



**POLICY AND ADMINISTRATIVE PROCEDURES**  
**Manual of Policies and Procedures**

Title  
**THE DEVELOPMENT AND DELIVERY OF ADDICTION RECOVERY SERVICES**

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5(a)(8) IC 11-10-3-4(a)(1) IC 35-50-6-3.3	01-02-101    01-04-101 01-02-107    01-07-101 01-03-103    03-02-104	ACA: ACI: 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, 4-4441 JTS: 5C-01, 5C-09, 5C-10, 5C-11, 5C-12

I. PURPOSE:

The purpose of this policy and administrative procedure is to establish and maintain a coordinated delivery of Addiction Recovery services in the Department of Correction in order to reduce offender substance abuse and criminal behaviors and increase the potential for the offender’s successful re-entry into the community.

II. POLICY STATEMENT:

The Department of Correction recognizes that a significant portion of the offenders committed to the Department have been involved in some form of Substance Abuse. In order to address this problem, the Department has established coordinated Addiction Recovery Services that provide programming for offenders both within the Department’s facilities and to offenders released to parole supervision.

III. DEFINITIONS:

For the purpose of this policy and administrative procedure, the following definitions are presented:

- A. **ADMISSION NOTE:** A progress note that provides admission criteria and treatment recommendations regarding an offender and which reflects the admission criteria.
- B. **CLIFF (Clean Lifestyle Is Freedom Forever):** A specialized therapeutic community lasting a minimum of 8 months for offenders with significant

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impairment connected to Methamphetamine, Amphetamine or Cocaine abuse. These therapeutic communities are competency based and typically take longer than 8 months to successfully complete.

- C. CESI (Client Evaluation of Self at Intake): A testing instrument for evaluating an offender's motivation, desire for help, problem recognition and readiness for treatment.
- D. CEST (Client Evaluation of Self and Treatment): A testing instrument designed for evaluating an offender's improvement and treatment satisfaction.
- E. DIRECTOR OF ADDICTION RECOVERY SERVICES: The contractor staff person responsible for collaborating with the Executive Director of Programs and Quality Assurance Director for the purpose of providing oversight, coordination and direction of all addiction recovery services within the Department of Correction.
- F. DAP (Data, Assessment, Plan): The format required for Progress Note entries which consist of: Date-time of group-number of group-Phase of group and:
  - (D) Factual information covered in group such as subject material or statements made by offenders or happenings during group time;
  - (A) Specifics about the individual offender that were noticed and assessed by the counselor; and provide a clinical overview of the level and quality of functioning and progress or regress within the program component.
  - (P) Plan based on the above progress note as well as previous notes documented. Addiction Recovery Specialists name and highest credential.
- G. EXECUTIVE DIRECTOR OF PROGRAMS: The Central Office staff person responsible for the oversight, coordination and direction of all program services within the Department of Correction.
- H. DISCHARGE NOTE: A progress note that summarizes the progress made by an offender and the reason for his/her discharge from a program when it is anything other than successful completion.

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- I. **GUIDED SELF STUDY (GSS):** The Education phase covering Drug Education, concentrating on Bio – Psycho – Social aspects of the offenders.
- J. **QUALITY ASSURANCE DIRECTOR:** The Central Office staff person responsible for overall quality assurance for Addiction Recovery Services, including management of program data and statistics.
- K. **PURPOSEFUL INCARCERATION:** Program in which a Judge will sentence an offender to IDOC but in writing states that the Court will consider modification upon completion of a Therapeutic Community Program.
- L. **ADDICTION RECOVERY DIRECTOR/LEAD:** The Addiction Recovery specialist at each location responsible for coordinating and providing addiction recovery services at their location. This individual may or may not supervise other counselors.
- M. **ADDICTION RECOVERY SPECIALIST (ARS):** The staff person(s) at each location responsible for direct delivery of addiction recovery services.
- N. **SUBSTANCE ABUSE INTAKE (SAI):** The instrument for assessing an offender’s need for treatment, psychosocial development, the severity of his/her substance abuse problem and the identification of other needs. This document replaces the previously used Bio-psychosocial Assessment.
- O. **ADDICTION RECOVERY DIRECTOR:** The Director responsible for a specialized treatment unit within a facility, such as the CLIFF Units or Therapeutic Communities.
- P. **SUBSTANCE ABUSE MANAGEMENT SYSTEM (SAMS):** The computerized system that provides for management of caseloads, treatment, treatment documentation, statistical reports and system administration.
- Q. **STANDARDIZED APPROVED CURRICULUM:** The curriculum that has been adopted to be used in all of the Department’s adult facilities for the treatment of Substance Abuse.

