessee driver's license or state identification only license renewal or new state identification license issuance.

D. Review Process for Initial Classification and Reclassification

1. The classification committee shall review the OMS to determine the status of offender's driver's license and or state identification, if applicable

2. If the offender has a valid driver's license with an expiration date within 12 months or has a driver's license that has expired in the last five years, but remains eligible for renewal, the offender shall be referred for a renewal of his or her driver's license.

3. Offenders who are not eligible for a driver's license renewal but who meet the criteria for a state identification license and are within 12 months of their Scheduled Parole Hearing Date (SPHD) or Expiration of Sentence (EXP) date shall be referred to the facility designee for issuance of a new state identification license. All eligible offenders are required to purchase a state issued ID no less than six months prior to their SPHD or EXP.

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4. In order to obtain a state identification license, the reentry services counselor shall:
  - a. Verify that the offender has the proper documentation on file with DOSHS by reviewing the OMS report. If no record is found the counselor shall;
  - b. Verify that the offender has the proper proof of citizenship in his/her institutional file, in the form of birth certificate or U.S. passport, as required by TDOSHS, and
  - c. Ensure that during orientation the offender signs the Orientation Acknowledgement, CR-2110, to verify notification of the ID requirement.
5. If the proper documents are not in the offender's file, the reentry services counselor shall complete the process to obtain such documents, specifically the offender's birth certificate, as outlined in Policy #511.06.

E. Scheduling

1. Each institution shall create a schedule based on the specific needs of the facility but no less than two days per month for processing driver's license and state identification license only renewals and new state identification only license issuances.
2. This schedule shall be defined within each institution's in-house policy. Any deviation from the normal institutional staffing pattern for the purposes of identification issuance shall be outlined within each institution's in-house policy.

F. Issuance process

1. Upon the offender's arrival at the facility's designated issuing location the offender shall complete the application and the issuance staff shall complete the issuing process in its entirety with each scheduled offender, as outlined in the TDOSHS operating procedures.
2. The issuing staff shall ensure that each offender completes a Trust Fund Account Personal Withdrawal Request, CR-2727, which shall be made payable to the issuing facility, and the issuing staff shall complete Driver's License/ID Card Issuance Log, CR-3918, to reflect each transaction. The fees charged for a driver's license or state identification card shall be in accordance with the schedules established by TDOSHS. Should the offender refuse to sign the CR-2727, the refusal shall be noted on the form and witnessed by two employees in accordance with Policy #208.05.
3. Once the issuing process is complete for each offender and the interim document has been printed, the interim document shall immediately be placed within a secure lockbox within the issuance room until:
  - a. All site issuance has concluded for the day and;
  - b. The documents are securely transported to the records office supervisor to be placed in the appropriate offender's institutional file.

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4. In the event the issuance occurs during non-traditional business hours, the interim documents shall remain secured in the manner previously described until the next business day.

G. Storage and Control of Interim Document, Driver's License, and State ID

1. Upon receipt of the interim document, the records supervisor shall be responsible for making the appropriate entry in the OMS to document the date the interim document was received.
2. The interim document shall be placed in the offender's institutional file where it will remain until the offender is released from custody.
3. TDOSHS will send the driver's license or state identification only license to the institutional address listed on the offender's application.
  - a. Clearly marked mail from TDOSHS will be the only mail from a governmental agency not considered privileged, as specified in Policy #507.02. Mailroom staff will then be able to open the mail without the offender being present.
  - b. The mailroom staff will use the Receipt of Offender Identification, CR-3723, to notify the records supervisor that the driver's license or state identification only license has been received and is being forwarded to the records office.
  - c. Upon receipt of the driver's license or state identification only license from the mailroom staff, the records supervisor will send a Receipt of Offender Identification, CR-3723, to the reentry services counselor within five business days for the purpose of documentation on the Reentry Application.
  - d. The reentry services counselor shall then be responsible for making an entry in the OMS to document the date the driver's license or state identification only license was received and provide a copy of the Receipt of Offender Identification, CR-3723, to the offender.
  - e. The driver's license or state identification only license shall be placed in the offender's institutional file, where it will remain until the offender's release from custody.
  - f. In the event that a driver's license or state identification only license is sent to an institution and the offender is no longer permanently assigned there, the following procedures shall be followed:
    - (1) If the offender has been released from custody, the driver's license or state identification shall be mailed to the offender's address, if known. If the driver's license or state identification only license is sent to the released offender's address or if the offender's address is unknown and subsequently returned to TDOC, it will be returned to the TDOSHS.
    - (2) If the offender has been permanently transferred to another facility, the sending facility's records office supervisor shall:



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- (a) Record receipt of the driver's license or state identification only license in the OMS.
  - (b) Forward the driver's license or state identification only license to the receiving facility's records supervisor.
  - (c) Upon receipt, the receiving facility will follow the procedures previously set forth in this policy.
- g. During the release process the following procedures shall be followed:
  - (1) The offender will complete and sign the TDOC Offender Release, CR-1947, to document receipt of the driver's license or state identification only license.
  - (2) Staff will compare the TDOC photo in the file and the TDOSHS photo to ensure the offender's identity and sign the CR-1947 accordingly.
- h. If an offender receives a driver's license or state identification only license while in custody and it expires prior to the offender's release, the driver's license or state identification only license will stay in the offender's file until released from custody.
- i. The expired driver's license or state identification only license, as well as all interim documents, will be destroyed after the offender is released from custody.
- j. If an offender receives notification that the driver's license or state identification only license has been received and upon leaving incarceration the driver's license or state identification only license cannot be located, the releasing facility will, prior to offender's release, issue a duplicate at no additional cost to the offender.

#### H. Issuance Staff

- 1. Each Warden/Superintendent shall designate at least three staff to be trained and serve as issuance staff at their institution. The TDOC CMOs assigned to the privately managed facilities shall be designated as issuance staff.
  - a. The Warden/Superintendent shall request that an NCIC check be conducted for each identified staff member, as outlined in Policy #301.04, and specifically for the purpose of this policy.
  - b. The Warden/Superintendent shall provide the Assistant Commissioner of Rehabilitative Services/designee, assigned to provide program oversight and having completed the required security training, with the first page of the NCIC report.
    - (1) The assigned designee shall provide TDOSHS with the eligible staff information.

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- (2) The assigned designee shall immediately shred or destroy, by other approved method, the NCIC documentation.
  - (3) The assigned designee shall immediately forward the TDOSHS user access forms to the approved staff member and provide instructions on how to complete the form and return it to the TDOHS Liaison.
  - (4) Active Directory access is required for all issuance staff. Approved issuance staff without active directory access shall be added to the Active Directory.
- c. After user access is granted by the TDOSHS Liaison, the issuance staff will receive an email from TDOSHS confirming they have A-List access and are ready to proceed with TDOSHS software training. Subsequently, the issuance staff shall enter the secure DL/ID issuance room after completing training.
  - (1) The Computer Based Training (CBT) disk containing the TDOSHS software shall be secured in the Warden's/Superintendent's office.
  - (2) A log reflecting the date, time, and by whom the CBT disk is accessed shall be developed and maintained by the Warden/Superintendent or designee.
  - (3) At no time should the CBT disk be copied or in any way reproduced.
  - (4) If at any time the CBT disk becomes damaged or lost, the Assistant Commissioner of Rehabilitative Services/designee shall immediately be notified in writing.
- d. In the event that there are significant changes in job duties which would limit the issuance staff's ability to perform the required functions, another staff member should be designated in his or her place.
- e. Other instances that shall require a removal and replacement designation for issuance staff shall include, but are not limited to:
  - (1) Extended periods of leave
  - (2) Changes in criminal history
  - (3) Reassignment to another facility
  - (4) Disciplinary action
  - (5) Resignation and/or separation from the department
2. Training of TDOC and privately managed facility staff shall be performed by TDOSHS in the manner and time frames prescribed by TDOSHS standards.

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- a. All TDOSHS training of TDOC and privately managed facility issuing staff shall be mandatory.
- b. Accommodations shall be made to allow staff to attend and complete all required training.

I. Fiscal and Trust Fund

1. Issuance staff will complete the Driver's License/ID Card Issuance Log, CR-3918, and complete a Trust Fund Account Personal Withdrawal Request, CR-2727 (See Policy #208.01), for the offender to purchase a Tennessee driver's license or state identification license.
  - a. Institutions shall provide the service if the offenders have insufficient funds in their trust fund accounts to cover the costs of these services. Offenders who have not had a trust fund balance of \$6.00 or more at any time during the previous three pay periods qualify as having insufficient funds.
  - b. In all cases, offenders will be required to sign a Personal Withdrawal Request, CR-2727, and the cost of the adult non-commercial DL/ID shall be collected when the offender's trust fund balance is greater than zero. (See Policy #208.05)
2. The issuance staff shall forward a copy of the Driver's License/ID Card Issuance Log (considered accounting records) along with the completed applications and any other controlled state documents and supporting documentation to the TDOSHS Liaison no later than 15 business days after the end of the month.
3. The issuance staff shall forward the original Driver's License/ID Card Issuance Log, CR-3918, along with the Trust Fund Account Personal Withdrawal Request, CR-2727, to the trust fund custodian no later than the next business day following issuing the Driver's License/ID cards.
  - a. Upon receipt of the Driver's License/ID Card Issuance Log, CR-3918, and the trust fund account personal withdrawal request, the institutional trust fund custodian shall process the withdrawal in accordance with Policy #208.01 and deduct the specified amounts from each offender's trust fund account utilizing transaction code: 'TDL' and credit the Safety DL/ID organization account within the offender trust fund.
  - b. The institutional trust fund custodian shall then complete the deduction column on the TN Driver's License/ID Card Issuance/Deduction Log, CR-3918, indicating the date(s) deducted from the offender's trust fund account.
  - c. The original Driver's License/ID Card Issuance Logs, CR-3918, shall be maintained in the business office.
4. The Driver's License/ID Card Issuance Logs, CR-3918, will be forwarded to Central Trust Fund Administration (CTFA) monthly. These will be due at CTFA by the 25th of each month, or, if the 25<sup>th</sup> is a weekend or holiday, the next business day.

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Subject: TENNESSEE OFFENDER DRIVER'S LICENSE AND STATE IDENTIFICATION ONLY LICENSE		

- a. Upon receipt of the TN Driver's License/ID Card Issuance/Deduction Log, CR-3918, CTFA shall reconcile the amounts on the data entry log in the OMS account balance report. Any discrepancies noted shall be reconciled with the institution immediately.
  - b. After the reconciliation is completed, CTFA will debit the Safety DL/ID organization account for each institution and credit the Central Office Safety DL/ID organization account. The organization entries should be completed by the last working day of each month.
5. On an annual basis, a journal shall be initiated by TDOSHS no later than seven business days after the end of the State fiscal year. TDOC will complete the journal within three business days after the journal voucher is initiated by TDOSHS and notification is received.

J. Security and Maintenance of Driver's License and Identification Only License Issuance Equipment and Supplies

1. Security:

- a. Only issuance equipment operators may have access to driver's license and state identification issuance equipment and supplies.
- b. Issuance operators may access the issuance equipment on previously scheduled issuance days.
- c. Issuance equipment and supplies shall be housed in a locked room that has been previously approved by TDOSHS IT and vendor staff, meeting their space, connectivity, and privacy requirements.
  - (1) Only issuing staff may have access to view the screen of the issuance equipment monitor.
  - (2) Keys to the locked issuance room shall be stored at the Warden's/Superintendent's discretion, with only issuance staff having access to them.
  - (3) All issuance supplies, secure interim document paper, applications, and printer cartridges, shall be secured within the locked issuance room.
  - (4) Secure interim document paper is to be stored in a separate locked box, inside a locked drawer, inside the locked issuance room.

2. Location:

- a. Issuance equipment and supplies location must be approved by TDOSHS as well as the vendor to meet specific security and connectivity requirements.
- b. Issuance equipment shall only be moved by TDOSHS or the vendor

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- c. TDOC shall notify TDOSHS of any need to move or service equipment
- d. TDOC staff will not attempt to service equipment

3. Maintenance:

- a. TDOSHS and the vendor will provide notification of any scheduled maintenance or repairs to the Warden/Superintendent and appropriate facility staff. This notification shall also include the names of any TDOSHS and vendor staff who need to come to the institution and any tools/equipment that will be need to be brought with them into the institution.
- b. Twenty-four to forty-eight hour notice shall be provided to the Warden/Superintendent and appropriate facility staff by TDOSHS and/or the vendor for routine maintenance of the issuance equipment.
- c. In the case of equipment malfunction TDOSHS and/or the vendor shall provide the Warden/Superintendent and appropriate facility staff as much advance notice as possible of their intent to be at the institution.
- d. In the event of a malfunction with the issuance equipment at the facility, the issuance staff shall contact the TDOSHS Liaison and describe the problem with the equipment. The problem type will determine who will assist in correcting the problem. The issuance staff member will describe whether there is a problem with one of the following:
  - (1) The camera, scanner, or printer
  - (2) The computer equipment

VII. ACA STANDARDS: 4-4442 and 4-4446.

VIII. EXPIRATION DATE: March 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION  
TRUST FUND ACCOUNT  
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$

DATE:

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME  
STREET ADDRESS  
CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

INMATE SIGNATURE

INMATE #

Building:  
Room #:

WITNESSED:

APPROVED: YES NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE



TENNESSEE DEPARTMENT OF CORRECTION  
TRUST FUND ACCOUNT  
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$

DATE:

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

DOLLARS

THIS CHECK IS TO BE MAILED TO:

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STREET ADDRESS  
CITY, STATE, ZIP

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INMATE #

Building:  
Room #:

WITNESSED:

APPROVED: YES NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE



TENNESSEE DEPARTMENT OF CORRECTION  
ORIENTATION ACKNOWLEDGMENT

\_\_\_\_\_  
INSTITUTION

OFFENDER NAME: \_\_\_\_\_

TDOC#: \_\_\_\_\_

I have completed the orientation program/unit of this institution. I have been advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)
- ☐ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)

I have viewed:

- ☐ VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ☐ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

I have been informed of:

- ☐ THE REQUIREMENTS TO PURCHASE A STATE ISSUED IDENTIFICATION CARD PRIOR TO RELEASE

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Offender Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Correctional Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Service Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Warden of Treatment/Chief Counselor

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION

**RECEIPT OF INMATE IDENTIFICATION**

TO: \_\_\_\_\_

TDOC #: \_\_\_\_\_

HOUSING UNIT: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

Your Tennessee Department of Safety ID \_\_\_\_\_ or Driver's License \_\_\_\_\_

was received in the Inmate Records Office on \_\_\_\_\_ and placed in your inmate file, where  
(DATE)

it will stay until your release from TDOC custody.

\_\_\_\_\_  
Records Supervisor or Designee

\_\_\_\_\_  
Printed Name of Staff above

Original: Inmate  
Copy: Counselor  
Records





STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION – OFFENDER RELEASE AUTHORIZATION

TOMIS ID: \_\_\_\_\_ NAME: \_\_\_\_\_

Photo

FRONTAL IMAGE  
(submitted \_\_\_\_\_)

Photo

PROFILE IMAGE  
(submitted \_\_\_\_\_)

Height:	Weight:	Sex:	Eye Color:
Hair Color:		Race:	
Complexion:	Birth Date:	Age:	
Citizenship:	Incompatible Inmates:		
Sex Offender:	Escape History:	Detainers:	Pending Charges:

Sentence Effective:	Current Location:
Sentence Expires:	Custody Level:
Release Eligibility:	Number of Convictions:
Safety Valve Date:	Max Sentence:

Released by: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Released to: \_\_\_\_\_ Inmate's address upon release

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release Signatures:

Records Verified: <input type="checkbox"/>	Records Office	Date
<input type="checkbox"/> Does not receive release money <input type="checkbox"/> Receives the amount of \$ _____ (Any funds owed will be mailed within 30 days)	Business Office	Date
Inmate ID Verified: <input type="checkbox"/> Inmate's property processed: <input type="checkbox"/>	Property Room	Date
GPS Unit Installed and properly working: <input type="checkbox"/>	IPO or Security Staff	Date
Inmate ID verified: <input type="checkbox"/>	Operations	Date
I have received my property, money, and clothing due me: <input type="checkbox"/>	Inmate's Signature	Date
Inmate ID verified: <input type="checkbox"/> Release through Gate: <input type="checkbox"/>	Escorting Staff	Date
Inmate Received State ID: <input type="checkbox"/> Inmate Received Driver's License: <input type="checkbox"/> Verified by Photo ID before Issuance: <input type="checkbox"/>	Records Staff	Date




TENNESSEE DEPARTMENT OF CORRECTION  
TENNESSEE DRIVERS LICENSE/ID CARD ISSUANCE/DEDUCTION LOG

Date Issued: \_\_\_\_\_

Institution Name \_\_\_\_\_

<i>To be Completed By Issuing Staff ONLY</i>				<i>To be completed by Trust Fund Staff ONLY</i>	
<u>INMATE NUMBER</u>	<u>INTERIM DCOUMENT NUMBER</u>	<u>INMATE NAME</u>	<u>AMOUNT</u>	<u>DATE(s) DEDUCTED FROM TRUST FUND</u>	<u>TRANSFERRED DATE/ LOCATION</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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15					
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29					
30					
31					

ORG ACCOUNT # \_\_\_\_\_

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 511.06	Page 1 of 16
	Effective Date: December 15, 2018	
	Distribution: B	
	Supersedes: 511.06 (5/1/18)	
Approved by: Tony Parker		
Subject: REENTRY SERVICES AND ASSISTANCE TO FORMER OFFENDERS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-28-113, TCA 40-28-115 (b), TCA 40-35-501, TCA 41-21-207, TCA 41-21-226, TCA 41-21-238, TCA 41-21-501, TCA 41-21-502, TCA 41-21-503, TCA 41-21-504, TCA 41-21-505, TCA 41-21-506, TCA 41-21-507, TCA 41-21-509, TCA 41-21-515, and TCA 41-21-516.
- II. PURPOSE: To provide reentry services for any Tennessee Department of Correction (TDOC) offender's successful transition from prison to community.
- III. APPLICATION: To all TDOC employees, privately managed facilities, and offenders.
- IV. DEFINITIONS:
  - A. Clinical Case Manager (CCM): The staff members responsible for the assessment and coordination of offender clinical case management services during incarceration and arrangements for the continuum of these services through community resources and/or partnerships as needed.
  - B. Community Resource Center (CRC): A TDOC-operated regionally located center structured to provide "one-stop shop" services and referrals to offenders in the community addressing such needs as job readiness, employment services, housing assistance, adult education, health and wellness.
  - C. Community Supervision for Life (CSL): For the purpose of this policy, an offender who has expired his/her sentence but remains under the jurisdiction of TDOC pursuant to TCA 39-13-524.
  - D. Counseling Service Team: A team comprised of the offender's assigned case manager, reentry specialist, career development specialist, institutional parole officer, CCM, and the chief correctional counselor.
  - E. Employment Portfolio: A comprehensive file of offenders' essential documents and employment search tools that the offender takes with them upon release that includes, but is not limited to, copies of O\*Net Information Network Interest Profiler, a master resume, a master job application, a master cover letter and a job search plan.
  - F. Expiration of Sentence (EXP): The date upon which an offender is considered to have completed his/her sentence of incarceration without parole or probation supervision being required.
  - G. Former Offender: A person discharged from supervision, an institution, or parole by expiration of sentence or termination of sentence.

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- H. Housing Provider: A halfway house, residential treatment program, residential work program, transitional house, group home, nursing home, assisted living home, or any legitimate community based facility that will accept the residential placement of an offender.
- I. Institutional Probation and Parole Officer (IPPO): A TDOC employee who serves as a liaison between the institution and the Board of Parole for parole-related hearings.
- J. Offender Reentry Application: An electronic application [on the offender management system (OMS)] that is used by institutional reentry staff members to enter the required diagnostic information in the designated text fields at the specified milestones.
- K. Offender Reentry Plan (ORP): The required information that must be entered in the reentry application no less than 60 days prior to an offender's Parole Hearing Date (PHD) or Expiration of Sentence (EXP) date and approved by chief correctional counselor and Associate Warden of Treatment (AWT).
- L. O\*Net Information Network Interest Profiler: A computer-based CTE interest assessment instrument based on the respondents reporting of their propensity for specific job-related activities, that identifies career zones where respondents have strong interest, skills and abilities.
- M. Parole Hearing Date (PHD): The certified date an offender is scheduled to appear before the Board of Parole to receive a grant hearing. The parole hearing date will appear on OMS screen LPDP, the Parole Board eligibility docket.
- N. Probation Parole Officer (PPO): A commissioned officer responsible for duties related to the supervision of probationer and/or parolees.
- O. Reentry Discharge Planning Committee: A committee comprised of the chief correctional counselor, reentry specialist, a member of the health service team, a member of the behavioral health team, case manager, and IPPO, that meets weekly to review the ORP of offenders who are within 30 days of their Parole Hearing Date (PHD) or Expiration of Sentence (EXP) date.
- P. Reentry Discharge Summary: A summation of the official reentry plan of the offender 30 days before the offender's Parole Hearing Date (PHD) or expiration date that is compiled by the reentry specialist and reviewed by the Reentry Discharge Planning Committee.
- Q. Reentry Services: Services specifically related to the offender's transition back into the community, i.e. identification, offender programming, Veteran's benefits, transportation, disability benefits, mental health, medical, connection with community resources, etc.
- R. Risk 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 inmate/offender/resident and to make more appropriate and productive recommendations for the inmate's level of programming.

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Subject: REENTRY SERVICES AND ASSISTANCE TO FORMER OFFENDERS		

- V. POLICY: All institutions and community supervision offices shall provide services and programs that prepare offenders for reentry into the community, beginning with admission into the Department and continuing until their final release from TDOC supervision. Assistance and services are also provided to former offenders.

VI. PROCEDURES:

A. During Diagnostic Classification Process

1. During the 14-day diagnostic classification process, the ORP shall be initiated by the institutional reentry specialist, using the Offender Reentry Application.
2. During the 14-day diagnostic classification process, an offender's birth certificate, driver's license and/or state identification shall be verified per Policy #511.05.
3. During the 14-day diagnostic classification process, there shall be the administration of the O\*Net Interest Profiler by a trained administrator. Results of the O\*Net Interest Profiler shall be entered on the O\*Net Interest Profiler Results, CR-3889, and the completed form shall be placed in the offender's institutional file, with a copy provided to the offender.
4. The ORP will be reviewed by the institution's reentry specialist and the following steps shall be completed:
  - a. Review ORP application with each offender.
  - b. Discussion shall be documented in OMS conversation screen (LCDG) using contact code, RESP.
  - c. Explain how information in the ORP will be shared with involved departmental staff, Board of Parole for his/her parole hearing, and other community resources.
5. The chief correctional counselor is responsible for reporting weekly, via email to the AWT, the institution's total number of completed reentry plans and any offender that does not have a completed reentry plan. For offenders who expire or parole from any institution without a completed reentry plan, a written statement shall be submitted to the Director of Offender Development. The name and TDOC number of the offender shall be included with an explanation of why a reentry plan was not completed. Both the AWT and the chief correctional counselor shall sign the statement.

B. Admission to Assigned Institution: Each ORP shall be reviewed by the institution's reentry services counselor within 14 days of arrival to confirm the ORP has been developed and initiated as well as:

1. RNA recommendations have been identified and confirmed.
2. If an ORP has not been initiated, the reentry specialist shall meet with the offender to develop and initiate the plan.

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Subject: REENTRY SERVICES AND ASSISTANCE TO FORMER OFFENDERS		

3. Offenders have been added to all appropriate databases.

C. Review Process for Offender Reentry Services: The ORP shall be reviewed prior to an offender's parole hearing date (SPHD) and completed by expiration of sentence (EXP) date. The reentry counselor shall ensure the following tasks are completed at the timeframes listed below:

1. Twenty-four months: Ensure that all required diagnostic information is entered for each offender. Updated ORPs shall be reviewed by the chief correctional counselor/designee.

2. Twelve months:

a. Counseling Services:

(1) The process for housing plans must be initiated at this time by the reentry counselor and the CCM, utilizing one of the approved housing providers. The CCM shall be responsible for the development of the housing plan as defined in Section VI. (C)(2)(b) of this policy, for offenders with mental health Level of Care II (LOC) designations or above. (See Policy #113.87) The reentry counselor shall be responsible for the development of housing plans for LOC I inmates.

(2) If the counseling staff or CCM is unable to acquire housing appropriate to the offender's level of care, the TDOC Director of Housing may be contacted for assistance. Prior to contacting the TDOC Director of Housing, the reentry specialist shall ensure that:

(a) Contact with offender family/friends/mentors regarding housing has been documented.

(b) Contact with community agencies for assistance has been documented.

(c) Verification of the offender's indigence has been established.

(d) Medical/behavioral health needs have been identified and documented.

(e) Verification of any violent offenses has been established and documented.

(f) Veteran status has been verified and documented.

b. Clinical Services:

(1) The CCM is responsible for the development of housing plans for offenders who are classified as a LOC II or above.

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- (2) The reentry specialist will be responsible for notifying the Health Service Administrator (HSA) and/or Behavioral Health Administrator (BHA) of any offender who meets the above criteria.
- (3) The HSA and/or BHA shall make referrals to the CCMs as applicable.
- (4) The CCM's staff shall review and update the ORP as clinically indicated.
- (5) The CCM shall ensure that the following is completed:
  - (a) Documentation verifying housing eligibility or special conditions for housing.
  - (b) Documentation verifying veterans' benefits and eligibility.
  - (c) Documentation verifying Social Security and eligibility.
  - (d) Documentation of the offender's health limitations.
  - (e) Documentation of the offender's compliance with their medication(s).
  - (f) Documentation verifying that the inmate has a conservator.
- (6) Sex Offenders: The counseling service team shall ensure that the following is completed:
  - (a) Evaluation of offender's sex offense to determine if community supervision for life status is applicable per Policies #511.03 and #704.07.
  - (b) Completion of a primary housing plan and a contingency housing plan.
  - (c) The reentry specialist and the CCM shall continue to work in conjunction on the offender's reentry plan to ensure all reentry needs are met.

### 3. Six months

- a. Applicable reentry plans shall be reviewed by the CCM, reentry counselor and the assigned case manager/counselor to ensure that the required documentation has been entered and completed at the specified intervals.

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- b. If there is any required documentation that has not been included in the reentry application, the reentry counselor must notify the chief correctional counselor immediately. Once this notification has been made the ORP becomes a priority in order to ensure that the ORP is completed in its entirety prior to the parole or expiration date.
4. Two months:
  - a. Reentry Discharge Planning Committee Meetings
    - (1) The facility's reentry specialist shall access the facility's report on the Offender Reentry Application and review the reentry plans. A Reentry Discharge Summary, CR-4088, must be completed for each offender who is listed on the 60 day benchmark report. The Reentry Discharge Summary shall include reentry interventions, benefit reconnections, and post release community referrals.
    - (2) Reentry interventions, if applicable, are to include:
      - (a) Birth certificate
      - (b) State identification card
      - (c) Adult basic education and career and technical education certificates
      - (d) Transportation plan
      - (e) Housing plan
      - (f) Family reunification plan
      - (g) Employment portfolio
      - (h) Furlough requests if applicable
      - (i) Monthly budget plan
      - (j) Social Security card
    - (3) Benefit reconnections, if applicable, are to include:
      - (a) Public assistance applications
      - (b) Social Security insurance or disability benefits
      - (c) Veterans benefits
      - (d) Aging and disability services



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- b. Post-release community referrals, if applicable, and available, are to include:
  - (1) Parole or probation officer contact information and office location
  - (2) Substance use treatment providers
  - (3) Medical and behavioral health referrals
  - (4) A list of local food and clothing banks
  - (5) A list of local medical/dental care/local health clinics
  - (6) Local Alcoholics Anonymous/Narcotics Anonymous meeting listings
  - (7) A list of TDOC CRCs
- c. Inmates shall be registered, or provided an opportunity to register on the Jobs4tn.gov website. The inmate's log in information shall be added to their release packet.

5. 30 days:

- a. This time period shall serve as the final review before release and should include:
  - (1) A final Reentry Packet Checklist Envelope, CR-4073
  - (2) A reentry application approved by the chief correctional counselor and the Reentry Counselor
- b. The reentry specialist or designee shall be responsible for facilitation of the Pre-Release Orientation Class once per month. All inmates must attend the class one month prior to their release. Class completion shall be documented in the OMS. The chief correctional counselor shall ensure a class roster is completed and maintained for annual inspection. The curriculum provided by Central Office must be used to facilitate the class.

- D. The chief correctional counselor shall designate a recurring date and time for the reentry discharge planning committee to meet and review each offender's reentry discharge summary. These recurring meetings occur at least once a week.
  - 1. The Reentry Discharge Planning Committee shall be chaired by the chief correctional counselor. The reentry specialist may serve as an alternate chairperson.
  - 2. The chief correctional counselor shall schedule the meetings and post the meeting schedule at least one month in advance.

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3. Minutes of the reentry discharge planning committee meeting shall be taken and maintained electronically for three years.
  4. The Reentry Discharge Planning Committee shall consist of the facility's chief correctional counselor, reentry specialist, institutional parole officer, the offender's correctional case manager, a member of the health services team, and a member of the behavioral health team.
- E. IPPOs shall coordinate with the reentry specialist and CCM to ensure all ORPs are completed for inmates who are eligible for parole. The IPPOs are responsible for entering their BI number into the reentry distributive application on inmates who are expiring their sentence. This is for the sole purpose of closing the application.
- F. During the reentry discharge planning meeting the offender shall review the Reentry Discharge Summary, CR-4088, and sign acknowledging that all of the information is correct.
1. In the event that the Reentry Discharge Summary, CR-4088, does not have all components completed or the offender disagrees with any component of the Reentry Discharge Summary, CR-4088, the offender and reentry specialist will agree on action steps necessary to ensure it is completed within seven calendar days. The agreed upon action steps will be noted in the reentry discharge summary.
  2. The offender will then be given the opportunity to ask any questions or make requests of all members of the reentry discharge planning committee. If the questions or requests require follow up from the reentry discharge planning, committee members shall have seven business days to respond to the offender and documented in the OMS using a contact code.
  3. The offender will be given a copy of the completed Reentry Discharge Summary, CR-4088, along with corresponding documentation. A copy shall be placed in the offender's institutional file.
  4. Upon completion of the Reentry Discharge Summary, CR-4088, the reentry specialist shall enter a contact note in OMS using the contact code REPL noting the completion of the reentry discharge planning meeting and summary.
- G. Exemptions: The following offenders are exempt from the ORP process:
1. Any offender with a conviction who is serving a sentence of death. However, if the death sentence is overturned and a new sentence imposed, reentry and career development services will be made available.
  2. Those sentenced to life without parole.
  3. Those with a determinate sentence of two years or less.
  4. Those being paroled or expiring sentence to a detainer, unless otherwise mandated by the Board of Parole.

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5. Those coming from a county jail with less than one year to serve.
  6. Medical furloughs when clinically indicated. The CCM shall notify the reentry specialist per Policy #511.01.1.
  7. Safekeepers
- H. Alternative Sentences: Offenders shall receive an abbreviated ORP that consists of housing, veteran and social security benefits, health referrals, and job leads in the event an offender has one of the following sentence structures:
1. Parole Technical Violator
  2. Probation Technical Violator
  3. Determinate Release
  4. Less than six months to the expiration of sentence at the time of diagnostic (if the offender receives a new sentence, a reentry plan shall be developed).
- I. Community Supervision-Parole:
1. The PPO shall review the ORP prior to meeting with the offender so as to be knowledgeable about it when the offender reports to the office.
  2. When an offender is released from prison to parole, the PPO shall review the RNA, and make referrals to community agencies that can assist the offender to address those needs specified in the RNA.
  3. The PPO shall make other types of referrals and ensure the offender follows through on a referral made. The PPO shall help the offender by making phone calls and sending correspondence to various programs when necessary to do so for the offender's benefit, such as when an offender has a lack of resources, e.g. no phone, or has a cognitive or physical disability that would hinder said offender's ability to advocate for himself/herself. This shall continue through the offender's supervision with the Department.
- J. Medical Furloughs: During an offender's reentry planning process, if a medical furlough is requested, the following actions shall occur:
1. The reentry specialist and the CCM shall continue to work in conjunction on the offender's reentry plan to ensure all reentry needs are met.
  2. If the medical furlough is approved, the ORP shall be closed out. The reentry specialist shall assist in any transition plans as needed.
  3. If the medical furlough is denied, reentry planning shall continue.

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- K. General: If at any time the PPO assists in finding resources for an offender, the officer shall consult with the district forensic social worker/supervisor or the CRC supervisor for assistance with:
1. All previous attempts to secure housing
  2. All contact with offender family/friends/mentors in regards to housing
  3. All contact with community agencies for assistance
  4. Verification of the offender's indigence
  5. Medical/Behavioral health needs
  6. History of any violent offense, sex offense, and arson
  7. Veteran status
  8. Housing
  9. Veterans benefits
  10. Social Security
  11. If the offender has health limitations
  12. If the offender is compliant with their medications
  13. If the offender requires special housing
- L. Reentry Packet: Along with the Reentry Discharge Summary, the reentry specialist shall develop the offender's reentry packet and utilize the Reentry Packet Checklist Envelope, CR-4073. The offender reentry packet, at a minimum, shall include the following documents and be finalized one week prior to release:
1. Community Supervision plan, as applicable
  2. Transportation plan
  3. Employment portfolio
  4. Job leads
  5. State identification card
  6. Driver's License
  7. Birth certificate

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8. Vocational/educational certificates
9. Proposed monthly budget plan
10. A list of health clinics in the community
11. A list of Alcoholics Anonymous/Narcotics Anonymous locations, if needed
12. Food stamp application, if needed
13. Educational referrals
14. Social Security/Disability/Eligibility
15. A list of clothing banks

The reentry packet shall be provided to all individuals upon their release from the facility.

M. Probation

1. The PPO shall complete an RNA on the offender per Policy #703.02.
2. Officers shall make and follow through on referrals that will help the offender based on his/her identified needs. This shall continue through the offender's supervision with the Department.

