

TEXAS CIVIL COMMITMENT OFFICE



POLICY AND PROCEDURE

NUMBER: 5.2
EFFECTIVE DATE: 9/1/2017
SUPERCEDES: 2/8/2017

SUBJECT: TRANSITION TO HOME PLAN

AUTHORITY: Health and Safety Code § 841.0836

PURPOSE: To establish guidelines for approving a client to transition to a home plan.

DEFINITIONS:

“**Agent Case Manager**” is a person employed by the Texas Civil Commitment Office (TCCO) to perform duties related to assisting a supervising Case Manager such as developing and investigating home plans and employment for clients.

PROCEDURES:

I. Preparing a Home Plan Packet

- A. Clients transitioning from housing operated or contracted by TCCO shall return to the county of conviction for the most recent sexually violent offense or a county designated by TCCO if the county of conviction does not have adequate opportunities for treatment, housing, or supervision. If TCCO determines the client’s county of conviction has gained adequate treatment, housing and supervision, TCCO may require the client to change their residence to the county of conviction.
- B. When a client has met the criteria for transitioning to a home plan and the Treatment Team determines that a client is a candidate for independent living in the community, the Treatment Team shall staff the case with the Civil Commitment Manager (CCM). If the CCM agrees, authorization via email will be provided to proceed with the process.
- C. Upon the CCM’s approval, the Case Manager shall submit a home plan packet with the following documents:
 1. Request for Residential Placement or Independent Living Worksheet (TCCO-34-16);

2. A Client Budget Worksheet (TCCO- 35-16);
3. A copy of the client's most recent bank statement(s) that reflect 3 months' worth of saved living expenses;
4. Plan for loss of income/employment;
5. Transportation plan to and from work, treatment, grocery, medical and other routinely approved location(s);
6. Safety Plan – The client shall provide detailed responses to the questions on the TCCO-36-16 form. This plan requires approval from the Treatment Provider. Upon approval, the Treatment Provider and Case Manager shall sign and date each page. If either party does not approve with the plan or specific response, the Case Manager shall discuss the issue(s) with the client for revisions;
7. Cost Recovery Worksheet (TCCO-01-16) or (TCCO-14-16), whichever is applicable;
8. Lease or Agreement from Landlord or proof of ownership if the client owns a home;
9. Case Manager Report (TCCO-39-16);
10. Supplemental Rules for Clients Living in an Approved Home Plan (TCCO-37-16) signed by the client;
11. Treatment Provider's report with signature and recommendation, if applicable;
12. Interior and exterior pictures of the proposed residence;
13. Substance abuse testing results with testing no later than 30 calendar days prior to submission of home plan packet;
14. Updated proof of Child Support, if required;
15. Examiner's report with recommendation, if applicable;
16. Client Proposed Home Plan Review Checklist (TCCO-38-16); and
17. Polygraph test results with testing 90 days prior to submitting.

II. Case Manager Report (TCCO-39-16)

- A. The Header of document shall include: Client's name, current address, proposed address, reason for requested change, date of Civil Commitment and date released to Civil Commitment.
- B. The Case Manager shall conduct a thorough investigation of the proposed home plan as noted in II.C. below. At the direction of the TCCO management, the Case Manager may be required to interview neighbor's regarding the potential home plan of the client. The investigation shall be detailed in the report.
- C. The Case Manager's or Agent Case Manager's Review of Proposed Residence shall include:
 1. Date of investigation;
 2. Address investigated;
 3. Determining if residence is within 1,000 feet of a child safety zone;
 4. Neighborhood description, whether there are high risk establishments nearby;
 5. Proximity to churches;

6. Determining if residence is within the city limits and if there are any municipal ordinances governing sex offender residences.

D. Case Manager Summary section shall include:

1. Current tier and date moved to the tier;
2. Summary of treatment participation progress;
3. Compliance with sex offender registration and identification card;
4. Employment information including employer's name and address, client job title, date employed, client wages and weekly work hours, if applicable;
5. Client's mode of transportation from the current residence to the proposed residence, as well as mode of transportation if approved to transition to a home plan;
6. Cost recovery compliance to include if client is compliant with monthly payments;
7. Brief statement regarding safety plans and approval date by Treatment Provider and Case Manager;
8. Family support or support system;
9. Brief summary of incident reports for the last twelve (12) months;
10. Compliance at client's current residence;
11. Compliance with program and treatment rules;
12. Summary of polygraph results;
13. Summary of plethysmograph results;
14. Summary of drug testing results; and
15. Child Support Compliance, if applicable.

E. Case Manager Recommendation:

1. The Case Manager shall provide a recommendation with justification; and
2. The Case Manager may recommend additional stipulations regarding the home plan.

