

NUMBER: SATOM 03.03 - SAFPF Par. Mod.

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SUBJECT: SAFPF ELIGIBILITY REQUIREMENTS FOR PAROLE ELIGIBLE/PAROLE MODIFICATION OFFENDERS

APPLICABILITY: Substance Abuse Felony Punishment Facility (SAFPF) Program

PURPOSE: To establish standards by which parole eligible/parole modification offenders are eligible to participate in the Substance Abuse Felony Punishment Facility (SAFPF).

PROCEDURES:

I. Initial Screening Criteria for all Case Referrals:

- A. Offenders with a detainer filed by the United States Immigration and Customs Enforcement (ICE), or a felony detainer, or pending charges except as noted below in Section “B” are not eligible to participate, unless the jurisdiction that placed the detainer agrees not to seek custody of the defendant until after the program and Continuum of Care requirements have been completed. Exceptions may be made on a case-by-case basis.
- B. Pretrial detainees are eligible to participate if ordered to do so pursuant to a drug court program established under Chapter 469, Health and Safety Code, or a similar program. The detainee must have already been ordered to participate in an outpatient substance abuse treatment program or a residential substance abuse treatment facility, if available, as a condition of a pretrial order for the charges that are currently pending and has been unsuccessfully discharged from both programs.
- C. Offenders must be chemically dependent, as shown by an accepted substance abuse screening instrument.
 1. It is preferred that an offender arrives with an accepted substance abuse screening instrument.
 2. A complete Addiction Severity Index (ASI) assessment shall be conducted by the Primary Counselor (a Licensed Chemical Dependency Counselor (LCDC) or a Counselor Intern, LCDC-I, CCJP, or CCJP-A under the direct supervision of the LCDC while completing the ASI) within five (5) working days of the offender’s date-of-entry (enrollment) into the program.
 3. Once the offender has received an ASI score on the Alcohol and/or Drug Section that indicates a need for treatment and he or she has been admitted into the program, the numerical score shall be entered into Substance Abuse Master Plan Information Management System (SAMPIMS) within three (3) working days of completion of the ASI assessment.
- D. The Region ISF Coordinator shall review potential candidates to determine whether or not the offender meets the criteria for placement in treatment. Should the offender have medical problems, the Region ISF Coordinator shall obtain all available medical information from jail officials and/or current Intermediate Sanctions Facility (ISF). Offenders shall be

- physically and mentally capable of uninterrupted participation in a Therapeutic Community program. Any questions regarding medical conditions shall be forwarded to the Central Coordination Unit (CCU) Program Specialist I (PS I) prior to completing or preparing the offender for transfer to the treatment facility for a final decision.
- E. Any questions of medical eligibility shall be referred to the RPD Administration Program Supervisor V (PS V) or designee by the Central Coordination Unit (CCU), PS I.
- F. Offenders who have been prescribed and are currently taking certain psychotropic and/or opioid analgesic medication for which detoxification is required shall not be eligible for admission to the SAFPF (**Attachment B**). The Central ISF Operations Coordinator shall be responsible for contacting the RPD Intensive Treatment Section PS V (if unavailable, contact the PS III or RPD Manager IV of Operations) for confirmation of eligibility if detoxification is required.
- G. Offenders with special medical or mental health needs shall meet the eligibility criteria for the Special Needs SAFPF.
1. Medical or Mental Health Screening Criteria – Offenders with the following medical/mental health conditions may be considered for enrollment in the Special Needs SAFPF program:
 - a. Offenders who are prescribed psychotropic medication (**Attachment A**), been diagnosed as having, or have a history of a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Anxiety Disorder, Delusional Disorder, Schizophrenia, or Schizoaffective Disorder *shall be* identified as requiring Special Needs SAFF Placement;
 - b. Personality Disorders and Cognitive Impairment shall not be used for determination of initial placement; this shall be addressed by the Treatment Team at the receiving facility;
 - c. A severe mobility impairment (e.g., wheelchair, significantly impaired amputee, etc.);
 - d. A severe hearing or visual impairment;
 - e. Any medical condition requiring ongoing specialty medical services;
 - f. For offenders who are hearing impaired, the treatment vendor shall notify the Private Facility Contract Monitoring/Oversight Division (PFCMOD) Contract Manager or designee and RPD PS V or designee upon arrival of offender with date of entry and projected date of discharge.
 2. Pregnancy Screening Criteria – Pregnant offenders shall meet the following criteria to be considered for enrollment in the Special Needs SAFPF program. (Upon notification from the Region ISF Coordinator that an offender is pregnant, RPD staff will fax the Substance Abuse Felony Punishment Facility Program Obstetrical (OB) Questionnaire Form (**Attachment D**) to the Region ISF Coordinator. The Region ISF Coordinator will complete the OB Questionnaire and then fax it back to the RPD staff. Upon receipt of the questionnaire, the RPD staff will fax the OB Questionnaire to the TDCJ Office of

