



**State Board of
Pardons and Paroles**



The Transitional Housing for Offender Reentry (THOR) Directory Facility Standards

Revised September 23, 2013

**The State Board of Pardons and Paroles
Field Operations Division**

2 Martin Luther King, Jr., Drive, S.E.

Atlanta, Georgia 30334-4909

(404) 656-5651

www.pap.georgia.gov

David Morrison, Division Director

Marta Daniell, Reentry Coordinator

George S. Braucht, LPC, Program Specialist

Kenneth Haines, CACII, CCS, Program Specialist



**Transitional Housing for Offender Reentry (THOR) Directory Standards
Table of Contents**

	<u>Page</u>
I. THOR Directory Introduction	
A. Directory Purpose	3
B. Facility Designations.....	3
C. Definitions	5
II. Structured Housing Standards	
A. Facility Requirements	6
B. Resident Management	7
C. Work-Related Criteria	8
D. Conflicts of Interest.....	9
E. Ownership/Lease Verification.....	10
F. Background Checks	10
G. Suspension and Removal from the THOR Directory	11
III. Recovery Residence Standards	
H. Personnel and Records	12
I. Facility Policy and Procedures Manual	13
J. Programming	15
IV. THOR Directory Information	
A. Facility Approval	16
B. Locating Approved Facilities	17
C. THOR Facility Suspensions/Removals	17
D. Disclaimer	18
E. Agency Contacts.....	18
F. THOR Directory Standards Compliance Certification.....	18
V. Appendix A: Recommended Forms	19

I. THOR Directory Introduction

A. Directory Purpose

The Georgia State Board of Pardons & Paroles' (SBPP) Field Operations Division maintains the Transitional Housing for Offender Reentry (THOR) Directory to assist staff with making residence decisions. The THOR Directory is available to anyone with internet access using an Internet Explorer web browser via

http://www.pap.state.ga.us/Thor_ejb-war/login.jsp.

This directory contains community-based residential facilities that have met the herein standards on transitional housing for people on state supervision. The primary issues that are addressed before a facility is included in the THOR Directory are:

1. providing a safe and healthy environment for residents and staff,
2. maintaining consistent and timely resident and staff communication with supervising officers, and
3. delivering services that facilitate recovery from alcohol and other drugs and/or criminal lifestyles.

The facilities listed in the THOR Directory are the primary alternatives for supervisees who have unaddressed crime producing needs and/or who are homeless or nearly homeless. Each residence decision requires balancing community safety and offender rehabilitation goals with the supervisee's need for a structured living environment that supports recovery from alcohol and other drug use and/or criminal behavior. SBPP personnel make the final decision on a parolee's residence plan. In addition, the SBPP makes the final determination of each facility's designation as a Structured Housing or a Recovery Residence.

As used herein, "should" and "optional" mean recommended but not required while "shall" or "must" denotes a requirement.

B. Facility Designations

The THOR Directory contains two types of facilities: Structured Housing and Recovery Residences. Supervisees who need only a safe environment in which to live should be sent to Structured Housing. Although Structured Housing does not include substance abuse or mental health treatment, other programming may be provided. Supervisees requiring substance abuse services or substance abuse counseling, see Definitions below, must be sent to a Recovery Residence.

Transitional Housing for Offender Reentry Directory Facility Types

	Structured Housing	Recovery Residence Standard	Recovery Residence Intensive
Programming includes substance abuse services (SAS) and/or substance abuse counseling (SAC); See Definitions below	optional	One or more hours per week of SAS/SAC required	Five or more hours per week of SAC required
Program attendance by all residents	optional	required	required
Certified/Licensed staff	optional	recommended	required
Resident file contains signed resident rights, consent to release information, assessment information, recovery plan, attendance at required programs and progress documentation, and officer communications documentation	optional	recommended	required
Facility policies and procedures	optional	required	required
Resident finances documentation	required	required	required
Officer communication policy	required	required	required
Facility Questionnaire	required	required	required
Facility Authorization	required	required	required
Consent for Criminal Record Check	required	required	required

Structured Housing is approved for supervisees who meet prison-release eligibility requirements but who do not have an available residence and for probationers or parolees who become displaced. Although this housing does not include substance abuse or mental health treatment, other programs may be provided. However, attendance cannot be required in programs available at Structured Housing facilities. The goal is providing a healthy and safe environment that is consistent with the successful transition of supervisees into the community.

