

Taylor-Callahan-Coleman Counties Restitution Center Program Overview

The Taylor County Restitution Center houses 60 residents, both male and female. Residents are court ordered to participate in and complete an Incentive Level Program that will be no less than 6 months and no longer than 12 months. Each resident will “earn” his/her way out of the Facility through completing classes as assigned, meeting supervision plan goals and exhibiting responsible behavior through compliance of rules and regulations. All privileges and restrictions are linked to the Incentive Level.

The Program Components required are an Education (GED) and Life Skills program, Employment Program, Community Service Restitution and a Cognitive based Intervention program. The Center also offers Substance Abuse Education, Anger Management, Family Group and Aftercare/Post Release Supervision.

During the first 45 days of a resident’s stay at the Facility, he/she will be assessed and assigned to the appropriate classes and a supervision plan will be developed. The resident will be held accountable for the completion of the assigned classes as well as meeting supervision plan goals. During the remainder of the program, the resident will obtain/maintain employment as well as continue with various classes/activities/groups.

The resident will not be assessed any fee’s for Room and Board during the initial 45 days, except for commissary needs and laundry incurred during this 45 days. Upon completion of the 45 days the resident will be charged \$21.00 per day for room, board, transportation and laundry until they graduate.

Taylor-Callahan-Coleman Counties
Community Correctional Facility
1133 South 27th, Abilene, Texas 79602
Tel. (325)-691-7407 Fax (325)-691-7470

Referral/Placement Information

The Taylor County CCF accepts referrals from all Texas jurisdictions and utilizes a waiting list and screening procedure to determine placements. To be considered for placement on the waiting list, the sending county must send/fax a legible copy of:

- 1. Offender's PSI;**
- 2. Current criminal history;**
- 3. SCS with score-sheet and force field;**
- 4. Completed Texas Uniform Health Status Update**
(Form enclosed, not a complete physical exam)

Once the referral is screened, the Assistant Director will notify the sending county if it was accepted with a tentative placement date. Then the referral checklist can be completed and all the medical appointments can be made.

**Taylor County CCF
Referral Checklist**

Probationers Name _____ Cause # _____

Date Received _____ County _____

Referring PO _____ Offense _____

____ Medical/Physical Exam (within last 10 days) ____ Original Court Order

____ TB Test Results (within last 7 days) ____ Amended Order/RC Order w/diversion
documentation

____ Pregnancy Tests Results ____ Copies of All Amended Orders prior to
RC placement

____ Pre/Post Sentence Investigation ____ Extension of Probation(if applicable)

____ Present Offense Report ____ TX ID or Current Driver=s License

____ Current Criminal History ____ Social Security Card

____ SCS Score Sheet ____ Force Field ____ Copies of Any/All Psychological/
Treatment Reports

____ Latest Risk/Needs Assessment ____ Verify that there are no outstanding
warrants

____ SASSI or Other Drug/Alcohol Evaluation.

____ WRAT Test

____ Current Financial Print-Out

Screened by: _____

Projected Placement Date: _____

CAUSE NO. _____

THE STATE OF TEXAS

IN THE ___DISTRICT COURT

VS.

OF

TAYLOR COUNTY, TEXAS

ORDER AMENDING CONDITIONS OF COMMUNITY SUPERVISION

On this date the Supervision Officer requested the conditions of Community Supervision in the above numbered Cause be amended. It is the finding of this Court that this request is in the best interest of the public as well as the defendant, and it is the Order of this Court that the original Order Granting Community Supervision dated the , under the Community Supervision Law be amended to read as follows:

Condition (): added as follows: As an alternative to incarceration in the Institutional Division, Texas Department of Criminal Justice, you shall serve an alternative Community Supervision sentence of twelve months in the Taylor-Callahan-Coleman Counties Restitution Center. You will:

1. Remain within the confines of the Taylor-Callahan-Coleman Counties Community Correctional Facility at 1133 South 27th Street, Abilene, Texas, unless otherwise authorized by the Center Director or his/her designee.
2. Attend and complete all assigned classes.
3. Secure and maintain employment upon entering the employment period.
4. Participate in community-service projects as assigned by your Supervision Officer, either during off-work hours if employed or during any time if you are unable to find employment.
5. Obey all rules and regulations of the Community Correctional Facility.
6. Pay as required, a percentage of your income to the Community Correctional Facility for room and board.
7. Pay a percentage of your salary, as required, to your dependents for their support while you are under Community Correctional Facility custodial supervision.
8. Pay necessary travel expense to and from work and community-service projects, and other incidental expenses you may incur.

If evaluation indicates that you have made significant progress toward compliance with all Court ordered conditions of Community Supervision, you may be released prior to the completion of the twelve month sentence from the Community Correctional Facility Program to serve the remainder of your Community Supervision under the remaining Terms and Conditions as imposed by the Court. Upon release from the Community Correctional Facility, you will be placed in Surveillance Community Supervision and then integrated into regular supervision.

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ORDER AMENDING CONDITIONS OF COMMUNITY SUPERVISION
NAME, CAUSE #
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In addition to the above condition(s), the Defendant will abide by all other conditions of Community Supervision listed on his/her original order suspending imposition of sentence and placing Defendant on Community Supervision and all subsequent amended orders.