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- R. TEXAS CHRISTIAN UNIVERSITY DRUG SCREEN II (TCUDS): An optional screening instrument used to measure the severity of drug use in an individual.
- S. THERAPEUTIC COMMUNITY (TC): A specialized therapeutic community lasting a minimum of 8 months for offenders with significant impairment connected to substance abuse. These therapeutic communities are competency based and typically take longer than 8 months to successfully complete.
- T. TREATMENT SUMMARIES: A document that is entered into SAMS that defines the addiction recovery staff's assessment of the offender's treatment. These will be entered into SAMS at the end of any phase whether it results in a successful completion, termination, transfer, quit or other treatment ending. Treatment summaries are to include information regarding the offender's identified problems; progress on those identified problems/needs, motivation while in treatment, prognosis for recovery and follow-up recommendations. Furthermore, it is essential for the addiction recovery staff of record to individually write the struggles that each offender has had during treatment as well as successes in learning the material through his witnessed behaviors in and outside of group. The treatment summaries are to be signed, including credentials, and dated by the addiction recovery staff completing the summary.

#### **IV. PROGRAM MISSION AND GOALS:**

The Addiction Recovery Programs within Department facilities provide coordinated services to insure a system wide continuum of care for those in need of Addiction Recovery Services. The following mission and goals have been adopted:

**The mission of the Indiana Department of Correction's Addiction Recovery Services is to provide Addiction Recovery services in an efficient and effective manner to prepare offenders for successful return to the community as law abiding citizens thus maintaining public safety.**

The goals of the Department's Addiction Recovery Services are:

- A. To identify and apply resources effectively to make appropriate Addiction Recovery services available to those offenders demonstrating a need for such services.

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- B. Use available technology in order to maximize the delivery of Addiction Recovery services to the greatest number of offenders demonstrating a need for such services.
  - C. To provide Addiction Recovery assessment, education, treatment and referrals appropriate to each offender's individualized needs within the constraints of available resources, using research based best practices approaches from a standardized curriculum to ensure a smooth transition for those offenders moving from one facility to another.
  - D. To provide Addiction Recovery services which utilize a holistic approach to Addiction Recovery treatment with emphasis on correcting criminal behavior and criminal thinking.
  - E. To maintain standards and measures to evaluate program performance and effectiveness, using validated testing procedures.
  - F. To continue to develop and maintain a continuum of care with appropriate treatment opportunity for all offenders which includes re-entry linkages to the community.
  - G. To provide Addiction Recovery services that help to reduce offender substance abuse, increase their potential for successful reintegration into society, reduce recidivism, and protect the public community at large.
- V. ADMISSION CRITERIA:

The Department's Addiction Recovery Programs shall maintain specific admission criteria for each program component. Offenders shall be placed in services according to the established criteria. This shall include education, treatment, up to three segments of relapse prevention and support group components, CLIFF Units and Therapeutic Communities. The admission criteria shall be made available to the offender population, treatment and facility staff.

After completing a packet review, assessments (SAI) and a face to face interview by the Addiction Recovery Staff, recommendations shall be made for the most appropriate level of service for that offender. The appropriate level of Addiction Recovery services will be documented in SAMS and offered to the offender. If the offender refuses or quits the recommended service, he/she will not be offered an addiction recovery service at a different level of care. Offenders who refuse recommended services may attend support groups (AA, NA). If an offender is

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unable to attend the recommended service through no fault of his/her own, the offender may be offered a different level of care which must be approved on a case-by-case basis by the contractor Regional Director, IDOC Executive Director of Programming and the Quality Assurance Monitor. This approval must be appropriately documented in SAMS. Offenders who refuse, quit, or are terminated from a TC/CLIFF while in a Security Level 2 or higher facility will not be eligible for Outpatient treatment services at any time during their incarceration within the Indiana Department of Correction. This also applies to future commitments within the Indiana Department of Correction.

In addition, any offender that has participated, with or without successful completion, in an Indiana Department of Correction Therapeutic Community program is only eligible for admittance into Therapeutic Community programming from that point forward. This also applies to future commitments within the Indiana Department of Correction. They are never, without the direct approval of the medical contractor's Regional Director, IDOC Executive Director of Programming and the Quality Assurance Monitor, eligible for Outpatient services. Admission into step-down programming (i.e. outpatient services) is not permitted and can result in the offender being denied earned credit time for completion of outpatient programming.

