The Department of Corrections Bureau of Substance Abuse and Treatment Services wishes to thank all of the individuals who contributed their time, energy, knowledge and expertise to the development of this manual. It is our hope that through our concerted efforts and continued partnerships with community-based organizations, we will deliver meaningful and substantive substance abuse programs that will provide the framework upon which individuals can begin to rebuild their lives.
# COMMUNITY BASED RESIDENTIAL TREATMENT PROGRAMS

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I. Introduction and Overview

Through provision of community-based residential substance abuse treatment programs, the Department has sought to remove barriers to drug treatment for offenders by making treatment available and accessible to all offenders in need of such services, regardless of their ability to pay for services. Offenders enrolled in these programs are court-ordered to successfully participate in and complete the treatment program, and failure to participate and comply with all program rules and requirements may subject them to more restrictive sanctions. Research has shown this element of coercive motivation for treatment to be effective in gaining treatment compliance. Probation Officers are encouraged to recommend participation in a community-based residential substance abuse program as an option on Violation Reports and Pre-sentence Investigations for appropriate offenders and in accordance with Department policies and practice.

The Department’s contracted community-based residential substance abuse treatment programs are specifically designed to provide services to offenders who have a chronic, untreated substance abuse problem requiring a residential therapeutic community (hereinafter referred to as TC) treatment intervention or present a history of non-responsiveiveness to previous treatment opportunities. Candidates for this placement may also present a history of intermittent successful periods of clean and/or sober time with repeated periods of return to use or relapse. Assessment of these individuals should indicate that residential treatment is the least restrictive and most appropriate treatment placement option.

The intended benefits of offenders’ increased accessibility to substance abuse treatment services are: (1) increased public safety through reductions in drug-related criminal acts; (2) decreased recidivism; (3) reduced drug use by offenders; (4) decreased recommitment of offenders; (5) efficiency in government spending; and (6) preservation of limited institutional resources for secure confinement.

Through contracted providers, the Department offers nonsecure (short-term) and secure (long-term) residential substance abuse treatment programs. The two programs have many elements in common. The primary difference between the two programs is the length of each program component and the overall program length. An offender may be appropriate for referral to either of these residential substance abuse treatment programs if he or she has a history of substance abuse, previous treatment failures, and an inability to abstain from using substances in spite of the negative impact of such behavior on his or her day to day functioning and impairment of their ability to live as a responsible, law-abiding citizen.
While enrolled in a community-based residential substance abuse treatment program, offenders must comply with all conditions of supervision imposed by a sentencing court or releasing authority including, but not limited to, conditions requiring the submission of written monthly reports and payment of victim restitution and other court-imposed financial obligations (to the extent possible while in treatment).

The programs may be briefly described as follows:

A. Nonsecure (Short-Term) Drug Treatment Program

This program is a six (6) to eight (8) month residential program, with most offenders completing the program in six (6) months. The program operates as a TC. During the first two (2) months of the program, offenders participate in an Intensive Treatment Component (ITC), during which time they live and remain at the facility 24 hours per day. Thereafter, offenders participate in a four (4) month Employment/Re-entry Component (ERC) during which they obtain gainful employment in the community while continuing to reside at the facility and participate in treatment services at the facility in the evenings and weekends.

Family and relationship counseling sessions are provided to educate the offender’s family and support system about the addiction and recovery process and the importance of relapse prevention planning.

B. Secure (Long-Term) Drug Treatment Program

This program operates as a TC and the length of stay shall not exceed eighteen (18) months. The Intensive Treatment Component (ITC) will last between four (4) and twelve (12) months dependent on clinical need. During the first four (4) months offenders live and remain at the facility 24 hours per day. During the remainder of their stay in the ITC approved offender leave may be granted in increments. Thereafter, offenders participate in an Employment/Re-entry Component (ERC) for up to six (6) months during which time they obtain gainful employment in the community while continuing to reside at the facility, and participate in treatment services at the facility in the evenings and weekends.

Family and relationship counseling sessions continue to be provided to reinforce to the offender’s family and support system with the information previously provided about the addiction and recovery process and the ongoing importance of relapse prevention planning.
II. PROGRAM PURPOSES

A. Program Regulations

All substance abuse treatment services provided through contracts with the Department must meet the applicable requirements of the following and any updates and revisions thereof:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information;
- Title 45 Code of Federal Regulations, Parts 160, 162 and 164, Chapters 39, 397 and 415, of the Florida Statutes;
- Section 69A-44, of the Florida Administrative Code, Rules of the State Fire Marshall;
- Rules 33 and 65D-30, 64E-11 and 64E-12 of the Florida Administrative Code;
- Code of Ethics and Conduct for Addiction Professionals of Florida;
- Americans with Disabilities Act, including provisions referencing both employment and public service agencies (Titles I and II); and
- Any additional applicable local, state and federal laws, rules and regulations.

In addition, services must be provided in accordance with any Department of Corrections’ program and policy guidelines, procedures, instructional manuals, and any subsequent revisions and/or addenda to those documents. Should licensing or program requirements change during the course of the contract, the updated regulations and requirements will take precedence.

The provider will ensure that all offenders are provided equal access to all services provided at the program. Further, all programming shall be sensitive to ethnic and cultural issues. Program staff shall receive appropriate training and educational experiences regarding the clinical issues specific to the various ethnic and cultural subgroups within the program.
All offender activities conducted outside the program facility that are not covered specifically by this Guide or the provider’s contract will be coordinated with and pre-approved by the Contract Manager or designee. While in the residential treatment program, all activities of offenders shall be governed by regulations applicable to offender supervision as set forth in the Department of Corrections’ procedures and applicable orders of the court. In order to allow for some flexibility and individuality within a contracted provider’s program, providers may request changes or variances from the program structure. Any request by the provider to change the treatment program structure must be requested in writing and include justification for the requested variance. All such requests must be approved in writing by the Contract Manager prior to implementation.

B. Philosophy of Treatment

In the Department’s Community-Based Residential Treatment Programs, emphasis shall be on enhancing recovery using the treatment models developed by various researchers in the field of addictions. It also will involve facilitating supervised re-integration of the offender into the community-at-large and a plan for continuing sobriety. The primary goal of effective treatment is the development or restoration of pro-social competencies that support psychological, physical and social health.

Open and consistent communication between the Provider’s staff and Department staff regarding all aspects of an offender’s participation in the program is critical to the successful operation of the community-based residential program and is the cornerstone of a successful collaboration. An offender’s supervising probation officer should be kept abreast of the offender’s progress, or lack thereof, in the program on a regular and continuing basis.

Work responsibilities are a significant treatment responsibility and requirement within the TC structure. With the treatment emphasis on social learning as a tool and a method to support personal change, the TC becomes a controlled environment for testing both behavioral failure and success. This learning environment provides the "real life" opportunity for much of the behavioral rehearsal and feedback that is critical to challenging and supporting changes in attitude and behavior.

C. The Therapeutic Community Model

Both the nonsecure and the secure residential substance abuse treatment programs utilize the TC model. This model provides for a residential treatment setting where offenders and staff work together in a carefully managed social community with governing TC Principles and Concepts. These concepts are evidenced-based (Sacks and Deleon) and have
proved to be effective. Offenders and staff practice and live these concepts together. Within the program structure, treatment activities, community self-management/personal responsibility functions and the various educational activities provide the opportunity for self-examination, skill building, behavioral practice, teaching/learning and lifestyle change. Offenders and staff participate in formal and informal individual and group functions. The combination of the TC environment and the treatment structure allows offenders to honestly struggle with problem areas while at the same time supporting each person’s best efforts in daily living.

The TC treatment regimen uses self-and mutual-help approaches, peer pressure, and role modeling in a structured environment to achieve the recovery goal. Peer pressure is often the catalyst that converts criticism and personal insight into positive change. High expectations and high commitment from both offenders and staff support this positive change.

An important treatment philosophy used in Therapeutic Communities includes an "act as if..." approach toward changing behavior. Offenders are taught to "act their way into a new way of thinking." Insight into one's problems is gained through group and individual interaction. However, active learning through experience -- failing and succeeding and experiencing the logical consequences -- is considered to be the most potent influence toward achieving lasting change and developing personal responsibility for one's life. In order to promote and teach self sufficiency, the program also focuses on development of educational, vocational and other employment related skills, including basic life skills.

TC program services shall be provided in a positive environment wherein participants share similar problems of chemical abuse or dependency and live and work together to change their lives while residing in a TC, similar to a large family, with staff representing the "parent" or authority figures. There is a chain-of-command that must be followed and a hierarchy in which each offender strives to earn better jobs, better privileges and a higher status in the community. Individuals gain upward mobility within the TC by complying with rules and regulations, participating in all groups and activities and exhibiting high levels of motivation in their job functions. The TC model emphasizes structure, responsibility, credibility, accountability, discipline, consistency and consequences/limit setting. TC services shall be dedicated to facilitating change, growth and improved self-worth for each member of the community. Effective TC services are a “school about life”, teaching offenders how to live a life without committing crimes and without using drugs, and providing them with the tools to accomplish these goals.

TC program services will be directed at changing offenders' drug-abusing and criminal behaviors by utilizing, among other activities,
Special Groups, Encounter Groups, Large Accountability Groups, Affirmation Groups, House Theme Groups, Intervention Groups and Morning Start-up and Wrap-up House Meetings. Program services will attempt to instill the work, educational, vocational and social skills necessary for offenders' successful re-entry into society. Offenders participating in the program will fulfill their roles as members of the TC.

Each program shall develop and post a detailed daily schedule reflecting program activities twenty-four (24) hours per day, seven (7) days per week. The daily schedule will show all counseling and therapeutic program activities and when they are scheduled, including but not limited to counseling, educational/vocational activities, work assignments, skills training activities, TC activities, recreation and leisure activities, counts, personal time, meals, and sleep. The daily program schedule shall be approved by the Contract Manager or designee. Significant changes to the approved daily program schedule must be approved by the Contract Manager or designee prior to implementation and posting.

Individual counseling sessions shall consist of a minimum of thirty (30) minutes of face-to-face contact with the offender and will not include time utilized for recording progress notes, etc. Group counseling sessions shall be at least fifty (50) minutes in duration.

