

Attachment Two: Tennessee Department of Correction Policies

****The policies enclosed are subject to revisions. The expiration date of the policy is the date of the State's anticipated revision date and not an exclusion of operational duties.****

Policies Enclosed

#103.10.1 Title VI-Limited English Proficiency

#109.03 Retention and Disposition of Tennessee Department of Correction Records

#113.35 Therapeutic Diets

#113.95 Accommodations for Deaf and Hard of Hearing Inmates


#115.01 Standards for Volunteers and Coordination of Community Involvement

#116.08 Religious Diet Program

#513.07 Substance Use High Intensity Residential Services

#705.04 Substance Use Screening

#705.07 Community Supervision Offender Grievance Procedures

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 103.10.1	Page 1 of 5
	Effective Date: February 1, 2019	
	Distribution: A	
	Supersedes: 103.10.1 (12/1/15) PCN 18-31 (5/15/18)	
Approved by: Tony Parker		
Subject: TITLE VI – LIMITED ENGLISH PROFICIENCY (LEP)		

- I. **AUTHORITY:** TCA 4-3-603; TCA 4-3-606; TCA 4-21-901; TCA 4-21-904; TCA 4-21-905; and Title VI of the Civil Rights Act of 1964, 42 USC 2000d et seq; Federal Executive Order 13166.
- II. **PURPOSE:** To establish guidelines in accordance with Title VI Civil Rights Act of 1964 and Executive Order 13166 by taking reasonable steps to provide meaningful access to programs and activities to Limited English Proficiency (LEP) persons to ensure language does not prevent staff from effectively communicating with LEP persons who are under the jurisdiction of the Tennessee Department of Correction (TDOC).
- III. **APPLICATION:** All Tennessee Department of Correction (TDOC) employees, visitors, and offenders under TDOC custody/community supervision, including privately managed facilities, employees of Tennessee Rehabilitative Initiative in Correction (TRICOR), and all providers and recipients of departmental services including contract service providers.
- IV. **DEFINITIONS:**
 - A. **Contracted Vendor Interpreter Services:** Contract interpretative services used by TDOC to assist in the provision of meaningful service to individuals who have a Limited English Proficiency, including those who are hearing impaired.
 - B. **Interpretation:** The oral conversion of spoken words from one language (source language) to another language (target language) while retaining the same meaning.
 - C. **“I Speak” or Language Identification Guide:** A card with a variety of languages used to determine the need for a particular language services during routine activities and encounters.
 - D. **Limited English Proficiency (LEP):** Persons who do not speak English as their primary language or who have a limited ability to read, speak, write, or understand English.
 - E. **LEP Coordinator:** The Associate Warden of Treatment at TDOC facilities, the Assistant Warden/Deputy Superintendent at privately managed facilities, and the Title VI Coordinator for the Department of Correction.
 - F. **Primary Language:** An individual’s native language in which an individual is most able to effectively communicate.
 - G. **Meaningful Access:** Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.
 - H. **Sub-Recipients:** For purposes of this policy, TDOC contractors who provide direct service programs to offenders and beneficiaries (i.e, private management of institutional operations, substance use or mental health treatment programs, health services, educational programs, etc.)

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- I. Translation: The replacement of written text from one language (source language) into an equivalent written text in another language (target language).
- J. Programs and Activities: Any programmatic activity or assignment that is funded with federal or state monies and conducted or sanctioned by the TDOC. These activities or assignments include, but are not limited to, the following:
- a. Education
 - b. Substance use treatment and testing
 - c. Behavioral health programming
 - d. Segregation, visitation, or cell/bed assignment
 - e. Referrals to the Special Alternative Incarceration Unit (SAIU)
 - f. Job/program assignments and pay levels
 - g. PREA Screening, Orientation, and Education
- K. Title VI of the Civil Rights Act of 1964: Federal statute which states that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”
- L. Title VI Coordinator: The TDOC employee appointed to adjudicate Title VI allegations and monitor compliance for the Department.
- M. Title VI Site Coordinator: The Associate Warden of Treatment/Deputy Superintendent at TDOC facilities, the Community Supervision designee at each district office, and the Assistant Warden of Treatment at privately managed facilities.
- V. POLICY: The TDOC will not discriminate on the basis of race, color, or national origin as outlined in Title VI of the Civil Rights Act of 1964.
- VI. PROCEDURES:
- A. All institutions and community supervision offices shall ensure that individuals who have a Limited English Proficiency (LEP) have access to programs and activities as required in Title VI of the Civil Rights Act of 1964. Provisions for language assistance for LEP individuals shall include but not be limited to the following:
1. Notice of available language services to LEP offenders and/or visitors at the main entrance to the facility, district office, intake, visitation galleries, and in the inmate library.
 2. Assessment: During the intake process, offenders requiring language or literacy assistance will be offered Language Identification (“I Speak) Guide to determine if the offender has a literacy or language deficiency. The names of those offenders requiring LEP services will be documented and reported to the LEP Coordinator immediately. An interpreter will be provided through utilization of institutional staff, volunteers, or contract interpreters to determine the extent of their proficiency.

Subject: TITLE VI – LIMITED ENGLISH PROFICIENCY (LEP)

- a. The LEP Coordinator at each TDOC facility shall receive an access code from the contracted vendor for interpreter services that shall be used for telephonic interpretation services.
- b. The LEP Coordinator at each district office shall contact the Director of Contract Administration at Central Office to request translation services. Request shall be made at least 48 hours in advance and the following information shall be provided:
 1. Offender First/Last Name
 2. Offender TDOC ID#
 3. Offender's Native Language
 4. Purpose of Appointment
 5. Appointment Date and Time
 6. Appointment Location (including street address)
 7. Contact Information for Staff Requesting Appointment
- c. Privately managed facilities shall ensure that qualified language interpreter services and/or document translation services are provided for non-English speaking offenders, and shall submit an LEP plan annually to the LEP Coordinator (TDOC Title VI Coordinator).
- d. No institution or community supervision office shall rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties or the investigation of an inmate's allegation under CFR 115.64 and Policy #502.06.2.

B. Types of Interpretation:

1. Telephonic interpretation: Interpreting services provided via telephone.
2. In-Person (Live) Interpretation: Interpreting services provided face-to-face between an interpreter and a non-English speaking individual

C. Procedures for Requesting and Documenting Interpretation/Translation Services:

1. Language Assistance Measures: TDOC staff, volunteers, or contract interpreters may be used to provide LEP assistance. The name of the individual providing interpreter services shall be documented on the offender management system (OMS) conversation screen (LCDG). The LEP Coordinator shall ensure that the other departments within TDOC are notified of the inmate's limited English proficiency status and/or need for interpreter services (i.e, classification, medical, mental health, count room, unit managers, PREA Coordinator, PREA Compliance Manager, etc.)

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2. Orientation/Classification Assignment and Hearing: The Counseling Service Team will evaluate the ability of the offender to understand without an interpreter. If it is evident that the offender's knowledge of the English language is insufficient then interpretation services shall be provided. The unit team will evaluate the ability of the inmate to understand the classification procedures and conduct a structural interview through an interpreter if necessary for understanding, and provide an explanation of the sentence structure. The Chief Counselor/designee will conduct all classification hearings through an interpreter (if necessary) and provide an explanation of the results of the hearing and the recommendations made during the hearing.
3. Medical/Mental Health Staff: The medical/mental health staff shall evaluate the ability of the offender to understand the consultation/treatment and the need for an interpreter. The treatment/non-treatment will be fully explained to the offender utilizing an interpreter, if necessary, for comprehension (See Policy #113.22). Offenders shall never be used as interpreters as it is related to dealing with inmate health care. The name of the interpreter shall be documented in the medical chart.
4. Disciplinary Procedures: Offenders shall be provided interpretation services, as necessary, in order to discuss his/her case prior to the hearing and throughout the hearing process up to and including appeals. Offenders shall never be used as interpreters at disciplinary hearings. The name of the interpreter shall be recorded on the disciplinary report.
5. Grievance Procedures: Offenders shall be provided interpretation services, as necessary, to assist in the submission of grievances or in order to discuss his/her case prior to the hearing and throughout the hearing process up to and including appeals. The name of the interpreter shall be recorded on Inmate Grievance, CR-1394 (See Policy #501.01)
 - a. Any offender who wishes to file a LEP complaint regarding language access may file a grievance by completing an Inmate Grievance, CR-1394 (See Policy #501.01).
 - b. Offenders under community supervision may file a LEP complaint by completing the Complaint under Title VI Civil Rights Act of 1964, CR-3893 (See Policy #705.07).
 - c. The LEP Coordinator shall investigate the complaint according to the procedures outlined in TDOC Policies #501.01 and #705.07 and provide written notice of the disposition of the LEP complaint in the offender's primary language.
6. Education/Programs: Education and/or program staff shall determine the need for interpretation services. Educational/program materials shall be provided in the language of the offender if available.
7. Housing Assignments: Unit management staff shall monitor the housing assignments of all LEP inmates and ensure that interpretation services are provided as needed.
8. Court Appearances: The records office shall notify the court if interpreter services are required in ample time to allow the courts to locate an interpreter.

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9. Parole Hearings: The Chief Counselor/designee will notify the Institutional Parole Officer (IPO) when a LEP inmate is scheduled to meet the parole board. The facility will ensure that an interpreter is available for the parole hearing if needed.
- D. Notifying the Public about Language Services: Posters and language identification guides from the contracted vendor shall be posted at each facility and district office (i.e., building entry, intake, visitation galleries, etc.) stating that interpreters are available free of charge to LEP individuals.
- E. Procedures for Accessing Document Translation Services: Should the LEP Coordinator identify a need for a specific document to be translated a request shall be forwarded to the Forms, Publications, and Printing Liaison.
- F. The TDOC shall monitor compliance regarding Limited English Proficiency through the following:
1. The annual inspection process
 2. Each LEP Coordinator shall maintain and update an LEP Policy which is included in the *Title VI Site Coordinator's Manual* (See Policy #103.10).
 3. The completion of Title VI Tracking-Limited English Proficiency (LEP) Services Provided, CR-3546. (See Policy #103.10)
- G. New employees shall receive training regarding the requirements of LEP during orientation. Current employees shall receive training during their annual in-service. Additionally, sub-recipients must provide LEP training to their staff. This training may be administered by the use of lesson plans and/or outlines; training will be reviewed and approved by TDOC annually.
- VII. ACA STANDARDS: None.
- VIII. EXPIRATION DATE: February 1, 2022.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 109.03

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Effective Date: February 9, 2023

Distribution: A

Supersedes: 109.03 (7/1/19)

Approved by:

Subject: RETENTION AND DISPOSITION OF TENNESSEE DEPARTMENT OF CORRECTION RECORDS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 10-7-302.
- II. PURPOSE: To establish policy with respect to the retention and disposition of Tennessee Department of Correction (TDOC) records.
- III. APPLICATION: All TDOC employees and employees of privately managed facilities.
- IV. DEFINITIONS:
 - A. Approved Records Disposition Authorization (RDA): An authorization signed by all members of the PRC which constitutes the department's legal authority to retain or dispose of the records named in the authorization in the manner prescribed by the authorization.
 - B. Public Records Commission (PRC): A commission designated by TCA Section 10-7-302 to determine and order the proper disposition of state records. Members of the PRC are the Secretary of State (chairman), State Treasurer, Comptroller of the Treasury, Director of Legal Services for the General Assembly, and the Commissioner of General Services. The State Archivist is a nonvoting member.
 - C. Records Officer: Section 1210-1-.01(7) of the *Rules of the Public Records Commission* states that the head of each department, commission, board, or agency shall designate a Records Officer, who shall be an employee at the administrative level, and inform the commission chairman in writing of such designation. The Records Officer shall be the primary facilitator between the agency, the Records Management Division, and the Public Records Commission.
 - D. Certificate of Records Destruction, GS-0989 (COD): A form mandated by the Office of the Secretary of State and required to be completed when destroying any public records that have reached retention in accordance with corresponding Department Records Disposition Authorizations. The COD should be emailed to the Records Officer for approval before destruction to ensure documents are ready to be destroyed and a state approved method is used for destruction.
- V. POLICY: TDOC records shall be retained and disposed of in accordance with approved RDAs.
- VI. PROCEDURES:
 - A. If an approved RDA is not in place, a division wishing to retain or dispose of departmental records shall first contact the Department's records officer for instructions on how an approved RDA may be obtained.

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- B. A division or facility wishing to destroy records which have reached their retention shall complete a Certificate of Records Destruction, GS-0989, and email it to the Records Officer for approval before scheduling a state approved method for destruction. Requests to destroy specific offender records (institutional files, health files, community supervision files, etc.) must be accompanied by a list that includes each offender's name and TDOC ID.
 - C. A division or facility wishing to destroy paper records that have been converted to electronic format must complete a COD and receive approval from Records Management Division prior to destruction.
 - D. A division or facility wishing to store records at the Central Office Archives Warehouse should first contact the Department's Records Management Division, to coordinate the transfer of records. A list of procedures for archiving will be provided and arrangements for the date and time of transfer will be scheduled.
 - 1. Paper records where the RDA allows for electronic storage will not be accepted for archives. Electronic records must be stored in a manner consistent with the RDA requirement.
 - 2. All records(files/boxes/pallets) being sent for archiving must be properly labeled using Archive Storage Label, CR-4185, before shipping.
 - 3. The sending facility is responsible for transporting records to the Central Office Archives Warehouse at the designated time and date.
 - E. All current RDAs will be listed in the Records Management Handbook under Appendices: TDOC RDA Listing and/or Statewide RDA Listing. New or revised RDAs will be distributed when updated by the TDOC Records Officer.
- VII. APPLICABLE FORMS: GS-0989 (Rev. 6/11) and CR-4185.
- VIII. ACA STANDARDS: 5-ACI-1E-01, 4-APPFS-3D-28, and 2-CO-1E-01.
- IX. EXPIRATION DATE: February 9, 2026



Tennessee Secretary of State

CERTIFICATE OF RECORDS DESTRUCTION

Agency/Division: _____	Allotment Code: _____
Address/Location: _____	Cost/Index Code: _____

RECORDS DISPOSED				
RECORD SERIES TITLE AND DESCRIPTION	RELATED RDA NUMBER	DATE RANGE OF RECORDS DESTROYED		VOLUME
		FROM (MM/YY)	THRU (MM/YY)	

CERTIFICATION OF DESTRUCTION		
ON _____ destruction of above records was made in accordance and authorized by the Tennessee Code Annotated Section 10-7-509 (a) and (b) by means of: <input type="checkbox"/> PURGING <input type="checkbox"/> SHREDDING <input type="checkbox"/> RECYCLING <input type="checkbox"/> OTHER (specify): _____		
_____ Signature	_____ Title	_____ Date



TENNESSEE DEPARTMENT OF CORRECTION

ARCHIVE STORAGE LABEL

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	..
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	..
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION



ADMINISTRATIVE POLICIES
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Index #: 113.35

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Effective Date: October 1, 2020

Distribution: A

Supersedes: 113.35 (9/30/16)
PCN 18-47 (9/15/18)

Approved by: Tony Parker

Subject: THERAPEUTIC DIETS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide therapeutic diets for inmates whose health condition requires a diet other than those prepared for the general population.
- III. APPLICATION: Wardens/Superintendents, health care staff, chaplains, unit managers, correctional officers, TDOC food service personnel, inmates, medical contractors, food service contractors, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Authorized Health Care Professional: For purposes of this policy, a physician, dentist, mid-level provider, or registered dietitian.
 - B. Therapeutic Diet: Special meal or food combination lists developed by the contract Dietician and prescribed by an authorized health care professional as part of the inmate's medical or dental treatment.
- V. POLICY: Therapeutic diets shall be prescribed by an authorized health care professional when medically/dentally indicated and shall be provided by the food service staff.
- VI. PROCEDURES:
 - A. Authorization and Indications:
 1. The institutional physician/designee shall develop an institutional plan in cooperation with the contract Food Service Director, with the intent to minimize unnecessary therapeutic diet orders in the institution by educating the inmate in proper self-care and nutrition.
 2. Therapeutic diets shall not be ordered to accommodate an inmate's food preference or special requests.
 3. Inmates requesting therapeutic diets to comply with religious beliefs shall be referred to the chaplain.
 - B. Documentation: In all cases, documentation of the condition requiring a therapeutic diet shall be recorded in the health record. When a therapeutic diet order is requested, a Therapeutic Diet Order, CR-1798, shall be initiated and signed by the physician, dentist, or mid-level provider with copies distributed as indicated on the form. Therapeutic diet orders shall be documented on the Physician's Orders, CR-1892.
 - C. Requests/Orders:

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1. Therapeutic diets shall be ordered by an authorized health care professional only when a medical or dental condition precludes the inmate from eating the food prepared for the general population.
2. The therapeutic diet shall begin with the next scheduled meal, unless otherwise indicated. The Therapeutic Diet Order, CR-1798, must be electronically scanned to the contract Food Service Director or designee at least two hours prior to the serving time in order to be effective for that meal.
3. Orders are valid for a maximum of three months, or until they expire, are discontinued, a new diet order is written or changed by the authorized health care professional, or refused in writing by the inmate, in accordance with Section VI.(D)(5) of this policy.
4. Diets other than those listed on the Therapeutic Diet Order, CR-1798, may be utilized as needed on a restricted basis and may be requested as titled in the Contractor's medical diet manual or by contacting the contract Dietitian.
5. If a required diet is not included on form CR-1798, or if other modifications are needed, the prescriber must contact the contract Food Service Director and the contract Dietitian.
6. If at any time the prescriber determines that there is no clinical reason to continue the therapeutic diet, he/she shall document the discontinuation on the Physician's Orders, CR-1892, and notify the Contract Food Service Director.

D. Refusal and Non-Compliance:

1. When a therapeutic diet request is refused or canceled, the food service department shall be notified per institutional procedure.
2. Health services staff shall document diet tray refusals in their respective infirmary wards.
3. Diet tray refusals or failure to pick up therapeutic meals in the living units or from food service shall be documented and charged as indicated in Policy #116.01.
4. When the health care staff encounters inmates, who are non-compliant with their therapeutic diets they shall counsel the inmate regarding the importance and necessity of compliance with the diet. This counseling shall be documented in the health record on the Problem Oriented - Progress Record, CR-1884, and the Teaching Counseling Plan, CR-2742. In accordance with Policy #113.51, inmates may refuse medical diets by signing a Refusal of Medical Services, CR-1984. The signed Refusal of Medical Services, CR-1984, will remain in effect until the Therapeutic Diet Order expires or until the next follow-up with the medical provider. The inmate will not be charged if the CR-1984 is in effect.
5. If an inmate signs a CR-1984 then chooses to resume their therapeutic diet more than twice in a 30-day period then the therapeutic diet trays will continue per the original Therapeutic Diet Order or until the next follow-up with the medical providers.
6. Inmates with an order for a therapeutic diet tray may refuse the tray in favor of a standardized diet tray. In this instance, they shall be charged \$5.00 for the unused therapeutic diet tray and must see the prescribing provider before the therapeutic diet is discontinued.

Subject: THERAPEUTIC DIETS

7. If an inmate refuses or fails to pick-up his/her therapeutic meal for nine consecutive meals, the individual responsible for documenting the meal service shall notify the health service staff by using a reproduced copy of the Therapeutic Diet Request, CR-1798, within 24 hours or the next business day after the ninth missed meal. The inmate will have effectively demonstrated non-compliance with the therapeutic diet although a Refusal of Medical Services, CR-1984, has not been signed. The provider shall follow the same documentation procedure indicated in Policy #113.51 and provide a copy to the food service department. The food service manager shall be notified by phone or e-mail in addition to written documentation.
 8. Inmates that receive total parenteral nutrition (TPN) or a tube feeding as a sole source of nutrition and have an order for NPO may refuse the TPN or tube feeding by signing a Refusal of Medical Services, CR-1984, but will not receive a meal tray and a charge will be assessed. The healthcare staff will counsel the inmate regarding the importance and necessity of compliance with TPN and/or tube feeding.
- E. Dietary Education: When initiating a new diet, the prescriber shall have the responsibility of educating each inmate on the clinical indication for his/her diet, and the duration, special instructions, and recommended food restrictions (including commissary items) of his/her diet. Education should include written materials with emphasis on foods to avoid, foods that are of benefit, and weight management, when appropriate. The educational intervention shall be documented in the inmate health record on the Teaching Counseling Plan, CR-2742. The inmate shall sign the Therapeutic Diet Order, CR-1798, indicating that the therapeutic diet has been fully explained.
- F. Transfers:
1. When an inmate on a therapeutic diet is transferred to another facility, all pertinent information regarding the diet shall be entered in the health record that accompanies the inmate. (See Policy #113.04)
 2. Upon an inmate's transfer, the current and valid diet order shall be included in the record for transfer to the receiving institution. The therapeutic diet shall be continued until the inmate can be reevaluated by a physician, dentist, or mid-level provider at the receiving institution.
- G. Special Considerations for Potential Food Allergies:
- 1, Clinical personnel notified of inmates with the common food allergies of shellfish, peanuts, or eggs, during initial intake/classification shall have a therapeutic diet order written.
 2. Inmates post intake/classification that notify clinical personnel of food allergies during sick call must be specific when identifying the food allergen and agree to food allergy testing for the specific allergen unless proof of previous testing can be verified from an outside provider. A therapeutic diet order will not be written outside of these parameters.
 3. During the period awaiting the test results the inmate shall receive a 30-day order for a therapeutic diet that excludes the potential allergen.
 4. If the test results are negative for the specific food allergen, the temporary therapeutic diet shall be discontinued, and a regular diet tray ordered.

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5. If the test results are positive for the specific food allergen, the temporary therapeutic diet shall be transitioned to a permanent therapeutic diet, void of the identified allergen.
 6. All orders must be written by a physician or mid-level provider for specific food allergen testing, and arrangements will be made by the medical vendor for the allergy testing to occur.
 - H. Religious Diet Requests: Inmates requesting no beef, pork, poultry, and/or other specific food items for religious reasons shall apply via the exception pathway outlined in Policies #116.01 and #116.08.
 - I. Food Service Responsibilities: Institutions shall follow policies #116.01, #116.03, #116.05, and #506.16, regarding menu and diet planning as well as meal service environment and sanitation.
- VII. ACA STANDARDS: 5-ACI-5C-06, 5-ACI-5C-08, and 5-ACI-6D-06.
- VIII. EXPIRATION DATE: October 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION

THERAPEUTIC DIET ORDER

INSTITUTION: _____ LOCATION: _____

NAME: _____ TDOC ID: _____ DATE OF BIRTH: _____

ALLERGIES: _____

POTENTIAL FOOD/DRUG INTERACTION: _____

TYPE OF REQUEST: New Renewal Change Cancel

TYPE OF DIET:

- Clear Liquid (3 days only) Full Liquid Mechanical Soft Renal (includes HS snack)
 Pureed Finger Food Gluten Restricted Pre dialysis Post dialysis
 Low-fat/Low Sodium Bland Prenatal Diet (includes 3 snacks daily with meals)
 Moderate 2000 Calorie/Carbohydrate (ADA) (includes 3 meals and 1 snack daily) Non Standard Diet Order (Requires Approval)

DURATION: _____ Days START DATE: _____ STOP DATE: _____

SIGNATURE: _____ DATE/TIME: _____

Ordering Provider Signature

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

Received: Authorized Food Services Representative/ Title

Date/Time

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast L = Lunch D = Dinner

MONTH

Table with 31 columns (1-31) and 3 rows (B, L, D) for the first month.

MONTH

Table with 31 columns (1-31) and 3 rows (B, L, D) for the second month.

MONTH

Table with 31 columns (1-31) and 3 rows (B, L, D) for the third month.

MONTH

Table with 31 columns (1-31) and 3 rows (B, L, D) for the fourth month.

