

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PAROLE DIVISION**



**POLICY AND
OPERATING PROCEDURE**

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SUBJECT: THERAPEUTIC COMMUNITY (TC) CASELOAD – ADMINISTRATIVE AND SUPERVISION GUIDELINES

AUTHORITY: TEX. GOV'T CODE ANN. §§ 501.0931, 508.085

PURPOSE: To establish the administrative and supervision procedures for offenders with substance abuse problems, defining the Therapeutic Community (TC) Aftercare program, to include: placement, eligibility, contracted vendor referral, officer responsibilities, TC caseload ratio, contact standards, imposition and withdrawal of special conditions, Authorization Management System (AMS), interventions as a response to violations, transfers and terminations, offender copayment and statistical reporting for the Therapeutic Community Caseload.

PROCEDURE:

I. THERAPEUTIC COMMUNITY (TC) CONTINUUM OF CARE PROGRAM

A. Goals of the Therapeutic Community Continuum of Care Program

1. The goal of the Therapeutic Community Continuum of Care (COC) Program is to provide the supervision, support, and treatment necessary for substance-abusing offenders to successfully reintegrate into society.
2. Offenders returning to the community from an In-Prison Therapeutic Community (IPTC) or Substance Abuse Felony Punishment Facility (SAFPF) shall participate in the Therapeutic Community (TC) Continuum of Care Program. This system ensures that a COC begins in the IPTC/SAFPF and follows the TC offender to the community.
3. Offenders with a special condition "S" imposition released from a Pre-Release Substance Abuse Program (PRSAP) or Pre-Release Therapeutic Community (PRTC) shall be placed directly on the TC caseload into Phase III as additional support for substance abuse programming received while in the PRSAP (Leblanc Unit) or PRTC program (Hamilton Unit).
4. The TC COC system consists of the five (5) components listed below. Programming shall include TC clients only, excluding offenders that have not completed an IPTC

or SAFPF (with the exception of PRSAP/PRTC offenders who have a special condition “S” imposed prior to release). Although service lengths for each component are provided, they are meant to serve only as guidelines. The program is client-driven, not time-driven.

- a. IPTC/SAFPF (6-9 months)
- b. Phase I: Transitional Treatment Center (TTC) Residential Services (Up to 90 days)
- c. Phase I-B: Outpatient Alternative Services (Up to 90 days)
- d. Phase II: Supportive Outpatient Services (Up to 9 months)
- e. Phase III: Support and Follow-Up (Up to 12 months, with a minimum of 6 months)

II. THERAPEUTIC COMMUNITY (TC) PLACEMENT PROCESS

A. TC Caseload Eligibility

1. An offender who has completed an In-Prison Therapeutic Community (IPTC) or Substance Abuse Felony Punishment Facility (SAFPF) shall transition into an established COC Program and be supervised on the Therapeutic Community (TC) caseload under the Substance Abuse Caseload category until the completion of Phase III of the COC. Upon completion of Phase III, the offender shall be placed on a regular supervision caseload.
2. An offender who has completed the COC and been placed on a regular caseload and is subsequently identified as needing additional substance abuse services shall be returned to the TC caseload utilizing the TDCJ Offender Information Management System (OIMS) Specialized Caseload Referral procedures. The offender shall be placed in the appropriate phase, based on assessed needs to include consultation between the receiving TC officer, TC unit supervisor and sending officer when possible.
3. An offender with a special condition “S” imposition released from a Pre-Release Substance Abuse Program (PRSAP) or Pre-Release Therapeutic Community (PRTC) shall be placed directly on the TC caseload into Phase III for six (6) months.
4. A TC offender sent to an Intermediate Sanction Facility (ISF) while on a TC caseload shall be placed on a TC caseload upon release from ISF. A Treatment Team Meeting (TTM) shall be conducted within 10 days of release to determine in which phase the offender will be placed.

B. Residential Placement (Phase I)

1. An offender who has completed an IPTC or SAFPF shall transition into Phase I of

the TC Program. The Rehabilitation Programs Division (RPD) in collaboration with Review and Release Processing (RRP), and Huntsville Placement and Release Unit (HPRU) shall:

