



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 513.02

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Effective Date: August 15, 2012

Distribution: B

Supersedes: 513.02 (10/15/08)
PCN 11-7 (3/1/11)

Approved by: Derrick D. Schofield

Subject: TRANSITION CENTER PROGRAMMING

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601.
- II. PURPOSE: To establish a program that provides treatment and a structured release back into the community.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees.
- IV. DEFINITIONS:
 - A. Evidence-Based Practices: The use of practices 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.
 - B. Phase I: The orientation, assessment, and treatment phase in which participants will begin intensive treatment based on best practices.
 - C. Phase II: The stabilization and rehabilitation phase that focuses on community service and employment readiness skills.
 - D. Phase III: The reentry and employment retention phase that focuses on an employment and reentry plan. (This phase may allow for eligible offenders to be on work release).
 - E. Phase Progression: The progressive movement of an inmate from one treatment level to the next based upon observable accomplishment of treatment goals.
 - F. Re-entry Plan: The guidelines that are provided to program participants upon completion of treatment which assist the offender in identifying issues, services, and resources to promote success upon release to the community.
 - G. Transition Center: A facility designed to assist in the transition of inmates from prison life to community living, that is guided by specific guidelines and expectations.
- V. POLICY: It is the policy of the TDOC to provide (within the limitations imposed by available resources) an opportunity for inmates to participate in transition services that impact their reentry into the community.
- VI. PROCEDURES:
 - A. Eligibility Criteria:
 1. Eligibility Criteria:

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- a. Inmates must be eligible under classification guidelines for placement at an annex (See Policy #404.07)
 - b. Inmates must meet physical and policy requirements of community service projects and/or work release. (See Policies #505.08 and #505.10)
 - c. Inmates shall not have had a Class A or B disciplinary conviction within the last six months
2. Priority Criteria:
- a. Inmates who receive a Board of Parole (BOP) mandate to successfully complete a transition center program
 - b. Inmates within 12-15 months of the expiration of their sentence
 - c. Inmates who are recommended by BOP to complete the program prior to their next scheduled parole hearing
 - d. Inmates who are within 12-15 months of their release eligibility date or within 9-12 months of their future action date. Safety valve dates are not considered for eligibility.
 - e. Inmates with a TAP-BIG recommendation to complete transition center programming.
3. Exclusion Criteria:
- a. Inmates with sex related charges
 - b. Inmates who have been charged with Murder One unless they receive a BOP mandate and receive the approval of the Deputy Commissioner of Operations
 - c. Inmates with active felony detainers and/or pending charges
 - d. Inmates pending deportation actions
 - e. Confirmed Security Threat Group (STG) members. The following exceptions will remain eligible:
 - (1) Those completing the STG Program.
 - (2) Those completing gang renunciation and the associated monitoring period.
 - (3) Those designated inactive by Office of Investigation and Compliance (OIC).

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- B. Screening and Selection Process: The inmates' counselors will be responsible for reviewing participants during their annual reclassification for program eligibility. Inmates who have an expiration of sentence date within the next two years will be reviewed for possible consideration. The counselor, pre-release coordinator, and IPO will work together to assure those mandated and recommended by BOP are reclassified and transferred (if necessary) to the Transition Center in a timely manner.
1. The program selection team will meet as needed to screen and to prioritize potential applicants.
 2. After receiving approval from the CCC at the receiving institution, the CCC at the sending institution completes a reclassification and will notify Central Office Dispatch for transfer.
 3. The program selection team will notify the Inmate Job Coordinator (IJC) at the receiving institution of the pending transfer and which priority criteria the inmate meets.
 4. The CCC at the sending institution shall contact eligible participants through their counselors at each institution and offer program placement. No participant shall be accepted, transferred, or begin programming until Transition Center Participant Agreement, CR-3769, is signed and faxed or e-mailed to the appropriate CCC at the receiving institution.
 5. The Transition Center Participant Agreement form shall be maintained in an ongoing physical file by the CCC at the receiving institution, then copied and forwarded to the Transition Center Program Manager for placement in the participant's file.
 6. When a position becomes vacant, the Transition Program Manager will advise the IJC in writing as to which inmate has top priority to fill the vacancy.
 7. Once assigned to the transition program, an inmate's name will be removed from all registers and will not be permitted to be placed on any other registers while in the program, unless BOP recommends release for the individual based on the completion of a different program.
- C. Program Design
1. The Transition Center will consist of three phases.
 - a. Phase 1 will include an assessment and orientation phase in which participants will begin intensive treatment. Any substance abuse treatment must be performed in accordance to the procedures outlined in Policy #513.07.
 - b. Phase 2 will focus on community service and employment readiness skills. Emphasis shall be placed on the types of identification that are required for employment/work release.
 - c. Phase 3 will address reentry employment and employment retention.