SIGNED THIS _____ DAY OF _____.

Hon. _____, Judge
____ District Court
Taylor County, Texas

Receipt is hereby acknowledged of one copy of the above Order on the below listed date. I have read, or have had read to me, and understand each additional condition(s) on this Order Amending Conditions of Community Supervision and I have no questions.

Defendant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public

Supervision Officer

Taylor County CCF

Medical and Eligibility Requirements for Placement

These requirements were developed to insure compliance with CJAD standards and to reduce the number of inappropriate placements into the facility.

1. All defendants must have the approved completed physical exam form (see placement packet) conducted by a qualified health-care personnel within **10 days** of placement date.
2. Tuberculosis screening must be administered within **7 days** of placement date.
3. A list of all medications and any refill orders will be provided to the facility if defendants are currently taking prescription medication.
4. All females will need to have a pregnancy test within 30 days of placement date.
5. Felony defendants are placed in the CCF, at the order of a District Judge in lieu of incarceration in TDCJ-ID, SJ Division or a county jail, for a sentence not to exceed 12 months.
6. Male and Female Offenders are accepted, if deemed physically and mentally able to become and maintain employment.
7. Offenders must meet the following criteria for placement:
 - a) did not cause serious bodily injury or death of another as the result of the commission of the offense;
 - b) did not use a deadly weapon during the commission of or flight from the offense;
 - c) matches the profile of offenders historically committed to county jail/prison, or the offender has high risk/needs, who, if supervised at a lower level of supervision would have the increased likelihood of violating the Conditions of Probation;
 - d) must not be suffering from any mental disorder;
 - e) not on probation for a Title V offense or have a history of assaultive behavior.
 - f) must be 17 years of age or older.
 - g) must not have any other court cases pending.
8. Offenders with cases pending will not be accepted.
9. Offenders assessed as inappropriate placements will be returned to sending jurisdictions at their expense.

OFFENDER _____
Last First

- | | | | |
|------------------------|-------|---------------------------|-------|
| Nervous Breakdown | _____ | Heart Murmur | _____ |
| Heart Trouble | _____ | Hernia | _____ |
| Bowel Problems | _____ | Hypertension | _____ |
| Artificial Limbs | _____ | Venereal Disease | _____ |
| Dental Problems | _____ | Infectious Disease | _____ |
| Mental Health Problems | _____ | Suicide Attempts/Ideation | _____ |
| Convulsions | _____ | Tremors | _____ |
| Sweating | _____ | | |

14. Tobacco History: Currently Use? Yes ___ No ___ Number of Years: _____ Number of Packs Per Day: _____

15. Unusual Behavior, obvious mental problems, odd appearance: _____

16. Medical History:

- a) Surgeries: _____
- b) Medical Hospitalization: _____
- c) Present Medical Physician: _____
- d) Medication (s) with dosage and times per day: _____

- e) Medication taken today: _____
- f) Condition of Skin (scars, bruises, sores, rashes, needle marks, etc.):

- g) Date of last Tuberculosis Test: _____ Positive: _____ Negative: _____

17. If defendant is a female: Pregnancy test performed on _____, results _____

18. Is offender able to perform strenuous physical labor and exercise without limitations?
Yes _____ No _____ (If no, please list all restrictions).

COMMENTS / NOTES/ RESTRICTIONS: _____

Physician's Name Printed Physician's Signature Date
Office, Clinic, or Hospital Phone for Physician: (____)_____

I certify that all the information given by me to medical and probation staff is true and correct to the best of my knowledge:

Offender's Signature Date

RESIDENT'S LIST OF APPROVED POSSESSIONS

The following list has been approved and amended by Center Staff as to what the residents may or may not bring or keep in the Center:

SLEEPWEAR

Top and pants - may be regular pajamas or short and t-shirt

UNDERGARMENTS

Briefs (6), panties (6), undershirts (3), socks (6), pantyhose (2), athletic supporter (2), slippers (2)

SHOES

2 Pair - any combination (tennis shoes, high heels, boots, loafers, slip-ons)
1 Pair - special work shoes 1 Pair - thongs/house shoes

PANTS, BLUE JEANS, SLACKS, WARMUPS, WALKING SHORTS

5 - any combination

DRESSES AND/OR SKIRTS

3 - any combination

SHIRTS, BLOUSES, T-SHIRTS

5 - any combination

SUITS

1 - mens or ladies

HATS, CAPS, HEADGEAR

2 - any combination (caps, hats, cowboy hats)

BELTS, SCARVES

2 - of each

JEWELRY

No expensive jewelry will be allowed. Each resident will be allowed 1 watch, 1 ring, 1 necklace, 1 earring per pierced ear hole.

JACKETS

1 - lightweight 1 - lightweight for work
1 - heavyweight 1 - heavyweight for work
coveralls can be substituted for heavyweight work jacket

LUGGAGE

1 - suitcase (must be stored upstairs)
1 - make-up bag/shaving kit (may be kept in locker but remain unlocked)

ACCESSORIES

1 - pair sunglasses 1 - pair gloves 1 - pair work gloves 2 - ties

LETTERS, CORRESPONDENCE, ETC.