- a. Arrange all TC Phase I placements.
 - b. Obtain required Board of Pardons and Paroles (Board) special conditions, as applicable.
 - c. Initiate vendor payment authorization in the Authorization Management System (AMS).
 - d. Forward the placement list (noting the scheduled facility arrival date), file material and transmittals to the receiving facility and parole unit supervisor.
2. The goals of Phase I are to provide the offender with the following:
- a. Residential placement, which offers a supportive environment in which to learn coping skills and techniques.
 - b. Life skills to facilitate transition to the community.
 - c. Involvement in peer support group.
 - d. Relapse prevention counseling and education.
 - e. Coordinated services from community resources.
3. Offenders in Phase I shall attend community-based support group sessions such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Secular Organizations for Sobriety (SOS), or any faith based support groups a minimum of two (2) times per week. In addition, offenders shall participate in a peer support group such as Winners Circle one (1) time weekly.
4. If the Treatment Team determines that an extension of service in Phase I or residential relapse is needed, the TC officer shall:
- a. Complete the Relapse Placement/Extension Request Form (SSS-9719) and fax the form to Specialized Programs for approval.
 - b. The Specialized Programs staff will forward the approved SSS-9719 to HPRU for entry in the AMS and forward the approved or denied form to the TC officer.
 - c. The TC officer shall be responsible for providing an approved copy of the SSS-9719 to the contracted vendor or notify of denial.
5. Upon determination by the Treatment Team that the offender has completed Phase I, the TC officer shall secure an outpatient treatment referral.

6. When a contracted treatment provider is not available, services shall be rendered by the Parole Division Counselor (PDC) assigned to the reporting district parole office.
7. Upon completion of Phase I (successful or unsuccessful), HPRU shall enter the offender's Phase I termination date and code in the AMS as reported by the vendor's Daily Activity Report (DAR).
8. The TC officer shall update the OIMS and the AMS with the appropriate outpatient program referral information.

C. Phase I-B: Outpatient Alternative Services

1. An offender who has completed an IPTC or SAFPF, who meets specific eligibility criteria, may transition directly to an approved home plan and obtain outpatient services. Eligibility Criteria includes the following:
 - a. Satisfactory completion of the IPTC/SAFPF in prison program with counselor recommendation. The Treatment Team must unanimously agree that the offender will be better served in an alternative program, with available special needs services (medical, psychological), as applicable. In instances where the treatment team decision is not unanimous, RPD and Specialized Programs will consult for a final decision. Once this decision has been made, the institutional parole officer (IPO) shall fax the Treatment Team Meeting sheet to HPRU. The residential plan will be placed under investigation by the Phase I-B analyst at HPRU. Once the address has been passed on the Parole Plan Update (PPU) screen by a TC officer, HPRU shall secure an intake appointment with a Phase I-B provider and schedule a release date based on that date. Satisfactory completion of the IPTC/SAFPF in prison program includes the following:
 - 1) No major disciplinary action within 60 days of release.
 - 2) No pending detainer.
 - 3) Not classified as a sex offender (past or current offenses).
 - 4) Outpatient intake appointment obtained prior to discharge from the IPTC/SAFPF.
 - b. Verified residential plan with supportive family/sponsor:
 - 1) The assigned investigating TC officer shall obtain proper documentation of an approved home plan, to include the sponsor's agreement by signing the Pre-Parole Investigation Sponsor Information Sheet "Phase IB" which notes the offender has verifiable transportation or the residence is within a public transportation route to outpatient services.
 - c. Offender has documented employment or is considered employable within home plan location.

- d. Supportive outpatient treatment provider available providing additional weekly group/individual sessions, as required per the Phase I-B criteria.
2. The RPD in collaboration with RRP and HPRU shall:
 - a. Arrange all TC Phase I-B Supportive Outpatient services.
 - b. Obtain required Board special conditions.
 - c. Initiate vendor payment authorization, to include the additional outpatient and individual sessions in the Authorization Management System (AMS).
 - d. Forward the placement list (noting the scheduled facility intake date), file material and transmittals to the receiving outpatient facility and district parole supervisor.
 3. The goals of Phase I-B are to provide the offender with the following:
 - a. Outpatient counseling services to include life skills and relapse prevention.
 - b. Family intervention and support.
 - c. Community resource support services.
 - d. Network of pro-social, drug free peers and role models.
 - e. Continued case management services to coordinate service plan implementation.
 4. Offenders in Phase I-B shall attend community-based support group sessions such as AA, NA, SOS, or any faith based support groups a minimum of two (2) times per week, in addition to participating in a peer support group such as Winners Circle one (1) time per week.
 5. Upon determination by the Treatment Team that the offender has completed Phase I-B, the TC officer shall secure an outpatient treatment referral.
 6. When a contracted treatment provider is not available, services shall be rendered by the Parole Division Counselor (PDC) assigned to the reporting district parole office.
- D. Supportive Outpatient Placement (Phase II)
1. Prior to the outpatient intake date, the TC officer shall update the outpatient treatment referral in the AMS (no AMS update needed if services are provided by the PDC).
 2. The goals of Phase II are to provide the offender with the following:
 - a. Outpatient counseling services.