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2. Phase progression is approximately three months; however, each phase must be successfully completed and based on the accomplishment of observable treatment goals, including completion of assignments, attendance of groups, and observable behavioral changes, before advancement to the next phase is granted. The length of the program will be at least nine months and no more than twelve months.
3. Within 10 working days after job placement in the program, the counselor and the participant will develop a Transition Center Individual Service Plan, CR-3714. The Service plan will detail treatment goals and performance objectives for each phase of the program. Program records such as the CR-3714 shall be maintained for each inmate and included in the institutional record upon departure from the program.
4. Inmates who are not approved for work release will be placed in an alternative work assignment with TDOC or other state agency supervision.
5. A Monthly Programming Reporting, CR-3759, is to be submitted to the Director of Mental Health and Substance Abuse Services/designee by the 10th of each month.
6. Programs shall develop a disciplinary process with the following guidelines:
 - a. Programs will develop a set of Cardinal Rules, for which any violation results in dismissal.
 - b. Any other rule violations shall follow the graduated sanctions process outlined in Policy #513.07.
7. After fees have been assessed, Phase III participants who have a free world job shall be required to save, at minimum, 50% of earnings in a free world savings account to be used for re-entry purposes upon that individual's release. During incarceration, participants shall not have access to their savings account and all transactions shall be coordinated by the facility's trust fund division.
8. All participants shall agree to and sign the following forms upon admission:
 - a. CR-3750, Substance Abuse Informed Consent for Treatment Services
 - b. CR-3751, Substance Abuse Confidentiality Notice and Waiver
 - c. CR-3755, Substance Abuse Participant Rights and Limits of Confidentiality Acknowledgement

If a participant chooses not to sign the forms, he/she will lose the opportunity to participate in the transitional program and be returned to their sending institution if applicable.

D. Discharge Procedures

1. Prior to the inmate's release from the Transition Center, the inmate and his/her counselor shall develop written Re-Entry Plans.

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- a. The counselor shall make re-entry suggestions on the Substance Abuse Clinical Discharge Summary, CR-3713. The CR-3713 shall include, but is not limited to, aftercare treatment needs, living arrangements, community contact information, employment information, and educational/vocational interest.
 - b. Participants shall complete a Substance Abuse Participant Program Re-Entry Plan, CR-3748, and have it approved by their appropriate counselor prior to release. This plan shall have legitimate goals and the steps required to meet them in all aspects of the re-entry process.
2. An inmate shall be discharged successfully from the program only after the achievement of all individual treatment goals and performance objectives as defined by the inmate's Transition Center Individual Service Plan, CR-3714. A request for Program Dismissal, CR-3054, shall be completed and submitted to the IJC. (See Policy #505.07)
 3. An inmate may be discharged from a Transition Center for, but not limited to, the following reasons (See Policy #505.07):
 - a. Successful Completion
 - b. Any TDOC Class A or B disciplinary conviction
 - c. Multiple program rule violations
 - d. Inability to perform necessary program duties
 - e. Contact Notes, LCDG, or Program Notes, LJEC, will be entered to document rule violations, inability to perform necessary program duties, etc., per Policy #505.07.
 4. Any voluntary exit by a participant after signing the Transitional Center Participant Agreement, CR-3769, shall be considered a Refusal to Participate and will have an associated Class A Disciplinary.

VII. ACA STANDARDS: 4-4444.

VIII. EXPIRATION DATE: August 15, 2015.



**TENNESSEE DEPARTMENT OF CORRECTION
TRANSITION CENTER PARTICIPANT AGREEMENT**

PARTICIPANT NAME (*Please Print*)

TRANSITION CENTER

CARDINAL RULES

- No Drugs or Alcohol
- Must Actively Participate in Program Activities
- No Disrespect to Staff or Participants as outlined in Policy 513.07
- No Violence or Threats of Violence
- No Violating Confidentiality
- No Acting Out Sexually
- No Violations Considered a Class A Offense

I have read and understand the seven Cardinal Rules of the Transition Center. 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 with a Class A-Disciplinary for Refusal to Participate.

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 with a Class A-Disciplinary 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 for not responding to treatment with associated Class A-Disciplinary.

Finally, I understand that during the free world work release portion of this program, 50% of my earnings after taxes and fees have been assessed will be placed into a free world savings account. I will not be able to access this account during my incarceration, but will have full access to it in order to assist with re-entry needs upon my release.

