

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

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Department of Community Supervision Reentry Services Division

2 Martin Luther King, Jr., Drive, S.E.
Suite 866, East Tower
Atlanta, Georgia 30334
www.dcs.georgia.gov

Transitional Housing for Offender Reentry Directory Standards

Table of Contents

	<u>Page</u>
I. THOR Directory Introduction	3
A. Directory Purpose	3
B. Facility Designations	3
C. Definitions	5
D. Facility Approval Process	6
E. Application Instructions	7
II. Structured Housing Standards	8
A. Facility and Property	8-9
B. Resident Management	10
C. Mental Health	11
D. Sex Offender Housing	12
E. Work-Related Criteria	13
F. Conflicts of Interest	14
G. Ownership/Lease Verification	14
H. Background Checks	14
I. Suspension and Removal from the THOR Directory	15-16
III. Recovery Residence Standards	17
J. Personnel and Records	18
K. Facility Policy and Procedures Manual	19-20
L. Programming	21
IV. THOR Directory Information	22
A. Disclaimer	22
B. Agency Contacts	22
V. THOR Directory Standards Compliance Certification	23

I. THOR Directory Introduction

A. Directory Purpose

The Department of Community Supervision (DCS) Reentry Services Division maintains the Transitional Housing for Offender Reentry (THOR) Directory to assist staff with making residence decisions.

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 can be 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 supervisee rehabilitation goals with the individual's need for a structured living environment that supports recovery from alcohol and other drug use and/or criminal behavior. DCS personnel make the final decision on a supervisee's residence plan. In addition, the DCS makes the final determination of each facility's designation as Structured Housing or Recovery Residence.

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

B. Facility Designations

As a THOR provider your program will be classified as one of the two facilities types: 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 programming, other services 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 (THOR) Directory Facility Types and Requirements

Facility Type	Structured Housing	Recovery Residence
Required Accreditation	N/A	GARR, DCH, CARF, or JCAHO (also known as The Joint Commission)
Programming includes substance abuse services (SAS) and/or substance abuse counseling (SAC), as required by the chosen accreditation, as applicable; See Definitions below	N/A	required
Program attendance by all residents, as required by the chosen accreditation, as applicable	Section II.B.5	required
Certified/Licensed staff, as required by the chosen accreditation, as applicable	optional	required
Resident file contains signed rules/regulations, intake information, resident rights, consent to release information, as required by the chosen accreditation, as applicable	required	required
Progress Reports	as requested by DCS staff	as requested by DCS staff
screening/assessment information, recovery plan, as required by the chosen accreditation, as applicable	N/A	required
Facility policies and procedures	required	required
Resident finances documentation	required	required
Officer communication policy	required	required
Facility Questionnaire	required	required
Facility Authorization	required	required
Consent for Criminal Record Check	required	required

Structured Housing is approved for supervisees who meet prison-release eligibility requirements but who do not have an available residence and for supervisees who become displaced. Although this housing does not include substance abuse or mental health

programming, other services may be provided. The goal is to provide 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. Designation as a recovery residence in THOR requires accreditation from a minimum of one of the following agencies: GARR, DCH, CARF, or JCAHO.

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 operations.
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 Community Supervision or in prison (inmate). "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/mutual 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. Community Supervision Officer (CSO): The officer who is responsible for the ongoing supervision of the individual (previously probation/parole officer).
9. GARR - [Georgia Association of Recovery Residences](http://thegearnetwork.org). General Information - info@thegarnetwork.org.

10. DCH - [Georgia Department of Community Health](#). Choose “licensure forms and applications” and then “Drug Abuse Treatment and Education Program Application Packet”.
11. CARF - [Commission on Accreditation of Rehabilitation Facilities](#)
12. JCAHO - [Joint Commission on Accreditation of Healthcare Organizations](#)

D. Facility Approval Process

The THOR Directory Standards and all forms required to initiate the approval process can be downloaded [here](#). The facility application process begins by reviewing the Facility Standards to determine your facility type: Structured Housing or Recovery Residence. Then, submit a completed Facility Questionnaire and other associated application materials (see the table below). The information contained in the Facility Questionnaire becomes the Facility Profile that is displayed in the THOR Directory upon approval of the facility. *An initial application for THOR inclusion and all associated materials listed in section E must be submitted within a 30 day period, or the applicant will need to reapply at a later date once all of the required information is obtained.*

All facilities must submit a typed Facility Questionnaire. The Facility Questionnaire must be accompanied by a copy of the facility policy and procedures manual and all forms used to document resident information. Recovery residences accredited through GARR, DCH, CARF, or JCAHO are not required to submit all policies and procedures, only the ones related to restraints, detainment, and communications with supervising officers.