III. Review of Home Plan

A. The Case Manager shall submit the completed forms and documents to the CCM.

B. The CCM shall review the packet.

1. If the CCM identifies areas that need to be remediated, the Case Manager will be notified. The Case Manager shall inform the client within two (2) working days and request the client to submit the revisions, if applicable.
2. The Case Manager shall re-submit a request for transition to independent living when all deficiencies have been remediated.

C. If the home plan appears to be feasible, the CCM shall staff the proposed home plan with TCCO Executive Management.

1. If all are in agreement, the CCM shall route the Home Plan packet to TCCO Executive Management.

2. The CCM shall prepare a notification letter to the State Senator and State Representative who represent the district where the proposed home plan is located. The notification letter shall be sent a minimum of thirty days prior to transfer.
 3. Staff shall utilize the Client Proposed Home Plan Review form (TCCO-40-16) and the chrono record sheet (TCCO-41-16) to review and track the required documents.
- D.** If there are additional items to be addressed or revisions to be made as a result of the TCCO management review, the CCM will return the packet to the Case Manager for revisions.
- E.** If all designated TCCO management staff approved the packet, it will be forwarded to the Executive Director for final approval.

IV. Coordination for Transition

- A.** Once TCCO management has made a decision to approve or reject the home plan, each reviewing staff shall document their decision on the Client Home Plan Review form (TCCO-40-16).
- B.** Upon approval and signature by the Executive Director, the Executive Director or designee shall notify the District Attorney in the location of the approved home plan and the Texas Department of Criminal Justice Victim's Services Division that the client has been approved for a home plan. The notification shall include the client's name, state identification number, and approved address.
- C.** Upon approval and signature by the Executive Director, the CCM shall begin coordination with the assigned and receiving Case Managers to transition the client to the home plan, which includes:
1. Determining transportation from the TCCC to the approved home plan.
 2. Coordinating for sex offender registration with the enforcement agency of the current city and receiving city; and
 3. Advising the Case Manager to notify the client of the approval, to coordinate the date of departure, review and sign Cost Recovery Worksheet (TCCO-01-16) and Community Based Civil Commitment Rules (TCCO-05-16).

V. Intake Upon Arrival

- A.** The Case Manager shall meet the client at the approved home plan upon arrival. The Case Manager shall read, explain and obtain the client's signature (if not already signed) on the following documents:
 - 1.** Community Based Civil Commitment Rules (TCCO-05-16); and
 - 2.** Cost Recovery Worksheet (TCCO-01-16) or (TCCO -14-16), whichever, is applicable.
- B.** The Case Manager shall take photos of the client, to include headshot, full body, scars, marks and tattoos.
- C.** The documents and photos shall be scanned into the case management automated system within one (1) working day.
- D.** The Case Manager shall inform the client of the requirements to update their Texas Identification Card.
- E.** The Case Manager shall provide the client with a Request for Collateral form.
- F.** The Case Manager shall provide the client with a completed Daily Activity Schedule (DAS), which shall be reviewed and signed by the client and the Case Manager.
- G.** The Case Manager shall inform the client that he is required to abide by Supplemental Instructions, which can be issued at any time.
- H.** The Case Manager shall update the Global Positioning Satellite (GPS) software with Case Manager name, the corresponding DAS, home address, phone number, officer notification, zones, etc. on the day of arrival.
- I.** The Case Manager shall inform the client of his requirement to complete Sex Offender Registration in accordance with Chapter 62 of the Texas Code of Criminal Procedure.
- J.** The Case Manager shall issue notification via email to TCCO administration, the Law Enforcement agency responsible for Sex Offender Registration, Parole/Community Supervision, if applicable, and the Treatment Provider to inform them of the client's arrival as soon as the client arrives.

- K.** The Case Manager shall submit the client packet to the assigned Department of Public Safety Agent within one (1) working day of the client's arrival.
- L.** The Case Manager shall chrono all activity and client information in the case management automated system within two (2) working days.

SIGNATURE ON FILE

Marsha McLane
Executive Director

Attachments:

TCCO-34-16 Request for Residential or Independent Living
TCCO-35-16 Client Monthly Budget Worksheet
TCCO-36-15 Safety Plan for Proposed Residence
TCCO-01-16 Cost Recovery Worksheet for Clients in a Contract Facility
TCCO-14-16 Cost Recovery Worksheet for Clients Not Living in a Contract Facility
TCCO-38-16 Client Proposed Home Plan Review Checklist
TCCO-39-16 Case Manager Report
TCCO-37-16 Supplemental Rules for Client Living in an Approved Home Plan
TCCO-40-16 Client Proposed Home Plan Review
TCCO-41-16 Chrono Record Sheet
TCCO-05-16 Community-Based Civil Commitment Rules