Recovery Residences provide safe and healthy housing for residents who need a more restrictive environment than outpatient services to establish or maintain abstinence from alcohol and other drugs and criminal behavior. Recovery Residences are categorized according to the type and intensity of the substance abuse services/counseling that is delivered. Facilities that do not require all residents who live in one housing location to attend substance abuse services or substance abuse counseling are listed in the THOR Directory as Structured Housing.

1. Standard Recovery Residence: All residents are required to attend one or more hours of substance abuse services or substance abuse counseling per week.
2. Intensive Recovery Residence: All residents are required to attend five or more hours of substance abuse counseling per week delivered by certified substance abuse counselors or licensed professionals.

C. Definitions

The following definitions apply to the terms used herein.

1. Facility authorized representative: the individual who owns or leases the facility property and who is legally authorized to sign contracts and other official documents on behalf of the facility. This may or may not be the same person as the facility director.
2. Facility director: the individual responsible for all of the facility's day-to-day operation.
3. Peonage: a condition of servitude compelling persons to perform labor to pay off a debt.
4. Staff: all paid and volunteer service providers or other facility staff who have contact with residents.
5. Supervisee: a person under the supervision of the Department of Corrections in prison (inmate) or on probation (probationer) and/or who is under the supervision of the State Board of Pardons and Paroles on parole (parolee). "Supervisee" should not be used when referring to people under supervision who reside at the facility – the preferred term is "resident."
6. Substance abuse services (SAS): Twelve step/self-help meetings, individual or group step-study, education classes, recreational activities, and faith-based activities/religious text study that specifically address recovery from alcohol and other drug abuse and criminal behavior.
7. Substance abuse counseling (SAC): Evidence-based counseling delivered in individual or group sessions that assist residents in achieving individual recovery plan goals. The goals, and associated interventions, must target a combination of abstinence from alcohol and other drugs, changes in other risk factors for criminal behavior, and relapse prevention. Published curriculum or manual-based, cognitive-behavioral psycho-education or counseling is acceptable when delivered with fidelity to the original program design by certified substance abuse counselors or licensed professionals in accordance with professional standards of practice.
8. Supervising officer: The officer who is responsible for the ongoing supervision of the individual on probation and/or parole. This may be a Probation Officer, who works for the Department of Corrections, or a Parole Officer, who works for the SBPP.

- D. Applications to be included in the THOR Directory must include a copy of this document with the checkboxes (☐) at the end of each standard statement checked to indicate compliance.

II. Structured Housing Standards

Structured Housing is approved for inmates who meet prison-release eligibility requirements but who do not have an available residence and for probationers or parolees who become displaced. Although this housing does not include substance abuse or mental health treatment, other services/programs may be provided. However, attendance at available programs is not required in Structured Housing. The goal is to create a healthy and safe environment that is consistent with the successful transition of residents into the community.

A. Facility Requirements

1. Each resident shall be provided personal furnishings for storing personal belongings. This includes but is not limited to dresser-type storage and a closet or other hanging space for clothes. ☐
2. Each resident shall be provided with a bed, mattress and pillow. Clean sheets, pillows, pillowcases, blankets and bed coverings shall be provided if they are not a required admission item. Sheets and pillowcases shall be changed or cleaned at regular intervals. ☐
3. Bedrooms, bathrooms and other living areas shall be ventilated by a window, air conditioner or other mechanical ventilation. Rooms with windows that open must have screens, and both windows and screens must be in good repair. ☐
4. Sleeping areas shall provide enough floor space to safely and comfortably accommodate the maximum number of residents who may occupy the room. Bedrooms should measure not less than 60 square feet per resident in multiple-person bedrooms and not less than 80 square feet in single-occupancy bedrooms. ☐
5. A dining area with table and chairs for eating meals is required. Refrigerators, stoves and all other appliances must be in working order. ☐
6. Facilities shall maintain a comfortable temperature, generally 65 - 82 degrees Fahrenheit depending on the season. ☐
7. If smoking is allowed, a designated smoking area is required. Smoking must not be allowed in bedrooms or in common living areas inside the facility. ☐
8. Resident living areas shall have at least one sink, toilet and tub/shower per every six residents. ☐
9. Facilities and grounds shall be kept clean and free from health and safety hazards. ☐

10. An operational fire extinguisher must be kept in the kitchen along with operational smoke alarms throughout each housing unit. ☐
11. Residents must have access to the residence via a key or resident manager at all times. ☐
12. Compliance must be maintained with all local health, food service, fire, building, zoning, welfare, licensure and other city, county, state or federal ordinances or regulations as applicable. ☐
13. A mortgage document, lease agreement, property deed, etc. containing the authorized representatives' name shall be provided immediately upon request. ☐
14. Food stamps can be assigned only to the facility director or her/his designee when the facility has a USDA permit, has an authorized waiver or is designated as an Authorized Representative on behalf of the supervisee with the Department of Family and Children Services. Food stamps must not be assigned to another resident. (Food and Nutrition Service, USDA, 61 Forsyth Street SW, Suite 8T36, Atlanta, Ga., 30303-3415 – 404-562-2098 (<http://fns.usda.gov/snap/retailers/application-process.htm>)) ☐