D. Therapeutic Community Program Principles

- Each offender, regardless of personal history, is unique, worthwhile and valuable.

- In the TC, we separate the self worth and value of the individual from the behaviors of the individual. The therapeutic commitment is to challenge any behaviors which threaten or undermine one’s self worth and value.

- Change is voluntary. Each offender is in final control of the decisions and behaviors which truly result in change. Staff and offender are partners in the change process and will actively participate in creating respectful interventions to stimulate and encourage nurturing choices.

- Positive change requires doing. If something, intellectual, physical, emotional or spiritual isn't happening, then change isn't occurring. Positive change has a direction away from negative and toxic choices toward positive and nurturing choices.

- Meaningful changes occur when problems are identified, goals are set, and new ways of doing things are practiced. Offenders and staff actively participate together to provide an environment which stimulates
meaningful change. Seeking recovery requires desire, hope and action combined with willingness and acceptance. The TC creates the safe environment which allows and supports this search.

- The concept of community in treatment leads to the concept of recovery within community. The support for recovery which exists within the TC also exists in the practice of the Twelve Step principles in a recovery focused lifestyle.

- Essential to the TC is the principle of self-governance. Therapeutic communities operate under the leadership of a therapeutically-selected leadership team. Residents are assigned to positions of progressively increasing responsibility and leadership potency as their skills and competencies grow. This principle should not be misconstrued as placing one offender within the community under the authority of another, but rather as an exposure of offenders to the concept of exercising group leadership, nurturing teamwork, and serving the larger community. Through this process, residents learn that leadership is a call to responsibility rather than privilege. In any TC, staff members remain the rational and programmatic authority that has ultimate responsibility for the operation of the program.

E. Therapeutic Community Program Concepts

1. Practicing Self-Help and Mutual Help

Giving support to others and getting support from others allows offenders to use each other as they work to change behaviors. Through self-help/mutual help, offenders create an open, caring and honest environment. Offenders use the "tools" of the environment (confrontation, write-ups, one-on-ones, groups, work, encouragement, "right living" and positive recognition, etc.) for problem solving and for personal growth. Self-help/mutual help represents the contract to work together for my and your recovery.

2. Practicing Positive Role Modeling

Providing an example by behavior is a mission for all members of the TC. We recognize that in the past we were influenced and influenced others by our behavior. Making the decision to influence positively allows us to choose to be a positive role model for other offenders. We also then have other offenders as our role models. Recognizing that I, through my modeling, can pull another person through treatment allows me to give back what others have given me.
3. **Practicing Social Learning**

Learning from each other is the basis for social learning. Our TC is a small society. How we behave toward each other has an effect on other members of the community. Being willing to challenge each other's behavior and the effect of that behavior allows us the opportunity to see ourselves through the eyes of others. With that opportunity comes the responsibility and the requirement that we make use of information about our behaviors and attitudes in order to change those behaviors and attitudes in a positive direction. It is in this social learning environment that offenders are able to express feelings, get feedback, and mirror behaviors in order to increase feelings of self worth, acceptance and self-respect.

4. **Practicing the Concept of No "We/They" Dichotomy**

Within the TC all individuals are respected and accepted as being unique. At the same time, the strength of the community is derived from no individual difference being given any greater power or significance over any other individual difference. What this means is that each of us is equally valuable. We are resources to each other and we are respected for this. We recognize that each person has strength that may be different from the strengths of others and we expect these strengths to be shared and recognized. The idea is to recognize the importance of the cultural, ethnic, sexual, political or personal histories of members while not letting these differences cloud recovery issues. This encourages an attitude of participation based on shared strengths.

5. **Promoting Upward Mobility and Earned Privileges**

"There is no free lunch" expresses the basic truth in the TC that members earn what they get. Changing behaviors, improving attitudes, receiving sanctions, acquiring responsibility, gaining recognition and receiving privileges are all determined by observations and decisions about the honesty of the work done as well as the quality of the effort. We recognize that making any change is often extremely hard and yet, as a community, we expect each member to be committed to doing what's hard. We recognize the results of success by giving greater responsibility, making increasing demands and by assigning privileges and status. Continuous attention is given to monitor and measure these efforts to make and maintain changes. Status and privilege is withdrawn when personal work stops and actions become complacent and irresponsible.
6. **Practicing "Acting As If"**

Changing attitudes, behaviors and lifestyles requires practicing new and different ways of doing things. In the TC, offenders are expected to place an emphasis on practicing positive behaviors and the attitudes connected to these behaviors. This allows us to try out what we are learning even though the patterns of more familiar attitudes and behaviors feel more comfortable. Changing behavior requires doing something different even though we may not want to do this. Acting as if we feel responsible helps us learn what it feels like to be responsible. We know that if we act a certain way long enough, we begin to become comfortable with the thoughts and feelings that go with that behavior.

7. **Understanding the Relationship of Belonging and Individuality**

Generally, the focus in the early phase of a TC is on ownership and belonging as a participating member of the community, while individuality and self-realization is stressed in the latter phases. Belonging indicates a sense of ownership and relationship to the community and the people within it. To foster a sense of belonging helps to encourage our belief that the TC will help us. Feelings of "I belong" encourage team activities and a group spirit which increases self-esteem. Knowing that I belong as a member of this community provides the support and nurturing needed for each of us to search out our own identity within the community. We recognize that placing too much stress on belonging encourages cultism, while stressing too much individuality supports separateness and isolation, causing people to lose sight of the need for balance and integration as a community goal. We know that growth comes as a result of coming to the TC disconnected from any sense of a caring community, then becoming connected, and eventually learning to separate as an individual with a recovery-based way of living.

8. **Understanding the Function of a Belief System in the TC**

Individuals, groups, cultures and societies are guided by written or unwritten sets of beliefs. Some beliefs are strongly held and commonly agreed upon; others operate behind the scenes but greatly influence what happens in a person’s life. The TC has many different levels of beliefs. We call this a belief system. We have the Principles of the TC Concepts. We have beliefs about recovery. We have beliefs about how we want to live together in a positive environment. We have beliefs about what behavior is not acceptable. We have beliefs about how to handle violations of our beliefs. We also have beliefs about the importance of our community modeling beliefs that are positive and
important to the larger community (society). We know that there will be conflicts between the beliefs of individuals participating in treatment in the TC and the beliefs held by the TC. In struggling and resolving these conflicts, the individual confronts the consequences and the benefits of their personal belief system.

9. **Participating in the Group Process**

While offenders will often have treatment and work responsibilities which require that they work independently, all activities in the TC eventually lead back to the group. We are a community of individuals who recognize and participate in a group environment. We believe that this group environment supports individual change. The other members of the community are a resource. We come together with different opinions, insights, histories, experiences, skills and strengths. We share these personal resources in a group setting using challenge, public or private information, encouragement, disagreement, support and confrontation. Our desire is to create a safe personal crisis which will lead to new insights, new attitudes and new behaviors supporting and resulting in a recovery-based way of living.

10. **Maintaining Written Assignments**

The many different opportunities for members to observe, monitor, track, verify, record and document information, activities, tasks and behaviors support the emphasis on personal responsibility and community safety. The wide range of continuous activities within the community provides all members with an environment to test and challenge individual and community awareness. We are able to develop skills in problem-solving, organizing and managing, planning and follow through, consistency, accuracy, timeliness, attention to detail, and self-determination. We help to create and maintain an environment where the record keeping responsibilities and practices support an atmosphere of trust and safety. Managing our own personal community and treatment observations and recording tasks and responsibilities allows us to learn and practice attitudes and behaviors which support our personal growth.

**III. TREATMENT PROGRAM STRUCTURE**

**A. Program Rules**

One of the values of a TC is a safe environment for growth and positive risk-taking. Accordingly, the program has rules designed to support such an environment.

Any community member who does not practice and support program rules, or allows another member to disregard program rules, is subject to
challenge and sanction by members of the community. Community enforcement of these sanctions, depending on the nature of the rule violation and the threat to the safety of the community, could result in an offender’s termination from the program. Individuals violating rules regarding weapons, violence, and substance use within the program will receive the strictest application of consequences.

Clinical staffing may occur after any number of rule violations. It is recommended that the primary counselor, the qualified supervisor, and the probation officer assigned to the facility be present at every clinical staffing. It is recommended that the Provider document all efforts to gain offender compliance with program participation requirements, including the use of graduated sanctions, in the offender file.

The Mandatory Program Rules indicated below shall be consistent for all residential TC programs contracted by the Department. Individual providers may develop additional program/facility specific rules. All facility and program rules developed independently by providers must be approved by in writing by the Department. Each offender will be notified of all the program/facility rules and will sign a form indicating they have read the rules, understand the rules, and agree to abide by the rules. All program/facility rules shall be conspicuously posted in the facility.

B. Mandatory Program Rules

1. Community members will comply with all rules of the Department of Corrections and the Provider treatment management policies and procedures.

2. Community members will not threaten, intimidate or behave with violence toward any person(s) or property. This includes acting in any way which encourages, supports or allows threats, acts of intimidation or violence against personal property.

3. Community members will not behave in any way sexually that violates the "family" concept of the community. This means that community members do not participate in or allow any sex talk, harassment, threats, intimidation, disrespect or sexual behavior among or between community members.

4. Community members will remain free from engaging in substance manufacture and distribution, holding or passing contraband and use of mood altering and dependency forming drugs, including alcohol and alcohol products
5. Community members will attend and participate in all therapeutic and/or other program activities. This means that community members "work" to continue to earn their membership in the therapeutic community.

6. Community members will support and participate in community safety and security responsibilities including sign in/out, room and space checks, roll calls, attendance checks, and accountability verifications.

7. Community members will not participate in or allow the use of cultural put-downs, racial, ethnic or religious slurs, jokes or abuses. This includes any attitudes or behaviors which create "we/they" separateness in the community such as gang signs/talk, posse behaviors or separatist talk and behavior.

8. Community members will treat all personal and community property with respect. This means community members will create and maintain attitudes of honesty, trust, reliability and dependability with respect to safe-guarding personal and community property.

9. Community members will treat information shared within the community with respect. The rights of all members to have personal information kept confidential within the boundaries of the program and consistent with the laws, regulations and policies of the program are respected.