After receiving all required materials, a DCS staff member contacts the Facility Director to 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 DCS. Decisions are final for initial applications and not subject to appeal. Approval for the THOR Directory is valid for a maximum of 1 year during which time changes in facility location, contact information, facility licensure or accreditations, or staff must be immediately reported to DCS staff. Approved facilities are encouraged to contact a DCS housing staff member within 2 months of their annual review date to schedule a new site visit. An issued THOR Directory Resource letter 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.

E. Application Instructions

The materials <u>required</u> for an application include:	
1)	THOR Directory Standards (this document) with the type of facility marked and the certification signed on the last page. Only last page needs to be returned.
2)	THOR Facility Questionnaire (All questions answered or marked N/A. <i>Answers must be TYPED. Choose "File" and "Download as - Microsoft Word (.docx)" from the document available on the DCS website</i>)
3)	THOR Directory Authorization Form (Available at www.dcs.georgia.gov)
4)	GCIC Consent Form completed for the facility director and/or facility authorized representative (if different), in order to perform a Criminal History Record Check (Available at www.dcs.georgia.gov - only complete down to the double line)
5)	THOR Zoning Compliance Letter - Office of Planning and Zoning (Available at www.dcs.georgia.gov)
6)	<p>1) A copy of the current lease or deed for each property to be used for the THOR program. If a lease, note the date of expiration.</p> <p>2) If property/properties are leased, a letter on official letterhead from the owner(s) approving the use of each property for the THOR program.</p> <p>If the lease agreement lists the tenant as the THOR program applicant and a "Use of Premise" clause is included to include supportive/transitional housing and/or residential treatment services, (2) is not required.</p>
7)	Proof of current annual registration with the Secretary of State , if applying as a <u>non-profit or for-profit business</u> . Georgia Secretary of State
8)	Copy of the organization's most recent 501(c)(3) tax-exemption determination letter , if applicant is a <u>non-profit</u>
9)	<p>Individuals applying as a <u>sole proprietor</u> must have the following:</p> <p>1) Registration with the Georgia Department of Revenue. An instructional video is provided: https://dor.georgia.gov/videos/how-register-sole-proprietor-video</p> <p>2) Copy of the facility's business license or letter from the local government office <u>on official letterhead</u> indicating one is not required in the city and/or county in which the facility is located</p>
10)	GARR, CARF, DCH, and/or JCAHO (Joint Commission) certificate , if applying as recovery residence
11)	Sex Offender Authorization Letter from Local Sheriff, if applying to house sex offenders. See Section C.1.c
12)	Facility Exterminator Agreement or plan to ensure the sanitary conditions of the THOR location(s).

An initial application for THOR inclusion and all associated materials listed in section E must be submitted within a 30 day period, or the applicant will need to reapply at a later date once all of the required information is obtained.

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 supervisees who become displaced. Although this housing does not include substance abuse or mental health programming, other services may be provided. The goal is to create a healthy and safe environment that is consistent with the successful transition of residents into the community.

A. Facility and Property

1. The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. All furniture, including mattresses, should be maintained in good condition as determined by DCS inspection, intact, and functional. The facility must make available for each resident an adequate supply of clean linens which includes, at a minimum, sheets, pillowcase, blanket, bedspread, towels and washcloths.
2. The housing must be 24/7 accessible by residents and capable of being utilized without unauthorized use of other private properties. Structures must provide an alternate means of evacuation in case of fire.
3. Each resident must be afforded adequate space and security for themselves and their belongings. This could include, but is not limited to, dresser-type storage and a closet or other hanging space for clothing.
4. Each resident must be provided with an acceptable place to sleep, to include personal bed, mattress, and pillow. Roll-a-ways, cots, hide-a-beds and couches are not to be provided by the facility in lieu of standard beds. It is recommended that the mattresses themselves, or their covers, be antifungal, anti-bacterial, fluid-resistant and bed bug resistant. Common areas, which should be available to residents, such as living, dining, activity, laundry or other multi-purpose rooms, or hallways must not be used as sleeping accommodations for residents or staff. It is also recommended that bedrooms contain no less than approximately 60 square feet per resident. There should also be designated smoking areas as policy allows. Smoking must not be allowed in bedrooms or in common living areas inside the facility.
5. Every room or space must be provided with natural or mechanical ventilation. This may include ventilation by a window, air conditioner or other mechanical ventilation. Rooms that are ventilated mainly by windows shall have insert screens that are in good repair. Structures must be free of pollutants in the air at levels that threaten the health of residents.
6. The water supply must be free from contamination.
7. Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste. Residences should have at least one sink, toilet, and tub/shower per every six occupants of the house. This includes any house manager or staff living in the residence full-time.
8. The facility must have adequate heating and/or cooling facilities in proper operating condition. It is recommended that residences are maintained at a comfortable