N. Former Offenders:

1. The TDOC staff shall provide assistance to any former TDOC offender who requests it. TDOC shall make appropriate referrals and assist the former offender.
2. For inmates who are discharged without supervision and who are in need of services, staff members shall refer them to the closest CRC. If no CRC is close to the offender's release location institutional staff shall refer them to the Community Supervision office in the area of release. The local Community Supervision office shall provide the offender with resource information and assist with referrals as needed.
3. Probation/parole officers shall inform all offenders upon discharge of TDOC's commitment to continuing to provide services and assistance, if needed. The following is a list of services TDOC staff may provide to former offenders:
  - a. Information and assistance in obtaining emergency housing and homeless shelters
  - b. Employment and job readiness referral assistance
  - c. Educational and vocational resources information and assistance

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- d. Substance use assessment referrals
- e. Financial assistance information
- f. Mental and physical health information
- g. Resources Centers information

VII. ACA STANDARDS: 4-4431, 4-4442, 4-4444, and 4-APPFS-2C-06.

VIII. EXPIRATION DATE: December 15, 2021.



TENNESSEE DEPARTMENT OF CORRECTION  
REENTRY DISCHARGE SUMMARY

Last Name			First Name	Middle Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
TDOC Number: _____		DOB: _____		Today's Date: _____	
Admission Date: _____		Expected Release Date: _____			
Type of Release ( <b>Please Circle</b> )		Parole		Expiration	
		CSL			
Parole Special Conditions: _____					

## Reentry Interventions Needed

### Identification

Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	State Identification Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all identification documents mentioned above in the offender's institutional file? _____			

If yes, specify type of documentations: \_\_\_\_\_

If no, explain what documentation still needs to be obtained prior to offenders' release: \_\_\_\_\_

### Education

Has HSE (High School Equivalency Diploma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has High School Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs Higher Education/Vocational Training? (If yes, referral must be created)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a copy of all earned certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Housing

Approved Housing Plan? Housing Sponsor (i.e. Transition Home or Name of Relative)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	Phone Number: _____	
City: _____	State: _____	Zip: _____
Does the Offender Expect to be Released to a Homeless Shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
City: _____	State: _____	Zip: _____
Outstanding housing Issues and Actions to be Taken to Resolve Situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## TENNESSEE DEPARTMENT OF CORRECTION REENTRY DISCHARGE SUMMARY

### Employment

Has Offender Obtained Employment? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor and Phone Number: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Employment Confirmed: ☐ Yes ☐ No

If No obtained employment, is there a completed job search plan? ☐ Yes ☐ No

Employment Portfolio Completed? ☐ Yes ☐ No

Action Steps to Complete Employment Portfolio:

O\*Net Interest Profiler Score: \_\_\_\_\_

Employment Specialist Referral (for unemployed and underemployed)

### Housing and Employment Furlough

Furlough for Housing and Employment Search Requested? ☐ Yes ☐ No

Name of Requester: \_\_\_\_\_

Furlough granted? ☐ Yes ☐ No Date of Furlough: \_\_\_\_\_

Furlough Successful? ☐ Yes ☐ No Please Explain Why or Why Not? \_\_\_\_\_

### Transportation

Will someone pick up offender from facility? ☐ Yes ☐ No

If yes, please provide contact information: \_\_\_\_\_

If no, what is the offender's transportation plan to his/her housing? \_\_\_\_\_

### Benefit Reconnection

**Public Assistance:** Status: \_\_\_\_\_ ☐ N/A **Food Stamps:** Status: \_\_\_\_\_ ☐ N/A

**Medicaid** Status: \_\_\_\_\_ ☐ N/A **SSI** Status: \_\_\_\_\_ ☐ N/A

**SSD** Status: \_\_\_\_\_ N/A **Veterans Benefits** Status: \_\_\_\_\_ ☐ N/A





## TENNESSEE DEPARTMENT OF CORRECTION REENTRY DISCHARGE SUMMARY

### Medical/Mental Health/Substance Use

(This section only to be filled out for those offenders expiring or who have already been granted parole)

Primary Health Care Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
Medical Specialist Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
Behavioral Health Provider Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
Medication Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
AA/NA Referral Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
Substance Use Counseling or After Care Treatment Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral: _____		
Level of Care Required for Substance Use Treatment	<input type="checkbox"/> Outpatient	<input type="checkbox"/> In-Patient

### Expected Financial Obligations

Court Fees: _____	Parole Fees: _____
Medical Fees for Appointments: _____	Other: _____
Restitution: _____	Other: _____
Child Support: _____	Other: _____

### Family Reunification

Family Reunification Counseling Needed? ☐ Yes ☐ No

Name and Contact information of Referred Provider? \_\_\_\_\_

### Inmate Job History

Job Title: _____	Dates Employed: _____
Supervisor: _____	
Job Title: _____	Dates Employed: _____
Supervisor: _____	
Job Title: _____	Dates Employed: _____
Supervisor: _____	
Job Title: _____	Dates Employed: _____
Supervisor: _____	



# TENNESSEE DEPARTMENT OF CORRECTION REENTRY DISCHARGE SUMMARY

## TDOC Program Participation

Program	Program Completed?			Post Release Referral Needed?	
AA/NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anger Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cognitive Behavioral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Readiness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parenting/Family Reunification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Take One Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mentor:	Organization:				
Other Religious Programing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Substance Use	<input type="checkbox"/> TCOM	<input type="checkbox"/> Group Therapy			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Volunteer Programming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Victim Impact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Additional Post Release Community Referrals

Check Each Need and Then Fill Out A Referral Below For Each Need

☐ Aging and Disability Services   
 ☐ Food and/or Clothing Banks   
 ☐ Domestic Violence Classes  
☐ Financial Resource Management   
 Other: \_\_\_\_\_   
 Other: \_\_\_\_\_

## \*ADDITIONAL REFERRAL SHEET FOR REPRODUCTION

### Referral Type

Prior to Release: \_\_\_\_\_ Post Release: \_\_\_\_\_

Agency Referred To: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**REENTRY DISCHARGE SUMMARY**

**Reentry Discharge Committee**

Facility: \_\_\_\_\_ Offender Housing Assignment: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Reentry Discharge Plan Completed: \_\_\_\_\_

Correctional Counselor Case Manager: \_\_\_\_\_

Signature: \_\_\_\_\_

Behavioral Health Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Reentry Specialist: \_\_\_\_\_

Signature: \_\_\_\_\_

Institutional Parole Officers: \_\_\_\_\_

Signature: \_\_\_\_\_

Chief Counselor: \_\_\_\_\_

Signature: \_\_\_\_\_

Health Services Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

**Offender Agreement**

I have participated in the completion of this reentry discharge summary, received a copy of this reentry discharge summary, emergency numbers for assistance in the community, and medical and/or mental health referrals (if necessary).

Offender's Name: \_\_\_\_\_ TDOC ID #: \_\_\_\_\_

Offender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment Location/Address \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Referral Faxed or Emailed? ☐ Yes ☐ No Fax # or Email Address: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**REENTRY DISCHARGE SUMMARY**

**Reentry Accountability Plan**

Why do you need this referral and/or assistance?

---

Staff action plan to meet the above goal:

---

Target Completion Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Offender's action plan to be address this need once he/she is released:

---

Comments:

---

**Referral Type**

Prior to Release \_\_\_\_\_ Post Release \_\_\_\_\_

Agency Referred To: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Appointment Location/Address \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Referral Faxed or Emailed? ☐ Yes ☐ No Fax # or Email Address: \_\_\_\_\_

**Reentry Accountability Plan**

Why do you need this referral and/or assistance?

---

Staff action plan to meet the above goal:

---

Target Completion Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Offender's action plan to be address this need once he/she is released:

---

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

---



TENNESSEE DEPARTMENT OF CORRECTION

**Reentry Packet Checklist Envelope**

**ITEMS TO BE CHECKED**

Community Supervision Plan, if applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational/Educational Certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Budget Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Portfolio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Leads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Health Clinics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA/NA Locations, if needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamp Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education Referrals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security/Disability Eligibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clothing Bank Locations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name: \_\_\_\_\_ TDOC#: \_\_\_\_\_

Discharge Date: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION

## O\*NET INTEREST PROFILER RESULTS

### What are your Primary and Secondary Interest Areas?

In the spaces below, copy your Interest Area scores from the Interest Profiler:

Your <b>R</b> score:	_____	<b>Realistic</b>
Your <b>I</b> score:	_____	<b>Investigative</b>
Your <b>A</b> score:	_____	<b>Artistic</b>
Your <b>S</b> score:	_____	<b>Social</b>
Your <b>E</b> score:	_____	<b>Enterprising</b>
Your <b>C</b> score:	_____	<b>Conventional</b>

#### Primary Interest Area:

#### Secondary Interest Area:

Which Interest Area has your highest score?

Which Interest Area has your next highest score?

***R, I, A, S, E, or C?***

Which Interest Area has your third highest score?

Enter the letter for that Interest Area in the box below.


Enter the letters for those Interest Areas in the box below.

Your Primary Interest Area:

\_\_\_\_\_

Your Secondary Interest Areas:

\_\_\_\_\_ and \_\_\_\_\_

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 511.07	Page 1 of 10
	Effective Date: March 15, 2019	
	Distribution: B	
	Supersedes: 511.07 (3/15/16) PCN 19-16 (1/30/19) PCN 17-43 (6/1/17)	
Approved by: Tony Parker		
Subject: INTERSTATE CORRECTIONS COMPACT		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-23-101, TCA 41-23-102, TCA 41-23-103, and TCA 41-23-104.
- II. PURPOSE: To establish procedures for the transfer of inmates pursuant to the Interstate Corrections Compact (ICC).
- III. APPLICATION: To Interstate Corrections Compact Administrator, Assistant Commissioner of Prisons, Director of Classification, Director of Information Systems Services, Wardens, Superintendents, staff, inmates, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Compact Administrator (Administrator): The individual responsible for administration of the compact as designated by the Commissioner.
  - B. ICC Inmate: An inmate transferred to another state's physical custody pursuant to the provisions of the ICC.
  - C. Interstate Corrections Compact (ICC): An agreement between compact member states which permits the transfer of physical custody of convicted felons from one such state to another for service of a sentence imposed by the sending state. Tennessee is a member of this compact.
  - D. Receiving State: A state party to the ICC to which an inmate is sent for confinement other than the state in which the conviction or court commitment originated.
  - E. Record Disposition Authorization (RDA): A written directive approved by the Public Records Commission that sets forth the procedures by which TDOC records shall be retained and disposed.
  - F. Sending State: A state party to the ICC in which the conviction or court commitment originated.
- V. POLICY: The exchange and transfer of inmates pursuant to the provisions of the ICC shall occur in accordance with established guidelines.
- VI. PROCEDURES:
  - A. Criteria for ICC Consideration:

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Subject: INTERSTATE CORRECTIONS COMPACT		

1. Applications for transfers shall be considered for only those states which are parties to this compact. The states (including the Federal System) are as follows:

Arkansas	Kansas	Nebraska	Oregon
Connecticut	Maine	New Hampshire	Pennsylvania
Delaware	Maryland	New Mexico	South Carolina
Florida	Minnesota	North Carolina	Vermont
Iowa	Missouri	Oklahoma	Virginia
  2. Applications for transfers shall be considered only for inmates with five years or more remaining before the inmate's earliest release date. For reasons of institutional security, the Commissioner or designee may make exceptions to this requirement.
  3. An equitable balance should be maintained between the lengths of sentence of inmates being transferred into and out of Tennessee Department of Correction (TDOC) custody.
  4. Applications shall be evaluated to ensure that inmates who are exchanged have similar treatment and custody requirements.
- B. Voluntary transfer of a TDOC inmate to a receiving state shall occur with the consent of the inmate.
1. If an inmate wants to apply to transfer to a state that is party to the ICC, the inmate must submit his/her request in writing to the administrator.
  2. When an inmate is recommended and subsequently approved for an ICC transfer as the result of a classification action at the institutional level, copies of the following shall be forwarded to the administrator:
    - a. Classification Custody Assessment, CR-0078, or the offender management system (OMS) conversation LCLN and Initial Classification and Psychological Summary, CR-2546, (or INFOPAC report BI01MHN)
    - b. Reclassification Summary (CAFRPT and CLASSSUMM reports; The CAFRPT is available via the F13 key on LCLN, CAF Detail and CLASSSUMM is available via the F13 key on LCLN, Hearing Detail) providing specific reason(s) for an ICC transfer. (See Policy #401.05)
    - c. Health Classification Summary, CR-1886, reflecting current medical status. If the medical status is Class B or C, include copies of any pertinent physical and clinical records. The inmate must sign the Authorization for Release of Health Services Information, CR-1885.
    - d. All judicial and administrative rulings and orders pertaining to present confinement.
    - e. Fingerprint card and identification photograph. Include a copy of the Presentence Investigation Report (PSI) and the Federal Bureau of investigation (FBI) arrest record, if available.



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- f. Consent to Transfer and Waiver of Hearing, CR-1421, signed and dated.
  - g. Waiver of Extradition, CR-1056, signed, dated and witnessed.
- 3. If the recommended transfer is in accordance with policy and ICC guidelines, and in the best interests of the TDOC, the administrator may submit an application to the prospective receiving state.
- 4. The administrator shall notify by letter the prosecuting district attorney general and the sentencing court when an inmate is being considered for transfer from the TDOC pursuant to the ICC.
- 5. If the transfer is approved by both states and is to be effected, the administrator shall facilitate the transportation arrangements.
- C. An involuntary transfer of a TDOC inmate to a party state may occur for the protection of an inmate and/or to benefit the TDOC.
  - 1. The institution must follow due process consistent with placement in involuntary administrative segregation status. (See Policy #404.10)
  - 2. An inmate may appeal a decision for an involuntary transfer to the Commissioner or his/her designee using the Uniform Administrative Procedures Act (UAPA).
  - 3. If an inmate is to be considered for an involuntary transfer, the forms listed in Section VI.(B)(2) must be requested from the institution.
- D. A log of inmates currently incarcerated in other states or in TDOC pursuant to the provisions of the ICC shall be maintained by the administrator.
- E. Transfer Procedures and Documentation
  - 1. At the time of actual transfer, male ICC inmates transferring to TDOC shall be transferred to the total assigned count of Bledsoe County Correctional Complex (BCCX). A copy of the ICC request for transfer packet and a memorandum from the administrator shall be forwarded to the BCCX Warden's office and the Records Office, notifying them of the transfer. The Records Office at BCCX shall initiate a TDOC inmate institutional record (IIR) using the copy of the ICC request for transfer packet. The staff of the Tennessee Prison for Women (TPFW) shall be responsible for all such matters in connection with female inmates. The administrator will maintain a file of the original ICC request for transfer packet, and associated documents.
  - 2. Male ICC inmates from other states shall be received at BCCX, unless the TDOC Commissioner, or designee, designates otherwise for security reasons. Female ICC inmates from other states shall be received at TPFW.
  - 3. ICC inmates from other states may subsequently be transferred to the population of another TDOC institution as determined by the classification process. The IIR shall follow the inmate in accordance with TDOC policy.

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4. A TDOC inmate may be returned to the custody of the TDOC at the request of the receiving state. The administrator is responsible for any required notifications and transportation arrangements.

F. Records and Reports

1. The administrator is responsible for any records and reports as specified by contract agreements entered into by TDOC with other states. These records shall be maintained for a period of five years from the calendar year they were created in accordance with TDOC RDA #11085 and should be stored under lock and key. These records can be transferred to Central Office Archives after three years.
2. The administrator shall utilize the Semi-Annual Program Review, CR-2959, to request progress reports regarding TDOC inmates in other states.

- G. When a TDOC inmate is within 12 months of parole eligibility, the administrator shall notify the Tennessee Board of Paroles in writing. When the inmate is within four months of parole as identified by the Out of State/Interstate Corrections Compact Semi-Annual Program Review, CR-2959, the administrator will notify the Board by E-mail message, or memorandum. The CR-2959 is to be submitted by the institution housing the inmate.

H. Escape Notification

1. TDOC inmate in another state:
  - a. No later than the next business day, the administrator in the receiving state shall notify the compact administrator of the escape of any TDOC inmate in another state who was transferred under ICC provisions. This notification shall include the time, circumstances, and other additional facts of the escape.
  - b. The compact administrator shall then be responsible for all escape notifications and reports as specified in Policy #506.12.
2. ICC inmate from another state:
  - a. The compact administrator shall be responsible for all notifications and reports as specified in Policy #506.12.
  - b. No later than the next business day, the TDOC Warden/Superintendent shall notify the TDOC's ICC administrator of the escape.
  - c. The administrator shall immediately report the escape to the sending state's ICC administrator.

I. Death of ICC Inmate

1. TDOC inmate in another state:

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- a. No later than the next business day, the administrator in the receiving state shall notify TDOC's administrator of the death of any TDOC inmate who was transferred to another state under ICC provisions. The administrator shall be responsible for the notifications and reports as specified in Policy #113.05.
- b. The administrator shall also be responsible for instructing the receiving state with regard to the disposition of the body.

2. ICC inmate from another state:

- a. The TDOC Warden/Superintendent shall be responsible for all notifications and reports as specified in Policy #113.05. In addition, the TDOC Warden/Superintendent shall immediately notify the TDOC administrator of the inmate's death.
- b. No later than the next business day, the TDOC administrator shall report the death of an ICC inmate to the sending state's ICC administrator. The TDOC Warden/Superintendent shall furnish information as requested and follow up on the instructions of the sending state with regard to the disposition of the body.

VII. ACA STANDARDS: 4-4102.

VIII. EXPIRATION DATE: March 15, 2022.



TENNESSEE DEPARTMENT OF CORRECTION  
CLASSIFICATION CUSTODY ASSESSMENT

INSTITUTION \_\_\_\_\_

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

TIME: \_\_\_\_\_

NAME: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

CAF DATE: \_\_\_\_\_

<b>1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or Prison, Rate Most Serious)</b>		
ASSAULT – no weapon, no serious injury (last 18 months).....	3	
ASSAULT – with weapon, no serious injury (last 18 months).....	5	
ASSAULT – with or without weapon, with serious injury or death (last 42 months).....	7	
ASSAULT – with or without weapon with serious injury or death (43 through 60 months).....	5	SCORE _____
<b>2. ASSAULT OCCUR WITHIN LAST SIX MONTHS</b>		
No.....	0	
Yes.....	3	SCORE _____
<b>3. SEVERITY OF CURRENT OFFENSE (Rate Most Serious)</b>		
Low.....	0	
Moderate.....	1	
High.....	3	
Highest.....	4	SCORE _____
<b>4. PRIOR ASSAULTIVE OFFENSE HISTORY (Rate Most Serious)</b>		
Low.....	0	
Moderate.....	1	
High.....	3	
Highest.....	4	SCORE _____
<b>SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)</b>		
Close 10-14.....		
Maximum 15 or More.....		
(9 OR LESS, COMPLETE SCHEDULE B)		
<b>5. ESCAPE HISTORY (WITHIN LAST 5 YEARS OF INCARCERATION)</b>		
No escapes or attempts.....	-2	
Escape or attempt from minimum custody, no actual or threatened violence: over 1 year ago.....	0	
Escape or attempt from minimum custody, no actual or threatened violence: within the last year.....	1	
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: over 1 year ago.....	5	
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: within last year.....	7	SCORE _____
<b>6. DISCIPLINARY REPORTS – GUILTY</b>		
None in Last 18 Months.....	-4	
None in Last 12 Months.....	-2	
None in Last 6 Months.....	-1	
New Admission / Parole Violator.....	0	
One in Last 6 Months.....	1	
Two or More in Last 6 Months.....	4	SCORE _____
<b>7. MOST SEVERE DISCIPLINARY RECEIVED (last 18 months)</b>		
Class C.....	2	
Class B.....	5	
Class A.....	7	SCORE _____
<b>8. DETAINER / NOTIFICATION / CHARGE PENDING</b>		
Misdemeanor.....	3	
Felony.....	5	SCORE _____
<b>9. PRIOR FELONY CONVICTIONS</b>		
One.....	2	
Two or More.....	4	SCORE _____
<b>SCHEDULE B SCALE (sum of items 5 through 9)</b>		
CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)		
Close 17 or More.....		
Medium 7 – 16.....		
Minimum 6 or Less.....		
CAF Custody Level: _____		



TENNESSEE DEPARTMENT OF CORRECTION  
OFFENDER CLASSIFICATION SUMMARY

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

TOMIS ID: \_\_\_\_\_

Offender \_\_\_\_\_

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

Institution Name: \_\_\_\_\_

Classification Type: \_\_\_\_\_

CAF Date: \_\_\_\_\_

Status at time of hearing      General Population \_\_\_\_\_      AS \_\_\_\_\_      PC \_\_\_\_\_      Other \_\_\_\_\_

Incompatible Inmates:      Yes \_\_\_\_\_      No \_\_\_\_\_      Inmate agrees to waive 48 hr hearing notice: \_\_\_\_\_

Scored CAF Range: \_\_\_\_\_      Current Custody Level: \_\_\_\_\_

Panel's Majority Recommendation:

Facility Assignment: \_\_\_\_\_      Transfer:      Yes \_\_\_\_\_      No \_\_\_\_\_      Explain Below:

Custody Level: \_\_\_\_\_

Override Type \_\_\_\_\_

Justification, Program Recommendations, and Summary

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Updated Photo Needed:      Yes \_\_\_\_\_      No \_\_\_\_\_

Offender Signature: \_\_\_\_\_      Appeal:      Yes \_\_\_\_\_      No \_\_\_\_\_  
(If "Yes" provide appeal and copy to Inmate)

Panel Member Signatures \_\_\_\_\_      Date: \_\_\_\_\_

Chairperson

Security Member

Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

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Approving Authority:

\_\_\_\_\_  
Signature      Date      Approve \_\_\_\_\_      Deny \_\_\_\_\_

If denied, reasons include: \_\_\_\_\_

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STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**CONSENT TO TRANSFER AND WAIVER OF HEARING**

I, \_\_\_\_\_, TDOC # \_\_\_\_\_, do hereby request that I be transferred to the State of \_\_\_\_\_ under the provision of the Interstate Corrections Compact.

I make this request freely and voluntarily and am under no physical or mental duress or coercion to be transferred to a correctional institution in the State of \_\_\_\_\_. I understand that if I am accepted to go to the State of \_\_\_\_\_ that I will be subject to the rules and regulations of the correctional institutions of that State. I further understand that once I have been received by the State \_\_\_\_\_ that I may be placed in any correctional facility operated that that State and be subject to the classification procedures of that State.

I have been advised and understand that if this request were not being made freely and voluntarily that I would be entitled to due process of law to determine whether or not I should be transferred involuntarily. This due process would consist of the following:

1. Detailed written notice of the charges or reasons for transfer given prior to the Hearing;
2. Investigation or review of the charge or reason by an officer of the institution;
3. A Hearing before an impartial Board on the questions of transfer;
4. Administrative review of the decision of the impartial Board;
5. A record of the Hearing.

At the Hearing, I further understand that the following procedure would be followed:

- a. Reading of the charges or reasons;
- b. Opportunity of the inmate to respond to the charges or reasons;
- c. Opportunity of both parties to call witnesses and the right to cross-examine adverse witnesses;
- d. Assistance of lay counsel.

With full knowledge of the foregoing, I hereby waive my right to this Hearing, and request that I be transferred to the State of \_\_\_\_\_.

I have read this statement or have had it read to me, and I have had the opportunity to ask questions concerning this request and Waiver of Hearing.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**WAIVER OF EXTRADITION**

I, \_\_\_\_\_, Tennessee DOC # \_\_\_\_\_, do hereby understand that I am to be transferred to the State of \_\_\_\_\_ under the provisions of the Interstate Corrections Compact. I further understand that I cannot be taken there unless I freely and voluntarily consent to said transfer.

With this understanding, I hereby freely and voluntarily waive all formality and I am willing to be transferred to the State of \_\_\_\_\_ for confinement in a correctional facility in said State under the provision of the Interstate Corrections Compact.

I further consent and agree that the officers and employees of the Tennessee Department of Correction or officers and employees of the Department of Correction of the State of \_\_\_\_\_ deliver me into the custody of the State of \_\_\_\_\_ for the purpose of effecting my transfer.

I also freely and voluntarily consent to be returned to the State of Tennessee to complete service of my Tennessee sentence upon demand of either said States.

I fully understand the statements made above, and fully agree to them.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

The person named in the foregoing Waiver of Extradition freely and voluntarily signed this document in my presence. Before signing said waiver, he/she read it or had it read to him/her and had the opportunity to ask questions about it.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TDOC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Exam Date: \_\_\_\_\_ Dental Exam Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

	<u>Code</u>	<u>Description</u>
Health Classification (Code):	A	Class A – No Restrictions
	B	Class B – Moderate Restrictions
	C	Class C – Severe Restrictions

Level of Care (LOC): _____ <i>Based on health record information provided by Mental Health Treatment Team</i>	LOC 1	No Mental Health Services
	LOC 2	Outpatient
	LOC 3	Supportive Living Services (SLU) Moderate Impairment
	LOC 4	Supportive Living Services (SLU) Severe Impairment
	LOC 5	None

Clinical Alert: _____	Date: _____	Note: _____
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Health Related Conditions (Codes): _____ (Circle all applicable codes)			
<u>Code</u>	<u>Health Conditions</u>	<u>Code</u>	<u>Health Conditions</u>
A	Visual Impairment	P	Neurological Disease/Disorder <input type="checkbox"/> Dementia
B	Hearing Impairment	Q	Arthritis
C	Speech Impairment	R	Obesity (BMI >40)
D	Orthopedic Disease/Disorder <input type="checkbox"/> Documented Hx of Back Problems	S	Aging (>60)
E	Amputation/Missing Extremity	T	Dermatological Disease/Disorder
F	Pregnancy <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> (Trimester)	U	Prosthetic Device Associated with Disability
G	Cancer	V	(Specify) _____
H	Asthma/Hay Fever	W	Permanently confined to a Wheelchair/Mobility
I	Allergies a) Drug: _____ b) Other: _____	X	Sleep Apnea
J	Diabetes <input type="checkbox"/> BS >300	Y	G. U. Disease
K	Seizure Disorder	Z	Surgery within last 6 months (abdominal, chest, back, or upper extremity)
L	Cardiovascular Disease/Disorder	AA	Other: _____
M	Hypertension	BB	Acute Injury/Serious Medical Condition: Specify _____
N	Pulmonary Disease/Disorder		





**TENNESSEE DEPARTMENT OF CORRECTION**  
**HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TDOC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specific Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Specific Accommodations (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
J	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
D	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
M	Bottom bunk in housing assignment
N	Special footwear required

Notes:

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date

**REVIEWED**

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
**AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION**

\_\_\_\_\_  
INSTITUTION

INMATE NAME (PRINTED): \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

☐ I hereby authorize \_\_\_\_\_  
(NAME OF PROVIDER/FACILITY) to release the information

indicated below to the Tennessee Department of Correction (TDOC) regarding my clinical treatment.

TDOC Facility Name/Community Supervision Office: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ I hereby authorize the Tennessee Department of Correction to release clinical information to the persons/entities indicated below for:

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please release the following information (Check "✓" all that apply):**

☐ Health Record    ☐ Infectious Disease Record    ☐ Dental Record    ☐ Behavioral Health Record    ☐ Psychotherapy Notes  
☐ Substance Use Diagnosis/Treatment    ☐ Other: \_\_\_\_\_    Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.*

**Purpose of the disclosure:** \_\_\_\_\_

- This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of TDOC Division of Records Management, 2<sup>nd</sup> Floor, 320 Sixth Avenue North, Nashville, TN 37243-0465.
- I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.
- I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).
- I understand that a provider may not condition treatment on whether or not I sign this authorization.
- Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to re-disclose this information, TDOC cannot ensure its protection by privacy laws.

***The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, Authorized Representative (a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare) must sign this authorization.***

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if minor) or Authorized Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
INITIAL CLASSIFICATION PSYCHOLOGICAL SUMMARY

\_\_\_\_\_  
INSTITUTION

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PSYCHOLOGICAL EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

TEST ADMINISTERED:

Rev. BETA II \_\_\_\_\_ GATB \_\_\_\_\_ WRAT \_\_\_\_\_ CPS \_\_\_\_\_

Slosson \_\_\_\_\_ WAIS-R \_\_\_\_\_ PPVT \_\_\_\_\_ MMPI \_\_\_\_\_

TEST SYNOPSIS / ASSESSMENT COMMENTS:



TENNESSEE DEPARTMENT OF CORRECTION  
OUT-OF-STATE / INTERSTATE CORRECTIONS COMPACT  
SEMI-ANNUAL PROGRAM REVIEW

\_\_\_\_\_  
INSTITUTION

*\* Instructions for completion on reverse side \**

REPORT TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC # \_\_\_\_\_ YOUR # \_\_\_\_\_

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

OFFENSE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_

CURRENT CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGNED: \_\_\_\_\_

PREVIOUS CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGEND: \_\_\_\_\_

DISCIPLINARY INFRACTIONS FOR THIS REPORT TIME: (USE ADDITIONAL SHEET OF NECCESSARY)

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

JOB / ACADEMIC / VOCATIONAL PARTICIPATION: (USE ADDITIONAL SHEET OF NECCESSARY)

Dates of Participation		Full Time	Part Time	Job/Aca/Voc:	Title	Poor	Average	Above Average
<u>From</u>	<u>To</u>							
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Institution:** The current location of inmate.

**Report Time:** Time parameters for this review.

**Name:** Inmate's last name first, then first name and middle or middle initial.

**TDOC#:** Insert the unique five (5) or six-(6) digit identification number issued the inmate through OBSCIS.

**Your #:** Insert the contracting state's identification number.

**Address:** The address of the institution where inmate is incarcerated.

**Offense:** Enter the inmate's current offense.

**Sentence:** Enter the length of sentence.

**Current Custody:** Insert the inmate's current custody level.

**Date Custody Assigned:** Enter the date the current custody was assigned.

**Previous Custody:** Insert the inmate's custody level(s) prior to current custody of this period. Use additional sheet if necessary.

**Date Custody Assigned:** Insert the date custody was assigned.

**Disciplinary Infractions for this Report Time:** Enter the date(s) the infractions occurred, and indicate any punitive action taken.

**Full Time / Part Time:** Check whether participation in this program is poor, average or above average.

**Job / Aca / Voc:** Indicate whether participation in a Job, Academic, or Vocational Program.

**Title:** Insert title of job, academic, or vocational program.

**Rating:** Check whether overall participation in this program is poor, average, or above average.

**Comments:** Record any significant comments regarding this review:

**Signature:** Signature of individual completing this form.


**Title:** Record title of individual completing this form.

**Date:** Insert date form completed.

Return form to address indicate below:

Tennessee Department of Correction  
Interstate Compact Administrator  
4<sup>th</sup> Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

Tennessee Department of Correction  
Information Systems  
Ground Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 511.08	Page 1 of 8
	Effective Date: September 1, 2016	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: REPLACEMENT SOCIAL SECURITY NUMBER CARDS AND BIRTH CERTIFICATES		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish an effective, secure, and efficient means for Tennessee Department of Correction (TDOC) staff to process inmate applications for replacement Social Security number (SSN) cards and birth certificates.
- III. APPLICATION: All TDOC employees, inmates, and all privately managed institutions.
- IV. DEFINITIONS:
  - A. Authorized Institution Staff Members: An institution employee authorized by the Warden to be responsible for requesting replacement birth certificates and social security cards.
  - B. Birth Certificate: An official document issued to record a person's birth, including such identifying data as name, gender, date of birth, place of birth, and parentage.
  - C. Covered Institution: An institution that has been approved to process SSN card or birth certificate replacement.
  - D. Social Security Administration Field Office: The local Social Security office responsible for processing replacement social security card requests.
  - E. Social Security Number (SSN): A number, unique to each person, provided by the Social Security Administration to identify persons for Social Security Benefits.
  - F. Transitional Housing: A program of supervised living designed to seamlessly shift offenders from incarceration back into the community and provide reentry services compliant with TDOC's Guidelines for Approved Housing Providers.
  - G. Work Release: A program enabling selected inmates to leave the confines of the institution for employment at designated location(s) outside the institution and to return upon completion of their assigned work hours.
- V. POLICY: It is the policy of the TDOC to process applications for replacement SSN cards and replacement birth certificates for inmates who are U.S. citizens on an as-needed basis and under certain defined circumstances as prescribed within this policy.
- VI. PROCEDURES:
  - A. Upon request, the Warden shall arrange for SSA staff to tour the institution and observe certain established institution procedures, e.g. verification of identity upon an inmate's arrival at the institution; maintenance of inmate files in secure areas; and otherwise ensure compliance with the terms of this agreement.

Effective Date: September 1, 2016	Index #511.08	Page 2 of 8
Subject: REPLACEMENT SOCIAL SECURITY NUMBER CARDS AND BIRTH CERTIFICATES		

B. Social Security Number (SSN) Cards

1. Inmates who are U.S. citizens may apply for replacement SSN cards if the following is true:
  - a. The inmate is planned to be released from the covered institution into the community or transferred to a transitional housing or a work release facility within 120 days;
  - b. The inmate is participating in a work release, school, or pre-release social services program.
2. The Warden or designee at each covered institution shall provide the Social Security Administration Field Office with a list of institution staff members authorized to request replacement inmate SSN cards on behalf of the inmate. The Warden or designee shall prepare a signed letter on institutional letterhead directed to the Social Security Administration Field Office outlining the names, positions, and signatures of the institution staff members authorized to request replacement inmate SSN cards.
3. The Warden or designee's letter to shall include the following statement:

“Pursuant to procedures contained in the Memorandum of Understanding between our agencies, I hereby authorize the following [Name of facility] staff to submit inmate applications for replacement SSN cards to your office and certify the identifying information found in inmates' official prison records”.
4. The Warden or designee shall update the list of authorized institutional staff members as needed.
5. Authorized staff at each institution shall process the paper work necessary for an inmate to obtain his/her social security card. Authorized institutional staff members shall verify the identity of every inmate prior to requesting a replacement SSN card. Verification should include, but may not be limited to the following:
  - a. A thorough review of the records in the inmate's file, including information provided by reviewing birth record, driver's license, passport, or other identifying information; discussions with family; school transcripts; and employment records, or
  - b. A review of records from the applicable law enforcement agency, that includes information regarding investigation into availability of identity information (birth record, driver's license, or other identifying information; discussions with family; school transcripts; and employment records).
  - c. Comparison of inmate's physical characteristics against existing photographs (including body art), fingerprints, and available physical description, e.g., sex, race, height, weight, eye color, hair color, using the TDOC/TBI Automated Identification system to verify inmate's identity.