10. Community members will not participate in or allow gambling, gambling talk or games, manufacturing, trading in, possession of or use of weapons, or any criminal behavior or activity.

C. Graduated Sanctions

In order to teach and reinforce personal responsibility, sanctions for inappropriate attitudes and behaviors are TC "tools" which help offenders as they learn to make lifestyle changes. Sanctions may be imposed when a offender fails to make efforts to correct inappropriate attitudes and behaviors which have been challenged by the community. Sanctions may also be imposed as a consequence for rule violations or in cases where motivation and commitment appear questionable. The use of sanctions in the community is one of the responsible ways the community safeguards its personal safety. Sanctions range from oral and written warnings with specific learning experiences, and extra duty, to move backs and suspension/time-freezing in treatment. Ultimately, the final sanction is termination from treatment as a direct result of continued violations in spite of graduated sanctions having been imposed. Sanctions shall always be clinically based and justified. The sanctions should address the behavior and attitude being corrected. The provider shall develop a procedure
detailing their graduated sanction policy and shall be subject to approval from the contract manager or designee.

D. Program Activities

Scheduled activities provide structure to the program. Program activities shall be divided into two (2) categories: Counseling Activities and Therapeutic Activities. Any curriculum and/or lesson plan utilized in these activities shall be made available to the Contract Manager or designee upon request.

1. Evidence-Based Practices:

Evidence-based practices should be used in all substance abuse treatment programs as a step to ensure the offender receives the best services possible. The evidence-based practices used should, at a minimum, address the following criminogenic needs.

- Antisocial Behavior
- Antisocial Personality
- Family/Marital
- Employment/School
- Criminal Thinking
- Criminal Associates

2. Counseling Activities and Therapeutic Activities:

For the purposes of this program, guidelines for what constitutes counseling activities and therapeutic activities are specified as follows:

a. Counseling activities include but are not limited to:

- Individual Counseling Sessions
  - a minimum of thirty (30) minutes of face-to-face contact

- Process/Issues Groups
  - maximum of twenty (20) offenders per group
  - minimum of fifty (50) minutes of face-to-face contact exclusive of time utilized to record progress notes, etc., facilitated by a professional level counselor

- Criminal Conduct Experiential Groups
  - maximum of thirty (30) offenders per group
  - minimum of fifty (50) minutes of face-to-face contact

- Family Counseling Sessions
o minimum of thirty (30) minutes of face-to-face contact

- **Substance Abuse Education Groups**
  o strategies for avoiding substance abuse or relapse
  o health problems related to substance abuse
  o motivational enhancement and strategies for living without using substances
  o minimum of fifty (50) minutes of face-to-face contact
  o maximum of thirty (30) offenders per group

- **TC Groups**
  o Groups must be facilitated by a counselor, i.e., house meeting groups, encounter groups, evening wrap up groups

b. **Therapeutic Activities** include but are not limited to:

- Twelve Step support or other recovery support groups (i.e., Alcoholics Anonymous Narcotics Anonymous)

- Life/Transition Re-Entry Skills training such as budgeting, anger management, communication skills, employability skills, problem solving skills, decision making skills, relationship skills, and parenting skills.

- Non-verbal interventions such as recreation, art, music, or dance

- Vocational Training

- Educational support such as GED or basic literacy instruction

- TC work assignments or employment

Provision of counseling activities and therapeutic activities may be verified by the posted daily program schedule and entries in offenders’ clinical charts, per Rule 65D-30, F.A.C.

**IV. TREATMENT PROGRAM COMPONENTS**

**A. Program Components**

The nonsecure (short-term) treatment program and the secure (long-term) treatment program both contain an intensive treatment component and an employment re-entry component. Aftercare/continuing care services should also be offered by the program or through referral.
B. Intensive Treatment Component (ITC)

The Intensive Treatment Component is the first phase of both the nonsecure (short-term) program and the secure (long-term) program. In the nonsecure program this component generally lasts two (2) months, depending upon an individual offender’s progress in the program and clinical need. In the secure program, this component generally lasts four (4) to twelve (12) months.

During this phase, offenders are oriented to the program and the recovery process. Offenders attend group and individual counseling sessions, as well as participate in TC activities, work assignments, self-help groups and educational/vocational programming as appropriate. They also prepare for re-entry into the work environment and a gradual transition into the community. Individualized needs shall be addressed through the offender’s treatment planning during this phase.

Any fees to be incurred by the offender while participating in the treatment program must be fully disclosed to the offender in writing during the orientation/admission process. All fees charged to offenders, including subsistence, must be approved in writing by the Contract Manager or designee.

1. While in the Intensive Treatment Component (ITC), each offender shall participate in:

   - a minimum of ten (10) hours each week of counseling activities as described in Section III., D., 1. of this Guide;
   - one (1) individual counseling session each month (or more frequently if clinically indicated) as described in Section III., D., 1. of this Guide; and
   - thirty (30) hours each week of therapeutic activities as described in Section III., D., 2. of this Guide.

C. Employment/Re-entry Component (ERC)

The Employment/Re-entry Component is the second phase of both the nonsecure (short-term) and secure (long-term) program. In the nonsecure program, this component generally lasts four (4) months; in the secure program, this component generally lasts six (6) months. The focus in this component includes: facilitating the offenders’ re-integration into the community through community-based employment, relapse prevention and practicing the skills learned in the ITC. During this phase, offenders are required to secure and maintain full time employment (minimum of thirty-
two (32) hours per week) and participate in treatment and TC activities, either prior to or after work.

Counseling and therapeutic activities in this component will emphasize individualized relapse prevention planning, employment, budgeting and re-entry skills. Offenders attend group and individual counseling sessions, as well as participate in TC activities, work assignments, self-help groups, social learning activities and educational/vocational programming as appropriate. Individualized needs shall be addressed through the offender’s treatment planning during this phase.

Prior to final completion of the Employment/Re-entry Component (ERC), all offenders should be linked to appropriate after/continuing care services and self-help groups. If the offender is returning to another geographical area, the counselor should link the offender to services in that location.

1. While in the Employment Re-entry Component (ERC) each offender shall participate in:
   - a minimum of four (4) hours of counseling activities each week as described in Section III., D., 1. of this Guide;
   - one (1) individual counseling session each month (or more frequently if clinically indicated) as described in Section III., D., 1. of this Guide; and
   - twenty (20) hours of therapeutic activities per week as described in Section III., D., 2. of this Guide.

D. Exceptions to Component and Program Length

There may be times when, for clinical reasons, an offender may benefit from extended participation in a program component, or moving back to the ITC after having begun the ERC. Such exceptions shall be handled for each program as follows:

**Nonsecure Program**: An offender’s total length of participation in the nonsecure program, including extensions to participation time in the ITC or the ERC and move backs, may be extended up to seven (7) months at the discretion of the Provider, based upon the offender’s clinical need, and with the input of the offender’s supervising probation officer. In such cases, approval of the Contract Manager or designee is not required. Extensions to seven (7) months should be the exception and not the standard.

All requests to extend the length of participation beyond seven (7) months (up to a maximum of eight (8) months), requires the prior approval of the Contract Manager or designee. The supervising officer will notify the
sentencing Court, in accordance with Department policy and procedure and local practice, of all extensions to an offender’s term of participation in either the ITC or ERC, and/or extensions to the total length of participation in the nonsecure program.

**Secure Program:** An offender’s total length of participation in the secure program, including extensions to participation time in the ITC or the ERC and move backs, shall not exceed eighteen (18) months. The Provider may extend an offender’s participation time in the ITC or the ERC and/or move them back at their discretion, based upon the offender’s clinical need, and with the input of the offender’s supervising probation officer. Approval of the Contract Manager or designee is not required. Extensions to an offender’s total length of participation in the secure program will not be granted, as the individual program components and the program length already provide sufficient flexibility to accommodate individual offender’s treatment needs.

E. **Aftercare/Continuing Care**

Offenders successfully completing either program shall be referred for aftercare/continuing care service coordinated or offered by the Provider. The offender shall be responsible for the cost of the aftercare program. Fees shall be approved by the Department.

F. **Co-occurring Disorder Services**

Providers shall develop and implement operating procedures for serving or arranging services for persons with co-occurring substance abuse and mental health disorders.

V. **PROGRAM ELIGIBILITY, REFERRAL, ADMISSION, AND DISCHARGE**

A. **Determining Initial Program Eligibility**

Ideally, offenders who are court-ordered into the program will have been screened by the Provider in accordance with the requirements of Rule 65D-30, F.A.C. prior to placement. If it is not feasible for the Provider to screen the offender prior to sentencing and placement into the program, it is imperative that the Provider conduct the initial screening as soon as possible thereafter in order to determine appropriateness for treatment. The Provider must document the clinical rationale for an offender’s admission or exclusion from the program in writing, utilizing a screening process identified in Rule 65D-30, F.A.C.

The Provider shall notify the Contract Manager or designee and the supervising probation officer in the event an offender is screened subsequent to placement in the program and determined by the Provider to
be inappropriate for the program. In such cases, the provider shall document their rationale for the recommendation and suggest an alternate placement for the offender.

To be eligible for the program:

1. The offender must be under the legal supervision of the Department of Corrections and court-ordered into the treatment program by a sentencing court or releasing authority. This includes offenders on interstate compact. Offenders may be pending sentence and have a history of substance abuse problems, be in violation of the terms of their current supervision with a new drug offense or other technical or substantive violation indicative of a substance abuse problem, or be an interstate compact case with sanctions imposed by the sending state or receiving state; and

2. The offender must have been screened to be in need of either short-term or long-term residential substance abuse treatment and have sufficient time remaining on their period of supervision to allow them to meet successful program completion requirements.

