



*"Your Partners In Public Safety"*

# **Supervision Strategies *and* Treatment Alternatives**

**MISSOURI DEPARTMENT OF CORRECTIONS**  
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## **INTRODUCTION**

This booklet has been prepared for the use of those providing direct supervision of clients. It is also for the use of the Parole Board, judges, and attorneys as a guide in recommending an appropriate client management strategy. The Department is committed to preparing clients to live civil, sober and productive lives. The goal is to ensure an opportunity for positive personal progress within the least restrictive environment. By outlining specific client management strategies, eligibility criteria and the referral process where applicable, it is our hope a client's needs will be more adequately assessed and met.

Change is constant in the area of client management strategies. This booklet has been revised and amended as a result of changes in the area of supervision levels and client management strategies. This booklet is provided as a guide and is accurate to the date of print. Applicable policy and procedure should be referred to for further information and clarification.

Revisions of this booklet will be made available as needed and can be accessed on the Missouri Department of Corrections website: [www.doc.mo.gov](http://www.doc.mo.gov). If you have any questions, please contact your local Probation and Parole Office.

## **LEVELS OF SUPERVISION:**

When the Court assigns a client to the supervision of the Division of Probation and Parole or the Parole Board releases a client on Parole or Conditional Release, an Initial Assessment is conducted. The Initial Assessment Phase lasts 60 days. During this period, the client is assessed for criminogenic needs, related factors and receives information relative to the expectations of supervision. Each case assigned for supervision is managed at one of four levels. These levels include Low, Moderate, High and Very High.. The supervising officer continually assesses the risk and needs of the client to determine the appropriate level of supervision. Through on-going assessment, the Probation and Parole Officer (PPO) ensures problem areas are addressed and the client processes through the system without undue risk to the community. For probationers, terms of probation range from a minimum of six months to a maximum of five years. There are a full range of community resources utilized to address the needs of clients.

All officer initiated supervision contacts are to be purpose driven and conducted on a schedule that enhances the likelihood of the successful completion of required activities, with minimal negative impact on the client's existing pro-social activities. Contacts will be dictated by the case plan and in some cases may exceed minimum contact requirements.

## **SUPERVISION STRATEGIES:**

There are a variety of supervision strategies within the Department of Corrections for clients under the Court or Parole Board's jurisdiction. Based on local practice and/or availability, the Court and Parole Board should consider the level of risk/need the client presents, the type of strategy described and the eligibility criteria.

### **A. ALT-CARE**

#### **St. Louis-Description:**

Alt-Care is an intensive outpatient program designed for women who have demonstrated a need for substance use treatment and related supportive services. This program utilizes a therapeutic community approach, emphasizing participant/peer involvement in the process of recovery and may last up to two years.

#### **Eligibility:**

1. Female clients with active substance use issues requiring intensive treatment or female clients seeking aftercare services upon completing court or Parole Board ordered Institutional Treatment (120 day ITC, Intermediate, Long Term Treatment or CODS).
2. Pregnant women or women with children will be given priority placement. (Please note: Childcare is not available through the treatment provider).
3. Female clients residing in St. Louis City/County.

4. Clients must have a minimum of six months remaining on supervision, taking into account Earned Compliance Credits.
5. The client must be available to participate in treatment from 9:00 am to 6:00 pm, Monday through Friday, if placed in Level One treatment. Clients must be aware that employment cannot interfere with treatment hours.
6. Sex offenders or offenders that have to adhere to sex offender guidelines can be referred.

### **Field Referrals:**

Email the District EP Alt-Care booking officer a completed copy of the DOC Treatment Referral Form. The form shall include a detailed history of the client's use and treatment, recent UA results, and any mental health diagnosis.

If the client is a 120 day release, the Court Report or Supplemental Violation Report (if a CODS release) shall be submitted to District EP).

The Booking Officer will then provide the Referring Office with an assessment date, along with a Welcome Letter to the client. Upon the Referring Officer's receipt of the assessment date and Welcome Letter. The Referring officer will enter the client into MOCIS under "Classes."

Once the client completes the assessment, the Booking Officer will notify the Referring Officer via email that the client successfully completed Intake. The email will also include the Alt Care Officer's name that will be assuming supervision of the client. The Referring Officer will then prepare the case file for transfer. This includes all necessary paperwork, updating Earned Compliance Credit (ECC), Violation Reports, submitting an Intervention Fee (IF) Waiver, if applicable, and "half sheet" to transfer the case to District EP.

### **Institutional Referrals:**

A Board Home and Employment Investigation (BHE) shall be submitted to District EP. The BHE shall note, "this is an Alt-Care case" in the comments section.

The institutional PPO shall enter clients in MOCIS tracking as "pending". The available date in tracking shall be the client's release date.

## **ALT-CARE**

### **Jackson County-Description:**

Alt-Care is an intensive outpatient program designed for women who have demonstrated a need for substance use treatment and related supportive services. This program utilizes a holistic approach, emphasizing participant/peer involvement in the process of recovery and may last up to two years. Mental Health Services and Medication Assisted Recovery are available.

**Eligibility:**

1. Female clients with active substance use issues requiring intensive treatment. Pregnant women and female IV users will be given priority placement.
2. Female clients residing in Jackson County. Cases living in areas not covered by public transportation will be assessed on a case by case basis as to their ability to get to the program location and may be screened away after consulting with the supervisor.
3. It is preferred that clients have a minimum of one year remaining on supervision; however, with the receiving district's Alt-Care supervisor approval, if the client has at least six months remaining on supervision an exception can be made.
4. The client must be available to participate in treatment from 8:30am to 4:30pm, Monday - Friday, if placed in Level One treatment.
5. Sex offenders or offenders that have to adhere to sex offender guidelines can be referred.

**Referral:**

Districts 4, 4C, 4W, and 24 participate in the Alt-Care program. Contact the District's Alt-Care Officer (according to home plan location) for scheduling. Other districts can refer the client to Alt-Care if the client moves to one of the above catchment areas. Unless a direct transfer, the sending district will complete an investigation request.

The District Alt-Care officer will schedule the intake and complete the booking process in MOCIS/Classes upon receipt of the Community Treatment Referral form. The District Alt-Care Officer will advise the referring officer of the intake date and time which is always 8:30 am.

The District Alt-Care officer will notify the referring officer about the client's arrival for Intake. If the client kept their intake date, the District Alt-Care Officer will advise the referring officer when the client returns for their next day of treatment so that the case can be transferred. The Referring Officer will then prepare the case file for transfer. This includes all necessary paperwork, updating ECC, Violation Reports, submitting an IF Waiver, if applicable, and "half sheet" to transfer the case over to the receiving District's Alt-Care officer.