- b. A network of pro-social, drug free peers and role models.
 - c. Family intervention and support.
 - d. Support from community resources.
 - e. Completing areas of need of the continuum of care service plan.
 - f. A pro-social, crime and drug free lifestyle.
3. Offenders in Phase II shall attend community-based support group sessions such as AA, NA, SOS, or any faith based support groups a minimum of two (2) times per week, in addition to participation in a peer support group one (1) time per week.
 4. If the Treatment Team determines an extension of service is needed during Phase II with a contracted treatment provider, the TC officer shall complete the SSS-9719 and forward the form to the appropriate Specialized Programs staff for approval. Upon approval, Specialized Programs shall update the extension in the AMS.
 5. Upon completion of Phase II (successful or unsuccessful), the TC officer shall enter the offender's Phase II termination date and code in the AMS.
 6. The TC officer shall update the OIMS with the appropriate program referral information.

E. Support and Follow Up (Phase III)

The focus of the offender during Phase III shall consist of the following:

1. Continue weekly attendance at community-based support groups activities a minimum of two (2) times per week.
 2. Continue full time employment (as applicable).
 3. Continue education/vocation training, if needed or required.
 4. Participate in peer support one (1) time per week.
- F. If at any time during the COC an offender requires Phase I residential or residential relapse services as the result of relapse, the supervising TC officer shall fax or email the Field to Facility Placement Request (RRC-10), Consent for the Release of Substance Abuse Treatment Information and Records (ORA 01.06A), case summary and release certificate to the HPRU for placement. Upon approval for placement in Phase I, the RPD in collaboration with the HPRU shall:
1. Arrange the requested residential placement.
 2. Initiate vendor payment authorization in the AMS.

3. Notify by email the requesting officer and receiving TC unit supervisor of the placement information, including the name and location of the facility and the offender's scheduled arrival date.

G. Pre-Release Substance Abuse Program (PRSAP)/Pre-Release Therapeutic Community (PRTC)

1. Offenders with special condition "S" imposed who have completed a PRSAP or PRTC program shall be placed directly on the TC caseload into Phase III for six months. PRSAP/PRTC offenders placed on the TC caseload shall not receive Phase I-Residential or Phase II-Outpatient services.
2. Upon the offender reporting to the assigned district parole office, the discharge packet containing the Relapse Prevention Plan shall be obtained via OIMS imaging to be reviewed with the offender during the course of Phase III.
3. PRSAP/PRTC offenders in Phase III shall:
 - a. Attend community-based support group sessions such as AA, NA, SOS, or any faith based support group a minimum of two (2) times per week,
 - b. Participate in peer support group such as Winners Circle one (1) time per week, in addition,
 - c. Be given monthly "targeted" urinalysis tests.
4. Offenders in violation of special condition "S" (i.e., positive urinalysis or admission) shall receive Substance Abuse Counseling Program (SACP) Level II services as referenced in PD/POP 3.8.25 *Substance Abuse Counseling Program Administrative Guidelines* and PD/POP 3.2.10 *Drug and Alcohol Testing Administrative Guidelines*. Further non-compliance shall be addressed in accordance to PD/POP 4.1.1 *Processing Violations of the Rules and Conditions of Release*.
5. Upon successful completion of Phase III requirements, the offender shall transition into a regular caseload, as applicable to section VII. Caseload Transfers and Terminations.
6. Offenders placed on the regular caseload needing additional substance abuse services shall remain on the regular caseload in which treatment issues shall be addressed per PD/POP 3.8.25 *Substance Abuse Counseling Program Administrative Guidelines*.
7. The TC unit supervisor shall review PRSAP/PRTC cases monthly to determine which cases have received six months in Phase III and are eligible for transfer to regular supervision.

III. SELECTION OF THERAPEUTIC COMMUNITY CASELOAD STAFF – SPECIALIZED TC OFFICER SELECTION

- A. TC officers shall be located in District Parole Offices where there are contracted substance

abuse services. Each of these District Parole Offices shall have at least one (1) officer designated as a Therapeutic Community officer regardless of whether a sufficient number of identified substance abuse offenders exist to warrant a caseload.

- B. The region director shall select the most qualified parole officers to supervise a specialized caseload. Qualifications shall include current parole officer experience, Specialized Officer Supervision School, performance evaluations and may include specific degrees, certifications, licenses, training, and prior experience that would benefit the caseload.

Justification shall be maintained by the region director for parole officers that may meet the qualifications to supervise the specialized caseload and are not selected.

- C. The region director or designee shall ensure an adequate number of parole officers are pre-trained so that the offenders assigned to the specialized caseload are supervised according to guidelines and all duties and responsibilities are completed in the absence of the primary parole officer.

- D. TC Officer Training Requirements:

- 1. The selected parole officer, if not already trained, shall complete the next available TC-Specialized Officer Supervision School (TC-SOSS). In the event a parole officer is supervising a caseload and has not attended the required training, the region director shall document justification and identify the next training date the officer will attend.
- 2. The selected parole officer, if not already trained, shall complete the next available TC-Immersion Training. In the event a parole officer is supervising a caseload and has not attended the required training, the region director shall document justification and identify the next training date the officer will attend.