The Addiction Recovery Director or Lead at each location shall be responsible for developing and adhering to eligibility criteria for each program component.

Eligibility criteria for adult facilities should include but not be limited to the following:

- A. Offenders will apply for addiction recovery services through their case managers and not the Addiction Recovery Department at a facility. The case managers will communicate with the Addiction Recovery department once the case manager has determined that Addiction Recovery treatment is appropriate at that time for the offender.

The offender must have a documented significant history of substance abuse. Offender self reports including assessment scores should be considered as part of the initial screening process. However, self reporting information needs to be verified through factual information available in the offender packet as well as a face to face assessment with the offender.

- B. Offenders shall be admitted to programs based upon their Earliest Possible Release Date (EPRD). Offenders who have started Addiction Recovery

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Services at a facility and are transferred to another facility shall be admitted into the same component at the earliest available opening at the receiving facility provided they have submitted a request to continue Addiction Recovery services through their new case manager. (This excludes disciplinary transfers as noted below.)

- C. Offenders who are currently in Addiction Recovery services and are transferred to a higher security level due to disciplinary actions and/or an inability to follow the established rules may reapply after a six (6) month waiting period.
- D. Offenders who are on the Addiction Recovery Services waiting list and are transferred to another facility prior to being admitted must reapply for services through their new Case Manager at the destination facility.
- E. CLIFF and Therapeutic Community admission criteria are a minimum of 14 months and a maximum of 36 months unless there is a documented compelling clinical need.
- F. Offenders in Level 2 and 3 facilities should have enough time when they enter the program to complete Phase 1, Phase 2, and the first segment of Phase 3. Each facility's Addiction Recovery program shall determine the minimum length of time needed to complete these portions of the program. Offenders who do not meet these minimum time frames shall not be placed in services unless the Addiction Recovery staff feels there is a compelling need. These offenders may be provided the GSS, support groups, and/or referrals for Community Services upon their release.
- G. County Jail programs may not admit offenders participating in the approved addiction recovery services if the offender is beyond 36 months of EPRD.
- H. Offenders in Level 1 facilities should have enough time when they enter the program to complete Phase 1 and Phase 2. Each facility's Addiction Recovery program shall determine the minimum length to complete these portions of the program. Offenders who do not meet these minimum time frames shall not be placed in services unless the Addiction Recovery staff feels there is a compelling need. These offenders may be provided the GSS, support groups, and/or referrals for Community Services upon their release.
- I. Each facility is to determine the maximum time frame for accepting requests from offenders for Addiction Recovery Services. The Case Manager shall

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make the referral to the Addiction Recovery Department. This maximum time frame shall be based upon facility resources and offender demand. Each program shall make the offender population aware of this maximum time frame.

- J. Each facility may determine specific conduct criteria that would preclude admission into each Addiction Recovery Service. In order to best manage the correctional population, facilities may decide which conduct violations would make an offender ineligible to participate in Addiction Recovery Services.
- K. Offenders who receive a conduct report for a positive Urine Drug Screen should not be excluded from being admitted into Addiction Recovery Services.
- L. Offenders who have returned to the Department and who have received previous Addiction Recovery treatment through the Department or community providers should strongly be considered for Therapeutic Community or CLIFF placement. Should a decision be made to refer the offender to a lesser level of care that decision is to be thoroughly documented in SAMS.
- M. Offenders who have returned to the Department and have received previous treatment shall not be admitted directly to a phase beyond Phase 2. Offenders who bypass the Phase 1 GSS shall have scored at least 80% on the Pre-test to be admitted directly to Phase 2. This shall be THOROUGHLY documented in SAMS.
- N. Offenders who have received Addiction Recovery outpatient treatment through the Department or community providers three (3) or more times shall be referred to a TC or CLIFF Unit or may be referred to AA/NA support groups only. Any referral to outpatient treatment for these offenders must be approved by the Executive Director of Programs or the Quality Assurance Director.
- O. Offenders must be willing to sign and adhere to a behavioral contract that includes, but is not limited to, the following:
  - i. Prompt and regular attendance at group;
  - ii. Active participation in all required treatment activities;
  - iii. Appropriate behavior during treatment activities;
  - iv. A willingness to submit to a urine drug test at any time;