**B. COMMUNITY MENTAL HEALTH TREATMENT**

**Description:**

Community Mental Health Treatment is administered through the Department of Mental Health. The goal of this program is to stabilize clients with mental health impairment. Clients receive any combination of the following services:

1. Intake/assessment,

2. Individual or group counseling,
3. Medication management visits,
4. Medications for psychiatric disorders, and
5. Assigned a mental health caseworker for case management.

**Eligibility:**

A client meeting any of the following criteria may be referred for community mental health treatment:

1. Client has had a previous Not Guilty by Reason of Insanity evaluation,
2. Client has had a diagnosis by a licensed mental health professional within the past 24 months.
3. Client has a history of suicide attempts.
4. Client has had incidents of harm directed at self or others.
5. Client has previous in-patient hospitalization(s) due to mental illness.
6. Client is unable to work based on receipt of current disability benefits (or is pending application) due to mental illness.
7. Client has a diminished level of social functioning in areas such as health and hygiene practices, housing, communication, safety, management of time and finances.
8. Client has a previous classification of MH3 or above.
9. The client has been ordered by the Court or Parole Board to receive a mental health assessment/evaluation.

**Referral:**

The supervising officer shall complete the Community Treatment and Recovery Services Referral Form and the Authorization for Disclosure of Consumer Medical/Mental Health Information form.

Clients shall be provided a copy of the Authorization for Disclosure of Consumer Medical/Health Information and the Community Treatment and Recovery Services Guidelines for their own records.

All forms are to be submitted to the treatment provider prior to the client's first scheduled appointment and maintained in the file.

The officer shall enter the referral into MOCIS Programs utilizing the Community Mental Health Treatment class. The MOCIS tracking entry is required to be updated once a client is placed in community mental health treatment.

## C. **COMMUNITY SUBSTANCE USE TREATMENT**

### **Description:**

Community Substance Use Treatment is designed to provide a full range of substance use treatment to clients, including outpatient treatment, inpatient treatment, medication assisted treatment (Vivitrol) and case management. Existing Department of Mental Health treatment providers are used to deliver priority substance use services to identified Department of Corrections (DOC) clients in the field.

### **Eligibility:**

Clients meeting any of the following criteria shall be referred to substance use disorder treatment.

1. Client is pregnant and currently using alcohol, drugs, or misusing prescribed medication.
2. Client is injecting controlled substances without a valid prescription.
3. Client is currently receiving medication for addiction.
4. Client received a Vivitrol injection prior to release from an Institutional Treatment Center.
5. Client is experiencing active withdrawal symptoms that impair their ability to take care of daily life activities such as work, school or child care.
6. Client is experiencing binge use or loss of control.
7. Client is experiencing active symptoms of cravings or compulsions.
8. Client has a previous drug overdose.
9. The client has been ordered by the Court or Parole Board to receive a substance use disorder assessment.

### **Referral:**

When referring to a contracted treatment provider, the supervising officer shall complete the Community Treatment and Recovery Services Referral Form and the Authorization for Discloser of Consumer Medical/Mental Health Information.

Clients shall be provided a copy of the Authorization for Discloser of Consumer Medical/Health Information and the Community Treatment and Recovery Services Guidelines for their own records.

All forms are to be submitted to the treatment provider prior to the client's first scheduled appointment and maintained in the file.

The officer shall enter the referral into MOCIS Programs utilizing the Outpatient Treatment class. The MOCIS tracking entry is required to be updated once a client is placed in community substance use treatment.

#### **D. COMMUNITY SUPERVISION CENTER (CSC)**

##### **Description:**

The six Community Supervision Centers are residential facilities whose mission is to promote a safer community by offering resources, programs, and services for higher risk individuals to become productive and law-abiding citizens. Districts #1, #3, #12, #23 and #25 serve male residents while District #26 serves female residents. New residents will enter a four phase, approximately 90 day, evidence and progress based program that will offer over 100 hours of core programming addressing the domains of Education, Employment and Finance, Family and Social Support, Neighborhood Problems, Criminal Attitudes and Behavioral Patterns, Peers/Association, and Substance Abuse. Residents will also receive between 50 and 150 hours of additional programming targeted towards their specific needs as based on a validated assessment tool. Prospective residents should be aware that assessment, programming, and training are emphasized in the first two phases, and it may be several weeks before they have progressed to the point of working in the community while residing at the CSC. Community Supervision Centers also offer some Day Report programming to appropriate field referrals living in the community.

##### **Eligibility:**

1. Client must be 18 years of age or older.
2. Clients must have at least six (6) months left on supervision accounting for Earned Compliance Credits.
3. Individuals being referred to Community Supervision Center shall have an Ohio Risk Assessment System (ORAS) completed prior to referral. Individuals scoring overall high or above will be priority cases for placement, while those scoring overall medium with high domains may be approved. Individuals scoring overall "low" shall not be placed in the CSC.
4. Districts #1, #3, #12, #23 and #25 serve male residents in the program, while District #26 serves female residents. Clients referred to the male CSC's from Institutions must have had prior residence in the CSC Districts' catchment area, or have family support in the catchment area. Clients with an active supervision case originating from the Districts catchment area who meet other criteria are also eligible.
5. Clients that have completed the program through either Successful completion or Termination cannot be referred to the program again for 12 months after initial exit.
6. Clients pending interstate transfer are not eligible, as that would not allow sufficient time for program completion.

7. Clients must be under supervision for a felony offense; discharged Lifetime Supervision sex offenders will not be accepted. Misdemeanor cases may be accepted with CAO/designee approval.
8. Clients who have posted bond on a pending felony charge are eligible with CAO/designee approval.
9. Clients are not eligible for CSC placement if they have serious physical or mental health conditions. (No M4, M5, MH4 or MH5 referrals). The CSC's have no medical or nursing services at this time. All cost of care shall be the responsibility of the client.

Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:

- a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
  - b. Clients must be able to care for themselves without assistance from staff or residents.
  - c. The client shall not be homicidal or suicidal at the time of the referral.
  - d. Clients must be capable mentally and physically of negotiating a normal path to safety using assistive devices or aids when necessary.
10. Clients cannot be at a substance use crisis level which is referred to as a short term change in one's psychological functioning based on chronic daily usage of opioid synthetic drugs, cocaine, and other drugs. These individuals, based on intake and assessment, would need placement in medical detoxification prior to acceptance.
  11. Clients cannot be at a mental health crisis level which is exhibited by an individual showing extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, have a compromised ability to function, or is otherwise agitated and unable to be calmed.

**Field Referrals:**

1. The Field PPO will complete the Community Supervision Tool (CST) per divisional procedure. If the client's risk score is moderate or above the PPO will prepare a CSC Referral Form and forward the form to the CSC's district email.
2. The referral will be reviewed by the CSC Unit Supervisor/designee within five working days.
3. Upon review and acceptance, the CSC Unit Supervisor/designee shall notify the referring PPO via email.