B. Resident Management

1. A daily sign in and out sheet including date and time out and expected return date and time is required. ☐
2. A file on each resident admitted to the facility must be available upon request and should contain, at a minimum, the following:
 - a. Name, last address, date of birth, race, emergency contact person information, supervising officer contact information, pertinent medical history and current medications;
 - b. Documentation of housing fees, charges and payments/credits, and
 - c. Facility rules and regulations signed and dated by the resident. ☐
3. Resident progress must be reported to the supervising officer at least once per month, preferably before the 1st of each month, or upon cause. A sample Monthly Report form is in Appendix A. ☐
4. Facility directors and other staff must maintain communications with supervising officers including timely notification of absconding at the latest within 24 hours of a no-show. ☐
5. Parole/probation staff must have access to the residence/facility. Supervisee must be allowed to attend all meetings designated by their supervising officer officers. ☐

6. Housing one or more sex offenders requires written authorization from the county sheriff and compliance with all sex offender statutes. The authorization letter must include an acknowledgment of the maximum number of sex offenders that will be housed at specifically designated housing unit addresses. Additional standards exist for housing two or more sex offenders – please contact us to discuss these additional requirements. ☐
7. Job readiness, life skills classes, spiritual or religious activities, or any required program may comprise a portion of the in-house curriculum. Resident participation is voluntary unless written agreement to participate in specific activities is obtained prior to admission. The required activities should also be referenced in the house rules/policies. ☐
8. Failure to cooperate with Parole Board staff or supervising officers concerning site visits may result in disqualification. ☐
9. Residents under supervision who earn senior resident, house manager, or trustee responsibilities must not have access to other residents' files, nor be allowed to conduct drug screens, collect money or have authority over another resident. ☐
10. A bulletin board shall be prominently displayed in the facility with postings to include a weekly activity schedule, facility rules, resident rights, fire evacuation guide, and emergency contact protocol including staff contact information. ☐
11. Each resident must sign upon admission: a) a copy of the fee schedule, b) an agreement to participate in specified activities and c) a consent form authorizing the facility to release attendance, quality of participation, all drug test results, and progress report information to the supervising officer. All signed documents must be kept in the resident's file. Unsigned versions of these and other pertinent documents may be included in the facility's Resident Handbook. ☐

C. Work-Related Criteria

1. In regard to parolee(s) working off-site:

If parolees are working at contracted jobs (a contract between an employer and the housing provider or facility), they must be guaranteed either a check, money order or being paid or credited at least minimum wage for their work on or off site. At no time shall supervisee/resident be required to perform contractual employment without receiving at least minimum wage compensation and/or without allowing the supervisee/resident an option to transfer to another employment location where minimum wage compensation is paid. (See "Peonage" definition below.) If payment is credited for work performed, credit must be documented for such wages. Stipends for personal items may or may not be debited according to program rules. Debited monies for other requested items must also be documented and comply with program

rules. Should a supervisee leave the program, such monies must be given to the supervisee if no further monies are owed to the program, such as pro-rating of earlier debts. All charges should be listed and monies received properly accounted. ☐

2. In regard to supervisees working on-site:

If it is a no-fee program and has the supervisee/resident performing on site labor for room and board in lieu of normal employment, the supervisee/resident may be required to work on site performing routine chores such as gardening and other routine maintenance of the facility. This may include assigned daily chores, such as cooking, cleaning or performing daily labor at the site. This labor must at no time “improve” the property/enrich the managerial staff. An example of such restricted labor would be building additions or other forms of site construction. The product(s) made and any profit gained must stay within the program. Examples of such an arrangement would be site operated thrift stores, growing plants for sale at the program site or farm labor for foodstuffs that stay within the program. If payment is credited for work performed, credit must be documented for such wages at the Federal minimum wage standard. Stipends for personal items may or may not be debited according to program rules. Debited monies for other requested items must also be documented and comply with program rules. Should a supervisee leave the program, such monies must be given to the supervisee if no further monies are owed to the program, such as pro-rating of earlier debts. All charges should be listed and monies received properly accounted for. ☐

Supervisee on-site work will be in accordance with all applicable federal and state laws. ☐

*****Definition: Peonage is a condition of servitude compelling persons to perform labor in order to pay off a debt.**

In cases where the supervisees are required to remit their paychecks to the housing providers, the housing providers will be required to furnish statements of deposits, debits and fund balance at least monthly or upon request. All monies on deposit must be returned upon termination of the housing agreement. Any additional charges against accounts must be specified in writing and presented to the supervisee prior to the withdrawal of funds.