- E. The Therapeutic Community caseload shall be supervised at a ratio of 75:1. Phase I-B caseload shall be supervised at a ratio of 55:1. The region director or designee may assign regular supervision cases to the TC caseload.

- F. Exceptional caseloads shall require the approval of the region director or designee. TC exceptional caseloads consist of:

- 1. Caseloads with offender/officer ratio less than 65:1.
- 2. Caseloads with offender/officer ratio more than 85:1.

IV. INSTITUTIONAL PAROLE OFFICER (IPO) AND DISTRICT PAROLE OFFICER (DPO) RESPONSIBILITIES

- A. Offenders participating in the IPTC program are under the supervision of the Correctional Institutions Division (CID). The role of the institutional parole officer (IPO) assigned to the IPTC is outlined in the Board policy manual for Institutional Parole Operations. The

IPO participates in a limited capacity within the IPTC, in cooperation with the TDCJ-IPTC coordinator.

- B. Offenders participating in the SAFPF program will have one (1) or more district parole officers (DPO) assigned to the unit. The transition coordinator and DPO shall coordinate responsibilities to be completed at the SAFPF.
- C. Responsibilities of the parole officer assigned to the IPTC or SAFPF:
 - 1. The IPO or DPO assigned to an IPTC or SAFPF unit shall participate in transition Treatment Team Meetings (TTMs) to determine treatment sanctions and/or recommendations for removal per applicable policy.
 - 2. The IPO or assigned DPO shall ensure that the appropriate special condition is imposed prior to the offender's release.
 - 3. The IPO or DPO shall provide detailed information to the offender on the Continuum of Care program during the last three (3) months of the IPTC/SAFPF, including distribution of the TC Client Handbook.
 - 4. At least 30 calendar days prior to release, the DPO assigned to the unit shall obtain a copy of the transitional packet from the transition coordinator and send the packet to the District Parole Office to which the offender will be released. The transitional packet shall include, but not be limited to, the following:
 - a. Consent for the Release of Substance Abuse Treatment Records, Criminal Justice System (ORA 01.06.A)
 - b. Relapse prevention plan
 - c. Prioritized Needs List
- D. Responsibilities of the TC district parole officer shall include, where applicable:
 - 1. Ensuring each offender has been assigned the correct TC caseload category, unless the offender falls under multiple needs as referenced in Section VII. F of this policy, and the TC phase and contacts are assigned at the appropriate level for each offender in the OIMS.
 - 2. Coordinating TTMs, including participants, times, and locations.
 - 3. Participating in TTMs to determine treatment strategies related to violations, treatment planning, and transitions from one phase to another within the program.
 - 4. Communicating with vendors, including documenting the attendance and progress of substance abuse treatment programming.
 - 5. Verifying that assigned offenders are attending Peer Networking Group activities on a weekly basis by obtaining and reviewing the sign-in sheets from the vendor.

6. Entering substance abuse service authorization and relapse placement information into the Authorization Management System (AMS), as applicable.
7. Ensuring that offenders assigned to the TC caseload are providing the required co-payment for TC services or following applicable procedures when the offender is unable to pay.
8. Requesting the imposition of appropriate special conditions per Section X of this policy and/or PD/POP-3.2.7 *Imposition and Withdrawal of Special Conditions Through OIMS*.
9. Investigating offender treatment and supervision violations following the appropriate course of action per PD/POP-4.1.1 *Processing Violations of the Rules and Conditions of Release*.
10. Transferring an offender back to the appropriate caseload, per Section VII of this policy, once the offender has met criteria for removal from the program.
11. Updating contacts in the OIMS within three (3) business days after contact or within three (3) business days after return to designated headquarters from contact made in the field per PD/POP-3.2.8 *Contact Standards for Regular Supervision Cases*, Section I. A. 11.

V. THERAPEUTIC COMMUNITY MINIMUM CONTACT STANDARDS

A. Phase I Residential (SI-2)

1. One (1) monthly contact at the facility. This contact will be considered a home face-to-face visit and may coincide with TTMs.
2. One (1) collateral contact every month (e.g. employer, treatment provider).

B. Phase I-B Supportive Outpatient (SI-2)

1. Initial office visit within 24 hours or first business day upon offender's release.
2. One (1) home contact each month.
3. One (1) office contact each month.
4. One (1) monthly contact at the outpatient treatment facility. This contact will be considered a field face-to-face visit and collateral contact with the treatment provider which may coincide with TTMs.

C. Phase II Offenders (SI-3)

1. One (1) office contact each month.
2. One (1) field contact every other month, (e.g. employer or treatment provider).
3. One (1) home contact every other month.

D. Phase III Offenders (SI-1)

1. One (1) office contact each month.
2. One (1) home contact every other month.
3. One (1) field contact every third month to include contact with employer or sponsor.