Effective Date: September 1, 2016	Index #511.08	Page 3 of 8
Subject: REPLACEMENT SOCIAL SECURITY NUMBER CARDS AND BIRTH CERTIFICATES		

- d. Any other procedures necessary to verify inmate identity.
6. No more than 120 days prior to release from the covered institution, and if the inmate meets the requirements listed in VI.(A)(1) for obtaining a replacement SSN card, the inmate shall complete Form SS-5, entitled "Application for a Social Security Card" and Form SSA-3288, Consent for Release of Information. If the name under which the inmate is committed is different from the inmate's legal name, the inmate must use his or her legal name in line 1 of Form SS-5 and on Form SSA-3288.
7. Upon receiving from an inmate a completed Form SS-5 and Form SSA-3288, authorized institutional staff shall:
  - a. Verify completion of the forms and review the inmate's file to ensure that the inmate has not previously submitted a Form SS-5;
  - b. Compare the biographical information provided on the forms submitted by the inmate with institutional file documents maintained;
  - c. Ensure that the inmate signed the forms and that the forms reflect the inmate's legal name;
  - d. Ensure that on the Form SSA-3288, the inmate listed under "NAME" and "ADDRESS" that the covered institution is authorized to receive information from SSA about the inmate and that the inmate checked the box next to "Social Security Number" under the categories of information SSA is authorized to release to the covered institution;
  - e. Ensure that the inmate's TDOC Number and the name of the covered institution are included in the address block of the Form SS-5. The name of a designated prison official can be added in the address block as a "c/o" annotation to facilitate processing;
  - f. Prepare and sign a Certification of Prison Records, CR-Pending, for each inmate, verifying that the covered institution has properly identified the inmate. The covered institution must hold completed Forms SS-5 and SSA-3288 in a secure location, (e.g., a locked file cabinet, Unit Manager's office) until mailed to SSA. The covered institution must not maintain copies of Form SS-5 in inmate files. The covered institution must not allow inmates access to files containing Forms SS-5 and SSA-3288 of other inmates; and
  - g. Submit the original signed Form SS-5 and SSA-3288 and Certification of Prison Records to the servicing SSA field office with a cover letter on institution letterhead, listing the names of all inmates submitting application forms.
8. After receiving the SSN card in the mail from SSA, authorized institutional staff shall:



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Subject: REPLACEMENT SOCIAL SECURITY NUMBER CARDS AND BIRTH CERTIFICATES		

- a. Ensure the card is placed into the inmate's institutional file, which is maintained in a secure area (i.e., a locked drawer, cabinet or safe). The covered institution must not allow inmates access to files containing the SSN cards of other inmates.
  - b. Any SSN cards that cannot be associated with an inmate's permanent record file or SSN cards that an inmate may no longer possess, must be returned to the issuing Social Security Administration office.
  - c. Will document receipt of SSN card in LCDG
  - d. Ensure that inmate will not be allowed to maintain possession of their SSN card while incarcerated;
  - e. Ensure that if the inmate is released to another detaining authority taking permanent custody of the inmate, the SSN card must be included with the documents provided to the detaining authority; and
  - f. Provide the replacement SSN card to the inmate upon his or her release from the institution
9. If an inmate needs a replacement SSN card and requests the assistance of the covered institution in securing the card, but the application for a replacement SSN card cannot be processed under the provisions of TDOC's Agreement with SSA, the covered institution may:
- a. Provide the inmate with a Form SS-5 and if requested, assist him or her to complete the Form and/or review the completed application. In these cases, the address block on the Form SS-5 should NOT reflect the institution's name, the inmate's Prison System Identification Number, or the name of a designated prison official unless the prisoner also completes a Form SSA-3288, giving SSA permission to send his or her SSN card to the facility. If the inmate prefers, he or she may direct SSA to send the replacement SSN card to an address where he or she will reside upon release from the institution.
  - b. Provide assistance to the inmate in obtaining other necessary documents, such as evidence of identity or proof of age, prior to release, if appropriate; and
  - c. Provide the inmate with instructions for contacting SSA.
10. There will be no cost to the inmate for a Social Security card or replacement Social Security card.

C. Birth Certificates

1. Birth Certificate replacements can be requested at any time. It is the responsibility of authorized staff at each institution to process the paper work necessary for an inmate to obtain his/her birth certificate. Authorized institutional staff members shall verify the identity of every inmate prior to requesting a birth certificate.

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Subject: REPLACEMENT SOCIAL SECURITY NUMBER CARDS AND BIRTH CERTIFICATES		

2. The process for a Tennessee birth certificate shall be as follows:
  - a. Print the "Release" tab from the inmate's facesheet which details certain demographic information required to process the request.
  - b. Prepare a trust fund withdrawal for the inmate's signature noting that the purpose of the trust fund withdrawal is "Birth Certificate". The trust fund withdrawal shall provide a \$15 check to be mailed to the following:

TN Vital Records  
Attn: Ms. Alred  
1st Floor, Andrew Johnson Tower  
710 James Robertson Pkwy  
Nashville, TN 37243

Under no circumstance shall the check be delivered or payable to the Reentry Specialist or anyone other than TN Vital Records.

- c. Prepare a letter addressed to TN Vital Records requesting a birth certificate for the inmate.
  - d. Prepare the necessary mailing envelope and forward the printed "Release" tab, the completed trust fund withdrawal form, and the letter on institutional letterhead to the institutional trust fund staff to print the withdrawal check to be included in the prepared mailing envelope to be mailed.
  - e. Upon receipt of the birth certificate, mailroom personnel is to send e-mail notification to the Reentry Specialist and Chief Correctional Counselor.
  - f. Reentry Specialist or Chief Counselor will document receipt of the birth certificate in LCDG.
  - g. Ensure that the birth certificate is placed in the inmate's institutional file which is maintained in a secure area (i.e. a locked drawer, cabinet, safe). The covered institution must not allow inmates access to files containing the birth certificate of other inmates.
3. Should an inmate need a birth certificate from another state, the reentry specialist shall verify the applicable records needed, and applicable costs, from the other states' vital records offices and complete the request in substantially the same manner as making a request for a Tennessee birth certificate.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: September 1, 2019.



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

Enter Facility  
Enter Number and Name  
Enter City, State Zip Code  
Enter office number • Enter fax number

CERTIFICATION OF PRISON RECORDS

DATE: [Click here to enter a date.](#)  
NAME: [Enter Name of Inmate](#)  
TDOC #: [Enter TDOC Number.](#)  
SOCIAL SECURITY #: [Enter Social Security#](#)

Social Security Administration  
Enter Street Number and Name  
Enter City, State Zip Code

Attached please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security card for the above-named individual.

I, the undersigned, certify that I have reviewed the above inmate's official prison record and that the identifying information shown below is accurate according to that record.

NAME: [Enter Name of Inmate](#)  
DATE OF BIRTH: [MM/DD/YYYY.](#)  
PLACE OF BIRTH: [Enter City and State.](#)  
MOTHER'S MAIDEN NAME: [Enter Mother's Maiden Name.](#)  
FATHER'S NAME: [Enter Father's Name.](#)

If you have any further questions, please contact me between the hours of [Enter time.](#) to [Enter time.](#)

My telephone number is [Enter telephone number.](#)

[Enter Title.](#)  
[Enter Facility Name and City.](#)

[Print](#)

*[Institution Letterhead]*

\_\_\_\_\_  
**Day/Month/Year**

Social Security Administration  
Attn:  
Address  
City, State ZIP Code

Dear \_\_\_\_\_:

Pursuant to procedures contained in the Memorandum of Understanding between our agencies, we are enclosing recently completed SS-5 applications for replacement Social Security Number cards for the following inmates:

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Each SS-5 is accompanied by a signed SSA-3288, along with a completed Certification of Records form.

If you require additional information, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,

*[Printed name of authorized official]*  
*[Title]*

*Institutional Letterhead*

Date

TN Vital Records  
Attn: Kay Alred  
1<sup>st</sup> Floor, Andrew Johnson Tower  
710 James Robertson Pkwy,  
Nashville, TN 37243

**Subject: Birth Certificate - INMATE NAME, TDOC #\_\_\_\_\_**

As part of the reentry process at the \_\_\_\_\_ [institution name],  
it is my duty to assist the inmate to obtain vital records for reentry into society. Please see the attached  
Birth Certificate request for \_\_\_\_\_ [inmate name],  
TDOC # \_\_\_\_\_.


Please send the documents to my attentions for inclusions in the inmate record.

Sincerely,

\_\_\_\_\_  
Signature of Reentry Specialist

Printed Name: \_\_\_\_\_

Institution Name:  
Institutional Address:

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 511.09	Page 1 of 6
	Effective Date: May 1, 2018	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: TENNESSEE REENTRY COLLABORATIVE (TREC)		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To provide offenders, parolees, and probationers with assistance, guidance, and/or community based resources necessary to successfully reintegrate into the community.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) staff, state agencies, participants, and volunteers who are participants in the Tennessee Reentry Collaborative (TREC).
- IV. DEFINITIONS:
  - A. Grand Division: The geographical areas for West, Middle, and East Tennessee.
  - B. Roberts Rules of Order: A set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion.
  - C. Tennessee Reentry Collaborative (TREC): A collaboration of state, local, and non-profit agency leaders who volunteer their services to this organization.
  - D. TREC Local Board Secretary: The person responsible for keeping the minutes of the local TREC board meetings and for performing other duties as directed by the Local Chairperson.
  - E. TREC Local Chairperson(s): The person responsible for oversight of the local boards and for performing all the duties/exercise of power that is usual to such office, as directed by the Statewide Board and TDOC.
  - F. TREC Members: Volunteers from state and local agencies, community resource agencies, faith-based agencies, and non-profit organizations that provide community based resources to assist offenders.
  - G. TREC Statewide Board: An organizational body composed of nine members, which consists of three Rehabilitative Services Correctional Administrators (CA), three local Chairpersons (one from each grand division of the state), and three elected representatives (one from each grand division of the state).
  - H. TREC Statewide Board Chairperson: The person responsible for the daily administration of the Statewide Board meetings and/or other duties as directed by TDOC Rehabilitative Services Correctional Administrators.
  - I. TREC Statewide Board Secretary: The person responsible for keeping the meeting minutes of the Statewide Board meetings and other duties as directed by the Statewide Board.

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Subject: TENNESSEE REENTRY COLLABORATIVE (TREC)		

V. POLICY: TREC shall assist TDOC and the Board of Parole in developing meaningful opportunities utilizing community resources to assist parolees, probationers, and inmates as they reintegrate into society as productive, law-abiding citizens.

VI. PROCEDURES:

- A. TREC shall be responsible for identifying and providing community resources as applicable in order to reduce recidivism and promote public safety. Tennessee Department of Correction (TDOC) shall be responsible for the oversight of TREC under the direction of the Assistant Commissioner of Rehabilitative Services.
- B. TREC shall be a collaborating partner with TDOC, assisting with the identification and provision of community resources for TDOC facilities, Community Supervision offices, Day Reporting Centers (DRC), and Community Resource Centers (CRC). The primary purpose of TREC is to enhance the following initiatives of TDOC:
  1. Emphasizing recruitment of mentors and mentor organizations from faith-based and non-profit community organizations to help bolster the Take One program.
  2. Expanding collaborations with other agencies to identify housing for offenders upon release.
  3. Identifying employers willing to partner with TDOC for the purpose of hiring ex-offenders.
- C. The three regional Rehabilitative Services Correctional Administrators are responsible for oversight of the TREC Statewide Board. The Statewide TREC board shall elect a Chairperson and a Secretary by majority vote. The chairperson and secretary shall manage board operations and/or other duties as directed by board consensus. These positions shall be held for a term not to exceed three years. Members of the local TREC Boards shall be eligible for successive terms of office upon expiration of the current term.
- D. The Statewide Board shall provide oversight of the local TREC boards:
  1. Responsibilities shall include, but are not limited to ensuring that each local board has appointed a chairperson and a secretary who shall manage local board operations and/or other duties as directed by the Statewide Board and/or local consensus.
  2. The Statewide Board Chairperson shall maintain the minutes of the Statewide Board meetings, collect and maintain the minutes of the local board meetings, and submit a detailed summary of the meeting and/or other relevant information to the TDOC Director of Religious, Volunteer, and Victim Services.
- E. The local TREC boards shall elect a chairperson and a secretary by majority vote; these positions shall be held for a term not to exceed two years. Members of the local TREC Boards shall be eligible for successive terms of office upon expiration of the current term.
- F. Board Meetings:
  1. The statewide board shall conduct monthly conference calls with board members to discuss board business and matters of relevance to the local TREC boards.

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Subject: TENNESSEE REENTRY COLLABORATIVE (TREC)		

2. The local TREC boards shall meet monthly. The local TREC boards shall forward copies of their meeting minutes to the Statewide TREC board.
3. Quarterly Statewide TREC meetings shall be scheduled by the Statewide Board who shall also determine the location and date. All members need not be present; however, a quorum must be established for all meetings.
4. Special meetings of TREC may be called by the TDOC Commissioner or designee.
5. All meetings and parliamentary procedures shall be conducted in accordance with the most recent edition of *Roberts Rules of Order*, unless otherwise dictated by TDOC Policy.

G. Organization:

1. Local TREC boards shall be comprised of members from the geographical areas of the state in which their local board is located.
2. Each local TREC shall report to the TREC Statewide Board.
3. The local TREC boards shall develop, establish, and provide local community resources to assist offenders. TDOC Chaplains shall assist at the institutional level as applicable.
4. The Statewide Board shall submit reports/minutes and requests of all meetings to the Director of Religious, Volunteer, and Victim Services.
5. The Director of Religious, Volunteer, and Victim Services shall submit reports/minutes and requests quarterly to Assistant Commissioner, Rehabilitative Services.
6. The Assistant Commissioner of Rehabilitative Services shall submit quarterly reports to the Commissioner of TDOC.
7. Local board initiatives must be submitted to the Statewide TREC board for review and approval if/as applicable.

H. Authority and Support:

1. TREC is established pursuant to the authority of TDOC.
2. The major support of the organization is derived from the public.

I. Purposes and Goals

1. Coordinating with and assist TDOC in developing and utilizing volunteer resources in assisting parolees, probationers, and inmates in reintegrating into society as productive, law-abiding citizens.
2. Coordinating with and assisting TDOC in developing policies and procedures governing the utilization of volunteers.
3. Organizing a network of local parole, probation, and institutional community resource boards on matters of statewide impact.



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Subject: TENNESSEE REENTRY COLLABORATIVE (TREC)		

4. Advising TDOC on matters of public interest and concern.
5. Assisting TDOC in accomplishing its missions and goals.
6. Recommending programs that have statewide impact involving volunteers.
7. Providing oversight and coordination of local TREC Boards as outlined in this policy.
8. Overseeing designated projects as directed.

J. Membership

1. Qualifications: The membership of the Board shall consist of local TREC Board members representing each of Tennessee's Grand Divisions (West, Middle, and East). Members must have the same qualifications as approved volunteers in the correctional facilities and community supervision field offices. All new applicants will submit a volunteer application to the Director of Religious, Volunteer, and Victim Services as security clearance will be requested on all new applicants.
2. Tenure: TREC Board members shall serve either a term of three years or until the membership is terminated due to resignation, change of residency from Tennessee, death, or absence from three quarterly Statewide Board meetings in a 12-month period. Members of the Statewide TREC Board shall be eligible for successive terms of office upon expiration of the current term. The Rehabilitative Services Correctional Administrators shall strive to ensure that at least one person serving on the TREC Statewide Board is 60 years of age or older and that at least one person is a member of a racial minority.
3. Restriction and Termination
  - a. A board member's conduct must be in compliance with TDOC Policy and state law; members shall be subject to investigation for alleged violation of either. If it is necessary to limit the services of a member, pursuant to such investigation, the Rehabilitative Services Correctional Administrator(s) shall notify the member of such action in writing.
  - b. A member may be terminated due to personal misconduct for committing any of the following violations of TDOC Policy:
    - (1) Unlawful conduct
    - (2) Mistreatment of inmates or staff, including but not limited to sexual misconduct, harassment, or abuse. Any romantic or sexual relationship with an inmate or parolee (consensual or otherwise), including non-professional conduct, unauthorized social, or financial relationships with an inmate or parolee will result in immediate termination of services.

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Subject: TENNESSEE REENTRY COLLABORATIVE (TREC)		

- c. Members may present a grievance related to termination of services to the Assistant Commissioner of Rehabilitative Services, who will then make a recommendation to the Commissioner. The final decision regarding a member's termination or suspension of services will be made by the Commissioner and Chairman of the Board of Parole.
- 4. Officers: There shall be a Chairperson and a Secretary for both the Statewide TREC Board and the local TREC Board.
- 5. Board duties and responsibilities shall include:
  - a. Furtherance of the purpose and goals set forth in this policy.
  - b. The safekeeping of any funds donated to the TREC.
  - c. All members of the Statewide Board will act as liaisons to the local TREC Boards.
- K. Procedures for Meetings
  - 1. Open Meetings
    - a. All TREC meetings are open to the public.
    - b. A quorum shall consist of one-half of the voting members of the Tennessee Reentry Collaborative (TREC) with at least one member from each Grand Division. A quorum is necessary to conduct TREC business and/or approve any actions taken by the TREC Board.
  - 2. Meetings of TREC
    - a. The TREC Board shall give adequate public notice for all meetings, including the place, date, and hour of the meeting.
    - b. Board members and their respective agency liaisons shall receive notice of the place, date, and hour of the meeting in addition to directions to the meeting, no less than 10 days before the meeting takes place. Notice may be given either in written letter or email.
    - c. There shall be an annual meeting of TREC, to be held on the date(s) designated by a quorum of Statewide Board members.
    - d. The location of the TREC annual meeting shall be determined by a quorum of Statewide Board members. The location shall be specified in the meeting notice.
    - e. The TREC Statewide Board shall meet at least quarterly for the purpose of transacting general business. Quarterly meetings shall occur in the last month of the quarter, i.e. September, December, March, and June.
    - f. The location of the quarterly TREC meetings shall be determined by a quorum of members; subsequent meeting locations shall be chosen during each quarterly meeting.

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g. Special meetings of the TREC Statewide Board may be called by the Chairperson and/or Correctional Administrators. The time and place of special meetings shall be conveniently located and the notice shall indicate the purpose(s) for which the meeting is being called.

h. The fiscal year of TREC shall be July 1 through June 30 of the next year.

3. Meeting Minutes


a. TREC meeting minutes shall be approved at the Board's next regular meeting. A written copy of the minutes shall be provided to each member of the TREC Statewide Board no later than 30 days after each meeting and shall include an action list. Minutes must be submitted to TDOC Director of Religious, Volunteer, and Victim Services. Meeting minutes will be made available to public as applicable.

b. The TREC Statewide Board Secretary shall be responsible for maintaining the official roll and for keeping the TREC Statewide Board meeting minutes. The Secretary shall also be responsible for preparing and delivering correspondence from the Board to its members, the TDOC Director of Religious, Volunteer, and Victim Services, and to any interested party having business with TREC. In addition to this, (s)he shall be responsible for maintaining all Board records and (s)he shall perform all other duties usual to the office of Secretary.

4. Amendments: These procedures may be amended, repealed, or added to by a two-thirds majority vote of Board members, during a duly called meeting wherein a quorum that represents each Grand Division exists.

VII. ACA STANDARDS: 4-4011, 4-4115, 4-4116, 4-4119, 4-4120, and 4-4431.

VIII. EXPIRATION DATE: May 1, 2021.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 513.07	Page 1 of 9
	Effective Date: April 1, 2019	
	Distribution: B	
	Supersedes: 513.07 (2/15/14) PCN 16-28 (12/1/16) PCN 15-26 (9/1/15)	
Approved by: Tony Parker		
Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601, and Title 42, CRF Chapter 2, *Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5)*.
- II. PURPOSE: To identify and provide a continuum of cost-effective substance use treatment and programming services for convicted felons who have or have had a history of a substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates and institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Addiction Treatment Program Director: A qualified licensed substance use staff member who has direct clinical oversight and administration of addiction treatment programs and recovery services.
  - B. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
  - C. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
  - D. Evidence-Based Programs: Services for which systematic empirical research has provided evidence of statistically significant effectiveness of treatments for specific problems that will lead to a lower rate of return to incarceration.
  - E. Facility Treatment Team: A group of institutional personnel that should include (but is not limited to) the behavioral health administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, drug testing coordinator, inmate jobs coordinator, licensed alcohol and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT), or Assistant Warden at privately managed facilities, building security supervisor and chief counselor. This team is responsible for oversight of the substance use treatment programs at each institution and meet bi-weekly to discuss participant issues and progress.
  - F. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use treatment program.

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Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

- G. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- H. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental or social issues related to the use of mood altering substances.
- I. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM)* screening for mild to severe substance use disorders that ~~and~~ is particularly useful when determining level of intensity for substance use treatment.
- J. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure and working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide the opportunity for inmates to receive intensive and individual-based addiction treatment and recovery services that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources.
- VI. PROCEDURES:
  - A. Mission Statement/Treatment Philosophy: The mission of TDOC's addiction treatment and recovery services is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. Participants will work closely with treatment staff to develop individual treatment goals and strategies. TDOC addiction treatment programs blend evidence-based treatment interventions that focus on the inmate's criminogenic needs. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Addiction Treatment and Recovery Services or designee.
  - B. Addiction Treatment and Recovery Services: Treatment and recovery services shall be offered to inmates (where resources permit) who are parole mandated or have a documented need based on the risk needs assessment and the TCU Drug Screen V. Depending on the length of sentence and program availability, inmates shall be provided with the opportunity to participate in addiction treatment and recovery services prior to release from an institution.
    - 1. Intensive Residential Treatment Program: A nine to twelve month substance use treatment program held in a Therapeutic Community environment focusing on alcohol and drug use and criminogenic thinking patterns. (See Policy #513.07.1)

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Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

2. Intensive Outpatient Treatment Program: Intensive outpatient programs require offenders to attend very intensive and regular treatment sessions multiple times a week. (See Policy #513.07.2)
3. Outpatient Treatment Program: Counseling can be provided at the individual or group level. Group counseling is often used in addition to individual counseling to provide social reinforcement for pursuit of recovery. (See Policy #513.07.2)
4. Intervention Substance Use Recovery Education Program: This program is classroom based with the focus of teaching about the harmful effects of alcohol and drugs. Individuals develop knowledge, attitudes, and skill sets to make good choices or change self-defeating behavior in addition to receiving screening, brief interventions, peer recovery support, and referral for appropriate continuum of care for substance use treatment. (See Policy #513.07.3)
5. Recovery Services: Recovery support services include access to evidence-based practices such as employment training, education, and housing; community treatment collaborative; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Aftercare shall be broken down into three different components, based on how the inmate is released upon completion of the program. (See Policies #513.07.3 and #508.01)

C. Addiction Treatment and Recovery Services Personnel:

1. The TDOC Director of Addiction Treatment and Recovery Services or designee shall be responsible for:
  - a. Coordinating all substance use treatment and recovery services.
  - b. Planning for the allocation of departmental substance use and behavioral program services.
  - c. Reviewing and approving all evidence-based program ~~curricula~~ criteria in accordance with Policy #513.12.
  - d. Coordinating and monitoring contractor and departmental substance use treatment related programs including related compliance/monitoring of program services and curricula.
  - e. Collecting, maintaining, and disseminating substance use treatment program statistical information on a monthly basis.
  - f. Providing technical assistance relating to inmate drug testing and substance use treatment services for departmental substance use treatment programs.
  - g. Conducting annual addiction treatment and recovery services annual reviews.

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Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

2. The Addiction Treatment Program Director shall be responsible for:

- a. Maintaining and reporting all addiction treatment and recovery services programming activities to the Director of Addiction Treatment and Recovery Services or designee using Monthly Programming Reporting, CR-3759, by the 7th of each month.
- b. Ensuring that all treatment related processes, including but not limited to group and individual counseling sessions, are attended and facilitated by treatment counselors.
- c. Assisting in developing and updating the institution's addiction treatment and recovery services delivery system.
- d. Maintaining a list of all participants who are currently assigned to substance use treatment programs.
- e. Collaborating with the facility drug testing coordinator to keep track of participant drug screens.
- f. Ensuring that addiction treatment and recovery services information is disseminated in writing to inmates during institutional and program orientation, and through posted notices and other appropriate means of communication. Addiction treatment and recovery services information shall include, but not be limited to, the following information:
  - (1) Referral procedure
  - (2) Criteria for admission to programs
  - (3) Exclusion criteria (What excludes inmates from participating)
  - (4) Available services
  - (5) Contact persons
  - (6) Description of all aspects of specific program (See Policy #505.07)
- g. Ensuring that an Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source (See Policy #511.04)
- h. TCUDS may be requested by the Board of Parole in certain instances in which the addiction treatment program director is responsible for interviewing and screening inmates who have Board Level Hearings for any substance use treatment need and make appropriate substance use treatment recommendations.
  - (1) Inmates without a TCUDS score on record shall receive the entire TCUDS screening with results entered into the offender management system (OMS) by behavioral health services at least 14 days prior to Board Level Hearing.

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Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

- (2) A Substance Use Programming Recommendation for Parole Board, CR-3995, shall be forwarded to the institutional probation and parole officer for Board Level Hearings at least 14 working days prior to the offender's parole hearing date by the addiction treatment program director or a designated qualified licensed substance use personnel accompanied with an Authorization of Release of Substance Use Treatment Information, CR-1974.

3. Treatment Counselors shall be responsible for:

- a. The treatment counselor shall be responsible for the development of the Substance Use Initial Treatment Plan, CR-3752, and the Substance Use Disorder Individual Treatment Plan, CR-3753, with input from medical, mental health, and other unit management personnel, as appropriate.
- b. Treatment counselors must attend and facilitate all treatment related processes, including but not limited to, group and individual counseling sessions.

D. Addiction Treatment and Recovery Services Administrative Operating Procedures:

1. To ensure timely review of treatment goals and services, all substance use treatment programs shall establish a facility treatment team. The facility treatment team shall meet, at a minimum, bi-weekly to discuss individual treatment needs, review/modify treatment plans, discuss participant phase progression, make recommendations on program sanctions/incentives and evaluate program services. Minutes shall be maintained documenting meeting activities.
2. Qualified licensed substance use personnel (See Section IV) shall not exceed their level of scope of practice as dictated by state regulatory boards when providing treatment services.
3. In order to qualify as a treatment counselor, all non-licensed alcohol and drug counselors must be actively pursuing licensure and be clinically supervised by a qualified licensed substance use personnel.
4. Each institution's Behavioral Health Administrator or designee shall ensure that substance use treatment program personnel have the qualifications to provide program services.
5. Each institution is required to have, at minimum, one qualified licensed substance use personnel as defined in Section IV to supervise the treatment process.
6. The Department shall offer annual training in behavioral and substance use issues to appropriate treatment and security staff when and where resources permit.

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

VIII. EXPIRATION DATE: April 1, 2022.





**TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY PROGRAMMING REPORTING**

<b>Institution/DRC:</b>			<b>Detention Treatment/DRC Program Director:</b>									
<b>Month/Year:</b>			<b>Staff Submitting Report:</b>									
<b>I. INTAKE SUMMARY</b>												
PROGRAM TYPE	BEGINNING CENSUS	# INTAKES	RACE				# DISCHARGES	RACE				ENDING CENSUS
			W	B	H	O		W	B	H	O	
CoreCivic TC	0	0	0	0	0	0	0	0	0	0	0	0
DRC	0	0	0	0	0	0	0	0	0	0	0	0
Contractor TC	0	0	0	0	0	0	0	0	0	0	0	0
Co-Occurring TC	0	0	0	0	0	0	0	0	0	0	0	0
Transitional Program	0	0	0	0	0	0	0	0	0	0	0	0
Intensive Outpatient (IOP)	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient (OP)	0	0	0	0	0	0	0	0	0	0	0	0
Aftercare (AC)	0	0	0	0	0	0	0	0	0	0	0	0
Family Reunification (FR)	0	0	0	0	0	0	0	0	0	0	0	0
Intervention	0	0	0	0	0	0	0	0	0	0	0	0
Technical Violator Diversion Program (TVDP)	0	0	0	0	0	0	0	0	0	0	0	0
Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>II. URINALYSIS TESTING (Substance Abuse Programs Only)</b>												
TESTING TOTALS					SUBSTANCES DETECTED							
TESTING TYPE	PARTICIPANTS TESTED	# NEGATIVE	# REFUSED	# POSITIVE	ALC	THC	AMPH	OPI	MET	COC	BENZO	OTHER
Initial Testing	0	0	0	0	0	0	0	0	0	0	0	0
Random (Program)	0	0	0	0	0	0	0	0	0	0	0	0
Random (Security)	0	0	0	0	0	0	0	0	0	0	0	0
End of Program	0	0	0	0	0	0	0	0	0	0	0	0
Parole testing	0	0	0	0	0	0	0	0	0	0	0	0
Retest/Sanction	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>III. DISCHARGE SUMMARY</b>												
<b>TOTAL DISCHARGES:</b>	<b>SUCCESSFUL</b>	<b>0</b>	<b>UNSUCCESSFUL</b>	<b>0</b>	<b>TOTAL</b>			<b>0</b>				
<b>SUCCESSFUL DISCHARGES</b>		Completed Parole Mandate: Release Recommended- OX or CT (Release Upon Completion)	Completed Parole Recommendation: ZD or Other Code (Recommended to Complete Before FAD)	Completed- Expiration (Fulfilled Requirements of Program Directly Before Expiration)	Completed- Other (Released to GP, Not Fulfilling Any BOP Recommendation or Mandate)	Completed- Released on Probation / Parole	Completed - Expiration Released to Community					
CoreCivic TC		0	0	0	0	0	0					
DRC		0	0	0	0	0	0					
Contractor TC		0	0	0	0	0	0					
Co-Occurring TC		0	0	0	0	0	0					
Transitional Program		0	0	0	0	0	0					
Intensive Outpatient (IOP)		0	0	0	0	0	0					
Outpatient (OP)		0	0	0	0	0	0					
Aftercare (AC)		0	0	0	0	0	0					
Family Reunification (FR)		0	0	0	0	0	0					
Intervention		0	0	0	0	0	0					
Technical Violator Diversion Program (TVDP)		0	0	0	0	0	0					
Other (Please Specify)		0	0	0	0	0	0					
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>					

CR-3759 (Rev. 5-18)

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

INSTITUTION / DRC

Participant Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Date      /      /     

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

DSM V Diagnostic Impression: \_\_\_\_\_

**Problem:** Participant has a need to complete the Substance Use Treatment Program based on the intake and interpretive summary and/or biopsychosocial and risk and needs assessments outcome.

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

## OBJECTIVES/INTERVENTIONS

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client complete the assessment surveys: CTS, PSY, SOC, MOT		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document(CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan. (CR3753)		

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addiction Treatment Program Director/DRC Clinical Director Signature

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION**  
**SUBSTANCE USE PROGRAMMING RECOMMENDATION**  
**FOR**  
**PAROLE BOARD**

I. **Name:** \_\_\_\_\_ **TDOC Number:** \_\_\_\_\_

II. **Facility:** \_\_\_\_\_

III. **TCUD V Score:** \_\_\_\_\_

IV. **Drug Related Offense(s):**

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

V. **Identified problems:**

A. Severity of addiction:

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe

B. Criminality errors that need to be addressed prior to release:

- ☐ Entitlement  
☐ Justification  
☐ Power Orientation  
☐ Cold Heartedness  
☐ Criminal Rationalization  
☐ Personal Irresponsibility

C. Other Bio-Psycho-Social Problem(s)

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

VI. **Substance Use Treatment Recommendation:**

- A. None Recommended ☐  
B. Intensive Group Therapy ☐  
C. Therapeutic Community ☐  
D. Aftercare ☐

VII. **Category Name:**

	Limited	Moderate	Severe
A. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Family/Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Leisure and Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Healthcare (Primary and Mental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Educational/Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Recommendations:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone#: \_\_\_\_\_



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

\_\_\_\_\_  
INSTITUTION / DRC

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

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

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

**DSM-V- Diagnostic Impression**

**CODE**

**DESCRIPTION**

_____	_____
_____	_____

**MASTER PROBLEM LIST:**

_____
_____
_____
_____
_____
_____

**STRENGTHS:**

_____
_____
_____

**OBSTACLES TO TREATMENT:**

_____
_____
_____

**PROBLEM DESCRIPTION/#:**

--

**LONG TERM OUTCOMES/GOALS:**

--

**OBJECTIVES:**

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

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

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Primary Counselor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Addiction Treatment Program Director/DRC Clinical Director Signature

\_\_\_\_\_

Date



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

\_\_\_\_\_  
INSTITUTION / DRC

Participant's Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_  
*Please Print*

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

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

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

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

**Expiration:**

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

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

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


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

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

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

\_\_\_\_\_  
Date

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

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 513.07 .1	Page 1 of 33
	Effective Date: April 1, 2019	
	Distribution: B	
	Supersedes: 513.07 (2/15/14) PCN 16-28 (12/1/16) PCN 15-26 (9/1/15)	
Approved by: Tony Parker		
Subject: SUBSTANCE USE HIGH INTENSITY RESIDENTIAL SERVICES		

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601, and Title 42, CRF Chapter 2, *Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5)*.
- II. PURPOSE: To identify and provide a continuum of cost-effective intensive residential substance use treatment programs for convicted felons who have or previously have had a history of a substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates, institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Addiction Treatment Program Director: A qualified licensed substance use staff member who has direct clinical oversight and administration of addiction treatment programs and recovery services.
  - B. Adjunct Personnel: Approved volunteers who conduct self-help or Twelve Step programs (See Policy #115.01), have remained drug free for two years, and are associated with a local chapter of Narcotics Anonymous, Alcoholics Anonymous, or other facility approved Twelve Step Organization.
  - C. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
  - D. Cardinal Rules: Critical rules that govern all substance use treatment programs, and if violated, result in program termination.
  - E. Case Management: Specifically for substance use treatment programming, the coordination of the treatment process.
  - F. Clinical File: A file that is specifically for substance use treatment programming, with the documentation being maintained by treatment counselors for each participant on their caseload.
  - G. Clinical Need: A medical or behavioral health episode that requires intervention from a medical, behavioral health, or substance use professional.
  - H. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.