D. Conflicts of Interest

Housing providers, employees and others involved in proprietary positions with the facility including, but not limited to, partners, family members, corporations, board members and shareholders shall make every effort to avoid even the appearance of a conflict of interest. An appearance exists when a reasonable person would conclude from the circumstances that personal interests compromised a decision or behavior of the involved person. Should such a conflict of interest or appearance exist, the facility may

be excluded or removed from the THOR Directory. Facilities owned or operated by an employee of the State Board of Pardons and Paroles or the Department of Corrections, or a spouse thereof, are ineligible for the THOR Directory and therefore, are ineligible for referrals of probationers, parolees, or inmates who will be released on probation or parole. In addition, facility owners, staff and other stakeholders must not claim, verbally or in writing, to have influence on incarceration release decisions or dates. ☐

E. Ownership/Lease Verification

The housing provider must provide verification immediately upon request either that all facility properties are owned or leased. All property should comply with local zoning requirements. ☐

F. Background Checks

Housing provider owners and directors are required to have an NCIC/GCIC background check conducted by the State Board of Pardons and Paroles. The following standards apply.

1. No felony or misdemeanor convictions within the past 3 years for alcohol, other drug, or violent offenses. ☐
2. Not currently under probation or parole supervision. ☐
3. Applicants with convictions for Board-designated violent offenses must have completed all sentences for a period of 7 years prior to the record check. These offenses include: Aggravated Assault, Residential Burglary, Cruelty to Children, Homicide by Vehicle while DUI/Habitual Violator, Involuntary Manslaughter, Robbery, Aggravated Assault on a Police Officer, Kidnapping-no ransom, no injury, when not classified as a sex offense, Voluntary Manslaughter, Armed Robbery, Kidnapping-for ransom, or with injury-when not classified as a sex offense, RICO Act, and Hijacking Motor Vehicle. ☐
4. No conviction for sexual offenses. ☐
5. Any current arrests without dispositions will place the application in pending status. ☐

It is highly recommended that housing providers complete background checks on staff members utilizing the previously cited criteria.

Acceptance of an organization's or individual's qualifications to provide housing is solely the discretion of the State Board of Pardons and Paroles. Decisions are final and not subject to appeal. These Standards supersede any housing provider's guidelines,

regulations, contract, or portion(s) thereof, in the event that the latter is inconsistent or in conflict with said Standards.

G. Suspension and Removal from the THOR Directory

Sexual relationships, harassment, and buying from or selling to residents must be avoided. Reports of the above or violations of other standards will result in suspension from the THOR Directory pending an investigation. The facility director is notified immediately via certified letter that the facility status has changed from Approved to Suspended. While suspended, new referrals will not be made to the facility nor should new supervisees be admitted. SBPP staff will work with the facility to address alleged violations. When violations are found sanctions will be applied up to and including immediate removal from the THOR Directory. Upon suspension or removal all prison, probation and parole staff are notified. □

III. Recovery Residence Standards

Recovery Residences are safe and healthy housing for residents who need a more restrictive environment than outpatient services to establish or maintain abstinence from alcohol and other drugs and criminal behavior. Recovery Residences are categorized according to the intensity of the required substance abuse services/counseling. Facilities that do not require all residents who live in one housing location to attend substance abuse services or substance abuse counseling are listed in the THOR Directory as Structured Housing.

1. **Standard Recovery Residence:** All residents attend one or more hours of substance abuse services or substance abuse counseling per week.
2. **Intensive Recovery Residence:** All residents attend five or more hours of substance abuse counseling per week delivered by certified substance abuse counselors or licensed professionals.

Inclusion in the THOR Directory is based on demonstrated compliance with the herein standards and a willingness to accommodate the individual conditions of parole and/or the sentence including requirements for maintaining employment, attending counseling, taking medications, etc. Recovery Residence standards containing “must” or “shall” are required while those containing “should” are recommendations for serious consideration.

A. Facility Requirements

Refer to the Structured Housing section 2.A beginning on page 6.

B. Resident Management

Refer to the Structured Housing section 2.B beginning on page 7.

C. Work-Related Criteria

Refer to the Structured Housing section 2.C beginning on page 8.