4. Should the client not meet the criteria, the CSC Unit Supervisor will sign off on the denial and will inform the referring PPO of the reason via email.
5. Upon notice of acceptance, the referring PPO will enter the case in MOCIS Programs utilizing Residential Facilities. A case plan will be developed identifying the high risk domains with associated interventions.
6. The referring PPO will complete the written directive with the client with the date and time of expected arrival to the CSC.
7. The PPO will complete the CSC placement checklist.
8. The case shall be transferred to the CSC immediately upon verification that the client arrived.

**Institutional Referrals:**

1. The Institutional PPO shall complete the Reentry Tool (RT), if the client has been incarcerated four years or more, or the Supplemental Reentry Tool (SRT), if the client has been incarcerated less than four years.
2. Board holdover referrals require the completion of an SRT prior to referral when an assessment has not been completed within the past six months and the event returning the client to the Division of Adult Institutions (DAI), meets the requirements of a significant event.
3. If the client's risk score is moderate or above on the ORAS, the PPO shall prepare the CSC Referral Form and forward the form to the CSC's district email.
4. The referral will be reviewed by the CSC Unit Supervisor/or designee within five working days.
5. Upon review, the CSC/Designee shall notify the referring PPO via email either indicating the client did or did not meet the criteria.
6. Should the client not meet the criteria, the CSC Unit Supervisor/or designee will sign off on the denial and will inform the referring PPO of the reason for the denial via email.
7. If the client meets the criteria, the CSC Unit Supervisor shall advise the referring PPO of the acceptance and provide the name of the field PPO who will be assigned the case when the client is released.
8. The referring PPO will prepare a report to the Parole Board recommending a Special Condition for CSC placement, once the client is accepted.

9. If a Board decision is received adding the special condition, the PPO will submit an Investigation Request to the CSC.
10. The investigation shall notate that prior approval has been obtained from the CSC.
11. Once the investigation has been approved by the CSC, the referring PPO will enter the case in MOCIS Programs utilizing Residential Facilities.
12. The case shall be transferred to the CSC upon the client's release from the institution, per the Institutional Release procedure.

**E. CO-OCCURRING CASE MANAGEMENT PROGRAM (Co-CMP) (St. Louis)**

**Description:**

Co-CMP is a comprehensive program that provides intensive case management services to clients with co-occurring disorders (both substance use and mental health disorders). The client is required to have a clinically diagnosed mental health disorder (Axis I) with documented substance use (i.e. cited for drug use in a Violation Report). The goal is to provide the high risk/need client with co-occurring disorders a coordinated and comprehensive casework delivery system of community based services. The services that could be referred to include: substance use treatment, mental health treatment, employment, vocational training, educational services, housing assistance, health care services, general counseling services and transportation.

Intensive case management services are provided by BJC, 1430 Olive in St. Louis City. Case managers will work closely with the client and his/her supervising officer. Together, they will provide a continuum of care and an intensive level of supervision with the goal of reducing recidivism and commitments while ensuring public safety and promoting the client's self-sufficiency.

**Eligibility:**

1. Documented mental illness and substance use problem.
2. Minimum of one year (optimal discharge date) remaining on term of supervision.
3. Need for participation in a substance use/dual diagnosis treatment program.
4. Experiencing unsuccessful adjustment with Probation and Parole supervision.
5. Experiencing chronic unemployment problems as demonstrated by an inability to obtain or maintain a job due to substance use and/or mental illness.
6. Experiencing difficulties in other major life areas such as family, anger management, legal or education.
7. Does not have the financial means to provide for his/her treatment.

8. Possible housing problems or a need for assistance in obtaining housing to increase stability.
9. Problems related to the treatment of the client's mental illness, such as inconsistent appointments or medication issues.

**\*\*\* PLEASE NOTE:**

A documented clinical diagnosis is needed, a substance use problem must be documented, and the client must have one year remaining under supervision (before Optimal discharge date). However, NOT ALL of the above criteria must be present to warrant a referral to the program.

**Referral to Co-CMP:**

1. Complete the Community Treatment and Recovery Services Referral form. (Do not enter in MOCIS. MOCIS entry will be completed by District 7-South).
2. Document clinical diagnosis and other pertinent information on the form.
3. Fax or e-mail completed form to District 7-South.
4. The client will be scheduled to complete Intake by the Co-CMP officer.
5. After the client successfully completes the intake process, the Referring Officer will be notified.
6. The Referring Officer will complete a "half-sheet" and assign a Co-CMP officer.
7. For institutional referrals, the IPO will complete the Field Home and Employment (FHE) Investigation, notating the referral in the investigation and forward such to District 7-South.

**F. COURT ORDERED DETENTION SANCTION**

**Description:**

The Court Ordered Detention Sanction (CODS) is a 120 day program placement within the Division of Adult Institutions by the Court as a violation response (RSMo 559.036). An assignment to this program occurs as the result of a Court hearing. The specific 120 day program placement for each client for CODS will be determined by Division of Offender Rehabilitation Services (DORS) staff after delivery to the facility. This program is MANDATORY, unless the client consents to the revocation of probation or is found otherwise ineligible.

**Eligibility:**

The following offense and supervision criteria must be met:

## 1. Offense Eligibility

- a. Sentenced in the State of Missouri and on probation for an offense listed in Chapter 579 RSMo, or previously listed in Chapter 195 (Drug Related Offenses), or for a Class D or E Felony pursuant to RSMo 559.036, or a Class C Felony if sentenced prior to 1-1-2017.
- b. Not found ineligible for a detention sanction by the Court, in conjunction with one of the following underlying offenses:
  - Abuse of a Child
  - Aggravated Stalking or Assault of Law Enforcement Officer 2<sup>nd</sup> Degree as they existed prior to 1/1/2017
  - Any weapon offense under Chapter 571
  - Assault in the 2<sup>nd</sup> Degree
  - Assault 3<sup>rd</sup> Degree when victim is a Special Victim
  - Deviate Sexual Assault
  - Domestic Assault 2<sup>nd</sup> Degree
  - Endangering the Welfare of a Child 1<sup>st</sup> Degree –Subdivision (1) or (2) of subsection 1 of RSMo 568.045 (When the person knowingly acts in a manner that creates a substantial risk to the life, body, or health of a child less than seventeen years old; or the person knowingly engages in sexual conduct with a person under the age of seventeen years over whom the person is a parent, guardian, or otherwise charged with the care and custody)
  - Incest
  - Invasion of Privacy
  - Involuntary Manslaughter 2<sup>nd</sup> Degree
  - Rape 2<sup>nd</sup> Degree
  - Sexual Assault
  - Sexual Misconduct Involving a Child
  - Sodomy 2<sup>nd</sup> Degree
  - Stalking 1<sup>st</sup> Degree
  - Statutory Rape 2<sup>nd</sup> Degree
  - Statutory Sodomy 2<sup>nd</sup> Degree

## 2. Supervision Eligibility

- a. The following types of violations are excluded from detention sanction consideration:
  - Absconders
  - Laws (Found guilty, pled guilty or arrested on suspicion of any felony, Misdemeanor, or Infraction)
  - Weapons
  - Special conditions which prohibit victim or other contact
- b. Clients are not eligible for a detention sanction if previously placed in a 120 day institutional program by the Court for the same underlying offense or during the same probation term.