The admission of the following categories of offenders shall be at the discretion of the individual service provider as long as they meet the criteria above and have the ability to function in the program:

1. Offenders with mental health conditions for which a licensed physician has prescribed psychotropic or other non-addictive medication;

2. Offenders under treatment for a diagnosed condition(s) for which a licensed physician has prescribed non-narcotic/non-addictive medications;

3. Offenders with a history of severe physical aggressiveness not associated with substance abuse;

4. Offenders with a history of arson or fire-starting; or

5. Offenders with a history of sexual offenses.

B. Program Referral

Once the offender is ordered by the Court to enter the program, the Supervising Probation Officer (officer assigned to the program) will review the offender’s status for program eligibility and notify the Contract Manager or designee of any offenders ordered into the program who do not meet the prescribed initial program eligibility criteria. For offenders who meet the eligibility criteria, the officer shall complete Section I of the Community Supervision Referral Form (DC5-404) even if the Provider has not yet
conducted an initial screening on the offender to determine suitability for the program. The Supervising Probation Officer (officer assigned to the program) may also complete Section II of the DC5-404 on behalf of the Provider, in accordance with local practice, and enter into data entry, or forward to the appropriate circuit staff for data entry, once the officer confirms the offender's arrival at the program. Only those offenders referred and approved by the Department via a completed DC5-404 are eligible to be placed into a Department-contracted community-based residential substance abuse treatment program. Upon the offender's admission to the program, the Provider shall provide written notification to the supervising officer to document program entry for the offender's Department of Corrections offender file.

The Department will make available to the Provider all confidential and non-confidential records pertaining to the offender that relate to the offender's suitability for treatment in the program. This includes the Probation Order and any other information available and/or requested that will assist the Provider in making an informed decision concerning treatment appropriateness. The acceptance of an offender into a residential substance abuse treatment program does not preclude the timely completion of all other Probation and Parole intake and supervision requirements.

C. Program Admission

The provider shall conduct the following tasks in accordance with the requirements of Rule 65D-30, F.A.C. and within the timeframes specified in the rule:

1. Screening and Orientation;
2. Assessments:
   a. physical health
   b. psychosocial
3. Initial Treatment Plan; and
4. Individualized Treatment Plan

D. Program Discharge

For all program discharges (successful, administrative, and unsuccessful) the Provider shall complete Section III of the Community Supervision Referral Form (DC5-404) and forward (electronically preferred) the completed form to the Department's appointed staff no later than three (3) calendar days from discharge. The three calendar days begin the day after the discharge date. The Provider shall retain a copy of the completed
form in the offender’s clinical file. The Department’s appointed staff will review the form and ensure the data is entered into the Department’s Offender Based Information System (OBIS) within two (2) working days subsequent to the date of receipt from the Provider. The Contract Manager or designee will provide a copy of the form to the offender’s supervising officer for inclusion in the offender’s case file.

E. Discharge Summary

The Provider shall submit a written discharge summary to the officer assigned to the facility within seven (7) calendar days of the offender’s discharge. All discharge summaries will minimally include the following information:

1. Offender’s DC number;
2. Address and telephone of the offender’s proposed residence upon release from the program;
3. Name, address and telephone of the offender’s employer (if applicable).
4. Summary of progress in the program;
5. Recommendations for aftercare/continuing care; and
6. Any referrals made for follow-up services and/or intervention.

F. Criteria for Discharge

Each Residential Treatment Program Provider should develop a policy on discharge, which clearly defines the program’s behavioral expectations of the offender. The policy should stress the requirement for full participation by all offenders in all program activities. The Department recognizes three types of discharge, successful, administrative and unsuccessful.

1. Successful Completion

An offender will be considered to have successfully completed the residential substance abuse program when he or she:

a. has attended the specific number of modules, hours, and/or days associated with/required by the program;

b. has made satisfactory progress toward achieving the goals of his or her Individual Treatment Plan; and

c. has obtained maximum benefit from the program as determined by his or her counselor and the counselor’s clinical supervisor.

Each offender will remain in the Treatment Program until released by the Court, the Department of Corrections or the Provider. The Provider
will notify the Department when it is determined that the offender is ready for release. The Department will be responsible for verifying and approving the offender's proposed discharge plan, which shall include written recommendations for continuing aftercare for the offender. The Provider will determine clinical successful completion.

2. **Administrative Discharge**

An administrative discharge from the program implies neither success nor failure in the program. An offender will be administratively discharged from the residential substance abuse program under the following circumstances, including, but not limited to:

a. clinical reasons other than refusal to participate in program activities (e.g., a clinical assessment determines that the offender does not meet the diagnostic criteria for admission);

b. a medical or mental health condition that prohibits an offender from participation in treatment;

c. termination of supervision due to a court order or expiration of sentence;

d. transfer to a more appropriate treatment modality; or

e. death of the offender.

Upon administrative discharge of an offender, the Department will so advise the sentencing authority.

3. **Unsuccessful Termination**

An offender who does not meet the criteria for successful completion or administrative discharge outlined above will be considered to have been unsuccessfully terminated. In addition, an offender may be unsuccessfully terminated from the program under the following circumstances:

a. violation of program rules;

b. failure to attend therapeutic and program activities as required;

c. a documented pattern of undermining program effectiveness for him/herself or others by being sufficiently apathetic, problematic, and/or disruptive toward staff and/or other program offenders; and
d. revocation of probation or community control if the violation occurred while the offender was enrolled in the program.

All discharges for unsuccessful termination will be clinically staffed with the final decision made by the Program Director. The Provider shall notify the probation officer assigned to the facility immediately. The officer will notify the sentencing authority of the offender’s unsuccessful termination from the program and/or conduct a warrantless arrest in accordance with applicable Department procedures.

In cases where an offender commits an assault or battery on any individual or staff member in the facility, or other serious law violation, the treatment staff shall immediately request assistance from local law enforcement if necessary and duly notify the Department.

If, at any time, the offender cannot be located and his/her whereabouts is unknown, program staff shall, within two (2) hours, notify the Department’s designated Probation Officer or other designated person of the absence of the offender. Following this notification, program staff will document the circumstances of the offender’s absence in writing and convey it to the Probation Officer or Department designee assigned to the facility within one (1) calendar day following telephone notification, unless the calendar day falls on a Saturday or Sunday and then it should be no later than Monday.

G. Program Readmission

An offender who is discharged from a residential substance abuse treatment program under any circumstances may be considered for readmission to the program. In such case, the Provider shall re-screen the offender to determine if the offender is clinically appropriate for readmission. Offenders who are found to be clinically appropriate for readmission will be readmitted to the program with the consent of the Program Director. If the offender is approved for readmission, the Contract Manager or designee shall approve the offender for placement via completion of a new Community Supervision Program Referral Form (DC5-404). If the Provider re-screens an offender and determines that the offender is clinically inappropriate for readmission to the program, the Provider shall document their findings in writing and notify the Department. The Department will then notify the court for further action.

VI. GUIDELINES FOR OFFENDER PROGRAM PARTICIPATION

A. Work Details and Extra Duty

In the TC model, all aspects of daily living become part of the therapeutic learning process. Work responsibilities must have some direct connection
to the support of community values of personal and shared responsibility and the treatment planning of the individual offender. Work is never to be seen as separate from the treatment structure of the therapeutic environment, does not replace treatment specific activities (i.e., individual counseling, group specific counseling, education, seminars, reading and writing activities, community functions, etc.), and supports the core philosophical concepts which underlie the functions of Therapeutic Communities as environments of individual and pro-social change. Work assignments shall be a scheduled activity, and shall not be done during or in lieu of other therapeutic programming.

The following constitutes the sole circumstances under which offenders are permitted to perform any type of physical labor with the exception of the employment obtained during the Employment/Re-entry Component of the program. Work assignments may be assigned to offenders in both ITC and ERC. Offenders are permitted to be assigned to work details described below:

1. **Internal Work Details** – These consist of offenders’ daily job assignments to insure order and cleanliness of the facility. Each offender shall have a distinct job responsibility. Internal work details may include assisting with food service and preparation and shall be considered a part of an offender’s total time allotted for internal work details.

   **Nonsecure:** A maximum of two (2) hours per day, per offender, six (6) days per week may be allotted to internal work details.

   **Secure:** A maximum of four (4) hours per day, per offender, six (6) days per week may be allotted to internal work details.

2. **External Work Details** – These consist of large group activities that benefit the facility. Examples include policing the grounds and minor landscaping projects. Minor landscaping projects may include cutting the grass, and planting flowers, gardens, and small shrubbery.

   **Nonsecure:** A maximum of five (5) hours per week, for the entire community, may be allotted to external work details.

   **Secure:** A maximum of twelve (12) hours per week, four (4) hours per day for the entire community, may be allotted to external work details.

3. **Extra Duty** - Extra work duty can be imposed for facility rule infractions in accordance with the following stipulations:

   - Extra duty shall never supplant therapeutic, educational, vocational,
or employment activity.

- Though extra duty is recognized as a legitimate form of behavior modification, the treatment provider shall consider other appropriate means to address rule violations such as written assignments and the assignment of seminars, etc.

- Extra duty must be clinically justified.

- Extra duty must relate directly to the rule violated and the offender’s treatment plan.

- All extra duty shall be recorded in the offender treatment file and include the date, time and type of rule infraction, the date of the extra duty assignment, the type of extra duty assigned, the amount of time allotted to the extra duty, and the staff person(s) who assigned the extra duty.

- No more than two (2) hours of extra duty may be assigned for any rule infraction.

- A maximum of two (2) hours extra duty shall be performed by an offender on any given day, regardless of the number of hours of extra duty the offender has been assigned.

- A maximum of ten (10) hours extra duty may be assigned to an offender in any given week.

Offenders shall never be required to perform the following work at the facility while enrolled in the residential treatment program:

- New construction
- Remodeling or renovation
- Carpentry
- Plumbing
- Electrical or mechanical work
- Air conditioning installation or repair
- Primary food service, i.e., Chef or Supervisor of food service preparation
Any work activity assigned to offenders that is not specifically identified in the Guide shall be approved by the Contract Manager or designee prior to assignment.

B. Employment

Offenders in residential substance abuse programs shall receive instruction and guidance in employment readiness skills such as preparing resumes, completing applications for employment, interviewing skills, developing good work habits, and other such topics. In addition, program staff shall assist offenders in developing job leads and ultimately, obtain full-time employment. Offender full time employment shall consist of one (1) or more jobs that are lawful and verifiable, and shall total a minimum of thirty-two (32) hours per week. Offenders may also attend Adult Education classes, basic literacy, General Equivalency Diploma (GED) preparation and other on or off site vocational training and/or apprenticeship programs and work in a part-time capacity (generally 16 hours of work per week) while participating in the Employment/Re-Entry Component. It is recommended, however, that whenever possible, offenders should work forty (40) hour per week. Providers are encouraged to establish relationships with employers in the public and private sectors, and other community resources to develop job opportunities for offenders in the program.