E. Home Contacts Due to Noncompliance

Phase I, I-B and Phase II offenders - Home contacts shall be attempted within five (5) business days following the offender's failure to keep a scheduled appointment (e.g. office visit or TTM), notice of arrest, release from custody or notification of missed counseling appointment. Written instructions shall be left with the offender or at the offender's residence to report to the office within one (1) business day.

VI. TC TREATMENT TEAM MEETINGS (TTMs)

A. The Treatment Team consists of members with a vested interest in an offender's recovery who meet regularly to discuss and review the offender's progress.

1. Mandatory Treatment Team members shall consist of:
 - a. The IPTC/SAFPF transition coordinator: The transition coordinator shall participate as a member of the transition Treatment Team while the offender is in the IPTC/SAFPF facility.
 - b. The offender: The offender is an important part of the Treatment Team and shall be a fully participating member.
 - c. The parole officer (TC officer or officer assigned to the SAFPF): The officer shall be a participating member of the team.
 - d. The offender's treatment counselor.
2. Optional Treatment Team members may consist of:
 - a. The offender's spouse, significant other, or a significant member of the offender's family may be a Treatment Team member, at their option. The

parole officer shall actively encourage family/significant other participation, since healthy involvement of family/significant other is often vital to successful recovery.

- b. In order to maintain balanced representation, only one (1) family member/significant other may be a team participant. The family member/significant other who participates as a team member may apprise others interested in the offender's recovery of the team's decisions and recommendations.
- B. The TC officer is the Treatment Team facilitator. In this capacity, the TC officer shall be responsible for the following tasks:
1. Reviewing the need for a meeting and scheduling team meetings.
 2. Notifying all Treatment Team members of meeting dates, times, and locations with reasonable notice.
 3. Ensuring that the team remains focused when dealing with offender issues.
 4. Ensuring that all team members have the opportunity to provide input and feedback on issues discussed during team meetings.
 5. Establishing team consensus and cooperation.
 6. Completing the Offender Progress Report (PMS-5) at the conclusion of the meeting, obtaining team members' signatures, and distributing the report to team members at the end of the meeting and to other interested parties within three (3) business days.
- C. Scheduling Treatment Team Meetings

The TC officer shall make a diligent effort to schedule meetings at times, dates, and locations convenient to team members. However, the following time frames for holding meetings shall be met and the parole officer shall not unnecessarily delay the meeting trying to get members to attend. Members unable to attend may participate by telephone.

1. SAFPF Meetings
 - a. At least one (1) TTM shall be held during the last 60 days of the reentry phase of the SAFPF program, at which time the offender shall be given the Client Handbook and information on the Continuum of Care and Transitional Treatment Center (TTC) placement.
 - b. The parole officer assigned to the offender, the transition coordinator, treatment counselor, and the offender shall be in attendance. Family members and treatment counselors shall be strongly encouraged to attend the meeting. The receiving Phase I or I-B service provider may participate by telephone.

2. Phase I and I-B Meetings

- a. A TTM shall be conducted within 10 business days of the offender's arrival at the TTC or receiving outpatient services if the offender is released directly from the IPTC/SAFPF to the community home plan. At this meeting, the team shall identify the offender's treatment goals and supervision requirements. The team shall discuss strategies for successful completion of services.
- b. Subsequent TTMs shall be scheduled monthly to review the offender's supervision and treatment progress. Modifications to treatment shall be examined and identified as necessary.
- c. TTMs shall be conducted to address offender violations (treatment or supervision) no later than five (5) business days from the time the parole officer becomes aware of the violation. Efforts shall be made to conduct the meeting within 48 hours of the parole officer's awareness of the violation.
- d. A TTM for discharge shall be held at least three (3) business days prior to transition to Phase II. This TTM shall document the offender's progress and completion of Phase I and I-B requirements. The Phase II service provider shall also be present at this TTM to provide transition information, including scheduling the intake appointment date and the initial TTM to be held in Phase II. The Phase II service provider may participate by phone.

3. Phase II Meetings

- a. A TTM shall be conducted within 30 calendar days of transition to Phase II and a minimum of every 90 days thereafter.
- b. TTMs shall be conducted to address offender violations (treatment or supervision) no later than five (5) business days from the time the parole officer becomes aware of the violation. Efforts shall be made to conduct the meeting within 48 hours of the parole officer's awareness of the violation.
- c. A TTM shall be held at least three (3) business days prior to the offender's transition to Phase III.

4. Phase III Meetings

- a. In Phase III, TTMs shall be conducted as deemed necessary. The Treatment Team shall consist of the parole officer, unit supervisor, and offender.
- b. A TTM shall be held at least three (3) business days prior to the offender's transfer from Phase III TC caseload to regular supervision caseload. The team meeting shall consist of the TC officer, TC unit supervisor and the offender.
- c. The TC officer shall staff the case with the unit supervisor prior to the team meeting and document the meeting for approval to proceed with discharging the offender from the TC caseload. Documentation of the treatment team

meeting shall be recorded using the PMS-5. The TC officer shall complete the report at the conclusion of the meeting, obtain team members' signatures, and distribute the report to team members at the end of the meeting.