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- I. Facility Treatment Team: A group of institutional personnel that should include but is not limited to the behavioral health administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, drug testing coordinator, inmate jobs coordinator, licensed alcohol and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT) or Assistant Warden for privately managed facilities, building security supervisor, and chief counselor. This team is responsible for the oversight of the substance use treatment programs at each institution and meet bi-weekly to discuss participant issues and progress.
- J. Learning Experiences: Actions employed to address less serious negative behaviors that usually include persistent non-compliance with community expectations.
- K. Phases/Phase Progression: The process by which a participant progresses in a Therapeutic Community treatment program.
- L. Program Rules: All rules, program or facility-based, not considered a cardinal rule violation.
- M. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use treatment program.
- N. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (LMFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- O. Residential Treatment: A nine to twelve month substance use treatment program held in a Therapeutic Community environment focusing on underlying alcohol and drug use and criminogenic thinking patterns.
- P. Substance Use Behavioral Program Intake and Interpretive Summary (CR-3720): A comprehensive compilation of essential historical and criminogenic needs information designed to determine the extent of behavioral health needs and/or substance use problems and match the inmate with the appropriate treatment service.
- Q. Substance Use Initial Treatment Plan [(CR-3752) and Substance Use Disorder Individual Treatment Plan (CR-3753)]: A clinical plan of care that specifies the goals and objectives of substance use treatment, the methods to be used in the treatment process, and a schedule for assessing and updating progress.
- R. Substance Use Treatment Program Alternative Disciplinary (CR-3754): Additional sanctions given to participants for negative behaviors which are punitive in nature and are accompanied by a learning experience. These sanctions are used as a progressive disciplinary sanction at the addiction treatment program director's discretion.

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- S. Substance Use Treatment Transition Accountability Plan, (CR-4153): A strategic plan developed by the participant, with input from the treatment counselors, to identify the offender's needs.
- T. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental or social issues related to the use of mood altering substances.
- U. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM)* screening for mild to severe substance use disorders and is particularly useful when determining level of intensity for substance use treatment.
- V. Therapeutic Community (TC): Treatment method used to serve offenders in in-custody residential treatment programs. The TDOC uses a modified Therapeutic Community model, meaning no shame based activities, to provide a peer based support systems for program participants.
- W. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure while working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide the opportunity for inmates to receive intensive and individual-based addiction treatment and recovery services programs that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources.
- VI. PROCEDURES:
  - A. Mission Statement/Treatment Philosophy: The mission of the TDOC's intensive residential substance use treatment programs is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. The TDOC intensive residential substance use treatment programs are based on the idea that the participant is ultimately responsible for his/her recovery. Participants work closely with treatment staff to develop individual treatment goals and strategies. The TDOC's intensive residential substance use treatment programs shall blend evidence-based treatment interventions that will focus on the inmate's criminogenic needs. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Addiction Treatment and Recovery Services or designee.
  - B. Intensive Residential Substance Use Treatment Program Services: Shall be offered to inmates (where resources permit) who are parole mandated or have a documented need based TCU Drug Screen V. Depending on the length of sentence and program availability, inmates shall be provided with the opportunity to participate in addiction treatment and recovery services prior to release from the institution.
  - C. High Intensity Residential Services

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1. Therapeutic Communities (TC) - Nine to twelve month residential programs in which participants progress through multiple treatment phases. TC Participants are to be housed separately from general population. Community responsibilities are to be distributed through a structure board and participants are to have responsibility within the community without authority over other inmate participants. Program services will be culturally sensitive and gender specific.
2. Shame based exercise or procedures are strictly prohibited. Ideal score of three or higher on TCU Drug Screen V. All TC programs will be open ended. The TC program will fulfill Board of Parole requirements for Substance Use (TC), Group Therapy (GRTH), Cognitive Behavioral Therapy, Anger Management, and Cognitive Behavior Intervention Programming (CBIP). In addition to substance use treatment, participants shall receive the following:
  - a. Motivation Enhancement Therapy
  - b. Cognitive Behavioral Therapy
  - c. Anger Management
  - d. Victim's Impact
  - e. High School Equivalency (HSE) Education (where resources permit)
  - f. Job Readiness/Career Technical Education (where resources permit)
  - g. Facility-Based Community Service Work (where resources permit)
  - h. Relapse Prevention
  - i. Aftercare Planning

D. Admission/Exclusion Criteria

1. Admission Criteria: In order to manage the number of inmates requiring substance use services, consideration shall be given based on clinical need. (See Policy #505.07) Additional admission criteria are as follows:
  - a. Inmates must meet classification level for the program in which they are attempting to enroll.
  - b. The inmate shall receive written notification of the pending placement decision and be afforded an opportunity to accept or deny the placement decision. Inmates who accept placement into a treatment program must sign Substance Use Treatment Program Participant Agreement, CR-3586. All participants have the right to turn down programming before signing CR-3586. Once the CR-3586 is signed, dismissal from the program for any reason other than a non-disciplinary dismissal will be accompanied by a Class A disciplinary as defined by Policies #502.01 and #502.02.

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2. Exclusion Criteria:

- a. Inmates who have received any Class A disciplinary convictions within six months of program start date. An exception can be made if the inmate successfully completes the Intervention Substance Use Recovery Education program in accordance with Policy #513.07.3.
- b. Inmates who have received a Class B or three Class C disciplinary convictions within three to six months of program start date will be reviewed and admitted as determined by the addiction treatment program director's clinical judgment. An exception can be made based on clinical judgement for general population inmates that have received a disciplinary for a facility drug screen and have not received any prior substance use treatment.
- c. Inmates who decline to sign the Substance Use Treatment Program Participant Agreement, CR-3586. Declining programming shall be documented in the offender management system (OMS). Once participants decline, they will be removed from the Prioritized Register.
- d. Inmates who refuse the initial substance use treatment program drug screen.
- e. Inmates who are assessed as having severe mental or physical disabilities that would prevent the inmate from fully participating in all treatment activities.
- f. Inmates with severe cognitive problems that would prevent full participation in all program curriculum and activities.

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

1. Successful Completion Criteria: A participant shall receive credit for successful program completion only after the achievement of the following minimum requirements.
  - a. Completion of program requirements, individual treatment goals and performance objectives as defined by the participant's individual treatment plan.
  - b. Completion of the written Substance Use Treatment Transition Accountability Plan, CR-4153.
  - c. Following initial program placement drug screen, all random and program discharge drug screens for the participant have been negative for drugs and alcohol.
2. Non-Disciplinary Dismissal Criteria: A participant shall receive an non-disciplinary discharge only after the following:
  - a. Treatment team recommends that a participant should be non-disciplinarily discharged due to an inability to complete treatment program through no fault of his/her own.

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- b. If decision is based on medical issue, a recommendation is issued by facility MD.
  - c. A non-disciplinary dismissal should be performed when all other available treatment program options have been exhausted. Once pertinent information has been reviewed and approved by the addiction treatment program director or designee, the non-disciplinary dismissal request shall be forwarded to the Inmate Jobs Coordinator using Request for Program Dismissal, CR-3054, and Notice of Denial of Program Credits, CR-3224, for disposition per Policy #505.07.
- 3. Disciplinary Dismissal Criteria: The addiction treatment program director and facility treatment team can request that a participant be removed from a treatment program. All disciplinary dismissals are to follow procedures found in Policies #505.07 and #502.01 and will require the issuance of a Class A disciplinary infraction report. The disciplinary infraction report must be reviewed by the addiction treatment program director or their designee before submitting to the on duty shift commander for approval.
  - a. If the action itself warrants a Class A, the facility treatment team member shall issue a disciplinary infraction report for that particular action. If a participant is dismissed for an accumulation of minor infractions that in themselves do not warrant a specific Class A, the team shall issue a Class A for Refusal to participate based on the participant's signing of Substance Use Disorder Treatment Program Participant Agreement, CR-3586.
  - b. Programs are in no way required to readmit a dismissed participant based on Disciplinary Board outcomes. Even if the facility disciplinary is overturned, dismissed inmates must follow the procedures outlined in Section VI.(D)(1-2) A non-disciplinary dismissal will have to be requested if the disciplinary job drop is not approved; otherwise, the inmate jobs coordinator will keep the inmate assigned.
  - c. The following is a listing of Cardinal Rules that, if violated, result in immediate disciplinary dismissal:
    - (1) Violation of institutional rules considered a Class A offense as outlined in Policy #502.04.
    - (2) Threats or acts of violence.
    - (3) Possession of any type of weapon.
    - (4) Violation of confidentiality laws.
    - (5) Sexual misconduct or solicitation that is assaultive in nature, as defined by Policy #502.05.
    - (6) Failure or refusal to actively participate in program activities (See Policy #505.07).

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- (7) Disrespect to any staff or other program participants in the form of repeated threatening or inciting disturbances that are disruptive to program or institutional operations as determined by the addiction treatment program director and facility treatment team.
    - d. Particularly grievous or repeated program rule violations can also result in disciplinary dismissal.
    - e. All disciplinary dismissals for program rule violations must have proper documentation of the actions that led to the participant's dismissal and will be made available to appropriate TDOC staff should the dismissal be grieved.
  - 4. Program Re-admission: Inmates who are dismissed from the program do not automatically receive eligibility to be re-enrolled for a second time. Inmates must meet all requirements regarding Admission and Exclusion Criteria (See Section VI.(D)(1-2), and be evaluated by the facility treatment team for treatment readiness and appropriateness. Only after meeting all Admission and Exclusion Criteria and receiving approval from the facility Behavioral Health Administrator, will an inmate be eligible for re-enrollment.
- F. Participant Substance Use Treatment Program Intake Procedures, Participation, Progression, and Staff Responsibilities
- 1. Inmates who are selected for participation in a substance use treatment program must complete the admission process outlined in Section VI.(D)(1-2) prior to beginning treatment or the intake assessment process.
    - a. All attached consent forms must be completed before any form of treatment begins.
    - b. At the completion of the interview and assessment process, if the addiction treatment program director determines that program placement is not appropriate based on the inmate's level of substance use treatment need, the addiction treatment program director will contact the following:
      - (1) Inmate Jobs Coordinator for the purpose of job drop from therapeutic community (TCOM) job position, administratively (non-disciplinary) with closure of the risk needs assessment.
      - (2) Institutional parole officer for the purposes of parole recommendations/mandates. This communication will also include any other appropriate programming recommendations by the addiction treatment program director, if applicable.
  - 2. Substance use treatment program staff shall complete the Substance Use Behavioral Program Intake and Interpretive Summary, CR-3720, which will document the following:
    - a. Addiction Severity as determined by TCUDS V

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- b. Social/Family History
  - c. Medical/Mental Health Severity
  - d. Education Level
  - e. Employment History
  - f. Criminal History
  - g. Inmate's Motivation for Treatment
- 3. If following the initial program intake assessment the facility treatment team feels that the potential participant needs a mental health screening, the following procedure will take place:
  - a. The addiction treatment program director shall refer inmates who need evaluation of issues that may prevent them from participating in the program to mental health for review. This will be accomplished using the Institutional Health Services Referral, CR-3431.
  - b. The Behavioral Health division's assessment shall include evaluation of any serious mental health issue that will prevent the inmate from fully participating in the program and include any recommendations. A hard copy of these assessments will be provided to the addiction treatment program director to be placed in the participant's clinical file.
  - c. For programs that have work release or community service components, potential participants shall be screened by the Inmate Jobs Coordinator for any impairment that may interfere with the completion of the program activities.
- 4. All substance use treatment programs shall:
  - a. Ensure orientation to any therapeutic community unit occurs within seven days. Each participant shall also sign the Substance Use Treatment Confidentiality Notice and Waiver, CR-3751; Substance Use Treatment Program Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755; and Substance Use Treatment Informed Consent for Treatment Services, CR-3750, at this time.
  - b. Ensure that an Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source. (See Policy #511.04)
  - c. Provide the Texas Christian University (TCU) pretest within 30 days of admission and posttest within 30 days of successful discharge that will measure inmates in four critical life areas:
    - (1) Criminal Thinking (CTS)
    - (2) Social Desirability (SOC)

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- (3) Psychological Function (PSY)
  - (4) Motivation (MOT), pre-test only
- 5. Inmates participating in any substance use treatment program shall be required to have a Substance Use Initial Treatment Plan, CR-3752, within seven days of entering the program. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall be completed within 30 days after participants are accepted into the program with the addiction treatment program director's signature.
  - a. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall include the following information:
    - (1) Participant's name
    - (2) TDOC number
    - (3) Presenting problem/diagnosis
    - (4) Strengths
    - (5) Challenges/Obstacles
    - (6) Severity of disorder
    - (7) Master Problem List based on criminogenic factors (i.e., Risk Needs Assessment, TCU Scales, and any additional biopsychosocial problems assessed)
    - (8) Description of goal/objectives, written in measurable terms
    - (9) Staff responsible for providing service
    - (10) Target dates for completion
    - (11) Participant's signature
    - (12) Staff signature(s)
  - b. The participants shall be afforded the opportunity to participate in the formulation and periodic review of their individual treatment plan to the extent of their ability to do so.
  - c. The Substance Use Disorder Individual Treatment Plan, CR-3753, at minimum, shall be reviewed and revised by the treatment counselor and the addiction treatment program director every three months or as often as needed. Revisions shall document dates and signatures by program staff and participants. Phase progression is determined by the observed completion of tasks as defined and outlined by the treatment program and the participant's individual treatment plan.



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G. Substance Use Treatment Program Interventions

1. Program interventions are to be given at a graduated level and shame based sanctions are prohibited. Program sanctions should be commensurate with the participant's criminogenic behavior in an effort to move them toward treatment goals. Interventions should always be given in the form of Learning Experiences, while particularly grievous or repeated behaviors may also have punitive sanctions at the addiction treatment program director's discretion.
2. Program sanctions should be firm, fair and consistent for all participants. Any actions that do not result in program dismissal but receive Learning Experiences or punitive sanctions should be documented using the Substance Use Treatment Program Alternative Disciplinary, CR-3754.
3. All learning experiences and program sanctions should also be documented in monthly progress notes using the Substance Use Treatment Program Individual Contact Note, CR-3761.
4. Particular actions, which effect institutional security but would normally fall under programming confidentiality, will be entered in the OMS by the addiction treatment program director so that the information can be accessed on a need to know basis by other facilities.

H. Urinalysis and Alcohol Testing: Drug and alcohol screens will be used primarily for identification of problems and to establish program credibility. Each program participant will be screened initially and on a random basis consistent with Policy #506.21, as well as when reasonable suspicion testing is warranted. All drug and alcohol screens shall be conducted in accordance with Policy #506.21.

1. Each program participant shall be tested within 30 days of admission to the program. Failure of this initial screen will not result in dismissal or any form of disciplinary action.
2. Any program participant that fails a screen beyond the first 30 days in the program will be subject to serious sanctions, which could result in immediate dismissal and a Class A disciplinary for refusal to participate.
3. The addiction treatment program director, in collaboration with the facility treatment team, shall evaluate such a failed screen choosing specifically one of the following options:
  - a. The program participant will receive a Class A disciplinary for refusal to participate, and be immediately dismissed from the program based on participant's lack of motivation to change.

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- b. The program participant will not receive a disciplinary, and will not be dismissed from the program, but will receive alternative clinically based sanctions as a “Learning Experience”, including at least: an extension of program duration of not less than 14 days and not more than 30 days, as well as follow-up with more frequent randomized testing throughout the course of their program. The addiction treatment program director will document and submit the above clinical recommendation of the facility treatment team to the TDOC Director of Treatment and Recovery Services or designee requesting review and approval. Once authorized, sanctions will be appropriately and adequately documented in the clinical file.
  - c. The program participant will not receive a disciplinary, and will not be dismissed from the program, but will receive alternative clinically based sanctions as a “Learning Experience”, including: a setback to a lower phase of programming immediately preceding the phase he/she occupied upon failing the screen and will demonstrate significant effort to improve their failed risk awareness of relapse, as well as follow-up with more frequent randomized testing throughout the course of their program.
  - d. The addiction treatment program director will document and submit the above clinical recommendation of the facility treatment team to the TDOC Director of Addiction Treatment and Recovery Services or designee requesting review and approval. Once authorized, sanctions will be appropriately and adequately documented to the clinical file.
- I. Substance Use Treatment Transition Accountability Plan (CR-4153)/Substance Use Treatment Clinical Discharge Summary (CR-3713): Each program participant shall be responsible for completing a transition accountability plan that will be approved by his/her treatment counselor. The transition accountability plan shall address all ancillary service needs for the participant’s successful re-entry to the community within 30 days of successful discharge. The Substance Use Treatment Clinical Discharge Summary, CR-3713, shall be completed on all participants in substance use treatment programs. The CR-3713 shall document successful program completion, non-disciplinary discharge, disciplinary dismissal or any other reason within ten days of the participant’s discharge. The substance use treatment program clinical discharge summary shall be completed by the participant’s primary counselor and should be specific to the participant’s release type (i.e., general population, expiration, or parole).
- J. Participant Substance Use Treatment Program Clinical Files
  - 1. An individual substance use treatment program clinical file shall be maintained on all participants in a substance use treatment program. The clinical file shall contain a chronological history of the participant’s clinical forms, all substance use related assessments, progress notes, pre and post testing, transition accountability plan, release of information forms, drug screens, treatment interventions, discharge summary, events, and activities.

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2. All state-run programs must use forms listed in this policy. Contractor programs may use equivalent forms, as approved by the Director of Addiction Treatment and Recovery Services or designee. All Contractor programs must complete Substance Use Treatment Program Participant Agreement, CR-3586; Authorization for Release of Substance Use Treatment Information, CR-1974; Substance Use Treatment Confidentiality Notice and Wavier, CR-3751.
3. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to substance use treatment are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential. Substance use treatment program clinical files shall be stored in a locked cabinet and behind locked doors at all times when unattended.
4. All individual sessions are to be documented on the Substance Use Treatment Individual Contact Note, CR-3761, after every contact with the participant or relevant individuals (i.e., family, support circle, etc.). Progress of participant's program participation, group, and other program related activities shall be updated monthly.
5. Access to substance use treatment program clinical files shall be limited to those employees who have a legitimate need. Substance use treatment program staff shall develop in-house procedures, which are approved by the Warden/Superintendent to ensure that the substance use treatment information is shared between medical, behavioral health, and other institutional staff, as appropriate. No inmate in any position, including but not limited to clerk, mentor, etc., shall have access to any other participant's treatment records.
6. All substance use treatment program clinical files shall be retained at the institution in a secure area and maintained separately from the institutional record for at least three fiscal years following the date of discharge from the program. Retention is required for purposes of federal and state examination and audit.
7. In accordance with federal regulations, at the end of three years, the records shall be forwarded to the designated archive area in each facility and stored for an additional two years, after which time the facility will follow Policy # 512.01 for file retention.
8. A copy of substance use treatment program clinical files or any correspondence pertaining to substance use treatment program participation shall be released only with the written consent of the program participant. Copies of all such documents shall be marked as confidential and maintained in accordance with TDOC state and federal regulations. Exceptions are as follows:
  - a. To medical or behavioral health personnel to the extent necessary to meet a medical/mental health emergency
  - b. To qualified personnel for the purpose of conducting management audits or program evaluation/reviews
  - c. After application showing good cause has been determined by the court of jurisdiction

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- d. To other institutional substance use treatment programs for continued treatment services or aftercare services
- e. In cases of reported child abuse, disabled or geriatric abuse.
- f. Threat to self or others
- g. Threat to institutional security

- VII. ACA STANDARDS: 4-4363-1, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.
- VIII. EXPIRATION DATE: April 1, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT AGREEMENT**

\_\_\_\_\_  
INSTITUTION / DRC

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

**CARDINAL RULES**

- No Drugs or Alcohol
- Must Actively Participate in Program Activities as outlined in Policy 505.07
- No Disrespect to Staff or Participants as outlined in Policy 513.07.1 and 513.07.2
- No Violence or Threats of Violence
- No Violating Confidentiality
- No Acting Out Sexually as outlined in policy 502.05
- No possession of any type of weapon(s)
- No Violations Considered a Class A Offense (institutions only)
- No Violations against state or federal laws

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

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

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

Check "✓" applicable program modality:

- ☐ Therapeutic Community  
☐ Family Reunification

- ☐ Outpatient Group Therapy  
☐ Intensive Outpatient Group Therapy

I **ACCEPT** placement into this program.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
NOTICE OF DENIAL OF PROGRAM CREDITS**

INSTITUTION: \_\_\_\_\_

INMATE: \_\_\_\_\_ TDOC # \_\_\_\_\_

You have received less than the maximum total program credits for the period of: \_\_\_\_\_

Because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Program Credits Awarded for this Period: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish to appeal this decision, sign and forward your copy to the Warden/Superintendent within five (5) days.

\_\_\_\_\_  
Inmate's Signature                      Number                      Date  
Briefly state the reason(s) you believe you should have received more program credits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Warden's/Superintendent's decision:      Affirm ☐      Reversed ☐      Modify ☐

Comments/Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Warden's/Superintendent's Signature

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
REQUEST FOR PROGRAM DISMISSAL

\_\_\_\_\_  
INSTITUTION

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

TO: \_\_\_\_\_, Inmate Job Coordinator

FROM: \_\_\_\_\_

INMATE NAME \_\_\_\_\_ TDOC #: \_\_\_\_\_

I hereby request that the above inmate be dismissed from his/her position as a \_\_\_\_\_  
\_\_\_\_\_ because:

Inability to perform the skills of the program as evidenced by: \_\_\_\_\_

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

\_\_\_\_\_ Change in custody level / medical status

\_\_\_\_\_ Excessive tardiness. Inmate was tardy on the following days: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Dismissal is effective: \_\_\_\_\_

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

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

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Job Coordinator

\_\_\_\_\_  
Warden/Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**TENNESSEE DEPARTMENT OF CORRECTION  
INSTITUTIONAL HEALTH SERVICES REFERRAL**

\_\_\_\_\_  
INSTITUTION

☐ MEDICAL

☐ BEHAVIORAL HEALTH

INMATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
Last First Middle

PRESENTING PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED BY: \_\_\_\_\_  
Signature/Title Date Time

<b>SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR</b>	<input type="checkbox"/> Behavioral Health
	<input type="checkbox"/> Medical

RECEIVED BY: \_\_\_\_\_  
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_\_\_\_  
Signature/Professional Title





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

\_\_\_\_\_  
INSTITUTION/DRC

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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

\_\_\_\_\_  
INSTITUTION / DRC

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

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

**PARTICIPANT CONFIDENTIALITY**

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Addiction Treatment Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addiction Treatment Program Director/DRC Clinical Director Signature

\_\_\_\_\_  
Date



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

\_\_\_\_\_  
INSTITUTION / DRC

Dear Participant:

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

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

**INFORMED CONSENT**

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

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

The informed consent is effective until treatment is terminated.

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

\_\_\_\_\_  
Participant Name/TDOC Number

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addiction Treatment Program Director/DRC  
Clinical Director Name

\_\_\_\_\_  
Addiction Treatment Program Director/  
DRC Clinical Director Signature

\_\_\_\_\_  
Date



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

\_\_\_\_\_  
INSTITUTION / DRC

Participant's Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_  
*Please Print*

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

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

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

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

**Expiration:**

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

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

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

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

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

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

\_\_\_\_\_  
Date

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



TENNESSEE DEPARTMENT OF CORRECTION  
**SUBSTANCE USE TREATMENT PROGRAM INDIVIDUAL CONTACT NOTE**

\_\_\_\_\_  
INSTITUTION / DRC

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

Phase: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Duration of Contact: \_\_\_\_\_

Context of Contact: \_\_\_\_\_

Problem(s) Addressed: \_\_\_\_\_

Objectives of Contact: \_\_\_\_\_

*Data* (self-report, observations, interventions, current issues/stressors, functional impairment, group behavior, motivation, progress):

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

*Assessments* (progress, evaluation of intervention(s), obstacles or barriers):

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

*Plan* (tasks to be completed between sessions, objectives for next session, changes, recommendations, sessions remaining, date of next session, plan for termination):

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

\_\_\_\_\_  
Counselor (*Print*)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addiction Treatment Program Director/DRC  
Clinical Director (*Print*)

\_\_\_\_\_  
Addiction Treatment Program  
Director/DRC Clinical Director  
Signature

\_\_\_\_\_  
Date



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

INSTITUTION / DRC

Participant Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Date    /    /     
Modality: **TC** \_\_\_\_\_ **Group Therapy** \_\_\_\_\_ **DRC** \_\_\_\_\_ Primary Counselor \_\_\_\_\_  
DSM V Diagnostic Impression: \_\_\_\_\_

**Problem: Participant has a need to complete the Substance Use Treatment Program based on the intake and interpretive summary and/or biopsychosocial and risk and needs assessments outcome.**

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

**OBJECTIVES/INTERVENTIONS**

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client complete the assessment surveys: CTS, PSY, SOC, MOT		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document(CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan. (CR3753)		

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

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



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

\_\_\_\_\_  
INSTITUTION / DRC

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

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

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

**DSM-V- Diagnostic Impression**

**CODE**

**DESCRIPTION**

_____	_____
_____	_____

**MASTER PROBLEM LIST:**

_____
_____
_____
_____
_____
_____

**STRENGTHS:**

_____
_____
_____

**OBSTACLES TO TREATMENT:**

_____
_____
_____

**PROBLEM DESCRIPTION/#:**

--

**LONG TERM OUTCOMES/GOALS:**

--

**OBJECTIVES:**

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

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

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Primary Counselor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Addiction Treatment Program Director/DRC Clinical Director Signature

\_\_\_\_\_

Date





TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE TREATMENT  
TRANSITION ACCOUNTABILITY PLAN

The Transition Accountability Plan is intended to promote a successful transition into the community. Therefore, as you work on this plan, keep in mind that your plans should direct you to a productive life that is free from **both** crime and drugs. What is important in making good use of the Transition Accountability Plan information, detailed planning and demonstrated ability? Being able to talk about these issues is only the first step in putting the Transition Accountability Plan into action. The Transition Accountability Plan is designed to bring together many of the ideas and skills you have learned and put them to work for you in the community.

By the end, you will have completed a detailed, realist Transition Accountability Plan. It is important to understand that your Transition Accountability Plan may change between now and your actual release. You must continue to work on it to enhance your opportunity for a successful transition.

I agree to the terms of the completed Transition Accountability Plan and I will continue to make appropriate revisions that will enhance my successful transition into the community.

---

Participant Signature

---

Counselor Signature/Institution

---

Date of Completion

---

Dates Revised

---

Addiction Treatment Program Director/ DRC Clinical  
Director Signature

---

Date

TRANSITION ACCOUNTABILITY PLAN FOR: \_\_\_\_\_  
(your name)

## **GOAL**

A goal is something that you work hard to achieve. In order to make a successful transition back into the community, you must know what you want to accomplish and what tools you will need to achieve your goals. Think carefully about the goals you wish to accomplish and BE REALISTIC. Make sure to include your goals for such things as future living arrangements, employment plans, family relations, education and financial issues.

Your goals for the first 3 months out of prison:

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

Your goals for the first 12 months:

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

Your goals for the next 5 years:

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

**LIVING ARRANGEMENTS:**

As your release date approaches, there are several options for Living Arrangements that you can consider. Where you choose to live is an important factor in increasing your chances of a successful transition back into society. YOU NEED TO THINK CAREFULLY ABOUT WHERE TO LIVE. There are a number of options available to you such as: sober homes, halfway houses, residential recovery programs, transitional homes, shelters, etc.

1.	(Circle One)	Treatment Facility	Home	Other
----	--------------	--------------------	------	-------

2.	Address:	<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>

3.	Whom will you live with?	<hr/>
		<hr/>
		<hr/>
		<hr/>

4.	How long do you plan to live there? If you do not expect to live there for more than 6 months following your release, go back and answer questions 2-7 for <b><u>both</u></b> places you thing you might go.		
----	--	--	--

Plan A:	<hr/>	Plan B:	<hr/>
	<hr/>		<hr/>
	<hr/>		<hr/>
	<hr/>		<hr/>

5.	What will it cost and how did you come to this agreement?	<hr/>
		<hr/>
		<hr/>

6.	Describe the neighborhood.	<hr/>
		<hr/>
		<hr/>

7.	How will you get to this address on the day of your release?	<hr/>
		<hr/>
		<hr/>

8.	How do you know all of the above information?	<hr/>
		<hr/>
		<hr/>

**EMPLOYMENT:**

Establishing stable, legal employment is necessary in order to be a productive member in society. Finding a job requires enthusiasm, motivation and patience. You may not find your “dream job” right away. Keep an open mind! This is important in creating a realistic plan.

1. Do you have a job set up for when you are released? (Circle One) YES NO

**If yes, answer questions 2-14**

**If no, answer questions 14-18**

2. Where is it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the job title? \_\_\_\_\_  
\_\_\_\_\_
4. Describe the work you will do including specific responsibilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How many hours a week will you work? \_\_\_\_\_
6. What days will you work? \_\_\_\_\_
7. How will you be trained? \_\_\_\_\_
8. How will you be supervised? \_\_\_\_\_
9. What will your salary be and what benefits will be included?  
Pay: \_\_\_\_\_  
Benefits: \_\_\_\_\_
10. Describe the working environment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How far from home will you be working and how will you get to work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is the position temporary, seasonal or permanent? \_\_\_\_\_
13. How do you know all of the above information? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If you do not have a job lined up, or the job you have falls through, what will you do to find employment?  
\_\_\_\_\_  
\_\_\_\_\_
15. What types of work are you looking for and qualified to do? \_\_\_\_\_  
\_\_\_\_\_
16. How many hours are you planning to work? \_\_\_\_\_
17. Realistically, what would be the starting salary for the work you are qualified to do? \_\_\_\_\_  
\_\_\_\_\_
18. Give all the sources of information and assistance you plan to use. List at least 3 given to you by your counselor that would be beneficial in helping you find employment.
- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

**HEALTHCARE (medical and/or mental health)**

Whether you have an emergency or need regular checkups, it is very important that you have health care insurance. Establishing health care insurance requires advanced planning but saves time and money in the end.

1. Do you know what your healthcare needs will be? \_\_\_\_\_  
\_\_\_\_\_
2. List resources given to you in class that can help you obtain healthcare insurance.
- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How can you make sure that have healthcare insurance? \_\_\_\_\_  
\_\_\_\_\_
4. How do you know all of the above information? \_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL PLAN

### SOURCES OF INCOME

#### Available funds:

Money received upon release	\$ _____
<i>(Includes canteen account, savings account)</i>	
Money available in outside accounts	\$ _____
Gifts	\$ _____
Immediate earnings	\$ _____
<hr/>	
<b>Total Available Money:</b>	\$ _____

#### Expenses:

Housing	\$ _____
<i>(rent, program fees, contribution to family expenses)</i>	
Clothing	\$ _____
Food	\$ _____
Transportation	\$ _____
Other Immediate Expenses	\$ _____
<i>(child support, cosmetics, pocket money)</i>	
<hr/>	
<b>Total Immediate Expenses:</b>	\$ _____

#### Sources Of Weekly Income

Source	_____	Amount	\$ _____
	_____		\$ _____
	_____		\$ _____
<hr/>			
TOTAL WEEKLY INCOME (Before Taxes)			\$ _____
SUBTRACT THE FOLLOWING:			
		Taxes	\$ _____
		Child Support	\$ _____
<hr/>			
TOTAL WEEKLY INCOME:			\$ _____

**Expenses:**

Rent	\$ _____	Weekly Income	\$ _____
Utilities	\$ _____	-Weekly Expenses	\$ _____
Phone	\$ _____		
Food	\$ _____	Balance:	\$ _____
Medicine/Cosmetics	\$ _____		
Clothes	\$ _____		
Gas/Transportation	\$ _____		
Car Payment/Insurance	\$ _____		
Entertainment	\$ _____		
Pocket Money	\$ _____		
Savings	\$ _____		
Other	\$ _____		
Total Expenses	\$ _____		

1. How will you monitor your budget? \_\_\_\_\_  
\_\_\_\_\_
2. What type of banking service will you use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOVERY**

1. What recovery meetings, organizations or groups do you plan to participate in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Where are these meetings being held, be specific? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How many times per week do you plan on going to meetings, organizations, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How will you get to them? \_\_\_\_\_  
\_\_\_\_\_
5. What other support will you have? Sponsor, clergy, family, etc. \_\_\_\_\_  
\_\_\_\_\_

6. List here at least 3 resources given in class that can assist you in your recovery.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

7. How do you know all of the above information? \_\_\_\_\_

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### **CONTINUING EDUCATION**

1. What are your **specific** educational goals? \_\_\_\_\_

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2. What schools or programs are available to help you meet your goals? Include financial assistance.

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3. List resources given in class that can assist you in meeting these goals.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

4. How do you know all of the above information? \_\_\_\_\_

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### **FAMILY**

All family members have responsibilities to one another. You will need to demonstrate to your family that you are ready to accept your responsibilities. Rebuilding trust will take time and patience

1. Who do you regard as part of your family and expect to maintain a relationship? **List them**

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2. What **specific** responsibilities will you have towards your family? \_\_\_\_\_

---

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3. What plans and agreements do you have for improving your relationships and preventing problems with



your family? Remember, there is **always** room for improvement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FRIENDS**

We all define “friendship” differently. Will you choose to associate with those living negative, criminal lifestyles or positive, pro-social lifestyles? We tend to associate with those who share common values and are trying to accomplish the same things in life. Keep in mind the direction you want to go.