Offenders who are employed full time are not permitted to perform work for the treatment Provider, other than the daily upkeep of their respective living areas (i.e., sweeping and cleaning their immediate living areas, recreation or day room areas, bathroom, and hallway areas).

Programs may hire offenders as full-time or part-time paid employees. Employed offenders must receive payroll checks and benefits in accordance with the program’s procedure for all other employees. The offender cannot be employed to provide direct treatment services. Employed offenders must not have access to treatment files and shall not supervise or be in authority of another offender in the residential treatment program.

Offenders in the Employment Re-Entry Component who are disabled and/or unable to find employment in the community may work for the Provider performing office work or telephone coverage in lieu of payment of subsistence to the Provider, payment for drug tests conducted by the Provider, and payment for the physical health examination conducted by the Provider. Offenders’ work hours shall be valued at or above the prevailing minimum hourly wage. The offenders that work for the provider performing office work or telephone coverage in lieu of payment of
subsistence to the provider shall not have access to confidential or other offender records.

1. **Guidelines for Offender Employment**
   - All offender employment must be lawful and verifiable
   - All offender employment must support the gains made in treatment
   - All offender employment must be approved by the probation officer and the program director, including self-employment and employment by a relative.
   - Offenders employed in the community must return to the treatment facility no later than 7:30 p.m. unless they have prior approval from the Probation Officer and the Program Director.
   - Offender employment shall be within the set geographical boundaries established by the Program Director unless an exception has been approved by the Probation Officer and the Program Director.

2. **Verifying Offender Employment**
   The Provider will contact the employer and verify employment within seven (7) days of the offender’s employment start date. In order for this to occur, the offender must execute an authorization for release of information that permits the Provider to contact the employer. Once the offender has executed the proper authorizations for release of information, the provider may contact the offender’s employer to verify employment and confirm that the employer is aware of the offender’s legal status. Thereafter, weekly verification by paycheck, phone call or an on-site visit will be done on each offender and monthly contact shall be made with the offender’s work supervisor to substantiate the offender’s work performance and attendance and discuss any problems the offender may be having at the workplace. The Provider shall establish a primary and secondary job contact person and document it in the offender file, except when a secondary contact person cannot be established. All employment contacts shall be fully documented in writing and placed in the offender’s file. Program staff shall ensure that confidentiality concerns are respected at all times when communicating with offenders’ employers.

C. **Educational and Vocational Training**

   While in the program, offenders may participate in available educational and vocational activities as clinically appropriate. Such activities may
include participation in adult education classes, basic literacy, GED preparation, and on and off-site vocational training and/or apprenticeship programs. Offenders may only participate in off-site vocational training activities during the ERC phase with the prior approval of the Contract Manager/designee and the supervising probation officer.

D. Management of Personal Finances

Each offender shall be given instruction and guidance on personal financial management and budgeting. The individualized budget shall be reviewed monthly while the offender is in the ERC and documented in the progress notes.

E. Management and Oversight of Offender Funds

Providers may utilize any one of a variety of approaches to assisting offenders in developing habits of fiscal discipline, budgeting and personal responsibility:

1. Providers may assist offenders in opening a savings and/or checking account and monitoring the account weekly to ensure compliance with program goals and participation requirements; or

2. Providers may maintain oversight of offenders’ personal funds by opening a non-interest bearing Trust Account in a qualified depository (bank) and provide for an accounting system of the Trust Account that has the capability of reflecting individual offender trust account (sub-account) detail balances. Providers shall monitor the sub-accounts daily, in accordance with accepted accounting principles, and provide each offender with a monthly statement that includes the current balance, deposits, and deductions for allowable fees and obligations; or

3. Providers may utilize an internal accounting system subject to approval by the Contract Manager or designee.

In all cases, Providers will provide the terms under which offenders’ funds will be managed to offenders in writing, will obtain offenders’ signed acknowledgement of the terms, and will retain a copy of this acknowledgement in offenders’ case files. The Department will not be responsible for any offenders’ funds turned over to a Provider for management or oversight or for administration or oversight of any account related to such funds. In addition, the Department is not responsible for accounting or reconciliation of offenders’ funds. The provider shall develop a written policy detailing the management and
oversight of offender funds and this policy shall be subject to approval by the Contract Manager or designee.

F. Accounting for Offenders’ Whereabouts/Signing In and Out of the Facility

In order to effectively manage and oversee offenders coming in and out of the facility account for offenders’ whereabouts, the Provider shall have a policy and a procedure in place governing offender sign-in and sign-out from the program facility and accounting for the whereabouts of all offenders at all times.

At a minimum, the policy and procedure shall:

1. require that every offender sign out when leaving the facility and sign in upon return;

2. specify how program staff will monitor all entries and exits to and from the program;

3. specify how and when program staff will document offenders’ whereabouts when they are off-site, including guidelines and frequency for telephone contacts, and recording requirements for all program staff contacts made with offenders while they are off-site;

4. require that each offender in the program has his/her own/individual standardized sign-in and sign-out log sheet; and

5. require that the standardized log sheet contain a place for the offender's full name and DC number, time out, destination, purpose, authorized return time, offender’s signature, actual return time, staff signature, and section for comments.

G. Program Leave and Off-Site Activities

Offenders in both the nonsecure and the secure residential programs may be granted permission to participate in the Approved Offender Leave Program. All time away from the program facility requires the prior approval of the Provider and the supervising Probation Officer assigned to the program, and shall be in accordance with program guidelines governing these activities, the offender’s supervision type, and the individual offender’s specific conditions of supervision. All offenders leaving the program facility shall comply with the provider’s policy and procedures on signing in and out of the program.
For Community Control offenders in a nonsecure or secure residential substance abuse treatment program, the program facility is their approved residence of confinement. As such, they are only permitted to leave the program facility as specified in the Order of Community Control, and as approved in advance by the Community Control officer. The Court must explicitly approve a community control offender to participate in the Approved Offender Leave Program and any other off-site recreation and leisure program activities. If the court grants permission for community control offenders to participate in Approved Offender Leave, the offender is restricted to the approved residence while on approved offender leave, unless the court specifically approves, in writing, participation in activities outside the residence. The community control officer must explicitly approve all passes from the facility, to ensure compliance with the order of community control and other applicable court orders.

1. Approved Offender Leave Program

The Approved Offender Leave Program is designed to motivate the offender toward self-improvement, to gradually re-integrate the offender into the community, to strengthen family ties, to accustom the offender to self-reliance, and to expose the offender to beneficial programs and experiences. Leave granted under this program must have a specific therapeutic value and the leave plan must specify therapeutic goals and methods.

In order for an offender to participate in the Approved Offender Leave Program, the offender must either (1) have no prohibition against participation in such a program as indicated in the order of supervision and any other applicable court or administrative order; or (2) have the explicit approval of the court or releasing authority to participate in such a program. Offenders approved to participate must also have a community sponsor, preferably a family member. If a family member is not available, a citizen volunteer sponsor will be considered. The Provider and the Probation Officer shall screen, approve, and provide orientation to the offender’s community sponsor. Sponsors may not be under the current supervision of the Department.

The Provider and the Probation Officer assigned to the facility must approve all requests for leave requested under this program and approve all passes. Approved Offender Leave shall not be approved to a residence/location without either a working land-line telephone or cellular phone services at the approved residence/location. Each time Approved Offender leave is granted, the Provider shall note the location, times, dates, address, sponsor or citizen volunteer and phone contacts in the offender file. Approved Offender Leave will be allowed within the State of Florida only. Each time an offender signs out of the facility on Approved Offender Leave, at least one telephone call will be made by the treatment program staff each day, at various times, to
speak with the offender at the designated residential location stipulated in the pass. Staff shall document all contacts with offenders on leave and note the time and date of the contact.

While on Approved Offender leave, offenders may participate in activities outside the approved offender leave residence, as long as such participation is not prohibited by the offender's orders of supervision or other court order and if such participation is approved by the staff and the supervising probation officer assigned to the program facility. If the offender's approved sponsor representative resides outside of the local area, a hotel room may suffice as an approved leave residential location, subject to the approval of the program staff and the probation officer.

While on Approved Offender Leave, offenders may attend religious services away from the approved residential location with the prior approval of the program staff and the supervising probation officer assigned to the program facility. Offenders requesting to attend religious services away from the approved residential location must provide the address and telephone number of the religious institution, and the date and time frame of the service they will be attending to program staff and the probation officer. Program staff and the probation officer will document this information and the approval granted to the offender to attend the specified service.

All approved leave must be with the offender's spouse, son, daughter, brother, sister, parent, legal guardian, or sponsor approved by the Department. The following schedule of Approved Offender leave shall apply to offenders in the Nonsecure Program:

a. During the first two (2) months after program entry, Approved Offender Leave may not be authorized.

b. During the 3rd month of program participation, an offender may be granted a maximum of eight (8) daylight hours of approved leave per week.

c. During the 4th month of program participation, an offender may be granted a maximum of twelve (12) hours of approved leave per week.

d. During the 5th and 6th months of program participation an offender may be granted a maximum of forty-eight (48) hours of approved leave per week.
The following schedule of Approved Offender leave shall apply to offenders in the **Secure Program**:

a. During the first four (4) months after program entry, Approved Offender Leave **may not be authorized**.

b. During the 5th month of program participation, an offender may be granted a maximum of four (4) daylight hours of approved leave per week.

c. During the 6th month of ITC program participation, an offender may be granted a maximum of eight (8) hours of approved leave per week. During the 6th month if the offender is in the ERC a maximum of twelve (12) hours of approved leave per week may be granted.

d. During the 7th through the 12th month of program participation an offender may be granted a maximum of twelve (12) hours of approved leave per week if the offender is in the ITC. An offender in the ERC during their 7th-12th month may be granted a maximum of twenty-four (24) hours of approved leave per week.

e. During the last two months of an offender’s participation in the ERC, an offender may be granted a maximum of forty-eight (48) hours of approved leave per week.