D. Conflicts of Interest

Refer to the Structured Housing section 2.D beginning on page 9.

E. Ownership/Lease Verification

Refer to the Structured Housing section 2.E beginning on page 10.

F. Background Checks

Refer to the Structured Housing section 2.F beginning on page 10.

G. Suspension and Removal from the THOR Directory

Refer to the Structured Housing section 2.G beginning on page 11.

H. Personnel and Records

1. Resident files, personnel policies and personnel files must be available for review during site visits. Personnel and resident records must be maintained in strict confidentiality in accordance with federal, state and local regulations. Residents who work as staff must not have access to personnel records or resident files. ☐
2. It is recommended but not required that Standard Recovery Residence staff who deliver programming be certified substance abuse counselors and/or licensed professionals with a minimum of 2 years of clinically supervised experience. However, certified or licensed service providers are required for Intensive Recovery Residences. In addition, anyone using the title "Pastoral Counselor" must be credentialed by a nationally recognized organization such as the American Association of Pastoral Counselors. Facilities must maintain documentation of staff certifications and licenses. ☐
3. Arrests of a staff member must be reported to a local supervising officer or chief within 24 hours or the next business day. Any arrested staff who has contact with residents or resident records must be removed from those responsibilities until the circumstances are reviewed by the State Board of Pardons and Paroles' staff. ☐

4. Residents who earn the responsibility of a paid or unpaid senior resident, intern, house manager, or other facility position must not: a) have access to other resident's files including personnel, financial or program records including application and intake documents; b) conduct financial transactions, c) conduct drug tests or d) otherwise have authority over another resident. The facility's policy on who is eligible for these positions must include a minimum length of stay at the facility and a minimum length of documented abstinence, i.e., negative drug tests. A job description that includes eligibility criteria is recommended for each resident position. ☐

5. A file on each resident admitted to the program should contain the following. This is required for Intensive Recovery Residences. Refer to Section II.2.B on page 7.
 - a. Name, last address, date of birth, race, emergency contact person information, supervising officer contact information, pertinent medical history and current medications; ☐
 - b. Screening, intake and assessment information, and an individual recovery plan, ☐
 - c. Signed form consenting to the release of program attendance and participation information to the supervising officer in accordance with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, ☐
 - d. Required program activity attendance documentation, ☐
 - e. Signed financial agreements and an itemized explanation of all fees and any other costs charged by the facility, ☐
 - f. Signed copy of the resident's rights, ☐
 - g. Progress notes written by staff at least monthly, ☐
 - h. Progress reports sent to the supervising officer at least monthly, and ☐
 - i. Documentation of all communications with parole and probation officers. ☐

6. A 24-hour a day supervisory system must be in place that provides staff accountability for residents. Facility sign in/out sheets are required. Senior residents, whether or not they are paid as facility employees, may have resident monitoring responsibilities but an "on call" procedure to a paid staff employee who is not a resident must be in place. ☐

I. Facility Policy and Procedures Manual

1. During the facility approval/re-approval process the Facility Questionnaire must be submitted accompanied by a copy of, or instructions for online access to, the facility policy and procedures manual and all forms used to document resident information. Georgia Association of Recovery Residences' members (<http://www.garronline.org>) or DHR Office of Regulatory Services' licensed facilities (<http://ors.dhr.georgia.gov/portal/site/DHR-ORS>) are exempt from this requirement during the initial approval process with the exception of the facility's policy on communications with supervising officers. See II.B.3 & 4 on page 7. ☐

2. All facility policies and procedures must be maintained in a bound manual.
 - a. Programming and activity schedules must match the contents of the policy and procedures manual. ☐
 - b. The manual must contain a policy/procedure change documentation process. Ideally each change is immediately updated in the manual, associated admission/resident forms, and posted in a prominent place for viewing by staff and residents. ☐
3. Facilities must have the following written policies and procedures:
 - a. Admission criteria, including any exclusionary criteria not referenced in your Facility Application, and a minimum length of stay; ☐
 - b. Resident rights and responsibilities and confidentiality statement; ☐
 - c. Resident accountability system including a daily sign in/out log and documentation of attendance at all required activity. The accountability system also must explain the rules and methods for notifying the supervising officer immediately or by the start of the next day of drug test results, serious or repeated rule violations and associated sanctions, arrests or law violations known by the facility staff; ☐
 - d. Resident discharge process including notification of the supervising officer prior to discharge from the facility; ☐
 - e. Program advancement and successful discharge criteria; ☐
 - f. Financial agreement and an itemized explanation of all costs charged by the facility; ☐
 - g. Description of required program activities, staff responsible for delivering each activity, and a weekly schedule of all required activities; ☐
 - h. Facility rules covering the health and safety of residents and staff including cardinal rules that when broken result in immediate discharge, and any restrictions on health and safety protections, private conversations or access to telephones, including personal cell phones, and mail; ☐
 - i. Prescription medication administration or monitoring protocol,
 - i. Prescribed medication must not be discontinued without the written authorization of a medical doctor. ☐
 - ii. If self-administration is allowed, routine monitoring is strongly recommended to include, but not be limited to, a procedure for notifying the supervising officer and referring to a medical facility or other facility authorized to manage symptoms if self-administration does not occur. ☐
 - j. Clearly defined progressive sanctions for sustained progress and for rule noncompliance; ☐
 - k. Readmission criteria and minimum timeframe following discharge; ☐
 - l. Progress reports and overnight pass requests to supervising officers delivered before the first workday of each month. A sample Monthly Progress Report and Pass Request is in Appendix A. ☐