**Referral:**

1. An order from the Court with the stipulation the client is sentenced under RSMo 559.036. Appropriate booking system activity will occur by case management staff after the DORS assessment is completed and the client is assigned to an Institutional Treatment Center or Shock Incarceration Program. No bed should be booked.
2. A Court Ordered Detention Sanction (CODS) assignment shall occur based on a court hearing.
3. When appropriate, as dictated by agency procedure, the supervising PPO shall recommend CODS in their Initial Violation Report (IVR).
4. The Court may independently order a CODS assignment, regardless of the Violation Report recommendation, for eligible clients.
5. The Court, in conjunction with the supervising PPO, must determine that the client meets the criteria for CODS.
6. The Court must indicate on the Sentence and Judgment, or court order, that the client has been sentenced pursuant to the provisions of RSMo 559.036.

**G. DOMESTIC VIOLENCE CASELOAD**

**Description:**

Clients convicted of Domestic Violence (DV) offenses, who meet the eligibility criteria, are supervised under the Domestic Violence Supervision Agreement. They are subject to increased contacts and must complete a Batterer's Intervention Program (BIP) with an approved provider. Focus is placed on identifying abusive behaviors, taking responsibility for their actions, and consistently demonstrating pro-social behaviors. If a client is assessed at the Low Risk Level, they cannot be assigned to that level until they have completed a Batterer's Intervention Program and have consistently demonstrated pro-social behaviors.

**Eligibility:**

Clients convicted of the following offenses after 10/1/14, in which the victim was an intimate partner:

Domestic Assault 1<sup>st</sup> (RSMo 565.072)

Domestic Assault 2<sup>nd</sup> (RSMo 565.073)

Domestic Assault 3<sup>rd</sup> (RSMo 565.074)

Domestic Assault 4<sup>th</sup> (RSMo 565.076 )

Violation of Order of Protection /Ex Parte (RSMo 455.085 and 455.050)

Stalking (RSMo 565.225)

Aggravated Stalking (RSMo 565.225), prior to 1/1/17

If convicted prior to 10/1/14, clients will not be supervised as a Domestic Violence client unless one or more of the following events occur:

- A significant event occurs requiring an increased level of supervision
- New incident of violent or abusive behavior
- New conviction for a DV related crime
- Court or Parole Board order requiring supervision as a DV client

**Referral:**

Once identified as a Domestic Violence client, the client must sign the Domestic Violence Supervision Agreement. Clients will be subject to increased contacts and will be required to complete a Batterer's Intervention Program. Staff will enter the appropriate supervision enhancement in MOCIS.

**H. ELECTRONIC MONITORING**

**Description:**

Electronic Monitoring (EM), a home based strategy, enhances supervision through the use of various Electronic Monitoring devices including RF, GPS and alcohol monitoring. Intervention, control, and treatment are the supervision objectives of Electronic Monitoring. Control of movement is substantially enhanced with RF and GPS as a result of curfew requirements and restricted activities. Use of alcohol can be monitored in the home and in the community. All types of Electronic Monitoring devices are monitored 24 hours per day, allowing violations to be immediately addressed. Generally, EM will be a minimum of 30 days with a maximum of 120 days in duration. Use of less than 30 days or more than 120 days requires authorization by a supervisor, unless otherwise mandated by statute.

**Eligibility:**

1. Clients with an approved home plan in the state of Missouri.
2. Clients on supervision for either felony or misdemeanor charges.
3. Certain monitoring equipment does require the client to have compatible telephone service.
4. Certain monitoring equipment requires the client have adequate cell phone service at their residence.
5. Equipment does require the client to maintain electrical service to their residence.
6. Case CANNOT be suspended.

**Referral to EM:**

Enter into MOCIS Programs utilizing Supervision Enhancements and the contracted Electronic Monitoring provider's system.

## **I. FREE AND CLEAN**

### **Description:**

The Free and Clean Program is a contracted program that provides aftercare treatment to all male clients coming out of the institutional treatment programs and returning to the St. Louis or Jackson County areas. Field referrals are also accepted in Jackson County.

### **Eligibility:**

1. The client must have successfully completed a 120 Day ITC, Long Term Treatment and/or CODS (Treatment).
2. The client must have at least 6 months left on supervision before they reach their optimal discharge date.
3. The client must reside within the St. Louis I-270 loop (if you have any questions whether a client lives within the loop, please feel free to contact the booking officer at District 7B) or in Jackson County contact the booking officer at District 4, District 4 West, or the booking officer at District 4C.
4. Clients that have a Special Condition to be supervised on a Domestic Violence Caseload or complete a Domestic Violence Program are not eligible in St. Louis. Jackson County will accept Domestic Violence Clients.
5. Clients that home plan to the Salvation Army Rehabilitation Center (ARC) are not eligible.
6. Clients that have been diagnosed as MH4/5 are not eligible.

### **Referral:**

#### **Primary Population (120 ITC and Long Term Treatment Releases):**

The Free and Clean Program accepts clients that have successfully completed 120 Day ITCs, Long Term Treatment and CODS (Treatment). These clients are seen by an on-site Probation and Parole Officer at Free and Clean and are assigned an on-site Substance Use Counselor. For Board Home and Employment (BHE) Investigations, please note "This is a Free and Clean case" in the comments section. For Court releases, please submit the 120 Court Report/Supplemental Violation Report (if it is a CODS release) to District 7B. All Jackson County clients will be released to District 4, 4W or 4C based on zip code.

## **I. IMPACT OF CRIME ON VICTIMS CLASS (ICVC)**

### **Description:**

Impact of Crime on Victims program is designed to aid clients in becoming aware of how their crime affected their victims, their victim's families, and the community. This program is designed to provide clients with the knowledge of acceptable behavior and

understanding the importance of becoming a productive, contributing member of the community.

Each series of classes will consist of a minimum of 20 hours of class time and appropriate homework.

**Eligibility:**

Any client may be referred to attend the program by Institutional Staff, the Parole Board, the Court or the Probation and Parole Officer but it is a voluntary program for the client.

**Referral:**

Enter into MOCIS Programs utilizing Classes.