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- v. A commitment to completing individualized treatment plans; and,
  - vi. A commitment to living alcohol and drug free for life.
- P. Adult offenders that demonstrate their primary motivation to receive services is to obtain a credit time cut (as evidenced by behavior, testing, assessments scores, verbalizations, and attitudes) may be denied access to services or discharged if already in treatment. These decisions require thorough historical documentation in SAMS.
- Q. Adult offenders must be clear of incidents involving violence, weapons or assaults for one (1) year prior to admission to a program.
- R. Adult offenders must be clear of any Security Threat Groups (STG) offenses for six (6) months prior to admission.
- S. Adult offenders who withdraw from Addiction Recovery treatment or are an unsuccessful completion from a Addiction Recovery treatment program may not re-apply for Addiction Recovery Services for six (6) months. Offenders who have been participants in a TC or CLIFF Unit who meet these criteria shall only be offered the same level of care after a six (6) month waiting period. Should an offender initiate his/her own transfer from a TC or CLIFF Unit prior to completion, he/she will not be offered time cut eligible services.
- V. All medically related referrals for immediate or early admission to addiction recovery services must be directed to the office of the Director of Health Services in the Central Office. Offenders who have tested positive for Hepatitis C, and are seeking early admission to Addiction Recovery Services, must be referred by their facility health care provider to the Director of Health Services. The Director of Health Services shall determine the timing for Addiction Recovery Treatment Program admission and notify the Central Office Executive Director of Programs. Addiction Recovery staff may not accept referrals for early or immediate admission to the Program from the facility health care providers. Such referrals must come from the Central Office Director of Programs or the Central Office Director of Health Care Services. A progress/admission note is to be entered into SAMS specifying that the offender is being admitted to treatment early due to medical circumstances. At that time, the Addiction Recovery Lead or Director will admit the offender in the next available space. All medical referrals for individuals who are not available to come to group (those in PC, Level 4

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and/or Segregation) will be given an Addiction Recovery GSS Course only. This course will not qualify for a credit time cut.

- W. Offenders who are housed in any segregation unit which does not allow them to mingle/assemble in a group may be given a GSS only. This course shall not qualify for a credit time cut. However, it may qualify them to be waived from Phase 1, if they should successfully pass the test, and if they should later be placed in a unit that would allow group attendance.
- X. The TCUDS is an optional assessment developed by Texas Christian University and can be administered to offenders as an initial screening process before they are further assessed for appropriateness for Addiction Recovery Services. The TCUDS can be completed and entered in SAMS. Offenders who admit they lied on any assessment utilized by Addiction Recovery Services staff shall be given a conduct report for lying to staff in accordance with IDOC Policy and Administrative Procedure 02-04-101, "The Disciplinary Code for Adult Offenders." They will be reevaluated by the Addiction Recovery Staff and a clinical determination will be made as to what action is to be taken
- Y. Each facility providing Addiction Recovery Services shall develop a Facility Directive outlining the admission criteria for each program component.

The Substance Abuse Intake form (SAI), CESI, admission note, pre-screening, and packet review shall be used to match offenders with the appropriate treatment component based upon the written admission criteria. The Addiction Recovery Director or Lead at each facility shall be responsible for ensuring any admission criteria or admission criteria revisions are forwarded to the contractor, the Executive Director of Programs, and the Quality Assurance Director.

- Z. The Addiction Recovery Director or Lead at each facility shall be responsible for maintaining the waiting list and placing offenders into appropriate program components.

VI. NON-DISCRIMINATION:

The Department's Addiction Recovery Programs shall not discriminate against offenders based upon gender, sexual orientation, color, national origin, race, religion, ethnicity, age, handicap, political views, and/or criminal history. All program staff shall be notified of the non-discriminatory procedures.

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VII. STANDARDIZED OFFENDER RECORDS:

The Addiction Recovery Programs shall maintain standardized offender records. The Addiction Recovery counseling staff shall be responsible for completing, gathering and maintaining all information relevant to the services provided in the program. All documentation shall be completed and maintained in SAMS.

The offender electronic record in SAMS shall include the following:

- A. TCUDS (optional);
- B. SUBSTANCE ABUSE INTAKE (SAI);
- C. SAMS INDIVIDUAL TREATMENT PLAN;
- D. SAMS REVIEW OF TREATMENT PLAN;
- E. SAMS SUMMARY OF TREATMENT;
- F. SAMS RELEASE/RECOVERY PLAN;
- G. CESI
- H. CEST
- I. Communications documenting special clinical consults, interventions; unit team staffing, and annual reviews
- J. SAMS PROGRESS NOTES; and,
- K. VERIFICATION OF COMPLETION OF EDUCATION/VOCATION/SUBSTANCE ABUSE PROGRAM, SAMS Electronic Verification of Completion or State Form 46032.