All approved leave must be with the offender’s spouse, son, daughter, brother, sister, parent, legal guardian, or sponsor approved by the Department.

Providers may be compensated for a maximum of two (2) days for offenders absent from the program on Approved Offender Leave with approval of the Contract Manager or designee.

2. **Recreation and Leisure Activities**

The program should provide offenders with the opportunity to participate in healthy recreational and leisure activities of a civic, artistic, athletic, cultural and social nature, away from the facility. Generally, offenders will participate in these activities under the direct supervision of program staff, however, unsupervised participation in off-site events may be allowed under certain conditions. Prior written approval must be obtained from the Contract Manager or his/her designee for all off-site recreational and leisure activities and their frequency. Individual offender’s participation in any off-site recreational activity must be approved by program staff and the probation officer assigned to the program. Offenders on Community Control may only participate in off-
site recreational and leisure activities with the explicit, written consent of the sentencing court.

If permitted by the offenders’ orders of supervision, offenders on probation who are within three (3) months of successful discharge may be permitted to leave the facility to participate in approved recreational activities accompanied by a minimum of two (2) other offenders of equal status. Participation in the activity must relate to the offenders’ therapeutic goals and must be approved by program staff and the probation officer assigned to the program. The time frames, location, and accompanying persons for all unsupervised recreation activities shall be recorded in the offender file.

Participation in off-site recreational activities shall be limited to a maximum of eight (8) hours per week. Unsupervised night-time recreational activities are discouraged, but not prohibited. In these instances offenders must return to the facility no later than midnight.

3. **Other Off-Site Activities**

If the offender's court order permits, and with the prior approval of the program staff and the probation officer, an offender may be permitted to leave the facility to seek employment, shop for personal necessities not supplied by the program, attend worship services, attend 12-step support groups or tend to other necessary personal matters, for short periods of time, normally not to exceed four (4) hours at any one time. This time may be extended up to a maximum of eight (8) hours at any one time, on a case by case basis, and with proper approval, if needed.

Any time an offender is approved to sign out of the facility and is not supervised by staff, a sponsor, or a volunteer, the treatment staff shall closely monitor compliance with the conditions of the pass by telephone contacts and/or review of purchase receipts.

An offender may be granted permission to leave the facility at any time during their enrollment in the program, with required approvals from the supervising officer and, if required, from the sentencing court or releasing authority, for the following reasons:

a. To visit a dying relative. Relative is defined as a member of the offender's immediate family. Exceptions will be considered on a case by case basis.

b. To attend the funeral of a relative as defined above.
c. Any other reason consistent with public interest, medical or mental health treatment, and mandatory attendance at a civil or criminal court hearing.

H. Absence from Program Other Than Approved Offender Leave

Offenders who, for any reason, will be absent from the program for any period of time beyond two days at one time will be evaluated on a case by case basis for discharge from the program by the Contract Manager or designee. Each time an offender signs out of the facility and is absent from the program other than Approved Offender Leave, at least one telephone call will be made by the program staff each day, at various times, to speak with the offender at the designated residential location stipulated in the pass. Program staff shall document all contacts with offenders on leave and note the time and date of the contact.

Medical Emergency – An offender admitted into the hospital for more than two (2) days will not be compensated for treatment of that particular offender. While the offender is in the hospital for the period up to two (2) days, at least one telephone call will be made by the program staff each day, at various times, to speak with the offender at the designated hospital location stipulated and document this case management activity in the clinical chart.

I. Community/Public Service Work

Offenders are permitted to engage in community service projects to benefit local, non-profit service agencies or entities. Offenders who are court-ordered to perform community service work are to be given preference to work on any such endeavors.

*Offenders are not to perform public service or community service work at the treatment program while they are enrolled in the treatment program and residing at the program facility.*

Arrangements for the direct supervision of Probationers and Court Approved Community Control offenders performing Community/Public Service Work are to be made between the Provider and the agency receiving the service. Community Control offenders who are not required to perform Community/Public Service Work as a condition of their community control supervision and do not have the explicit written consent of the Court to participate in Community/Public Service Projects are prohibited from participating in Community/Public Service Work or Project.

J. Transportation of Offenders
The Provider shall provide transportation to the facility for offenders who have been ordered into the program by the court and who are in custody pending placement into the program. Transportation shall be provided within twenty-four (24) hours of bed space availability whenever possible. If the local Sheriff is transporting the offender, per the court order or the County Standard Operation procedure (SOP), then transportation will be coordinated through the provider and the local Sheriff’s office.

The provider shall arrange for or provide transportation services to offenders in the program who are involved in activities or in need of services that are provided at other facilities.

The probation officer and the program must approve an offender's use of an employer/ company vehicle or their personal vehicle for employment purposes. Offenders requesting such approval must provide the following:

- a written request from their employer
- a valid driver's license
- proof of insurance

Copies of these documents shall be retained in the offender’s file and updated as appropriate.

If the offender does not work out of one central location, they may be permitted to return to the center in the company vehicle. The mileage on the odometer on personal and company vehicles will be documented when the offender returns to the facility and the following morning to ensure the vehicle is used only for employment purposes.

K. Alcohol/Drug Screening and Testing:

The Provider shall conduct an on-site and/or alcohol breath/laboratory drug screen/test on offenders enrolled in the program at any time for cause or as needed, depending upon an offender’s particular circumstances. The Provider shall randomly conduct on-site alcohol breath and/or laboratory drug screens/tests on offenders in the program at the following frequency:

During the Initial Fourteen Days of Treatment:

- **Nonsecure Program**: No random alcohol breath/laboratory drug test screen/test is required during the first fourteen (14) days of offender’s treatment.

- **Secure Program**: No random alcohol breath/laboratory drug screen/test is required during the first fourteen (14) days of offender’s treatment.
During the **Intensive Treatment Component**: 

- **Nonsecure Program**: minimum of one (1) random alcohol breath/laboratory drug screen/test (on-site and/or laboratory) per calendar month (calendar month begins with first day of enrollment in program);

- **Secure Program**: minimum of one (1) random alcohol breath/laboratory drug screen/test (on-site and/or laboratory) per calendar month (calendar month begins with first day of enrollment in program);

During the **Employment/Re-Entry Component**:

- **Nonsecure Program**: minimum of one (1) random alcohol breath/laboratory drug screen/test (on-site and/or laboratory) every calendar week. For the purposes of this Guide, the calendar week runs from Monday thru Sunday;

- **Secure Program**: minimum of one (1) random alcohol breath/laboratory drug screen/test (on-site and/or laboratory) every calendar week. For the purposes of this Guide, the calendar week runs from Monday thru Sunday.

A single panel on-site screen (based on drug use history) will meet this testing requirement. In addition, it is suggested that a full panel test be taken occasionally. Alcohol Breath Tests may also be conducted, as needed. All Alcohol Breath/drug test/screens conducted on offenders shall be random and observed by the treatment staff.

The Provider shall utilize on-site testing devices that have the same cut off standards as the on-site testing devices utilized by the Department. The Provider shall also utilize a laboratory that has the ability to conduct a GC/MS Confirmation test on a specimen and utilizes the same cut-off standards as the contracted laboratory services utilized by the Department.

Program staff shall provide electronic or written notification to the Probation Officer assigned to the facility of all offender positive on-site and/or laboratory results and admissions to drug usage, immediately and no later than 24 hours.

The Department’s expectation is that the Provider shall maintain the above frequency for all randomly conducted on-site alcohol breath/laboratory screen/test on offenders in the program and under no circumstances will a
compliance rate of alcohol breath/laboratory screen/tests of less than eighty percent (80%) be acceptable.

VII. PROGRAM LICENSURE AND FACILITY REQUIREMENTS

A. Program Licensure

The Provider shall have and maintain the level of licensure appropriate to the program type and as specified by Rule 65D-30, F.A.C. and all updates and revisions. Licensure shall be current at all times and prominently displayed at the program site. The Provider shall provide the Contract Manager or designee with a copy of all licenses.

In accordance with Department Procedure 507.201 Substance Abuse Program Licensure, the Provider (program director or clinical supervisor) will report in writing to the Contract Manager or designee, license statuses as follows immediately upon notification from the Department of Children and Families:

1. The issuance or extension of a probationary license,
2. The issuance of a regular license,
3. The issuance or extension of an interim license, or
4. Suspension of a program’s license to operate.

The Provider (program director or clinical supervisor) will notify the Contract Manager or designee of all Department of Children and Families scheduled on-site license inspections and visits. Whenever the Department of Children and Families conducts a licensing inspection, the program director or the clinical supervisor will forward a copy of the Department of Children and Families licensing inspection report to the Contract Manager or designee.

The Provider (program director or clinical supervisor) will discuss strategies with the Contract Manager or designee to address the Department of Children and Families report, including:

1. Any noted program non-compliance issue(s),
2. The time frame in which to correct deficiencies cited by Department of Children and Families, and
3. Corrective actions to be implemented by the program to address the non-compliance issues.
B. Program Facility Standards

The Provider shall staff, equip, and maintain the program facility in accordance with the requirements of Rule 65D-30.004(34), F.A.C. and all updates and revisions as evidenced by the program’s current DCF residential licensure report. The facility shall have office space available for use by Department staff that allows for confidential business to be conducted. The department designated office space must have access to a telephone and computer hook-up.

C. Food Service Standards

The Provider’s food service operations shall be conducted in accordance with the requirements of Rule 65D-30, F.A.C., and all updates and revisions, with the additional requirements below:

1. Offenders, while out of the facility with approval, may take their meals in the community at their expense with approval of program staff. However, unless this is spontaneously requested by the offender, the Provider is required to provide a bag meal when the offender is out of the facility at mealtime.

2. The Provider shall make arrangements for special diets required by a physician or provision for meals for those offenders who work odd hours and are not available at meal time, or allow those offenders to take the meal with them into the community (bag meal).