SIGNATURE: _____ DATE: _____

Completed: Authorized Food Service Representative/Title



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Patient's Name/TDOC ID

Subject

ELEMENT	DATES TAUGHT
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	

Note: Each entry must be signed.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.95

Page 1 of 8

Effective Date: August 26, 2022

Distribution: A

Supersedes: N/A

Approved by:

Wia Helton

Subject: ACCOMMODATIONS FOR DEAF AND HARD OF HEARING INMATES

- I. AUTHORITY: Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131-12134, TCA § 24-1-211 and 28 C.F.R. Part 35.
- II. PURPOSE: To establish guidelines in accordance with Title II Americans with Disabilities Act (ADA) by taking reasonable steps to provide appropriate auxiliary aids and services to ensure effective communication where necessary to afford inmates with hearing disabilities an equal opportunity to participate in or benefit from the services, programs, and activities of TDOC.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees and inmates under TDOC custody, including privately managed institutions, employees of Tennessee Rehabilitative Initiative in Correction (TRICOR), and all providers and recipients of departmental services including contract service providers.
- IV. DEFINITIONS:
 - A. ADA Compliance Director: The TDOC central office employee designated to coordinate all of the TDOC's statewide efforts to comply with and carry out its responsibilities under Title II of the ADA. The TDOC employee who has the responsibility and authority to ensure that TDOC institutions are readily accessible to and usable by inmates with disabilities, provide inmates with disabilities equal opportunity to participate in and benefit from TDOCs services, programs and activities, including the provision of appropriate auxiliary aids and services to ensure effective communication, and ensure that inmate requests for accommodations, complaints, and grievances are addressed and resolved as set forth in this Policy.
 - B. American with Disabilities Act (ADA): The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. Title II of the ADA prohibits discrimination on the basis of disability in the services, programs, or activities of a public entity, like TDOC. It further provides that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.
 - C. American Sign Language (ASL): A complete, natural language that has the same linguistic properties as spoken languages, with grammar that differs from English. ASL is expressed by movements of the hands and face. It is the primary language of many North Americans who are deaf and hard of hearing and is used by many hearing people as well.
 - D. Auxiliary Aids and Services: Includes qualified sign language interpreters on-site or through video remote interpreting (VRI) services; note takers; computer-aided real-time transcription services (CART); written materials; exchange of written notes; telephone handset amplifiers;

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assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTY), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf, hard of hearing, or who have a speech disability.

- E. Disability: A physical or mental impairment that substantially limits one or more major life activities of an individual or a record of such an impairment. Individuals have “hearing disabilities” if they have a physical impairment that substantially limits their hearing, without regard to mitigating measures such as hearing aids or cochlear implants.
- F. Effective Communication: Communication with individuals who are deaf or hard of hearing that is as effective as communication with others. Effective communication is achieved by furnishing appropriate auxiliary aids and services where necessary to afford inmates with disabilities an equal opportunity to participate in or benefit from the services, programs, or activities of TDOC, unless to do so would result in a fundamental alteration in the nature of the service, program, or activity or would cause an undue financial and administrative burden.
- G. Institutional ADA Coordinator: The Associate Warden of Treatment (AWT)/Deputy Superintendent at TDOC institutions and the Assistant Warden of Treatment at privately managed facilities.
- H. Qualified Interpreter: A sign language interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary, given the deaf or hard of hearing individual’s language, skills, and education. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.
- I. Text Telephone/Teletype Terminal/Teletypewriter (TTY): A device that allows individuals with hearing disabilities to use a telephone to type and send text messages.
- J. Telecommunications Relay Service (TRS): An operator service that allows individuals with hearing disabilities to place call to standard telephone users via keyboard or assistive device.
- K. Videophone: A telephone with a camera and screen for visual, real-time communication.
- L. Video Relay Service (VRS): A telephone service for individuals who are deaf and use American Sign Language and have videophones, smart phones, or computers with video communication capabilities. VRS uses interpreters connected to callers by video hook-up and provides services that are functionally equivalent to those provided to users who are hearing. For outgoing calls, the inmate contacts the VRS interpreter, who places the call and serves as an intermediary between the inmate and a person using a standard voice telephone; the interpreter tells the telephone user what the inmate is signing and signs to the inmate what the telephone user is saying.
- M. Video Remote Interpreting (VRI): An interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images.

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V. POLICY: The TDOC will not discriminate against or exclude inmates with disabilities from participating in or deny them the benefits of the TDOC's programs, services, or activities, including, but not limited to, telephones, housing, education, vocation, recreation, and religious services programs and activities.

VI. PROCEDURES:

- A. All institutions will provide appropriate auxiliary aids and services for deaf and hard of hearing inmates to ensure effective communication and the equal opportunity to participate in and benefit from TDOC's services, programs, and activities.
- B. Institutional ADA Coordinator: The AWT/Deputy Superintendent (DS) at each TDOC institution is the designated ADA Coordinator for their institution. Each AWT/DS is responsible for coordinating requests for reasonable modifications and auxiliary aids and services for inmates with disabilities. Additionally, as Institutional ADA Coordinators the AWTs/DSs are responsible for the following:
1. Maintaining records of inmate requests for auxiliary aids and services, as well as the auxiliary aids and services provided with or without a specific inmate request.
 2. Act affirmatively and take appropriate steps to assess the potential needs of an inmate with a known disability, regardless of whether or not the inmate has made a specific request for an accommodation.
 3. Conduct individualized reviews regarding the type of action that is required to accommodate inmates with hearing disabilities and conduct ongoing reviews to ensure that an inmate's disability related needs are being met.
 4. Investigate any inmate ADA grievance or complaint, that is communicated to the TDOC.
 5. Maintain records of inmate ADA complaints and their resolution.
 6. Ensure that other departments within TDOC are notified of the inmate's hearing disability and need for auxiliary aids and services.
 7. Coordinate with and provide pertinent and/or requested information to the ADA Compliance Director to ensure the institution is in compliance with Title II of the ADA.
- C. Identification of Deaf or Hard of Hearing Inmates: During the intake process, inmates with hearing disabilities must be offered a special ID card which provides notice of the disability and the inmates' preferred auxiliary aids and services to all employees having contact with the inmate. The names of those inmates requiring auxiliary aids and services will be documented and reported to the Institutional ADA Coordinator immediately. Inmates may refuse to accept a special ID card. If an inmate does not want this special ID card, the refusal must be documented in writing and signed by the inmate. The waiver of the special ID card does not waive the inmate's right and/or access to eligible services. This special ID card will not be treated as confidential medical information.
- D. Provision of Auxiliary Aids and Services: All institutions must provide appropriate auxiliary aids and services, including qualified interpreters, to inmates who have a hearing disability when such aids and services are necessary to ensure effective communication. Determination of an appropriate auxiliary aid or service, including whether a qualified interpreter is required,

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depends on the nature, length, complexity, and context of the communication and the inmate's normal method of communication. Primary consideration is to be given to the expressed choice of the inmate with a disability and the institution must honor the choice of the inmate unless it can demonstrate that another effective means of communication exists.

1. The activities, services, and programs which require the provision of appropriate auxiliary aids and services, include, but are not limited to, the following:
 - a. Intake, including transfers between institutions.
 - b. Orientation.
 - c. Classification.
 - d. Critical communications which involve complex information, lengthy exchanges, or anything involving legal due process.
 - e. Medical care, health programs and services, including, but not limited to, physicals, medical screenings, and treatments, dental, visual, and/or mental health examinations or treatment, and drug and alcohol recovery services.
 - f. Counseling or psychological services.
 - g. Educational and vocational programming, including any programming required for parole or early-release.
 - h. Due process hearings, including, but not limited to, disciplinary hearings and hearings in which the inmate is a witness.
 - i. Classification review interviews.
 - j. Grievance interviews and processes.
 - k. Religious services.
 - l. Non-criminal investigations conducted by the institution or OIC.
 - m. Pre-release instructions.
 - n. All communications regarding PREA.

E. Qualified Interpreters for TDOC Programs, Services and Activities:

1. When a sign language interpreter is required to ensure effective communication with an inmate, the interpreter provided must be qualified, as defined above in Section IV.(H.) of this Policy.
2. On-site sign language interpreter services are required when VRI is not available or the use of VRI is not feasible or does not result in effective communication, such as where

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the inmate is unable to clearly see the video monitor (for example, due to vision difficulties or because the video monitor is out of the inmate's sightline), where the signal is interrupted causing unnatural pauses in communication, or where the image is grainy or otherwise unclear.

F. Procedure for Requesting and Documenting Qualified Interpreter:

The Institutional ADA Coordinator at each institution must contact the Director of Contract Administration at Central Office to request interpreter services. Requests must be made at least 48 hours in advance and the following information must be provided:

- a. Inmate First/Last Name
 - b. TOMIS ID of the inmate
 - c. Purpose of the appointment
 - d. Date and Time of the appointment
 - e. Length of time expected for interpreter services. Interpreter services are scheduled for a maximum two-hour time period. If the requested interpreter services are expected to exceed two-hours, more than one interpreter will be scheduled.
 - f. Location, including the street address.
1. A qualified interpreter must be requested and provided at the earliest reasonable time. The activity, service, or program may be delayed until the interpreter is made available, or the inmate may elect to delay his or her participation in the activity, service, or program until the interpreter is available, except in situations or circumstances involving an emergency.
 2. Until a qualified interpreter is present, the institution must use the most effective, readily available means of communicating with the inmate. The institution must inform the inmate of the current status of efforts being taken to secure a qualified interpreter and provide supplemental updates to the inmate as necessary until an interpreter is secured. Notification efforts to secure a qualified interpreter does not lessen the institution's obligation to provide qualified interpreters in a timely manner.

G. Institutional Intake: A qualified interpreter or other auxiliary aids and services must be provided for deaf and hard of hearing inmates to understand and complete the intake process. If, prior to intake, the institution is not aware that an inmate will require an interpreter or other auxiliary aid to ensure effective communication, the nursing supervisor must immediately notify the Institutional ADA Coordinator or designee when a deaf or hard of hearing inmate is received for intake. If a qualified interpreter is needed to effectively communicate with the inmate, the Institutional ADA Coordinator or designee must immediately request a qualified interpreter, either in person in accordance with Section VI(F) of this Policy, or by videophone or VRI.

H. Orientation/Classification Assignment and Hearing: Inmates must be provided with information relative to Title II of the ADA during their orientation. Information will also be

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included in the inmate and visitor handbooks. Notices regarding Title II requirements and complaint procedures will be posted in the inmate living areas and in visitation areas. The Institutional ADA Coordinator will conduct a structural interview with the inmate explaining classification procedures through a qualified interpreter, if necessary, to achieve effective communication, and provide an explanation of the sentence structure. The Institutional ADA Coordinator will conduct all classification hearings through a qualified interpreter, if necessary, to achieve effective communication, and provide the inmate with an explanation of the results of the hearing and the recommendations made during the hearing. A written report thoroughly documenting these communications must be placed in the inmates' institutional file and must include the name of the interpreter used. If an interpreter was not used the written report must contain an explanation for why no interpreter was used.

- I. Medical/Mental Health Staff: If a qualified interpreter is needed to effectively communicate with an inmate for a medical appointment, the Institutional ADA Coordinator must request a qualified interpreter when notified that a medical appointment has been scheduled. No inmate shall ever be used to interpret for another inmate in matters dealing with inmate health care. The Institutional ADA Coordinator must place a written report in the inmates' medical file documenting all communications relating to inmate healthcare and must include name of the qualified interpreter used.
- J. Disciplinary Procedures: If a qualified interpreter is needed to effectively communicate with an inmate, the Institutional ADA Coordinator must request a qualified interpreter to discuss his/her case prior to the hearing and throughout the hearing process up to and including appeals. Inmates shall never be used as interpreters at disciplinary hearings. The name of the qualified interpreter must be documented in the disciplinary report.
- K. Grievance Procedures: If a qualified interpreter is needed to effectively communicate with an inmate, the Institutional ADA Coordinator must request a qualified interpreter to assist in the submission of grievances or in order to discuss his/her case prior to the hearing and throughout the hearing process up to and including appeals. The name of the qualified interpreter must be documented on Inmate Grievance, CR-1394 (See Policy #501.01). The Institutional ADA Coordinator must investigate the complaint according to the procedures outlined in TDOC Policy #501.01 and provide written notice to the inmate of the disposition of the complaint.
- L. Grievance Procedures for ADA Complaints: Any inmate alleging discrimination based on disability covered by Title II of the ADA may file a complaint with the TDOC in accordance with Policy #501.01.
- M. Parole Hearings: The Institutional ADA Coordinator will notify the Institutional Probation/Parole Specialist (IPPS) when an inmate with a hearing disability is scheduled to meet the parole board. The Institutional ADA Coordinator will ensure that a qualified interpreter is requested and provided for the parole hearing.
- N. Housing Assignments: Unit management staff shall monitor the housing assignments of all inmates with a hearing disability and ensure that the appropriate auxiliary aids and services are provided.
- O. Use of Other Inmates to Facilitate Communication: Institutions cannot require an individual with a hearing disability to bring another inmate to interpret for him or her. Institutions will not use another inmate to interpret unless:

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1. The individual with the hearing disability specifically requests such assistance from another inmate, the inmate agrees, and reliance on that inmate is appropriate under the circumstances; or
 2. In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
- P. Use of TDOC Employees to Facilitate Communication: Except for individuals hired specifically to serve as qualified sign language interpreters, the TDOC will not use any of its officers or employees to serve as sign language interpreters unless there is an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
- Q. Medical Devices: TDOC will provide deaf and/or hard of hearing inmates with an effective visual or other notification system so that inmates who have a hearing disability do not miss announcements, alarms, or other auditory information, including times for meals, recreation, education, work assignments, and other events. Any personal devices, including but not limited to, hearing aids, cochlear processor batteries or a watch for alerts, must be deemed medically necessary and approved in the same manner as durable medical equipment pursuant to TDOC Policy 113.08.
- R. Handcuffing: In circumstances that reasonably require an inmate to be able to communicate, an inmate who has a hearing disability must be cuffed or restrained in a manner that allows for effective communication (i.e., cuffing inmates in the front so they can sign or have one hand free to write) unless legitimate safety concerns dictate otherwise. All incidences which involve non-routine handcuffing of deaf and hard of hearing inmates must be documented in the incident report. If an inmate who is deaf or hard of hearing is cuffed or restrained in a manner that does not allow for effective communication, then a written explanation of the legitimate safety concerns must be documented in an incident report.
- S. Privacy: Telephone calls involving hearing disabled inmates' use of a videophone, TTY, or a telephone with volume control must be equal to the privacy afforded to other inmates' telephone calls.
- T. Television Programming: Inmates who have a hearing disability must have equal access to captioned television programming as other inmates in the same classification level have to television programming.
- U. Training: All TDOC employees who have contact with inmates must complete training as to effective communication with inmates who have a hearing disability. All new TDOC employees who will have contact with inmates will receive this training as part of their Correctional Officer Basic Training. Current employees must receive this training during their annual in-service. Additionally, sub-recipients must provide ADA training to their staff. This training may be administered by the use of lesson plans and/or outlines. Training will be reviewed and approved by TDOC annually.
- V. The TDOC will monitor compliance with the Title II of the ADA through the following:
1. The annual inspection process.
 2. The collection and review of data concerning compliance.

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W. Notice of available auxiliary aids and services for inmates with a hearing disability must be clearly posted at the main entrance to the institution, intake, visitation galleries, the inmate library and inmate housing units.

VII. APPLICABLE FORMS: CR-1394 (Rev. 3-00).

VIII. ACA STANDARDS: 5-ACI-2F-03, 5-ACI-3D-04, and 5-ACI-5E-2.

IX. EXPIRATION DATE: August 26, 2025



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM:

REQUESTED SOLUTION:

Signature of Grievant Date

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION: New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE: CHAIRPERSON:



Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 115.01	Page 1 of 9
	Effective Date: February 15, 2023	
	Distribution: A	
	Supersedes: 115.01 (11/29/21)	
Approved by: 		
Subject: STANDARDS FOR VOLUNTEERS AND COORDINATION OF COMMUNITY INVOLVEMENT		

- I. AUTHORITY: TCA 8-42-101, TCA 9-8-307, and TCA 41-10-101 et. seq. Title 28 CFR 115.
- II. PURPOSE: To establish a standard for the statewide management of volunteer and community resources.
- III. APPLICATION: Tennessee Department of Correction (TDOC) staff, volunteers, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Approving Authority: For the purposes of this policy, the Warden, Superintendent, District Director, DRC Director, or Contract Monitor.
 - B. Community Resource Center (CRC): A TDOC organization that provides a wide array of resources, services and community referrals for offenders either released to community supervision or former offenders. The CRC includes community alliances for the purpose of providing physical, social, and economic resources to offenders.
 - C. Day Reporting Center (DRC): A highly structured, non-residential program that combines supervision, treatment, and re-entry services.
 - D. Director of Religious and Volunteer Services: Designated staff person who is an ordained or endorsed minister in his/her faith group and who remains in good standing and is responsible for overseeing and evaluating all religious and volunteer activities within the Department.
 - E. Local Community Resource Board (LCRB): A board that is established at each institution, DRC/CRC, and district office to coordinate plans for assisting TDOC inmates and probationers or parolees with needs that can be met by volunteers through approved, organized activities.
 - F. Outside Clergy: Ordained or endorsed clergypersons who come into TDOC institutions for the purpose of ministering to inmates.
 - G. Tennessee Community Resource Board (TCRB): A 17-member Board established by state statute to assist in the statewide development of community and volunteer resources.
 - H. Volunteer: An individual who is not paid by the TDOC and who has successfully completed the volunteer application and certification process for eligibility to volunteer in any TDOC institution or through any TDOC district office.
 - I. Volunteer's Primary Site: The institution where the volunteer received his/her initial training and certification. This will usually be the institution or district office selected by the volunteer as his/her first choice in the volunteer application and where the volunteer spends the most time.

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- J. Volunteer Services Coordinator (VSC) or Community Supervision Volunteer Services Coordinator (CSVSC): The person appointed by the Warden/Superintendent, DRC/CRC Director or District Director to oversee and evaluate all volunteer services within the institution, DRC/CRC, or district office and coordinate any volunteer service function.
- V. POLICY: Tennessee Department of Correction policy shall provide for citizen involvement and volunteer service programs for the benefit of staff, inmates, and probationers/parolees.
- VI. PROCEDURES:
- A. The approving authority shall designate a staff member(s) to be responsible for coordinating the citizen involvement and volunteer service program.
- B. An up-to-date schedule of volunteer services shall be posted in each TDOC location in areas where there are high volumes of traffic and which are visible to both staff and inmates. This posting should include a current monthly and weekly schedule to be updated at the beginning of each week.
- C. The approving authority shall specify through local policy the lines of authority, responsibility, and accountability for all regular and volunteer staff of the citizen involvement and volunteer service program.
- D. Recruitment, Screening, and Assignment:
1. Staff members at TDOC institutions, DRCs/CRCs, or district offices requesting the services of a volunteer should contact the VSC or CSVSC supervising that activity. The VSC or CSVSC will submit a written request to approving authority for approval. All approvals must be submitted to the Director of Religious and Volunteer Services. If the Director of Religious and Volunteer Services approves the request, then the VSC or CSVSC shall create an appropriate volunteer job in the database. Upon creation of the volunteer job, an approved volunteer can be assigned that duty.
 2. Volunteers shall be recruited from all cultural and socio-economic segments of the community and must be 18 years of age or older. No employee of the TDOC may volunteer at his/her job site or district office. Employees may volunteer at job sites to which they are not assigned. Persons with sexual abuse or harassment histories shall not have direct contact with inmates or probationers/parolees per federal PREA law.
 3. The VSC/CSVSC shall screen and interview each volunteer. The VSC/CSVSC shall document interviews, NCIC background checks, PREA training and reference checks and submit them to the Director of Religious and Volunteers Services/designee to be entered into a Central Office database. All volunteers must complete and pass PREA compliance certification before being permitted to volunteer.
 4. Volunteer Services Application and NCIC Background Check
 - a. To be considered for a position, any prospective volunteer must complete an online Volunteer Services Application at <https://apps.tn.gov/vserv-app/institution> to facilitate the processing of NCIC background checks. Outside clergy must also complete Outside Clergy Application, CR-3347.

Subject: STANDARDS FOR VOLUNTEERS AND COORDINATION OF COMMUNITY INVOLVEMENT

- b. The VSC/CSVSC or chaplain shall submit an NCIC Criminal History Request, CR-3552, on all prospective volunteers, and outside clergy who wish to become volunteers, within five working days of receipt of the Volunteer Services Application. The CR-3552 is automatically generated via the volunteer database once an application is submitted and forwarded to BI-VMS@tn.gov. A designated NCIC operator will complete the background check and provide a disposition summary and forward to the Director of Religious and Volunteer Services/designee within three business days. The Director of Religious and Volunteer Services/designee shall then forward the disposition summary to the approving authority/designee within three business days. Within five business days, the approving authority shall return it to the Director of Religious of Volunteer Services. NCIC background checks will automatically be generated by the volunteer database every three years in the month the volunteer began service.
- c. At TDOC facilities, DRCs/CRCs, district offices, and privately managed facilities that use volunteers and mentors, NCIC disposition summaries shall be reviewed by the appropriate approving authority prior to the volunteer beginning his/her duties. (See Policy #115.02.) Volunteers with historical criminal convictions may be approved however, the approving authority may deny an applicant based on criminal background results or if it is believed that the security of the TDOC location or safety of individuals could be jeopardized. No volunteer shall be approved with a conviction prohibited by PREA regulations or a conviction related to the introduction of contraband that is less than ten years old. If a volunteer is denied for any reason other than conviction types listed above, the approving authority/designee shall submit a memo to the Assistant Commissioner of Rehabilitative Services and to the Assistant Commissioner with oversight of the location of application indicating the reason for denial. The final decision will be made by the Assistant Commissioner with oversight of the location of application.

When appropriate, the approving authority may terminate a volunteer's service based on new charges that have occurred since the prior background check. This information shall be entered on the volunteer services database.

- d. The requirements established in Section VI.(D)(4)(b) may be waived by the approving authority for special volunteers (i.e., entertainment, church groups, community sports teams, etc.) and students who enter the facility solely for the purpose of attending a class no more than four times per calendar year, provided they receive acceptable NCIC background checks. VSC/CSVSC or another appointed designee supervising these activities are required to document such visits in the volunteer services database.
5. Volunteers may provide professional services only when certified or licensed to do so.
6. With written approval of the approving authority, relatives and spouses of employees may work as volunteers at the same work site.
7. Orientation and training for volunteers is mandatory. Active volunteers shall be recertified at the end of their first year of service as a volunteer. Orientation and recertification shall be conducted by the VSC/CSVSC or appointed designee a review of Policies #115.01, #302.05, #305.03, #502.06.1, and #502.06.2; and an explanation of the program in which the volunteer will be working. After a volunteer has been serving for

three years, recertification at the volunteer's primary site will be every three years. Volunteers do not need to be recertified at multiple facilities.

- E. Once the volunteer is approved by the approving authority, the VSC/CSVSC shall ensure that each volunteer is issued a Volunteer Badge, CR-2131. The Volunteer Badge, CR-2131, will be color-coded for the primary department in which the individual is volunteering and shall include a photo to be used for identification. The Volunteer Badge, CR-2131, shall be issued within 30 days of the completion of volunteer orientation. Volunteers will check in with their volunteer badge at check point and will be issued a visitor's badge upon arrival at the facility or district office. If necessary, volunteers may check in with a driver's license or other approved ID until they receive their volunteer badge. The volunteer badge/photo ID shall be relinquished at Central Control. Upon departure, volunteers will be given back their volunteer badge/ photo ID. Designated TDOC staff shall make the volunteer badge.