temperature, generally 65-78 degrees Fahrenheit depending upon the season of the year.

9. The facility must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit the use of essential electrical appliances while assuring safety from fire. The facility must provide necessary light bulbs. All areas of each THOR location, including hallways and stairs, must provide sufficient ambient lighting such that the residents may move about safely and objects may be easily observed by the residents.
10. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner. Refrigerators, stoves and all other appliances must be in working order. A policy must be in place to address food access.
11. The interior and exterior of each location must be kept clean, in good repair, and maintained free of unsanitary or unsafe conditions which might pose a health or safety risk to the residents and staff as determined by a DCS representative. Linens should be changed and laundered in a routine manner as set by the facility.
 - a. An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents. Verification of plan will be requested during initial application and subsequent site visits.
12. All conditions below must be met to meet this standard in regards to fire safety.
 - a. Each location must be protected with sufficient functioning smoke detectors, in proper working condition, on each occupied level of the location. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. Smoke detectors shall be installed, maintained and operated in accordance with applicable state laws and local ordinances. Check with the Office of Insurance and Safety Fire Commissioner if you have questions about what would be a sufficient number of smoke detectors for each location. If the location is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
 - b. Every location with at least one fuel-burning appliance/heater, attached garage or fireplace must have a carbon monoxide detector.
 - c. Each location must have charged multipurpose class ABC fire extinguishers available for use as required by state or local fire codes, whichever is more stringent. According to the GA Fire Marshal's Office, currently the requirement will be 1 (one) 10 lb fire extinguisher (or 2 (two) 5 lb extinguishers) per 2000 square feet of living space. If the facility consists of multi-levels, one fire extinguisher must be located on each level.
 - i. The fire extinguishers must be tagged and checked annually by a licensed fire extinguisher company to assure the extinguishers remain in operable condition. Such annual inspection should be noted on the attached inspection tag.
13. An emergency evacuation map should be posted in clear view in every residential location operated for THOR purposes.
14. Each location must have a supply of first-aid materials available for use. This supply must include, at a minimum, gloves, adhesive bandages, tape, gauze, and an antiseptic.
15. 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 (<https://www.fns.usda.gov/snap/snap-retailer-service-center>))

B. Resident Management

1. A file on each resident admitted to the facility must be available upon request and should contain, at a minimum, the following:
2. Resident progress must be reported to the supervising officer upon request.
3. 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.
4. DCS staff must have access to the residence/facility housing units on a 24 hour, seven days a week basis. Supervisees must be allowed to attend all meetings designated by their CSO.
5. Job readiness, life skills classes, spiritual or religious services, or any required activity 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.
6. Failure to cooperate with DCS staff or supervising officers concerning site visits may result in disqualification.
7. Staff and 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 to protect supervisees from allegations of wrongdoing by other residents.
8. 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.
9. 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 (if requested) 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. Mental Health

Persons under supervision who have a mental health diagnosis of level 3 or lower are eligible for THOR services.