1. What are the **types** of people or groups you plan to stay away from as part of your plan? \_\_\_\_\_  
\_\_\_\_\_
2. Which old friends would it be good for you to keep and strengthen relationships with as part of your plan? Why? \_\_\_\_\_  
\_\_\_\_\_
3. Whom are you currently building positive friendships with? \_\_\_\_\_  
\_\_\_\_\_
4. What qualities do you think are important in a friendship? \_\_\_\_\_  
\_\_\_\_\_
5. How are friendships built? \_\_\_\_\_  
\_\_\_\_\_

### **RECREATION** (free time/ religious activities)

Recreation is important in creating life balance. When you are not working or meeting your daily responsibilities, you have free time. It is important to use this time wisely doing pro-social activities to create a balance in your schedule between work and play.

1. What **specific** activities will you participate in? \_\_\_\_\_  
\_\_\_\_\_
2. How much time will you devote to each? (Example: 1 hour, 2x weekly) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Where will you participate in these activities? \_\_\_\_\_  
\_\_\_\_\_

4. Who will join you in these activities? \_\_\_\_\_  
\_\_\_\_\_
5. What are the benefits of participating in these activities? \_\_\_\_\_  
\_\_\_\_\_
6. How do you know all of the above information? \_\_\_\_\_  
\_\_\_\_\_

### **SPIRITUAL LIFE**

Spiritual Life relates to the values one has, the religion one participates in and the purpose of one's life.

1. Listed below are some values held by different people. Select at least 5 that are important to you and circle them. List other values you hold important in the space allowed.

Accomplishment	Creativity	Family	Integrity	Peace	Trust
Achievement	Decisiveness	Fun	Relationships	Persistence	Wealth
Affection	Discipline	God's Will	Maturity	Recognition	Well-being
Ambition	Duty	Happiness	Laughter	Religious Belief	Wisdom
Appearance	Econ Security	Health	Leadership	Respect	Work
Belonging	Education	Helping Others	Love	Responsibility	Wisdom
Brotherhood	Employment	Honesty	Loyalty	Satisfaction	_____
Charity	Enjoyment	Honor	Maturity	Stability	_____
Commitments	Eternal Life	Hope	Morality	Success	_____
Conservation	Experience	Independence	Order	Survival	_____
Corporation	Faith	Industriousness	Patience	Transition	_____

2. Describe your past participation in spiritual or religious activities and what connections will you make upon your release?  
\_\_\_\_\_  
\_\_\_\_\_
3. What gives your life meaning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think that participation in spiritual or religious activities would be important to you?  
Circle one: Yes    No    Please explain why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVOLVEMENT**

By getting involved in the community, you have a chance to establish yourself as a pro-social member. There are a variety of activities within the community to suit your individual style

- 1. What **specific** groups or organizations will you be involved in? \_\_\_\_\_  
\_\_\_\_\_
- 2. What **specific** community activities will you be doing? \_\_\_\_\_  
\_\_\_\_\_
- 3. Where will you participate in these activities? \_\_\_\_\_  
\_\_\_\_\_
- 4. Who are the contact people for the activities or organizations? \_\_\_\_\_  
\_\_\_\_\_
- 5. How do you know all of the above information? \_\_\_\_\_  
\_\_\_\_\_

**ACTIVITY SCHEDULE**

Define a daily schedule for your first week in the community (after prison or treatment facility). Be certain that it **includes all major activities** that you have described in detail in all of the above sections of your Transition Accountability Plan. This should be a 24-hour schedule that accounts for **all** of your time.

<u>Day 1</u>	
<u>Time:</u>	<u>Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Day 2

Time:

Activity


Day 3

Time:

Activity


Day 4

Time:

Activity


Day 5

Time:

Activity


Day 6

Time:

Activity


Day 7

Time:

Activity


## **CRISIS PLANS**

Being aware of potentially dangerous situations and knowing how to deal with them can reduce the risk of relapse and/or recidivism. Try to think back to those activities that contributed to your coming to prison and how you can avoid these situations after release.

1. What are your potentially dangerous situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How do you plan to avoid them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Dangerous situation that you will **not** be able to avoid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How will you cope with them in a way that will not risk your coming back to prison? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What do you think is the most difficult problem that may result in your relapse or recidivism?  
\_\_\_\_\_  
\_\_\_\_\_
6. How will you cope with this problem in a positive way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Whom will you go to and what else will you do if you need emergency support?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use this space for additional information if necessary.**

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

INSTITUTION/PROBATION PAROLE OFFICE/DRC

TOMIS ID Number

Admission Date/Sentencing Date

Sentence Expiration Date

**SECTION I. PERSONAL DATA**

**GENERAL**

True (Given) Name:

First

Middle

Last

Pre/Suffix

Social Security Number

FBI No..

Driver License:

State

Number

☐ Yes ☐ No  
Valid?

**SEX**

- ☐ Female  
☐ Male  
☐ Unknown

**RACE**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Middle Eastern  
☐ Native Hawaiian or Pacific Islander  
☐ Other Race  
☐ Unknown  
☐ White

**HISPANIC**

- ☐ Hispanic  
☐ Non-Hispanic  
☐ Unknown

**CITIZENSHIP**

- ☐ Illegal Alien  
☐ Legal Alien  
☐ US Citizen  
☐ Unknown

**DEMOGRAPHICS**

**EYE COLOR:**

- ☐ Blue  
☐ Green  
☐ Brown  
☐ Hazel  
☐ Other

**HAIR COLOR:**

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

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

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

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

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

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

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

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



TENNESSEE DEPARTMENT OF CORRECTION  
**SUBSTANCE USE BEHAVIORAL PROGRAM  
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**SECTION I. PERSONAL DATA *continued***

**SOCIAL**

Do You Own A Vehicle: ☐ Yes ☐ No

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

Sources of Transportation  
(include alternative sources): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

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

<u>NAME</u>	<u>RELATIONSHIP/F REQUENCY OF CONTACT</u>	<u>TELEPHONE NUMBER</u>	<u>NOTES QUALITY OF RELATIONSHIP/ RESIDENCE LOCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your residential plans? (include addresses, if know)

Will you be living with anyone upon release that:

- ☐ Uses prescribed and/or non-prescription drugs
- ☐ Has a criminal record
- ☐ Have been involved in criminal related activities
- ☐ Has substance use history
- ☐ Has a current alcohol problem

**MARITAL HISTORY**

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

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>DATES OF MARRIAGE</u>	<u>NO. OF CHILDREN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILDREN**

<u>NAME/AGE/SEX</u>	<u>CHILDREN LIVE WITH WHOM (CAREGIVER)</u>	<u>QUALITY OF RELATIONSHIP BETWEEN PARTICIPANT &amp; CAREGIVER</u>	<u>FREQUENCY OF CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





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**EDUCATION/MILITARY HISTORY**

**EDUCATION LEVEL:**

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

**MILITARY BACKGROUND**

Branch of Service: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Discharge Type: \_\_\_\_\_  
Service Connected: ☐ No ☐ Yes

**DATE EDUCATION OBTAINED/LAST YEAR**

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

**LANGUAGE SKILLS**

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

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

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

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

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

Family upbringing? Family history of substance use? With whom do you primarily interact with peers, family, etc.)

Mood & Affect		Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech	
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Labile <input type="checkbox"/> Suspicious <input type="checkbox"/> Pleasant	<input type="checkbox"/> Not <input type="checkbox"/> Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented  x1,2,3,4 _____ <input type="checkbox"/> Disoriented <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair  Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- Eye Contact <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating	<input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured



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**SECTION II. EMPLOYMENT**

Have You Ever Been Employed: ☐ Y ☐ N

Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start/End Date: \_\_\_\_\_ to \_\_\_\_\_

Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_

Can You Return: \_\_\_\_\_

If N, Reasons for Unemployment:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Caregiver Treatment | <input type="checkbox"/> Long-Term |
| <input type="checkbox"/> Disabled            | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Student             | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Looking for Work    | <input type="checkbox"/> Other     |

Work Hours: \_\_\_\_\_

Employer Knowledge of Arrest: ☐ Y ☐ N

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

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

**EMPLOYMENT – COMMENTS AND REMARKS**



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**SECTION III. FINANCIAL INFORMATION**

**SOURCES OF INCOME BEFORE INCARCERATION OR PRESENT:**

<u>TYPE</u>	<u>MONTHLY</u>
Earnings from Job	_____
Alimony	_____
Child Support	_____
Child Support Hold:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Support	_____
Food Stamps	_____
Retirement Pension	_____
Unemployment	_____
Social Security	_____
Other:	_____
_____	_____
_____	_____

**EXPENSES BEFORE INCARCERATION OR PRESENT:**

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

**FINANCIAL INFORMATION – COMMENTS AND REMARKS**



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INTAKE AND INTERPRETIVE SUMMARY**

**SECTION IV. SUBSTANCE USE HISTORY**

**SUBSTANCE USE:**

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

**SUBSTANCE USE TREATMENT:**

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

<u>NAME OF PROGRAM</u>	<u>LOCATION</u>	<u>DATES</u>	<u>PURPOSE/TREATMENT EXPERIENCE</u>	<u>DISCHARGE TYPE (COMPLETED/NOT)</u>

**SUBSTANCE USE HISTORY – COMMENTS AND REMARKS**



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**SECTION V. HEALTH**

**PHYSICAL HEALTH(Please Include Allergies):  
BRIEF CURRENT STATUS DESCRIPTION**

---

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

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

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

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

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

- ☐ No Evidence of a current or past mental health condition  
☐ History of mental health condition. No active symptoms.  
☐ Mental health condition requiring ongoing treatment.  
☐ Has been in psychotherapy or counseling within the last 12 months for a mental health condition.  
☐ Currently taking medication for a mental health condition (psychotropic drug).  
☐ Has seen a physician within the last 12 months for a mental health condition.  
☐ Has been hospitalized within the last 24 months for a mental health condition.

**History of being a victim of abuse:** ☐ **No history of being a victim of abuse**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> No abuse as a child  | <input type="checkbox"/> Physical abuse as child | <input type="checkbox"/> Sexual abuse as child | <input type="checkbox"/> Emotional abuse as a child  |
| <input type="checkbox"/> No abuse as an adult | <input type="checkbox"/> Physical abuse as adult | <input type="checkbox"/> Sexual abuse as adult | <input type="checkbox"/> Emotional abuse as an adult |



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**SUICIDE ATTEMPT HISTORY**

# of prior attempts \_\_\_\_\_

Last attempt? \_\_\_\_\_

Method of last attempt \_\_\_\_\_

Medical attention needed ever? \_\_\_\_\_

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

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

☐ History of self-injury (*non-suicidal intent*)

☐ cutting ☐ head-banging ☐ non-cosmetic burning

Ever while intoxicated? \_\_\_\_\_

When incarcerated? \_\_\_\_\_

**MENTAL HEALTH TREATMENT HISTORY:** ☐ Records available

☐ No history of prescribed psychotropic(s) medication(s)

Age (estimated) 1st prescribed psychotropic: \_\_\_\_\_

Age (estimated) last prescribed psychotropic medication: \_\_\_\_\_ or

Current: \_\_\_\_\_

Name of last treatment agency

History of the following prescribed medications:

☐ Records not available ☐ Records Requested

☐ Medication likely confounded with A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes ☐ infrequently

Current psychotropic medication (or within last 2 to 4 weeks):

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

☐ No history of Inpatient Psychiatric Treatment

Age of 1<sup>st</sup> Psychiatric Hospitalization: \_\_\_\_\_

Age of last Psychiatric Hospitalization: \_\_\_\_\_ or Current:

\_\_\_\_\_

Number of inpatient stays \_\_\_\_\_

History of Psychotherapy, psycho-educational groups, classes or support groups:

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Duration of longest stay (est. ok): \_\_\_\_\_

Age of longest stay: \_\_\_\_\_

☐ History of hospitalization related to suicide threat

**HEALTHCARE/BENEFIT RECONNECTION:**

**Do you have healthcare benefits?** ☐ Y ☐ N ☐ Unknown

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

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

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

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

**SECTION V. HEALTH continued**

**HEALTH – COMMENTS AND REMARKS**



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**SUBSTANCE USE BEHAVIORAL PROGRAM  
INTAKE AND INTERPRETIVE SUMMARY**

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**SECTION VI. SELF REPORTED CRIMINAL HISTORY**

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

Probation/Parole History: ☐ Y ☐ N Agency/Location: Violations: ☐ Y ☐ N

Name(s) of Codefendants(s):

Do you continue to have a relationship with codefendant(s)? ☐ Y ☐ N

If yes, explain:

Are you currently a member of a gang? ☐ Y ☐ N

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

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

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

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

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



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**SUBSTANCE USE BEHAVIORAL PROGRAM  
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**SECTION VII. INITIAL INTAKE ASSESSMENT**

Check the most appropriate response in each category:

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

**MOTIVATORS/BARRIERS:**

	<u>NOT AT ALL</u>	<u>SLIGHTLY</u>	<u>MODERATELY</u>	<u>CONSIDERABLY</u>	<u>EXTREMELY</u>
How serious do you think your drug problems are?					
How important is it for you to get drug treatment now?					

Motivators (children, family, support, etc.): \_\_\_\_\_

Barriers (race, gender, etc): \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DRC Clinical Director/Addiction Treatment Program Director (*Printed*) \_\_\_\_\_

\_\_\_\_\_  
DRC Clinical Director/Addiction Treatment Program Director Signature

\_\_\_\_\_  
Date





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

\_\_\_\_\_  
INSTITUTION / DRC

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

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

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

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

---

**Demographics:**

\_\_\_\_\_

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

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

### TCU SCALES

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

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

As Evidenced By/Comments:

\_\_\_\_\_

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

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

**Continued Care Recommendations:**


\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Addiction Treatment Program Director/ DRC Clinical Director  
Signature

\_\_\_\_\_  
Date

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 513.07.2	Page 1 of 12
	Effective Date: April 1, 2019	
	Distribution: B	
	Supersedes: 513.07 (2/15/14) PCN 16-28 (12/1/16) PCN 15-26 (9/1/15)	
Approved by: Tony Parker		
Subject: SUBSTANCE USE OUTPATIENT TREATMENT PROGRAMS		

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601, and Title 42, CRF Chapter 2, Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5).
- II. PURPOSE: To identify and provide a continuum of cost-effective substance use outpatient treatment and programming services for convicted felons who have or have had a history of a substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates and institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
  - A. Addiction Treatment Program Director: A qualified licensed substance use staff member who has direct clinical oversight and administration of addiction treatment programs and recovery services.
  - B. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
  - C. Cardinal Rules: Critical rules that govern all substance use treatment programs, and if violated, result in program termination.
  - D. Clinical File: A file that is specifically for substance use treatment programming with the documentation being maintained by treatment counselors for each participant on their caseload.
  - E. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
  - F. Facility Treatment Team: A group of institutional personnel that should include (but is not limited to) the behavioral health administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, drug testing coordinator, inmate jobs coordinator, licensed alcohol and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT) or Assistant Warden at privately managed facilities, building security supervisor and chief counselor. This team is responsible for the oversight of the substance use treatment programs at each institution and meets bi-weekly to discuss participant issues and progress.
  - G. Group Therapy: A medium intensive outpatient form of substance use counseling.
  - H. Learning Experiences: Actions employed to address less serious negative behaviors that usually include persistent non-compliance with community expectations.

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Subject: SUBSTANCE USE OUTPATIENT TREATMENT PROGRAMS		

- I. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use treatment program.
- J. Program Rules: All rules, program or facility-based, not considered a cardinal rule violation.
- K. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee- (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (LMFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- L. Substance Use Behavioral Program Intake and Interpretive Summary (CR-3720): A comprehensive compilation of essential historical and criminogenic needs information designed to determine the extent of behavioral health needs, and/or substance use problems and match the inmate with the appropriate treatment service.
- M. Substance Use Initial Treatment Plan [(CR-3752) and Substance Use Individual Treatment Plan (CR-3753)]: A clinical plan of care that specifies the goals and objectives of substance use treatment, the methods to be used in the treatment process, and a schedule for assessing and updating progress.
- N. Substance Use Treatment Transition Accountability Plan (CR-4153): Strategic plan developed by the participant, with input from treatment counselors, to identify offender's needs.
- O. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental or social issues related to the use of mood altering substances.
- P. Substance Use Treatment Program Alternative Disciplinary (CR-3754): Additional sanctions given to participants for negative behaviors which are punitive in nature and are accompanied by a Learning Experience. These sanctions are used as a progressive disciplinary sanction at the addiction treatment program director's discretion.
- Q. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) screening for mild to severe substance use disorders and is particularly useful when determining level of intensity for substance use treatment.
- R. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure and working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.

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Subject: SUBSTANCE USE OUTPATIENT TREATMENT PROGRAMS		

V. POLICY: The TDOC shall provide the opportunity for inmates to receive intensive outpatient and individual-based addiction, treatment, and recovery services that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources.

VI. PROCEDURES:

A. Mission Statement/Treatment Philosophy: The mission of the TDOC's outpatient addiction, treatment, and recovery services programs is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Addiction, Treatment, and Recovery Services or designee.

B. Intensive Outpatient Addiction, Treatment, and Recovery Services: Program services shall be offered to inmates (where resources permit) who are parole mandated or have a documented need-based TCU Drug Screen V or evidence of current clinical need. Depending on the length of his/her sentence and program availability, inmates shall be provided with the opportunity to participate in addiction, treatment, and recovery services prior to release from the institution.

C. Outpatient Treatment Programs

1. Intensive Outpatient Group Therapy (Group Counseling): Intensive outpatient group therapy shall be provided by qualified licensed substance use staff as defined in Section IV. All group therapy programs must provide an evidence-based treatment approach that addresses the participant's individual criminogenic needs. Group therapy programs will be open ended. All group therapy programs shall provide, at a minimum, 150 hours of structured evidence-based treatment services. Group therapy will satisfy the Board of Parole's requirements for Substance Use Group Therapy, Cognitive Behavioral Therapy and Anger Management. Program services include:

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

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Subject: SUBSTANCE USE OUTPATIENT TREATMENT PROGRAMS		

2. Outpatient Group Therapy (Low Intensity Group or individual counseling): This treatment service shall be offered when and where resources permit. All Outpatient Group Therapy Treatment Programs must provide an evidence-based treatment approach that addresses criminogenic needs and provide, at a minimum, 90 hours of structured evidenced based treatment services. Outpatient Group Therapy Treatment Programs will satisfy the Board of Parole's requirements for Relapse Prevention. Program services include:

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

D. Admission/Exclusion Criteria for Substance Use Programs

1. Admission Criteria: In order to manage the number of inmates requiring substance use services, consideration shall be given based on clinical need. (See Policy #505.07) Additional admission criteria are as follows:

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

2. Exclusion Criteria

- a. Inmates who have received any Class A disciplinary convictions within six months of program start date. An exception will be made if the inmate completes an intervention substance use education program in accordance with Policy # 513.07.3.
- b. Inmates who have received a Class B or three Class C disciplinary convictions within three to six months of program start date will be reviewed and admitted as determined by the addiction treatment program director's clinical judgment. An exception can be made based on clinical judgement for general population inmates that have received a disciplinary for a facility drug screen and have not received any prior substance use treatment.

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- c. Inmates who decline to sign the Substance Use Treatment Program Participant Agreement, CR-3586. Declining programming shall be documented in the offender management system (OMS). Once participants decline, they will be removed from the Prioritized Register.
- d. Inmates who refuse the initial substance use treatment program drug screen.
- e. Inmates who are assessed as having severe mental or physical disabilities that would prevent the inmate from fully participating in all treatment activities.
- f. Inmates with severe cognitive problems that would prevent full participation in all program curriculum and activities.

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

1. Successful Completion Criteria: A participant shall receive credit for successful program completion only after the achievement of the following minimum requirements:
  - a. Completion of program requirements, individual treatment goals, and performance objectives as defined by the participant's individual treatment plan.
  - b. Completion of the written Substance Use Treatment Transition Accountability Plan, CR-4153.
  - c. Following the initial program placement drug screen, all random and program discharge drug screens for the participant have been negative for drugs and alcohol.
2. Non-Disciplinary Dismissal Criteria: A participant shall receive a non-disciplinary discharge only after the following:
  - a. Treatment team recommends that a participant should be non-disciplinarily discharged due to an inability to complete the treatment program through no fault of his/her own.
  - b. If the decision is based on a medical issue, a recommendation is issued by facility MD.
  - c. A non-disciplinary dismissal should be performed when all other available treatment program options have been exhausted. Once pertinent information has been reviewed and approved by the addiction treatment program director or their designee, the non-disciplinary dismissal request shall be forwarded to the Inmate Jobs Coordinator (IJC) using Request for Program Dismissal, CR-3054, and Notice of Denial of Program Credits, CR-3224, for disposition per Policy #505.07.



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3. Disciplinary Dismissal Criteria: The addiction treatment program director and facility treatment team can request that a participant be removed from a treatment program. All disciplinary dismissals are to follow procedures found in Policies #505.07 and #502.01 and will require the issuance of a Class A disciplinary report. The disciplinary infraction report must be reviewed by the addiction treatment program director or designee before submission to the on duty shift commander for approval.
  - a. If the action itself warrants a Class A, the facility treatment team member shall issue a disciplinary infraction report for that particular action. If a participant is dismissed for an accumulation of minor infractions that in themselves do not warrant a specific Class A, the team shall issue a Class A for refusal to participate based on the participant's signing of Substance Use Treatment Program Participant Agreement, CR-3586.
  - b. Programs are in no way required to readmit a dismissed participant based on Disciplinary Board outcomes. Even if the facility disciplinary is overturned, dismissed inmates must follow the same procedures outlined in Section VI.(D)(1) of this policy for readmission. A non-disciplinary dismissal will have to be requested if the disciplinary job drop is not approved; otherwise, the IJC will keep the inmate assigned.
  - c. The following is a listing of cardinal rules that, if violated, result in immediate disciplinary dismissal:
    - (1) Violation of institutional rules considered a Class A offense as outlined in Policy #502.04
    - (2) Threats or acts of violence.
    - (3) Possession of any type of weapon.
    - (4) Violation of confidentiality laws.
    - (5) Sexual Misconduct or Solicitation that is assaultive in nature, as defined by Policy #502.05.
    - (6) Failure or refusal to actively participate in program activities (See Policy #505.07).
    - (7) Disrespect to any staff or other program participants in the form of repeated threatening or inciting disturbances that are disruptive to program or institutional operations as determined by the addiction treatment program director and facility treatment team.
  - d. Particularly grievous or repeated program rule violations can also result in disciplinary dismissal.
  - e. All disciplinary dismissals for program rule violations must have proper documentation of the actions that led to the participant's dismissal and will be made available to appropriate TDOC staff should the dismissal be grieved.

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4. Program Re-admission: Inmates who are dismissed from the program do not automatically receive eligibility to be re-enrolled for a second time. Inmates must meet all requirements regarding Admission and Exclusion Criteria [See Section VI.(D)(1-2)], and be evaluated by the facility treatment team for treatment readiness and appropriateness. Only after meeting all admission and exclusion criteria and receiving approval from the facility Behavioral Health Administrator, will an inmate be eligible for re-enrollment.

F. Participant Substance Use Treatment Program Intake Procedures, Participation, Progression, and Staff Responsibilities.

1. Inmates who are selected for participation in a substance use treatment program must complete the admission process outlined in Section VI. (D)(1)(b) prior to beginning treatment or the intake assessment process.
  - a. All attached consent forms must be completed before any form of treatment begins.
  - b. At the completion of the interview and assessment process, if the addiction treatment program director determines that program placement is not appropriate based on the inmate's level of substance use treatment need, the addiction treatment program director will contact the following:
    - (1) The IJC for the purpose of being dropped from a therapeutic community (TCOM) job position administratively (non-disciplinary) with closure of the risk and needs assessment.
    - (2) Institutional parole officer for the purposes of parole recommendations/mandates. This communication will also include any other appropriate programming recommendations by the addiction treatment program director, if applicable.
2. Substance use treatment program staff shall complete the Substance Use Behavioral Program Intake and Interpretive Summary, CR-3720, that will document the following:
  - a. Addiction severity as determined by TCUDS V
  - b. Social/Family History
  - c. Medical/Mental Health Severity
  - d. Education Level
  - e. Employment History
  - f. Criminal History
  - g. Inmate's Motivation for Treatment

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3. If the facility treatment team feels that the potential participant needs a mental health screening after following the initial program intake assessment, these procedures shall take place:
  - a. The addiction treatment program director shall refer inmates who need evaluation of issues that may prevent them from participating in the program to mental health staff.
  - b. The Behavioral Health division's assessment shall include evaluation of any serious mental health issue that will prevent the inmate from fully participating in the program and include any recommendations. A hard copy of these assessments will be provided to the addiction treatment program director by behavioral health division staff to be placed in the participant's clinical file.
  - c. For programs that have work release or community service components, potential participants shall be screened by the IJC for any impairment that may interfere with the completion of the program activities.
4. All substance use outpatient treatment programs shall:
  - a. Require each participant to sign the Substance Use Treatment Confidentiality Notice and Waiver, CR-3751; Substance Use Treatment Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755; and Substance Use Treatment Informed Consent for Treatment Services, CR-3750.
  - b. Ensure that an Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source. (See Policy #511.04)
  - c. Provide the Texas Christian University (TCU) pretest within 30 days of admission and posttest within 30 days of successful discharge that will measure inmates in four critical life areas:
    - (1) Criminal Thinking (CTS)
    - (2) Social Desirability (SOC)
    - (3) Psychological Function (PSY)
    - (4) Motivation (MOT), pretest only
5. Inmates participating in any substance use treatment program shall be required to have a Substance Use Initial Treatment Plan, CR-3752, within seven days of entering the program. The Substance Use Individual Treatment Plan, CR-3753, shall be completed within 30 days after participants are accepted into the program. The treatment program director must sign the document.
  - a. The Substance Use Individual Treatment Plan, CR-3753, shall include the following information:
    - (1) Participant's name

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- (2) TDOC number
- (3) Presenting problem/diagnosis
- (4) Strengths
- (5) Challenges/Obstacles
- (6) Severity of disorder
- (7) Major Problem List based on criminogenic factors (i.e., Risk Needs Assessment, TCU Scales, and any additional biopsychosocial problems assessed).
- (8) Description of goal/objectives, written in measurable terms
- (9) Staff responsible for providing services
- (10) Target dates for completion
- (11) Participant's signature
- (12) Staff signature(s)

- b. The participants shall be afforded the opportunity to participate in the formulation and periodic review of their individual treatment plan to the extent of their ability to do so.
- c. The Substance Use Individual Treatment Plan, CR-3753, at a minimum, shall be reviewed and revised by the treatment counselor and the addiction treatment program director every three months or as often as needed. Revisions shall document dates and signatures by program staff and participants. Phase progression is determined by the observed completion of tasks as defined and outlined by the treatment program and the participant's individual treatment plan.

G. Substance Use Treatment Program Interventions

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

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3. All learning experiences and program sanctions should also be documented in monthly progress notes using the Substance Use Treatment Program Individual Contact Note, CR-3761.
  4. Particular actions, which effect institutional security but would normally fall under programming confidentiality, will be entered in the OMS by the addiction treatment program director so that the information can be accessed on a need to know basis by other facilities.
- H. Urinalysis and Alcohol Testing: Drug and alcohol screens will be used primarily for identification of problems and to establish program credibility. Each program participant will be screened initially and on a random basis consistent with Policy #506.21, as well as when reasonable suspicion testing is warranted. All drug and alcohol screens shall be conducted in accordance with Policy #506.21.
1. Each program participant shall be tested within 30 days of admission to the program. Failure of this initial screen will not result in dismissal or any form of disciplinary action.
  2. Any program participant that fails a screen beyond the first 30 days in the program will be subject to serious sanctions, which could result in immediate dismissal and a Class A disciplinary for refusal to participate.
  3. The addiction treatment program director, in collaboration with the facility treatment team, shall evaluate such a failed screen choosing specifically one of the following options:
    - a. The program participant will receive a Class A disciplinary for refusal to participate, and be immediately dismissed from the program based on participant's lack of motivation to change.
    - b. The program participant will not receive a disciplinary, and will not be dismissed from the program, but will receive alternative clinically based sanctions as a "Learning Experience", including at least: an extension of program duration of not less than 14 days and not more than 30 days, as well as follow-up with more frequent randomized testing throughout the course of their program. The addiction treatment program director will document and submit the above clinical recommendation of the facility treatment team to the TDOC Director of Addiction, Treatment, and Recovery Services or designee requesting review and approval. Once authorized, sanctions will be appropriately and adequately documented in the clinical file.
    - c. The program participant will not receive a disciplinary, and will not be dismissed from the program, but will receive alternative clinically based sanctions as a "Learning Experience", including: a setback to a lower phase of programming immediately preceding the phase he/she occupied upon failing the screen and will demonstrate significant effort to improve their failed risk awareness of relapse, as well as follow-up with more frequent randomized testing throughout the course of their program.

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- d. The addiction treatment program director will document and submit the above clinical recommendation of the facility treatment team to the TDOC Director of Addiction, Treatment, and Recovery Services or designee requesting review and approval. Once authorized, sanctions will be appropriately and adequately documented to the clinical file.
- I. Substance Use Treatment Transition Accountability Plan (CR-4153)/Substance Use Treatment Clinical Discharge Summary (CR-3713): Each program participant shall be responsible for completing a transition accountability plan that will be approved by his or her treatment counselor. The transition accountability plan shall address all ancillary service needs for the participant's successful re-entry to the community within 30 days of successful discharge. The Substance Use Treatment Clinical Discharge Summary, CR-3713, shall be completed on all participants in substance use treatment programs. The substance use treatment program clinical discharge summary shall document successful program completion, non-disciplinary discharge, disciplinary dismissal or any other reason within ten days of the participant's discharge. The substance use treatment program clinical discharge summary shall be completed by the participant's primary counselor and should be specific to the participant's release type (i.e., General Population, expiration or parole).
  - J. Participant Substance Use Treatment Program Clinical Files
    1. An individual substance use treatment program clinical file shall be maintained on all participants in a substance use treatment program. The clinical file shall contain a chronological history of the participant's clinical forms, all substance use related assessments, progress notes, pre and post testing, transition accountability plan, release of information forms, drug screens, treatment interventions, discharge summary, events, and activities.
    2. All state-run programs must use forms listed in this policy. Contractor programs may use equivalent forms, as approved by the Director of Addiction and Substance Use Services or designee. All contractor programs must complete Substance Use Treatment Program Participant Agreement, CR-3586; Authorization for Release of Substance Use Treatment Information, CR-1974; and Substance Use Treatment Confidentiality Notice and Waiver, CR-3751.
    3. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to substance use treatment are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential. Substance use treatment program clinical files shall be stored in a locked cabinet and behind locked doors at all times when unattended.
    4. All individual sessions are to be documented on the Substance Use Treatment Individual Contact Note, CR-3761, after every contact with the participant or relevant individuals (i.e., family, support circle, etc.). Progress of participants' program participation, in group, and other program related activities shall be updated monthly.

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Subject: SUBSTANCE USE OUTPATIENT TREATMENT PROGRAMS		

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

K. All forms referenced within this policy can be located in Policy #513.07.1

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

VIII. EXPIRATION DATE: April 1, 2022.



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 513.07.3

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Effective Date: April 1, 2019

Distribution: A

Supersedes: N/A

Approved by: Tony Parker

Subject: SUBSTANCE USE RECOVERY SUPPORT SERVICES

- I. **AUTHORITY:** TCA 4-6-102, TCA 4-3-606, Title 42, CFR Chapter 2, Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Licensure rules, Chapter 0940-05-01.
- II. **PURPOSE:** To provide evidence-based continuum of care programming that utilizes peer recovery support services for inmates seeking recovery to help them stay engaged in the recovery process and reduces the likelihood of relapse.
- III. **APPLICATION:** Tennessee Department of Correction (TDOC) inmates and privately managed facilities.
- IV. **DEFINITIONS:**
  - A. **Adjunct Personnel:** Approved volunteers who conduct self-help or Twelve Step programs (See Policy #115.01), have remained drug free for two years and are associated with a local chapter of Narcotics Anonymous, Alcoholics Anonymous or other facility approved Twelve Step Organizations.
  - B. **Aftercare:** The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
  - C. **Behavioral Health Professional:** A person licensed by the state, whose professional activities address a client's behavioral issues; examples include psychiatrists, psychologists, social workers, psychiatric nurse practitioners, professional clinical counselors, licensed alcohol and drug abuse counselors (LADAC), and mental health professionals.
  - D. **Certified Peer Recovery Specialist (CPRS):** A Peer Recovery Specialist who is currently in recovery from a mental health and/or a substance use disorder and has completed all criteria for certification by TDMHSAS as outlined in the CPRS handbook (tn.gov/behavioral-health).
  - E. **Peer:** A person who is seeking support from a CPRS in relation to a substance use and/or behavioral health diagnosis.
  - F. **Peer Recovery Specialist (PRS):** Inmates identified and approved by TDOC who meet the qualifications outlined by the Tennessee Department of Mental Health and Substance Use Services (TDMHSAS) to perform peer recovery support services duties.
  - G. **Peer Recovery Support Services:** Social support services designed and delivered by people who have experienced both substance use disorder and recovery. Examples include peer mentoring or coaching, recovery education and peer-led support groups.