I **ACCEPT** placement into this program.

PARTICIPANT SIGNATURE

DATE

I **DECLINE** placement into this program and I understand that by declining placement that my name will be removed from the Substance Abuse Programming register, and I will not be eligible for any further Substance Abuse Services 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
SUBSTANCE ABUSE INFORMED CONSENT FOR TREATMENT SERVICES**

INSTITUTION

Dear Participant:

Welcome to the Tennessee Department of Correction (TDOC) Substance Abuse 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 from personnel of this facility.

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 participant.

Participant Name/TDOC Number

Participant Signature

Date

Counselor Name

Counselor Signature

Date

Clinical Manager Name

Clinical Manager Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE ABUSE
CONFIDENTIALITY NOTICE AND WAIVER**

INSTITUTION

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 abuse 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 of Birth

Staff Witness Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE ABUSE CLINICAL DISCHARGE SUMMARY**

INSTITUTION

Participant Name: _____ TDOC Number _____
Please Print

Date of Birth: _____

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
CRIMINAL THINKING				
	Entitlement			
	Justification			
	Power Orientation			
	Cold Heartedness			
	Criminal Rationalization			
	Personal Responsibility			
PSYCHOLOGICAL				
	Self Esteem			
	Depression			
	Anxiety			
	Decision Making			
	Expectancy			
	Accuracy			
SOCIAL				
	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



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE ABUSE
PARTICIPANT RIGHTS AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGMENT**

INSTITUTION

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 clinic 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. You 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.

Signature of Clinician

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/Designee

Date

Date



TENNESSEE DEPARTMENT OF CORRECTION
PARTICIPANT RE-ENTRY PLAN

INSTITUTION

PARTICIPANT NAME

TDOC NUMBER

DATE OF BIRTH

DATE

HOME PHONE NUMBER

ALTERNATE PHONE NUMBER

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REASON FOR CURRENT INCARCERATION- CHARGE: _____

NUMBER OF INCARCERATIONS: _____

PROGRAMS COMPLETED: _____

ARRIVAL DATE: _____ RELEASE DATE: _____

SMART Goals should be established for each section.

Specific - Goals must be clearly identifiable.

Measurable - Goals must be calculable.

Attainable - Goals must be achievable.

Realistic - Goals must be sensible.

Timed - Goals must have an established timeframe.

Do not be afraid to dream big on the goals. Just make sure to think out the steps that you are going to have to take to reach that goal. Make each step realistic and attainable, and use these "mini-goals" as stepping stones to the ultimate goals/objectives.

Please note that this plan is only a guide to assist incarcerated individuals and those individuals soon to be released from prison with their efforts in reentering the community. It is up to the individual person for whom the plan is developed to make sincere efforts in following this plan and other legitimate means of reintegrating themselves into the community. It should be emphasized that the goals and responses set forth in this plan should be by the individual for whom this plan is developed with the assistance/guidance of the Board of Parole (BOP) and/or Counseling Staff

PARTICIPANT NAME	TDOC NUMBER	DATE
Spouse/Paramour Relationship: Are there any issues?		Yes ___ No ___

ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)
BARRIERS (RELATED TO TOPIC):
SKILLS/STRENGTHS (RELATED TO TOPIC):
ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.
STEP 1:
TARGET DATE:
STEP 2:
TARGET DATE:
STEP 3:
TARGET DATE:
STEP 4:
TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
COMPLETION DATE:

PARTICIPANT NAME

TDOC NUMBER

DATE

Housing Needs: Are there any issues?

Yes ___

No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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TARGET DATE:
STEP 3:
TARGET DATE:
STEP 4:
TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Legal Needs: Are there any issues?

Yes ___

No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
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TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Employment Needs: Are there any issues? Yes ___ No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Transportation Needs: Are there any issues?

Yes ___

No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Medical / Dental Needs: Are there any issues?

Yes ___

No ___

<u>ULTIMATE GOALS:</u> (IF THERE ARE NONE, EXPLAIN WHY NOT)
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED:</u> PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.
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TARGET DATE:
STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Budget / Financial Needs: Are there any issues? Yes ___ No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Alcohol, Drug and Addiction Issues/ Counseling/Support: Are there any issues? Yes ___ No ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Anger Management/ Relapse Prevention: Are there any issues?