- A. Mental Health Level 1 as described by the GA Dept. of Corrections - No impairment or disorder of adaptive functioning. Requires no scheduled mental health services.
- B. Mental Health Level 2 as described by the GA Dept. of Corrections - Mental health disorder in remission or stable with minimal residual symptoms or mild impairment of adaptive functioning or mild mental retardation, with or without psychotropic medications. MH level 2 RPH placements are placed in the same manner as those persons with no mental health diagnosis.
- C. Mental Health Level 3 as described by the GA Dept. of Corrections: Mental health disorder and/or symptoms that seriously impair adaptive functioning. These inmate require continuous case management and psychological/psychiatric treatment with or without psychotropic medications. Persons with a MH level 3 diagnosis may require a more extensive THOR referral process. To become a MH level 3 provider, your program should include the following components:
 - a. **Having a SOAR representative (SSI/SSDI Outreach, Access, and Recovery). A SOAR representative increases access to disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.**
 - b. **Direct access to Community Service Boards or similar organizations for mental health treatment with ACT team intervention from that Community Service Board if possible.**
 - c. **A crisis intervention plan in place. A written plan to be initiated in the event of a crisis event involving the RPH resident.**
 - i. **To include the ability to petition the court for an order authorizing a peace officer to take the resident to a CSU (crisis stabilization unit) or nearest emergency receiving facility for the purpose of examination and treatment (GA Code 10-13).**
 - d. **Transitional Housing Program for the resident after the RPH period.**
- D. Acceptance of an organization's qualifications to provide housing to MH level 3 persons will be made at the discretion of the Department of Community Supervision and the Department of Community Affairs. Decisions are final and not subject to appeal.

D. Sex Offender Housing

The following applies to housing sex offenders on supervision and registered sex offenders who are not under criminal justice supervision.

1. Requirements for housing one or two sex offenders:

- a. Fulfill electronic monitoring (EM, GPS and VR) requirements, which may include furnishing a landline telephone without any special features, if requested by DCS staff.
- b. Maintain compliance with all sex offender residence restrictions and acknowledge that subsequent changes in the law and/or the opening of a new childcare facility, church, school, or area where minors congregate within the restricted proximity of a housing unit will cause immediate disqualification.
- c. Obtain written authorization from the county sheriff that includes an acknowledgement of proximity law compliance and the number of sex offenders to be housed at each location.
- d. Submit a criminal history record check by the DCS housing unit on every staff member and volunteer working with the sex offender residents, upon hire, during every annual compliance check, and/or upon request.
- e. Report all inappropriate conduct of sex offender residents to the supervising officer of record and DCS housing unit immediately, not to exceed 24 hours
- f. Have a policy in place to allow the supervising officer of record the ability to maintain contact with the sex offender, at a minimum via telecommunication, in the event of a natural disaster or emergency situation where residents of a facility are displaced.
- g. Provide on-call staff accessible by residents on a 24/7 basis when the total number of sex offenders being housed is 9 or less. When 10 or more sex offenders are being housed, on-site staff must be provided.
- h. Request approval of overnight passes from the supervising officer of record prior to issuing the pass.
- i. Restrict resident access to computers as required and/or directed by the supervising officer of record. Computers must be secured by password access to prevent unauthorized access.
- j. Ensure no child under the age of 18 is allowed to reside on the premises of the housing unit.
- k. Allow sex offender home searches that are more frequent and in-depth than with non-sex offender home visits. Any computers to which residents have access and all accessible personal living spaces are subject to being searched.
- l. Maintain a visitor's policy which includes provisions for staff monitoring of visitation. Ensure visitors are not allowed in bedrooms. Any visitor log must be made available to any CSO when requested.
- m. Acknowledge sex offender residents must continue to comply with off-site individual sex offender therapy as required until completed/authorized by the supervising officer to discontinue.

2. Requirements for housing more than two sex offenders:

- a. Comply with requirements for housing one to two sex offenders
- b. Follow the Chief Supervision Officer's recommendation of how many sex offenders are permitted in a facility that houses more than two offenders

E. Work-Related Criteria

1. Regarding supervisees who work off-site 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 on page 5.) 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. Regarding supervisees working on-site in no-fee programs that have residents performing on site labor for room and board in lieu of normal employment, the supervisee 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 or 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.

3. When supervisees are required to remit their paychecks to the facility, the facility director 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.

F. Conflicts of Interest

Facility directors, facility authorized representatives, 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, the Department of Corrections, the Department of Community Supervision, or other state agency, or a spouse thereof, are ineligible for inclusion in the THOR Directory and therefore, are ineligible for referrals of supervisees or inmates who will be released on DCS supervision. In addition, facility owners, staff and other stakeholders must not claim, verbally or in writing, to have an influence on incarceration release decisions or dates.

G. Ownership/Lease Verification

The facility director or facility authorized representative must provide verification immediately upon request either that all facility properties are owned or leased. If properties are leased, a letter must be provided from the lessor to show he/she is aware of the purpose of the property.