D. Treatment Team Meeting Organization

1. The format provided below shall be followed to ensure that all team business is completed. The parole officer shall:
 - a. Call the meeting to order.
 - b. Review the PMS-5 of the previous team meeting, complete the PMS-5 at the conclusion of the meeting, obtain team members' signatures, and distribute the report to team members at the end of the meeting and to other interested parties within three (3) business days.
 - c. Advise the team of the purpose of the current meeting (e.g. regularly scheduled, to discuss violations or offender behavior, to discuss phase transitions).
 - d. Present all pertinent information, documents, and other data regarding the offender's treatment and supervision.
 - e. Solicit all team members' comments, information, and data relative to the offender and the meeting's purpose.
 - f. Facilitate the group discussion regarding all information and data provided at the meeting.
 - g. Bring the team to a consensus regarding team actions or decisions to be made.
 - 1) A team consensus is the best way to guide an offender's recovery. Consensus is reached when team members agree on a course of action. However, the parole officer shall address supervision violations per PD/POP-4.1.1 *Processing Violations of the Rules and Conditions of Release*.
 - 2) In circumstances in which a consensus is not possible, the team shall vote on the decision or action to be taken. Simple majority shall rule. All team members shall vote, except in cases that require supervision intervention or warrant issuance per applicable policy. The parole officer shall utilize staffings with the treatment provider or family members whenever major differences are anticipated. This staffing will allow key members of the team to provide input and determine the best avenue for the offender. In the event the team cannot reach a decision, the parole officer's decision, with the unit supervisor's approval, shall prevail.

- h. The parole officer shall make every effort to limit team meetings to a maximum length of 30 minutes.
2. Offender involvement is crucial to the intended operation and functioning of the Treatment Team. The parole officer shall ensure that the offender is encouraged to participate and treated as a full team member during the meeting. Care shall be taken to involve the offender and not to dictate. Even when the offender's views and opinions do not coincide with those of other team members, the offender's views shall be considered and evaluated in the same manner as the views of other members.
3. When team business is concluded, the parole officer shall complete the PMS-5 and members shall be asked to sign the PMS-5 prior to concluding the team meeting and copies distributed. The TTM shall be updated in the OIMS within three (3) business days.

VII. CASELOAD TRANSFER AND TERMINATIONS

The TC officer shall utilize the criteria identified below when transferring an offender to another TC caseload or terminating an offender from the TC caseload.

- A. A TC offender may be successfully transferred to a regular supervision caseload; however, the special condition for the Continuum of Care Aftercare Program shall not be removed. The offender shall have completed the requirements for the TC Continuum of Care Program and no longer be in need of services, as evidenced by all of the following:
 1. Successful completion of contracted treatment (Phases I, I-B and II, with the exception of PRSAP/PRTC offenders).
 2. A minimum of six (6) months in Phase III of the Continuum of Care Program.
 3. No drug/alcohol use for the last six (6) months as evidenced by urinalysis testing, offender behavior, etc.
 4. The Treatment Team (TC officer, offender, and unit supervisor) has met and determined that the offender has completed the requirements of the TC Continuum of Care Program.
- B. A TC offender may be transferred to another TC caseload when all of the following conditions have been met:
 1. The offender has requested and received approval for a home plan change to a location that is supervised by a different District Parole Office than his current home plan. This approval shall be obtained per PD/POP-3.2.17 *Transfer Investigations*.
 2. The Treatment Team has met and determined that appropriate treatment activities are available for the offender at the new location. This includes contacting the District Parole Office at the new location to ensure service availability. The sending TC officer shall schedule intake appointments for treatment.

- C. The sending TC officer shall be responsible for entering vendor service authorization in the AMS.
- D. The offender's case shall be forwarded in the OIMS to include the forwarding of any file material to the receiving District Parole Office, following appropriate policies and procedures.
- E. The offender with multiple needs may fall under multiple offender categories; however, they shall only be placed on one (1) type of caseload. The following guidelines shall be followed when determining appropriate caseload placement:
 - 1. Sex offenders shall be supervised on a sex offender caseload.
 - 2. Super-Intensive Supervision Program (SISP) offenders shall be supervised on an SISP caseload.
 - 3. Special Needs offenders shall be supervised on a Special Needs Offender Program (SNOP) caseload if the offender is accepted on the caseload.
 - 4. Electronic Monitoring (EM) offenders with TC conditions shall be supervised on a TC caseload; however, the EM officer shall coordinate electronic monitoring with TC officers.
 - 5. To ensure that all multiple needs offenders are receiving program requirements for aftercare in the TC program, specialized officers shall coordinate treatment with TC officers.
 - 6. If the offender has satisfactorily completed another caseload, the offender may be referred back to the TC caseload.