The following forms are in hard copy format:

- A. State Form 46490, NOTICE OF CONFIDENTIALITY GUIDELINES;
- B. State Form 46494, INFORMED CONSENT;
- C. State Form 46729, AUTHORIZATION TO RELEASE/REQUEST INFORMATION; and,
- D. CONFIDENTIALITY GUIDELINES FOR PATIENT RECORDS;

As noted, all Addiction Recovery documentation is maintained and is available electronically in SAMS. As a result, it is only necessary to place minimal documentation in the offender's medical packet. Closed records in the section of the medical packet dedicated to Addiction Recovery should be maintained in the following order, which is listed from top to bottom. It is not necessary to place any documentation in the packet other than what is listed below:

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- State Form 46490, NOTICE OF CONFIDENTIALITY GUIDELINES;
- Treatment Summary
- Release/Recovery Plan
- Collateral Forms (i.e. Behavioral contracts, outside treatment records, etc.)
- Authorization to Release/Request Information
- State Form 46494, INFORMED CONSENT

All documentation that is placed in the offender packet which requires Addiction Recovery staff signature is to be signed in ink. If a document is being signed, a full signature, including initials of credentials, is required. Credentials shall include any college degree and/or professional certifications. If no degrees or certifications are applicable, the SAC designation should be used. A SAC designation should not be used if a degree or certification is utilized. Addiction Recovery forms shall not be pre-signed by staff.

The documents that will be placed in the medical packet may be maintained by the Addiction Recovery staff while the offender is actively involved in the treatment program, provided these records are maintained in a secure location in a locked cabinet or drawer.

The forms noted above are to be printed from SAMS, signed and placed in the medical packet, Section IV, under mental health material when:

- The offender successfully completes treatment;
- The offender is released or transferred;
- The offender drops out of treatment or is terminated by the counselor; or,
- The offender has not received services for 45 days.

If an offender leaves the facility prior to the Addiction Recovery material being placed in the medical packet, the material shall be mailed directly to the Addiction Recovery coordinator at the appropriate location. If the offender did not go to another Department facility, the records shall be processed in accordance with the Department's records storage procedures.

Offender generated material shall not be placed in the offender packet at the time of discharge from the program. This material shall include such items as journals, step work, self-assessments, etc. Offender generated materials may be returned to the offender, who may choose to keep or destroy the material.

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Prior treatment information from treatment providers outside the Department may be placed in the confidential Addiction Recovery section of the medical packet when relevant. Collateral information should be kept to a minimum.

### **VIII. PRE-SCREEN/ADMISSION NOTE:**

A pre-screening shall be conducted to determine into which component the offender is to be placed. An "Admission Note" is to be made in the progress notes justifying admission into a component. If the pre-screening determines admission into a treatment component, the Substance Abuse Intake, and/or packet review shall be utilized to match the offender with the appropriate treatment component based upon the written admission criteria. The reason for placement in the particular component shall be stated in the Pre-screen/Admission Note along with any significant information gained from administered assessments—All charts are to have an Admission Note.

An offender requesting Addiction Recovery Services who has previously received treatment three (3) times in the Department should be referred to a TC, CLIFF Unit, or support groups. Any additional placement in out-patient services needs to be approved by the Executive Director of Programs or the Quality Assurance Director.

### **IX. SUBSTANCE ABUSE INTAKE:**

The Addiction Recovery Programs shall collect a comprehensive assessment/alcohol and drug history on all offenders during a face to face interview prior to their admission to a Addiction Recovery treatment component (Phase 2 or 3, TC or CLIFF) by completing the Substance Abuse Intake Form.

A face-to-face interview, along with a packet review (as available) shall be conducted to complete the decision for placement.

All areas of the Substance Abuse Intake are to be thoroughly completed.

If an offender has been released to the community and returned, a new SAI needs to be completed.

If pre-screening indicates an offender is appropriate for an educational component and/or support group referral only, a Substance Abuse Intake is not required.

### **X. CONFIDENTIALITY:**

Addiction Recovery Staff shall ensure compliance with the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance and

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Disposition of Offender Records,” and all applicable statutes, promulgated rules and directives on maintaining Addiction Recovery records, releasing information, and obtaining informed consent.

The Addiction Recovery Program consists of all Addiction Recovery Services provided by Department staff. A release of information is not required for Department Addiction Recovery staff to access offender treatment information when an offender transfer occurs, or when an offender is released to Parole Services.