**J. INSTITUTIONAL TREATMENT CENTER (ITC)**

**Description:**

Institutional Treatment Centers (ITC) are located at various Department of Corrections facilities. The programs are highly structured treatment programs focusing on substance use disorders, relapse prevention, criminality and life skills. Release and treatment plans are developed prior to program completion.

**Eligibility:**

1. Clients must be sentenced pursuant to RSMo 559.115, stipulating placement in an Institutional Treatment Center on the Sentence and Judgment, or stipulated by the Parole Board to attend.
2. Both male and female clients.
3. Score Moderate Risk or above overall on the ORAS, and Moderate or High on the individual domain of Substance Abuse.
4. Clients must have an active substance use problem which cannot be successfully managed in a community setting.
5. Clients convicted of a sexual assault offense may be allowed to participate in treatment unless otherwise excluded by statute.
6. Clients convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists, including requirements to serve more than 120 days prior to release, are excluded.
7. Clients with serious physical or mental health conditions which cannot be reasonably accommodated or which would prevent them from benefiting from the program may be excluded.

8. Parole Board cases in violation status based on a pending felony are not eligible until the felony offense is resolved.
9. Parole Board cases are not eligible for an ITC if they have completed an ITC, have been negatively terminated, or withdrew from an ITC in the past year.
10. Parole Board cases must have at least eight months left on their sentence to be eligible.

**Referral to ITC Process:**

Enter into MOCIS Programs utilizing Classes. The client will be assigned to a treatment center with a projected entry date. For (120-day) Court cases, the client should reach the Reception and Diagnostic Center no more than 36 days and not less than 15 days prior to the entry date.

NOTE: If the client reaches the institution outside these parameters, they may be excluded from participation in the program.

**K. LONG-TERM COURT ORDERED SUBSTANCE ABUSE PROGRAM (LTC)**

**Description:**

The Long Term Court Ordered Substance Abuse Program is a therapeutic community treatment program, specifically developed for clients with a serious substance use disorder, with a duration of up to two years. The majority of clients complete this program in 12 months.

The therapeutic community program uses self and mutual help approaches, peer pressure, and role modeling in a structured environment to achieve the recovery goal.

The treatment program is highly structured and may be comprised of three phases. Phase I involves a thorough assessment of clients for treatment through drug and therapeutic community education. Phase II is the intensive treatment component and requires clients to complete a core curriculum of substance use education and life skills training. A supplemental curriculum is provided to address the individual needs of the client. Phase III involves clients in a relapse prevention and re-entry curriculum. Additionally, Phase III clients may participate in community work release (if available) and save 25% of their earnings. Preceding discharge, a community aftercare plan is developed for the client and stipulated in the release plan.

**Eligibility:**

1. Both male and female clients.
2. Clients must be sentenced pursuant to RSMo 217.362 with a minimum term of four years in the Department of Corrections. The sentence should not be in direct conflict with any other sentence provisions that cannot be resolved with the court.

3. Clients must be assessed as substance dependent and/or having a history of serious substance use problems. This must be documented and substantiated by staff from Probation and Parole or by a licensed professional in the field of chemical dependency.
4. Client must be a chronic (at least three FELONY findings of guilt) non-violent offender as defined in RSMo 217.010; with no past or current dangerous felonies as defined in RSMo 556.061.
  - Felonies can be a combination of prior or present offenses including SIS or SES probation. Felonies must have separate cause numbers or have separate offense dates.
  - Any plea of guilt or a guilty verdict is a “finding” of guilt.
5. Clients convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists are excluded.
6. The officer books the client to COMPLETE treatment to coincide with the 24<sup>th</sup> month of incarceration, as appellate courts have ruled the client may not be placed in the program longer than the actual program length, which the department has defined as 12 months.
7. Clients with serious physical or mental health conditions which cannot be reasonably accommodated or which would prevent them from benefiting from the program may be excluded.

After analysis, DOC Legal has recommended that the Department calculate multiple sentences for long term treatment *concurrently* as opposed to separately for each sentence. Prior to 2016, the Department allowed a client already under sentence pursuant to 217.362 RSMo and attending treatment, who then received additional sentences for LTC, to serve the treatment portions of the sentences concurrently. In 2016, a separate legal analysis held that the statute designated the program length as “at least twelve and no more than twenty-four months, as well as a term of incarceration.” This interpretation held that each sentence required a minimum incarceration period of twelve months, and thus, the “time of incarceration” began anew as additional sentences were received.

Based on legal review, the Department will revert to the previous interpretation of Section 217.362 and allow clients with multiple LTC sentences imposed at different times to enter into and participate in one “program,” rather than having to remain in programming beyond completion merely to satisfy the “at least twelve month” requirement on subsequent sequences. Following successful program completion, clients are eligible for probation release on all applicable LTC sentences. Reverting to the prior interpretation will promote better use of department resources while satisfying the rehabilitative intent of the statute.

**Referral:**

Enter into MOCIS Programs utilizing Classes. The client will be assigned to the program with a projected entry date. The client should be delivered to the Reception Center no more than eight weeks prior to the projected entry date.

**L. MENTAL HEALTH COURT**

**Description:**

Mental Health Court is designed to serve clients on probation with co-occurring disorders, developmental disabilities, or head injury in the criminal justice system. While in Mental Health Court, clients will work closely with the Court, Probation and Parole, and community treatment providers to facilitate positive behavioral changes. Participants of Mental Health Court are required to attend groups that meet their immediate needs (parenting classes, anger management, etc.), submit to random drug tests, and maintain compliance with prescribed medications. Typically, Mental Health Courts are 12 to 18 months in duration, but in some locations may be extended to last the entire term of probation. Mental Health Court programs differ by area, eligibility criteria, and referral process.

**Eligibility:**

1. Axis I diagnosis of a major mental illness and/or an identifiable substance use problem
2. Developmental Disability
3. Head Injury
4. The client has experienced unsuccessful adjustment with his/her current level of supervision and possibly pending revocation
5. Non-Violent offenders

**Referral:**

The referral process differs among programs; however, defense attorneys, prosecuting attorneys, and Probation and Parole staff can recommend participation. The eligibility assessment is conducted by cooperating mental health providers who make a recommendation for participation. Final approval and placement in the program is at discretion of the Judge/Commissioner.

Enter into MOCIS Programs utilizing Supervision Enhancements.

## **M. OFFENDERS OFFERING ALTERNATIVES (OOA)**

### **Description:**

Offenders Offering Alternatives is a program designed to educate probationers on the realities of prison, promote positive choices, and deter criminal behavior. This program is facilitated in Missouri Correctional Facilities by a group of carefully selected and trained incarcerated offenders. The Offenders Offering Alternatives program scheduling and availability differ by area. OOA activities are organized and supervised by the Institutional Activities Coordinators (IAC) Office, Institutional Parole Staff, and Field Probation and Parole Staff. By design, the training and program environment is intentionally non-threatening in an effort to enhance the educational value for the probationer.