I. Programming

1. A program philosophy of abstinence from alcohol and all other drugs not prescribed by a physician is required. ☐
2. Facilities must require all residents to attend substance abuse services and/or substance abuse counseling, defined as follows.
 - a. Substance abuse services (SAS): Twelve step/self-help meetings, individual or group step-study, education classes, recreational activities, and faith-based activities/religious text study that specifically address recovery from alcohol and other drug abuse and criminal behavior. ☐
 - b. Substance abuse counseling (SAC): Evidence-based counseling delivered in individual or group sessions that assist residents in achieving individual recovery plan goals. The goals, and associated interventions, must target a combination of abstinence from alcohol and other drugs, changes in other risk factors for criminal behavior, and relapse prevention. Published curriculum or manual-based, cognitive-behavioral psychoeducation or counseling is acceptable when delivered by certified substance abuse counselors or licensed professionals in accordance with professional standards of practice. ☐
 - c. Dual diagnosis refers to a person having a DSM diagnosis of a mental health disorder in addition to a substance abuse or dependency disorder. If a mental health diagnosis other than substance abuse or dependence is primary, the facility must have arrangements in place to coordinate treatment and address medical needs with a licensed facility and/or private provider. ☐
3. A written admissions procedure shall be on file. Upon admission, residents have the right to know the nature, intent, and processes by which the program operates. ☐
4. Admission, Discharge and Re-Admission
 - a. A facility shall accept supervisees only after authorization is received from the local parole or probation office. ☐
 - b. Supervisees must not be discharged before the supervising officer or other local law enforcement is notified. ☐
 - c. Termination and re-admission policies should be in writing and explained to each resident upon admission. Re-admission must be considered based on the individual's discharge reason and subsequent activities. ☐
5. Weekly alcohol and other drug testing should be conducted, especially upon return from passes. Positive test results must be reported within 24 hours to the supervising officer and negative results should be communicated in a timely manner. All test results must be included in a monthly progress report. Residents must never conduct these tests even if they hold senior resident or staff positions. ☐
6. A weekly schedule must be posted in locations that are easily accessible to staff and residents. The posted schedule must include required and optional program

components. Schedules should be adhered to because consistent structure and continuity are significant when addressing criminogenic needs.

☐

IV. THOR Directory Information

A. Facility Approval

The THOR Directory Standards and all forms required to initiate the approval process can be downloaded by going to <https://prod.pap.georgia.gov/documents/housing-provider-information>. The facility application process begins by reviewing the Facility Standards to determine your facility type: Structured Housing, Standard Recovery Residence, or Intensive Recovery Residence. Then, submit a completed Facility Questionnaire and other associated application materials (see the next paragraph). The information contained in the Facility Questionnaire becomes the Facility Profile that is displayed in the THOR Directory upon approval of the facility.

All facilities must submit a Facility Questionnaire. The Facility Questionnaire must be accompanied by a copy of, or instructions for online access to, the facility policy and procedures manual and all forms used to document resident information. Georgia Association of Recovery Residences' members (<http://www.garronline.org>) or DBHDD licensed facilities (<http://dbhdd.georgia.gov/applications-new-existing-providers>) are not required to submit all policies and procedures only the ones related to communications with supervising officers. The materials required for an application include the:

- 1) Facility Questionnaire, ☐
- 2) Facility Authorization form, ☐
- 3) Consent for Criminal History Record Check form, ☐
- 4) Copy of THOR Directory Standards with boxes checked indicating compliance ☐
- 5) if applying as a Recovery Residence, a facility policy and procedures manual plus all resident forms, and ☐
- 5) if applying to house sex offenders, a Sex Offender Authorization Letter from Local Sheriff. See Section B.6, page 8. ☐

After receiving all required materials, the Facility Director should complete a pre-site visit standards review checking each applicable box indicating compliance and submit that with the other application materials. Upon receipt a staff member will schedule a site visit. During the site visit each housing unit must be visited and all housing units must be fully furnished.