The approving authority shall designate specific days and/or times for approved volunteers to be photographed and issued a volunteer badge. Additional days may be scheduled as needed. Volunteers approved to provide services at more than one location shall utilize the same ID badge for each site. Privately managed facilities shall use only a volunteer ID badge approved by the TDOC. Volunteers shall be assigned based on their areas of expertise and interest. Badge colors will be as follows:

1. Religious Services (Teal)
 2. Health Services (Brown)
 3. Education (Green)
 4. Reentry Services (Gold)
 5. Community Supervision (Orange)
 6. Statewide Badges (Purple)
- F. Volunteers shall not be added to the visiting list of an inmate at any institution for four years from the date of termination of volunteer services unless the inmate is an immediate family member and was so prior to the volunteer's approval. A volunteer may not be on the visitation list or be added to the visitation list of any inmate at the institution where he/she is actively volunteering unless they are an approved mentor, in accordance with Policy #115.02. The following restrictions apply *unless* the volunteer is an approved mentor:
1. The volunteer's phone number may not be listed on or added to an inmate's approved calling list.
 2. Volunteers at district offices and DRCs/CRCs may not share their personal phone number(s) with probationers/parolees.
 3. Volunteers may not have personal communication with inmates or probationers/parolees through the use of any electronic device, including any specialized apps, email, correspondence, texting or friending through social media. Volunteers offering services in the community may correspond with probationers/parolees through email/telephone/text as it relates to changes in service schedules and location.

- G. The VSC/CSVSC or appointed designee shall establish and maintain a hard copy file on every approved volunteer. Each file shall contain the following information for each volunteer:
1. Application for Service as a Volunteer, CR-1989, if applicable.
 2. A copy of the Volunteer Confidentiality and Policy Agreement/Training Certification, CR-2935, which has been read and signed by the volunteer. Particular attention should be directed to policies concerning security of the institution and confidentiality of information.
 3. A copy of any license or certification required to perform professional services.
 4. Documented completion of NCIC background check; However, copies of the actual NCIC background check shall not be kept in the file after the final decision has been made on the volunteer's application.
 5. Any correspondence with the volunteer including, but not limited to, the following:
 - a. Letter of termination
 - b. E-mails pertaining to job performance
 - c. Letters of warning
 - d. Documentation of suspension, denial, or termination
 6. A copy of In-Service Training Course Roster, CR-2245.
 7. A copy of TDOC PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819.
 8. A copy of NCIC Criminal History Request, CR-3552.
 9. Medical documentation for any medical prosthesis or equipment required.
- H. Volunteer files shall be protected from inmate and probationer/parolee access. In addition to a hard copy file, all files will be maintained in the volunteer database and in electronic files in Central Office. Files will be retained in accordance with Policy #109.03.
- I. The Director of Religious and Volunteer Services shall provide quarterly reports to the Deputy Commissioner of Administrative Services/General Counsel, Assistant Commissioner of Rehabilitative Services, Assistant Commissioner of Operational Support, Assistant Commissioner of Prisons, and the Assistant Commissioner of Community Supervision containing the following information:
1. Number of certified/active volunteers.
 2. Number of new volunteers since the previous quarter.
 3. Number of terminated volunteers.

4. Total number of hours worked by volunteers.
 5. Individual reports for volunteer hours served in each volunteer service function category.
 6. Any other report requested by the individuals listed in this section.
- J. Performance Evaluation and Recognition:
1. Each volunteer or volunteer group shall be evaluated annually using the format in the volunteer database.
 2. On an annual basis, the approving authority/VSC/CSVSC shall provide for a means of recognizing the accomplishments and contributions of volunteers.
- K. Restriction and Termination: If after an investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. A copy of the written notification shall be forwarded to the VSC/CSVSC who shall place it in the volunteer's file and make necessary entries in the volunteer database. The approving authority may restrict a volunteer to entering only the assigned TDOC location which shall be designated as the volunteer's primary site. The approving authority may later remove such restrictions thereby allowing the volunteer to enter other TDOC locations. The approving authority may also terminate the services of a volunteer, and such termination shall apply to all institutions, unless the Director of Religious and Volunteer Services, and the Assistant Commissioner of Rehabilitative Services/Assistant Commissioner of Prison Operations/Assistant Commissioner of Community Supervision determine otherwise. The approving authority shall restrict, postpone, or terminate the services of a volunteer for reasons including, but not limited to, the following:
1. Conduct inappropriate to the situation.
 2. Violation of TDOC policy.
 3. Unlawful conduct.
 4. The addition of a volunteer to an inmate's visiting list at any TDOC or privately managed institution, unless approved by the Warden/Superintendent.
 5. Misstatement of fact on the application or failure to inform the VSC/CSVSC of changes in information included in the application.
 6. Misconduct, harassment, or abuse of inmates, probationers/parolees, or staff, including but not limited to sexual misconduct, harassment, or abuse. Any romantic or sexual relationship with an inmate or probationer/parolee will result in immediate termination of all services provided by the volunteer. The Department has a zero-tolerance policy for this type of conduct. (See Policy #502.06)
- L. A volunteer may present any grievance related to volunteer services to the TCRB, which shall make recommendations to the Commissioner as appropriate. The grievant may appeal any decision of the TCRB to the Commissioner. The grievant shall submit his/her grievance in writing within 15 working days of the date of notification of termination by sending an email to BI-VMS@tn.gov. The TCRB shall respond to the grievance within 15 working days of the

Subject: STANDARDS FOR VOLUNTEERS AND COORDINATION OF COMMUNITY INVOLVEMENT

date the grievance is received. The grievant may appeal a non-grievance related decision or a grievance related recommendation of the TCRB directly to the Commissioner. The appeal shall be submitted within 15 working days of the date the grievant receives the Board's response or the Board decision is made known. The Commissioner shall respond within 30 working days of the date the grievance appeal is received, or the Board's recommendation for response is received. The Commissioner's response, which is final, shall be mailed directly to the grievant and to the TCRB.

- M. With written approval of the approving authority, former inmates/probationers and parolees may become volunteers, provided the following criteria are met upon approval:
1. Probation/parole has been completed at the time of application or applicant has approval from his/her probation/parole officer.
 2. The three references listed on a volunteer's application all provide positive recommendations.
 3. Any special conditions established by the approving authority are agreed to in writing prior to the volunteer's completion of the certification process.
 4. During the first two years after release, former inmates may not serve as volunteers at any institution where they were incarcerated.
- N. Volunteers shall not be permitted to work in a location where there is a known acquaintance with an inmate or probationer/parolee unless approved by the approving authority. Failure to disclose such a relationship shall be grounds for termination.
- O. The Commissioner, Chairman of the Board of Parole (BOP), or their designees shall provide for the appointment of a Tennessee Community Resource Board (TCRB) in accordance with TCA 41-10-105. The TCRB may incorporate as a non-profit organization. No member of the TCRB shall be a paid employee of the TDOC.
- P. The TCRB shall perform the following services:
1. Coordinate with and assist TDOC and BOP in developing and utilizing volunteer resources in assisting parolees, probationers, and inmates in reintegrating into society as productive, law-abiding citizens.
 2. Establish and coordinate a network of local parole, probation, and institutional community resource boards on matters of statewide impact.
 3. Advise TDOC and BOP on matters of public interest and concern.
 4. Assist TDOC and BOP in accomplishing their missions.
 5. Review and recommend programs having statewide impact involving volunteers and oversee projects when appropriate.
- Q. Local Community Resource Board (LCRB): The institution/DRC/Community Supervision District (or office) shall provide for the appointment of an LCRB. All LCRBs shall meet at least quarterly, with the approving authority attending at least two of the quarterly meetings per year. The purpose of this board shall be to:

Subject: STANDARDS FOR VOLUNTEERS AND COORDINATION OF COMMUNITY INVOLVEMENT

1. Develop a coordinated program plan for utilizing volunteer resources by the institution/DRC and CRC/district office. The plan shall include, but not be limited to, a coordinated plan for helping inmates/parolees reintegrate into society as productive, law-abiding citizens.
 2. Develop policies, procedures, and processes for utilization of volunteer resources by the institution/DRC and CRC/district office.
 3. Review and make suggestions to the approving authority regarding program and policy decisions related to volunteer services and/or other areas that may benefit the institutional, DRC/CRC or district office's operation.
 4. Establish specific programs and goals for utilizing volunteer resources and monitor performance measure to determine whether goals for utilizing volunteers are met.
 5. Participate in regional and statewide volunteer activities.
 6. Encourage participation of an inmate representative from the inmate council at board meetings or make provisions for the inmate council to make recommendations to the Board.
 7. The LCRB shall submit semi-annual reports to the TCRB detailing its progress in each of the areas above.
 8. An agenda and minutes of the meeting shall be provided to the appointing authority and the VSC/CSVSC.
- R. Members of the TCRB are approved for statewide badges. The Director of Religious and Volunteer Services shall review and approve any additional requests for statewide badges.
- S. Volunteers will be allowed to bring in outside food, paper goods, plastic utensils, beverages, and necessary serving items for special events such as but not limited to graduations, holidays, meetings, religious feasts, and family days. The Warden/Superintendent shall have discretion to exclude from the premises, goods of any kind that the Warden/Superintendent deems to constitute a clearly articulable and specific threat to security of the institution, and to withhold or withdraw permission when such special event cannot reasonably be accommodated because of a present, clearly articulable and specific conflict with the security needs of the institution. An itemized list of all requested items must be submitted to the VSC/CSVSC and approved by the Warden/Superintendent 21 days prior to the event. All food, beverage(s) and paper goods items will be cleared by security before being allowed entry into the facility. Volunteers are responsible for providing all supplies necessary for the serving of their food items and cleaning up after the event. All beverages must be in sealed plastic containers. At the conclusion of the event, inmates will not be allowed to return to their units with any food items. Volunteers providing services in the community must get approval from the VSC/CSVSC for any items brought into the DRC or Community Supervision office.
- VII. APPLICABLE FORMS: CR-1989 (Rev. 10-22), CR-2131 (Rev. 1-18), CR-2245 (Rev. 10-22), CR-2935 (Rev. 10-22), CR-3347 (Rev. 10-22), CR-3552 (Rev. 11-22), and CR-3819 (Rev. 7-18).
- VIII. ACA STANDARDS: 5-ACI-1A-14, 5-ACI-1G-01 through 5-ACI-1G-07.

Effective Date: February 15, 2023	Index #115.01	Page 9 of 9
Subject: STANDARDS FOR VOLUNTEERS AND COORDINATION OF COMMUNITY INVOLVEMENT		

IX. EXPIRATION DATE: February 15, 2026

TENNESSEE DEPARTMENT OF CORRECTION
Volunteer Services



FOR OFFICE USE ONLY
ID#: _____
DATE CERTIFIED: _____
JOB TITLE: _____

APPLICATION FOR SERVICE AS A VOLUNTEER

Name: _____
(Circle one): Dr., Rev., Mr., Mrs., Miss, and Ms.

Present Address: _____
City/State/Zip: _____ Social Security No: _____
County of Residence: _____ U.S. Citizen Telephone (Home) _____ Telephone (Work) _____
Emergency Contact: _____ Emergency Phone Number: _____

EMPLOYMENT :
Company: _____
Company: _____
Company: _____

EDUCATION:
Educational Institution: _____
Are you a current student? Yes: _____ No: _____
Educational Institution: _____
Are you a current student? Yes: _____ No: _____
Hobbies: _____
Interests: _____
Special Skills: _____
Previous Volunteer Experience: _____

REFERENCES: List three (3) persons who can evaluate your potential for volunteer service.

Name: _____
Address: _____
City/State/Zip _____
Contact Telephone _____ Other Telephone _____

Name: _____
Address: _____
City/State/Zip _____
Contact Telephone _____ Other Telephone _____

Name: _____
Address: _____
City/State/Zip _____
Contact Telephone _____ Other Telephone _____

Please answer the following questions:

Have you ever been CONVICTED of an offense against criminal or military law? Yes: _____ No: _____

Are there criminal charges currently pending against you? (Exclude minor traffic violations) Yes: _____ No: _____
If yes, explain: _____

Have you ever been terminated as a volunteer at a TDOC institution? Yes: _____ No: _____
If yes, where: _____

TENNESSEE DEPARTMENT OF CORRECTION
Volunteer Services



APPLICATION FOR SERVICE AS A VOLUNTEER

List ALL other states abbreviation where you have resided or worked:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____

List ALL aliases/maiden/legal names used:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Are you related to any TDOC inmate or probationer? Yes: _____ No: _____

If yes, who is the inmate and where are they located?

Name: _____ TOMIS ID: _____
 Site: _____
 Name: _____ TOMIS ID: _____
 Site: _____
 Name: _____ TOMIS ID: _____
 Site: _____

Are you on the visiting list of any TDOC inmate? Yes: _____ No: _____

If yes, who is the inmate and where are they located?

Name: _____ TOMIS ID: _____
 Site: _____
 Name: _____ TOMIS ID: _____
 Site: _____
 Name: _____ TOMIS ID: _____
 Site: _____

Signature

Date

FOR OFFICE USE	Comments	Signature	Date
References			
Employment			
Criminal Record			
Personal Interview			

Religious Services

DCCO

**LAST
FIRST**

AGRICULTURE

Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

Health Services

DCCO

**LAST
FIRST**

AGRICULTURE

Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

PHOTO

PHOTO

Education

DCCO

**LAST
FIRST**

AGRICULTURE

Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

Reentry Services

DCCO

**LAST
FIRST**

AGRICULTURE

Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

PHOTO

PHOTO

**Community
Supervision**

DCCO

**LAST
FIRST**

AGRICULTURE
Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

Statewide

DCCO

**LAST
FIRST**

AGRICULTURE
Issued: 1/5/2018

Signature

Tennessee Department of Correction

CR2131 (Rev. 1-18)

PHOTO

PHOTO



TENNESSEE DEPARTMENT OF CORRECTION
IN-SERVICE TRAINING COURSE ROSTER

COURSE TITLE: _____ INSTRUCTOR: _____
DATE(S) OF TRAINING: _____ Name -- SSN _____
TIME(S): _____ Instructor's Institution, Region, Company or Agency _____
TRAINING HOURS: _____ TRAINING LOCATION: _____

PARTICIPANT NAME (PLEASE PRINT LEGIBLY)	SIGNATURE	FACILITY



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
OUTSIDE CLERGY APPLICATION

INSTITUTION

DATE

Dear Clergy Person:

Thank you for your interest in visiting an inmate at _____ as an Outside Clergy person in accordance with TDOC Policy # 118.01. Each inmate is entitled to receive visits from one outside clergyperson without the visit counting against his/her other visiting privileges.

Please answer all questions below and return this Application *with evidence of your ordination* to:

All information provided is confidential.

We will conduct an NCIC Background check as required by Policy #118.01.

Only approved Outside Clergy may schedule a visit, and they must call us at least (7) days prior to an intended visit, except in cases of emergency. Visits generally last about 1 hour.

Name: _____ D.O.B. _____

Drivers License # and State: _____ / _____ SSN: _____

Other States you have lived/resided/worked in: _____, _____, _____, _____, _____, _____, _____, _____, _____

Aliases: _____, _____, _____, _____

Home Address: _____ State: _____ ZIP: _____

Home Phone: (_____) _____

E-mail: _____

Race: _____

Denomination/Church/Mosque/Temple: _____

Street Address: _____

Mail Address: _____ City: _____ State: _____

Phone Number: (_____) _____

Please give two references (Name, Address, and Phone) of individuals who can confirm your status as an ordained clergy person:

“Clergy / Pastoral Visit” privileges are extended to ordained clergy only. Others are encouraged to ask the inmate that they be placed on the normal visiting list of family and friends.

Are you the Pastor / Leader of your church/mosque/temple? Yes: _____ No: _____

If “No” to the above,

- 1) What is your religious office/ordination? _____
- 2) What is your religious relationship to this inmate? _____
- 3) Are you trained and authorized to perform all of the duties of the pastor / leader? Yes _____, with the exception / restriction of _____

Name of Inmate: _____ TDOC ID _____

How long have you known this inmate? _____

Have you ever been convicted of a felony? Yes _____ No _____

If so, please provide details: _____

I agree that I am familiar with all policies and procedures governing visitation with inmates and that I will abide by the same, as they may be amended from time to time.

Your Signature: _____ Date: _____

Please attach evidence of your ordination



TENNESSEE DEPARTMENT OF CORRECTION
NATIONAL CRIME INFORMATION CENTER (NCIC)
CRIMINAL HISTORY REQUEST

Date: _____

SECTION I - To be completed by applicant/volunteer/mentor/employee. (PLEASE PRINT CLEARLY)

Applicant Pre-employment, Volunteer, Mentor, Employee Annual Review:

Name: Last First Middle

DOB: SSN: - -

DRIVER LICENSE #: ISSUE DATE: STATE:

Applicant Pre-employment, New Volunteer, New Mentor:

Sex: Race:

List ALL Other States Where Individual Has Resided or Worked:

1) 2) 3) 4) 5) 6) 7) 8)

List ALL Aliases/Maiden/Legal Names Used:

1) 2) 3)

Have you had any of the following on your Motor Vehicle Record in the past five years: 1) DUI 2) Reckless driving 3) License Suspension for moving violation 4) More than four moving violations

Are you on Probation or Parole? Yes No

SECTION II - To be completed by Volunteer Coordinator or HR and signed by TDOC Site Manager/Approving Authority or Designee

Purpose: New Volunteer/New Employee/Annual Review

Site: Contact Person:

Telephone: () - Ext. Fax Number: () -

Authorizing Signature: Title: TDOC Site Manager/Approving Authority/Designee

SECTION III - To be completed by Terminal Agency Coordinator/NCIC Operator or Designee:

Synopsis of Information Obtained:

FBI# (if known): SID# (if known)

TAC/NCIC Operator/Designee Signature: Date:

SECTION IV - To be completed by the TDOC Site Manager/Approving Authority

Approved for hire/retention Not Approved for hire/retention Volunteer/Mentor Approved Not Approved

Additional Action Required:

TDOC Site Manager/Approving Authority Signature: Date:



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 116.08

Page 1 of 6

Effective Date: September 30, 2019

Distribution: A

Supersedes: 116.08 (9/30/16)
PCN 17-53 (9/1/17)
PCN 17-21 (3/1/17)

Approved by: Tony Parker

Subject: RELIGIOUS DIET PROGRAM

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, the Religious Land Use and Institutionalized Persons Act, 42 U.S.C. 2000cc, et seq.
- II. PURPOSE: To establish procedures for the Tennessee Department of Correction (TDOC) facilities to provide religious diet requirements to inmates while maintaining the safety, security, and order of each institution.
- III. APPLICATION: Wardens, Superintendents, Fiscal Directors, Contract Food Services Director, Director of Religious Services, Tennessee Department of Correction (TDOC) Food Service staff, food services contract vendor, Warehouse Supervisors, Chaplains, inmates, Unit Management staff, and Counselors.
- IV. DEFINITIONS:
 - A. Chaplain: A staff member who is an ordained or endorsed minister in his/her faith group and who remains in good standing and meets the requirements established by the Department of Human Resources for employment as a chaplain. This individual is responsible for providing pastoral care and religious leadership within an institution.
 - B. Inmate Religious Diet Program: A program in which inmates can apply to obtain religious dietary items to comply with their religious tenets.
 - C. Religious Activities Committee: A group established by the Director of Religious Services with approval of the Commissioner responsible for review and approval of religious accommodation requests.
 - D. Religious Advisor: Individuals of various faith groups that partner with TDOC to provide religious diet consultation and approval of procurement services, receiving, storing, preparation, serving process and menus offered by TDOC.
 - E. Religious Diet: Specific foods and/or food preparation techniques that satisfy religious dietary requirements.
- V. POLICY: The Department shall provide opportunities for inmates to voluntarily practice their religious diet needs during incarceration.
- VI. PROCEDURES:
 - A. Religious diet requirements shall be met as follows:
 1. Religious dietary needs not addressed by the vegan or vegetarian menu shall be addressed as provided in Section VI.(B) below. Religious dietary needs addressed by the vegan or vegetarian diet shall be addressed as provided in Policy #116.01.

Effective Date: September 30, 2019	Index # 116.08	Page 2 of 6
Subject: RELIGIOUS DIET PROGRAM		

2. Kosher, Halal, and House of Yahweh meals shall be provided in accordance with the religious diet menu developed by the contract vendor dietician. The menu shall be reviewed by the contract vendor food services director and approved by the TDOC Director of Food Service or designee TDOC may consult a qualified religious advisor to ensure adherence to religious requirements.
3. All food items for religious-related events, including holiday or religious education program parties shall be provided in accordance with Policy #118.01, Religious Programs.

B. Religious Dietary Requirements Outside the Routine Menu:

1. Request Process: Inmates who are members of faith groups with religious diet tenets may request approval to participate in the Inmate Religious Diet Program when their religious dietary needs cannot otherwise be met with dietary alternatives provided within the Standardized Menu. Such request must be submitted to the Chaplain in writing and articulate the specific religious motivation for participation in the program.
2. Approval Process:
 - a. Upon receiving an inmate's request to participate in the Inmate Religious Diet Program, the Chaplain may interview the inmate to obtain additional information to ascertain the inmate's faith. The inmate shall also be required to complete the Request for Religious Diet Program Participation and Agreement, CR-3814. Within ten days of receipt, the Chaplain will forward a copy of the request with his/her recommendations to the Warden/Superintendent for his/her approval or disapproval.
 - b. If the Warden/Superintendent approves the request, the Director of Religious Services shall be informed of the decision and the information will be provided to the Food Service Manager at the facility. If the Warden/Superintendent disapproves, the request shall be sent to the Director of Religious Services. Within 30 days, the Warden/Superintendent and the Director of Religious Services shall work together to agree on the approval or disapproval of the request.
 - c. If the Warden/Superintendent and Director of Religious Services do not agree on the disposition of the request, the Director of Religious Services shall submit the request to the Religious Activities Committee to be approved or disapproved in the same manner as a request for group accommodations. The Chaplain shall notify the inmate of the decision regarding the request.
 - d. Any inmate who has been ordered a specific therapeutic diet is responsible for informing the ordering physician of the inmate's religious diet requirements. Efforts shall be made to coordinate with Food Service to resolve any diet conflicts.

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Subject: RELIGIOUS DIET PROGRAMS AND FEASTS		

3. Documentation

- a. Upon inmate transfer to another facility, the person doing orientation shall inquire whether the inmate has a current approved Religious Diet. Verification will be made by checking the inmate file and contacting the sending facility. Notification will be made to the food services manager/designee by telephone immediately and a copy will be forwarded to the food service manager and Chaplain of the receiving facility. If there is a question as to whether the diet is approved, the inmate will be given the religious diet meal until the verification of the religious diet approval from the sending facility can be made by the receiving facility staff.
- b. The completed request for Request for Religious Diet Program Participation and Agreement, CR-3814, shall be placed in the inmate's institutional record. A copy shall be retained by the Chaplain and a copy forwarded to the contract food service director and the Warden/Superintendent. To participate in the Religious Diet Program, an inmate must sign a new CR-3814 whenever the form is revised. Failure to do so within 30 days of a revision will result in termination from the program until the current form is signed. The Chaplain is responsible for notifying participants when a new form must be signed

4. Termination, Suspension, and/or Reinstatement to/from the Inmate Religious Diet Program

- a. An inmate may request that their religious diet be cancelled. The request shall be in writing, using the Religious Diet Cancellation Request, CR-3813, and will be effective immediately. Upon approval of the CR-3813 by the Chaplain, the Chaplain shall notify food service staff immediately by phone. A copy of the approved CR-3813 shall be given to the Warden/Superintendent, Institutional Contract Director, the inmate and the inmate's Unit Management team for inclusion in his institutional file. The Chaplain shall retain the original for his/her files.
- b. Inmates wishing to engage in personal religious fasts must provide written notice of the starting time and date, the intended duration of the fast, and the ending time and date to the correctional facility chaplain and contract food services director at least seven calendar days in advance of the fast.
- c. In order to preserve the integrity and orderly operation of the Inmate Religious Diet Program and to prevent fraud, inmates who withdraw may not be immediately reinstated back into the program. The process of reapproving a religious diet for an inmate who voluntarily withdraws may extend up to 30 days. Repeated withdrawals, however, may result in inmates being subjected to a waiting period of up 90 days, unless a change of religious affiliation is approved per Policy #118.01.
- d. If an inmate is found in violation of the religious diet agreement the Warden/Superintendent has discretion to suspend and/or terminate the inmate from the program. The first violation shall result in a suspension from the program. Repeated violations may result in termination from the program.