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- H. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- I. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure and working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide recovery services to assist inmates with entering and remaining engaged in the recovery process to reduce the likelihood of relapse.
- VI. PROCEDURES:
  - A. Intervention Substance Use Recovery Education Program:
    - 1. Individuals who will be considered for this program are those are at risk of developing substance-related problems or for whom there is not yet sufficient information to document a diagnosable substance use disorder or evidence of opiate misuse. Participants will explore and address problems or risk factors that appear to be related to substance use and addictive behavior and will be assisted with recognizing the harmful consequences of high-risk substance use and/or addictive behaviors. When participants' treatment needs are identified, trained staff will refer the participants to the appropriate continuum of care of treatment or recovery services.
    - 2. Program Components
      - a. Substance use and recovery education
      - b. Relapse prevention skill building
      - c. Decision making skills
      - d. Dangers of high risk behavior
      - e. Support system development
      - f. Goal setting
    - 3. Program Eligibility
      - a. Individuals who have a history of suspected or self-reported drug use identified during diagnostics

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- b. Suspected overdoses
- c. Positive drug screen

B. Peer Recovery Support Services

1. Select individuals from the offender population who shall be trained by certified facilitators approved by the Tennessee Department of Mental Health & Substance Abuse Services to serve as a Peer Recovery Specialist (PRS). A PRS shall not provide mental health or addiction therapy or counseling services. Trained inmates shall act as adjunct personnel in the substance use treatment program by:
  - a. Facilitating 12-step and other positive support groups that promote wholeness and wellness.
  - b. Responding to individual(s) experiencing a crisis related to recovery until seen by the mental health or substance use disorder professional.
  - c. Assisting case managers in discharge planning by helping to identify community-based resource centers.
  - d. Providing evidenced-based psychosocial and recovery education classes.
  - e. Providing 1:1 direct peer recovery support contact.
  - f. Receiving supervision and training that can assist in learning about clinical documentation.
2. Eligibility Criteria: The Associate Warden of Treatment or designee and the TDOC Jobs Coordinator will vet residents before selection for the program. Potential candidate(s) should meet, at a minimum, the following qualifications:
  - a. Be in recovery from a diagnosed substance use disorder or co-occurring disorder of substance use and mental illness.
  - b. Demonstrate stable functioning in a general population unit.
  - c. Have a minimum of 24 consecutive months of documented sobriety.
  - d. Have a High School Diploma or High School Equivalency Diploma (e.g., GED or HISET).
  - e. No Class C disciplinary action(s) within six months before application submission.
  - f. No Class A or B disciplinary action(s) for one year before application submission.

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- g. Minimum custody level or below.
- 3. The certification process shall afford participants the opportunity to become a recognized Certified Peer Recovery Specialist (CPRS) by the TDMHSAS. The certification process is as follows:
  - a. Complete the TDOC Certified Peer Recovery Specialist TDOC Screening Tool, CR-4154, and submit to the facility's behavioral health professional.
  - b. The facility behavioral health professional shall forward the completed TDOC Certified Peer Recovery Specialist Screening Tool, CR- 4154, to the Director of Addiction, Treatment, and Recovery Services or designee for review.
  - c. Selected participants shall complete TDMHSAS Certified Peer Recovery Specialist Part 1 application and if approved by TDOC and TDMHSAS complete 40 hours of peer recovery specialist training.
  - d. After the PRS successfully passes the 40 hour required training, the Behavioral Health Professional shall document the PRS hours and report to the Director of Addiction Treatment and Recovery Services or designee when the PRS reaches 75 hours of experience.
  - e. The Director of Addiction Treatment and Recovery Services or designee shall send the LADAC or Behavioral Health Professional a copy of the TDMHSAS Certified Peer Recovery Specialist Application Part 2, to be completed by the PRS.
  - f. The PRS will complete Application Part 2 and submit to the supervising LADAC or Behavioral Health Professional. The completed application shall be forwarded to the Director of Addiction, Treatment, and Recovery Services or designee.
  - g. TDOC and TDMHSAS personnel shall determine if the inmate has met the certification requirements by reviewing completed applications and supervision hours.
  - h. The inmate shall receive notification from the office of Addiction Treatment and Recovery Services of the certification review results. The inmate shall also receive instructions on the renewal process to maintain their certification according to *TDMHSAS CPRS Handbook*.
  - i. Upon certification, the Director of Addiction, Treatment, and Recovery Services or designee will notify the supervising behavior health professional to request the jobs coordinator to change job title to Certified Peer Recovery Specialist.
  - j. The PRS shall be supervised by a behavioral health professional in accordance with Policy #505.07.

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4. Peer Recovery Specialist and Certified Peer Recovery Specialist shall be supervised by a behavioral health professional. On the 7th day of each month, the supervising professional shall complete Substance Use Treatment Recovery Services Documentation of Clinical Supervision for Peer Recovery Specialist, CR-4131, and submit to the Director of Addiction Treatment and Recovery Services or designee.
5. The PRS training will provide selected inmates with the skills required to become certified and act as a mentor/role model for other inmates in specialized units and other areas within a state correctional facility.
6. The CPRSs are considered mandated reporters by TDOC, which requires them to report active drug use, suspected child or elder abuse, sexual activities, and reports of harm to self and others. The CPRS shall report information directly to their supervising behavioral health professional.
7. The CPRS shall follow the code of ethics established by TDMHSAS and those approved by TDOC for a CPRS within the correctional facility. The primary responsibility of the CRPS is to help peers achieve their own needs, wants, and goals. The Certified Peer Recovery Specialists shall:
  - a. Maintain high standards of personal and professional conduct
  - b. Conduct themselves in a manner that fosters their own recovery
  - c. Openly share with peers, other CPRSs and non-peers their recovery stories from mental illness, substance use, or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency
  - d. At all times, respect the rights and dignity of those they serve
  - e. Never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse or make unwarranted promises of benefits to the individuals they serve
  - f. Not practice, condone, facilitate or collaborate in any form of discrimination or harassment based on ethnicity, race, color, pregnancy, creed, veteran's status, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other category protected by state and/or federal civil rights laws
  - g. Promote self-direction and decision making for those they serve
  - h. Respect the privacy and confidentiality of those they serve
  - i. Promote and support services that foster full integration of individuals into the communities of their choice

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- j. Be directed by the knowledge that all individuals have the right to live and function in the least restrictive and least intrusive environment
- k. Not enter into dual relationships or commitments that conflict with the interests of those they serve
- l. Never engage in sexual or other inappropriate activities with peers they serve
- m. Not use alcohol, illegal substances, or misuse other drugs (including prescription medications)
- n. Keep abreast of emerging knowledge relevant to recovery and share this knowledge with other Certified Peer Recovery Specialists
- o. Not accept gifts from those they serve
- p. Not provide services, either for employment or on a volunteer basis, without supervision from a behavioral health professional
- q. Not provide services beyond their qualifications. This includes diagnosing an illness, prescribing medications or providing clinical services
- r. Only provide services and support within the hours, days and locations authorized by the TDOC
- s. Violation of these codes shall be reviewed by the Behavioral Health Professional to determine if termination is warranted on a case-by-case basis.

C. Family Reunification:

- 1. The Family Reunification Program will be delivered by a Behavioral Health Professional. The program will orientate the family on the type of treatment services that are available at men's rehabilitation centers. The family will learn about addiction and recovery and support services. The participant or family can request an individual session with the therapist in addition to receiving information about any resources that can assist in the overall mental, physical, spiritual or social health of the family.
- 2. Program Eligibility:
  - a. Any participant in Therapeutic Community (TCOM) Phase II or III or who has completed the program.
  - b. Any participant that is in outpatient substance use treatment, intensive outpatient substance use treatment or aftercare services.
- 3. In accordance with Policy #507.01, family members shall be listed on the participant's approved visitation list prior to receiving family reunification services.

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D. Aftercare: Aftercare will be broken down into one of the three following components based on how the inmate is released upon completion of the program:

1. Released to General Population: Participants returning to general population will have the option to receive continuing care that can provide substance use aftercare once weekly for up to six months after successfully completing Therapeutic Community or Outpatient Group Therapy, where resources permit and approval is granted by the Warden/Superintendent.
2. Released to Parole: Treatment staff will provide a Substance Use Treatment Clinical Discharge Summary, CR-3713, to the institutional parole officer (IPO) pertaining to any continued services recommended for inmates being released.
3. Expired Sentence: Although participants are not mandated to attend services from community providers, individualized recommendations and referrals will be given to each participant as part of the Substance Use Treatment Transition Accountability Plan, CR-4153.

E. All other referenced forms that have not been provided herein can be located in Policy #513.07.1.

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

VIII. EXPIRATION DATE: April 1, 2022.



# Tennessee Department of Correction

## Certified Peer Recovery Specialist

### TDOC Screening Tool

Name: \_\_\_\_\_  
TDOC #: \_\_\_\_\_  
TDOC Site: \_\_\_\_\_  
Release Eligibility Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
Custody Level: \_\_\_\_\_  
Gender: ☐ M ☐ F  
Veteran: ☐ Y ☐ N

#### Indicate your highest level of education:

- |  |  |
|--|--|
| <input type="checkbox"/> High School Diploma               | <input type="checkbox"/> GED or equivalent |
| <input type="checkbox"/> Vocational Certificate, specialty | <input type="checkbox"/> Master's          |
| <input type="checkbox"/> Associate's Degree, Concentration | <input type="checkbox"/> PhD, major        |
| <input type="checkbox"/> Bachelor's                        | <input type="checkbox"/> Other, specify    |

#### Answer the following questions with "Yes" or "No".

- |  | Yes  | No   |
|--|--|--|
| 1. Are you in recovery from a mental health disorder?<br>If yes, have you been in recovery from a mental health disorder for at least the past 24 consecutive months?  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 2. Are you in recovery from a substance use disorder?<br>If yes, have you been in recovery from a substance use disorder for at least the past 24 consecutive months?  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 3. Are you willing to disclose to peers, staff and the public that you have life experience with a mental illness, substance use disorder, or both?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. You will be expected to participate in discussions and role-plays using elements of your own recovery story. Are you comfortable sharing your recovery story with others?                                 | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. You will also be required to listen to the recovery stories of others. Sometimes those stories may be uncomfortable for you, particularly if they touch up on of your "triggers". Are you okay with this? | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. The required training is intensive and can be fatiguing. Do you feel you are have the energy to stay focused and alert?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. If accepted, you must attend all of the 40-hour, weeklong training. Will you commit to that?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation?                        | <input type="checkbox"/>                             | <input type="checkbox"/>                             |



# Tennessee Department of Correction

## Certified Peer Recovery Specialist

### TDOC Screening Tool cont.

9. Have you received any disciplinary action within the last two years? If yes, complete table below: Yes ☐ No ☐

Date	Offense	Class	Outcome

10. Have you had any positive drug screens within the last two years? Yes ☐ No ☐
11. Have you provided three written references? References should use the attached template. Yes ☐ No ☐
12. Are you willing to transfer to another facility? Yes ☐ No ☐

#### Conservator Status:

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or an adult who needs assistance in decision-making. It gives the conservator specific authority and duty to act on the behalf of the individual in making decisions affecting the person's life. In Tennessee, the definition of a conservator is a person appointed by the court to provide partial or full supervision, protection and assistance. A conservator acts as the agent of the court. Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

Please check the appropriate box:

I confirm that I

- ☐ Do have a conservator
- ☐ Do **not** have a conservator

*My signature below affirms that all of the information contained in this screening application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

**Do not write below this line. For official use only.**

Facility	Central Office	Notes:
Date Received:	Date Approved:	
Reviewer's Signatures:	Reviewer's Signature:	





**Tennessee Department of Correction**  
**CERTIFIED PEER RECOVERY SPECIALIST CANDIDATE**  
**REFERENCE**

TDOC Facility: \_\_\_\_\_

Applicant: \_\_\_\_\_ TDOC # \_\_\_\_\_

Name of Person Giving Reference: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of time of acquaintance: \_\_\_\_\_

Are you a licensed Behavioral Health Professional? Yes ☐ No ☐

The above applicant is applying for a position as a Certified Peer Recovery Specialist with the Tennessee Department of Correction. It is our request that you provide information to the Application Review Committee regarding the applicant. Your evaluation is of utmost importance in this certification process.

Please evaluate the applicant as you observe him/her in the following areas of interpersonal relationships with yourself and/or others. **RETURN COMPLETED DOCUMENT TO THE ASSOCIATE WARDEN OF TREATMENT.**

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR	
				1. Respect for others
				2. Care and concern for others
				3. Genuineness with others
				4. Empathy with others
				5. Flexibility with others
				6. Non-judgmental with others
				7. Spontaneity with others
				8. Capacity for appropriate confrontation with others
				9. Capacity for appropriate self-disclosure
				10. Respect for Authority
				11. Reliable

**Please explain your evaluation rating above and tell us why this individual would make a good Peer Recovery Specialist:**

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---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
SUBSTANCE USE TREATMENT RECOVERY SERVICES

PRS LAST NAME: \_\_\_\_\_

TDOC#: \_\_\_\_\_

[illegible]


Hours are confirmed by:

Signature of PRS

Date \_\_\_\_\_

Signature of Behavioral Health Professional

Date \_\_\_\_\_

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 513.09	Page 1 of 7
	Effective Date: November 15, 2018	
	Distribution: B	
	Supersedes: 513.09 (12/15/16) PCN 17-1 (1/1/17)	
Approved by: Tony Parker		
Subject: RISK NEEDS ASSESSMENTS (RNA) FOR INSTITUTIONS AND TRANSITION CENTERS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To utilize the Tennessee Department of Correction (TDOC) risk needs assessment (RNA) tool to determine an inmate's programming needs.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) Wardens/Superintendents, Assistant Commissioners, employees, and privately managed facilities.
- IV. DEFINITIONS:
  - A. 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.
  - B. Clinical Need: A medical or behavioral health episode that requires intervention from a medical, behavioral health, or substance use professional.
  - C. Criminal Conviction Record (CCR) Unit: A unit within the Department that ensures each offender has an up-to-date, accurate criminal history in the offender management system (OMS) that populates the criminal history section of the risk/needs assessment tool.
  - D. Dedicated Assessment Team (DAT): A team of dedicated trained staff from facilities and Community Supervision offices who have been certified as risk needs assessment (RNA) users to conduct interviews of inmates and offenders for completion of the RNA.
  - E. GovQA: The software that is used to submit criminal conviction record requests on each inmate.
  - F. Offender Case Plan (OCP): Information derived from an inmate's RNA scores that identifies his/her strengths and weaknesses, identifies programmatic needs, establishes meaningful goals, and includes action plans to aid in inmates successfully meeting the stated goals.
  - G. Override Review Committee (ORC): A group of institutional personnel that should include but is not limited to the chief counselor, a mental health or behavioral health staff member, if applicable, and a medical staff member. This committee is responsible for the oversight of override requests at each institution/transition center.
  - H. Risk Needs Assessment (RNA) Tool: A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate's level of programming.

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- I. RNA Tool Needs Report: The RNA Needs Report is a report that is generated once the RNA is completed and reflects the inmate's overall risk level and a breakdown of the inmate's needs and protective factors.
- J. RNA Quality Assurance (QA) Analyst: An RNA certified user and trainer responsible for reviewing assessments throughout the state.
- K. Safekeeper: Defendants who have been court ordered to TDOC physical custody and who have not been adjudicated and/or formerly sentenced.
- L. Treatment Pathway: A treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching the offender with available programming.
- V. POLICY: All eligible TDOC inmates, offenders, or residents housed in state facilities or privately managed facilities shall have a documented risk needs assessment.
- VI. PROCEDURES:
  - A. Dedicated assessment team members or certified users who are assigned to facilities shall be responsible for completing the risk needs assessment for all TDOC facility intakes, inmates who have scheduled parole hearings, and inmates requiring reassessments. The DAT members shall be required to assess a certain designated percentage of offenders as part of their individual performance plan (IPP) component. This percentage will be determined by the Associate Warden of Treatment.
  - B. As probation/parole officers and facility correctional counselors are certified on the risk needs assessment tool, they will complete annual reassessments of offenders/inmates who are on their particular caseloads.
  - C. During Initial Classification
    - 1. Each new commitment shall be classified as required by Policy #401.04 and have an RNA completed by a certified user and documented as part of the initial classification process.
    - 2. As a result of the initial classification and RNA process, the inmate's institutional assignment shall be made taking into consideration the results produced by the RNA results generated in the offender's case plan treatment pathway.
    - 3. Within 14 business days of the initial classification and RNA process, a session will be held with each inmate. The session shall be documented on OMS screen LCDG, using Contact Note, IRAC (Institution Risk Assessment Completed) prior to the inmate being assigned to a permanent institution. The RNA results shall be discussed with each inmate and include the following information:
      - a. How the inmate's risk/needs assessment is developed and updated

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Subject: RISK NEEDS ASSESSMENTS (RNA) FOR INSTITUTIONS AND TRANSITION CENTERS		

- b. How the risk/needs assessment is used
  - c. How the risk/needs assessment will assist the inmate in preparing for release into the community
  - d. How the information obtained during the risk/needs assessment will be shared with involved departmental staff, the Board of Parole for his/her parole hearing, and other community resources.
  - e. Date of interview, time the interview was held, and location.
4. A copy of the RNA needs report shall be signed by the inmate and placed in the inmate's Unit File (green file), Section 6. A copy of the RNA needs report shall not be given to the inmate. In the event the inmate, offender, or resident refuses to sign the RNA needs report a staff member shall acknowledge the refusal by signing and dating the RNA needs report.

D. Orientation Process at Assigned Facility

1. The inmate's RNA is to be reviewed by an institutional counselor within 14 business days of the inmate's arrival at the assigned institution. INFOPAC report BI01MER will identify the inmates who are not currently placed on program registers and have RNA recommendations. The inmate jobs coordinator will use this to add inmates to program registers.
2. Inmates who are already incarcerated and classified within TDOC prior to the implementation of this policy shall continue their previously documented TAP-BIG plans until their next reclassification hearing. At that time, an initial risk/need assessment shall be conducted.

E. During Reclassification

1. RNA certified users shall conduct an RNA assessment on all inmates if one has not been completed within the past 12 months or upon any special reclassifications for any reason.
2. An RNA certified user will update the risk needs assessment during each reclassification review by first requesting an updated criminal history through the CCR Unit and then conducting an interview and entering the results in the RNA tool prior to the inmate's annual reassessment. The RNA assessment interview will be documented on OMS screen LCDG using Contact Code, IRAC-Institution Risk Assessment Completed. It shall include the date of interview, the time the interview was held, location of the interview, program completions, current program status, and treatment pathway recommendations.
3. The names of inmates who will be reviewed during annual reclassification shall be submitted by a Chief Counselor or Associate Warden of Treatment to the CCR unit through GovQA, thirty days prior to the annual reclassification. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated.

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4. Once the CCR unit verifies the criminal history, an RNA interview shall be conducted. The CCR shall be used as part of the interview in addition to any other collateral information.
5. The inmate jobs coordinator will use INFOPAC report BI01MER to identify inmates to be added to registers.

F. Prior to Parole Board Hearing

1. Inmates shall have an RNA documented within the previous 12 month period prior to any parole board hearing.
  - a. Inmates with no RNA on record shall receive the entire RNA assessment completed by a trained and certified RNA user. Once the RNA assessment is complete and the results have been entered into the RNA tool, the RNA assessment interview will be documented on OMS screen LCDG using Contact Code, IRAC-Institution Risk Assessment Completed. It shall include the date of interview, the time the interview was held, the location of the interview, program completions, current program status, and treatment pathway recommendations.
  - b. Inmates with an RNA completed within the last year shall be reviewed by the institutional chief counselor or RNA QA Analyst for quality and accuracy prior to an inmate's hearing. During the review the institutional chief counselor or RNA QA Analyst shall review the criminal history, collateral information, and notify the original assessor who completed the RNA of changes or updates necessary.
2. The RNA needs report shall be signed by the inmate and placed in the inmate's Unit File (green file), Section 6. In the event the inmate refuses to sign the RNA needs report, the assessor shall document the refusal with the date and assessor's signature.
3. A copy of the signed RNA needs report and the offender case plan that includes the selected treatment pathway shall be forwarded to the institutional probation and parole officer at least seven working days prior to the inmate's parole hearing date.

G. The following inmates may be exempt from the RNA:

1. Inmates under a sentence of death. If the death sentence is overturned and a new sentence imposed, an RNA will be created within 30 days.
2. Inmates sentenced to life without parole. If the life without parole sentence is overturned and a new sentence imposed, an RNA will be created within 30 days.
3. Inmates on safekeeping status
4. Inmates with intensive health and/or mental health needs, as documented by a licensed medical and/or behavioral health professional. The documentation must include an assessment of the inmate's physical and mental health and reflect that the inmate is not alert and oriented or has cognitive or mental impairment that impeded the inmate's ability to participate in the RNA.

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Risk Needs Assessment Exemption, CR-4148, shall be signed by a licensed medical and/or behavioral health professional and placed in the inmate's unit file and provided to the institutional probation/parole officer prior to the inmate's parole hearing. An inmate's exemption for a medical reason will be documented on OMS screen LCDG CCMC-Cannot Complete-Medical Code. An inmate's exemption due to a mental health reason will be documented by the assigned counselor or assessor on OMS screen LCDG CCMH-Cannot Complete Mental Health.

5. Inmates who will be expiring their sentence within three months.

#### H. Program Recommendation Overrides

1. An override for program placement shall be submitted during the classification or reclassification hearing by the assigned counselor. Any override request must be submitted on Treatment for Request Override, CR-4157, and must be based on the following criteria:
  - a. Inmates who have been granted parole with the requirement to complete a certain treatment pathway prior to release.
  - b. Inmates assigned to a treatment pathway program that, prior to completion of the program, were transferred to another facility that does not offer that program.
  - c. Inmates the Warden/Superintendent deem a security risk or incompatible with other inmates in the program.
  - d. Any time a new RNA is required.
2. The Program Facilitator/designee may submit a request for a treatment override for inmates with a documented clinical need. The request for a treatment override shall be submitted on a Request for Treatment Override, CR-4157, to the Override Review Committee within 30 days of the inmate's placement in the program.
3. The Override Review Committee shall review the request and make a recommendation within five working days of receipt of the request. If the decision is to deny the request, then no further action is necessary. If the decision is to modify or recommend another pathway, the Request for Treatment Override, CR-4157, shall be submitted to the Warden/Superintendent/designee for review and approval within five working days of the committee's decision.
4. If the decision of the Warden/Superintendent/designee is to deny the request, then no further action is necessary. If the decision is to approve the recommendation of the committee, the request shall be submitted to the Assistant Commissioner of Rehabilitative Services/designee for review and approval within five working days of the decision.
5. The Assistant Commissioner of Rehabilitative Services/designee shall review and approve or disapprove the request and return the signed form to the Warden/Superintendent within five working days of receipt.

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Subject: RISK NEEDS ASSESSMENTS (RNA) FOR INSTITUTIONS AND TRANSITION CENTERS		

6. Any approved override shall be documented by the Warden/Superintendent/designee in the OMS.
  - I. If an offender refuses to participate in the risk needs assessment process, the institutional counselor who conducted the interview will document in OMS LCDG Contact notes, IRAR (Institution Risk Assessment Refused), and the date and time of the proposed interview along with comments. The institutional counselor will also document the refusal in the contract vendor assessment software by assigning the proposed assessment and marking it unable to complete due to subject refusing to answer.
  - J. Only the inmate jobs coordinator, job tracking clerk, or other designee if there is no job tracking clerk, can place an inmate on a programmatic register and make programming assignments (jobs/classes/treatment). (See Policy #505.07)
  - K. Failure to comply with the RNA protocol set forth in this policy shall result in disciplinary action up to and including dismissal.
- VII. ACA STANDARDS: 4-4295 through 4-4303.
- VIII. EXPIRATION DATE: November 15, 2021.





TENNESSEE DEPARTMENT OF CORRECTION

**RISK/NEEDS ASSESSMENT EXEMPTION**

Date: \_\_\_\_\_ Institution/Transition Center: \_\_\_\_\_

Offender Name: \_\_\_\_\_ TDOC Number: \_\_\_\_\_

Parole Hearing Date: \_\_\_\_\_

Classification/ Reclassification Date: \_\_\_\_\_

This is to verify that due to the offender's intensive health and/or mental health needs, he/she is exempt from taking the Risk/Needs Assessment per Policy 513.09 Risk/Needs Assessments (RNA) for Institutions and Transition Centers. It has been determined that the offender is not alert and oriented or has cognitive or mental impairment that impeded the patient's ability to participate in the risk/needs assessment.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned Counselor/Assessor Signature

Please provide a copy of this exemption form to the Institutional Probation/Parole Officer prior to the offender's scheduled parole hearing.



TENNESSEE DEPARTMENT OF CORRECTION  
**REQUEST FOR TREATMENT OVERRIDE**

INSTITUTION \_\_\_\_\_

INMATE NAME: \_\_\_\_\_ TDOC #: \_\_\_\_\_

RED: \_\_\_\_\_ EXP: \_\_\_\_\_ FAD: \_\_\_\_\_

SED: \_\_\_\_\_ LAST PAROLE HEARING: \_\_\_\_\_

PAROLE BOARD ACTION: \_\_\_\_\_

MOST RECENT TCUD: \_\_\_\_\_ MEDICAL CLASS: \_\_\_\_\_ LEVEL OF CARE: \_\_\_\_\_

OVERALL RNA RISK LEVEL: \_\_\_\_\_

CURRENT RNA RECOMMENDATION: \_\_\_\_\_

**PLEASE SPECIFY THE REASON(S) FOR THE PROGRAM OVERRIDE REQUEST:**

- ☐ PAROLE MANDATE ☐ CLINICAL ASSESSMENT ☐ MEDICAL STATUS  
☐ PAROLE RECOMMENDATION ☐ CHANGE IN CUSTODY LEVEL ☐ INSTITUTIONAL NEED  
☐ OTHER: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

**OVERRIDE REVIEW COMMITTEE:**

CHIEF COUNSELOR: YES / NO COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BEHAVIOR HEALTH: YES / NO COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL STAFF: YES / NO COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WARDEN / SUPERINTENDENT / DESIGNEE APPROVAL:**

APPROVE: \_\_\_\_\_ DENIED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

WARDEN / SUPERINTENDENT / DESIGNEE: \_\_\_\_\_

SIGNATURE

DATE


**AC REHAB SERVICES / DESIGNEE APPROVAL:**

APPROVE: \_\_\_\_\_ DENIED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

AC REHAB SERVICES / DESIGNEE: \_\_\_\_\_

SIGNATURE

DATE

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 513.09	Page 1 of 1
	Effective Date: March 20, 2019	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: RISK NEEDS ASSESSMENT (RNA) FOR INSTITUTIONS AND TRANSITION CENTERS		

POLICY CHANGE NOTICE 19-29

INSTRUCTIONS:

Please change Section VI.(C)(4) to read as follows:

- “4. A copy of the RNA needs report shall be placed in the inmate’s Unit File (green file), Section 6. A copy of the RNA needs report shall not be given to the inmate.”

Please change Section VI.(E)(1) and (2) to read as follows:

- “1. RNA certified users shall conduct an RNA on all inmates if one has not been completed within the past 12 months.
2. An RNA certified user will update the RNA annually by first requesting an updated criminal history through the CCR Unit and then conducting an interview and entering the results in the RNA tool prior to the inmate’s annual reassessment. The RNA assessment interview will be documented on OMS screen LCDG using Contact Code, IRAC – Institutional Risk Assessment Completed. It shall include the date of the interview, the time the interview was held, location of the interview, program completions, current program status, and treatment pathway recommendation.”

Please change Section VI.(F)(2) and (3) to read as follows:

- “2. The RNA case plan shall be signed by the inmate and placed in the inmate’s Unit File (green file), Section 6. In the event that the inmate refuses to sign the RNA case plan, the assessor shall document the refusal with the date and assessor’s signature.
3. A copy of the RNA needs report and signed case plan that includes the selected treatment pathway shall be forwarded to the institutional probation and parole officer at least seven working days prior to the inmate’s parole hearing date.”

Please change Section VI.(H)(1) to read as follows:

- “1. An override for substance use or mental health treatment program placement shall be submitted during the classification or reclassification hearing by the assigned counselor. This does not include educational or vocational programs. If a program has previously been completed and is verified in the OMS, the override shall be completed by the assigned counselor. Any override request must be submitted on Request for Treatment Override, CR-4157, and must be based on the following criteria:”

Please change Section VI.(I) to read as follows:

- “I. If an offender refuses to participate in the RNA process, the assessor who attempted the interview will have the offender sign Risk Needs Assessment Refusal, CR-4169, and place in the inmate’s Unit File (green file), Section 6, then complete OMS LCDG Contact note, IRAR (Institution Risk Assessment Refused) with the date and time of the proposed interview along with comments. The institutional counselor will also document the refusal in the contract vendor assessment software by assigning the proposed assessment and marking it unable to complete due to subject refusing to answer.”

Please insert the attached page 8 and renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

**RISK/NEEDS ASSESSMENT REFUSAL**

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

Location: \_\_\_\_\_

Offenders Name: \_\_\_\_\_

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

Assessor Name: \_\_\_\_\_


Reason for refusal: \_\_\_\_\_

I understand that the Public Safety Act of 2016 requires that all TDOC inmates and offenders participate in and complete a Risk/Needs Assessment. Despite that, as indicated by my signature below, I choose to not participate in the process to complete my RNA. As a result of my decision to not participate, I may not be able to receive programming which could prepare me for success upon release from TDOC supervision.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned Counselor / Assessor Signature

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index #: 513.12	Page 1 of 5
	Effective Date: December 1, 2016	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: EVIDENCE BASED PROGRAMS		

- I. **AUTHORITY:** TCA 4-3-603; TCA 4-3-606.
  
- II. **PURPOSE:** To establish the procedures for the use and consistent implementation of Evidence Based Programs (EBP) specifically targeted at reducing offender risk to recidivate.
  
- III. **APPLICATION:** All Tennessee Department of Correction (TDOC) institutional and community supervision staff, Deputy Commissioner of Administration, Deputy Commissioner of Operations, Tennessee Corrections Academy, and training staff, contract staff, and offenders.
  
- IV. **DEFINITIONS:**
  - A. **Community Supervised Adult Felon:** Any individual 18 or above who has been convicted of a felony and is currently under supervision of probation or parole.
  
  - B. **Enrichment Programs:** For the purpose of this policy, any faith based or skill based program facilitated by anyone other than TDOC employees. This includes volunteers, mutual self-help groups, sponsors, etc.
  
  - C. **Evidence-Based Programs:** Services for which systematic empirical research has provided evidence of statistically significant effectiveness of treatments for specific problems that will lead to a lower rate of return to incarceration.
  
  - D. **Incarcerated Adult Felon:** Any individual age 18 or above who has been convicted of a felony and is currently incarcerated in a TDOC facility.
  
  - E. **Incarcerated Juvenile Felon:** Any individual under the age of 18 who has been convicted of a felony and is currently incarcerated in a TDOC facility.
  
  - F. **Specialized Evidence Based Program Facilitator:** Correctional or Behavioral Health staff who have received and successfully completed specialized training by a qualified trainer in an evidence based program.
  
  - G. **Texas Christian University Criminal Thinking Scale:** Designed to measure criminal thinking and cognitive orientation across six scales including entitlement, justification, personal irresponsibility, power orientation, cold heartedness and criminal rationalization.
  
  - H. **Texas Christian University Social Functioning Scale:** Designed to measure social functioning across four scales including hostility, risk taking, social support and social desirability.
  
  - I. **Qualified Trainer:** For purposes of this policy, an individual who has been credentialed or certified to provide various training such as Thinking for a Change, Cognitive Behavioral Therapy, and so forth.

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Subject: EVIDENCE BASED PROGRAMS		

- J. Quality Assurance and Improvement Director: Individual responsible for overseeing the monitoring and auditing of the compliance and effectiveness of rehabilitation services programs across the state.
- V. POLICY: All programs facilitated by TDOC staff, including community supervision staff and contract staff, will follow the criteria and implementation standards for evidence based programs.
- VI. PROCEDURES:
  - A. Evidence Based Program Criteria:
    - 1. Consideration shall be given to practices that have been measured, validated, and demonstrated to be reliable, and have shown statistical significance for reducing recidivism.
      - a. Experimental/control research design with controls for attrition for the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.
      - b. Significant sustained reduction in recidivism.
      - c. Multiple replications of EBP with the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.
      - d. Preponderance of all evidence supports program's effectiveness as delineated by an exhaustive literature review, conducted by the Specialized EBP Facilitator or the Director of Behavioral Health Services, and/or designee; as instructed in VI.(B).
    - 2. Significant and sustained effects are measured by large longitudinal studies (ones that follow the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population for several months or years) that verify that reducing criminal behavior is sustained over time.
    - 3. Research that has been conducted on an incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population over a longitudinal period of time.
  - B. EBP Implementation:
    - 1. In order to implement EBPs into institutions or community supervision, the criteria must be followed in Section VI.(A).
    - 2. Prior to implementation, a request must be sent to the Director of Behavioral Health Services for evaluation to ensure the institution or community supervision office has the adequate resources, staffing, and review of the program to ensure the criteria for EBP is applicable to the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.

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Subject: EVIDENCE BASED PROGRAMS		

3. Once the Director of Behavioral Health Services completes the evaluation, a recommendation will be submitted to the Assistant Commissioner of Rehabilitative Services for final approval or denial.
4. EBPs must be implemented in accordance with the same standardized practices that were utilized when determining that the program met all evidence based criteria. Therefore, EBP implementation will require the exact replication of program delivery which includes the program design, program hours, and program duration.
5. Institutions and Community Supervision offices will not implement or discontinue EBPs without the written approval from the Director of Behavioral Health Services and Assistant Commissioner of Rehabilitative Services.
6. The Associate Warden of Treatment or District Director will notify the Director of Behavioral Health Services of any reassignment of Specialized EBP Facilitators within three business days of the reassignment. Specialized EBP Facilitators include any correctional or behavioral health staff that facilitates EBPs.

C. EBP Facilitator Training Requirements:

1. Training for Specialized EBP Facilitators will be coordinated through the TDOC Training Division to ensure consistency and effectiveness.
2. In order to qualify as a Specialized EBP Facilitator at an institution or community supervision office, training must be completed in the research and theoretical foundation of that research.
3. The institution and community supervision office must keep documentation/statement of proof that a Specialized EBP Facilitator has completed the specialized training to facilitate specified EBP.
4. The Specialized EBP Facilitator will be provided appropriate and adequate facilitator materials prior to inception of EBP into institution or community supervision office.

D. Monitoring the Impact of EBPs:

1. The Specialized EBP Facilitator will administer pretest by using the Texas Christian University (TCU), Criminal Thinking Scale (CTS) and TCU Social Desirability (SOC) to each individual during the program orientation. Upon completion of program, the facilitator will administer the TCU, CTS and SOC posttest.
2. The Specialized EBP Facilitator will submit TCU CTS and SOC pre and post test scores for every participant to the Quality Assurance Improvement Director, quarterly.
3. To ensure the quality of EBP's effectiveness, the Director of Behavioral Health Services will establish a set of outcome data to measure effectiveness. The Specialized EBP Facilitator will submit a Monthly Programming Reporting, CR-3759, of the output data to the Quality Assurance and Improvement Director's designee by the 7<sup>th</sup> working day of each month.