Staff, other than Addiction Recovery Counselors, may have access to this information when there is a compelling professional need for the information in connection with their duties that arise out of the provision of diagnosis, treatment or referral for treatment of alcohol or drug abuse.

- A. This may include Physicians, Psychologists, Social Workers, Unit Team staff, Behavioral Clinicians, Records Supervisor and Parole Agents when the information is necessary to provide appropriate treatment services.
- B. Information may be made available to an entity that has direct administrative control over a program. This may include the Facility Head, Assistant Superintendent, Parole Supervisor, Executive Director of Programs, contractor, and Quality Assurance Director.
- C. All staff approved to have access to an offender's Addiction Recovery treatment record shall be aware of the applicable statutes, Department policies, and current Executive Directives that govern confidentiality of offender’s Addiction Recovery records.

The Addiction Recovery Program shall operate in accordance with all applicable statutes, Department policies and current Executive Directives that govern confidentiality of offenders’ Addiction Recovery records in releasing information to offenders and other interested parties. The Addiction Recovery Director or Lead or his/her designee shall be informed and present if/when an offender reviews the Addiction Recovery information in his/her packet.

An offender shall be provided with a copy of the offender’s:

- o TREATMENT PLAN/UPDATES; and,
- o RELEASE/RECOVERY PLAN.

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As these are recommendations, the offender needs access in order to work on treatment and recovery issues.

In accordance with IDOC Policy and Administrative Procedures, courts and personnel authorized by a court may have access to the Department's offender Addiction Recovery records. All specific court orders pertaining to individual documents or the entire offender record shall cause the record, in whole or part, to be copied or released by the records supervisor pursuant to those orders.

If access to an offender's record was granted under compulsory legal process other than that initiated by the offender, reasonable effort shall be made to notify the offender prior to release of the information.

Access by an attorney or other representative to the offender's records shall be permitted in accordance with the administrative procedures for IDOC Policy 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records."

Offenders are allowed to review the information in their file by initiating a request to the Addiction Recovery Staff. An appointment shall be set and the offender permitted to review his/her file in the presence of the Counselor and/or the presence of Addiction Recovery Staff, only after his/her treatment is complete. At no time are they to be left alone with the packet. If a copy of the treatment record is desired, the offender must pay the per page charge for the copies, in accordance with Department procedures.

All treatment information is available to Parole Services. Other criminal justice agencies may be provided treatment information without the consent of the offender. However, offender consent and a Release of Information must be signed to release information to all other agencies or organizations outside the Department.

Each offender admitted to an Addiction Recovery Program will be properly informed of Federal Confidentiality Guidelines and their limitations. Each offender will be asked to read and sign State Form 46490, NOTICE OF CONFIDENTIALITY GUIDELINES.

**XI. ORIENTATION FOR ADMISSION:**

In order to gain truly informed consent to treatment, the Addiction Recovery Program shall provide each offender admitted with an orientation to services available through the program(s).

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Orientation to participation in the Addiction Recovery Program(s) shall include the following information in written form with a copy given to the offender:

- A. An explanation of the program's philosophy in words the offenders can understand;
- B. An explanation of the different program components available at the facility;
- C. Behavioral and attitudinal expectations necessary to remain in and/or complete the designated program component;
- D. Attitudes, conduct charges and/or behaviors that may result in discharge from the program; and,
- E. Opportunities for admission to specialized treatment units for more specialized/intensive treatment.

Each program shall have shall develop a Facility Directive, in accordance with IDOC Policy 00-04-101, "The Development, Approval and Implementation of Policy," outlining Addiction Recovery program orientation for offenders.

**The Outpatient Programs** are three (3) phase programs consisting of:

- Phase 1: A Guided Self Study Course that consists of educational material about the process of addiction and treatment. All facilities are required to utilize the Standardized GSS Course developed and approved by the Department.
- Phase 2: A primary treatment group that consists of a minimum 48 hours of treatment emphasizing intensive work on decision-making and learning to be responsible for the consequences of those decisions. An Individualized Treatment Plan which outlines various homework assignments/tasks the offender must complete within a certain time frame prior to being promoted to the next Phase. All facilities are required to use the Standardized Phase 2 curriculum developed and approved by the Department.
- Phase 3.1, 3.2, and 3.3: A three-segment treatment group that consists of a minimum of 24 hours of treatment, devoted to relapse prevention, reintegration to the community at large, individual goals for the future and the fellowship of a 12-step support group. Each segment of Phase 3 will

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also have an Individualized Treatment Plan. All facilities are required to use the Standardized Phase 3 curriculum developed and approved by the Department.