Subject: RELIGIOUS DIET PROGRAMS AND FEASTS

- e. If an inmate is found in violation of the religious meal guidelines provided by Central Office, the inmate will not be allowed to participate in the feast meal.

C. Food Service Operations

1. Food services staff shall prepare and serve approved religious diets.
2. Kosher menu diets shall be stored in designated locked microwave cage in the main kitchen of each facility.
3. The Kosher microwave cage shall contain the following:
 - a. Approved Kosher pre-boxed meals, stockpot, lid, measuring cup, and serving ladle for lunch and dinner daily services
 - b. Disposable tray and disposable silverware
 - c. Inmate name and inmate number will be written on their disposable tray
 - d. Cage shall be clearly marked, "This cage is for religious dietary items only"
4. Pre-packaged bulk meals shall be stored in secured, locked dry storage area when received in the kitchen.
5. Halal meals shall be prepared according to religious practices to include not preparing meals with pork or with alcohol. Surfaces shall be cleaned and sanitized appropriately to avoid cross-contamination.
6. Food service staff and inmates that prepare and/or serve religious diets shall be appropriately trained in the preparation, handling, and delivery of meals. The Food Service Department is not required to purchase or use separate equipment or utensils for the preparation and service of religious meals other than the designated microwave and religious diet cage.
7. The contract vendor food service director shall keep a monthly log of the type and number of the religious diets ordered and served as outlined in Policy #116.01, Menu Planning, by providing a sign-in sheet for each meal to verify that the inmate has picked up his/her religious diet with the exception of the segregated units, infirmary inmates, and Health Center (DSNF) This information will be forwarded to the Chaplain and the institutional fiscal director.

D. Religious/Holiday Meals

1. If the religious meal is not covered by the holiday menu, such as Rastafari, Native Americans, Feast of Tabernacle, and other religious groups' requests, the Chaplain shall initiate the process and determine the number of inmates requesting participation at least 60 days in advance. The contract food service vendor shall provide any food for the meal if available. Only TDOC certified volunteers may provide additional foods with the approval of the Warden/Superintendent. (Refer to Policies #115.01 and #118.01. Special meals shall be listed separately on an institutional invoice.

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Subject: RELIGIOUS DIET PROGRAMS AND FEASTS		

Such meals can only be provided by approval of the Assistant Commissioner of Prison/designee.

2. TDOC will serve a special meal through food service provided to all population for the following:
 - a. Christian (Christmas and Easter)
 - b. Muslim (Eid al-Fitr and Eid al-Adha)
3. Inmates who are part of other religious groups are also permitted to participate in a maximum of two holiday meals per year that can be requested in accordance with Policy #118.01 regarding group requests.

VII. ACA STANDARDS: 4-ACRS-4A-03.

VIII. EXPIRATION DATE: September 30, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION
REQUEST FOR RELIGIOUS DIET PROGRAM PARTICIPATION AND AGREEMENT**

INSTITUTION

I, _____, _____
INMATE NAME (PLEASE PRINT) TDOC ID

would like to participate in the Religious Diet Program. I understand that in order for me to be served a religious diet, special foods may have to be procured for me, and special preparation practices must be used. Therefore, I agree to abide by the following conditions:

1. I understand that if I voluntarily request that my religious diet be cancelled, I must do so in writing (*Religious Diet Cancellation Request - CR3813*) and I must wait for a period of thirty (30) days before requesting that my diet be reinstated or requesting a new religious diet.
2. I understand that repeated requests for withdrawals or changes may result in a waiting period of up to ninety (90) days.
3. During meals I will eat and possess on my food tray only those food items served as a part of the Religious Diet Program.
4. I will not purchase, possess, or consume any food items that are not permitted under my religious diet.
5. I will not eat foods from the general facility diet that are in conflict with my religious diet.
6. I will follow all facility policies for dining in my facility.
7. I will not provide any portions of my specially-prepared meal to other inmates.
8. I will not collect religious food items (or unauthorized amounts of Commissary items) in my cell/room.
9. If I am found in violation of this agreement I understand that I am subject to suspension and/or termination.
10. I understand that if I am suspended from the program it is my responsibility to notify the Chaplain of my desire to be reinstated.
11. If I am terminated for any violation of this agreement, I understand I may not reapply for the program for ninety (90) days.
12. I understand that failure to pick up my religious diet meal may result in the cost being deducted from my inmate trust account. **Repeated failures to pick up my religious diet may result in suspension and/or termination from the program.**

By my signature below, I acknowledge that I have read and/or discussed, with a staff person, the contents of this agreement. I further agree that if permitted to participate in the Religious Diet Program *I will abide by the conditions of participation set forth above in this agreement.*

INMATE SIGNATURE DATE

APPROVED: **DISAPPROVED:** **TYPE OF DIET:** _____

CHAPLAIN PRINTED NAME

CHAPLAIN SIGNATURE DATE

APPROVED: **DISAPPROVED:**

WARDEN/SUPERINTENDENT SIGNATURE DATE

REASON FOR DISAPPROVAL INMATE SIGNATURE

Original: Inmate File **Copy:** Food Service Director Warden/Superintendent Chaplain



**TENNESSEE DEPARTMENT OF CORRECTION
RELIGIOUS DIET CANCELLATION REQUEST**

INSTITUTION

I, _____
Inmate Name (*Printed*) TDOC ID _____

request that my religious diet be cancelled immediately. I understand that I must apply for readmission to the program, and readmission may not occur for up to thirty (30) days. I understand that repeated withdrawals may result in a waiting period for up to ninety (90) days for readmission unless a change of religious affiliation is approved.

Inmate Signature

Date

Chaplain Signature

Date



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction


Index #: 513.07 .1

Page 1 of 13

Effective Date: April 15, 2023

Distribution: B

Supersedes: 513.07 (4/1/19)
PCN 20-18 (6/15/20)

Approved by: 

Subject: SUBSTANCE USE HIGH INTENSITY RESIDENTIAL SERVICES

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 33-10-407, and TCA 68-24-601, and Title 42, CRF Chapter 2, *Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5)*.
- II. PURPOSE: To identify and provide a continuum of cost-effective intensive residential substance use treatment programs for convicted felons who have or previously have had a history of a substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates, institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Addiction Treatment Program Director: A qualified licensed substance use staff member who has direct clinical oversight and administration of addiction treatment programs and recovery services.
 - B. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
 - C. Cardinal Rules: Critical rules that govern all substance use treatment programs, and if violated, result in program termination.
 - D. Clinical File: A file that is specifically for substance use treatment programming, with the documentation being maintained by treatment counselors for each participant on their caseload.
 - E. Clinical Need: A medical or behavioral health episode that requires intervention from a medical, behavioral health, or substance use professional.
 - F. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
 - G. Facility Treatment Team: A group of institutional personnel that should include but is not limited to the behavioral health administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, drug testing coordinator, inmate jobs coordinator, licensed alcohol, and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT) or Assistant Warden for privately managed facilities, building security supervisor, and chief counselor. This team is responsible for the oversight of the substance use treatment programs at each institution and meet bi-weekly to discuss participant issues and progress.

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Subject: SUBSTANCE USE HIGH INTENSITY RESIDENTIAL SERVICES		

- H. Learning Experiences: Actions employed to address less serious negative behaviors that usually include persistent non-compliance with community expectations (Substance Use Treatment Alternative Disciplinary CR-3754).
- I. Phases/Phase Progression: The process by which a participant progresses in a Therapeutic Community treatment program.
- J. Program Rules: All rules, program or facility-based, not considered a cardinal rule violation.
- K. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use treatment program.
- L. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (LMFT) with a minimum of one year documented experience working with substance use disorder treatment programs).
- M. Residential Treatment: A nine-to-twelve-month substance use treatment program held in a Therapeutic Community environment focusing on underlying alcohol and drug use and criminogenic thinking patterns.
- N. Substance Use Behavioral Program Intake and Interpretive Summary (CR-3720): A comprehensive compilation of essential historical and criminogenic needs information designed to determine the extent of behavioral health needs and/or substance use problems and match the inmate with the appropriate treatment service.
- O. Substance Use Initial Treatment Plan [(CR-3752) and Substance Use Disorder Individual Treatment Plan (CR-3753)]: A clinical plan of care that specifies the goals and objectives of substance use treatment, the methods to be used in the treatment process, and a schedule for assessing and updating progress.
- P. Substance Use Treatment Program Alternative Disciplinary (CR-3754): Additional sanctions given to participants for negative behaviors which are punitive in nature and are accompanied by a learning experience. These sanctions are used as a progressive disciplinary sanction at the addiction treatment program director's discretion.
- Q. Substance Use Treatment Transition Accountability Plan, (CR-4153): A strategic plan developed by the participant, with input from the treatment counselors, to identify the offender's needs.
- R. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental, or social issues related to the use of mood-altering substances.

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- S. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM)* screening for mild to severe substance use disorders and is particularly useful when determining level of intensity for substance use treatment.
 - T. Therapeutic Community (TC): Treatment method used to serve offenders in in-custody residential treatment programs. The TDOC uses a modified Therapeutic Community model, meaning no shame-based activities, to provide a peer-based support systems for program participants.
 - U. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure while working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide the opportunity for inmates to receive intensive and individual-based addiction treatment and recovery services programs that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources.
- VI. PROCEDURES:
- A. Mission Statement/Treatment Philosophy: The mission of the TDOC’s intensive residential substance use treatment programs is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. The TDOC intensive residential substance use treatment programs are based on the idea that the participant is ultimately responsible for his/her recovery. Participants work closely with treatment staff to develop individual treatment goals and strategies. The TDOC’s intensive residential substance use treatment programs shall blend evidence-based treatment interventions that will focus on the inmate’s criminogenic needs. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Addiction Treatment and Recovery Services or designee.
 - B. Intensive Residential Substance Use Treatment Program Services: Shall be offered to inmates (where resources permit) who are parole mandated or have a documented need-based TCU Drug Screen V. Depending on the length of sentence and program availability, inmates shall be provided with the opportunity to participate in addiction treatment and recovery services prior to release from the institution.
 - C. High Intensity Residential Services
 - 1. Therapeutic Communities (TC) - Nine-to-twelve-month residential programs in which participants progress through multiple treatment phases. TC Participants are to be housed separately from general population. Community responsibilities are to be distributed through a structure board and participants are to have responsibility within the community without authority over other inmate participants. Program services will be culturally sensitive and gender specific.
 - 2. Shame based exercise or procedures are strictly prohibited. Ideal score of three or higher on TCU Drug Screen V. All TC programs will be open ended. The TC program will

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fulfill Board of Parole requirements for Substance Use (TC), Group Therapy (GRTH), Cognitive Behavioral Therapy, Anger Management, and Cognitive Behavior Intervention Programming (CBIP). In addition to substance use treatment, participants shall receive the following:

- a. Motivation Enhancement Therapy
- b. Cognitive Behavioral Therapy
- c. Anger Management
- d. Victim Impact
- e. High School Equivalency (HSE) Education (where resources permit)
- f. Job Readiness/Career Technical Education (where resources permit)
- g. Facility-Based Community Service Work (where resources permit)
- h. Relapse Prevention
- i. Aftercare Planning

D. Admission/Exclusion Criteria

1. Admission Criteria: In order to manage the number of inmates requiring substance use services, consideration shall be given based on clinical need. (See Policy #505.07) Additional admission criteria are as follows:
 - a. Inmates must meet classification level for the program in which they are attempting to enroll.
 - b. The inmate shall receive written notification of the pending placement decision and be afforded an opportunity to accept or deny the placement decision. Inmates who accept placement into a treatment program must sign Substance Use Treatment Program Participant Agreement, CR-3586. All participants have the right to turn down programming before signing CR-3586. Once the CR-3586 is signed, dismissal from the program for any reason other than a non-disciplinary dismissal will be accompanied by a Class A disciplinary as defined by Policies #502.01 and #502.02.
2. Exclusion Criteria:
 - a. Inmates who have received any Class A disciplinary convictions within six months of program start date. An exception can be made if the inmate successfully completes the Intervention Substance Use Recovery Education program in accordance with Policy #513.07.3.
 - b. Inmates who have received a Class B or three Class C disciplinary convictions within three to six months of program start date will be reviewed and admitted as

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determined by the addiction treatment program director's clinical judgment. An exception can be made based on clinical judgement for general population inmates that have received a disciplinary for a facility drug screen and have not received any prior substance use treatment.

- c. Inmates who decline to sign the Substance Use Treatment Program Participant Agreement, CR-3586. Declining programming shall be documented in the offender management system (OMS). Once participants decline, they will be removed from the Prioritized Register.
- d. Inmates who refuse the initial substance use treatment program drug screen.
- e. Inmates who are assessed as having severe mental or physical disabilities that would prevent the inmate from fully participating in all treatment activities.
- f. Inmates with severe cognitive problems that would prevent full participation in all program curriculum and activities.

E. Successful Completion/Non-Disciplinary Dismissal/Disciplinary Dismissal/Re-Admission Criteria

- 1. Successful Completion Criteria: A participant shall receive credit for successful program completion only after the achievement of the following minimum requirements.
 - a. Completion of program requirements, individual treatment goals and performance objectives as defined by the participant's individual treatment plan.
 - b. Completion of the written Substance Use Treatment Transition Accountability Plan, CR-4153.
 - c. Following initial program placement drug screen, all program random and program discharge drug screens for the participant have been negative for drugs and alcohol and documented on the Drug Screen Consent/Refusal Substance Use Treatment, CR -3992
- 2. Non-Disciplinary Dismissal Criteria: A participant shall receive a non-disciplinary discharge only after the following:
 - a. Treatment team recommends that a participant should be non-disciplinarily discharged due to an inability to complete treatment program through no fault of his/her own.
 - b. If decision is based on medical issue, a recommendation is issued by facility MD.
 - c. A non-disciplinary dismissal should be performed when all other available treatment program options have been exhausted. Once pertinent information has been reviewed and approved by the addiction treatment program director or designee, the non-disciplinary dismissal request shall be forwarded to the Inmate

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Jobs Coordinator using Request for Program Dismissal, CR-3054, and Notice of Denial of Program Credits, CR-3224, for disposition per Policy #505.07.

3. Disciplinary Dismissal Criteria: The addiction treatment program director and facility treatment team can request that a participant be removed from a treatment program. All disciplinary dismissals are to follow procedures found in Policies #505.07 and #502.01 and will require the issuance of a Class A disciplinary infraction report. The disciplinary infraction report must be reviewed by the addiction treatment program director or their designee before submitting to the on-duty shift commander for approval.
 - a. If the action itself warrants a Class A, the facility treatment team member shall issue a disciplinary infraction report for that particular action. If a participant is dismissed for an accumulation of minor infractions that in themselves do not warrant a specific Class A, the team shall issue a Class A for Refusal to participate based on the participant's signing of Substance Use Disorder Treatment Program Participant Agreement, CR-3586.
 - b. Programs are in no way required to readmit a dismissed participant based on Disciplinary Board outcomes. Even if the facility disciplinary is overturned, dismissed inmates must follow the procedures outlined in Section VI.(D)(1-2) A non-disciplinary dismissal will have to be requested if the disciplinary job drop is not approved; otherwise, the inmate jobs coordinator will keep the inmate assigned.
 - c. The following is a listing of Cardinal Rules that, if violated, result in immediate disciplinary dismissal:
 - (1) Violation of institutional rules considered a Class A offense as outlined in Policy #502.04.
 - (2) Threats or acts of violence.
 - (3) Possession of any type of weapon.
 - (4) Violation of confidentiality laws.
 - (5) Sexual misconduct or solicitation that is assaultive in nature, as defined by Policy #502.05.
 - (6) Failure or refusal to actively participate in program activities (See Policy #505.07).
 - (7) Disrespect to any staff or other program participants in the form of repeated threatening or inciting disturbances that are disruptive to program or institutional operations as determined by the addiction treatment program director and facility treatment team.
 - (8) Possession of drugs or alcohol.
 - (9) Violations against state or federal laws.

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- d. Particularly grievous or repeated program rule violations can also result in disciplinary dismissal.
 - e. All disciplinary dismissals for program rule violations must have proper documentation of the actions that led to the participant's dismissal and will be made available to appropriate TDOC staff should the dismissal be grieved.
4. Program Re-admission: Inmates who are dismissed from the program do not automatically receive eligibility to be re-enrolled for a second time. Inmates must meet all requirements regarding Admission and Exclusion Criteria (See Section VI.(D)(1-2) and be evaluated by the facility treatment team for treatment readiness and appropriateness. Only after meeting all Admission and Exclusion Criteria and receiving approval from the facility Behavioral Health Administrator, will an inmate be eligible for re-enrollment.
- F. Participant Substance Use Treatment Program Intake Procedures, Participation, Progression, and Staff Responsibilities
- 1. Inmates who are selected for participation in a substance use treatment program must complete the admission process outlined in Section VI.(D)(1-2) prior to beginning treatment or the intake assessment process.
 - a. All attached consent forms must be completed before any form of treatment begins.
 - b. At the completion of the interview and assessment process, if the addiction treatment program director determines that program placement is not appropriate based on the inmate's level of substance use treatment need, the addiction treatment program director will contact the following:
 - (1) Chief Correctional Counselor for the purpose of treatment pathway override utilizing the Request for Treatment Override, CR-4157. See Policy #513.09 for form sample
 - (2) Inmate Jobs Coordinator for the purpose of job drop from therapeutic community (TCOM) job position, administratively (non-disciplinary) with closure of the risk needs assessment.
 - (3) Institutional probation/parole specialist (IPPS) for the purposes of parole recommendations/mandates. This communication will also include any other appropriate programming recommendations by the addiction treatment program director, if applicable.
 - 2. Substance use treatment program staff shall complete the Substance Use Behavioral Program Intake and Interpretive Summary, CR-3720, and TCUD within 30 days of admission, which will document the following:
 - a. Addiction Severity as determined by TCUDS V
 - b. Social/Family History

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- c. Medical/Mental Health Severity
 - d. Education Level
 - e. Employment History
 - f. Criminal History
 - g. Inmate's Motivation for Treatment
3. If following the initial program intake assessment, the facility treatment team feels that the potential participant needs a mental health screening, the following procedure will take place:
- a. The addiction treatment program director shall refer inmates who need evaluation of issues that may prevent them from participating in the program to mental health for review. This will be accomplished using the Institutional Health Services Referral, CR-3431.
 - b. The Behavioral Health division's assessment shall include evaluation of any serious mental health issue that will prevent the inmate from fully participating in the program and include any recommendations. A hard copy of these assessments will be provided to the addiction treatment program director to be placed in the participant's clinical file.
 - c. For programs that have work release or community service components, potential participants shall be screened by the Inmate Jobs Coordinator for any impairment that may interfere with the completion of the program activities.
4. All substance use treatment programs shall:
- a. Ensure orientation to any therapeutic community unit occurs within seven days. Each participant shall also sign the Substance Use Treatment Confidentiality Notice and Waiver, CR-3751; Substance Use Treatment Program Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755; and Substance Use Treatment Informed Consent for Treatment Services, CR-3750, at this time.
 - b. Ensure that an Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source. (See Policy #511.04)
 - c. Provide the Texas Christian University (TCU) pretest within 30 days of admission and posttest within 30 days of successful discharge that will measure inmates in four critical life areas:
 - (1) Criminal Thinking (CTS)
 - (2) Social Desirability (SOC)
 - (3) Psychological Function (PSY)

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(4) Motivation (MOT), pre-test only

5. Inmates participating in any substance use treatment program shall be required to have a Substance Use Initial Treatment Plan, CR-3752, within seven days of entering the program. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall be completed within 30 days after participants are accepted into the program with the addiction treatment program director's signature.

a. The Substance Use Disorder Individual Treatment Plan, CR-3753, shall include the following information:

(1) Participant's name

(2) TDOC ID

(3) Presenting problem/diagnosis

(4) Strengths

(5) Challenges/Obstacles

(6) Severity of disorder

(7) Master Problem List based on criminogenic factors (i.e., Risk Needs Assessment, TCU Scales, and any additional biopsychosocial problems assessed)

(8) Description of goal/objectives, written in measurable terms

(9) Staff responsible for providing service

(10) Target dates for completion

(11) Participant's signature

(12) Staff signature(s)

b. The participants shall be afforded the opportunity to participate in the formulation and periodic review of their individual treatment plan to the extent of their ability to do so.

c. The Substance Use Disorder Individual Treatment Plan, CR-3753, at minimum, shall be reviewed and revised by the treatment counselor and the addiction treatment program director every three months or as often as needed. Revisions shall document dates and signatures by program staff and participants. Phase progression is determined by the observed completion of tasks as defined and outlined by the treatment program and the participant's individual treatment plan.

G. Substance Use Treatment Program Interventions

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1. Program interventions are to be given at a graduated level and shame-based sanctions are prohibited. Program sanctions should be commensurate with the participant's criminogenic behavior in an effort to move them toward treatment goals. Interventions should always be given in the form of Learning Experiences, while particularly grievous or repeated behaviors may also have punitive sanctions at the addiction treatment program director's discretion.
 2. Program sanctions should be firm, fair, and consistent for all participants. Any actions that do not result in program dismissal but receive Learning Experiences or punitive sanctions should be documented using the Substance Use Treatment Program Alternative Disciplinary, CR-3754.
 3. All learning experiences and program sanctions should also be documented in monthly progress notes using the Substance Use Treatment Program Individual Contact Note, CR-3761.
 4. Particular actions, which affect institutional security but would normally fall under programming confidentiality, will be entered in the OMS/LHSM by the addiction treatment program director so that the information can be accessed on a need-to-know basis by other facilities.
- H. Urinalysis and Alcohol Testing: Drug and alcohol screens will be used primarily for identification of problems and to establish program credibility. Each program participant will be screened initially and on a random basis consistent with Policy #506.21, as well as when reasonable suspicion testing is warranted. All drug and alcohol screens shall be conducted in accordance with Policy #506.21.
1. Each program participant shall be tested within 30 days of admission to the program. Failure of this initial screen will not result in dismissal or any form of disciplinary action.
 2. Any program participant that fails a screen beyond the first 30 days in the program will be subject to serious sanctions, which could result in immediate dismissal and a Class A disciplinary for refusal to participate.
 3. The addiction treatment program director, in collaboration with the facility treatment team, shall evaluate such a failed screen choosing specifically one of the following options:
 - a. The program participant will receive a Class A disciplinary for refusal to participate and be immediately dismissed from the program based on participant's repeated failed drug screens.
 - b. If the participant is in phase 1 of their program, the participant may not receive a disciplinary, and may not be dismissed from the program, but will receive alternative clinically based sanctions as a "Learning Experience", including at least: an extension of program duration of not less than 14 days and not more than 30 days, as well as follow-up with more frequent randomized testing throughout the course of their program.