The THOR residence shall meet all local requirements promulgated by the State Housing Code; fire and building departments; zoning authorities; city or county ordinances; state departments of public health; welfare and licensure requirements, as applicable; and federal regulations to insure the health and safety of its residents and staff population. After initial zoning compliance verification, continued evidence of zoning compliance verification may be requested, especially during the annual compliance check. **Attached [Notification](#) must be completed/returned with application.**

H. Background Checks

Facility owners and directors are required to have an NCIC/GCIC background check conducted by DCS. If during the initial application process and subsequent time as an active THOR provider, DCS housing staff discover any indication of currently relevant out-of-state affiliations (including but not limited to, information contained in identification documents, application or compliance check items, or communications with directors or THOR staff), then DCS reserves the right to request that the person submit a current, national criminal history background check. DCS also reserves the right to conduct an open source records check. The following standards apply to background checks:

1. No felony or misdemeanor convictions within the past two (2) years for alcohol, other drug, or violent offenses
2. Not under active supervision of any agency (e.g. Department of Community Supervision, Private Probation Agency, or Federal Probation)

3. There is no evidence of criminal behavior for at least 24 months since release from prison or completion of community supervision (probation/parole)
4. No conviction for sexual offenses
5. Any current arrests without dispositions will place the application in pending status
6. It is highly recommended that facility directors complete background checks on staff members utilizing the previously cited criteria
 - a. 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 to protect supervisees from allegations of wrongdoing by other residents.
7. Initial acceptance of an organization's or individual's qualifications to provide housing is solely the discretion of DCS. Decisions are final and not subject to appeal. These Standards supersede any facility's guidelines, regulations, contract, or portion(s) thereof, in the event that the latter is inconsistent or in conflict with said Standards
8. Arrests of a staff member must be reported to the DCS housing unit and local supervising officer or chief within 24 hours or the next business day. Any arrested staff having contact with residents or resident records must be removed from those responsibilities until the circumstances are reviewed by DCS staff

I. Suspension and Removal from the THOR Directory

1. DCS reserves the right to suspend a site from the THOR Directory as needed for investigative purposes, standard infractions, or as deemed necessary by DCS personnel. The suspension period serves as the time DCS deems necessary to address concerns or correct any pending infractions. The facility director is notified immediately of the violations via certified Letter of Suspension and email and that the facility status in the directory has changed from Approved to Suspended. The facility must display a willingness to cooperate with DCS to correct and remediate any concerns or issues raised. If approval is reinstated at the end of the suspension period, the facility must demonstrate that the necessary measures have been taken to correct the issue(s) that resulted in suspension from the THOR directory.

During a period of suspension, DCS will notify the facility director as to whether residents who are under DCS supervision may continue to reside at the site. This decision will be at the discretion of the DCS Coordinating Chief for the respective circuit where the site is located.

2. Grounds for removal from the THOR Directory as an active provider include, but are not limited to:
 - a. Violation of any of the THOR standards.
 - b. Violation of zoning codes, use and occupancy permits, licensing laws.
 - c. Permitting, aiding, abetting, or concealing the commission of any illegal act.
 - d. Failure to cooperate with DCS staff or supervising officers concerning site visits.
 - e. Noncompliance with annual compliance checks.
 - f. The director, housing manager, and/or staff persons being under the influence of alcohol or any other controlled substances while engaged in any activity on behalf of the THOR facility.
 - g. Improper handling of housing fees, charges and payments/credits, including but not limited to, failure to refund monies paid as specified in the facility's policies.