Health Services Liaison for a consult to determine if the offender meets the criteria for participation):

- a. Gestation of less than 20 weeks;
 - b. No history of multiple abortions (spontaneous or induced);
 - c. No prior history of congenital anomalies in the family or currently in the fetus;
 - d. No maternal history of diabetes, sickle cell anemia, or any life-threatening illness; and/or
 - e. No prior pregnancies deemed dangerous to the mother (i.e., a medical professional determined the pregnancy required termination, or the mother had severe renal disease, history of Class III or IV heart failure, etc.).
3. Other Medical/Mental Health Considerations - Due to the continuous need to be accessible during the Therapeutic Community program setting, the offenders with the following medical/mental health conditions shall not be eligible for the Special Needs SAFPF program:
- a. Any medical condition undergoing acute evaluation requiring inpatient care;
 - b. Any medical condition requiring permanent infirmary care (e.g., oxygen-dependence);
 - c. Any medical condition undergoing acute or chronic treatment in which interruption of continuity may jeopardize the patient's final outcome (e.g., acute fracture care; evaluation of chest pain; staging of a disease process; etc.);
 - d. Any infectious condition requiring isolation;
 - e. Any medical condition requiring frequent offsite specialty medical services;
 - f. A medical condition(s) requiring ancillary services (e.g., physical therapy, occupational therapy, respiratory therapy, HCV triple-therapy, etc.). Dialysis is not available for SAFPF offenders;
 - g. Any mental illness currently requiring inpatient care;
 - h. Displaying the need for alcohol or other drug detoxification (*Attachment B*) or reliance on methadone maintenance.
- H. If the Region ISF Coordinator has medical documentation to support that the offender is capable of participating in the Special Needs SAFPF program, the Region ISF Coordinator shall fax the medical documentation to the Central ISF Operations Coordinator and the TDCJ RPD Intensive Treatment Section PS V or designee.

SAFPF ELIGIBILITY REQUIREMENTS FOR PAROLE ELIGIBLE OFFENDERS

- I. If an offender has a medical/mental health condition outlined above in Section G.3, the TDCJ RPD Intensive Treatment Section PS V shall notify the Central Coordination Unit (CCU) PS I (PS I).

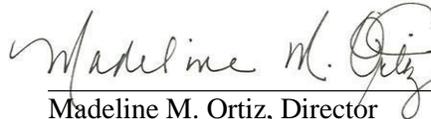
- II. Waiver Processing:
 - A. All waivers for offenders who are eligible for SAFPF placement shall be submitted to the Regional Jail Coordinator of the county where the releasee is being supervised.
 - B. Other appropriate documentation, including the Worksheet (CMS-41), shall be included in the waiver packet and a separate Waiver Processing Sheet (PSV-67) shall be prepared on each case.
 - C. The Region ISF Coordinator shall review the packets and confirm that each case meets treatment eligibility.
 - D. The Region ISF Coordinator shall mail the packets to the Hearing Analyst of the appropriate Parole Board Panel location.
 - E. The Hearing Analyst shall present the case to their respective panels for a decision.
 - F. In cases where a decision was made to “Send to SAFPF,” the Region ISF Coordinator shall mail the PSV-67 and CMS-41 to the CCU PS I for Placement. The Board Analyst shall ensure that the “Minutes” entry is made in the central file.
 - G. The CCU PS I shall prepare a transport list and fax it to the appropriate Regional ISF Coordinator.

- III. Offenders Ineligible for Participation in a Treatment Facility:
 - A. Certain current offenses preclude participation in a treatment facility by statute and division policy. These offenses include the following:
 1. Section 21.11, Penal Code – Indecency With a Child;
 2. Section 22.011, Penal Code – Sexual Assault; and
 3. Section 22.021, Penal Code – Aggravated Sexual Assault.
 4. Conviction of a criminal attempt of a felony under Sections 21.11, 22.011, or 22.021 of the Penal Code.
 5. Offenders convicted of offenses for which sex offender registration is required are not eligible to participate.
 - B. Offenders with less than 12 months remaining on supervision.