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4. The Quality Assurance and Improvement Director's designee will provide a quarterly and annual report of program outcome data to the Director of Behavioral Health Services.
5. The Director of Behavioral Health Services or designee will conduct a review of any EBP that does not meet standardized goals of the specified program. Upon the completion of the review, the Director of Behavioral Health Services will make recommendations to the Assistant Commissioner of Rehabilitative Services of a plan of improving the quality and effectiveness of the EBP. The recommendation can also include discontinuation of a program.
6. The Director of Decision Support: Research and Planning will provide annual recidivism data upon the request from the Director of Behavioral Health Services. The Director of Behavioral Health Services will request EBP recidivism data by May of each year. The Director of Behavioral Health Services will report the findings to the Deputy Commissioners, Assistant Commissioners, Chief Financial Officer, Chief of Staff, and the Commissioner.

E. Enrichment Programs: Institutional and community supervision staff will not be assigned to facilitate any Enrichment Program that does not meet EBP criteria.

VII. ACA STANDARDS: 4-4428, 4-4432, 4-4437, 2-CO-4F-01, 4-APPFS-2A-07, and 4-APPFS-3D-09.


VIII. EXPIRATION DATE: December 1, 2019.





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

IV. OTHER PROGRAM ACTIVITIES		
Total Community Services Hours Worked This Month:		
Total GEDs Received This Month:		
Other Significant Activities or Notes for This Month:		

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	Effective Date: January 15, 2017	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: EVIDENCE BASED PROGRAMS		

POLICY CHANGE NOTICE 17-4

INSTRUCTIONS:

Please change Section III. to read as follows:

- “III. APPLICATION: All Tennessee Department of Correction (TDOC) institutional and community supervision staff, Deputy Commissioner of Administration, Deputy Commissioner of Operations, Tennessee Corrections Academy and training staff, contract staff, offenders, and privately managed institutions”.



ADMINISTRATIVE POLICIES  
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Index #: 702.01

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Effective Date: October 1, 2016

Distribution: C

Supersedes: 702.01 (5/15/13)

Approved by: Tony Parker

Subject: SEX OFFENDER REGISTRY

- I. AUTHORITY: TCA 4-3-603; 4-3-606; TCA 40-28-601; and 2004 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act, TCA 40-39-201 through 218.
- II. PURPOSE: To comply with state law regarding the tracking of offenders convicted of sex offenses.
- III. APPLICATION: Assistant Commissioner of Community Supervision (ACCS) and all Tennessee Department of Correction (TDOC) Community Supervision staff.
- IV. DEFINITIONS:
  - A. Registering agency: The agency responsible for registering and updating the offender's information on the Sex Offender Registry.
  - B. Sex Offender Registry (SOR): Tennessee Bureau of Investigation's (TBI) centralized record system of sex offender registration, verification, and tracking information.
  - C. Sexual Offender: A person who has been convicted in TN of committing a sexual offense as defined in TCA chapter 40-39-202(20) and (30), or has another qualifying conviction as defined in 40-39-202(1).
  - D. Violent Against Children Sexual Offender: Offenders convicted of a sexual offense whose victim is under the age of 13.
  - E. Violent Sex Offender: Offenders convicted for an offense defined in TCA 40-39-202(30) are considered violent sexual offenders. Offenders whose conviction offense(s) is defined in both TCA 40-39-202(20) and (30) are considered violent sexual offenders. Community Supervision for Life (CSL) offenders are considered Violent Sex Offenders.
- V. POLICY: Sexual offenders under the supervision of TDOC shall comply with provisions of the 2004 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act.
- VI. PROCEDURES:
  - A. Programmed Supervision Unit (PSU) officers shall enter all data received from sex offenders into the SOR within 48 hours of release or change in information. A copy of the initial SOR or the updated SOR shall be printed and placed in the offender case folder pursuant to Policy #706.01. A copy of the SOR and any updates shall be provided to the offender.
  - B. Required SOR Updates and SOR Payments: PSU officers shall indicate in the SOR that the offender has paid the SOR registration fee. Payments shall be made through JPay. Updates to the SOR shall be made as follows:

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Subject: SEX OFFENDER REGISTRY		

1. Violent Sexual Offenders and Violent Against Children sexual offenders shall update/verify SOR information every March, June, September, and December. During the March update/verification, offenders shall be invoiced for the SOR costs.
  2. Sex Offenders shall update/verify SOR information every year between seven calendar days prior to and seven calendar days after the birth month and day. During this time, offenders shall be invoiced for the SOR costs.
- C. Violations of the SOR shall be considered mandatory violations and subject to procedures outlined in Policy #704.04.
  - D. The PSU officer shall monitor offenders for changes in SOR information and compliance.
  - E. TDOC staff responsible for SOR entry shall be basic certified in TIES and attend the annual training provided by TBI.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: October 1, 2019.



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Index #: 702.04

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Effective Date: October 1, 2016

Distribution: C

Supersedes: 702.04 (5/15/13)

Approved by: Tony Parker

Subject: OFFENDER REGISTRATION WITH POLICE

I. AUTHORITY: TCA 4-3-606 and 4-3-606.

II. PURPOSE: To ensure appropriate offenders register with local law enforcement.

III. APPLICATION: Assistant Commissioner of Community Supervision and all Tennessee Department of Correction (TDOC) Community Supervision staff, and probationers or parolees.

IV. DEFINITIONS: Appropriate Offenders: For purposes of this policy only, an appropriate offender is defined as any parolee and any probation offender who has been ordered by the court to register with the local law enforcement agency.

V. POLICY: The TDOC ensures that all appropriate offenders are registered with local police.

VI. PROCEDURES:

A. District Directors shall be responsible for ensuring that appropriate offenders register with the local police within 72 hours of their supervision start date. District Directors or designees shall complete the Notice of Release, CR-3846, and send to the local police agency and district attorney's office. A copy shall be maintained in the offender's case folder pursuant to Policy #706.01.

B. This policy shall not preclude the registration of offenders in person with local departments if, in the opinion of the District Director, this registration is of benefit to local authorities, and is specifically requested by such officials.

C. If an offender is transferred to another Tennessee county or from another state, notification as outlined in this policy shall be made within 72 hours of transfer.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: October 1, 2019.



TENNESSEE DEPARTMENT OF CORRECTION  
**NOTIFICATION OF RELEASE**

☐ Probation      ☐ Parole

Tennessee Code Annotated 41-21-225

TO: \_\_\_\_\_  
SHERIFF OR CHIEF OF POLICE

RE: \_\_\_\_\_ ID#: \_\_\_\_\_

Please be advised that the above subject has been released on supervision. The subject's offense(s) was:

\_\_\_\_\_  
in \_\_\_\_\_  
NAME (S) OF COUNTY OF CONVICTION

This sentence will expire on: \_\_\_\_\_

The subject will reside at: \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY COUNTY ZIP CODE

The subject's Probation/Parole Officer is: \_\_\_\_\_  
NAME  
\_\_\_\_\_  
ADDRESS TELEPHONE

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

Respectfully,

\_\_\_\_\_  
SIGNATURE OF DISTRICT DIRECTOR OR DESIGNEE

\_\_\_\_\_  
DATE

cc: District Attorney General  
Offender file



ADMINISTRATIVE POLICIES  
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Index #: 702.20

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Effective Date: June 15, 2017

Distribution: C

Supersedes: 702.20 (3/15/14)

Approved by: Tony Parker

Subject: PROBATION DETERMINATE RELEASE

I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 40-35-501.

II. PURPOSE: To ensure that determinate release cases are handled appropriately, released timely, and effectively documented and tracked.

III. APPLICATION: Deputy Commissioner of Operations, Assistant Commissioner of Community Supervision, Assistant Commissioner of Prisons, all Tennessee Department of Correction (TDOC) Community Supervision staff, and institutional probation parole officers (IPPOs).

IV. DEFINITIONS:

- A. Determinate Release: A release to probation granted by TCA 40-35-501 that applies to all felons sentenced to incarceration of at least one year, but no more than two years. The determination of eligibility for such probation is based solely upon the length of sentence as imposed by the sentencing court.
- B. Determinate Release Certificate: A document that authorizes release of an incarcerated offender from an institution to determinate release probation. The certificate also contains the terms and conditions of the determinate release probation.
- C. Determinate Release Contact Person: A TDOC employee designated with determinate release responsibilities in a Community Supervision office or institution. This may be administrative staff, a probation parole officer, or an IPPO.
- D. Determinate Release Coordinator (DRC): A TDOC Central Office employee within the Sentence Management division assigned to coordinate the execution and filing of Determinate Release Certificates.
- E. Determinate Release Program: A special software utilized by the TDOC for the purpose of generating and tracking Determinate Release probation certificates.
- F. Determinate Release Specialist (DRS): A TDOC Central Office employee within the Community Supervision division assigned to oversee the distribution of logs, collection of release plans, and tracking of released (DR) offenders from jail release to initial field office face contact.
- G. Eligible Offender Report: A report of offenders with sentences that have release eligibility dates within 60 days and appear eligible for Determinate Release probation. The Sentence Management division of TDOC reviews the list and certifies the eligible for Determinate Release to the Determinate Release Coordinator.

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- H. Institutional Probation and Parole Officer (IPPO): A probation/parole officer assigned to function as a liaison between the Board of Parole, inmates, and staff at TDOC institutions, privately managed facilities, county jails, or Community Supervision.
- V. POLICY: Incarcerated offenders eligible for determinate release shall be processed and released through established procedures.
- VI. PROCEDURES:
- A. Verification and Research:
1. The DRC will print an eligibility report of determinate release eligible offenders once a week and complete the tasks identified in VI.(A)(1 - 4) below within seven working days. The report is divided into two sections:
    - a. One report is for offenders who are sentenced from one year, to one year eleven months and twenty-nine days.
    - b. One report is for offenders who are sentenced to two years.
    - c. TOMIS generates the Determinate Release report weekly on Friday nights. TOMIS places a sentence action of DTRR Determinate Release Report on the TOMIS conversation screen Sentence Actions (LSTR) on each sentence that appears on the Determinate Release Report for each offender. If Sentence Management determines that an offender is ineligible for Determinate Release, a contact note shall be made in TOMIS conversation screen LCDG (Contact Notes) explaining why the offender was not certified eligible for Determinate Release.
  2. The DRC shall verify the following TOMIS information:
    - a. LCLA: Offender Attributes
      - (1) Verify the release eligibility date (RED). The RED must be less than or within sixty days of the current report date.
      - (2) Verify there are no active detainers for the offender by checking TOMIS screen LSTS (Detainers).
      - (3) Length of Sentence: Verify that the offender's sentence is determinate release eligible. The sentence must be at least one year (365 days), but no more than two years (730 days). The offender does not qualify for determinate release if outside these sentence lengths.
      - (4) Out to Court (OTC) Status: Offenders are ineligible for determinate release if they have an OTC flag.
    - b. LSTQ: Tennessee Sentences
      - (1) Offenses: Verify the docket number and information regarding consecutive and concurrent offenses.



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(2) County of Conviction: Determine the county of conviction. If the offender does not provide a release plan, he/she will be supervised by the community supervision office in the county of conviction or by the closest office.

c. LIMD: Arrival/Departure: Verify the offender's current location.

3. Notification of the offender's eligibility shall be sent by the DRC via e-mail, with the determinate release report attached, to:

a. The District Attorney and Sheriff's Office in the offender's county of conviction on the notification letter,

b. The Community Supervision determinate release (DR) e-mail group (BI\_DR@tn.gov), institution record staff, and the PPO.

4. The DRC shall respond to for objections to the offender's release received from institutions in regards to disciplinary activity or from the Courts requesting denial of suspension of sentence filed by the District Attorney for reasons outlined in TCA 40-35-501. No offender shall be released prior to expiration of the ten day notification period [See Section VI.(E)].

5. Special Conditions: The DRC shall:

a. Check TOMIS screen LSTJ for any imposed special conditions. If the Court ordered special conditions on the original probation, and the offender violated his/her probation and the sentence was imposed, then those special conditions still apply when he/she comes out to determinate release probation.

b. Verify the special conditions listed on the judgment order. The certificate is available in FileNet.

#### B. Release Plans

1. The Determinate Release Specialist (DRS) will send the weekly Determinate Release Report [See VI.(A)(3)] to the Determinate Release Contact Person (DRCP) designated based on the location of the inmate.

2. The DRCP shall collect release information, including an address, collateral contact, and a phone number from the inmate at least six business days prior to the certificate issue date.

3. The DRCP shall enter the release plan into TOMIS and e-mail the Determinate Release Specialist (DRS) at [BI\\_DR@tn.gov](mailto:BI_DR@tn.gov) to alert that a release plan has been entered.

4. The DRS will assign the release plan to the DRCP of the county of the proposed release plan.

a. Release plans are to be investigated within five business days. If the release plan is out of county and a response is not received within five business days, the plan will be approved and the offender shall be instructed to report to that county.

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- b. If there is a current open staff assignment and the offender is being monitored as ICU (in custody), the previous address will be entered and approved and the offender shall be instructed to report to the assigned probation officer.
- c. If no release plan has been entered at the time of the determinate release certificate issue, the DRS shall enter and approve a homeless release plan into TOMIS with the language "NO PLAN ENTERED, MUST REPORT TO COUNTY OF CONVICTION".
- d. If an out of county release plan is denied and there are less than five days before the offender is scheduled to be released, the offender shall be released to the county of conviction.
- e. Once a release plan has been approved, an alternate plan may not be entered before first communicating with the Determinate Release Specialist.
- f. If the offender has a detainer, the DRCP shall enter the address of the institution the offender will be transported to in TOMIS. They shall approve the plan and email [BI\\_DR@tn.gov](mailto:BI_DR@tn.gov) with the information.
- g. Release plan investigation contact efforts and pre-release collateral contacts shall be documented in TOMIS with the contact code RLCS (Release Plan Community Supervision).
- h. Determinate release certificate negotiations shall be documented in TOMIS with the contact code DREX (Determinate Release Certificate Executed).

C. Issuance and Execution

- 1. The DRC shall issue a Determinate Release Certificate, CR-3959, on the next issue date after the ten day notification period after items 1-4 in Section VI.(A) have been verified. The below information shall be entered into the determinate release program prior to creating and printing the certificate.
  - a. Enter the date certified
  - b. Set the mail date
  - c. Enter the release date
  - d. Enter the issue date
- 2. Distribute a copy of the eligibility report to the following via e-mail or United States Postal Mail to:
  - a. Sentence Management
  - b. Classification
  - c. Community Supervision ([BI\\_DR@tn.gov](mailto:BI_DR@tn.gov))
  - d. Institutional Probation Parole Officers

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Subject: PROBATION DETERMINATE RELEASE		

- e. Rehabilitative Services
  - f. Information Services
  - g. District Attorney General in the county of conviction
  - h. Sheriff in the county of conviction
3. Copies of the eligibility report that are sent to the District Attorney and Sheriff must include a copy of the notification letter which is automatically generated via the determinate release software.
4. The DRC shall forward the certificate to the IPPO assigned to the institution or jail where the offender is incarcerated. If there is no IPPO, then the certificate should be forwarded to a district determinate release contact person (DRCP).
  - a. Each district office in Community Supervision shall have a DRCP, and shall keep the Determinate Release Specialist (DRS) informed of who that person is.
  - b. The DRS shall maintain an active directory of such contacts and update the TDOC Intranet every month with any changes.
5. Upon receipt of the determinate release certificate, the PPO or IPPO shall make five copies of it for distribution to the jail or institution, Clerk of the Court for the county of conviction, the PPO to whom the offender will be assigned, and the DRC file. A copy of the negotiated certificate shall be scanned to the DRS at BI\_DR@tn.gov.
6. On or prior to the release date on the Determinate Release Certificate, the PPO or IPPO shall meet with the offender, discuss all the rules and regulations on the certificate, ask the offender if he/she has any questions, answer those questions, and obtain the offender's signature on all copies of the certificate. The certificate must be dated and witnessed by the PPO or IPPO. The offender shall be given one of the five signed, witnessed, and dated certificates. The certificate shall be signed using blue ink only. The PPO or IPPO shall ensure that each county receives a copy of the certificate if the offender has multiple counties of conviction. If the offender is a registered sex offender, he or she shall be informed of their statutory requirement to report to their PPO within 48 hours of release to update the Tennessee Sex Offender Registry.
7. The PPO or IPPO shall document the date the determinate release is executed in the contact notes section of TOMIS in accordance with Policy #706.03.
8. If the offender requests an out of state transfer, then the IPPO or PPO shall follow Interstate Compact procedures per Policy #708.03.
9. All Determinate release offenders shall be assigned to a probation parole officer (staff assignment) within 72 hours of release. If the offender was released on a detainer, a staff assignment shall be made and the offender shall be placed in an administrative plan of supervision so that incarceration can be verified monthly.

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D. Inmate Refusal of Determinate Release

1. Inmates have the right to refuse determinate release. When that occurs, the Determinate Release Certificate shall be voided. The word "VOID" shall be written on the Determinate Release Certificate and the language "Offender Refused Determinate Release" shall be hand written above the offender's signature line.
2. If an inmate refuses, the PPO or IPPO shall contact the DRC and DRS via e-mail, explain why the certificate was voided, and document this information in the comments section of the contact note. A copy of the voided certificate shall be scanned to the DRC and DRS.

E. Inmate Reconsideration of Determinate Release

1. An inmate has the right to change his/her mind after refusing determinate release and may request to have a new determinate release certificate issued. To have a new certificate issued:
  - a. The offender must inform the PPO or IPPO that he/she requests to be released through determinate release.
  - b. The PPO or IPPO must notify the DRC within 72 hours of the inmate's request.
2. The DRC shall then follow the procedures as provided in Section VI.(A) of this policy.

F. Filing Objections

1. The District Attorney General, or the appropriate Sheriff, jail administrator, workhouse superintendent, or Warden acting through the District Attorney General may file a petition with the sentencing court requesting a denial of suspension of sentence onto determinate release based on disciplinary violations during time served in the institution.
2. The District Attorney General may file a petition with the sentencing court based on the offender's threat to public safety that has been indicated by a pattern of prior violent or drug-related criminal behavior evidenced by convictions for at least two crimes against a person or two drug related offenses under TCA 39-17-417.
3. The District Attorney General will send a copy of any petition filed under this subsection to the appropriate Sheriff, jail administrator, workhouse superintendent, Warden, DRC, and defense attorney of record for the offender.
4. All objections must be filed within ten working days of receipt of the Determinate Release Eligibility Report and accompanying letter.
5. Within 20 calendar days of the filing of the objection, the court will hold a hearing to determine the merits of the petition, and may deny suspension for the remainder of the sentence.
6. If the court does not find in the defendant's favor, after 60 calendar days have elapsed from the date of the first hearing, the defendant may file a petition with the court for review of the denial of probation.

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7. The clerk of the court will update the TDOC if the suspension of the sentence is denied.

G. Tracking

1. The DRS is responsible for tracking the following determinate release activity:

- a. A list of all determinate releases including the certificate issue date, release date, offender's location site, and county of conviction,
- b. If a release plan was or was not entered,
- c. If offender movements were properly made from institution to the Community Supervision office (If incorrect movements were made, the DRS will correct them by contacting the TDOC Help Desk for modification), and
- d. The date of offender movements, staff assignments, plan of supervision, and first face contact with Community Supervision.

2. The DRS shall submit a summary report to the Probation Parole Program Director each month.

VII. ACA STANDARDS: 4-APPFS-2C-01 thru 4-APPFS-2C-06.

VIII. EXPIRATION DATE: June 15, 2020.



TENNESSEE DEPARTMENT OF CORRECTION  
COMMUNITY SUPERVISION

Probation Type

**PROBATION CERTIFICATE**

Certificate Type

Is eligible to be released from

<u>County</u>	<u>Offense</u>	<u>Docket #</u>	<u>Count</u>	<u>Length of Sentence</u>
---------------	----------------	-----------------	--------------	---------------------------

and there is reasonable probability that said prisoner will remain at liberty without violating the law. It further being the opinion of the Tennessee Department of Correction that the probation of this prisoner is not incompatible with the welfare of society.

It is hereby ordered that said prisoner be, and hereby is placed on Probation effective:

1. I will proceed directly to my destination when released from the institution or a detainer. (If released before probation expiration) and upon arrival report immediately to my Probation/Parole Officer or in any event no later than 72 hours after release.
2. I will obey the laws of the United States or any state in which I may be, as well as any municipal ordinances.
3. I will report all arrests, including traffic violations, immediately, regardless of the outcome, to my Probation/Parole Officer. I will, when away from my residence, have on my person my probation identification card and present it to the proper authority.
4. I will not own, possess, or carry any type of deadly weapon (guns, rifles, knives, or any illegal weapons).
5. I will work steadily at a lawful occupation. If I become unemployed, I will immediately report this to my Probation/Parole Officer and will begin to look for another job.
6. I will get the permission of my Probation/Parole Officer before changing my residence or employment, or before leaving the County of my residence or the state.
7. I will allow my Probation/Parole Officer to visit my home, employment site, or elsewhere, and will carry out all lawful instructions he/she gives and report to my Probation/Parole Officer as instructed, and will submit to electronic monitoring.
8. I agree to a search, without a warrant, of my person, vehicle, property, or place of residence by any Probation/Parole Officer or law enforcement officer, at any time.
9. I will not use intoxicants (beer, whiskey, wines, etc.) of any kind to excess. I will not use or have in my possession illegal drugs. I will submit to drug screens or drug tests as directed by my Probation/Parole Officer.
10. I agree to pay all required fees to the supervision fund, criminal injuries fund, court costs, restitution and fines.
11. I will not engage in any assaultive, abusive, threatening or intimidating behavior. I will not participate in any criminal street gang-related activities as defined by TCA 40-35-121. I will not behave in a manner that poses a threat to others or myself.
12. I will perform eight-(8) hours community service work per month while under supervision unless waived by the Probation/Parole Officer and manager.
13. I agree to report to my county or district health department within 10 working days, after release, to provide a biological specimen for the purpose of DNA analysis pursuant to TCA 40-35-321 (d)(1).
14. I agree to comply with all special conditions included in my judgment order.

**Expiration Date:**

Special Conditions

1. If convicted of a sex offense, I agree to abide by the Specialized Probation Conditions for Sex Offenders as adopted by the Board of Probation and Parole.

Proposed Residence:

Telephone:

Probation/Parole Office:

Telephone:  
Contact:

I fully understand this order of probation, and I agree to comply with such conditions during the period of my probation, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Further I hereby waive all extradition rights and process and agree to return to Tennessee voluntarily if at any time prior to my release the Tennessee Department of Correction directs me to do so. Said Probation shall expire upon the sentence expiration date.

\_\_\_\_\_  
PROBATION/PAROLE OFFICER

\_\_\_\_\_  
OFFENDER SIGNATURE



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 702.30

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Effective Date: October 1, 2016

Distribution: C

Supersedes: BOPP 702.30 (8/15/03)

Approved by: Tony Parker

Subject: PAROLE RELEASE PLANS

- I. AUTHORITY: TCA 4-3-603, 4-3-606, TCA 40-22-113, TCA 40-28-115, and TCA 40-28-505.
- II. PURPOSE: To establish the procedures for the investigation and approval of individual release plans for inmates eligible for release from TDOC custody.
- III. APPLICATION: Assistant Commissioner of Community Supervision (ACCS), and all Tennessee Department of Correction (TDOC) Community Supervision staff, inmates, probationers, or parolees.
- IV. DEFINITIONS:
  - A. Community Residential Facility: A residential treatment program, residential work program, transitional house, group home, nursing home, assisted living home, or any legitimate community based facility that will accept the residential placement of an offender.
  - B. Foreign Jurisdiction: A state (other than Tennessee), federal, or international facility where an offender is serving a Tennessee sentence or in which the offender will be supervised upon release.
  - C. Grant Hearing: A hearing to determine if the inmate will be granted parole.
  - E. Job Waiver: A temporary suspension of the employment requirement for offenders released on parole.
  - F. Living Conditions Specified: A special condition imposed by the Board of Parole (BOP) that places specific restrictions on the living conditions for offenders who are granted parole. These restrictions may include a specific residential facility only, a specific person, or prohibitions of residing in specified locations.
  - G. Medical Job Waiver: A suspension of the employment requirement for offenders released to parole given the inability to work due to certifiable medical conditions.
  - H. Release Plan: The inmate's arrangement for housing and employment when he or she leaves the institution on parole.
  - I. Special Condition: For the purpose of this policy only, special condition refers to added or modified parole rules imposed by the BOP.
- V. POLICY: The TDOC investigates and approves the individual release plan of offenders in TDOC custody prior to an offender's release into the community.

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Subject: PAROLE RELEASE PLANS		

## VI. PROCEDURES:

### A. General Considerations

1. Prior to release, institutional probation parole officers (IPPOs) shall assist inmates with a Parole Release Plan (PRP) that proposes residential and employment options for release. The PRP may include a temporary job waiver/medical job waiver request. For offenders incarcerated in locations without an IPPO, the BOP Hearing Officer or a Probation Parole Officer (PPO) shall assist in completing/submitting the release plan.
  - a. Offenders shall document the release plan on the Offender Release Plan Form, CR-3845. The CR-3845 shall be presented at the offender's grant hearing.
  - b. If the offender does not have a proposed release plan prior to the grant hearing, the IPPO/Hearing Officer/PPO shall inform the offender that he/she shall not be released until a release plan is investigated and approved.
2. PPOs in the district of release shall investigate the PRP. PPOs shall approve PRPs based on the suitability of the proposed residence and employment.

### B. Pre-Release Procedures

1. Pre-Release Interviews
  - a. For offenders in TDOC institutions, IPPOs shall review the eligibility docket sent to them by BOP and/or monitor the parole eligibility docket in the offender management system each month. For offenders in county facilities, Probation Parole supervisors, or designee, shall monitor the parole eligibility docket for their county(s) in the offender management system each month.
  - b. For each offender on the docket the IPPO/BOP Hearing Officer/PPO shall conduct a face-to-face pre-parole interview prior to the parole grant hearing. The IPPO/Hearing Officer/PPO shall provide the offender with the Offender Release Plan form, CR-3845, and guidance on generating acceptable living and employment.
2. Release Plan Investigation, Documentation, and Timeframes
  - a. For offenders granted parole who are incarcerated in a TDOC facility, IPPOs shall enter the PRP in the offender management system within three business days of receipt of the BOP final decision notice.
    - (1) If the BOP requires the offender to complete pre-parole conditions, the IPPO shall monitor the completion status of the pre-parole conditions prior to entering the PRP in the offender management system.
    - (2) All PRPs shall be entered at least 90 calendar days in advance of the release eligibility date.



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- (3) For offenders incarcerated at county jails, the District Director (DD)/designee in the county's Community Supervision district shall assign a PPO to obtain and enter the offender's PRP into the offender management system within five business days of BOP notification.
  - b. The IPPO shall notify the parole supervisor in the district of proposed release that the PRP is ready for investigation. Notification shall occur by the close of business on the same day the PRP is entered into the offender management system.
    - (1) All release plans shall be investigated in accordance with this policy.
    - (2) Parole supervisors/designees shall assign PRPs for investigation within one business day of notification.
    - (3) PPOs shall investigate the PRPs within five business days of assignment.
    - (4) Parole supervisors/designees, shall enter the results of the PRP into the offender management system within one business day of the completed investigation, and no later than the seventh business day after initial notification.
    - (5) All investigation extensions shall be approved by the DD.
    - (6) If a PRP is denied, all subsequent PRPs shall be investigated according to the same time frames outlined in this policy.
  - c. Probation supervisors/designee shall notify offenders of the results of the PRP investigation within two business days of the conclusion of the investigation through the IPPO for offenders in TDOC institutions and through the investigating PPO for offenders in custody in local facilities.

### 3. Tracking

- a. The IPPO shall track offenders granted parole in the BOP Parole Certificate Program. The following information shall be tracked:
    - (1) Offender name and TOMIS number
    - (2) Release date. This can mean the offender's Release Eligibility Date (RED), which can change monthly; an effective date established by the BOP, which is a definite date; or an early release date, which changes monthly.
    - (3) Date release plan is entered into the offender management system.
    - (4) Date the release plan is approved/denied.

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- (5) Date of any alternate release plans entered into LPDF for denied primary release plans and the date these plans are approved/denied.

b. Parole supervisors/designee shall maintain a spreadsheet on the following:

- (1) Offender name and TOMIS number
- (2) Date the PRP is assigned for investigation
- (3) Investigating PPO
- (4) Date the investigation is completed and the decision is entered into TOMIS
- (5) Date of offender's anticipated release date

C. PRP Investigation Procedures

- 1. Release plan investigations shall be assigned to Community Supervision offices in the community where the offender intends to reside.
- 2. PPOs shall consider all relevant information, including the interests of the offender and the community, in making a decision on the release plan.
- 3. Investigations shall be prioritized according to the following:
  - a. Offenders who are past their release eligibility dates (RED)
  - b. Offenders who have a RED within 90 days
- 4. PPOs shall thoroughly review the offender's information in the offender management system to include parole board action, offender attributes, Tennessee sentences, detainers, offender findings, classification, parole staff action, prior record and referrals.
- 5. PPOs shall conduct the following records checks for outstanding warrants or holds: A local records check for the county of the proposed residence, a records check in the county of the offender's last known residence prior to incarceration, and a National Crime Information Center (NCIC) check.
  - a. If warrants or holds exists for the offender, the investigating officer shall confirm the validity of the warrant and notify the supervisor as soon as possible by presenting verification that a hold or warrant exists.
  - b. If it is verified there are outstanding felony warrants or holds for the offender, the supervisor shall forward all documentation to sentence management so a detainer can be placed in the offender management system.

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6. PPOs shall investigate the offender's proposed residence to determine its suitability and to inform the occupants of the offender's criminal history, conviction charge(s), current sentence, and conditions of supervision. PPOs shall not copy or distribute any documents to anyone in the community regarding the offender.
  - a. The residence shall be an appropriate environment to support parole adjustment. PPOs shall visit the proposed residence. The PPO shall:
    - (1) Ensure that adequate room/space for the offender exists within the residence and affords reasonably safe conditions.
    - (2) Consider the nature of the offender's criminal conviction charge(s) and the potential threat to any children, elderly, disabled, or other residents occupying the home.
    - (3) Deny residences for offenders whose PRP is to reside with his/her victim(s), unless a written notarized waiver of responsibility by the victim(s) is submitted by the officer and approved by the ACCS or designee. PPOs shall use professional judgment in determining if the offender plans to reside within an acceptable distance to his/her victim(s).
    - (4) Use his/her professional judgment in determining the existence of substance use, excessive alcohol consumption, or other activities of individuals living in the residence that can increase the offender's likelihood to re-offend.
  - b. If the proposed residence is under the jurisdiction of the housing authority, the offender must meet eligibility guidelines through the housing authority prior to approval.
  - c. If the proposed address is a rental property, the landlord must agree to allow the offender to reside on the property or be added to the lease.
  - d. Offenders may be released to TDOC approved halfway houses. PPOs shall investigate the offender's acceptance into the halfway house program. This may be conducted through a site visit or telephone conversation with an authorized representative of the program. If possible, the PPO shall obtain written confirmation from the approved halfway house of the offender's acceptance in the program.
  - e. The investigating officer shall assess the availability of services and resources in the area relative to the offender's special conditions (mental health/substance use treatment providers).
  - f. Offenders shall not be released to reside with convicted felons unless the convicted felon is an immediate family member or a resident at a community residential facility.

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- g. If the offender is indigent and has no suitable residence, the offender may be considered for placement in a TDOC approved community residential facility. Consideration for placement in a community residential program must be verified through a letter of admission or approval from the facility staff. For PRPs to a foreign jurisdiction, see Policy #702.33.
  - h. For a PRP listing a transitional housing program, the investigating officer shall ensure the program is approved by TDOC.
7. PPOs shall determine the validity of the offender's proposed employment. The investigating PPO shall:
- a. Contact the prospective employer to verify the offender's potential employment and ensure that the person contacted has the authority to hire the offender.
  - b. Determine the legitimacy of the business/place of employment and the offender's certifications or licenses to perform the work, if required. The proposed employment shall be work the offender is physically able to perform.
  - c. Ensure the employer is not under Community Supervision in any jurisdiction. Exceptions to this require DD approval.
  - d. Consider the location of the potential employment and the potential work hours/schedule to ensure no conflicts with the offender's special conditions.
  - e. Approve PRP employment for proposed employment that meet the criteria outlined above as well as the following:
    - (1) Seasonal positions if it is "in season"
    - (2) Positions with work hours greater than 16 hours per week.
    - (3) Out-of-state employment after obtaining approval from the DD.
    - (4) When the offender possesses the ability to obtain employment or has a verifiable means of support (retirement, disability benefits, trust fund, etc.).
  - f. The investigating officer shall inform the potential employer of the offender's felony conviction(s) for which he/she is incarcerated (See Policy #702.03).
8. Job waivers may be requested by the offender in the following circumstances:
- a. If the offender is assessed at a minimum supervision level and will be self-employed. Supervisory approval for a job waiver must accompany any job waiver requests for medium level offenders.
  - b. If the offender's employment history, employability, and/or vocational skills suggest he/she can locate employment within 60 days after release.

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- c. If there is evidence of stable financial support and a willingness of the identified financial support system to meet the offender's financial obligations for release.
- 9. All job waiver requests shall be submitted to the DD via email as early in the investigation as possible. Job waiver requests must be approved by the DD or designee. DDs shall approve job waivers in the following circumstances:
  - a. If the BOP does not specify "No Job Waiver" as a special condition of release.
  - b. If the offender has approval to enter a job-training program in the community. In the absence of this approval, the DD may communicate with the IPPO and/or inmate to develop a plan and action steps to help the offender find employment upon release.
  - c. If the offender successfully completed a job readiness, education, and/or vocational program while incarcerated.
  - d. If the offender is approved to reside in a residential treatment facility.
  - e. Maximum risk offenders have met the criteria outlined in Section VI.(C)(9)(b) and (c).
  - f. The offender has validating documentation for permanent/temporary medical job waivers due to physical, medical, and/or psychological reasons.
  - g. DDs shall consider public safety and TDOC interests when approving job waivers for reasons not listed above.
- 10. All job waivers and approvals/denials shall be documented in the offender management system as a contact note that gives the justification for approving/denying job waivers. Questions regarding the disposition of job waivers shall be the responsibility of the DD.
- 11. PPOs shall assess if the PRP promotes the offender's compliance with his/her special conditions. The officer shall verify:
  - a. The availability of services, resources, and treatment providers within reasonable proximity to the proposed residence or place of employment.
  - b. The offender's means for complying with the special conditions to include transportation and financial needs.
  - c. That treatment providers are licensed by the state. Note: Sex offender treatment providers must be on the approved Sex Offender Treatment Board list in accordance with TCA 39-13-709.
  - d. If the investigating officer determines that the special conditions cannot be met for the proposed PRP, he/she shall notify the IPPO. The IPPO shall notify the BOP Director of Board Operations in writing requesting guidance (special condition removal, modification, parole rescission, etc.).