Acceptance of a facility's and individual staff qualifications is made at the discretion of the State Board of Pardons and Paroles. Decisions are final and not subject to appeal. Approval for the THOR Directory is valid for a maximum of 2 years as indicated on the THOR certificate during which time changes in facility location, contact information, facility licensure or accreditations, or staff must be reported to Parole Board staff. Approved facilities must contact a Parole Board staff member within 2 months of the certificate expiration date to schedule a re-approval site visit. An issued THOR Directory

certificate is valid only for the facility and housing units listed in the Facility Questionnaire at the time of approval and may not be transferred to any other location.

B. Locating Approved Facilities

All state prison, state probation, and parole staff can identify potential facilities for supervisee referrals. Approved THOR Directory facilities can be searched via Internet Explorer at http://www.pap.state.ga.us/Thor_ejb-war/login.jsp. Two methods can be used to locate an approved facility. If a facility name is known, enter its name in the Quick Search box – if the facility does not appear in the dropdown list it is not an approved facility. Select the pertinent facility from the list then click on “Display Facility” to view the Facility Profile.

The second method of searching for approved facilities is to use the criteria search. Choose one or more of the items in Gender (Male, Female, Pregnant Female, and Female with Children) **and** one or more Facility Types (Structured Housing, Standard Recovery Residence and/or Intensive Recovery Residence). Additional factors may be selected to narrow the search to only facilities that accept people with specific characteristics or conditions including all facilities within a specified geographic area (Parole District, Probation Office, County, or City). After selecting all pertinent factors, scroll down to the bottom of the page and click “Search.” This search produces a list of facilities that match the selected criteria and the list includes each facility’s contact person’s information. Before contacting a facility, click on the facility and review its Facility Profile to determine if the admission criteria, required activities including faith-based components, minimum length of stay, etc. are suitable to the potential resident. Many facilities have web sites that contain resident applications and other referral documents.

C. THOR Facility Suspensions/Removals

Reports of standards violations typically result in immediate suspension from the THOR Directory pending an investigation. During the suspension new referrals to the facility are not made nor should supervisees be admitted to the facility. The facility director is notified via certified letter that the facility status has changed and SBPP staff work with the facility to address the alleged violations. If a violation is found the Board reserves the right to impose sanctions up to and including immediate removal from the THOR Directory. Upon removal, prison, probation and parole staff is notified and referrals cease immediately. In addition, any statement regarding Parole Board approval must be removed immediately from the facility’s literature and website.

D. Disclaimer

The Georgia State Board of Pardons and Paroles does not endorse facilities contained in the Transitional Housing for Offender Reentry (THOR) Directory for any purpose other than placement of parolees who reside in the state of Georgia. Inclusion in the THOR Directory means that the Parole Board may approve placement in the facility however, residence plan decisions are made on an individual basis. Programs not listed in the THOR Directory may not be suitable placements for parolees, especially as a first residence out of prison. Additional resource links, including non-THOR Directory housing, are listed on the THOR Directory webpage as a convenience but are not endorsed by the Parole Board.

Facilities approved for the THOR Directory can include on their website and other facility materials the statement, "Approved for the THOR Directory." However, no statement shall be included that implies having an influence on the release of an inmate. In addition, the approval statement must be removed from the facility website if the facility closes or is removed from the THOR Directory.

E. Agency Contacts

Direct questions to one of the following according to your agency affiliation.

	<u>Contact</u>	<u>Phone</u>	<u>Email</u>
Parole Board	George Braucht	404-309-7226	george.braucht@pap.ga.gov
	Ken Haines	404-844-7549	kenneth.haines@pap.ga.gov
	Marta Daniell	404-309-7238	marta.daniell@pap.ga.gov
Department of Corrections Probation Division			
	Sheron Padgett	404-502-2095	padges00@dcor.state.ga.us
Department of Corrections Facilities Division			
	Lisa Haughey	404-463-2520	haughl00@dcor.state.ga.us

E. THOR Directory Standards Compliance Certification

My signature below indicates that I have reviewed the herein THOR Directory Standards and certify that each checked item is a true and accurate reflection of this facility's operations, policies, and/or procedures.