### **Eligibility:**

1. Any client who is actively on supervision with the Division of Probation and Parole.
2. Clients should score Moderate Risk Level or above on the Ohio Risk Assessment System (ORAS).
3. Clients must be ordered to attend by the Court or given a directive to attend by their supervising officer.

**\*\*Please note:** Standard clearance procedures are completed at the institution. Clients with active warrants will not be allowed entry.

### **Referral:**

Enter into MOCIS Program Tracking under Classes/Life Skills.

## **N. POST-CONVICTION DRUG TREATMENT PROGRAM**

### **Description:**

The Missouri Post-Conviction Drug Treatment Program provides for non-institutional and institutional substance use treatment programs. Phase I of the program utilizes existing community-based treatment programs. Phase II of the program is offered at the Department's Institutional Treatment Centers (ITC).

### **Eligibility:**

1. Clients placed on probation, with a special condition for this program under the provisions of RSMo 217.785. If a client is currently on probation, the Court may send the client to Phase II of this program under the provisions of RSMo 217.785, while continuing the client on probation. SIS and SES probations are eligible.
2. First time offenders (Plea or finding of guilt for first felony offense), who have pled guilty or been found guilty of a violation of the provisions of RSMo 579 or previous chapter 195 (drug offenses) are eligible.

3. A client may have multiple offenses and still be eligible if the offenses were adjudicated at the same time.
4. First time offenders (Plea or finding of guilt for first felony offense), whose abuse of a controlled substance was a precipitating or contributing factor in the commission of the offense are eligible.
5. Both male and female probationers.
6. Probationers must have an active substance use problem.
7. Probationers with an alcohol only problem are not eligible.
8. Offenses for which there are statutory prohibitions that do not allow the Court to grant probation are excluded.
9. Probationers with serious physical or mental health conditions which cannot be reasonably accommodated or which would prevent them from benefiting from the program may be excluded.
10. Probationers will be admitted to Phase II of the program if they have failed to successfully complete Phase I of the program.

There have been instances in which a court has ordered placement into the institutional phase of PCT prior to failure to complete the non-institutional, or community phase of the program, as outlined in the portion of the statute below:

*A probationer shall be eligible for assignment to the institutional phase of the post-conviction drug treatment program if he has failed to complete successfully the non-institutional phase of the program. If space is available, the sentencing court may assign the offender to the institutional phase of the program as a special condition of probation, without the necessity of formal revocation of probation.*

The Department will not consider clients eligible for placement into the institutional phase of PCT prior to having attempted and/or failed the community phase. For example, a client who is sentenced pursuant to 217.785, and recommended for placement in the institutional phase at initial sentencing, and who has not been supervised on probation on the current sentence, will not be eligible for placement. If a client arrives at a DAI facility with such an order, Records Office staff should contact the institutional parole office if it is unable to be determined whether or not the community phase has been attempted. If found ineligible, institutional parole staff shall notify the court as outlined in D5-4.23, Missouri Post-Conviction Drug Treatment Program and P6-4.9 Court Report Investigations for Post-Conviction Treatment and Court Ordered Detention Sanction.

Field referrals should note that the client has attempted/failed the community phase when booking placement in MOCIS whenever possible.

**Referral:**

This Post-Conviction Drug Treatment Program is Court ordered by way of special condition. For placement in the institutional portion (Phase II) of the program, enter into MOCIS Programs utilizing Classes. The client's probation is continued while in Phase II. The client will be assigned to a treatment center with a projected entry date. For (120-day) Court cases, the client should reach the reception center no more than 36 days and not less than 15 days prior to the entry date.

NOTE: If the client reaches the institution outside these parameters they may be excluded from participation in the program.

**O. RESIDENTIAL FACILITY (RF)**

**Description:**

Residential Facilities (RF) are designed to provide case management, including community referrals, in a controlled residential environment for the diverse needs of clients. As part of the case management responsibilities at the residential facility, clients are assessed for basic needs, supervision goals are established, home plan development is initiated and community based treatment referrals are provided. A portion of the client's wages is required to be placed in personal savings to be utilized upon release from the residential facility.

**Eligibility:**

1. Clients with a demonstrated need to be supervised in a structured residential environment with supervision programming and have no viable home plan.
2. The client should have family or community ties to the catchment area in which the Residential Facility is located.
3. Felony offenders on probation, parole or conditional release supervision. Misdemeanor offenders may be considered on a limited, case-by-case basis provided they meet the offense requirements for misdemeanor supervision.
4. Clients must have at least six months left on supervision, taking into account Earned Compliance Credits.
5. Clients shall score moderate risk or above on the ORAS. Clients scoring low risk will not be considered for placement.
6. Clients that have exited a Residential Facility through either a successful completion or termination, are not eligible for one year after initial exit.
7. Clients pending an interstate transfer to another state are not eligible for placement.
8. The client must be 18 years of age or older.

9. If the client has posted bond on a pending felony charge, they are eligible for placement with CAO/designee approval. Pending misdemeanor charges does not exclude a client from placement.
10. Clients with felony or misdemeanor detainers are not eligible until the detainer has been resolved, unless the CAO/designee provides approval.
11. Clients with serious physical or severe mental health conditions may be excluded from placement in a Residential Facility. A client cannot be exhibiting behaviors consistent with a mental health crisis.
12. Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:
  - a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
  - b. Clients must be able to care for themselves without assistance from staff or residents.
  - c. The client shall not be homicidal or suicidal at the time of the referral.
  - d. Clients must be capable mentally and physically of negotiating a normal path to safety using assistive devices or aids when necessary.
13. HCBC in Kansas City accepts male and female clients.  
MERS and Schirmer House in St. Louis accept females only.  
Reality House in Columbia accepts male clients only.

**Referral:**

Enter into MOCIS Programs utilizing Residential Facilities. You will receive notification of the client's projected entry date into the program.

**P. SERIOUS MENTAL ILLNESS (SMI) CASELOAD:**

**Description:**

The DSM-V defines mental disorders as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.” The assumption is that all clients and treatment are not the same; therefore, supervision effectiveness can be moderated by client characteristics. When and where possible, interventions are enhanced when we match a client's individual characteristics to treatment, programs, and supervision.

