RISK ASSESSMENT OF SAFPF OFFENDERS

SUBJECT: RISK ASSESSMENT OF SAFPF OFFENDERS

APPLICABILITY: Substance Abuse Felony Punishment Facility (SAFPF) Program

PURPOSE: To establish policy and procedures for the risk assessment and management of offenders participating in the Substance Abuse Felony Punishment Facility (SAFPF) Program.

DISCUSSION: Offenders shall be assigned a supervision category level according to facility procedures and guidelines established in this policy.

PROCEDURES:

I. Offenders shall be enrolled into the SAFPF Treatment Program within 24 hours of arrival, excluding weekends and holidays. Exceptions shall be cleared by the Intensive Treatment Section Program Supervisor V (PS V) or designee.

II. Upon arrival at the SAFPF, the Warden or designee (Captain or above) shall review the records of each newly received offender, complete a risk assessment on the appropriate form, and assign a supervision category level. Only the Warden or designee may assign an offender to a supervision level that is not commensurate with the objective individual characteristics of the offender as indicated below.

III. Category Levels:

A. Substance Abuse Level I (SA-I) – Criteria for SAFPF offenders primarily assigned to the SA-I is as follows:

1. May not have a recent pattern of in-custody assaultive behavior;

2. May not show evidence of psychological instability;

3. May not have any convictions for offenses of violence or aggressive sexual misconduct;

4. May not have an escape(s) from an adult correctional facility or a recent escape(s) from a juvenile facility;

5. May not have any detainers; and

6. Shall have a clear conduct record with no disciplinary violations or history of misconduct during the current incarceration, and no major disciplinary violations or history of misconduct within the past five (5) years during a prior incarceration.

7. Supervision – Frequent (sight checked at least every hour), unarmed supervision is required on all job assignments or activities either outside or inside the security perimeter.

B. Substance Abuse Level II (SA-II) – Criteria for SAFPF offenders primarily assigned to the SA-II is as follows:

1. May not have a recent pattern of in-custody assaultive behavior;

2. May not show evidence of psychological instability;
3. **May not** have any felony convictions for offenses of violence or aggressive sexual misconduct on the current offense or within the past five (5) years;

4. **May not** have an escape(s) from an adult correctional facility or recent escape(s) from a juvenile facility;

5. **May not** have any detainers (immigration or felony); and

6. Must have a clear conduct record with no major disciplinary violations or history of misconduct during the current incarceration, and no major disciplinary violations or history of misconduct within the past five (5) years during a prior incarceration.

7. **Supervision** – Direct, unarmed supervision is required on all job assignments or other activities outside the perimeter.

**C. Substance Abuse Level III (SA-III)** – Criteria for SAFPF offenders primarily assigned to the SA-III is as follows:

1. May have major, in-custody disciplinary violations or a or history of misconduct;

2. May have a pattern of major disciplinary violations or history of misconduct during current or prior incarceration;

3. May show evidence of psychological instability;

4. May have convictions for offenses of violence or aggressive sexual misconduct;

5. May have a recent or repeat escape history;

6. May have detainers (immigration or felony); and

7. May have an in-custody weapons possession.

8. **Supervision** – Direct, armed supervision is required on all job assignments or other activities outside the perimeter.

**IV. Offenders** may be scheduled to meet a reception committee chaired by the Warden or designee. The purpose of this committee shall be to review the original risk assessment and work, program, and housing assignments. Normally, this committee shall consist of a member of the treatment team and a security staff representative. In addition, if the offender is returning from crisis management, a medical representative shall be present at the committee as a voting member to address any special needs the offender may have as a result of their treatment.

**V. Offenders** shall be reviewed as appropriate or as deemed necessary by the Treatment Team.

Madeleine M. Ortiz, Director
Rehabilitation Programs Division
## Risk Assessment Form

Name: ______________________  DOB: _______________  TDCJ#: __________________

Initial Assessment: _______  Follow-Up Assessment: _______

<table>
<thead>
<tr>
<th>Check the following Criteria if applicable:</th>
<th>Additional Information</th>
<th>Recommended Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent pattern of in-custody assaultive behavior</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Pattern of in-custody disciplinary violations or history of misconduct</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Psychological instability</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>In-custody weapons possession</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Felony convictions for violence or aggressive sexual misconduct on the current offense or w/in past five (5) years</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Escape History</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Detainer(s) (immigration or felony)</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Major disciplinary violations or history of misconduct</td>
<td></td>
<td>SA3</td>
</tr>
<tr>
<td>Minor disciplinary violations or history of misconduct during current incarceration</td>
<td></td>
<td>SA2</td>
</tr>
<tr>
<td>Misdemeanor convictions for violence/aggressive sexual misconduct on the current offense or w/in past five (5) years</td>
<td></td>
<td>SA2</td>
</tr>
<tr>
<td>Clear conduct record with no disciplinary violations or history of misconduct</td>
<td></td>
<td>SA1</td>
</tr>
</tbody>
</table>

Category Assigned: ______________

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Warden or Designee Signature: ______________________  Date: ____________