Facility's Authorized Representative

Date

Consent for the Release of Confidential Information

I, _____, hereby consent to communication between

Print Name

_____, and _____

Program Name

Court, probation, parole or other agency

The purpose of and need for the disclosure is to inform the referral or other agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, attendance or lack of attendance at scheduled sessions, my cooperation with the program, prognosis, and:

_____ ☐ Check if line is blank

I understand that this consent remains in effect and cannot be revoked by me until: check all that apply

☐ I have been formally discharged from probation, parole, or other proceeding under which I was mandated into this program, or

☐ _____

Specify other conditions under which this consent expires or can be revoked

I understand that my information is protected by federal law 42 CFR Part 2 (alcohol and drug treatment) and 45 CFR Part 160 et. seq. (HIPAA) and cannot be disclosed without my written authorization unless otherwise allowed by law. I also understand that I may revoke this authorization at any time, either verbally or in writing, except to the extent that action has already occurred or I am under court sentence, probation or parole. This authorization expires when I no longer participate in the above listed program.

Signature Date

Witness Signature Date

Revocation of Authorization

I hereby revoke (cancel) my authorization: _____

Signature

Date

Resident Monthly Recovery Progress Report 130120

The resident completes this form and submits it for endorsement before sending it to the supervising officer so that it is received before the last workday of each month.

Resident:	Month _____ Year _____
Program Name & Location:	
Resident Phone <input type="checkbox"/> Cell <input type="checkbox"/> and/or Email <input :<="" td="" type="checkbox"/> <td style="padding: 5px;"></td>	
Counselor & Phone Number and/or Email:	
Supervising Officer Name: Probation <input type="checkbox"/> Parole <input type="checkbox"/>	
Supervising Officer Fax and/or Email:	

I. Completed by Resident:

A. My expected transfer (discharge) residence plan: This information has ☐ has not ☐ changed since my last report.

1) Transfer date: _____

2) Address: _____

3) Head of household & phone # _____

4) Employer/school: _____

5) Recovery supports: _____

B. Recovery activities completed and progress that I made this month (see last month's goals):

C. My recovery goals for the next 30 days:

Recovery Goal

Associated Activities: Specify when each activity occurs

D. I (check one) do not ☐ do ☐ plan to go on one or more passes next month.

II. Drug Tests/Use Since Last Progress Report: None ☐ (Check box or complete the below)

Completed by: Resident ☐ **or Supervising Officer** ☐

Test Date	Enter result: N = Negative; P = Positive; V = Verbal		
	THC	Cocaine	Alcohol or Other Drugs (List along with result)

III. Other Information. **Completed by:** Resident ☐ Counselor ☐ Supervising Officer ☐

Please contact me at your earliest convenience to discuss the below: Yes ☐ No ☐

A residence change ☐

An incident with the law ☐

Employment or school ☐

Program participation ☐

Alcohol or other drug use ☐

Other: See below. ☐

Days Employed: _____

Increased ☐ or Decreased ☐

Months Attending a Program: _____

Increased ☐ or Decreased ☐

Comments/Other: _____

Resident Signature Date

Counselor Signature Date

Supervising Officer Signature: _____ **Date:** _____

Resident Request for Overnight Recovery Passes 130120

The resident completes this form and receives the program's endorsement before it sent to the supervising officer for approval at least 10 work days before the first pass date. Passes will not be approved before receiving the current month's Recovery Progress Report.

Name:	Signature:	Date:
Resident Cell Phone and/or Email. Enter "None" if applicable:		
Program Name & Location:		
Counselor & Phone Number and/or Email:		
Supervising Officer Name: Probation <input type="checkbox"/> Parole <input type="checkbox"/>		
Supervising Officer Fax # or Email:		

I. Since my last pass or pass request I have: 1) followed all program rules ☐, 2) participated in all recovery activities contained in my recovery plan ☐, 3) paid all fees and other financial obligations ☐, and 4) otherwise modeled recovery behavior? If any not checked, explain:

II. Since my last pass or pass request I have not used alcohol or illicit drugs and have submitted to (#) _____ drug tests of which (#) _____ were negative.

III. My proposed overnight recovery pass plans are as follows. The second line describes the recovery activities, start & end times, and locations that I will do while on the pass.

Begin Date & Time End Date & Time Residence Address HOH and Phone #

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

My signature below indicates that I (check one) approve ☐ disapprove ☐ of the above listed recovery passes. If disapproved, here's why:

Counselor: _____ Date: _____

My signature below indicates that I (check one) approve ☐ disapprove ☐ of the above listed recovery passes. If disapproved, here's why:

Supervising Officer: _____ Date: _____