**Therapeutic Community (TC) Programs** are programs that operate on a modified therapeutic community model. The TC provide intensive Addiction Recovery treatment services, as well as having a strong focus on impacting criminal thinking patterns and behaviors. The offenders are housed in the same housing units and are segregated from general population offenders as much as possible. Therapeutic activities include community meetings, group therapy, self help groups, peer groups, and staff meetings. Offenders gain privileges and responsibilities as they progress through the program. Program completion is competency based and will require a minimum of 8 months and in most cases will take longer. There is a strong focus on offender needs regarding their re-entry to the community. Graduates of the program are expected to remain on the unit to continue work on maintaining their recovery, while continuing to work on re-entry issues until their release. If graduates are eligible to be placed at a level 1 facility after they have successfully completed the Therapeutic Community, the offender shall be moved if possible to a level appropriate facility.

Therapeutic Community participants who are a higher security level than Level 1 shall not be transferred to a Level 1 or Work Release facility when they become eligible prior to their successful completion based on the treatment portion of the program. **If the participant agrees to a transfer prior to their successful completion they will be considered an unsuccessful completion and INELIGIBLE FOR OUT PATIENT SERVICES.** This also applies to future commitments within the Indiana Department of Correction.

Therapeutic Community successful completers should remain on the unit and not be placed back into general population unless they become disruptive or make the decision to leave the Therapeutic Community. Therapeutic Community Transition offenders should be eligible to perform other jobs or participate in programs or education at the facility as a whole while residing as successful completers on the therapeutic community unit.

**CLIFF Units** are focused on offenders with significant impairment as a result of methamphetamine, amphetamine or cocaine abuse. Program completion is competency based and will require a minimum of 8 months and in most cases will take longer. The units operate on a modified therapeutic community model. The CLIFF Program provides intensive Addiction Recovery treatment services, as well as having a strong focus on impacting criminal thinking errors and behaviors.

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The offenders are housed in a housing unit together and are segregated from general population offenders as much as possible. CLIFF activities include community meetings, group therapy, self help groups, and peer groups. Offenders gain privileges and responsibilities as they progress through the program. Program completion is competency based. There is a strong focus on offender needs regarding their re-entry to the community. Graduates of the program are afforded the opportunity to remain on the unit to continue work on maintaining their recovery and on re-entry issues until their release. If graduates are eligible to be placed at a level 1 facility after they have successfully completed the CLIFF Therapeutic Community, the offender shall be moved, if possible, to a level appropriate facility.

CLIFF Therapeutic Community participants who are a higher security level than Level 1 shall not be transferred to a Level 1 or Work Release facility when they become eligible prior to their successful completion based on the treatment portion of the program. If the participant agrees to a transfer prior to his/her successful completion, he/she shall be considered an unsuccessful completion and **INELIGIBLE FOR OUT PATIENT SERVICES**. This also applies to future commitments within the Indiana Department of Correction.

CLIFF Therapeutic Community successful completers should remain on the unit and not be placed back into general population unless they become disruptive or make the decision to leave the CLIFF Therapeutic Community. CLIFF Therapeutic Community Transition offenders should be eligible to perform other jobs or participate in programs or education at the facility as a whole while residing as successful completers on the therapeutic community unit.

Admissions to a TC or a CLIFF TC can be made outside of the maximum EPRD admission criteria of 36 months when it is a Purposeful Incarceration (PI) referral. The sentencing Judge **MUST** document that he/she, "will consider sentence modification upon completion of the therapeutic community." The Department will make every effort to accommodate this sentencing practice as well as to the preferred location whenever possible. All referrals shall be sent to the Executive Director of Programs and contractor.

The following guidelines regarding the Purposeful Incarceration (PI) for TC or CLIFF TC shall be followed:

- A. The Court will indicate on the Abstract of Judgment or Sentencing Order that the offender should complete a TC program and that if the offender completes successfully, the Court will consider modifying the offender's sentence.