All personal letters, papers, pictures, etc. are limited to one (1) box (shoe box size). No correspondence is to be carried in wallet or purse. It must be kept in locker.

NAIL CARE

NO nail polish, polish remover or nail glue (super glue, etc.) of any kind allowed in the Center.

COLOGNE, AFTER SHAVE, PERFUME, ETC.

1 - (non-aerosol)

RAZORS

Disposable or electric only.

COMBS, HAIRBRUSHES, PLASTIC PICK

1 - of each (no pointed or metal combs, picks, etc.)

HYGIENE

As deemed necessary by Center Staff.

WORK UNIFORMS/CLOTHES

2 - sets only per job

NO PORNOGRAPHIC MATERIAL, OBJECTS, ETC. OF ANY KIND WILL BE ALLOWED or any other questionable paraphernalia determined to be so by Center Staff. Reading material is limited to religious, educational, or books approved by Chief Residential Supervisor

FINANCIAL STATUS FORM

RESIDENT _____ COUNTY _____ CAUSE # _____

PLEASE FORWARD THIS INFORMATION TO US WITH RESTITUTION CENTER PLACEMENT.

- A. RESTITUTION @ _____ PER MONTH
ORDERED
PAID
BALANCE DUE
DELINQUENT AMOUNT _____ AS OF _____ (DATE)
- B. FINE @ _____ PER MONTH
ORDERED
PAID
BALANCE DUE
DELINQUENT AMOUNT _____ AS OF _____ (DATE)
- C. COURT COST @ _____ PER MONTH
ORDERED
PAID
BALANCE DUE
DELINQUENT AMOUNT _____ AS OF _____ (DATE)
- D. COURT APPOINTED ATTORNEY FEE @ _____ PER MONTH
ORDERED
PAID
BALANCE DUE
DELINQUENT AMOUNT _____ AS OF _____ (DATE)
- E. PROBATION FEE @ _____ PER MONTH
DELINQUENT AMOUNT _____ AS OF _____ (DATE)
- F. OTHER: SPECIFY _____ AS OF _____ (DATE)
ORDERED
PAID
BALANCE DUE
DELINQUENT AMOUNT _____ AS OF _____ (DATE)

Name of Individual Preparing Form

Date

Requirements for Phase Advancement

(Updated 6/18/07)

Task	Advance from Phase 1-2	Advance from Phase 2-3	Advance from Phase 3-4	Advance from Phase 4-5	Advance from Phase 5-6	Advance from Phase 6-7	Phase 7 to Program Release
Minimum Length Per Phase	45 days	30 days	30 days	30 days	30 days	30 days	30 days
Programs	Must complete all programs assigned. Achieve 70 score on knowledge assessment.				Complete Financial Management Complete Approved Discharge/Exit Plan with Counselor	Complete Request for Transitional Housing if required	Present Lease Agreement or Housing Contract
Counseling/ Process Groups	Participate actively and appropriately in all assigned groups	Attend 1 group per week & continue individual as referred	Attend 1 group every 14 days & continue individual as referred	Attend 1 group every 14 days & continue individual as referred	Attend 1 group every 14 days & continue individual as referred	Attend 1 group per month & continue individual as referred	Attend 1 group per month & continue individual as referred
Behavior	Learn and demonstrate pro-social values. All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to phase and have privileges	All disciplinary must be complete to graduate
Thinking Reports	6 Reports	5 Reports	4 Reports	3 Reports	2 Reports	1 Report	1 Report
CSR (Minimum)	20 hours	60 hours	100 hours	140 hours	170 hours	200 hours	230 hours
Min. Avg. Assessment Score	3	3	3	3	3	3	3
Employment		Full-Time Employed min. of 2 weeks	Full-Time Employed	Full-Time Employed	Full-Time Employed	Full-Time Employed	Full-Time Employed
Privileges Phone calls are made on Inmate Phones (white phones)	TV as scheduled Unlimited phone calls can be made during free time by asking Staff permission. No furloughs allowed.	TV Unlimited phone calls can be made during free time by asking Staff permission. 1 ½ hour furlough per week	TV Unlimited phone calls can be made during free time by asking Staff permission. 2 hour furlough per week	TV Unlimited phone calls can be made during free time by asking Staff permission. 4 hour furlough per week	TV Unlimited phone calls can be made during free time by asking Staff permission. 6 hour furlough per week	TV Unlimited phone calls can be made during free time by asking Staff permission. 8 hour furlough per week (Can be split)	TV Unlimited phone calls can be made during free time by asking Staff permission. 12 hour furlough per week (Can be split)
Educational	Attend 4 hours per week	Attend 4 hours per week	Attend 4 hours per week	Attend 4 hours per week	Attend 4 hours per week	Attend 4 hours per week	Attend 4 hours per week
Financial			Earning at least \$650 per month	Earning at least \$650 per month. Current on Room & Board	Earning at least \$650 per month. Current on Room & Board	Earning at least \$650 per month. Current on Room & Board	Earning at least \$650 per month. Current on Room & Board. At least \$100 savings.