**Eligibility:**

Clients identified with one or more of the following during the pre-screening process shall be reviewed by a supervisor and considered for supervision as an SMI client:

1. Patterns of behavior that are associated with a significantly increased risk of death, pain, disability, or an important loss of freedom including:
  - Previous Not Guilty by Reason of Insanity determinations or currently under evaluation;
  - Diagnosis by a mental health professional of a serious mental illness within the past 24 months;
  - History of suicide attempt(s);
  - Incidents of harm directed at self or others; or
  - In-patient hospitalization(s) due to mental health issues.
2. In addition to the above, one or more of the following must be present:
  - Inability to work based on receipt of current disability benefits (or pending application) based on mental health issues;
  - Clients currently under psychiatric care; or
  - Diminished level of social functioning in life areas such as, but not limited to:
    - ✓ health and hygiene practices,
    - ✓ housing,
    - ✓ communication,
    - ✓ safety, or
    - ✓ management of time and finances.
3. Classification of a Mental Health (MH) score of 3 or above.

**Referral:**

1. Obtain the client's signature on the Authorization for Disclosure of Consumer Medical/Health Information Form according to divisional procedure.
2. Review all case material noting emphasis on the potential influence of an underlying psychiatric condition.
3. Interview the significant other(s) regarding the client's past and current behavior.

4. Conduct a home visit to evaluate living conditions and level of functioning
5. Contact the local Department of Mental Health (DMH) Administrative Agent, Department of Social Services Family Support Division, and other relevant agencies from which the client may be receiving services.
6. Verify employment by contacting employers, if applicable.
7. Contact treatment providers, if applicable.
8. Refer the client for a level of functioning screening by a MH service provider.
9. When referring a client to a certified program for treatment, the Probation and Parole Officer (PPO) shall submit the DOC/DMH Community Treatment and Recovery Services Referral Form. This form can be located on the K-Drive, in P&P forms.
10. If a determination is made the client needs supervision as an SMI case, then the client shall be assigned to an SMI caseload, when district resources are available, and entered in MOCIS Supervision Enhancements.

**Q. SEX OFFENDER ASSESSMENT PROCESS (SOAP)**

**The Sex Offender Assessment Process (SOAP) is NOT a Program or Treatment Alternative; it is only a Pre-sentencing Assessment Process.**

**Description:**

The Sex Offender Assessment Process (SOAP) provides an intensive assessment in order to determine the nature and extent of psychopathology, risk for reoffending and psychological treatment needs of sex offenders. The SOAP prepares a report assessing the risk an offender poses to the community and the offender's amenability to treatment within a community setting to assist the Court in making a decision whether to release the offender back to the community. The SOAP report provided to the Court will include:

- A general assessment of mental and emotional health.
- Determination of probable risk to sexually re-offend in the community.
- Assessment of the offender's motivation for treatment and change.
- Recommendation: The recommendation will focus on the potential risk to sexually re-offend and whether that risk can be most effectively managed in the community or in a correctional setting. It is expected that any sex offender considered appropriate for release on probation will be required to participate in sex offender specific treatment while serving probation.

**Eligibility:**

1. Offenders must be convicted of a sexual offense as defined in RSMo 589.015, 566, 568 or 573.
2. Offenders must be sentenced pursuant to RSMo 559.115, stipulating placement in the Sex Offender Assessment Process on the Sentence and Judgment.
3. A Pre-Sentence Investigation or Sentencing Assessment Report must have been completed in reference to the present offense.
4. Male and female offenders are eligible.
5. Offenders convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists, including requirements to serve more than 120 days prior to release, are not eligible. Refer to Appendix A for a list of ineligible offenses due to probation and/or parole restrictions.
6. Offenders with serious physical or mental health conditions which cannot be reasonably accommodated or which would prevent them from being assessed are not eligible.
7. Offenders convicted of an attempt to commit a sex offense are eligible.
8. Offenders found to be predatory sexual offenders are not eligible.

**Referral:**

An order from the Court with the stipulation the offender is sentenced under RSMo 559.115 with placement in the Sex Offender Assessment Process.

**R. SHOCK INCARCERATION PROGRAM (SIP)**

**Description:**

The Shock Incarceration Program (SIP) is a 12-week, multi-phased program focusing on assessment, employability and life skills (when available), educational and vocational guidance, substance use education, and the development of viable release plans. The program may have a voluntary physical activity component.

**Eligibility:**

Clients must be sentenced pursuant to RSMo 559.115, stipulating placement in the Shock Incarceration Program on the Sentence and Judgment.

1. Male and female clients.
2. No current sex offenders will be admitted.

3. Minimum to medium classification profile.
4. Clients convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists, including requirements to serve more than 120 days prior to release, are excluded.
5. Clients with serious physical or mental health conditions which cannot be reasonably accommodated or which would prevent them from benefiting from the program may be excluded. M-3/MH-3 and lower only.

**Referral:**

Enter into MOCIS Programs utilizing Classes. The client will be assigned to an institution that provides SIP with a projected entry date. For (120-day) Court cases, the client should reach the Reception Center no more than 36 days and not less than 15 days prior to the entry date.

NOTE: If the client reaches the institution outside these parameters they may be excluded from participation in the program.

**S. TRANSITION CENTER OF ST. LOUIS (TCSTL)**

**Description:**

The Transition Center of St. Louis (TCSTL) is a residential facility which provides community based transitional services and supervision programming to male clients released from the Division of Adult Institutions, as well as, clients under community supervision who are in need of additional structure. Access to services may include substance use treatment, vocational training, employment readiness, educational, home plan assistance, family reunification, and linkages to other community based resources.

**TCSTL Eligibility for Probation and Parole Field Referrals:**

1. Clients must have at least six (6) months left on supervision accounting for Earned Compliance Credits.
2. Probation Technical Violation Field Referrals sentenced out of and returning to St. Louis City, St. Louis County or St. Charles County.
3. Clients on parole/condition release supervision should be a resident from one of the following counties: St. Louis, Jefferson, Franklin, St. Charles or St. Louis City. Counties outside the aforementioned may be considered with Chief Administrative Officer/Designee approval.
4. Based upon a technical violation, clients can be referred when their case management plan outlines a need for programming and behavior modification.
5. Clients must be under supervision for a felony offense.

6. Unless previously determined to be disabled, clients should be able to maintain employment in the community or participate in a vocational rehabilitation program in the community.
7. Discharged Lifetime Supervision sex offenders will not be accepted.
8. Clients are not eligible for TCSTL placement if they have serious physical or mental health conditions. **(No M4, M5, MH4 or MH5 referrals)**
9. Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:
  - a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
  - b. Clients must be able to care for themselves without assistance from staff or residents.
  - c. The client should not be homicidal or suicidal at the time of the referral.
10. Clients cannot be at a substance use crisis level which is referred to as a short term change in one's psychological functioning based on chronic daily usage of opioid synthetic drugs, cocaine, and other drugs. These individuals, based on intake and assessment, would need placement in medical detoxification. Clients also in need of intensive outpatient substance use treatment will not be considered.
11. Clients cannot be at a mental health crisis level which is exhibited by an individual showing extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, have a compromised ability to function, or is otherwise agitated and unable to be calmed.