D. Disaster Management, Safety and Sanitation

The Provider shall maintain the facility in a safe and sanitary condition in accordance with the requirements of Rule 65D-30, F.A.C. and all updates and revisions. This includes having written protocols for: Regularly scheduled trash and garbage removal and regularly scheduled vermin and pest control.

The Provider shall have a written plan for managing disasters in accordance with Rule 65D-30.004 (34)(g) F.A.C. and this plan shall also be provided to the Contract Manager or designee upon request.

E. Offender Program Costs

Any fees incurred by the offender while participating in the treatment program must be fully disclosed to the offender during orientation. All fees for which the Provider will request reimbursement from the offender must be approved in advance by the Contract Manager or designee.
Provider shall provide a receipt to the offender for every payment made to the Provider.

Offenders who are financially able will be expected to pay for the physical examination and other medical costs required for program entry. Offenders who do not have the financial means to pay for these services at the time of program entry may be required to reimburse the Provider for these costs once they have obtained full time employment provided they are advised of such during program orientation.

Offenders will be responsible for all expenses related to their medical, mental health and dental treatment while in the program.

VIII. STAFFING

A. Staffing Pattern

The Provider shall have adequately trained and physically able, paid, awake staff on the premises twenty-four (24) hours per day, seven (7) days per week. All other staffing level shall be sufficient to deliver the services described in the Contract and this Guide, commensurate with the size of the program and shall meet the requirements of Rule 65D-30, F.A.C. and Chapter 397, F.S., and all updates and revisions.

The Provider shall minimally have one (1) full-time qualified professional, as defined in chapter 397, F.S. on-site 40 hours per week. Clinical supervision shall be provided by this Qualified Professional in accordance with the contract. The provider shall also have necessary staff to carry out the program requirements as set forth in the contract and the program Guide and cover staff absences and vacancies.

Upon execution of any contract for provision of community-based residential substance abuse treatment services, the Provider shall submit a written staffing schedule listing the job title and number of staff scheduled to work on each shift to the Contract Manager or designee for approval. Any changes to the approved staffing schedule must be approved in advance by the Contract Manager or designee. Primary Counselor to offender ration shall be in accordance with Chapter 65D-30, F.A.C., and Chapter 397, F.S. and all updates and revisions thereof.

All staff must receive twenty (20) hours of orientation on center rules and regulations prior to assuming responsibility for the position they were hired for. Annual training should be in accordance with the requirements of Rule 65D-30, F.A.C. and Chapter 397, F.S., and all updates and revisions.
B. Staff Vacancies

The Provider shall notify the Contract Manager or designee in writing of any facility director, qualified professional, counselor or monitor staff resignations or terminations within two (2) calendar days of the received resignation or termination. This requirement pertains only to employees providing services under the contract. The Provider shall ensure that all vacant positions delineated above are filled within twenty-eight (28) continuous calendar days of becoming vacant or ensure interim staff is assigned to carry out the duties.

C. Staffing Qualifications

The Provider shall ensure Primary Counselors meet one (1) of the following qualification, at a minimum:

1. A Bachelor’s degree from an accredited college or university in any of the social sciences and six (6) months of professional experience in chemical addiction and/or mental health counseling; or

2. A Bachelor’s degree from an accredited college or university in any unrelated area of study; and one (1) year of professional experience in chemical addiction and/or mental health counseling; or

3. A Master’s degree from an accredited college or university in any of the social sciences; or

4. A Master’s degree from an accredited college or university in any unrelated area of study and one (1) year of professional experience in chemical addiction and/or mental health counseling; or

5. A Ph.D. from an accredited college or university in chemical addiction and/or mental health counseling; or

6. A Ph.D. from an accredited college or university in any unrelated area of study and six (6) months of professional experience in chemical addiction and/or mental health counseling; or

7. Current Certification as a Certified Addictions Professional (CAP), Certified Addictions Counselor (previously CAAP-2; currently CAC), Certified Criminal Justice Additions Professional (CCJAP), Certified Criminal Justice Addictions Counselor (previously CCJAAP-2; currently CCJAC); or

8. An Associate’s degree from an accredited academic institution and four (4) years of professional experience in chemical addiction and/or mental health counseling; or
9. High school diploma/GED and six (6) years of professional experience in chemical addiction and/or mental health counseling.

Effective January 1, 2013, if the Contractor utilizes student interns to provide services, they must adhere to the following: Student interns may be assigned 2-3 offenders as a case load; however, the offender must have an assigned primary counselor who is responsible for their care. The intern may not be considered as the primary counselor. This is to ensure continuity of care for the offender during the course of their treatment program. The intern must be supervised by a Qualified Professional.

All non-professional staff employed in the capacity of program monitor must meet the following minimum qualification:

1. High School Diploma or General Equivalency Diploma (GED).

Only the Contract Manager may grant an education/experience waiver if a prospective candidate for employment possesses exceptional qualifications and/or experience. In such cases, the Provider shall submit a written waiver request that specifically documents the exceptional qualifications of the candidate, to the Department. Waiver requests must include the prospective employee’s resume and any documentation in support of the waiver request. The Department will provide a written response to each request within seven (7) calendar days of receipt. Waiver requests will not be granted during the first 180 days of program start-up.

The Provider shall maintain written job descriptions for each position and provide each employee with a copy of his or her job description.

D. Staff Conduct

The Provider shall ensure that all staff adhere to and are provided with a copy of the below standards of conduct and safety requirements. A documented receipt of such notification shall be maintained in the employee’s personnel file. The Department reserves the right to disqualify, prevent, or remove any staff from any work under this Contract. The Department is under no obligation to inform the Provider of the criteria for disqualification or removal.

1. The Provider’s staff shall not display favoritism to, or preferential treatment of, one offender or group of offenders over another.

2. The Provider’s staff shall not deal with any offender except in a relationship that supports services under this Contract. Specifically,
staff members must never accept for themselves or any member of their family, any personal (tangible or intangible) gift, favor, or service from an offender or an offender’s family or close associate, no matter how trivial the gift or service may seem. The Provider shall report to the Contract Manager any violations or attempted violation of these restrictions. In addition, no staff member shall give any gifts, favors or services to offenders, their family or close associates.

3. The Provider’s staff shall not enter into any business relationship with offenders or their families (example – selling, buying or trading personal property), or personally employ them in any capacity.

4. Unless approved in writing by the Contract Manager or designee, the Provider’s staff shall not have outside contact (other than incidental contact) with an offender being served or their family or close associates, except for those activities that are to be rendered under the Contract.

5. The Provider’s staff shall not engage in any conduct which is criminal in nature or which would bring discredit upon the Provider or the State. In providing services pursuant to this Contract, the Provider shall ensure that its employees avoid both misconduct and the appearance of misconduct.

6. Any violation or attempted violation of the restrictions referred to in this section regarding employee conduct shall be reported by phone and in writing to the Contract Manager or their designee, including proposed action to be taken by the Provider. Any failure to report a violation or take appropriate disciplinary action against the offending party or parties shall subject the Provider to appropriate action, up to and including termination of this Contract.

7. The Provider shall report any incident described above, or requiring investigation by the Provider, in writing, to the Contract Manager or their designee within twenty-four (24) hours, of the Provider’s knowledge of the incident.

E. Staff Background/Criminal Record Checks

1. The Providers’ staff assigned to this Contract shall be subject, at the Department’s discretion and expense, to a Florida Department of Law Enforcement (FDLE) Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) background/criminal records check. This background check will be conducted by the Department and may occur or re-occur at any time during the Contract period. The Department has full discretion to require the Provider to disqualify, prevent, or remove any staff
from any work under the Contract. The use of criminal history records and information derived from such records checks are restricted pursuant to Section 943.054, F.S. The Department shall not disclose any information regarding the records check findings or criteria for disqualification or removal to the Provider. The Department shall not confirm to the Provider the existence or nonexistence of any criminal history record information. In order to carry out this records check, the Provider shall provide, upon request, the following data for any individual Provider or subcontractor’s staff assigned to the Contract: Full Name, Race, Gender, Date of Birth, Social Security Number, Driver’s License Number and State of Issue. If requested, the Provider’s staff shall submit to fingerprinting by the Department of Corrections for submission to the Federal Bureau of Investigation (FBI). The Provider shall not consider new employees to be on permanent status until a favorable report is received by the Department from the FBI.

2. The Provider shall ensure that the Contract Manager or designee is provided the information needed to have the NCIC/FCIC background check conducted prior to any new Provider staff being hired or assigned to work under the Contract. The Provider shall not offer employment to any individual or assign any individual to work under the Contract, who has not had an NCIC/FCIC background check conducted.

3. No person who has been barred from any Department institution or other Department facility shall provide services under this Contract without approval from the Contract Manager.

4. Offenders shall be precluded from any supervision or placement at a program where pre-existing or continuous close personal relationships exist between the offender and any staff of the Provider. It is the responsibility of the Provider to advise the Contract Manager or designee of any known pre-existing close personal relationships between staff and offender. Chapter 33-208.002(26) of the Florida Administrative Code shall apply at the program, which stipulates that marriage between employee and offender is prohibited.

5. The Provider shall not employ or enter into any subcontract with any individual who is under supervision or jurisdiction of any parole, probation or correctional authority to provide direct treatment services or provide supervision of any other offenders at any program site under this Contract. The objective of this provision is to prevent any employee under any such legal constraint from having any contact with or access to any records of the Department of Corrections offenders participating at contracted sites.
6. The Provider shall disclose any business or personal relationship a Provider’s staff person or potential hiree may have with anyone presently incarcerated or under the supervision of the Florida Department of Corrections.

7. The Provider shall immediately report any new arrest, criminal charges or convictions of a current employee under this Contract.

8. Note that a felony or first-degree misdemeanor conviction, a plea of guilty or nolo contendere to a felony or first-degree misdemeanor crime, or adjudication of guilt withheld to a felony or first-degree misdemeanor crime does not automatically bar the Provider from hiring the proposed employee. However, the Department reserves the right to prior approval in such cases. Generally, two (2) years with no criminal history is preferred. The Provider shall require that all proposed employees provide to them the details of any criminal background information. The Provider shall make full written report to the Contract Manager or designee within three (3) calendar days whenever an employee has a criminal charge filed against them, or an arrest, or receives a Notice to Appear for violation of any criminal law involving a misdemeanor, or felony, or ordinance (except minor violations for which the fine or bond forfeiture is $200 or less) or when the Provider or Provider’s staff has knowledge of any violation of the laws, rules, directives or procedures of the Department.

