

NUMBER: SATOM 03.14 - SAFPF

DATE: September 2013

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**SUBJECT: SUBSTANCE ABUSE FELONY PUNISHMENT FACILITY STATUS REPORT**

**APPLICABILITY: Substance Abuse Felony Punishment Facility (SAFPF) Program**

**PURPOSE: To provide guidelines for establishing the responsibility for each SAFPF to submit the monthly status reports.**

**PROCEDURES:**

- I. By the 5<sup>th</sup> working day of each month, the Substance Abuse Treatment Program (SATP) staff at each SAFPF shall submit, to the Rehabilitation Programs Division – Programs Coordination, a copy of all status reports for each offender type (SAFPF Probation/SAFPF Parole Modification) as appropriate, complete with all of the required information and signatures for the previous calendar month.
  - A. The monthly status reports shall consist of the following:
    1. The Unit Countroom Report (*Attachment A*);
    2. The Program Treatment Report (*Attachment B*); and
    3. The Staff Status Report (*Attachment C*).
  - B. Each SAFPF, to include the Unit Countroom, shall maintain procedures to accurately collect the required information, and shall retain all “source documents” on file for verification of the accuracy of the information submitted. Source documents shall be retained on file for a period of three (3) years from the time that the report is submitted.
  - C. The Program Director or designee shall review the information on the report to verify accuracy and to determine if there were any obvious errors prior to the submission of the report and shall sign the report prior to submission.
  - D. The Warden or designee shall review the information on the Unit Countroom Report to verify accuracy and to determine if there were any obvious errors prior to the submission of the report.
  - E. When there is a question regarding the information submitted in any of the reports, the Program Director or designee shall be contacted for clarification and appropriate corrections.

  
Madeline M. Ortiz, Director  
Rehabilitation Programs Division

**Attachment A**

**SUBSTANCE ABUSE TREATMENT PROGRAM  
UNIT MONTHLY STATUS REPORT  
SAFPF (Probation/Parole Modification)**

**For Use by Unit Countroom  
TO BE COMPLETED BY UNIT COUNTROOM**

**Unit:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Reporting Month/Year:** \_\_\_\_\_

DESCRIPTION	(As of Midnight Each Friday)					MONTH END TOTALS (As of last working day of the month)
	WEEK 1 Fri. ____	WEEK 2 Fri. ____	WEEK 3 Fri. ____	WEEK 4 Fri. ____	WEEK 5 Fri. ____	
<b>A. Population</b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
1. Program Strength*						
2. Program Bed Capacity (# of SATP Beds <b>ONLY</b> )						
3. % of Bed Capacity						
4. Bed Vacancies						
5. Ineligibles						

**\*NOTE:** If the unit houses SAFPf (probation **and/or** parole modification) offenders, a **separate report** needs to be completed for **each program**.

**Warden's Signature:** \_\_\_\_\_

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

NOTES:

**INSTRUCTIONS:**

- A. 1. *Program Strength totals are as of midnight each Friday (or the last working day of the month).*
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2. *Program Bed Capacity is the total bed capacity of SATP beds on the unit (filled or unfilled).*
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3. *% of Program Bed Capacity is total number of Offenders (program strength) divided by total number of beds (program bed capacity).  
[Program Strength/Program Bed Capacity = % of Program Bed Capacity]*
- 
4. *Bed Vacancies are total number of unfilled (empty) beds on the unit.*
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5. *Ineligibles are total number of inmates received on the unit, but never enrolled into the program (sent back to county due to DT(s), severe medical problems, severe psychological problems, etc.) because they did not meet eligibility admissions criteria.*
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**STANCE ABUSE TREATMENT PROGRAM  
MONTHLY STATISTICAL REPORT**  
TO BE COMPLETED BY PROGRAM STAFF

Attachment B

Unit: \_\_\_\_\_  
For the Month Of: \_\_\_\_\_

Prepared by: \_\_\_\_\_

**RN Prob/SN Prob/RN Par.Mod/SN Par Mod (circle one)**

Description	(As of Midnight Each Friday)					TOTALS (as of last day of month)
	WEEK 1 As of Friday:	WEEK 2 As of Friday:	WEEK 3 As of Friday:	WEEK 4 As of Friday:	WEEK 5 As of Friday:	
<b>I. Program Phase</b>						
a. Orientation (Phase I)						
b. Main Treatment (Phase II)						
c. Re-Entry (Phase III)						
d. Relapse - Main Treatment (Phase V)						
e. Relapse - Re-Entry (Phase VI)						
<b>TOTAL TREATMENT COUNT:</b>						
<b>II. Program Enrollees (PE):</b>						
<b>III. Offender Departures (Permanent)</b>						
a. Successful Completions (PC):						
b. Failure to Satisfactory Complete (DF):						
c. Medical/Psychological (DM)						
e. Behavioral (DA)						
d. Program Refusal (PR)						
<b>TOTAL PERMANENT DEPARTURES:</b>						

**IV. Removed from program but still at unit:**

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
	<i>Enrolled as of:</i>				
Enter the number of participants for each week (as of Friday):					

**V. Recovery Support Services:**

Please note:

VI. Offender Tracking (Non-Permanent)	As of Last Working Day of the Month			TOTAL
	Offender TDCJ#	End of Month Loc.	Phase #	
<b>1. Transferred for Medical Eval</b>				
Offender Name:				
Offender Name:				
<b>2. Transferred for Psy. Eval</b>				
Offender Name:				
Offender Name:				
<b>3. Segregation</b>				
Offender Name:				
Offender Name:				
<b>4. Solitary</b>				
Offender Name:				
Offender Name:				
<b>5. Temporary Bench Warrant</b>				
Offender Name:				
Offender Name:				
<b>6. Emergency Absence (i.e. Furlough)</b>				
Offender Name:				
<b>7. Other</b>				
Offender Name:				
<b>Total Non-Permanent</b>				

NOTE: If the unit houses SAFPf (Probation and/or Parole Modification) offenders, a separate report must be completed for each program.

Program Director's Signature: \_\_\_\_\_  
Warden's Signature: \_\_\_\_\_

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

Attachment C

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 Substance Abuse Felony Punishment Facility Staff  
 Staff Status Report  
Month & Year

Population Status					
Position Title	Total Positions	Total Filled	Total Vacant	Further Action Needed	Status (Staff Name)
Program Director (Gp 19)					
PA – I – Trmt. Coord. (Gp 17)					
Intake Coordinator (Gp 15)					
QA Coordinator (Gp 15)					
Senior Counselors (Gp 14)					
Sub Abuse Counselors II (Gp 13)					
LCDC or BA					
Treatment Specialist CI (Gp 11) Case Manager					
Clerical Support (Gp 6)					
<b>TOTAL</b>					
Population Count Per: Staffing Figures/Names Per:					
Person Completing Report:					
Signature:					
Supervisor's Name:					
Signature:					