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12. All documents relevant to the investigation shall be maintained in the offender's case file or in a file for the offender pending an approved PRP and release.

D. PRPs that do not place the offender at an obvious risk to reoffend, have no victim concerns, and ensures reasonable access to services and resources shall be approved. PRPs shall be approved in their entirety. Denial of part of the PRP shall result in denial of the entire PRP.

1. PPOs shall deny PRPs for the following reasons:

- a. Neither the offender's residence nor employment is valid.
- b. If occupants of the residence are convicted felons (other than immediate family members), show evidence of excessive alcohol/substance use, or are unwilling to financially support the offender and his/her financial obligations for release (when needed), or are the victim(s) of the offender.
- c. If a verified felony warrant and/or hold exists for the offender.

2. After three legitimately denied PRPs, IPPOs and/or supervisors may request that BOP rescission hearings be delayed pending the investigation of a fourth PRP.

E. PPOs may approve reasonable delays for offenders who are en route to approved programs. The PPOs shall obtain supervisor and/or DD approval.

VII. ACA STANDARDS: 4 APPFS-2A-12, 4-APPFS-2C-01, 4-APPFS-2C-02, 4-APPFS-2C-03, 4-APPFS-2C-05.

VIII. EXPIRATION DATE: October 1, 2019.



**TENNESSEE DEPARTMENT OF CORRECTION**  
**OFFENDER RELEASE PLAN**  
**IN-STATE PAROLE**

Name: \_\_\_\_\_ TOMIS Number: \_\_\_\_\_

**Residence Plan**

**Contact Name & Residence:**

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

Address: \_\_\_\_\_

City	County	State	Zip Code
------	--------	-------	----------

Telephone : \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate Contact Name & Residence:**

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

Address: \_\_\_\_\_

City	County	State	Zip Code
------	--------	-------	----------

Telephone : \_\_\_\_\_

Relationship: \_\_\_\_\_

**Employment Plan:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City	County	State	Zip Code
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Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Additional Comments:**

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ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 702.32

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Effective Date: May 15, 2018

Distribution: C

Supersedes: 702.32 (3/15/15)

Approved by: Tony Parker

Subject: PAROLE RELEASE TO A DETAINER

- I. AUTHORITY: TCA 4-3-603, 4-3-606.
- II. PURPOSE: To establish the process for monitoring offenders who have been granted parole but who are not released due to a pending hold or detainer.
- III. APPLICATION: Assistant Commissioner of Prisons, Assistant Commissioner of Community Supervision, all Tennessee Department of Correction (TDOC) staff, and probationers or parolees.
- IV. DEFINITIONS:
  - A. County of Conviction: Geographic entity where the offender committed the subject offense and whose judicial authority imposed the sentence.
  - B. Detainer: Warrant or hold placed against an inmate by another jurisdiction (called the “detaining authority”) notifying the holding facility of the intention to take custody of the individual when she or he is released.
  - C. Detainer Information: Name, address and telephone number of agency that has placed the hold against an inmate.
  - D. Felony Detainer: A hold based on a conviction or offense punishable with a sentence of one year or longer.
  - E. Misdemeanor Detainer: A hold based on a conviction or offense punishable with a sentence shorter than one year.
- V. POLICY: The TDOC shall ensure that offenders who are granted parole to a detainer are regularly monitored by the appropriate Community Supervision staff.
- VI. PROCEDURES:
  - A. Parole to a felony detainer:
    1. The institutional probation parole officer (IPPO) shall verify whether the detaining authority wants the offender or not. This should be done in conjunction with the prison records or jail records staff. A date for the detaining authority to take custody of the offender, physically and legally, referred to as a “pick-up date” shall be established. If detainer is a felony detainer, detainer information shall be documented in the release plan field in the offender management system (OMS).



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Subject: PAROLE RELEASE TO A DETAINER		

- a. Once the detainer is confirmed to be a felony, the IPPO shall enter a tentative home plan and detainer information into the OMS Release Plan screen, specifically the residence and employment detail screens. The officer is to notify the District Director (DD) in the county of conviction that a plan has been entered and approved under their name.
- b. Institutions shall notify the investigating PPO of any detainers to include location, description of offense and reason and length of time for hold when submitting release plan.
- c. The officer shall send an e-mail to the Board of Parole technician, DD, and supervisor about the tentative residence plan if applicable. The e-mail should include the following:
  - (1) Offender name and TDOC number
  - (2) Felony detainer offense
  - (3) Fact that a detainer release plan has been entered in OMS
  - (4) Pick-up date
  - (5) County of conviction
2. The IPPO should contact the felony detainer to set up a pick up date in conjunction with the prison or jail records staff. Once pick up date is established, the IPPO will place the date in the BOP certificate log, notify records, and the supervising PPO. If the detainer is from another state, a letter of extradition must be signed by the offender before scheduling a pick up date.
3. A detainer parole certificate will be provided by the Board of Parole according to the pick-up date, the effective release date, and notification period. The county of conviction field office location to which the parolee is to report upon release from the felony detainer shall be entered on the certificate.
4. The field office location is typed on the certificate only if the inmate does not give a tentative home plan or if the inmate wants to parole out-of-state after release from the felony detainer. (See Policy #702.33)
5. Upon receipt of the detainer parole certificate, the inmate shall be advised to report to the address listed on the certificate if the inmate is released from the felony detainer (bonded or otherwise) prior to expiration of the Tennessee sentence.

B. Parole to a misdemeanor detainer:

1. If the detainer is a misdemeanor, the officer shall collect the residential release plan from the offender for investigation.

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2. A detainer parole certificate will be provided by the Board of Parole according to the pickup date, the effective release date, and notification period. The address of the field office location to which the parolee is to report upon release from the misdemeanor detainer shall be entered on the certificate.
3. Once the release plan has been approved the IPPO shall help arrange the pick-up date in conjunction with prison/jail officials.
4. Once the pickup date is established, the IPPO will update the BOP certificate log and notify records and the supervising PPO with arrangements.
5. Upon receipt of the detainer parole certificate, the inmate shall be advised to report to the address listed on the certificate when he/she is released from misdemeanor detainer (bonded or otherwise).

VII. ACA STANDARDS: 4-APPFS-2C-01 and 4-APPFS-2C-02.

VIII. EXPIRATION DATE: May 15, 2021.



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Effective Date: May 15, 2017

Distribution: C

Supersedes: 702.33 (2/15/14)

Approved by: Tony Parker

Subject: PAROLE RELEASE TO A FOREIGN JURISDICTION

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To establish guidelines for Community Supervision staff to follow when an offender is paroled on a Tennessee sentence to a state other than Tennessee.

III. APPLICATION: Deputy Commissioner of Operations, Assistant Commissioner of Community Supervision, all Tennessee Department of Correction (TDOC) staff, and probationers or parolees.

IV. DEFINITIONS:

A. County of conviction: Geographic entity where the offender committed the subject offense and whose judicial authority imposed the sentence.

B. Detainer: Warrant or hold placed against an inmate by another jurisdiction notifying the holding facility of the intention to take custody of the individual when he/she has been released.

B. Foreign jurisdiction: A local or state (other than within Tennessee) or federal or international facility where an offender serving a Tennessee sentence is currently incarcerated or in which the offender will be supervised upon release.

C. Interstate Compact (ISC): A formal agreement between two or more states monitored in accordance with the federal rules of compact to provide oversight as it relates to the transfer and supervision of offender on probation or parole from one state to another.

D. Notice of arrival: Report from the receiving state confirming that the offender has reported for supervision as instructed.

E. Receiving state: The state being requested to supervise the offender.

F. Reporting instructions: A series of instructions, verbal or written, provided to an inmate upon release for parole identifying the name, telephone number, report date, report time, and address of the officer to whom the inmate is to report.

G. Sending state: The state requesting that the offender be supervised.

V. POLICY: Community Supervision staff shall provide for effective supervision of offenders when the Board of Parole (BOP) grants parole to an eligible Tennessee offender incarcerated by a foreign jurisdiction.

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## VI. PROCEDURES:

### A. Establishing supervision and monitoring:

1. If the BOP grants parole to an eligible Tennessee offender who is incarcerated in a foreign jurisdiction, Community Supervision shall assign the offender to a probation/parole officer in the county of conviction to monitor the offender's status. This assignment to an officer shall occur within three business days of having been notified that the offender has been granted parole. The offender will be placed into an intake plan of supervision until they are evaluated through the risk needs assessment tool adopted by the department.
2. The District Director in the county of conviction for the offender will receive a copy of the unsigned parole certificate from Board Operations as well as a copy of the signed certificate once a copy is received from the foreign jurisdiction.
3. While the offender remains incarcerated in the foreign jurisdiction, the case shall be considered a detainer and monitored as such pursuant to Policy #704.01, Standards of Offender Supervision. Upon release, the offender is removed from detainer status and reclassified to the appropriate level of supervision.
4. Within three business days of being assigned responsibility for the offender, the probation/parole shall determine the date the offender is scheduled to be released from the incarcerating facility in the foreign jurisdiction.

### B. Offender supervision upon release from incarceration in a foreign jurisdiction: The following procedures shall be followed if the offender will be released from foreign jurisdiction incarceration prior to the expiration date of the Tennessee parole:


1. Supervision in Tennessee
  - a. If the offender's release plan establishes that he/she will reside in Tennessee and will have no supervised release on behalf of the foreign jurisdiction, the PPO shall contact the facility from which the offender is to be released to ensure the offender has been informed of when, where, and to whom he/she needs to report.
  - b. If the offender's release plan establishes that he/she will reside in Tennessee, but will also have supervised release on behalf of the foreign jurisdiction, then an ISC transfer should be established through the proper channels.
2. Supervision in a Foreign Jurisdiction
  - a. If the offender's release plan establishes that he/she will reside in the foreign jurisdiction while obligated to report to Tennessee, or if the offender wishes to transfer to a different foreign jurisdiction upon release, then a transfer request will be initiated by Community Supervision staff prior to the offender's release from TDOC custody via the ISC process (See Policy #708.03).

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- b. If the receiving state has not approved the offender's plan or if reporting instructions have not been issued by the receiving state prior to the offender's release from the institution, then the offender shall not proceed to the sending state, and shall remain in Tennessee until the receiving state authorizes the offender to travel pursuant to ISC procedures.

VII. ACA STANDARDS: 4-APPFS-2A-16.

VIII. EXPIRATION DATE: May 15, 2020.

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Approved by: Tony Parker		
Subject: PAROLE RELEASE TO A FOREIGN JURISDICTION		

POLICY CHANGE NOTICE 17-62

INSTRUCTIONS:

Please change Section VI.(A)(1), last sentence, to read as follows:

“The offender will be placed into a detainer plan of supervision until they are released from the foreign jurisdiction. Upon release they will be placed into an intake plan of supervision until they are evaluated through the risk needs assessment tool adopted by the department.”



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Effective Date: July 1, 2017

Distribution: C

Supersedes: 702.34 (9/1/14)

Approved by: Tony Parker

Subject: PAROLE CERTIFICATE NEGOTIATION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To ensure parole certificates for paroled inmates are processed timely, and to ensure inmates are paroled only with approved release plans.
- III. APPLICATION: Deputy Commissioner of Operations, Assistant Commissioner of Prisons, Assistant Commissioner of Community Supervision, all Tennessee Department of Correction (TDOC) Field Services staff and inmates.
- IV. DEFINITIONS:
  - A. Institutional Probation Parole Officer (IPPO): A probation/parole officer assigned to function as a liaison between the Board of Parole and inmates and staff at TDOC institutions, county jails, or Community Supervision.
  - B. Parole Certificate (certificate): A binding contract, between the state and the individual being released to serve his or her sentence in the community, which sets forth and identifies the rules and special conditions governing the person's conduct within the community.
  - C. Special Conditions: Additional or modified rule(s) of probation or parole imposed by the Court or Board, respectively, because of an offender's unique need or for public safety purposes.
- V. POLICY: Except in cases of mandatory release required by statute or court order, no inmate shall be released on parole without a verified and approved release plan. No inmate shall be released on parole without accepting and acknowledging the rules and conditions of parole.
- VI. PROCEDURES:
  - A. Per Policy #702.30, a release plan shall be investigated and verified, and the results shall be documented in TOMIS using the Proposed Plan (LPDF) conversation. TDOC will receive a parole certificate from the Board of Parole once an approved release plan has been entered into TOMIS.
    1. The parole certificate will be e-mailed to the IPPO if there is one assigned to the facility. If there is no IPPO for the releasing facility, such as a county jail, the certificate will be e-mailed to the Community Supervision office closest to the releasing institution.
    2. Community Supervision offices shall keep the Board of Parole's Board Operations informed of the assigned point of contact for each office. If the point of contact person changes, the District Director, or designee, shall ensure Board Operations is informed immediately.

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3. A copy of all point of contacts referenced above shall also be maintained with the Assistant Commissioner of Community Supervision's office.

B. The IPPO or probation parole officer (PPO) shall read and explain the certificate rules and special conditions to the inmate. The inmate shall acknowledge the rules and special conditions of parole by signing the certificate. The IPPO or PPO shall witness the signature, by signing and dating the documents, and distribute signed copies of the certificate to the following:

1. Inmate;
2. Records department;
3. Assigned PPO; and,
4. BOP Board Operations.


C. Prior to release from the institution or jail, the parolee shall be instructed to report within 72 hours or the next working day to his/her PPO. If the offender is under the requirements of the Sex Offender Registry, he/she shall be instructed to report within 48 hours. The parolee shall be instructed to bring his/her copy of the parole certificate to his/her first visit to the Community Supervision office.

D. If an inmate has difficulty understanding the conditions of parole due to language limitations, physical or mental handicaps, the IPPO or PPO will notify his/her supervisor. The supervisor shall arrange appropriate assistance for the inmate through Contracts Administration at Central Office.

VII. ACA STANDARDS: 4-APPFS-2A-08, 4-APPFS-3D-01.

VIII. EXPIRATION DATE: July 1, 2020.



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	Supersedes: 504.04 (9/1/17) PCN 17-99 (12/21/17) PCN 17-56 (10/1/17)	
Approved by: Tony Parker		
Subject: INMATE PAY		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and Grubbs v. Bradley, 552 F. Supp. 052 (M.D. Tenn. 1982).
- II. PURPOSE: To establish guidelines for a standardized pay plan for all inmates assigned to paid programs.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees and inmates, including privately managed facilities and employees of Tennessee Rehabilitative Initiative in Correction (TRICOR). Inmates who are assigned to and actively participating in the SAIU (Special Alternative Incarceration Unit) program are excluded.
- IV. DEFINITIONS:
  - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
  - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the CMC assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the correctional administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
  - C. Inmate Jobs Manager (IJM): Central office staff person who oversees the departmental day-to-day operation of inmate jobs and coordinates with other Central Office staff who oversee academic and vocational classes and programs.
  - D. Inmate Worker(s): Inmates who have an assigned activity with duties to perform in return for earning program sentence credits and/or monetary compensation.
  - E. Inmate Job Coordinator (IJC): Institutional staff person responsible for coordinating sentence credit policy requirements, maintaining registers, assigning inmates, supervising job tracking personnel, assisting the supervisors in the development of job descriptions, training inmate job supervisors in related inmate policy requirements, and other related duties.
  - F. Inmate Supervisor: Staff person who is responsible for monitoring inmates' participation in their assignment duties, entering accurate attendance, and awarding program sentence credits.
  - G. Master Job List: Authorized titles, skill levels, and base pay rates of all positions available within the TDOC. This list can be accessed through the offender management system (OMS) conversations LJEK, Job Set Up (including programs), and LJEV, Class Set Up.

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- H. Security Management Unit (SMU): Restrictive population housing unit(s) located inside the secure perimeter of the institution designated for the placement of confirmed STG members and disruptive inmates for the purpose of separating them from the rest of general population.
- I. Sojourner (SOJR): A mental health/cognitive behavioral program designed to reduce violent and problematic behavior among inmates living in restricted housing. SOJR provides a therapeutic environment that facilitates pro-social choices, while also addressing criminal thinking and mental health issues often associated with recidivism.
- J. Specialty Crew: For the purpose of this policy only, a specialty crew is a select group of five to 15 inmate workers assigned to provide specific construction skills, etc. to complete a temporary project for TDOC.
- K. Specialty Jobs: Specific jobs with an advanced degree of complexity and/or a condition requiring successful completion of a test prior to placement.
- V. POLICY: Inmates may receive compensation for participation in assigned jobs, classes, and/or programs according to established departmental pay rates and procedures.

VI. PROCEDURES:

- A. Pay Rate Levels: Pay rates will be determined by the skill level of each job as defined by the master job list and the length of successful time spent in that skill level by an inmate worker.
  - 1. Unskilled: Academic and vocational education programs and unskilled jobs involving very little training and/or complexity.
  - 2. Semi-skilled: On-the-job training for positions that require some skill; jobs which involve use of equipment of moderate complexity; and semi-skilled jobs which may require testing/qualification for placement.
  - 3. Skilled: Work requiring specialized training and/or ability, and work involving complex and valuable equipment. Inmates assigned to Carpentry II class who work in the community may be paid at the skilled rate.
  - 4. Highly skilled: Specific jobs designated as highly skilled by the IJM or by a certificate reflecting successive completion of a related vocational class, or by a certified test from an accredited institution showing mastery of a specific skill.

B. Inmate pay scale:

1. Skill/Pay Level	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>
Unskilled	\$0.17 /hour	\$0.25/hour	\$.34/hour
Semi-skilled	\$0.25/hour	\$0.34/hour	\$.42/hour
Skilled	\$0.34 /hour	\$0.42/hour	\$.50/hour
Highly Skilled	\$0.42/hour	\$0.50/hour	\$.59/hour
Specialty Jobs	\$0.75/hour	N/A	\$1.00/hour

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2. Inmates assigned to a specialty crews shall be paid at the rate of \$0.75 per hour. If an inmate receives a non-disciplinary dismissal from a specialty crew, the inmate shall be returned to the same job or skill/pay level. Upon completion of the project, inmates shall be returned to the previous rate of pay.
  3. Any such jobs or positions identified as Specialty Jobs shall be listed in the OMS accordingly. The pay scale for inmates assigned to a job or position within this category shall be \$0.75 to \$1.00 per hour. The Inmate Jobs Manager (IJM) shall ensure that the applicable jobs, treatment and set up codes to identify the positions within this category are established in the OMS.
  4. Requests for specialty crews must be approved in writing by the Warden/Superintendent. The IJM must be provided verification of approval prior to establishment of positions.
- C. Base pay rates for each job program codes are established by the Inmate Program Manager in the OMS section pertaining to Job Set-up, and the section pertaining to Class Set-up.
1. TRICOR workers shall be paid according to schedules, wage levels, and pay raise procedures developed by the Chief Executive Officer of TRICOR and approved by the Commissioner of TDOC. These pay rates shall be explained to each inmate by the job supervisor at the time of assignment. Changes in pay rate shall also be explained to workers and posted in the work area.
  2. Inmates assigned to the Security Management Unit Program (SMUP) will not receive any pay during the evaluation period. Upon completion of their evaluation, they will receive \$0.17 per hour with no raises.
  3. Inmates assigned to a medical (MEDI), behavioral health program, or to the Sojourner Program (SOJR) will be paid \$0.17 per hour with no raises.
  4. Inmates assigned to the Parole Technical Violator Diversion Program shall be paid at the rate of \$0.34 an hour, for a maximum of 30 hours a week. They may be required to work and/or program for more than 30 hours each week.
  5. Inmates must pass at least three of the five subjects on the Tutor Test to be considered for assignment as a tutor. Inmates hired as a tutor shall be compensated as noted in Section VI.(B)(1) of this policy.
  6. Inmates who pass all five subjects on the Tutor Test and are hired shall be assigned in the OMS as a tutor and shall be paid \$1.00 per hour. Inmates who pass at least three subjects on the Tutor Test and are hired shall be assigned in the OMS as a Tutor II and be paid \$0.75 per hour. Inmates shall be compensated accordingly should they pass all five subjects on the Tutor Test.
- D. Attendance:
1. A full-time work week shall normally consist of 30 hours. Inmates assigned to TRICOR, other state agencies, outside agencies, and community service crews may work up to 40 hours a week. Any work or program scheduled 29 hours or less per week shall be considered part-time.

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- a. Inmates assigned to food service and maintenance may be scheduled to work up to 40 hours a week. It shall be the responsibility of the Warden/Superintendent to determine if an inmate will work more than 30 hours per week. It shall also be the Warden's/Superintendent's responsibility to send a memo to the IJC with cc to the IJM documenting the decision.
  - b. Inmates will not be paid for more hours than their supervisor works. Inmates will not be paid for hours their supervisor considers them on call, but they do not work. (This includes inmate advisors, maintenance workers, etc.)
2. Supervisors, including TRICOR staff, shall be responsible for entering the number of hours worked/participated by inmates in OMS section pertaining to Inmate Attendance. It is the responsibility of the Warden/Superintendent/designee to ensure TDOC inmate supervisors enter attendance hours correctly.
- a. Attendance shall be entered daily; i.e., no later than the end of the next work shift.
  - b. The OMS Offender Attendance screen reports are actual hours worked per day. Excused hours are for hours that an inmate did not work, but will be paid. Entries shall be made to reflect tardiness or any other absence from work in which an inmate shall not be paid. See the chart below:
    - .1 hour = 6 minutes
    - .2 hour = 12 minutes
    - .3 hour = 18 minutes
    - .4 hour = 24 minutes
    - .5 hour = 30 minutes
    - .6 hour = 36 minutes
    - .7 hour = 42 minutes
    - .8 hour = 48 minutes
    - .9 hour = 54 minutes
    - 1.0 hour = 60 minutes

Example: Starting time is 8:00 a.m. If an inmate is less than six minutes late, he/she will be paid from 8:00 a.m. If he/she is six minutes late, he/she will be docked 0.1 hour of pay.

(Actual hours would be 5.9 hours.) If he/she is 7 to 11 minutes late, he/she will be docked 0.2 hour of pay. Time is always rounded up, never down.

NOTE: Attendance entries for TRICOR workers are for the calculation of program sentence credits only. TRICOR Prison Industries Enhancement (PIE) jobs may be scheduled for less than six hours a day due to strenuous physical duties. TRICOR will key six hours of attendance for these workers to indicate a full day of work. Attendance does not affect the pay for these workers. TRICOR pay is located in the OMS.

- c. Neither inmate pay nor attendance shall be withheld for poor job performance. Reduction in inmate pay must be addressed through disciplinary procedures. This includes preventing an inmate from working certain hours or days in order to decrease pay. (See Policy #502.01)

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- d. The Inmate Pay Attendance Report shall be signed by supervisors to verify their accuracy in entering the hours. Any pay adjustments needed shall be written on this report and emailed or returned to the IJC within the time frame set by the IJC.
- e. No inmate will maintain a paper copy of attendance hours for the supervisor to use to enter the data into the OMS.

E. Pay/Rate Changes:

- 1. The IJC's and job tracking clerks shall determine an inmate's adjusted pay rate if greater than base pay of the skill level and enter it in the OMS section pertaining to Inmate Pay. If the institution does not have a job tracking clerk, one other staff person may be designated as back-up to make the entries in the OMS. OMS access to Inmate Pay is approved by both STS and the IJM.
- 2. Inmates in two different part-time assignments will be tracked in both positions and will be paid at the appropriate rate for each assignment. Inmates may be paid for the equivalent of only one full-time position.
- 3. Any inmate promoted within 30 days of their next regularly scheduled annual pay increase shall receive both the annual increase and the normal promotion raise. The annual raise will be calculated first and then the promotional raise. An increase in pay will result in a new projected pay raise date beginning with the date of the increase in pay.
- 4. Inmates who successfully complete the SMU Program shall be paid at the specified rate for their next job assignment.
- 5. Program participants assigned to a transition center will be paid at the rate of \$0.34 per hour in phase one, \$0.42 in phase two, and \$0.50 per hour in phase three, until such time that they receive a work release job assignment. Support workers will be paid at the rate of their assigned job.
- 6. Inmates who do not successfully complete any assigned program will start at the base pay of the next assignment and will lose all time accrued towards a raise.
- 7. Inmates in non-TRICOR jobs must participate in a job assignment for 12 months to receive a one-step pay raise. This is commonly referred to as an annual raise. There is no pay raise above the top step of any skill/pay level.
- 8. Justification for all pay rate changes and adjustments will be noted in the comments field in the OMS on LJE. Pay rate/pay adjustment comments must include the pay period involved.
- 9. Inmates working for state agencies other than the TDOC shall be paid in accordance with the pay/skill level of the job title to which they are assigned.

F. Overtime:

- 1. Inmates who are required to work more than the normal number of hours in any work day shall be excused from working for a corresponding number of hours subsequently during that pay period, if possible.

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2. Inmates shall not work overtime without prior written approval of the Warden/Superintendent/designee. Overtime for inmates working for TRICOR shall be approved by the Chief Operating Officer or Operations Manager.
3. The maximum number of hours of each month is determined by the number of work days multiplied by six or eight hours. Work days in a month routinely vary from 18 to 23 depending on holidays, etc. Work schedules with off days during the week may increase the total number of hours an inmate may work.
4. The IJC shall submit an inmate overtime report by the 15<sup>th</sup> of each month to the Warden/Superintendent and copy the IJM for inmates who work over the maximum number of hours during the previous pay period and no pay adjustment was entered to correct the amount to be paid. A copy of the report will be provided to the CMO and the CMC at privately managed facilities.
  - a. The report shall include the inmate's name and number, work area, supervisor, number of overtime hours worked, justification for the overtime hours, and the amount of monies paid for overtime hours.
  - b. Inmates paid by TRICOR are excluded.
  - c. If there is no overtime to report for a pay period, a memorandum will be sent to reflect same.

G. Inmate Pay Period:

1. The inmate payroll period shall begin on the 26th of the month and extend through the 25th of the following month.
2. A memorandum will be jointly issued by Fiscal Services and the IJM for the following fiscal calendar year that provides the dates the BI01MEF Pay Roster runs and the payroll is released each month.

H. Pay Adjustments:

1. The OMS section pertaining to Inmate Pay shall be used to revise an inmate's pay rate and to make pay adjustments.
2. Only the IJC or job tracking clerk shall enter pay adjustments. If the institution does not have a job tracking clerk, another staff member may be designated as a backup.
3. Necessity for pay adjustment shall be included in the comments section in the OMS, including the pay period and the number of hours the adjustment covers.
4. Pay adjustments can be made at the institutions from the date the Pay Roster runs each month until the date payroll is released.

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5. Pay adjustment requests may be submitted to the Assistant Director of Fiscal Services/designee in writing from the Warden/Superintendent during the period of time between the release of payroll and the date, the pay Roster runs. The necessity of the pay adjustment, rate of pay, the number of hours worked but not paid, and total amount of adjustment will be included in the memo. A copy will be sent to the Inmate Jobs Manager (IJM).
6. The IJC shall send the Warden/Superintendent a list of all supervisors who need to have adjustments entered each month, the number of inmates under their supervision who need pay adjustments keyed, and the reason for the pay adjustment. It is the responsibility of the Warden/Superintendent to ensure that staff enter attendance correctly so that pay adjustments are not necessary.
7. The IJC may enter a negative pay adjustment to correct supervisors' data entry errors. It is not the intent of this policy for inmates to work overtime each month and have a negative pay adjustment entered to reduce their pay. [See Section VI.(H)(3) above.]
8. Each pay period the IJCs shall compare the pay adjustments keyed after payroll is released or check the pay amount in the OMS. Discrepancies occur when an OMS ID number is keyed incorrectly. The OMS will accept numbers of inmates who are incarcerated in jails. Discrepancies will be resolved.

I. Exceptions:

1. TRICOR Workers: Inmates employed by TRICOR shall not be paid for absences from work except for the following reasons:
  - a. If an inmate was absent due to a disciplinary infraction initiated by TRICOR, in which the inmate was found not guilty or was subsequently overturned, then TRICOR will be responsible for keying back pay.
  - b. If an inmate was absent due to a disciplinary infraction initiated by TDOC, in which the inmate was found not guilty or was subsequently overturned, then TDOC will be responsible for keying back pay.
  - c. Inmates who are assigned to positions in the Prison Industries Enhancement (PIE) jobs will be paid in accordance with TRICOR pay policies and procedures and Policy #208.10.
2. Support and Other Workers:
  - a. Inmates convicted of refusing to participate by the Disciplinary Board shall not be paid for the day of the incident.
  - b. Inmates who participate on holidays shall be paid. Inmates who do not participate on holidays shall not be paid.
  - c. Inmates will be paid for time absent from assigned duties for the following reason(s):
    - (1) Required by the institution to appear as a witness at a disciplinary or grievance hearing

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- (2) Attendance at an inmate council meeting, if a member
  - (3) Attendance at a grievance committee hearing, if a member
  - (4) Segregation pending investigation if released to the population without further action and still assigned to their position. (See Policy #505.07)
  - (5) Disciplinary hearing, segregation pending disciplinary hearing, or not allowed to attend assigned program pending disciplinary hearing, if subsequently found not guilty or the conviction is overturned.
  - (6) Parole Board hearing, excluding revocation hearings.
  - (7) This time will be entered in the OMS in the "excused hours" column or a pay adjustment will be keyed if necessary and sentence credits will be requested as needed.
- d. Inmates will not be paid for absences from assigned duties except as provided in VI.(I)(2)c). Below are examples of specific absence types for which inmates will not be paid.
- (1) Sick call visits including follow-up and job-related injuries, if initiated by inmate.
  - (2) Visitation
  - (3) Religious services or observances
  - (4) Chaplain/counselor appointments, if initiated by the inmate
  - (5) Segregation pending investigation, if resulting in dismissal from program assignment. (See Policy #505.07)
  - (6) Disciplinary hearing, segregation pending hearing, or not allowed to attend assigned program pending hearing, if found guilty
  - (7) Grievance hearing
  - (8) Voluntary programs
  - (9) Crews that do not work
  - (10) No participation or programming in school due to absence of teacher or instructor
  - (11) Inmates who do not work during a facility lockdown or restrictive movement situations.



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J. Pay for Segregated Inmates:

1. Punitive Segregation: Inmates shall not be paid for work performed while actually in punitive segregation. Inmates not permitted to work due to a disciplinary conviction that is subsequently overturned on appeal, shall be paid by the institution for those days missed on which the inmate was scheduled to participate. TRICOR workers shall be paid according to Section VI.(I)(1) under these circumstances. The Disciplinary Board Chairperson shall notify the IJC by sending a copy of the overturned disciplinary no later than five working days of receipt.
2. Protective Custody: Inmates who lose an assignment due to the necessity of placement in protective custody shall be paid as closely as possible to their prior position's pay within the correct skill/pay level for their next assignment, whether that assignment is while still segregated or following release and reassignment. If this results in the same or lower pay, time accrued for step raise purposes in the previous assignment shall be retained; if resulting in a pay increase, time to accrue for a step raise shall begin the day of the new assignment.
3. Administrative Segregation: Inmates who become unassigned due to placement in administrative segregation (AS), and who are not placed in that status following a disciplinary conviction, shall be paid in their next assignment according to the procedures in Section VI.(J)(2) above. Time accrued for step raise purposes shall not be retained.

K. Disciplinary Dismissals and Class A Disciplinary Convictions: The pay for an inmate who is convicted of a Class A disciplinary offense, or who becomes unassigned due to a disciplinary dismissal, or is transferred or placed on administrative segregation following a disciplinary conviction shall have his/her pay reduced to step one of the skill level to which they are assigned. Any time accrued toward a pay raise will be lost. If the inmate is unassigned, this will apply when he/she receives his/her next assignment. (Note: Dismissals are "disciplinary" only if the disciplinary board recommends an assignment termination and the recommendation is entered in the OMS and is approved by the Warden/designee. A conviction with a sentence of verbal warning is excluded. See Policy #502.01)

L. Non-disciplinary Dismissals:

1. The pay/skill level for inmates receiving non-disciplinary dismissals, demotions, or in the case of non-disciplinary transfers shall be the same as or as close to the previous pay/skill level as possible, upon reassignment. See Section VI.(B) of this policy for specialty crews.
2. Time accrued toward a pay raise date shall be retained following reassignment, if the new assignment results in the same or lower pay/skill level per Policy #505.07.

M. Inmates returning to TDOC custody following release shall lose all previously earned privileges, seniority, or status concerning register and placement, advancement, and pay.

N. Inmates who lose their minimum direct or trusty custody level due to a disciplinary conviction shall lose all previously earned privileges, seniority, or status concerning register placement, assignment, advancement, and pay. The pay rate shall be at Step One of their present assignment or first assignment if he/she loses the assignment due to the disciplinary conviction/custody level change.

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- O. Any inmate presently working with a position title not reflecting duties actually performed shall remain at his/her present status; however, the job title shall be changed in order to comply with the master job list. Any incumbent shall not have pay reduced, but the pay rate for the position shall be consistent with this policy for any replacement. The title must reflect the associated duties of the job that are performed 51% or greater of the time.
- P. A history of inmate pay rates is maintained in the OMS LJEI Inmate Pay.
- Q. Inmates are not guaranteed the right to an assignment in a position of the same skill/pay level or rate following an institutional transfer.
- R. The CMO will serve as the approving authority for specific actions occurring at privately managed facilities.

VII. ACA STANDARDS: 4-4461, 4-4462, and 4-663.

VIII. EXPIRATION DATE: January 15, 2022.