- h. Failure to report the arrest of a staff member within 24 hours or the next business day.
 - i. Sexual harassment, activity, and/or relationships between residents and staff.
 - j. The director, housing manager, and/or staff persons entering into a financial transaction with a resident under DCS supervision whereby information, goods, or services are exchanged for money, or any other good and valuable consideration.
 - k. Conduct or practice deemed by DCS to be detrimental to the welfare of residents being served through the THOR directory.
 - l. The submission of false information to DCS or any of its staff members.
3. DCS reserves the right to suspend or remove a facility from the THOR directory for any infraction deemed by DCS to be an immediate threat to the safety and health of the residents or public. When violations are found, sanctions can be applied up to and including immediate and permanent removal from the THOR directory.
 4. Upon removal from the THOR directory, the facility shall work with DCS to relocate current residents to other approved facilities if deemed necessary by DCS staff. The site may not accept any new residents under DCS supervision while removed from the THOR directory. To reapply for admission to the THOR directory, the facility must wait the specified period of time given and the director must show documentation of the steps that were taken to eradicate the infraction(s) which caused the removal. If DCS becomes aware that the facility or any of its staff are representing themselves to others as still being in the approved THOR directory listing, the privilege to reapply for admission to the THOR directory may be revoked.
 5. If at any point a facility chooses to be voluntarily removed from the THOR directory, written verification from the director must be submitted to the DCS Housing Operations Manager with the effective date of separation from the directory. The director may give a reason for separation, if deemed necessary. If no infractions are known to DCS or no investigation is pending at the time of the notice of removal by the provider, the decision to relocate current residents under DCS supervision will be at the discretion of the DCS Coordinating Chief for the respective circuit where the site is located.
 6. In the event a facility is removed, whether voluntarily or involuntarily from the directory, the director may correct the infractions and reapply at the end of a period determined by DCS. All stipulations, infractions, issues, and or concerns specified in the notice given to any facility director, who has been removed, must be corrected prior to the time of re-application, including any and all documents required for recertification. Any unused fees or payments, including deposits, for rent or food must be immediately returned to the resident or prospective resident.
 7. If the director wishes to appeal the removal decision, the request must be submitted in writing and received within 15 days of the date the director receives the letter containing the agency decision. The written appeal, along with any associated documentation to support the appeal, must be mailed to the following address: Division Director, Reentry Services, Department of Community Supervision, 2 MLK Jr. Dr. SE, East Tower, Room 458, Atlanta, GA 30334.

After submission of the appeal, the Division Director will make a decision based upon all the information available regarding the case. The director will be notified of the decision via certified mail. Decisions are then final and not subject to appeal.

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. Designation as a recovery residence in THOR requires accreditation from a minimum of one of the following agencies: GARR, DCH, CARF, or JCAHO. 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.

Inclusion in the THOR Directory is based on demonstrated compliance with the herein standards and a willingness to accommodate the individual conditions of supervision and/or the sentence including requirements for maintaining employment, attending counseling, taking medications, etc.

A. Facility and Property

Refer to the Structured Housing section II.A.

B. Resident Management

Refer to the Structured Housing section II.B.

C. Mental Health

Refer to the Structured Housing section II.C.

D. Sex Offender Housing

Refer to the Structured Housing section II.D.

E. Work-Related Criteria

Refer to the Structured Housing section II.E.

F. Conflicts of Interest

Refer to the Structured Housing section II.F.

G. Ownership/Lease Verification

Refer to the Structured Housing section II.G.

H. Background Checks

Refer to the Structured Housing section II.H.

I. Suspension and Removal from the THOR Directory

Refer to the Structured Housing section II.I.

J. 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. Recovery Residences shall have certified/licensed staff as required by their accrediting agency. In addition, anyone using the title "Pastoral Counselor" must be credentialed by a nationally recognized organization. Facilities must maintain documentation of staff certifications and licenses.
3. Arrests of a staff member must be reported to the DCS housing unit and local supervising officer or chief within 24 hours or the next business day. Any arrested staff having contact with residents or resident records must be removed from those responsibilities until the circumstances are reviewed and investigated by DCS staff.
4. Residents under supervision 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. Upon acceptance into the the program, each resident must sign and acknowledge:
 - a. Copy of the fee schedule
 - b. Agreement to participate in specific activities
 - c. Consent form authorizing the facility to release of information form
 - d. Resident's rights
 - e. Facility Rules/ Regulations

All signed documents must be kept in the resident's file.

6. A file on each resident admitted to the program should contain the following:
 - a. Name, last address, DOB, race, emergency contact person info., supervising officer contact info., pertinent medical history, and current medications;
 - b. A copy of the court-ordered sentence;
 - 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. Screening, intake/assessment info., and individual recovery plan;
 - e. Program activity attendance documentation;
 - f. Documentation of fees, charges, and payments/credits;
 - g. Progress notes written by staff at least monthly;
 - h. Progress reports sent to CSO if previously requested;

- i. Documentation of all communications with CSOs.
 - j. Each resident must sign upon admission:
 - k. copy of the fee schedule;
 - l. agreement to participate in specified activities;
 - m. consent form authorizing the facility to release attendance, quality of participation, drug test results, and progress reports (if requested) to the supervising officer;
 - n. Resident's rights;
 - o. Facility Rules/Regulations.
 - p. All signed documents must be kept in the resident's file
 - q. Program resident entry and exit dates
7. A 24-hour a day supervisory system must be in place that provides staff accountability for residents. 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.