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- c. If the participant is in phase 2 of their program, the participant may not receive a disciplinary, and may not be dismissed from the program, but will receive alternative clinically based sanctions as a “Learning Experience”, including: a setback to a lower phase of programming immediately preceding the phase he/she occupied upon failing the screen, as well as follow-up with more frequent bi-weekly randomized testing throughout the course of their program.
 - d. If the participant is in phase 3 of their program the participant will receive a setback to a lower phase that is appropriate at minimal three months and the treatment plan will address lapse and relapse triggers. The participant will submit at minimum, a bi-weekly drug screen for duration of the program.
 - e. The addiction treatment program director will document and submit the above clinical recommendation of the facility treatment team to the TDOC Director of Addiction Treatment and Recovery Services or designee requesting review and approval. Once authorized, sanctions and updated individualized treatment plans will be appropriately and adequately documented to the clinical file.
- I. Substance Use Treatment Transition Accountability Plan (CR-4153)/Substance Use Treatment Clinical Discharge Summary (CR-3713): Each program participant shall be responsible for completing a transition accountability plan that will be approved by his/her treatment counselor. The transition accountability plan shall address all ancillary service needs for the participant’s successful re-entry to the community within 30 days of successful discharge. The Substance Use Treatment Clinical Discharge Summary, CR-3713, shall be completed on all participants in substance use treatment programs. The CR-3713 shall document successful program completion, non-disciplinary discharge, disciplinary dismissal, or any other reason within ten days of the participant’s discharge. The substance use treatment program clinical discharge summary shall be completed by the participant’s primary counselor and should be specific to the participant’s release type (i.e., general population, expiration, or parole).
- J. Participant Substance Use Treatment Program Clinical Files
- 1. An individual substance use treatment program clinical file shall be maintained on all participants in a substance use treatment program. The clinical file shall contain a chronological history of the participant’s clinical forms, all substance use related assessments, progress notes, pre and post testing, transition accountability plan, release of information forms, drug screens, treatment interventions, discharge summary, events, and activities.
 - 2. All state-run programs must use forms listed in this policy. Contractor programs may use equivalent forms, as approved by the Director of Addiction Treatment and Recovery Services or designee. All Contractor programs must complete Substance Use Treatment Program Participant Agreement, CR-3586; Authorization for Release of Substance Use Treatment Information, CR-1974; Substance Use Treatment Confidentiality Notice and Waiver, CR-3751, Substance Use Treatment Program Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755; and Substance Use Treatment Informed Consent for Treatment Services, CR-3750.
 - 3. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to

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substance use treatment are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential. Substance use treatment program clinical files shall be stored in a locked cabinet and behind locked doors at all times when unattended.

4. All individual sessions are to be documented on the Substance Use Treatment Individual Contact Note, CR-3761, after every contact with the participant or relevant individuals (i.e., family, support circle, etc.). Progress of participant's program participation, group, and other program related activities shall be updated monthly.
5. Access to substance use treatment program clinical files shall be limited to those employees who have a legitimate need. Substance use treatment program staff shall develop in-house procedures, which are approved by the Warden/Superintendent to ensure that the substance use treatment information is shared between medical, behavioral health, and other institutional staff, as appropriate. No inmate in any position, including but not limited to clerk, mentor, etc., shall have access to any other participant's treatment records.
6. All substance use treatment program clinical files shall be retained at the institution in a secure area and maintained separately from the institutional record for at least three fiscal years following the date of discharge from the program. Retention is required for purposes of federal and state examination and audit.
7. In accordance with federal regulations, at the end of three years, the records shall be forwarded to the designated archive area in each facility and stored for an additional two years, after which time the facility will follow Policy # 512.01 for file retention.
8. A copy of substance use treatment program clinical files or any correspondence pertaining to substance use treatment program participation shall be released only with the written consent of the program participant. Copies of all such documents shall be marked as confidential and maintained in accordance with TDOC state and federal regulations. Exceptions are as follows:
 - a. To medical or behavioral health personnel to the extent necessary to meet a medical/mental health emergency
 - b. To qualified personnel for the purpose of conducting management audits or program evaluation/reviews
 - c. After application showing good cause has been determined by the court of jurisdiction
 - d. To other institutional substance use treatment programs for continued treatment services or aftercare services
 - e. In cases of reported child abuse, disabled or geriatric abuse.
 - f. Threat to self or others
 - g. Threat to institutional security

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- VII. ACA STANDARDS: 5-ACI-6A-23, 5-ACI-6A-42, 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, and 5-ACI-5E-15.
- VIII. APPLICABLE FORMS: CR-1974 (Rev. 12/20), CR-3054 (Rev. 2/21), CR-3224 (Rev. 11/19), CR-3431 (Rev. 09/19), CR-3586 (Rev. 11/19), CR-3713 (Rev. 4/18), CR-3720 (Rev. 08/22), CR-3750 (Rev. 08/22), CR-3751 (Rev. 08/22), CR-3752 (Rev. 8/22), CR-3753 (Rev. 8/22), CR-3754 (Rev. 08/22), CR-3755 (Rev. 8/22), CR-3761 (Rev. 4/18), CR-3992 (Rev. 12/20), CR-4153, and CR-4157 (Rev. 2/22).
- IX. EXPIRATION DATE: April 15, 2026



TENNESSEE DEPARTMENT OF CORRECTION
AUTHORIZATION FOR RELEASE OF
SUBSTANCE USE-TREATMENT INFORMATION

INSTITUTION / DRC

Participant's Name _____ TDOC ID _____ Gender _____
Please Print

Last 4-digits of Social Security Number _____ Date of Birth _____

I, _____ authorize _____ to
(Participant's Name) (Name of specific program)
disclose _____
(Kind and amount of information to be disclosed)

to _____
(Name of specific person, program, or organization)

for the following purpose(s): _____
(Specify, e.g., parole referral and supervision, aftercare treatment, etc.)

Expiration:

This authorization expires twelve (12) months from the date of signature below and covers information only prior to that date. I understand that I may revoke this consent at any time. I also understand that any disclosure which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information disclosed pursuant to this authorization cannot be redisclosed by the recipient named above unless I specifically authorize such further disclosure in writing.

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

I hereby release the provider, facility, or program disclosing this information upon my authorization from any liability:

Signature of Participant

Signature of Parent/Authorized Representative & Relationship

Witness

Date

NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



TENNESSEE DEPARTMENT OF CORRECTION
REQUEST FOR PROGRAM DISMISSAL

INSTITUTION

DATE: _____

TO: _____, Inmate Job Coordinator

FROM: _____

INMATE NAME _____ TDOC ID: _____

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/Superintendent/Designee

Date

Date



TENNESSEE DEPARTMENT OF CORRECTION
NOTICE OF DENIAL OF PROGRAM CREDITS

INSTITUTION: _____

INMATE: _____ TDOC ID _____

You have received less than the maximum total program credits for the period of: _____

Because: _____

Total Program Credits Awarded for this Period: _____

Supervisor: _____ Date: _____

If you wish to appeal this decision, sign and forward your copy to the Warden/Superintendent within five (5) days.

Inmate's Signature TDOC ID Date

Briefly state the reason(s) you believe you should have received more program credits: _____

Warden's/Superintendent's decision: Affirm [] Reversed [] Modify []

Comments/Reasons: _____

Warden's/Superintendent's Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT AGREEMENT**

INSTITUTION/DRC

Participant Name: _____
Please Print

TDOC ID _____

CARDINAL RULES

- No Drugs or Alcohol
- Must Actively Participate in Program Activities as outlined in Policy 505.07
- No Disrespect to Staff or Participants as outlined in Policy 513.07.0 and 513.07.2
- No Violence or Threats of Violence
- No Violating Confidentiality
- No Acting Out Sexually as outlined in Policy 502.05
- No possession of any type of weapon(s)
- No Violations Considered a Class A Offense (institutions only)
- No Violations against state or federal laws

I have read and understand the seven Cardinal Rules of the Program. 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.

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 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.

Check "√" applicable program modality:

- | | |
|--|---|
| <input type="checkbox"/> Therapeutic Community | <input type="checkbox"/> Outpatient Group Therapy |
| <input type="checkbox"/> Family Reunification | <input type="checkbox"/> Intensive Outpatient Group Therapy |

I **ACCEPT** placement into this program.

Participant Signature

Date

I **DECLINE** placement into this program; and, I understand that by declining placement, my name will be removed from the Substance Use Treatment Programming register, and I will not be eligible for any further Substance Use Treatment Programs 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 USE TREATMENT CLINICAL DISCHARGE SUMMARY

INSTITUTION/DRC

Participant Name: _____ TDOC ID _____
Please Print

Date of Birth: _____
Date Format: mm/dd/yyyy

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 "√" 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

Addiction Treatment Program Director/DRC Clinical Director
Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

INSTITUTION/PROBATION PAROLE OFFICE/DRC

 TDOC ID

 Admission Date/Sentencing Date

 Sentence Expiration Date

SECTION I. PERSONAL DATA

GENERAL

True (Given) Name:

 First

 Middle

 Last

 Pre/Suffix

 Social Security Number

 FBI No.

Driver License:

 State

 Number

Yes No
 Valid?

GENDER

- Female
- Male
- Unknown

RACE

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern
- Native Hawaiian or Pacific Islander
- Other Race
- Unknown
- White

HISPANIC

- Hispanic
- Non-Hispanic
- Unknown

CITIZENSHIP

- Illegal Alien
- Legal Alien
- US Citizen
- Unknown

DEMOGRAPHICS

EYE COLOR:

- Blue
- Green
- Brown
- Hazel
- Other

HAIR COLOR:

- Black
- Brown
- Blonde
- Gray
- Red
- White
- None
- Other

Height: _____

Weight: _____

Age: _____

Date of Birth: _____

Country/Place of Birth: _____

Country of Citizenship: _____

PERSONAL DATA: GENERAL - COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

SECTION I. PERSONAL DATA *continued*

SOCIAL

Do You Own A Vehicle? Yes No If no, do you have sources of transportation? Yes No
 Sources of Transportation
 (include alternative sources): _____

Emergency Contact: _____ Number: _____

Collateral Contacts (Family, Friends, Other Frequent Contacts, etc.)

<u>NAME</u>	<u>RELATIONSHIP/ FREQUENCY OF CONTACT</u>	<u>TELEPHONE NUMBER</u>	<u>NOTES QUALITY OF RELATIONSHIP/ RESIDENCE LOCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your residential plans? (include addresses, if known)

Will you be living with anyone upon release that:

- Uses prescribed and/or non-prescription drugs
- Has a criminal record
- Has been involved in criminal related activities
- Has substance use history
- Has a current alcohol problem

MARITAL HISTORY

Current Marital Status: Cohabiting Divorced Married Separated Single Widowed

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>DATES OF MARRIAGE</u>	<u>NO. OF CHILDREN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN

<u>NAME/AGE/GENDER</u>	<u>CHILDREN LIVE WITH WHOM (CAREGIVER)</u>	<u>QUALITY OF RELATIONSHIP BETWEEN PARTICIPANT & CAREGIVER</u>	<u>FREQUENCY OF CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

EDUCATION/MILITARY HISTORY

EDUCATION LEVEL:

- No HS Diploma/GED Associate's Degree Some College
 Graduate Equivalency Bachelor's Degree Unknown
 Vocational/Apprentice Master's Degree

MILITARY BACKGROUND

Branch of Service: _____
 Dates from _____ to _____
 Discharge Type: _____
 Service Connected: No Yes

DATE EDUCATION OBTAINED/LAST YEAR

Name of Previous School: _____
 Address/Location of Previous School: _____

 Highest Grade Completed/ Year: _____
 Certificates/Degrees: _____

LANGUAGE SKILLS

- English Spanish
 French German
 Latin Other _____

Completed and/or Current Prison Curriculum/Programs: _____

SECTION I. PERSONAL DATA *continued*

PERSONAL DATA: SOCIAL – COMMENTS AND REMARKS

Family upbringing? Family history of substance use? With whom do you primarily interact with peers, family, etc.)

Mood & Affect		Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech	
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Labile <input type="checkbox"/> Suspicious <input type="checkbox"/> Pleasant	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 _____ <input type="checkbox"/> Disoriented <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled ----- Eye Contact <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating	<input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
INTAKE AND INTERPRETIVE SUMMARY**

SECTION II. EMPLOYMENT

Have You Ever Been Employed? Y N

Most Recent Employer: _____

Address: _____

Start/End Date: _____ to _____

Occupation: _____

Job Title: _____

Can You Return: _____

If N, Reasons for Unemployment:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Caregiver Treatment | <input type="checkbox"/> Long-Term |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Other |

Work Hours: _____

Employer Knowledge of Arrest? Y N

Vocational/Training Skills (Check All That Apply):

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Finance | <input type="checkbox"/> Military | <input type="checkbox"/> Food/Lodging Services |
| <input type="checkbox"/> Arts, Design, Entertainment and Media | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Production | <input type="checkbox"/> Child/Adult Care |
| <input type="checkbox"/> Office/Clerical/Admin Support | <input type="checkbox"/> Assembly | <input type="checkbox"/> Sales | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Janitorial/Cleaning Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Management | <input type="checkbox"/> Landscape/Ground Keeper |
| <input type="checkbox"/> Computer and Mathematics | <input type="checkbox"/> Electrician/Plumber/Mechanic | <input type="checkbox"/> Tradesman | |
| <input type="checkbox"/> Cosmetology/Barber | <input type="checkbox"/> Life, Physical, Social Science | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Farming, Fishing, Forestry | <input type="checkbox"/> Transportation/Materials | | |

EMPLOYMENT – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
INTAKE AND INTERPRETIVE SUMMARY**

SECTION III. FINANCIAL INFORMATION

SOURCES OF INCOME BEFORE INCARCERATION OR PRESENT:

<u>TYPE</u>	<u>MONTHLY</u>
Earnings from Job	_____
Alimony	_____
Child Support	_____
Child Support Hold?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Support	_____
Food Stamps	_____
Retirement Pension	_____
Unemployment	_____
Social Security	_____
Other:	_____
_____	_____
_____	_____

EXPENSES BEFORE INCARCERATION OR PRESENT:

<u>TYPE</u>	<u>MONTHLY</u>
Rent	_____
Gas/Electricity/Water	_____
Alimony	_____
Child Support	_____
Phone/Internet	_____
Food	_____
Car Payment	_____
Transportation (Gas, Bus Fare, etc.)	_____
Other:	_____
_____	_____
_____	_____
_____	_____

FINANCIAL INFORMATION – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

SECTION IV. SUBSTANCE USE HISTORY

SUBSTANCE USE:

<u>DRUG TYPE</u>	<u>RANK OF PREFERENCE (1ST, 2ND, 3RD, ETC.)</u>	<u>AGE BEGAN USING</u>	<u>METHOD/DATE LAST USED</u>	<u>FREQUENCY OF USE</u>
Alcohol	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Benzodiazepines	_____	_____	_____	_____
Cannabinoids	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
MDMA (X)	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Meth/AMP	_____	_____	_____	_____
Opiates	_____	_____	_____	_____
Suboxone	_____	_____	_____	_____
Methadone	_____	_____	_____	_____
Other	_____	_____	_____	_____

SUBSTANCE USE TREATMENT:

<u>TYPE</u>	<u>CURRENT</u>	<u>HISTORY</u>
Inpatient	_____	_____
Outpatient	_____	_____
Self-Help (AA/NA)	_____	_____
Confined Treatment	_____	_____

<u>NAME OF PROGRAM</u>	<u>LOCATION</u>	<u>DATES</u>	<u>PURPOSE/TREATMENT EXPERIENCE</u>	<u>DISCHARGE TYPE (COMPLETED/NOT)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUBSTANCE USE HISTORY – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
INTAKE AND INTERPRETIVE SUMMARY**

SECTION V. HEALTH

**PHYSICAL HEALTH (Please Include Allergies):
BRIEF CURRENT STATUS DESCRIPTION**

PHYSICAL HEALTH STATUS (*Check Best Fitting Response*)

- Minor Medical Problems Only
 Significant Medical Disorder (Under control but follow-up care required)
 One of More Chronic or Recurrent Medical Problems
 Uncontrolled Significant Disorder
 Diagnostic Evaluation or Specific Treatment in Progress
 None Unknown

NAMES OF MEDICATIONS AND REASON(S) FOR USE:

1. _____

2. _____

3. _____

4. _____

MENTAL HEALTH (CHECK ALL THAT APPLY)

- No Evidence of a current or past mental health condition
 History of mental health condition. No active symptoms.
 Mental health condition requiring ongoing treatment.
 Has been in psychotherapy or counseling within the last 12 months for a mental health condition.
 Currently taking medication for a mental health condition (psychotropic drug).
 Has seen a physician within the last 12 months for a mental health condition.
 Has been hospitalized within the last 24 months for a mental health condition.

History of being a victim of abuse: **No history of being a victim of abuse**

- No abuse as a child Physical abuse as child Sexual abuse as child Emotional abuse as a child
 No abuse as an adult Physical abuse as adult Sexual abuse as adult Emotional abuse as an adult



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

SUICIDE ATTEMPT HISTORY

of prior attempts _____
 Last attempt? _____
 Method of last attempt _____
 Medical attention needed ever? _____
 Ever while intoxicated? _____
 When incarcerated? _____
 Comments: _____

History of self-injury (*non-suicidal intent*)
 cutting head-banging non-cosmetic burning
 Ever while intoxicated? _____
 When incarcerated? _____

MENTAL HEALTH TREATMENT HISTORY: Records available

No history of prescribed psychotropic(s) medication(s)
 Age (estimated) 1st prescribed psychotropic: _____
 Age (estimated) last prescribed psychotropic medication: _____ or
 Current: _____
 Name of last treatment agency _____
 History of the following prescribed medications: _____

Records not available Records Requested

Medication likely confounded with A/D use
 Psychotropics primarily when incarcerated only
 Treatment compliance:
 always usually sometimes
 infrequently
 Current psychotropic medication (or within last 2 to 4 weeks): _____

Comments: _____

No history of Inpatient Psychiatric Treatment
 Age of 1st Psychiatric Hospitalization: _____
 Age of last Psychiatric Hospitalization: _____ or Current: _____
 Number of inpatient stays _____
 History of Psychotherapy, psycho-educational groups, classes, or support groups: Yes No
 If yes, please explain: _____

Duration of longest stay (est. ok): _____
 Age of longest stay: _____
 History of hospitalization related to suicide threat

HEALTHCARE/BENEFIT RECONNECTION:

Do you have healthcare benefits? Y N Unknown

If yes, what kind of coverage? _____

Do you need to be reinstated or need health insurance? Y N Unknown

Were you receiving social security disability or other state provided assistance? Y N Unknown

If yes, what kind and do you need to be reinstated? _____

SECTION V. HEALTH continued

HEALTH – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

SECTION VI. SELF REPORTED CRIMINAL HISTORY

<u>DATE OF ARREST/AGE</u>	<u>AGENCY/LOCATION</u>	<u>OFFENSE CHARGED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Probation/Parole History? Y N Agency/Location: _____ Violations? Y N
 Name(s) of Codefendants(s): _____

Do you continue to have a relationship with codefendant(s)? Y N
 If yes, explain: _____

Are you currently a member of a gang? Y N
 Have you ever been a member of a gang? Y N

Gang Name: _____

Initiation Date: _____

When Did You Get Out? _____

SELF REPORTED CRIMINAL HISTORY – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**SUBSTANCE USE BEHAVIORAL PROGRAM
 INTAKE AND INTERPRETIVE SUMMARY**

SECTION VII. INITIAL INTAKE ASSESSMENT

Check the most appropriate response in each category:

<u>PROBLEM AREA</u>	<u>LIMITED/SLIGHT</u>	<u>MODERATE</u>	<u>SEVERE</u>
Employment/Financial Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal/Criminality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational/Vocational Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTIVATORS/BARRIERS:

	NOT AT ALL	SLIGHTLY	MODERATELY	CONSIDERABLY	EXTREMELY
How serious do you think your drug problems are?					
How important is it for you to get drug treatment now?					

Motivators (children, family, support, etc.): _____

Barriers (race, gender, etc.): _____

Staff Completing Intake Summary (*Printed*): _____

 Signature Date

DRC Clinical Director/Addiction Treatment Program Director (*Printed*) _____

 DRC Clinical Director/Addiction Treatment Program Director Signature Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT INFORMED CONSENT FOR TREATMENT SERVICES**

INSTITUTION / DRC

Dear Participant:

Welcome to the Tennessee Department of Correction (TDOC) Substance Use Treatment 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.

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 participation.

Participant's Name/TDOC ID

Participant's Signature

Date

Counselor's Name

Counselor's Signature

Date

Addiction Treatment Program Director/
DRC Clinical Director's Name

Addiction Treatment Program Director/
DRC Clinical Director's Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT
CONFIDENTIALITY NOTICE AND WAIVER**

INSTITUTION/DRC

I, _____ hereby consent to communication
Participant Name *(Please Print)* TDOC ID

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 use disorder 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 ID

Date of Birth

Staff Witness Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE INITIAL TREATMENT PLAN**

INSTITUTION/DRC

Participant Name

TDOC ID

____ / ____ / ____
Date

Modality: _____ TC _____ Group Therapy _____ DRC _____ Primary Counselor
DSM V Diagnostic Impression:

Problem: Participant has a need to complete the Substance Use Disorder Treatment Program based on the intake and interpretive summary and/or bio-psycho-social and risk needs assessments outcome.

Long Term Outcome/Goal: Complete all necessary requirements related to the treatment program and attend all scheduled program activities during the next thirty (30) days.

OBJECTIVES/INTERVENTIONS

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client will complete the assessment surveys: CTS, PSY, SOC, MOT.		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document (CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan (CR-3753).		

OBJECTIVE	METHODS/INTERVENTIONS(SERVICES)	FREQUENCY
1.	Counselor will provide all the necessary assessments, score them and place documentation on chart.	One Time
2.	Counselor will monitor program attendance.	On Going
3.	TDOC Staff will administer urine drug screen at intake and the counselor will document results in participant's file.	One Time
4.	Counselor will provide the participant with the group rules and expectations. Will make sure participant understands these requirements by verbal agreement between the counselor and participant as well as a signed document representing this agreement in the clinical file.	One Time
5.	Counselor will provide an individual session to develop the individual treatment plan with the participant.	One Time

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE DISORDER INDIVIDUAL TREATMENT PLAN

INSTITUTION / DRC

Participant Name: _____ TDOC ID: _____

Service Start Date: _____ Primary Counselor: _____

TC Residential SA _____ Group Therapy _____ DRC _____

DSM-V- Diagnostic Impression

CODE

DESCRIPTION

CODE	DESCRIPTION
_____	_____
_____	_____

MASTER PROBLEM LIST:

STRENGTHS:

OBSTACLES TO TREATMENT:

PROBLEM DESCRIPTION/#:

--

LONG TERM OUTCOMES/GOALS:

--

OBJECTIVES:

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

OBJECTIVE	METHODS/INTERVENTIONS (SERVICES)	FREQUENCY	
1.			
2.			
3.			

_____ Participant Signature

_____ Date

_____ Primary Counselor Signature

_____ Date

_____ Addiction Treatment Program Director/DRC Clinical Director Signature

_____ Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE DISORDER TREATMENT
PROGRAM ALTERNATIVE DISCIPLINARY

INSTITUTION

Participant's Name

TDOC ID

Counselor's Name

Date of infraction

DESCRIPTION OF INFRACTION:

LEARNING EXPERIENCE/ SANCTIONS:

I have discussed this matter with _____ and have agreed to accept an informal disciplinary sanction rather than have him/her initiate formal disciplinary actions against me. I understand that by signing this form and accepting an informal disciplinary sanction, I am waiving the following rights:

- a. The right to be formally charged with the disciplinary infraction(s) listed above once I have successfully completed my Learning Experience/ Sanction.
- b. The right to have my guilt and punishment decided by the disciplinary board.
- c. The right to have a disciplinary hearing.
- d. The right to appeal the decision of my counselors and the Learning Experience/ Sanction imposed.

I further acknowledge that though this report will not result in a formal disciplinary sanction and will not be included in my institutional record, this report will go in my clinical file as documentation of the above mentioned infraction. Repeated violations of program rules and regulations can result in my dismissal from the program.

Participant's Signature

Date

Counselor's Signature

Date

Reviewed by:

Addiction Treatment Program Director's Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT RIGHTS
AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGEMENT**

INSTITUTION/DRC

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 and/or 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 addiction treatment program director / 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 chairperson. 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. Your 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 a 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 ID	Date
-----------------------	---------	------

This acknowledges that I have reviewed and answered questions about the client's rights and confidentiality as well as our services.

Addiction Treatment Counselor's Signature	Date
---	------

Addiction Treatment Program Director/DRC Clinical Director's Signature	Date
--	------



TENNESSEE DEPARTMENT OF CORRECTION

DRUG SCREEN CONSENT/REFUSAL
SUBSTANCE USE TREATMENT

DO NOT ENTER IN OMS

Name: _____ TDOC ID: _____

Date of Birth: _____ Facility: _____

I _____, TDOC ID: _____, hereby [] Consent / or [] Refuse to allow a [] blood sample, [] urine specimen to be drawn/collected for the purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this refusal will be considered in the disciplinary proceedings.