YES ___

NO ___

<u>ULTIMATE GOALS:</u> (IF THERE ARE NONE, EXPLAIN WHY NOT)
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED:</u> PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.
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STEP 5:
TARGET DATE:
STEP 6:
TARGET DATE:
<u>COMPLETION DATE:</u>

PARTICIPANT NAME

TDOC NUMBER

DATE

Social Services / Individual or Other Needs: Are there any issues?

YES ___

NO ___

<u>ULTIMATE GOALS: (IF THERE ARE NONE, EXPLAIN WHY NOT)</u>
<u>BARRIERS (RELATED TO TOPIC):</u>
<u>SKILLS/STRENGTHS (RELATED TO TOPIC):</u>
<u>ACTION/ITEMS NEEDED: PLEASE FILL OUT THE STEPS THAT NEED TO BE TAKEN TO GET TO THE ULTIMATE GOAL/OBJECTIVE LISTED ABOVE.</u>
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SMART Goals should be established for each section.

Specific - Goals must be clearly identifiable.

Measurable - Goals must be calculable.

Attainable - Goals must be achievable.

Realistic - Goals must be sensible.

Timed - Goals must have an established timeframe.

Each section should have a realistic, logical, step-by-step plan to reach the goals listed at the beginning. ALL participants should agree that the steps are attainable, relate to the final goal, and are willing to help the client achieve these goals. Please review the re-entry plan for these qualifications, and once agreed upon, please sign below:

PARTICIPANT(S) SIGNATURE(S)

<u>PARTICIPANTS</u>	<u>NAME</u>	<u>DATE</u>	<u>SIGNATURE</u>	<u>AGREEMENT</u>
Participant	_____	_____	_____	_____
Family/Partner	_____	_____	_____	_____
Case Manager	_____	_____	_____	_____
Family Liaison	_____	_____	_____	_____
IPO/BOP	_____	_____	_____	_____
Other (Specify)s	_____	_____	_____	_____



**TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY PROGRAMMING REPORTING**

Institution: _____
 Program Manager: _____
 Person Submitting Report: _____

Month/Year: _____

I. INTAKE SUMMARY	BEGINNING			RACE				# DISCHARGES	RACE				ENDING CENSUS
	CENSUS	# REFERRALS	# INTAKES	W	B	H	O		W	B	H	O	
TDOC TC	0	0	0	0	0	0	0	0	0	0	0	0	0
CCA TC	0	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	0
Group Therapy	0	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	0
Behavioral TC	0	0	0	0	0	0	0	0	0	0	0	0	0
TVDP	0	0	0	0	0	0	0	0	0	0	0	0	0
Life Management (MH)	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

II. URINALYSIS TESTING	INMATES TESTED	# NEGATIVE	# REFUSED	# POSITIVE	SUBSTANCES DETECTED					
					THC	AMPH	COC	BENZO	OTHER	
INITIAL TESTING	0	0	0	0	0	0	0	0	0	0
RANDOM (PROG)	0	0	0	0	0	0	0	0	0	0
RANDOM (SECUR)	0	0	0	0	0	0	0	0	0	0
END OF PROGRAM	0	0	0	0	0	0	0	0	0	0
PAROLE TESTING	0	0	0	0	0	0	0	0	0	0
RETEST/SANCTION	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

III. DISCHARGE SUMMARY						
TOTAL DISCHARGES:	SUCCESSFUL	0	UNSUCCESSFUL	0	TOTAL	0

SUCCESSFUL DISCHARGES	Released -	
	General Population	Parole
TDOC TC	0	0
CCA TC	0	0
Contractor TC	0	0
Group Therapy	0	0
Transitional Program	0	0
Behavioral TC	0	0
TVDP	0	0
TOTAL	0	0

UNSUCCESSFUL DISCHARGES	Rule Breaking	Drug Use	Medical	Transferred		Early Parole	Program Mandate	Expired
CCA TC	0	0	0	0	0	0	0	
Contractor TC	0	0	0	0	0	0	0	
Group Therapy	0	0	0	0	0	0	0	
Transitional Program	0	0	0	0	0	0	0	
Behavioral TC	0	0	0	0	0	0	0	
TVDP	0	0	0	0	0	0	0	
TOTAL	0	0	0	0		0	0	0

IV. OTHER PROGRAM ACTIVITIES	
Total Community Services Hours Worked This Month:	
Total GEDs Received This Month:	
Other Significant Activities or Notes for This Month:	



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 513.02

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Effective Date: August 1, 2013

Distribution: B

Supersedes: N/A

Approved by: Derrick D. Schofield

Subject: TRANSITIONAL CENTER PROGRAMMING

POLICY CHANGE NOTICE 13-31

INSTRUCTIONS:

Please add inmates to Section III.