K. Facility Policy and Procedures Manual

1. All facilities must submit a Facility Questionnaire. The Facility Questionnaire must be accompanied by a copy of, or instructions for access to, the facility policy and procedures manual and all forms used to document resident information. Recovery residences accredited through GARR, DCH, CARF, or JCAHO are not required to submit all policies and procedures, only the ones related to restraints, detainment, and communications with supervising officers.
2. All facility policies and procedures must be maintained in a manual.
 - a. Programming and activity schedules must match the contents of the policy and procedures manual
 - b. The manual should contain a policy/procedures 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 documentation of attendance at all required activities. 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 / storage:
 - 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
 - iii. Medication can be kept by the facility for multiple residents, except when required to be kept by a resident on his or her person due to the need for frequent or emergency use, as determined by the resident's physician. Medication kept by the facility for multiple residents must be stored in a centralized locked administrative location accessible by staff only.

In all instances where the facility provides centralized storage of self administered medications, staff must maintain a daily Medication Assistance Record (MAR) for each resident. The MAR must include: a) the name of the specific resident, b) any known allergies, c) the name and telephone number of the resident's health care provider, d) the name, strength and specific directions including key side effects and adverse reactions for use of each medication, e) a chart for staff to record initials, time and date when medications are taken, refused, or a medication error is identified (e.g. missed dosage). The staff must update the MAR each time the medication is offered or taken.

Medication kept by a resident may be stored in the resident's bedroom (only if single occupancy rooms which can be locked) or in a locked cabinet or other locked storage container. Duplicate keys for the resident's locked storage container and room must be available to the resident and the facility director or designated staff.

- j. Clearly defined progressive sanctions for sustained progress and for rule noncompliance
- k. Readmission criteria and minimum time frame following discharge

L. 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, as required by their accreditation. These terms are 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 Readmission:
 - a. Supervisees must not be discharged before the supervising officer or other local law enforcement is notified
 - b. 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. Random 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. 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 crime-producing needs

M. Faith Based Programming

1. Participation in religious activities must be voluntary for program residents.

THOR Directory Information

A. Disclaimer

“DCS does not endorse the facilities contained in the Transitional Housing for Offender Reentry (THOR) Directory for any purpose other than for potential placement of supervisees who reside in the state of Georgia. Inclusion in this program means that DCS may approve placement in the facility, however, residence plan decisions are made on an individual basis. While program representatives routinely inspect or visit the approved housing units, it is strictly for placement of individuals.

Facilities not listed in this directory may not be suitable placements for supervisees, especially as a first residence out of prison. Additional resource links are listed on the DCS webpage as a convenience but are not endorsed by the DCS.”

Facilities included in the THOR Directory can indicate on their website and other facility materials the statement, “THOR Directory Resource.” However, no statement shall be included that implies having an influence on the release of an inmate. In addition, this statement must be removed from the facility website and all facility literature if the facility closes or is removed from the THOR Directory.

B. Agency Contacts

Direct questions to the following: housing@dcs.ga.gov

V. THOR Directory Standards Compliance Certification

My facility is applying as (check one):	
Structured Housing	<input type="checkbox"/>
Recovery Residence	<input type="checkbox"/>

My signature below indicates that I have reviewed the THOR Directory Standards and certify that my facility meets all required operations, policies, and procedures described therein. These Standards supersede any previous THOR standards, regulations, or portion(s) thereof, in the event that the latter is inconsistent or in conflict with said Standards. Facility Director is responsible to operate its services and maintain or ensure that the property at which eligible persons are housed through this program is safe, habitable and in good repair and that it satisfies all requirements based on federal, state or local laws. Facility Director agrees to indemnify and hold harmless the Department of Community Supervision, including its officers, employees and agents from all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable attorney's fees, related to or arising from any breach of these Standards or Facility Director's actions or inactions relating to the property at which eligible persons receive housing and services through this program.

Facility Name: _____

Address: _____

Authorized Representative (print)

Authorized Representative Signature

Date