VIII. URINALYSIS (UA) FOR TC OFFENDERS

- A. A negative UA taken within 15 calendar days before an offender's discharge is necessary for successful completion of each phase. Results shall be documented in the OIMS within three (3) business days.
- B. All Phases shall require monthly targeted urinalysis testing. Treatment providers administering urinalysis for offenders shall share the results with the parole officer and vice versa. Urinalysis tests taken by treatment providers cannot substitute specimens required to be sent for confirmation testing prior to the pre-revocation process; therefore, testing shall be conducted by the division monthly.
- C. TC offenders shall be target tested one (1) time each month; however, offenders may also be selected for random testing. The random test selection does not replace the targeted test selection criteria.
- D. Any positive UA shall result in increased frequency of urinalysis with appropriate

interventions and/or treatment modifications in accordance with PD/POP-3.2.10 *Drug and Alcohol Testing Administrative Guidelines*.

IX. OFFENDER 25% ASSESSMENT AND CO-PAYMENT

- A. Each offender referred to the contracted facility by the Parole Division for any level of residential and outpatient substance abuse treatment services shall be required to pay a 25% assessment fee for residential services, a weekly co-payment for group sessions and co-payments for each individual session for outpatient services. The TC officer shall ensure that all offenders on the caseload are submitting the required per diem or co-payment to the contracted vendor(s).
 - 1. Co-payment for outpatient group sessions shall be \$5.00 per week for group.
 - 2. Co-payment for outpatient individual sessions shall be \$10.00 per individual session.
- B. Upon notification from the contracted vendor of an offender's failure to pay required assessment or co-payment, the officer shall conduct a case staffing with the offender and the unit supervisor instructing the offender to pay required assessment/co-payment fees.
- C. No offender receiving income shall be exempt from paying the required 25% assessment or co-payments, except upon approval of the region director or designee.
 - 1. Requests for exemption shall be made through the offender's supervising parole officer and sent through the proper chain of command who will submit the request to the region director or designee.
 - 2. A request may be considered and granted if it is determined and documented that payment of the 25% assessment fee or co-payment would place an undue financial hardship on the offender or his immediate family. If an offender reports inability to provide the assessment or co-payment as required, the TC officer shall:
 - a. Complete the Co-payment Action/Sanction form (PMS-51) and forward it to the region director or designee for a decision.
 - b. If the region director or designee approves the exemption, the TC officer shall forward the PMS-51 to the contracted vendor.
 - c. If the region director or designee denies the exemption, the TC officer shall notify the offender of the denial and complete graduated interventions for continued nonpayment.
 - d. At no time shall services be denied due to an offender's inability to pay the co-payment.
 - 3. The division, upon review of the information submitted, shall notify the contractor of the results of the review and the offender's status relevant to payment of 25% assessment or outpatient co-payment fees.

4. The TC officer shall document all payment and interventions on the PMS-51 and in the OIMS.

X. IMPOSITION OF SPECIAL CONDITIONS

Offenders who have completed an In-Prison Therapeutic Community (IPTC) program shall have special condition 'S' imposed prior to their release. If special condition 'S' has not been imposed, the supervising officer shall request that the condition be imposed. Some offenders may have special condition 'O' (must follow prescribed chemical dependency program) imposed prior to the effective date of this policy or special condition 'O.05' (drug/alcohol continuum of care). Special condition 'S' also needs to be requested for offenders with special condition 'O'.

- A. The TC officer shall submit a completed transmittal for imposition of special condition 'S' to the Board for approval.
- B. The supervising officer shall notify the offender of special condition 'S' imposition and obtain the offender's signature on the Notice of Special Condition form (PSV-120).
- C. The components of special condition 'S' for IPTC offenders are contained in the Therapeutic Community Acknowledgement of Program Components (PMS-22). The supervising parole officer shall ensure that the most current version of the form is in the offender's file. The parole officer shall explain the components to the offender. The original shall be imaged into the OIMS.
- D. Offenders who have completed a Substance Abuse Felony Punishment Facility (SAFPF) program as the result of a parole or mandatory supervision modification should already have a special condition 'SAFP'. If special condition 'SAFP' has not been imposed, the supervising officer shall request that special condition 'S' be imposed as noted above.

XI. WITHDRAWAL OF SPECIAL CONDITIONS

- A. Special conditions 'SAFP', 'S', 'O' (prescribed chemical dependency program), or 'O.05' (drug/alcohol continuum of care) shall not be withdrawn upon compliance and completion of any substance abuse program.
- B. The TC officer shall document in the program referral that the offender has met the objectives of the program and is no longer in need of TC treatment services. In the event the offender has a future need for the services, he or she may be returned to the TC caseload.