Inmate Signature

Date

Witness Signature

Date

2nd Witness Signature (Refusal Only)

Date

Table with columns for Positive, Negative, N/A for various substances: AMP, OPI, OXY, THC, BAR, BUP, mAMP, BZO, COC, MTD, PCP, K2, ALC, and Other.

Disciplinary Board Ordered _____
Inmate Involved in Altercation _____
Pre-Parole Hearing _____
Program Testing (Non-Substance Abuse) _____
Random List _____
Reasonable Suspicion _____
Within 30-Day Release _____
Other Reason, please specify: _____
Temperature: _____ Initial _____
Start Time: _____ Random _____
End Time: _____ Exit _____

TO BE PLACED IN THE INMATE'S TREATMENT FILE



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT
TRANSITION ACCOUNTABILITY PLAN

The Transition Accountability Plan is intended to promote a successful transition into the community. Therefore, as you work on this plan, keep in mind that your plans should direct you to a productive life that is free from **both** crime and drugs. What is important in making good use of the Transition Accountability Plan information, detailed planning and demonstrated ability? Being able to talk about these issues is only the first step in putting the Transition Accountability Plan into action. The Transition Accountability Plan is designed to bring together many of the ideas and skills you have learned and put them to work for you in the community.

By the end, you will have completed a detailed, realistic Transition Accountability Plan. It is important to understand that your Transition Accountability Plan may change between now and your actual release. You must continue to work on it to enhance your opportunity for a successful transition.

I agree to the terms of the completed Transition Accountability Plan and I will continue to make appropriate revisions that will enhance my successful transition into the community.

Participant Signature

Counselor Signature/Institution

Date of Completion

Dates Revised

Addiction Treatment Program Director/ DRC Clinical
Director Signature

Date

TRANSITION ACCOUNTABILITY PLAN FOR: _____

(your name)

GOAL

A goal is something that you work hard to achieve. In order to make a successful transition back into the community, you must know what you want to accomplish and what tools you will need to achieve your goals. Think carefully about the goals you wish to accomplish and BE REALISTIC. Make sure to include your goals for such things as future living arrangements, employment plans, family relations, education and financial issues.

Your goals for the first 3 months out of prison:

1. _____
2. _____
3. _____
4. _____

Your goals for the first 12 months:

1. _____
2. _____
3. _____
4. _____

Your goals for the next 5 years:

1. _____
2. _____
3. _____
4. _____

LIVING ARRANGEMENTS:

As your release date approaches, there are several options for Living Arrangements that you can consider. Where you choose to live is an important factor in increasing your chances of a successful transition back into society. YOU NEED TO THINK CAREFULLY ABOUT WHERE TO LIVE. There are a number of options available to you such as: sober homes, halfway houses, residential recovery programs, transitional homes, shelters, etc.

1. (Circle One) Treatment Facility Home Other

2. Address: _____

3. Whom will you live with? _____

4. How long do you plan to live there? If you do not expect to live there for more than 6 months following your release, go back and answer questions 2-7 for **both** places you thing you might go.

Plan A: _____ Plan B: _____

5. What will it cost and how did you come to this agreement? _____

6. Describe the neighborhood. _____

7. How will you get to this address on the day of your release? _____

8. How do you know all of the above information? _____

EMPLOYMENT:

Establishing stable, legal employment is necessary in order to be a productive member in society. Finding a job requires enthusiasm, motivation and patience. You may not find your “dream job” right away. Keep an open mind! This is important in creating a realistic plan.

1. Do you have a job set up for when you are released? (Circle One) YES NO

If yes, answer questions 2-14

If no, answer questions 14-18

2. Where is it? _____

3. What is the job title? _____

4. Describe the work you will do including **specific** responsibilities. _____

5. How many hours a week will you work? _____

6. What days will you work? _____

7. How will you be trained? _____

8. How will you be supervised? _____

9. What will your salary be and what benefits will be included?

Pay: _____

Benefits: _____

10. Describe the working environment. _____

11. How far from home will you be working and how will you get to work? _____

12. Is the position temporary, seasonal or permanent? _____

13. How do you know all of the above information? _____

14. If you do not have a job lined up, or the job you have falls through, what will you do to find employment?

15. What types of work are you looking for and qualified to do? _____

16. How many hours are you planning to work? _____
17. Realistically, what would be the starting salary for the work you are qualified to do? _____

18. Give all the sources of information and assistance you plan to use. List at least 3 given to you by your counselor that would be beneficial in helping you find employment.
- a. _____

- b. _____

- c. _____

HEALTHCARE (medical and/or mental health)

Whether you have an emergency or need regular checkups, it is very important that you have health care insurance. Establishing health care insurance requires advanced planning but saves time and money in the end.

1. Do you know what your healthcare needs will be? _____

2. List resources given to you in class that can help you obtain healthcare insurance.
- a. _____

- b. _____

- c. _____

3. How can you make sure that have healthcare insurance? _____

4. How do you know all of the above information? _____

FINANCIAL PLAN

SOURCES OF INCOME

Available funds:

Money received upon release	\$ _____
<i>(Includes canteen account, savings account)</i>	
Money available in outside accounts	\$ _____
Gifts	\$ _____
Immediate earnings	\$ _____
Total Available Money:	\$ _____

Expenses:

Housing	\$ _____
<i>(rent, program fees, contribution to family expenses)</i>	
Clothing	\$ _____
Food	\$ _____
Transportation	\$ _____
Other Immediate Expenses	\$ _____
<i>(child support, cosmetics, pocket money)</i>	
Total Immediate Expenses:	\$ _____

Sources Of Weekly Income

Source _____	Amount	\$ _____
_____		\$ _____
_____		\$ _____
TOTAL WEEKLY INCOME (Before Taxes)		\$ _____
SUBTRACT THE FOLLOWING:		
	Taxes	\$ _____
	Child Support	\$ _____
TOTAL WEEKLY INCOME:		\$ _____

Expenses:

Rent	\$ _____	Weekly Income	\$ _____
Utilities	\$ _____	-Weekly Expenses	\$ _____
Phone	\$ _____		
Food	\$ _____	Balance:	\$ _____
Medicine/Cosmetics	\$ _____		
Clothes	\$ _____		
Gas/Transportation	\$ _____		
Car Payment/Insurance	\$ _____		
Entertainment	\$ _____		
Pocket Money	\$ _____		
Savings	\$ _____		
Other	\$ _____		
Total Expenses	\$ _____		

1. How will you monitor your budget? _____

2. What type of banking service will you use? _____

RECOVERY

1. What recovery meetings, organizations or groups do you plan to participate in? _____

2. Where are these meetings being held, be specific? _____

3. How many times per week do you plan on going to meetings, organizations, etc.? _____

4. How will you get to them? _____

5. What other support will you have? Sponsor, clergy, family, etc. _____

6. List here at least 3 resources given in class that can assist you in your recovery.
- a. _____
 - b. _____
 - c. _____
7. How do you know all of the above information? _____
- _____
- _____

CONTINUING EDUCATION

1. What are your **specific** educational goals? _____
- _____
2. What schools or programs are available to help you meet your goals? Include financial assistance.
- _____
- _____
3. List resources given in class that can assist you in meeting these goals.
- a. _____
 - b. _____
 - c. _____
4. How do you know all of the above information? _____
- _____
- _____

FAMILY

All family members have responsibilities to one another. You will need to demonstrate to your family that you are ready to accept your responsibilities. Rebuilding trust will take time and patience

1. Who do you regard as part of your family and expect to maintain a relationship? **List them**
- _____
- _____
2. What **specific** responsibilities will you have towards your family? _____
- _____
- _____
3. What plans and agreements do you have for improving your relationships and preventing problems with your family? Remember, there is **always** room for improvement. _____

FRIENDS

We all define “friendship” differently. Will you choose to associate with those living negative, criminal lifestyles or positive, pro-social lifestyles? We tend to associate with those who share common values and are trying to accomplish the same things in life. Keep in mind the direction you want to go.

1. What are the **types** of people or groups you plan to stay away from as part of your plan? _____

2. Which old friends would it be good for you to keep and strengthen relationships with as part of your plan? Why? _____

3. Whom are you currently building positive friendships with? _____

4. What qualities do you think are important in a friendship? _____

5. How are friendships built? _____

RECREATION (free time/ religious activities)

Recreation is important in creating life balance. When you are not working or meeting your daily responsibilities, you have free time. It is important to use this time wisely doing pro-social activities to create a balance in your schedule between work and play.

1. What **specific** activities will you participate in? _____

2. How much time will you devote to each? (Example: 1 hour, 2x weekly) _____

3. Where will you participate in these activities? _____

4. Who will join you in these activities? _____

-
5. What are the benefits of participating in these activities? _____
-
6. How do you know all of the above information? _____
-

SPIRITUAL LIFE

Spiritual Life relates to the values one has, the religion one participates in and the purpose of one's life.

1. Listed below are some values held by different people. Select at least 5 that are important to you and circle them. List other values you hold important in the space allowed.

Accomplishment	Creativity	Family	Integrity	Peace	Trust
Achievement	Decisiveness	Fun	Relationships	Persistence	Wealth
Affection	Discipline	God's Will	Maturity	Recognition	Well-being
Ambition	Duty	Happiness	Laughter	Religious Belief	Wisdom
Appearance	Econ Security	Health	Leadership	Respect	Work
Belonging	Education	Helping Others	Love	Responsibility	Wisdom
Brotherhood	Employment	Honesty	Loyalty	Satisfaction	_____
Charity	Enjoyment	Honor	Maturity	Stability	_____
Commitments	Eternal Life	Hope	Morality	Success	_____
Conservation	Experience	Independence	Order	Survival	_____
Corporation	Faith	Industriousness	Patience	Transition	_____

2. Describe your past participation in spiritual or religious activities and what connections will you make upon your release?
- _____
- _____
3. What gives your life meaning? _____
- _____
- _____
4. Do you think that participation in spiritual or religious activities would be important to you?

Circle one: Yes No Please explain why? _____

COMMUNITY INVOLVEMENT

By getting involved in the community, you have a chance to establish yourself as a pro-social member. There are a variety of activities within the community to suit your individual style

1. What **specific** groups or organizations will you be involved in? _____

2. What **specific** community activities will you be doing? _____

3. Where will you participate in these activities? _____

4. Who are the contact people for the activities or organizations? _____

5. How do you know all of the above information? _____

ACTIVITY SCHEDULE

Define a daily schedule for your first week in the community (after prison or treatment facility). Be certain that it **includes all major activities** that you have described in detail in all of the above sections of your Transition Accountability Plan. This should be a 24-hour schedule that accounts for **all** of your time.

Day 1

<u>Time:</u>	<u>Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Day 2

Time:

Activity

Day 3

Time:

Activity

Day 4

Time:

Activity

Day 5

Time:

Activity

Day 6

Time:

Activity

Day 7

Time:

Activity

CRISIS PLANS

Being aware of potentially dangerous situations and knowing how to do deal with them can reduce the risk of relapse and/or recidivism. Try to think back to those activities that contributed to your coming to prison and how you can avoid these situations after release.

1. What are your potentially dangerous situations? _____

2. How do you plan to avoid them? _____

3. Dangerous situation that you will **not** be able to avoid? _____

4. How will you cope with them in a way that will not risk your coming back to prison? _____

5. What do you think is the most difficult problem that may result in your relapse or recidivism?

6. How will you cope with this problem in a positive way? _____

7. Whom will you go to and what else will you do if you need emergency support?

Use this space for additional information if necessary.



TENNESSEE DEPARTMENT OF CORRECTION
REQUEST FOR TREATMENT OVERRIDE

INSTITUTION _____

INMATE NAME: _____ TDOC ID: _____

RED: _____ EXP: _____ FAD: _____

SED: _____ LAST PAROLE HEARING: _____

PAROLE BOARD ACTION: _____

MOST RECENT TCUD: _____ MEDICAL CLASS: _____ LEVEL OF CARE: _____

OVERALL RNA RISK LEVEL: _____

CURRENT RNA RECOMMENDATION: _____

PLEASE SPECIFY THE REASON(S) FOR THE PROGRAM OVERRIDE REQUEST:

- PAROLE MANDATE
- PAROLE RECOMMENDATION
- OTHER: _____
- CLINICAL ASSESSMENT
- CHANGE IN CUSTODY LEVEL
- MEDICAL STATUS
- INSTITUTIONAL NEED

EXPLANATION: _____

OVERRIDE REVIEW COMMITTEE:

CHIEF COUNSELOR: YES / NO COMMENTS: _____

SIGNATURE: _____ DATE: _____

BEHAVIOR HEALTH: YES / NO COMMENTS: _____

SIGNATURE: _____ DATE: _____

MEDICAL STAFF: YES / NO COMMENTS: _____

SIGNATURE: _____ DATE: _____

WARDEN / SUPERINTENDENT / DESIGNEE APPROVAL:

APPROVE: _____ DENIED: _____ COMMENTS: _____

WARDEN / SUPERINTENDENT / DESIGNEE: _____
SIGNATURE DATE

AC REHAB SERVICES / DESIGNEE APPROVAL:

APPROVE: _____ DENIED: _____ COMMENTS: _____

AC REHAB SERVICES / DESIGNEE: _____
SIGNATURE DATE



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

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Approved by: Tony Parker

Subject: SUBSTANCE USE SCREENING

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-28-601, TCA 40-28-602, TCA 40-35-311(c).
- II. PURPOSE: To establish guidelines for collecting, processing, and disposing of offender substance testing specimens.
- III. APPLICATION: Assistant Commissioner of Community Supervision (ACCS), and all Tennessee Department of Correction (TDOC) Community Supervision employees.
- IV. DEFINITIONS:
 - A. Chain of Custody: The process for documenting and tracking all persons handling a specimen, the time the specimen was handled, and the actions taken.
 - B. Confirmation Testing: A test to corroborate the result of the first test through the use of a second methodology.
 - C. Drug: Any substance taken through any means of administration, which alters the mood, the level of perception, or brain functioning. Such substances range from prescription medications to illegal substances, as well as alcohol, synthetic intoxicants and solvents.
 - D. Drug Screen: For the purpose of this policy, a drug screen is the process of testing a collected specimen for the presence of drugs or their metabolites.
 - E. Drug Screen Coordinator: Designated staff member responsible for the receipt and dissemination of drug screen lab results, monitoring the OMS entry of lab results, and requesting and tracking of drug screen affidavit requests.
 - F. Drug Test Defeat Device: A device designed to help an offender to fraudulently defeat a drug test by allowing the offender to surreptitiously substitute a foreign substance or the urine of another person as their own.
 - G. Positive Drug Screen: When an offender tests positive for an illegal drug or substance in which he/she does not possess a valid prescription from a physician.
 - H. Reasonable Suspicion: For the purposes of this policy, reasonable suspicion is any indication that an offender may be using an unauthorized substance or any substance in an unauthorized manner. Such indication may be direct (observed by TDOC staff), hearsay (relayed through other individuals), circumstantial (perceived via reasonable inference) or self-admission.
 - I. Specimen: A sample used to determine the presence of an illegal substance.
- V. POLICY: The TDOC conducts drug testing of offenders in order to determine offender compliance with the conditions of supervision and whether an offender is in need of substance use treatment.

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VI. PROCEDURES:

- A. General Statement: All drug screens are performed for the purpose of determining offender compliance with the terms of supervision and not for the purpose of assessing the health of the offender or for the diagnosis, prevention, or treatment of any disease or impairment of the offender.
1. Drug screens may be used to:
 - a. Identify drug usage
 - b. Confront denials of use
 - c. Monitor compliance
 - d. Assess risk and needs
 - e. Comply with court orders and/or Board of Parole (BOP) directives
 - f. Any other issues regarding supervision
 2. This policy provides for nondiscrimination on the basis of race, religion, national origin, creed, sex, age, or disability. Drug screens will not be used for the harassment of offenders.
 3. Only approved drug collection kits on the statewide contract shall be used to conduct drug screens. Confirmation testing shall be through a state approved contract laboratory.
 4. Offenders are subject to sanctioning up to and including revocation proceedings for the following:
 - a. Failure to submit to drug screens or to provide a specimen within two hours of the request if the request is made in accordance with Section VI.(A)(1).
 - b. Tampering or attempting to tamper with the specimen or test results.
 - c. Using a drug testing defeat device.
 - d. Self-admission of illicit, illegal, or non-prescribed drug use, and/or
 - e. Positive confirmation testing results.
 5. Offenders who have provided a positive drug screen within the past 12 months shall be selected for random drug screening through a random and/or targeted selection process.
 6. Targeted Drug Screening
 - a. Offenders shall be tested for the presence of illicit or unauthorized drug use if one of the following criteria is met:

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- (1) BOP requires or the sentencing court orders the offender to submit to drug screening.
 - (2) The offender has a documented or admitted history of drug use.
 - (3) Evidence indicates possible current use of drugs by the offender. Evidence of use may be:
 - (a) Prior positive urinalysis
 - (b) Information received from a reliable source
 - (c) Other circumstances known to the officer
 - (d) Observable client behavior or signs that indicate drug use
 - (e) A new arrest/conviction for a drug-related offense
 - (4) The offender is currently involved in a drug treatment program
 - (5) Drug screening is part of programming requirements
 - (6) At the discretion of a supervisor
- b. Offenders may be drug screened as a sanction to compliance problems associated with drug treatment or drug use.
7. All offenders shall be drug screened within the first 30 days of supervision.
 8. Drug screening shall be conducted on offenders who have a high/moderate drug need as assessed by the RNA and as according to the offender's standards of supervision for his/her assigned supervision level and specific criminogenic needs. (See Policy #704.01)
 9. Specific drug screening conditions imposed by the court or BOP shall be met.

B. Specimen Testing Procedures

1. The Director of Behavioral Health Services, or designee, shall be responsible for coordinating all drug screening activities for the Department.
2. Each Community Supervision office will designate a space for conducting drug screens and follow a standard process for the collection of specimens, storage, transport, and maintaining a chain of custody. In areas where the reporting site does not have a drug test room, the District Director (DD) shall designate a restroom that affords reasonable privacy and reasonable sanitation to collect specimens.
3. The officer requesting the drug screen shall be responsible for preparing for the specimen collection.

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4. Transgender Offenders

- a. If there is no doubt as to the gender of an offender, or there is no reason to suspect the person is not the gender they appear, they should be screened in accordance with policy mandates.
- b. If there is uncertainty as to an offender's gender, the responsible officer shall use best judgement as to how the individual presents, as male or female, and shall arrange for an officer of that gender to conduct the screening. If the offender then objects on the basis of gender, an officer of the individual's preferred gender shall conduct the screening.
- c. Offenders should be addressed according to the gender role in which they present themselves. Despite possible challenges to their own beliefs and attitudes, officers shall consistently maintain a professional and dignified manner in interacting with the offender.

5. Pre-collection procedures: Staff shall:

- a. Ensure that all required testing materials are available (Department approved gloves, specimen collection cup, and confirmation testing kit).
- b. Positively identify the offender.
- c. Ask the offender if he/she can immediately produce a specimen. In an effort to maximize drug screening supplies, for offenders who cannot immediately produce a specimen, officers shall not initiate the drug screen, but shall provide the offender up to two hours to produce a specimen [See Section VI.(B)(5)(g)].
- d. Ask the offender if any prescription, non-prescription or illicit medication has been taken in the last 30 days. Any offender who possesses a prescription for drugs that will result in a positive drug test shall present a valid proof of prescription. The officer shall document the verified, valid prescription along with the type of proof submitted within the OMS.
- e. Escort the offender to the designated drug screening area.
- f. If the drug screen is occurring in the field, a thorough search of the area shall be conducted prior to testing. Testing shall take place in a secured indoor restroom.
- e. Require the offender to remove all unnecessary garments, such as a coat or hat, and leave these items outside the collection area, and ensure the removal of any objects that could be used to adulterate the specimen.
- f. Observe the offender for any objects that might adulterate the specimen or containers that might hold an alternate specimen sample.
- g. Wear Department-approved gloves before touching a specimen collection container.

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- h. Require the offender to wash and dry his/her hands and conduct a visual inspection under the fingernails for any foreign material before providing the specimen.
 - i. Record the use of specimen collection cup on the Drug Cup Usage Log, CR-4045, prior to opening a specimen collection cup. Specimen collection cups shall be logged for drug screens being conducted immediately only. Specimen collection cups shall not be logged in bulk unless authorized by a supervisor for use at a satellite office. In such instances, the satellite offices shall record the use of each drug screen cup as they are used and forward CR-4045 to the district office by the third day of the each month.
6. Collection
- a. Direct observation of specimen collection shall be conducted by staff of the same gender as the offender.
 - b. All drug screens must be conducted in accordance with the manufacturer's training manual instructions. A user's manual shall be available at each drug screening location.
 - c. Offenders shall not be handed a specimen collection cup until he/she is ready to provide a specimen.
 - d. Officers shall instruct the offender to collect approximately 30 ml (indicated on the collection cup) of urine in the provided specimen collection cup.
 - e. Officers shall keep the specimen collection cup in view at all times and position himself/herself in such a manner as to verify the specimen passes directly from the offender's body into the specimen collection cup.
 - f. After providing the specimen, the offender shall secure the lid on the specimen cup. The officer shall take control of the specimen collection cup. The specimen shall remain in both the officer's and the offender's view to ensure chain of custody.
 - g. In the event an offender is unable to produce a specimen at the time of the drug screen, he/she will be provided up to two hours to provide a specimen. The offender's failure to produce a specimen within the two-hour time parameter will be considered a refusal to submit to a drug screen.
 - (1) The offender may not leave the premises while waiting to undergo the drug screen. If the offender leaves the premises, this shall be considered a refusal to submit to a drug screen.
 - (2) The offender shall remain under staff supervision during this time and may drink water to aid in specimen production.

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- (3) Officers may sanction offenders who fail/refuse to produce a drug screen specimen as though they tested positive for one or more substances. (See Policy #704.10)
- (4) Officers shall use a new specimen collection cup for each collection attempt. For each new specimen collection cup, officers shall enter the use of a new specimen collection cup on the Drug Cup Usage Log, CR-4045, as a new drug screen for the offender. Specimen collection cups used for unsuccessful specimen collection attempts must be marked on the CR-4045 as “No Sample Provided.”

7. Results

- a. The drug screen results shall be viewed in the presence of the offender.
- b. Officers shall visually inspect specimens—for color and appearance. The thermometer strip on the specimen collection cup must be at least 90° F and not more than 100° F, when the specimen is received from the offender. If the temperature criteria is not met, the offender shall be instructed to provide another specimen [See Section VI.(B)(5)]. If blood is, or appears to be, visible in the specimen, it shall not be tested. Extreme caution shall be used in disposing of the specimen [See Section VI.(B)(7)].
- c. If the specimen tests negative for all substances, the offender shall be instructed to dispose of the remaining urine in the toilet and the collection cup in a designated, lined trash container [See Section VI.(D)(8)].
- d. If the specimen tests positive for one or more substances, at the discretion of the officer, the specimen may be prepared for confirmation testing [See Section VI.(C)].
 - (1) For probation offenders where the court accepts written admission of drug use in lieu of confirmation testing, there is no mandatory confirmation-testing requirement.
 - (2) For probation and parole cases where the offender admits to drug use and signs the admission section of Drug Screen Results, CR-4046, and the officer intends to use sanctions or a referral to the forensic social worker for a substance use assessment, no mandatory confirmation testing is required.
 - (3) For probation offenders where the court will not accept a written admission or parole offenders where a warrant will be requested, the specimen shall be sent to the lab for confirmation testing [See Section VI.(C)].
 - (4) For offenders with a verified, valid prescription for any substance he/she may have tested positive, no mandatory confirmation is required.