**TCSTL Eligibility for Institutional Program, Institutional Parole and Conditional Release Referrals:**

1. Clients who are within 9 months of parole/conditional release eligibility.
2. Clients must have at least six (6) months left on supervision after release.
3. Clients should have a potential home plan from one of the following counties: St. Louis, Jefferson, Franklin, St. Charles or St. Louis City.
4. Unless previously determined to be disabled, clients should be able to maintain employment in the community or participate in a vocational rehabilitation program in the community.
5. Discharged Lifetime sex offenders will not be accepted.
6. Clients are not eligible for TCSTL placement if they have serious physical or mental health conditions. **(No M4, M5, MH4 or MH5 referrals)**

7. Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:
  - a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
  - b. Clients must be able to care for themselves without assistance from staff or residents.
  - c. The client should not be homicidal or suicidal at the time of the referral.
8. Clients cannot be at a substance use crisis level which is referred to as a short term change in one's psychological functioning based on chronic daily usage of opioids, synthetic drugs, cocaine, and other drugs. These individuals based on intake and assessment would need placement in medical detoxification. Clients also in need of intensive outpatient substance use treatment will not be considered.
9. Clients cannot be at a mental health crisis level which is exhibited by an individual showing extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, have a compromised ability to function, or is otherwise agitated and unable to be calmed.

#### **Institutional Referrals to TCSTL**

1. For institutional referrals, the client will submit an Application for Referral to the TCSTL to the IPO. After receiving the application, if the client meets the eligibility criteria, the IPO shall prepare a TCSTL Referral Form which will be reviewed by a supervisor to ensure the client meets the TCSTL criteria. If approved by a supervisor, then the Referral Form will be emailed to DOC.TCSTLParoleOffice which will be reviewed by an Intake TCSTL PPO within five working days.
2. Upon review, the TCSTL PO shall notify the referring IPO via email either indicating the client did or did not meet the criteria. Should the client not meet the criteria, the TCSTL Unit Supervisor will sign off on the denial and the PPO will inform the referring IPO of the reason for the denial via email.
3. If the client meets the criteria, the referring IPO will prepare a report to the Parole Board recommending a Special Condition of TCSTL.
4. If a Board decision is received adding the special condition, the IPO will submit an OPII Investigation to TCSTL. The investigation shall notate that prior approval has been obtained by TCSTL. Once the investigation has been approved by TCSTL, the referring PPO will enter the case in MOCIS Programs utilizing Residential Facilities.
5. The case shall be transferred to TCSTL upon the client's release from the institution, per the Institutional Release procedure.

## **Field Referrals to TCSTL**

1. The PPO will prepare a TCSTL Referral Form which will be reviewed by a supervisor to ensure the client meets the TCSTL criteria.
2. If approved by a supervisor, then the Referral Form, along with an OPII Investigation will be sent to TCSTL, and reviewed by an Intake PPO within five working days.
3. Upon review and acceptance, the TCSTL PPO shall notify the referring PPO via an OPII Investigation Response.
4. Should the client not meet the criteria, the TCSTL Unit Supervisor will sign off on the denial and the PPO will inform the referring PPO of the reason for the denial via the OPII Investigation Response.
5. Upon notice of acceptance, the referring PPO will enter the case in MOCIS Programs utilizing Residential Facilities.
6. If a field referral, the case shall be transferred to TCSTL immediately upon verification that the client arrived at the facility.

## **T. TREATMENT COURT**

### **Description:**

Treatment Court is available to eligible deferred prosecution and probation clients. Probation and Parole staff in participating counties work with local state courts, prosecutors, defense attorneys and treatment programs to intervene and curtail the criminal careers of participants at the earliest opportunity. While in Treatment Court, clients are required to complete substance use treatment, submit to frequent drug testing, participate in community-based job training and employment, maintain extended sobriety, complete community service and be held to a high degree of accountability. Typically, Treatment Courts are 12-18 months in duration. Treatment Court programs differ by area, eligibility criteria and referral process.

### **Eligibility (General criteria, check local program for specifics):**

1. Non-violent felony drug addicted high risk/high need clients, possibly including alcohol related offenses.
2. Male or female clients.
3. Active substance use problems and in need of intensive treatment and supervision.
4. Pre-plea and post-plea cases, depending on local program practices.
5. Clients with serious physical or mental health conditions may be excluded.

**Referral:**

The referral process differs among programs. However, the Prosecuting Attorney is usually the initial point of referral with screening and assessment conducted by Probation and Parole staff. Final approval is by the Court.

Once the decision has been made to place a client in Treatment Court, enter into MOCIS Programs utilizing Supervision Enhancements.

**II. CORRECTIONAL CENTERS**

**RECEPTION AND DIAGNOSTIC CENTERS**

All offenders sentenced by the Court to serve a sentence are received at a Reception and Diagnostic center, except male offenders sentenced to death are received at the Potosi Correctional Center. Offenders are assessed and classified according to a number of variables that determine their custody level and program needs. Following this classification process, offenders are assigned to the appropriate correctional center.

**LEVELS OF CUSTODY**

**Description:**

Correctional Centers are classified as Minimum (1), Medium (2) or Maximum (5). This classification system dictates the extent of security that a facility possesses, as well as resources and programming. Offenders are housed at the appropriate facility based on a risk/need assessment.

**Eligibility:**

Offenders are initially classified when first received at a Reception and Diagnostic Center and reclassified at regularly scheduled intervals based on the following variables:

1. Medical Needs
2. Mental Health Care Needs
3. Public Risk Needs
4. Institutional Risk Needs
5. Educational Needs
6. Vocational Training Needs

**Placement:**

Following the diagnostic process, the Diagnostic Center will assign an offender to an appropriate correctional center. All institutional reassignments are approved by the

Central Transfer Authority. Offenders are assigned to an institution based on but not limited to:

- Security considerations and offender external classification
- ADA, medical and mental health consideration
- Vocation or education, reentry program and family visitation considerations
- Youthful offenders will only be housed with other youthful offenders in accordance with institutional services procedures regarding housing assignments

## **RESOURCES AVAILABLE IN CORRECTIONAL CENTERS**

### **Description:**

Correctional centers may provide the following resources to offenders:

- Adult Basic Education /HiSet
- Vocational Education
- Medical and Mental Health Services
- Institutional Jobs or Work Release
- Parenting Classes
- Cognitive Skills Development Program
- Substance Use Education and Program
- Alcoholics Anonymous and other substance use support groups
- Restorative Justice Projects
- Community Service Opportunities
- Library Services
- Recreational Activities
- Visitation

### **Eligibility:**

Offenders are assigned or have access to these programs based on their needs, behavior or classification.

### **Referral Process:**

Referrals are made by institutional staff, self-referral or statutory requirements.