IX. Program Monitoring

The Department will perform program monitoring in accordance with the Department’s Procedure 507.702 “Contract and Program Oversight and Monitoring of All Institutional Substance Abuse Programs, Community-Based Residential and Outpatient Substance Abuse, Mental Health and Sex Offender Treatment Programs, Transitional Housing Programs, and Special Projects/Programs”, and any other relevant procedures and technical instructions.

Program monitoring shall occur at intervals determined by the Department, and shall be conducted on-site by Department staff. Department staff conducting program monitoring will make every attempt to coordinate with other licensing and monitoring agencies to minimize disruption to program operations and promote efficiency. Program monitoring shall determine program compliance or non-compliance and shall consist of, but not be limited to, reviews of the following program functions:

- Administrative issues
- Program facilities
- Program staff
- Program operation
- Clinical record reviews
- Interviews with Department and program staff
- Interviews with offenders

Department staff shall provide a written monitoring report to the Provider in accordance with timelines established by Department procedure.

When issues of non-compliance are identified in the monitoring report the Provider shall be required to submit a written Corrective Action Plan (CAP) to the Contract Manager or designee within the timeframe specified by the Contract Manager or designee. A follow-up monitoring visit will be scheduled by the Contract Manager or designee at which time full contractual compliance must be met. Failure to correct deficiencies as outlined in the monitoring report may result in a determination of breach of contract and termination of services.

The Department reserves the right for any Department staff to make scheduled or unscheduled, announced or unannounced visits to any program site under this project.

X. PROGRAM ADMINISTRATION

A. Programmatic Reporting

Programmatic reporting requirements include but are not limited to the following:

1. Submission of a weekly program utilization report to the Contract manager or designee;

2. Submission of monthly written progress reports to the offender’s supervising probation officer;

3. Submission of monthly alcohol/Drug Screening and Testing results;

4. Submission of a final discharge summary to the offender’s supervising probation officer;

5. Submission of Program Invoice and Monthly Performance Reports
6. Submission of Staffing Report;

7. Submission of Grievance Log Summary;

8. Submission of the Community Supervision Program Referral form (DC5-404);

9. Submission of an incident report for any reportable incident occurring at the facility;

10. Corrective Action Plans (CAP), as required, in response to adverse Comprehensive Program Evaluation findings;

11. Submission of all auditing and fiscal reports required under the Contract;

12. Submission of quality assurance program report; and

13. Submission of any other reports requested by the Contract Manager or designee.

B. Records and Documentation

The Provider shall maintain the following records and documentation on-site and available for review by the Contract Manager or designee:

1. A clinical case file for each offender, maintained in accordance with the requirements of Rule 65D-30, F.A.C. and all updates and revisions;

2. The Community Supervision Program Referral form (DC5-404) with all required sections completed;

3. All permits and licenses required by county, state, and federal law required to operate the program and/or facility;

4. Program curricula;

5. Program grievance log;

6. Incidents reports;

7. Approvals for all program leave;

8. Alcohol/Drug Screening and Testing logs and results of all alcohol drug tests;
9. All DCF licensure review reports and other such reports from accreditng agencies (i.e., CARF, JCAHO);

10. Copies of all Program Invoice and Monthly Performance Reports; and

11. Subsistence Fee Receipts.

Provider personnel records that are not maintained on-site at the program shall be made available to the Department for review, upon request of the Contract Manager or designee.

C. Policies and Procedures

Each program shall develop its own Operations Manual and Policy and Procedure Manual containing operational procedures and policies that will supplement the Residential Treatment Program Guide and define specific protocols for operation of the individual program. All policies and procedures developed and implemented by the Provider must comply with all Department of Corrections policies and procedures applicable to the program and supervision of offenders. The procedures shall also meet the requirements of Florida Administrative Code 65D-30.004, Common Licensure Standards (1) Operating Procedures, and any revisions/updates. Provider Manuals will be reviewed and updated as needed, but no less than once per year, and made available to the Department, program staff and program volunteers.

At minimum, the Provider shall develop and implement policies and procedures that address the following program areas:

1. All areas required by licensure in accordance with 65D-30 F.A.C. and any revisions/updates;

2. Timely dissemination of approved or revised policies and procedures to designated staff and, when appropriate, to offenders prior to implementation;

3. Monitoring of the program through internal audits and reviews conducted by the Program Director or designated staff;

4. Monthly staff meetings with key staff members;

5. Prohibiting any offender from being in a position of authority over other offenders, yet allowing for offender participation in the treatment structure of the Residential Treatment Program;
6. Conducting searches at the facility, as needed, to control contraband and locate missing or stolen property;

7. Prohibiting the use of personal abuse and corporal punishment and ensuring that offenders are not subject to unusual punishment, mental abuse, or punitive interference with daily functions of living, such as eating and sleeping;

8. Grievance and appeal process;

9. Use of graduated sanctions;

10. Recruitment, selection, training, authority and responsibilities of citizen volunteers;

11. Addressing program offender language and/or literacy problems to ensure their understanding of program requirements, rules, and regulations;

12. Medical protocol to include under what circumstances and the manner by which an offender will be referred for medical services on a twenty-four (24) hour basis.

13. Emergency, Pandemic and Infectious disease plans. This includes evacuation plans and isolation plans.

D. Offender Handbook

Each Provider shall develop an Offender Handbook that describes the program, describes the activities in which the offender will participate, and assists the offender in understanding his/her role in the program and behavioral expectations. The provider shall submit the Offender Handbook to the Contract Manager or designee for review and approval and any future revisions.

Each offender should be issued a handbook during the required program orientation.

E. Subsistence

Providers may begin charging the Department’s approved subsistence rate to offenders in the Employment Re-Entry Component who are employed full-time in the community when they begin employment, not retroactive to the date of program entry. The Provider shall provide a receipt to the offender for each monetary payment made to the Provider.
Changes to the amount of the subsistence fee and terms of collection of the fee will be instituted by letter from the Contract Manager or designee to the Provider.

F. Citizen and Volunteer Involvement

The Provider shall have a policy and procedure for citizen/volunteer involvement which includes a system for a selection, term of service and definition of tasks, responsibility and authority. This policy and procedure shall prohibit the use of volunteers in the nonsecure or secure programs who are under the current supervision of the Department of Corrections. The Provider shall screen, approve, and provide orientation to the program volunteers. Volunteers in the programs shall agree in writing to abide by facility policies and staff conduct requirements.

The treatment Provider shall ensure a staff member is designated to serve as supervisor of volunteer services. Definitions of responsibilities and authority of the supervisor of volunteer services shall be in writing. The supervisor of volunteer services shall maintain records and reports pertinent to services rendered by volunteers. The treatment Provider shall include in their written policy and procedure guidelines under which the services of a volunteer or volunteer organization shall be curtailed, postponed or discontinued for cause.

G. Incident Reports

The Provider shall immediately, or as soon as possible thereafter, report all incidents, to the Contract Manager or designee. The Provider shall follow up with submission of a signed and dated Incident Report (DC3-225) to the Department within 24 hours. A copy of the report shall be placed in the offender’s case file.

Reportable incidents include, but are not limited to:

1. Incidents involving any use of force or restraint by a staff member upon a Department of Corrections offender;

2. Physical or verbal threats and assaults regarding offenders upon each other or facility staff;

3. Destruction of property;

4. Program participants use of drugs, including alcohol;

5. Staff misconduct;
6. Inappropriate sexual behavior by offenders,

7. Offender medical emergencies; and

8. Emergency Medical Services personnel or law enforcement response to incidents at the facility.

Written policy and procedure restricts the use of physical force to instances of justifiable self protection, protection of others, and prevention of property damage, and only to the degree necessary and in accordance with the appropriate statutory authority.

XI. ORGANIZATIONAL STRUCTURE

The success of the Community-Based Residential Substance Abuse Treatment Program is, to a great extent, dependent upon frequent and open communication between the Provider and the Department. This portion of the Guide will clearly define the various parties involved in the operation of the program and the enforcement of the terms of the contract.

A. Provider/Contracting Agency

The contracting agency is responsible to provide a Community-Based Residential Substance Abuse Treatment Program for offenders who have been court-ordered to participate in and complete residential substance abuse treatment.

B. Office of Re-Entry and Bureau of Substance Abuse and Treatment Services

The Director for the Office of Re-Entry and the Bureau Chief of Substance Abuse and Treatment Services are responsible for program development and modification. The Director for the Office of Re-Entry s available to the Bureau Chief of Substance Abuse and Treatment Services/Contract Manager regarding contract enforcement, monitoring, interpretation, and any other issues that may arise concerning the program and resolution of disputes.

C. Contract Manager

The Contract Manager is responsible for enforcing performance and terms of the contract and may designate specified Department staff to act as his/her designee. The Contract Manager or designee may approve all exceptions or special circumstances regarding operation of the program as described in this Guide. Requests for exceptions to service requirements and justification for the request must be submitted in writing to the Contract
Manager or designee. A decision on the request will be rendered in writing to the Provider.

D. **Local Contract Coordinator**

The Local Contract Coordinator shall act as the Contract Manager's designee in overseeing program operations, integrity and quality on a local level. The Local Contract Coordinator acts as a liaison between the Contract Manager and the Provider regarding any issues regarding the operations of the facility or the compliance with the terms of the contract. The Local Contract Coordinator participates in program monitoring.

The Local Contract Coordinator also coordinates with the Circuit Administrator to liaison with the local courts regarding routine matters of offender referral and as a liaison between the criminal justice system and the Provider regarding the admissions process.

E. **Supervising Correctional Probation Officer**

The Supervising Correctional Probation Officer assigned to the program facility is responsible for the supervision of offenders enrolled in the treatment program. The Supervising Correctional Probation Officer will communicate with program staff regarding all aspects of the offender's participation in treatment, adherence to supervision requirements as specified in the order of probation, community, or other type of release, status of compliance with court-ordered financial obligations and other relevant supervision matters, and to approve participation in off-site activities.