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- (5) All other positive drug screens shall be submitted for confirmation testing [See Section VI.(C)].
 - e. Officers shall log the drug screen results on the Drug Cup Usage Log, CR-4045, and record only positive results on the Drug Screen Results, CR-4046 [See Section VI.(D)].
 - f. Officers shall document an offender's verified, current, and valid prescription(s) for any substance producing a positive screen result on the Drug Screen Results, CR-4046. Positive screen results that are substantiated with valid prescriptions shall not be subjected to sanctioning or cited as a basis in a violation report.
 - g. Upon becoming aware that an offender is in possession of or used a substance or device that is designed to falsify drug test results, the officer shall:
 - (1) Notify a supervisor immediately, and
 - (2) Prepare a violation report and request for a warrant in accordance with Policy #707.20 and/or Policy #707.30.
 - h. All positive drug screens shall be met with an appropriate sanction and/or treatment intervention. (See Policy #704.10)
8. Disposal
- a. When drug screening is complete, officers shall dispose of the Department approved gloves in the designated trash receptacle.
 - b. Officers shall thoroughly wash their hands after the drug screen and instruct the offender to wash his/her hands.

C. Confirmation Testing

1. Officers shall attempt to obtain an admission of substance use from the offender following a positive drug screen result. If an admission is not obtained the offender has the option of requesting that the specimen be submitted to a Department approved laboratory for confirmation testing.
2. Offenders are financially responsible for the cost of confirmation testing. Confirmation testing fee is collected through a third party vendor. (See Policy #705.11) If an individual is tested who is not under TDOC supervision, the payment shall be processed through Central Office.
3. Confirmation testing shall occur for the following reasons:
 - a. The offender does not admit to drug use;
 - b. The screen is the sole evidence of drug use; or

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- c. The officer intends to pursue revocation proceedings or implement appropriate sanctions and the offender does not freely admit to drug use.
4. The confirmation-testing laboratory will provide each Community Supervision office with specimen collection kits. Each kit will contain a specimen container, tamper proof seals, chain of custody form, detailed collection and processing instructions, and an approved shipping container.
5. Procedure for preparing and submitting specimens:
 - a. Officers shall prepare specimens sent for confirmation testing according to vendor specifications to include the required chain of custody paperwork supplied by the vendor and place properly prepared specimens in the location designated by the DD until laboratory personnel arrives for pick up, or until the specimen is shipped by mail or courier to the lab. Officers shall:
 - (1) Seal the specimen collection cup and place the primary tamper seal label across the top of the specimen collection cup. The label must match the barcode on the chain of custody form.
 - (2) Ensure there is at least 20 ml of specimen.
 - (3) Ensure the primary tamper seal is intact and place the specimen container in the specimen collection bag and seal the bag with the secondary tamper seal.
 - (4) Complete the chain of custody form.
 - (5) Ensure the specimen identification number on the specimen container and chain of custody form match.
 - (6) Document the laboratory confirmation testing kit number on the Drug Cup Usage Log, CR-4045.
 - b. Officers shall seal the specimen container under observation of the offender. The offender shall sign the chain of custody form and initial the specimen tamper seals. If an offender refuses to sign the chain of custody form or initial the specimen tamper seals, he/she shall be considered to refuse a drug screen and will be subject to appropriate sanctions up to and including a violation of supervision.
 - c. Officers shall enter a contact note (DRUL) within the OMS signifying that the drug screen specimen is being sent to the laboratory for confirmation testing.
6. The number of staff handling the specimen shall be kept to a minimum to maintain the integrity of what may become evidence in revocation proceedings.

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7. Test specimen shall be transported to the laboratory within 72 hours of collection (or other time period acceptable by the Department approved laboratory). When specimens cannot be transported within 24 hours, they shall be placed in a refrigerator until they can be transported to the laboratory.
8. The Department approved laboratory shall retain, freeze, and place all positive specimens in a properly secured long-term storage for a period of 12 months. Specimens shall be destroyed by the laboratory in accordance with Substance Abuse Mental Health Services Administration (SAMHSA) standards.
9. Specimens forwarded to the laboratory shall be rejected and therefore cannot be analyzed if any of the following procedural errors are identified:
 - a. Specimen container seal is broken/tampered.
 - b. There is less than 20 ml of specimen.
 - c. The primary tamper seal is missing.
 - d. Specimen identification number on specimen container and chain of custody form do not match.
 - e. Specimen shows obvious adulteration (color, odor, foreign objects, etc.).
10. When the specimen is rejected, the clinical laboratory shall notify the submitting Community Supervision office with the reason for the rejection in writing.
11. In the event the lab was not able to test the specimen, the offender shall be rescreened in accordance with this policy.
12. A drug screen profile of each test specimen submitted to the Department approved laboratory for confirmation testing shall be prepared by the laboratory, indicating either positive or negative results and the following information:
 - a. Name and address of the laboratory
 - b. Account number
 - c. Specimen identification number
 - d. TDOC Community Supervision district
 - e. Name of Community Supervision Drug Screen Coordinator
 - f. Collection date
 - g. Test methods drug class and detection levels
 - h. Profile results by class and confirmation detection levels

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- i. Name of certifying authority, and
 - j. Date of certification
 13. All drug screen profiles shall expressly state that positive results are reported only after confirmation by through gas or liquid chromatography combined with mass spectrometry,
 14. The confirmation testing results shall be returned to the district office and forwarded to the supervising officer. The officer shall maintain a copy of all confirmation test results in the offender's case file according to Policy #706.01.
 15. The results of each Department approved laboratory confirmation test shall be final and shall be grounds for appropriate sanctions, therapeutic consequences, and violations of supervision.
 16. Officers shall request a written affidavit and confirmation testing report from the lab for confirmation of positive drug tests and when the drug test is cited as a basis for a violation report and warrant request, pursuant to TCA 40-35-311(c).
- D. **Field Administered Drug Screening:** Offenders may be administered a drug screen in the field in accordance with above stated specimen collection practices and outlined in the *Community Supervision Field Drug Testing Unit Handbook*, a process provided by the Assistant Commissioner of Community Supervision.
- E. **Drug Screen Affidavit Request**
 1. A written affidavit and confirmation testing report from the lab for confirmation of positive drug test may be requested when the following conditions apply:
 - a. A violation warrant has been issued that includes violations due to positive drug screen results.
 - (1) **Probation:** In jurisdictions where the court or district attorney's office requires the presence of the drug screen affidavit from the lab which provided the confirmation testing report as part of the revocation hearing.
 - (2) **Parole:** In instances where a parole warrant is issued due to a positive drug that is unable to be addressed through the sanctioning process.
 - b. A signed admission by the offender of the use of illegal drugs is not available.
 2. The officer shall provide the drug screen coordinator with the supporting documentation indicating the offender meets the above criteria and request a drug screen affidavit be submitted to the lab.
 3. The drug screen coordinator shall enter a contact code (DSAS) in the OMS indicating that a request for drug screen affidavit has been submitted to the laboratory.

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4. Upon receipt of the drug screen affidavit, the drug screen coordinator shall enter a contact code (DSAR) in the OMS indicating the drug screen affidavit has been received and provided to the officer, manager, and/or court specialist.
5. The drug screen coordinator shall maintain a tracking report for all drug screen affidavits requested and received for each month.

F. Documentation

1. Drug Screen Results, CR-4046 (See TDOC Intranet)

- a. Officers shall record the positive drug screen result on CR-4046. Offenders shall sign and date CR-4046 regardless of the results.
- b. If the offender admits to drug use prior to the specimen collection, he/she shall be instructed to sign the voluntary admission section of CR-4046. The drug screen may continue at the officer's discretion. If the drug screen is not conducted, officers need not log the drug screen on the Drug Cup Usage Log, CR-4045.
- c. For offenders who refuse to sign the CR-4046 on positive drug screens, the officer shall note such refusal on the CR-4046.
- d. The CR-4046 shall be maintained in the offender's case file pursuant to Policy #706.01.
- e. Results of the drugscreen shall be documented in the OMS drug test results screen (LIBS).

2. Drugs screen results shall be clearly marked on the Drug Cup Usage Log, CR-4045, as follows:

- a. "No Sample Provided" when the offender is unable to produce a urine specimen
- b. "All Neg" when the offender screens negative for all substances
- c. "P" for each substance returning a positive result
- d. For any specimen sent to the Department approved laboratory for confirmation testing, the chain of custody number shall be entered under the column "Lab Testing #."

3. Case File

- a. Officers shall enter the drug screens conducted as a contact note in OMS with a detailed comment indicating the drug screening results. For positive drug screen results, officers shall indicate the substances for which the offender tested positive and whether the specimen was sent to the lab for confirmation testing. For offenders with verified, valid prescription for substance testing positive, officers shall document the drug screen as negative due to verified, valid prescription.

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Officers shall enter the results, both negative and positive drug screen, upon the receipt of any laboratory confirmation in the Drug Screen Results screen of the OMS.

- b. Upon receipt of confirmation testing lab report, officers shall document the results as a contact note in the OMS. The lab report and affidavit (if requested from the laboratory) shall be placed in the offender's case file pursuant to Policy #706.01.

G. Disclosure of Drug Test Results

1. The disclosure of drug screen results shall be limited to:
 - a. The offender
 - b. The court, BOP or TDOC staff
 - c. FSW, and
 - d. A treatment provider with the offender's prior written permission on the Release of Information, CR-3923. (See TDOC Intranet)
2. Information that may be released to treatment providers shall include:
 - a. The date of the test
 - b. The drugs tested
 - c. Whether the results were positive or negative, and/or
 - d. The categories of drugs that tested positive
3. Any employee who releases drug screen results without authorization violates this policy and is subject to disciplinary action up to and including termination.

H. Safety

1. All staff shall follow the mandatory safety procedures listed below:
 - a. Wear Department approved gloves when conducting drug screens, and/or
 - b. Immediately wash hands or other affected areas with antibacterial soap and warm water after coming into contact with bodily fluids from the collection, transportation, and testing of specimens.
2. The following procedures shall be used to dispose of expended drug screening supplies:
 - a. A trash receptacle, which has been lined with at least one trash bag;

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- b. The contents of all specimen containers shall be deposited in accordance with Section VI.(B), and
- c. The trash bags shall be tied (sealed) and discarded daily by using the normal solid waste disposal process.
3. Optional safety equipment (e.g., disposable surgical masks and eye protectors) may be used by staff at their discretion during drug screenings.
4. Specimens shall never be moved outside the drug screening area or designated confirmation testing storage/collection area.

I. Supervisory Responsibilities and Procedures

1. The DD is responsible for ensuring the following:
 - a. The drug screen area is clean, well lighted, stocked with hand towels and hand soap, and affords reasonable privacy.
 - b. The Drug Cup Usage Log, CR-4045, is available to staff conducting drug screens and accessible for easy recording of drug screen results.
 - c. Supplies are used before their expiration dates to prevent waste; therefore, the oldest inventory shall be stored in such a way that it will be used first.
 - d. Drug screening area is used solely for collecting drug screen specimens.
 - e. Confirmation testing specimen storage area is in a location which does not compromise the integrity of the chain of custody.
 - f. Drug screening supplies are inventoried on a monthly basis.
2. Supervisors shall monitor drug screening and safety procedures in their respective offices to ensure officer compliance with policy, provide immediate corrective actions, and arrange training sessions to address any new or recurrent issues.

J. Drug Screen Tracking: Designated staff shall report all drug screens conducted during the course of the month to the DD. The report shall include the total number of drug screens conducted, the number of drug screens that were negative, the number of positive drug screens, and the total number of positive results for each substance. The report shall be forwarded to the DD by the tenth working day of the following month.

K. Training

1. Supervisors at each Community Supervision office shall ensure all staff involved in the collection, documentation, transport, or other handling of specimens receives documented training in drug screening procedures. (See Policy #110.01.2)

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2. Officers shall be trained in the procedures for collecting specimens before using these procedures with an offender. (See Policy #110.01.2).

VII. ACA STANDARDS: 4-APPFS-2A-02, 4APPFS-2A-07, and 4-APPFS-2D-04.

VIII. EXPIRATION DATE: November 29, 2024



TENNESSEE DEPARTMENT OF CORRECTION

Release of Information

READ FIRST: Before you decide whether or not to let Program/Agency Name share some of your confidential information with another agency or person, an advocate at Program/Agency Name will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Program/Agency Name to release some of your confidential information, you can use this form to choose what is shared, how it's shared, and for how long.

I understand that Program/Agency Name has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Program/Agency Name to release some of my personal information to certain individuals or agencies.

I, _____, authorize Program/Agency Name to share the following specific information with:

Who I want to have my information: Name: Enter PPO or Court. Agency: Enter Agency or Court. Phone Number: Enter TDOC Phone #.

The information may be shared: [] in person [] by phone [] by fax [] by mail [] by e-mail I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people (please initial).

What info about me will be shared: Dates of service: click to enter dates of service. Attendance. Program participation. Other: click to enter dates of service. Why I want my info shared (purpose): Click to enter purpose of the release.

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Program/Agency Name.

I understand: (please initial)

That I do not have to share my treatment information outside my dates of service, attendance, and program participation. Signing a release for any other information is completely voluntary. This release is limited to what is written above. If I would like Program/Agency Name to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Program/Agency Name.

That Program/Agency Name and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on Enter Date. Expiration should meet the duration of the service or program, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: Date: Witness:

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release) I confirm that this release is still valid, and I would like to extend the release until Date Signed: Date: Witness:



TENNESSEE DEPARTMENT OF CORRECTION

DRUG CUP USAGE LOG

Month/Year: _____

End of Month Cups Remaining: _____

Office: _____

To ensure accountability, drug cups must be signed out. A response is required for every cup, whether it is used or wasted due to a failed sample collection. Do not include prescriptions or admissions on this form. The Lab Testing # field is only for the Lab Testing # used when samples are sent to the Lab for confirmation. If all results are negative, mark an "X" in the All Neg field. If results are positive, only mark "P" in the fields that the cup indicates are positive. Place an "X" in the "No Sample Provided" column when the offender fails/refuses to produce a urine specimen. Write legibly.

	OFFENDER'S PPO	OFFENDERNAME	OMS #	DATE	NO SAMPLE PROVIDED	ALL NEG	PCP	AMP	THC	COC	MOP/OPI	BAR	BZO	MET	MTD	OXY	BUP	MDMA	LABTESTING #	
1																				
2																				
3																				
4																				
5																				
6																				
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TENNESSEE DEPARTMENT OF CORRECTION

Drug Screen Results

Offender Name: _____

TDOC ID #: _____

Testing Location: _____

Today's Date: _____

Requesting Officer: _____

Test Type: Select One.

Results

Please indicate "N" (Negative), "P" (Positive), or Rx (Verified and Valid Prescription) for each substance below

AMP _____ Amphetamines	MET _____ Methamphetamine
BAR _____ Barbiturates	MOP _____ Morphine
BUP _____ Buprenorphine	MTD _____ Methadone
BZO _____ Benzodiazepines	OXY _____ Oxycodone
COC _____ Cocaine	PCP _____ Phencyclidine
MDMA _____ Ecstasy / MDMA	THC _____ Marijuana

Acknowledgement

Specimen collected on: _____ by _____
Date Testing Officer

Drug screen is positive and specimen sent to the lab for confirmation testing.
(Offender accounts will be invoiced for the cost of confirmation testing if the lab confirms the specimen is positive for one or more substances).

Offender Signature

Officer Signature

Voluntary Admission

I, _____ freely and voluntarily admit that I used _____
Print Name Substance(s) Used
on or about _____
Date

I am interested in a substance abuse assessment and want to speak with a Forensic Social Worker.

Offender Signature

Date

Testing Officer Signature

Date

Offender PPO Signature

Date



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 705.07

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Effective Date: June 1, 2019

Distribution: C

Supersedes: 705.07 (6/15/16)

Approved by: Tony Parker

Subject: COMMUNITY SUPERVISION OFFENDER GRIEVANCE PROCEDURES

- I. AUTHORITY: TCA 4-3-603, 4-3-606, TCA 4-21-203, TCA 4-21-904, TCA 4-21-905, 40-28-602, Title VI of the Civil Rights Act of 1964 compiled in 42 USC 2000d et seq.
- II. PURPOSE: To establish a standard grievance process for all offenders under the supervision of the Tennessee Department of Correction (TDOC) Community Supervision Division.
- III. APPLICATION: Assistant Commissioner of Community Supervision (ACCS), Correctional Administrators (CA), all Tennessee Department of Correction (TDOC) Community Supervision staff, and offenders under TDOC Community Supervision.
- IV. DEFINITIONS:
 - A. Central Office Title VI Coordinator: A TDOC employee appointed to adjudicate Title VI allegations and monitor compliance for the Department.
 - B. Complaint Under Title VI Civil Rights Act of 1964 (CR-3893): The TDOC document used by offenders to write or communicate any perceived infringements of their rights as defined by Title VI of the Civil Rights Act of 1964.
 - C. Emergency Grievance: The resolution of a grievance that, if subjected to the normal time limits, could cause the grievant substantial risk of personal injury or irreparable harm.
 - D. Grievance: A good faith complaint concerning the substantive and/or procedural policy or practice of TDOC, as well as any staff member's misconduct directed toward an offender.
 - E. Grievance Process: The administrative means for the expression and resolution of offender complaints.
 - F. Hearing: In this instance, a face to face interview with an offender who has filed a grievance or subsequent appeal.
 - G. Offender Grievance (CR-3917): The official document that is used by offenders to file a complaint, state a problem, and communicate any desirable resolutions to their stated issues.
 - H. Title VI of the Civil Rights Act of 1964 (Title VI): A federal statute which states that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
 - I. Title VI Site Coordinator: A TDOC Community Supervision employee designated by the District Director (DD) at each district office to review all Title VI complaints at the district level.

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V. POLICY: The TDOC ensures an impartial grievance process for all offenders supervised under Community Supervision.

VI. PROCEDURES:

A. Offender Rights:

1. Community Supervision staff shall inform offenders of their right to file grievances, free from any fear or reprisal, and to have any complaints processed in a timely and impartial manner.
2. The intake officer and/or the offender’s assigned officer shall explain the grievance process to the offender during the initial contact or interview.
 - a. The officer shall secure the offender’s signature on Notice to Offender of Non-Discrimination and Grievances and Reporting Requirements, CR-3884, as a means of confirming the offender’s understanding of the grievance process.
 - b. The officer shall provide the offender with a copy of the signed CR-3884 and maintain the original in the offender’s case file pursuant to Policy #706.01.
 - (1) The right of a person to a prompt and equitable resolution of a Title VI complaint shall not be impaired by the person’s pursuit of other remedies such as the filing of a complaint with the responsible federal department or agency.
 - (2) Use of the TDOC grievance procedure is not a prerequisite to the pursuit of other remedies, but is highly encouraged.
3. During the intake process, the officer shall inform offenders of their right to request Offender Grievance, CR-3917, from any Community Supervision staff members.
 - a. When providing CR-3917, staff shall not question the offender’s motives or attempt to discuss the details of the offender’s complaint at that time.
 - b. Community Supervision staff shall instruct the offender to complete CR-3917 and return it to a Probation Parole Manager (PPM).
 - c. Community Supervision staff shall instruct the offender to write legibly on the appropriate form as follows:
 - (1) Complaint under Title VI Civil Rights Act of 1964, CR-3893, shall be provided to offenders whose grievance is related to Title VI of the Civil Rights Act of 1964.
 - (2) Offender Grievance, CR-3917, shall be provided to offenders for all other complaints.

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- d. When an offender is unable to read or write, but wishes to file a grievance, Community Supervision staff shall write, verbatim, the offender's statement and read the statement back to the offender. The documenting staff member shall indicate on the statement that the statement was dictated by the offender. The staff member shall sign and date the grievance followed by the statement "on behalf of the offender."
4. Community Supervision staff shall inform offenders of their right to have any complaints or concerns objectively reviewed and heard through the grievance process.

B. Grievance Process:

1. An offender may file a grievance with any Community Supervision manager within five business days following a grievable incident on the Offender Grievance, CR-3917. For Title VI grievances, see Section VI.(E)(1).
 - a. Staff members shall document the date the grievance is received.
 - b. Staff members shall ensure the offender signs and dates the grievance form and ensure the complaint is made within the time frame limitations.
 - c. For any grievance filed on employees directly supervised by a PPM, staff members shall forward the grievance form to the assigned PPM. However, if a grievance is filed against a PPM or District Director (DD), the PPM's or DD's supervisor shall initiate the grievance investigation process.
2. The grievance shall be assigned as follows:
 - a. If the grievance is substantive or procedural in nature, and not specifically against an employee, the PPM who supervises the offender's officer shall be assigned to investigate the allegations of the grievance.
 - b. If the grievance specifically names Community Supervision staff member(s), the grievance shall be forwarded to the staff members PPM for investigation.
 - c. If the grievance specifically names a PPM, the DD shall investigate the offender's complaint. If the grievance specifically names a DD, the CA shall investigate the offender's complaint. If the grievance specifically names a CA, the ACCS or designee shall investigate the complaint.
 - d. The DD shall maintain a binder of Grievance Tracking, CR-3899, for logging and tracking grievances received in his/her district.
 - (1) PPM, DD, and CA shall be provided access to log the individual grievances he or she receives.
 - (2) As appropriate, the PPM, DD, or CA shall use the Grievance Tracking form to document the disposition of the grievance per instructions in the Tracking Offender Grievances Job Aid.

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3. The assigned PPM shall meet with the offender, review the offender's concerns, and attempt to resolve the offender's complaints within five business days of receipt.
 - a. The PPM shall provide a non-threatening environment in which the offender can voice his/her concerns and/or complaints.
 - b. The PPM shall provide equal opportunity to meet privately with the offender and any staff member listed in the complaint.
 - c. Any staff member listed in the complaint shall be afforded three business days to prepare a written response to the offender's allegations.
 - d. The PPM shall forward emergency grievances and grievances that allege a staff member's criminal, unethical, or sexually inappropriate conduct immediately to the Office of Investigation and Compliance through the ACCS. The PPM shall notify the DD of the allegations contained in the offender's grievance.
4. The PPM shall provide written notification to the offender on Offender Grievance, CR-3917, explaining the outcome of the investigation and any decision regarding the offender's grievance.
 - a. The offender shall sign and acknowledge the decision of the PPM on CR-3917.
 - b. The PPM shall inform the offender of his or her right to appeal to the DD within five business days of receiving the decision.
 - c. The PPM shall maintain all documentation pertaining to the grievance and investigation if the offender fails to appeal the decision within the time limitations established in this policy. Such documentation shall be filed separate from the offender's case file. The grievance paperwork shall be maintained for three years from the final disposition date.
 - d. The PPM shall enter the disposition date for the offender's grievance on ~~the~~ Grievance Tracking, CR-3899.

C. Appeals Process

1. Upon receipt of an appeal, the DD shall schedule a hearing within ten business days.
 - a. The DD shall coordinate a meeting time and location with the offender and any related staff members.
 - b. The DD shall send written notification of the meeting time, location, and subject matter to the offender and any related staff member.
2. The DD shall base his or her decision on all available information
 - a. Both the offender and any associated staff member may call witnesses and present information pertinent to the complaint.

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- b. The DD may not render a default decision in favor of TDOC and/or the related staff member if the offender fails to attend the meeting; however, any offender who fails to attend his/her appeals hearing, waives the right to further review.
 - c. The DD shall issue a written decision within 20 business days of receiving the grievance appeal.
 - (1) The DD shall distribute copies of the written decision along with a clearly stated rationale to the offender and related staff member
 - (2) The DD shall maintain files of all documents pertaining to the appeal and hearing separate from the offender's case file.
 - (3) The DD shall inform the offender, if he/she attends the hearing, of his/her right to appeal to the district's regional CA within five business days after receiving the written decision.
 - (4) The offender's failure to properly appeal within five working days renders the decision final, and the offender waives any right to further review.
 - (5) The DD shall enter the disposition date for the offender's grievance on Grievance Tracking, CR-3899.
 - d. The offender shall sign and acknowledge the decision of the DD on the Offender Grievance, CR-3917.
3. In the event of a properly filed appeal, the DD shall forward all relevant information and paperwork to the district's regional CA for review.
- a. The CA shall review the grievance, and issue a written decision along with a clearly stated rationale within 20 business days.
 - b. The CA shall distribute copies of the appeal disposition to the DD, PPM, the offender, and appropriate staff member.
 - (1) The DD shall file the CA's decision in the file created for the offender's grievance.
 - (2) The DD shall enter the disposition date for the offender's appeal to the CA on CR-3899.
4. If the offender still feels his or her grievance is unresolved, he/she may appeal to the ACCS within five business days.
- a. The ACCS shall issue a written decision within ten business days and distribute a copy of the finding to the DD.