- IV. Review of Cases for Treatment Facility:

SAPPF ELIGIBILITY REQUIREMENTS FOR PAROLE ELIGIBLE OFFENDERS

- A. Upon designation by the Parole Board for placement in a treatment facility, the Regional ISF Coordinator shall be responsible for the review of the case.
- B. The Substance Abuse Unit Supervisors (over SA Parole Officers in certain field offices) shall review voluntary relapse cases for placement in a treatment facility.
- C. The Huntsville Placement and Release Unit (HPRU) shall be notified regarding the qualified voluntary relapse cases by the appropriate field staff for placement in a treatment facility.
- D. Cases deemed ineligible for the SAPPF program shall be reviewed for withdrawal by the CCU. The CCU, PS I shall forward the ineligibility packet to the Board for a re-vote.
- E. Special needs cases shall be reviewed by the Region ISF Coordinators or Substance Abuse Unit Supervisors using the same criteria as stated previously.



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SAFPF Psychotropic Medications List

Revised June 2015

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPF) Program. Offenders taking medications on this list are appropriate for Special Needs SAFPF. This list contains drugs frequently prescribed to treat mental illness. This list is *not* all-inclusive and not all psychotropic medications are listed here. In general, offenders receiving medications in the antipsychotic, antidepressant, and mood stabilizing therapeutic categories, when utilized for an Axis I disorder, should be scheduled for Special Needs SAFPF. Offenders taking psychotropic medications that are not on this list (and not included on the “Detoxification Medications” list and/or the SAFPF Discontinued Medication List), should be screened through the Rehabilitation Programs Division Administration, so that they may be evaluated appropriately.

NOTE: *Offenders prescribed antiepileptic medications (denoted by!) for seizure disorder therapy (with no current Axis I diagnosis or psychotropic medications prescribed) are appropriate for Regular Needs SAFPF); however, these medications are also often utilized as mood stabilizers. Offenders prescribed antiepileptic agents who do not have seizure disorder should be scheduled for Special Needs SAFPF. This information does not replace sound clinical judgment, nor is it intended to strictly apply to all patients.*

Brand Name	Generic Name	Therapeutic Use
Abilify (includes Maintena injection)	Aripiprazole	Antipsychotic
BuSpar	Buspirone	Sedative/Hypnotic(Anxiety)
Celexa	Citalopram	SSRI/Antidepressant
[Clozaril]+	Clozapine	Antipsychotic
(Cogentin)++	Benztropine Mesylate	Antiparkinsonian; Anticholinergic
Cymbalta	Duloxetine	Antidepressant
Depakene[!]	Valproic Acid	Anticonvulsant/Mood Stabilizer
Depakote[!]	Divalproex Sodium	Anticonvulsant/Mood Stabilizer
Desyrel	Trazodone	Antidepressant
Effexor	Venlafaxine	Antidepressant
Elavil	Amitriptyline	Tricyclic-Antidepressant
Eskalith/Lithobid/Lithonate	Lithium Carbonate	Bipolar/Anti-Manic
Etrafon-Triavil	Perphenazine/Amitriptyline	Tricyclic-Antidepressant and Antipsychotic
Fanapt	Iloperidone	Antipsychotic
Geodon	Ziprasidone	Antipsychotic
Haldol (includes Decanoate injection)	Haloperidol	Antipsychotic
Invega (includes Sustenna and Trinza injection)	Paliperidone	Antipsychotic
Lamictal[!]	Lamotrigine	Anticonvulsant/Mood Stabilizer
Latuda	Lurasidone	Antipsychotic
Lexapro	Escitalopram Oxalate	SSRI/Antidepressant
Loxitane	Loxapine	Antipsychotic
Luvox	Fluvoxamine	Antidepressant
Mellaril	Thioridazine	Antipsychotic
Navane	Thiothixene	Antipsychotic
Orap	Pimozide	Antipsychotic