XII. AUTHORIZATION MANAGEMENT SYSTEM (AMS)

A. Responsibilities of Entering Authorizations

1. All Phase I and Phase I-B vendor payments shall be initiated by the Huntsville

Placement and Release Unit (HPRU) in AMS.

2. Upon completion of Phase I (successful or unsuccessful), HPRU shall enter the offender's Phase I termination date and code in AMS as confirmed by the vendor's Daily Activity Reports (DARs).
3. Upon completion of Phase I-B outpatient services (successful or unsuccessful), the TC officer shall enter the phase termination in AMS.
4. The TC officer shall be responsible for entering and terminating Phase II vendor services in the AMS.

B. Entering Authorizations into the AMS

1. Enter web address <https://www.cjadtaip.tdcj.state.tx.us/ams/servlet/ams>
2. Login by entering UserID and Password.
3. At the Client Search screen, enter the offender's State Identification (SID) number (preferable) or name then click the Search tab. If the offender is not AMS, it means the offender has not been entered; therefore, you must contact the AMS administrator for assistance.
4. If the offender is in AMS, after clicking the Search tab a client list will automatically pull up showing the offender's name and SID#. You will be required to click on the paper/glass icon to open the Client Service Authorization document.
5. To create a service authorization, click on the Create tab to initiate the creating authorization process. After clicking the Create tab, a Community Supervision/Parole Case Manager Information screen will appear. Ensure all fields are completed in order to proceed to the next screen. Click on the Next tab to bring up the next screen.
6. Click on the Referral drop down box to select the referral type for the program.

Referral Types by Program:

- a. TTC-IPTC Parole
 - b. TTC-SAFPF Parole
 - c. TC Phase I-B Parole, IPTC and TC Phase I-B Parole SAFPF must only be selected by HPRU.
7. Next select Service type by clicking on the drop down arrow (always select a parole service type).
 8. After selecting the service, enter Vendor Referred To by using the drop down.

9. Select the particular vendor Service Site the client is being referred.
 10. Upon selecting the service site, you will be required to type the Date Expected to Start and Expected Date to Finish. Both dates must be entered with a slash, '/'. The dates for both services (Individual and Group) must be similar. The units are already programmed and do not need to be typed in.
 11. Once completed click on the Finish tab to proceed to the next screen. Click on the Client tab in which the client authorization will appear.
- C. Terminating Authorization Management System (AMS) entries
1. To terminate a client service authorization, click on the Terminate tab.
 2. Confirm parole officer (PO) information. You will be required to type in your PO information if you are not the same PO who created the authorization. When done click on the Next tab to proceed to the next screen.
 3. Type in the effective termination date manually or click on the calendar icon to populate the date field as desired.
 4. Click on the drop down arrow to show the list of termination codes and select the precise code that fits the reason why you are terminating the client.
 5. Type in the reason you are terminating the client.
 6. When done, click the Finish tab to save your entry.

XIII. VIOLATIONS AND INTERVENTIONS

- A. All conditions of supervision apply to offenders on the TC specialized caseload. The TC officer shall utilize interventions per PD/POP-4.1.1 *Processing Violations of the Rules and Conditions of Release* to increase control of offenders and direct offenders toward future compliance with the rules and conditions of release and toward participation in substance abuse treatment activities.
- B. Failure to comply with special conditions 'S', 'O', or 'SAFP' may result in a Violation Report and supervision interventions per PD/POP-4.1.1 *Processing Violations of the Rules and Conditions of Release*.

XIV. PRE-REVOICATION STATUS

- A. Offenders who have an active pre-revocation warrant or who are in custody awaiting a pre-revocation hearing shall be transferred to the pre-revocation unit or officer, if one exists for that parole office.
- B. If no pre-revocation unit or officer exists for that office, the TC parole officer shall retain

the case until final disposition.

- C. If continued on supervision, the offender shall be returned to a TC caseload.

XV. STATISTICAL REPORTING OF THE THERAPEUTIC COMMUNITY TREATMENT PROGRAM

- A. The TC officer shall complete the Therapeutic Community (TC) Monthly Statistical Report (PMS-30A) which identifies the TC officer's offender caseload.
- B. The unit supervisor shall obtain the PMS-30A from each TC officer in the District Parole Office and verify report accuracy, including mathematical calculations.
 - 1. The unit supervisor shall compile the PMS-30A reports and submit one (1) PMS-30B report for their respective District Parole Office.
 - 2. The unit supervisor shall submit, no later than the fifth (5th) business day of each month, a copy of the form by fax, Lotus Notes, etc., to Specialized Programs and to the region director.
 - 3. The TC officer's copies of the PMS-30A shall be attached to the TC caseload unit supervisor's copy of the PMS-30B report and retained at the District Parole Office for a minimum of two (2) years.

Stuart Jenkins
Director, Parole Division