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- (1) The DD shall file the ACCS decision in the file created for the offender's grievance.
- (2) The DD shall enter the disposition date for the offender's appeal to the ACCS on the Grievance Tracking, CR-3899.
- b. All appeal decisions made by the ACCS are final.
- c. No further appeal options exist for the offender.
- 5. Any findings in favor of the offender's grievance shall result in appropriate and necessary steps to resolve the issue.
- 6. The PPM or DD shall document the level of review or appeal, applicable dates, and outcomes on CR-3899.
- 7. The DD shall transmit CR-3899 to his/her regional CA annually.
- 8. The original Offender Grievance, CR-3917, shall be kept on file with the DD for three years from the final disposition date.

D. Examples of Grievable Matters:

- 1. Offenders may legitimately grieve matters pertaining to TDOC policy, procedures, and staff actions that affect the offender personally and which the TDOC has jurisdiction. Examples include:
 - a. The way Community Supervision staff interprets and applies TDOC policy and procedures, or the lack of a policy or procedure that directly impacts the offender's supervision within the community.
 - b. Inappropriate actions of Community Supervision staff to include abusive or distasteful language directed at the offender or the offender's family, sexual abuse or harassment, and conflicts of interest.
 - c. Reprisal for the good faith use of or participation in the grievance process.
 - d. Denial of access to available programs.
- 2. Offenders may not legitimately grieve matters that include, but are not limited to, the following:
 - a. Federal and state laws.
 - b. Court ordered supervision rules, program requirements, and special conditions as well as parole rules and conditions imposed by the Board of Parole.
 - c. Classification or supervision level.

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- d. Warrants for violation of probation or parole and/or punitive sanctions for failure to comply with the conditions of probation or parole.
 - e. Pre-sentence investigation reports or probation parole officer testimony to the court or the Board of Parole.
 - f. Final decisions concerning prior grievances.
3. When duties required of TDOC staff as set forth in this policy are not feasible, for legitimate reasons, the ACCS, the CA, or the DD may appoint a designee to carry out the specific duties. Actions taken by such designee carries the full force and authority.

E. Additional Procedures Applicable to Title VI Offender Grievances:

1. Offenders may file a Title VI grievance within 180 days of the perceived violations of the Title VI Civil Rights Act of 1964.
2. At each location, the DD shall designate both a Title VI Site Coordinator and an alternate to review and ensure that an appropriate response to any allegation of violation under all Title VI offender complaints is provided to offenders.
 - a. Community Supervision staff shall provide the offender with the Complaint under Title VI Civil Rights Act of 1964, CR-3893.
 - b. Community Supervision staff shall refer the offender immediately to the designated site coordinator.
 - c. When the offender refuses to provide a written Title VI related complaint, any Community Supervision staff member taking the verbal complaint shall put the offender's statement into writing and forward it to the designated site coordinator.
3. The Title VI Site Coordinator shall:
 - a. Initiate an investigation of the complaint within 24 hours of receipt on the Title VI Complaint Investigation, CR-3886. (See Policy #501.01);
 - b. Complete the investigation within five business days;
 - c. Complete the applicable fields on CR-3893;
 - d. Submit the outcomes and CR-3886 to the Central Office Title VI Coordinator;
 - e. Process one Title VI allegation received from an offender at a time; and
 - f. Log the complaint on the Title VI Complaint Tracking, CR-3902.
4. The Central Office Title VI Coordinator shall:
 - a. Review all Title VI grievances to determine whether the complaints are accurately considered non-jurisdictional;

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- b. Enter each Title VI complaint into a database and assign a tracking number;
 - c. Review complaints and make a determination based on the investigative findings of the Title VI Site Coordinator;
 - d. Notify the Title VI Site Coordinator of the decision within 30 business days; and
 - e. Maintain copies of all Title VI offender grievances and responses.
5. All non-offender complainants shall submit details of alleged violations to the respective Title VI Site Coordinator.
 - a. Non-offender complainants may submit details of allegations in writing or through direct communication with any Community Supervision staff member.
 - b. The Community Supervision staff member taking the complaint shall document any complainant's verbal Title VI grievance or allegations not set forth in writing.
6. If the Central Office Title VI Coordinator determines that the allegation is not a Title VI violation, then the Title VI Site Coordinator shall maintain all documentation in a separate file.
7. If the Central Office Title VI Coordinator determines the allegation is a violation of Title VI, then he or she shall do as follows:
 - a. Uphold or overrule the Title VI Site Coordinator investigative findings;
 - b. Determine the need for and document any necessary remedy to redress the violation immediately on Complaint under Title VI; and
 - c. Notify the Title VI Site Coordinator of the remedy for implementation.
8. The Title VI Site Coordinator shall document and maintain the approved remedy in the designated file. The Title VI Site Coordinator shall also document the disposition of the complaint on CR-3902.
9. Offenders may appeal the Title VI grievance decision to the Commissioner or designee on the Title VI Complaint Appeal of Finding, CR-3895.
 - a. All appeals must be submitted within ten business days of receiving the decision.
 - b. The offender shall specify the reason(s) for the appeal.
 - c. The Commissioner, or designee, shall notify the Title VI Site Coordinator of the decision within 25 business days.
 - d. The Title VI Site Coordinator shall document the level of appeal and the date of the final decision on the Title VI Complaint Tracking, CR-3902.

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10. The assigned tracking number must be included on all documentation submitted to Central Office for review of an appeal.
11. Offenders may withdraw Title VI complaints at any time using Title VI Complaint Withdrawal of Complaint or Appeal for Fair Hearing, CR-3919.
12. The Title VI Site Coordinator shall submit CR-3902 to his/her DD on an annual basis.
13. The DD shall forward the Title VI Complaint Tracking, CR-3902, to his/her regional CA along with the Grievance Tracking, CR-3899.

F. Additional Information

1. All grievances shall be processed in a fair, impartial, and timely manner, and every effort shall be made to settle these grievances at the lowest level in the process.
2. The ACCS, CA, DD, and PPM shall appoint a designee to carry out the duties outlined above in the event they are unavailable, for legitimate reasons, to meet the time limitations outlined in this policy.
3. The grievance process must be evaluated annually.
 - a. The CA shall collate all CR-3899 forms from his/her regions and enter the number and nature of all grievances on the Offender Grievance Tracking workbook, CR-3948, for transmittal to the ACCS or designee.
 - b. The ACCS, or designee, shall maintain a record of the quantity and nature of disposition of all grievances.
 - c. These records shall be aggregated and analyzed annually for efficiency and effectiveness.
 - d. Corrective actions shall be implemented for any identified problems in the process.

G. Training Requirements

1. The TDOC Director of Training shall develop a standardized plan to train Community Supervision staff in the implementation of this policy.
2. The training shall:
 - a. Familiarize Community Supervision staff with the provisions of this policy and the standardized forms used in the process;
 - b. Be provided to all new community supervision staff as part of the 40 hour orientation training in the local field offices pursuant to Policy #110.01;
 - c. Be required as a one-time training for all staff; and
 - d. Be an additional training for staff if/when changes are made to this policy.

Effective Date: June 1, 2019	Index #705.07	Page 10 of 19
Subject: COMMUNITY SUPERVISION OFFENDER GRIEVANCE PROCEDURES		

H. Abuse of Grievance Procedures

1. Offenders' access to the grievance process shall be limited when:
 - a. The offender files excessive grievances and/or files multiple grievances in reference to the same issue(s).
 - b. The offender uses profanity, threats, abusive or demeaning language documented in the grievance complaint.
2. The PPM, DD and/or CA shall monitor an offender's pattern of abuse of the grievance process.
 - a. The PPM, DD and/or CA shall provide written notification to offenders who abuse the system of the administrative burden excessive grievances cause at the expense of legitimate complaints on the Notice of Limited Access, CR-3938.
 - b. The PPM, DD, and/or CA shall return future grievances to offenders that are consistent with his or her pattern of abuse.
 - c. The PPM, DD, and/or CA's determination that the offender is abusing the process is not subject to appeal.
3. The PPM, DD, and/or CA shall regulate the number of grievances an offender can file when the offender is adjudged to abuse the grievance process.
 - a. The PPM shall limit the offender to one grievance per week with the exception of emergency grievances.
 - b. The PPM shall notify the offender in writing as to the following:
 - (1) The reason the number of grievances are limited.
 - (2) The number of grievances that will be accepted.
 - (3) The time frame of the limitation, not to exceed 90 days.
 - c. Any grievance received in excess of the limitation shall be returned to the offender.

VII. ACA STANDARDS: 4-APPFS-2G-02.

VIII. EXPIRATION DATE: June 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

OFFENDER GRIEVANCE

(Please print or type)

OFFENDER NAME

TDOC ID#

OFFENDER'S PPO

OFFICE LOCATION

REASON FOR GRIEVANCE

(To be completed by offender; may attach additional information as needed)

OFFENDER SIGNATURE: _____ **DATE:** _____

RECEIVED BY: _____ **DATE RECEIVED:** _____
Probation/Parole Manager

REVIEW OF COMPLAINT WITH OFFENDER

(Include statements by other parties and related information.)

DATE DISCUSSION HELD: _____ **LOCATION:** _____

MANAGER'S COMMENTS:
(Use attachments if necessary)

MANAGER SIGNATURE: _____ **DATE:** _____



TENNESSEE DEPARTMENT OF CORRECTION

DISCUSSION WITH OTHER PARTIES

(Attach signed and dated statements)

DATE DISCUSSION HELD: _____

LOCATION: _____

MANAGER'S COMMENTS:

OR, NOT APPLICABLE:

MANAGER SIGNATURE: _____

DATE: _____

BRIEF SUMMARY AND MANAGER DECISION

MANAGER SIGNATURE: _____

DATE: _____

OFFENDER ACKNOWLEDGMENT

(Please initial)

"I acknowledge receipt of the Manager's decision of my grievance and agree with the results."
"I acknowledge receipt of the Manager's decision and do not agree with the results. I wish to appeal the decision to the District Director. I understand I must request appeal of the PPM's decision within five working days of receipt."
"I understand that should I fail to file an appeal within five working days, or I fail to appear at any subsequent hearing with the District Director, the PPM's decision is final."

OFFENDER SIGNATURE: _____

DATE: _____

APPEAL TO DISTRICT DIRECTOR

(Attach all documents)

RECEIVED BY: _____
District Director

DATE: _____

DATE HEARING HELD: _____

LOCATION: _____

DISTRICT DIRECTOR'S DECISION:

DISTRICT DIRECTOR SIGNATURE: _____

DATE: _____



TENNESSEE DEPARTMENT OF CORRECTION

OFFENDER ACKNOWLEDGMENT

(Please Initial)

“I acknowledge receipt of the District Director’s decision of my grievance appeal and agree with the results.”
“I acknowledge receipt of the District Director’s decision and do not agree with the results. I wish to appeal to the Correctional Administrator.”
“I understand that should I fail to file an appeal within five working days, or I fail to appear at any subsequent hearing with the Correctional Administrator, the District Director’s decision is final.”

OFFENDER SIGNATURE: _____ DATE: _____

APPEAL TO CORRECTIONAL ADMINISTRATOR

(Attach all documents)

RECEIVED BY: _____ DATE: _____
Correctional Administrator

DATE OF REVIEW: _____ LOCATION: _____

CORRECTIONAL ADMINISTRATOR’S DECISION:

CORRECTIONAL ADMINISTRATOR SIGNATURE: _____ DATE: _____

FINAL APPEAL TO THE ASSISTANT COMMISSIONER OF COMMUNITY SUPERVISION

(Attach all documents)

RECEIVED BY: _____ DATE: _____
Assistant Commissioner or Designee

DATE OF REVIEW: _____ LOCATION: _____

ASSISTANT COMMISSIONER’S DECISION:

ASSISTANT COMMISSIONER SIGNATURE: _____ DATE: _____

OFFENDER NOTICE OF AC DECISION

As stated in TDOC Policy #705.07 ‘Community Supervision Offender Grievance Procedure,’ the Assistant Commissioner’s decision is final; the offender has no further appeal options relating to this grievance.



TENNESSEE DEPARTMENT OF CORRECTION
**Notice to Offender of Non-Discrimination and Grievances
 And Reporting Requirements**

NON-DISCRIMINATION

All offenders under the supervision of a Probation Parole Officer are afforded the opportunity to file grievances concerning matters that arise from their status as a probationer or parolee if they feel the agency is not in compliance with the following:

“No person shall on the grounds of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity operated by the Tennessee Department of Correction, it being the intention of TDOC to bind all agencies, disbursing units, or organizations operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the *TITLE VI CIVIL RIGHTS ACT OF 1964, THE AMERICAN DISABILITIES ACT,* and other statutory requirements.”

GRIEVANCES

The offender may request a grievance form from any employee of the Tennessee Department of Correction. Grievances may be filed without fear of reprisal. A meeting will be held within five (5) working days of the filing of the grievance to assist the offender in resolving the complaint. Assistance and full explanation of the grievance process and the appeal procedure will be provided to the offender upon request.

Example of Grievable Matters

- Abusive and distasteful language directed at the offender or their family
- Sexual abuse or harassment
- Conflict of interest, such as Officer receiving personal benefit from actions of offender said actions being directed by Officer
- Denial of rights that are set forth by policy and statute

Examples of non-Grievable Matters

- Warrants for revocation of probation or parole
- Court ordered probation rules or parole conditions that are mandated by the Board
- Program requirements such as home visits, employment verification, psychological counseling, supervision fees, restitution
- Final decisions concerning grievance

REPORTING REQUIREMENTS

Report to:	<i>Office location</i>		
Telephone:	<i>Officer</i>	<i>For 24-hour Access</i>	
Reporting Schedule:			
Officer Comments:			

A copy of the above information regarding non-discrimination and the grievance procedure and my obligation to report to my assigned Officer has been provided to me, the offender. I have read it or had it read to me. By my signature I express my complete understanding thereof.

<i>Offender Signature</i>	<i>Date</i>	<i>Officer Signature</i>	<i>Date</i>
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TENNESSEE DEPARTMENT OF CORRECTION

COMPLAINT UNDER TITLE VI CIVIL RIGHTS ACT OF 1964

(Please Print or Type)

OFFENDER NAME

OMS#

OFFENDER'S PPO

OFFICE LOCATION

BASIS OF COMPLAINT

(To be completed by offender; may attach additional information as needed)

OFFENDER SIGNATURE: _____ **DATE:** _____

RECEIVED BY: _____ **DATE RECEIVED:** _____
TDOC Staff

REFERRED TO: _____ **ON** _____ **FOR INVESTIGATION AND REPORT.**
Title VI Site Coordinator

TITLE VI SITE COORDINATOR INVESTIGATION

(Include statements by other parties and related information.)

INVESTIGATION FINDINGS:

(Attach Investigative Report)

- The Department or person was found to be in violation of Title VI.
- The Department or person was not found to be in violation of Title VI.
- The Complainant withdrew the complaint.

SIGNATURE: _____ **DATE:** _____
Title VI Site Coordinator

REFERRED TO: _____ **ON** _____ **FOR REVIEW.**
Central Office Title VI Coordinator



TENNESSEE DEPARTMENT OF CORRECTION

CENTRAL OFFICE TITLE VI COORDINATOR REVIEW

Jurisdictional

Non-Jurisdictional

DATE RECEIVED: _____

TRACKING#: _____

THE TITLE VI SITE COORDINATOR FINDINGS ARE:

Upheld

Overruled

REMEDIAL PLAN

Blank lines for remedial plan details.

SIGNATURE: _____
Central Office Title VI Coordinator

DATE: _____

APPEAL TO ASSISTANT COMMISSIONER OF PRISONS

(Attach all documents)

RECEIVED BY: _____
Assistant Commissioner of Prisons

DATE: _____

APPEAL OUTCOMES:

Blank lines for appeal outcomes.

SIGNATURE: _____
Assistant Commissioner of Prisons

DATE: _____



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Date Complaint Received: _____

Complainant's Name (and TDOC number, if applicable), Facility and/or Address:

Facility/Site Involved in Complaint: _____

Nature of Complaint: _____

Date of Interview with Complainant: _____

Interview via: Telephone In-Person Other (specify) _____

Summary of Interview with Complainant: _____

Other Interviews Conducted:

Date: _____



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Interviewee's Address and Telephone Number: _____

Interviewer's Name and Position: _____

Interview via: Telephone In-Person Other (specify) _____

Summary of Interview:

Resolution/Action Taken (include dates, names, etc.): _____

Please attach copies of the complaint, statements of involved parties and witnesses, and response to complainant, etc.

Note: If the offender is no longer at the institution that the Title VI complaint originated, please contact the Title VI Site Coordinator to schedule an interview by phone at his/her current location. If the offender is no longer on community supervision, please contact the Title VI Site Coordinator to schedule an interview by phone. Indicate the Title VI Site Coordinator's name on the document.

Attach Additional Sheets if Necessary



TENNESSEE DEPARTMENT OF CORRECTION

GRIEVANCE TRACKING

District:

Office Location: Enter City

Region: Please Select.

Site ID: Enter Site ID

	Offender Name	Date Received	Level of Appeal (DD, CA, AC)	Withdrawn	Resolved In Favor of Offender	Resolved Not In Favor of Offender	Forwarded to OIC
1							
2							
3							
4							
5							
6							
7							
8							
9							
Total							



TENNESSEE DEPARTMENT OF CORRECTION

TITLE VI COMPLAINT TRACKING

District:

Office Location: Enter City

Region: Please Select.

Site ID: Enter Site ID

	Tracking Number <i>(Assigned by Central Office Title VI Coordinator)</i>	Level of Appeal	Withdrawn	Resolved In Favor of Offender	Resolved Not In Favor of Offender	Non-Jurisdictional
1						
2						
3						
4						
5						
6						
7						
8						
9						
Total						



TENNESSEE DEPARTMENT OF CORRECTION

**TITLE VI COMPLAINT
APPEAL OF FINDING**

I, _____ wish to appeal the finding made on _____ by
Offender Name Date

_____ of non-discrimination or remedial action plan by the
Title VI Site Coordinator

Title VI Site Coordinator as filed by _____ on _____
Offender Name Date of Filing

against _____ at _____
Person or Agency Location

OFFENDER SIGNATURE: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

FORWARDED TO: _____ ON: _____

Please provide any additional information below:



TENNESSEE DEPARTMENT OF CORRECTION

**TITLE VI COMPLAINT
WITHDRAWAL OF COMPLAINT OR APPEAL FOR FAIR HEARING**

I, _____ hereby withdraw my complaint or appeal, filed on
Appellate Name

_____ against _____ because _____
Date Person with Title VI Complaint

OFFENDER SIGNATURE: _____ **DATE:** _____
Offender

RECEIVED BY: _____ **DATE:** _____

FORWARDED TO: _____ **ON:** _____

Please provide any additional information below:



TENNESSEE DEPARTMENT OF CORRECTION

Offender Grievance Tracking - West TN										
Year	Total Active Community Regional Supervision Cases	# Title VI Grievances Filed	# Other Grievances Filed	# Title VI Grievances found in favor of offender	# Other Grievances found in favor of offender	Number and Final Level of Appeals				# Referred to OIC
						DD	CA	AC	DC	
Measure of Title VI Grievances										#DIV/0!
Measure of Title VI Grievances found in favor of the offender										#DIV/0!
Measure of Other Grievances										#DIV/0!
Measure of Other Grievances found in favor of the offender										#DIV/0!
Measure of Grievances forwarded to OIC										#DIV/0!
Total number of Grievances										0.0000
Total number of Grievances found in favor of offender										0.0000
Measure of DD Level of Appeals										#DIV/0!
Measure of CA Level of Appeals										#DIV/0!
Measure of AC Level of Appeals										#DIV/0!
Measure of DC Level of Appeals										#DIV/0!



TENNESSEE DEPARTMENT OF CORRECTION

Offender Grievance Tracking - Middle TN										
Year	Total Active Community Regional Supervision Cases	# Title VI Grievances Filed	# Other Grievances Filed	# Title VI Grievances found in favor of offender	# Other Grievances found in favor of offender	Number and Final Level of Appeals				# Referred to OIC
						DD	CA	AC	DC	
Measure of Title VI Grievances										#DIV/0!
Measure of Title VI Grievances found in favor of the offender										#DIV/0!
Measure of Other Grievances										#DIV/0!
Measure of Other Grievances found in favor of the offender										#DIV/0!
Measure of Grievances forwarded to OIC										#DIV/0!
Total number of Grievances										0.0000
Total number of Grievances found in favor of offender										0.0000
Measure of DD Level of Appeals										#DIV/0!
Measure of CA Level of Appeals										#DIV/0!
Measure of AC Level of Appeals										#DIV/0!
Measure of DC Level of Appeals										#DIV/0!



TENNESSEE DEPARTMENT OF CORRECTION

Offender Grievance Tracking - East TN										
Year	Total Active Community Regional Supervision Cases	# Title VI Grievances Filed	# Other Grievances Filed	# Title VI Grievances found in favor of offender	# Other Grievances found in favor of offender	Number and Final Level of Appeals				# Referred to OIC
						DD	CA	AC	DC	
Measure of Title VI Grievances										#DIV/0!
Measure of Title VI Grievances found in favor of the offender										#DIV/0!
Measure of Other Grievances										#DIV/0!
Measure of Other Grievances found in favor of the offender										#DIV/0!
Measure of Grievances forwarded to OIC										#DIV/0!
Total number of Grievances										0.0000
Total number of Grievances found in favor of offender										0.0000
Measure of DD Level of Appeals										#DIV/0!
Measure of CA Level of Appeals										#DIV/0!
Measure of AC Level of Appeals										#DIV/0!
Measure of DC Level of Appeals										#DIV/0!



TENNESSEE DEPARTMENT OF CORRECTION

Offender Grievance Tracking - State										
Year	Total Active Community Supervision Cases (N)	# Title VI Grievances Filed (n ₁)	# Other Grievances Filed (n ₂)	# Title VI Grievances found in favor of offender (x ₁)	# Other Grievances found in favor of offender (x ₂)	Number and Final Level of Appeals				# Referred to OIC
						DD	CA	AC	DC	
	0	0	0	0	0	0	0	0	0	0
Measure of Title VI Grievances										#DIV/0!
Measure of Title VI Grievances found in favor of the offender										#DIV/0!
Measure of Other Grievances										#DIV/0!
Measure of Other Grievances found in favor of the offender										#DIV/0!
Measure of Grievances forwarded to OIC										#DIV/0!
Total number of Grievances										0.0000
Total number of Grievances found in favor of offender										0.0000
Measure of DD Level of Appeals										#DIV/0!
Measure of CA Level of Appeals										#DIV/0!
Measure of AC Level of Appeals										#DIV/0!
Measure of DC Level of Appeals										#DIV/0!



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
COMMUNITY SUPERVISION DIVISION

NOTICE OF LIMITED ACCESS

Click to insert date.

Click to enter offenders full name.

Click to enter offender's mailing address.

Click to enter City, State, Zip Code.

Dear Click to Select a Title. Click to enter offender's last name.:

Please be advised that you have been adjudged to be in abuse of the Offender Grievance process. As a result, your access to file a grievance has been limited for a period of Click to enter days. days for the following reasons:

- More than one grievance filed on the same issue.
- Excessive grievances filed (more than four grievances filed within a 4-week time frame).
- Use of profanity, insults, and/or racial slurs outside of quoting another party.
- Use of threats.
- More than one grievance pending at any appellate level of review.
- Other: Click to state reason.

During your period of limited access, you may not file more than one grievance per week on any issue. Any grievances received in excess of your limitation shall be returned to you unprocessed. This decision is final and not subject to appeal.

If you have any questions regarding this decision, please feel free to contact me at Click to enter telephone number..

Best regards,

Click to enter PPM name., Click to enter Title.