 SAFPF ELIGIBILITY REQUIREMENTS FOR PAROLE ELIGIBLE OFFENDERS

Pamelor	Nortriptyline	Tricyclic-Antidepressant
Paxil	Paroxetine	SSRI/Antidepressant
Pristiq	Desvenlafaxine	Antidepressant
Prolixin (includes Decanoate injection)	Fluphenazine	Antipsychotic
Prozac	Fluoxetine	SSRI/Antidepressant
Remeron	Mirtazapine	Antidepressant
Risperdal (includes Consta injection)	Risperidone	Antipsychotic
Saphris	Asenapine	Antipsychotic
Seroquel	Quetiapine Fumarate	Antipsychotic
Sinequan	Doxepin	Tricyclic-Antidepressant
Stelazine	Trifluoperazine	Antipsychotic
Symbyax	Olanzapine/Fluoxetine	Antipsychotic/Antidepressant
Tegretol¹	Carbamazepine	Anticonvulsant/Mood Stabilizer
Thorazine	Chlorpromazine	Antipsychotic
Trilafon	Perphenazine	Antipsychotic
Trileptal¹	Oxcarbazepine	Anticonvulsant
Viibryd	Vilazodone	Antidepressant
Vistaril	Hydroxyzine Pamoate	Sedative/Hypnotic
Wellbutrin	Bupropion	Antidepressant
Zoloft	Sertraline	SSRI/Antidepressant
Zyprexa (includes Relprevv injection)	Olanzapine	Antipsychotic

+Clozaril will need to be staffed with RPD Administration and additional documentation will be needed to include medication history and mental health diagnosis.

++If the patient is on Cogentin, they will likely be on a high potency antipsychotic med also (i.e., Haldol or Prolixin, etc.), so they should be placed on special needs/psychiatric patient. If on Cogentin alone, unless some neurological illness/disease (i.e., Parkinson's disease), Cogentin would need to be discontinued due to abuse/diversion risks.

Attachment B

SAFPP Detoxification Medications List*Revised June 2015*

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPP) Program. This list is *not* all-inclusive and not all medications for which detoxification is required are listed here. This list does contain the most frequently prescribed psychotropic and analgesic drugs. If you are unsure of whether or not your offender is appropriate for SAFPP, please feel free to have him/her screened through the Rehabilitation Programs Division Administration. **NOTE:** Offenders who are taking a medication for which detoxification is required are *not eligible* for admission into the SAFPP program. In other words, if the offender is taking a medication listed here, he or she cannot be scheduled for SAFPP. If a patient is treated with clonidine for opiate withdrawal/detoxification, it must be discontinued completely prior to admission into a SAFPP program. If clonidine is used as an antihypertensive agent and no other viable alternatives are available (rare occurrence), such treatment may be continued within the SAFPP program. This information does not replace sound clinical judgment nor is it intended to strictly apply to all patients.

Brand Name	Generic Name	Therapeutic Use
Ativan	Lorazepam	Anxiolytic
Catapres	Clonidine	Antihypertensive/Opiate Detoxification
Dalmane	Flurazepam	Sedative/hypnotic
Dilaudid	Hydromorphone	Narcotic Analgesic
Doral	Quazepam	Sedative/hypnotic
Fiorinal with Codeine	Butalbital/Codeine	Narcotic Analgesic
Flexeril	Cyclobenzaprine	Skeletal muscle relaxant
Halcion	Triazolam	Sedative/hypnotic
Klonopin	Clonazepam	Anxiolytic
Librium	Chlordiazepoxide	Anxiolytic
Lioresal	Baclofen	Skeletal muscle relaxant
Luminal	Phenobarbital	Seizure intervention/sedative/hypnotic
Methadose	Methadone	Narcotic analgesic
Midrin	Isometheptene/Dichloralphenzone/APAP	Non-narcotic analgesic
Noctec	Chloral Hydrate	Sedative/hypnotic
Oxy-IR, OxyContin	Oxycodone	Narcotic analgesic
ProSom	Estazolam	Sedative/hypnotic
Restoril	Temazepam	Sedative/hypnotic
Rozerem	Ramelteon	Sedative/hypnotic
Serax	Oxazepam	Anxiolytic
Soma	Carisoprodol	Skeletal muscle relaxant
Suboxone	Buprenorphine/Naloxone	Opiate detoxification
Subutex	Buprenorphine	Opiate detoxification
Tranxene-SD	Clorazepate	Anxiolytic
Tylenol with Codeine	Codeine/Acetaminophen	Narcotic analgesic
Valium	Diazepam	Anxiolytic
Vicodin/Lortab/Norco	Hydrocodone	Narcotic Analgesic
Xanax/Niravam	Alprazolam	Anxiolytic
Zanaflex	Tizanidine	Skeletal muscle relaxant

This list has been reviewed by UTMB Correctional Managed Care's Psychiatrist and Pharmacy Clinical Practice Specialist-Psychiatry.

SAFPF Discontinued Medication List

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPF) Program. Due to the nature of the medication listed below and different usage for these medications the list below will not deny admission or eligibility into a SAFPF, but the offender will be discontinued on this medication upon arrival. If this will adversely affect the offender, notification to the offender should be completed prior to transport.

NOTE: Offenders prescribed antiepileptic medications (denoted by!) for seizure disorder therapy (with no current Axis I diagnosis or psychotropic medications prescribed) are appropriate for Regular Needs SAFPF); however, these medications are also often utilized as mood stabilizers. Offenders prescribed antiepileptic agents who do not have seizure disorder should be scheduled for Special Needs SAFPF. This information does not replace sound clinical judgment, nor is it intended to strictly apply to all patients.

Brand Name	Generic Name	Therapeutic Use
Adderall, Adderall XR	Mixed amphetamine salts	CNS stimulant
Ambien	Zolpidem	Sedative/hypnotic
Concerta	Methylphenidate	CNS stimulant
Dantrium	Dantrolene	Skeletal muscle relaxant
Focalin, Focalin XR	Dexmethylphenidate	CNS stimulant
Lunesta	Eszopiclone	Sedative/hypnotic
Maxalt	Rizatripan/Rizatripan Benzoate	Migraine headaches
Midrin	Isometheptene/Dichloralphenzone/APAP	Non-narcotic analgesic
Neurontin!	Gabapentin	Antiepileptic/ Seizure intervention/non-narcotic analgesic
Nuvigil	Armodafinil	CNS stimulant
Parafon Forte	Chlorzoxazone	Skeletal muscle relaxant
Phenergan	Promethazine	Anti-emetic
Provigil	Modafinil	CNS stimulant
ReVia/Depade	Naltrexone	Alcohol/opioid dependence
Ritalin, Ritalin LA	Methylphenidate	CNS stimulant
Robaxin	Methocarbamol	Skeletal muscle relaxant
Skelaxin	Metaxalone	Skeletal muscle relaxant
Sonata	Zaleplon	Sedative/hypnotic
Stadol	Butorphanol/Naloxone	Narcotic Analgesic
Ultram	Tramadol	Non-narcotic analgesic
Vyvanse	Lisdexamfetamine	CNS stimulant

*These medications generally do not require a taper/detoxification; however, patient-specific factors, such as long duration of treatment or high doses, may indicate the need for a gradual taper prior to discontinuation.

*Gabapentin, if used for diabetic neuropathy, would be medical and considered special needs.

ATTACHMENT D

**Substance Abuse Felony Punishment Facility Program
Obstetrical Questionnaire**

COMPLETE THIS FORM ONLY IF YOU ARE CURRENTLY PREGNANT

This form is to be completed by the client. Please fill in all the blanks as thoroughly as possible.

Name:		Date of Birth:	
SID Number:		County:	
What date did your last period start?		What date is your baby due?	
When was the last time you saw a medical professional?		How many times have you been pregnant (including this time)?	
When you were pregnant before, did you carry all your babies to full term?		Yes	No
Have you ever had an elective abortion or miscarriage? (If yes, list how many and the date(s))?		Yes	No
If you've had a miscarriage or abortion, have you carried a healthy baby to full term since that event?		Yes	No
Have all your babies been healthy when they were born?		Yes	No
List the dates of all births:			
Have you ever had abnormal vaginal bleeding while pregnant?		Yes	No
Have you ever had placenta previa?		Yes	No
Have you had pre-term labor with this pregnancy or any other pregnancy?		Yes	No
Number of vaginal deliveries			
Number of cesarean section deliveries			
Was your last baby delivered by cesarean section? If so, what year was it born?		Yes	No
Have you ever had any medical problems when you were pregnant (pre-eclampsia, diabetes, high blood pressure or heart problems, etc.)?		Yes	No
If you answered "yes" to the question above, please list them here:			
Has your healthcare provider told you that you are having any problems (complications) with this pregnancy?		Yes	No
If you answered "yes" to the question above, please list them here:			
Have there been any babies born in your family with birth defects?		Yes	No
Are you HIV-Positive?		Yes	No
Have you ever been diagnosed with hepatitis?		Yes	No

Please sign your name and date this form:

Name

Date