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- B. if the Court notifies the Department via email that it will be sentencing an offender with a PI recommendation, this notification shall be sent to the appropriate reception and diagnostic center so that staff can watch for the offender's arrival.
- C. Classification staff at the reception and diagnostic center shall review the Abstract of Judgment and/or Sentencing Order to determine whether there has been a PI recommendation made by the Court. Classification staff shall document that the offender is a PI candidate in the commitment screen in OIS. This action will generate a corresponding flag in OCMS and SAMS. A not shall be made in the offender's Classification and Diagnostic Summary that the offender appears to be a PI candidate.
- D. Classification staff at the reception and diagnostic center shall follow current Classification Policy for PI candidates; however, every effort shall be made to classify PI candidates to facilities with TC programs. When possible, PI candidates should be assigned to a facility near the county of sentencing. Offenders who exhibit an addiction to methamphetamine should be assigned to a facility with a CLIFF Unit (Putnamville and Miami Correctional Facilities for adult males and Rockville Correctional Facility for adult females). Since no Level One facilities have a TC program, PI candidates classified as Level One should be sent to a Level Two facility with a TC program.
- E. Upon arrival at the initial housing facility, Classification staff shall review the offender's packet for PI information. If it appears that the individual is a PI candidate, but has not been flagged as such, facility staff shall notify Central Office Classification staff and request that the offender be flagged in OIS.
- F. Following Admission and Orientation at the initial housing facility, the PI candidate's Unit Team staff shall meet with the offender to explain the PI program and the consequences of refusing the program. Unit Team staff shall offer the offender a referral to Addiction Recovery Services. The established length of time to EPRD criteria for admission to a TC shall be waived; however, the offender must have a minimum of eight (8) months to serve in order to complete the TC program. If the offender refuses the referral, the Unit Team staff shall notify the Court of the offender's refusal.

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- G. Upon referral to Addiction Recovery Services, Addiction Recovery staff shall assess the offender and determine whether the offender meets the admission criteria for a TC program and the offender has a minimum of eight (8) months to serve in order to complete the TC program.
- H. If the offender meets the criteria for the TC program, Addiction Recovery staff shall offer the offender the opportunity to enroll in the program. The offender must agree to adhere to all program rules and expectations and to fully participate in all program activities.
1. If the offender refuses to participate in the TC program, Addiction Recovery staff shall notify the Unit Team staff of the offender's refusal. The Unit Team staff shall notify the Court of the offender's refusal.
  2. If the offender agrees to participate in the TC program, Addiction Recovery staff shall notify the Unit Team staff of the offender's admission to the program. The Unit Team staff shall notify the Court of the offender's admission into the TC program.
- I. When there is a significant change in an offender's status, including termination, transfer, or successful completion, the Court shall be notified. Addiction Recovery staff shall provide a Treatment Summary and Release Recovery Plan to the Unit Team staff. The Unit Team staff shall generate a progress report and forward the report to the Court with the Treatment Summary and Release Recovery Plan.
- J. The Court may request a progress report at any time during the offender's incarceration. Upon receipt of such a request, Unit Team staff shall request a summary of treatment progress to date from Addiction Recovery staff. Unit Team staff shall use the data to complete the progress report and submit it to the Court within seven (7) working days.

## **XII. INFORMED CONSENT BY ADULT SUBSTANCE ABUSE OFFENDERS:**

The Adult Addiction Recovery Programs are voluntary and shall obtain informed consent to treat the offender at the time of his/her admission. The right of informed consent shall be protected throughout the entire course of the program. Voluntary treatment services shall not be provided without the prior written consent of the offender. Should the offender refuse to sign the written consent, this refusal shall be documented in SAMS and the offender shall not receive

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services for the specified amount of time designated in these administrative procedures.

The counselor shall ask the offender to sign and date State Form 46494, INFORMED CONSENT. The signed form shall become part of the offender's confidential Addiction Recovery treatment file.

### **XIII. INDIVIDUAL TREATMENT PLAN:**

Each program, with the involvement of the offender, shall develop an individualized treatment plan for each offender involved in an Addiction Recovery treatment component. Each individualized treatment plan shall be specific to each offender. The INDIVIDUAL TREATMENT PLAN/UPDATE SAMS form shall be utilized as the treatment plan for all Addiction Recovery Treatment Programs.

Each Individual Treatment Plan/Update shall include the following:

- A. Offender identifying data, including name, DOC#, PRD and facility;
- B. Presenting problems;
- C. Long term goal(s);
- D. A problem, objective, and methods for each problem to be addressed on the treatment plan; and,
- E. Staff member responsible, time frame for completion, and actual completion date for each method.

In the outpatient treatment programs, Treatment Plans are to be completed within six (6) treatment hours of starting the Phase 2 treatment component of the program. Treatment Plans are to be completed within three (3) treatment hours of starting the Phase 3 treatment component of the program. TC and CLIFF Units shall complete a Treatment Plan prior to an offender's entry into Phase 2.

All methods on the Treatment Plan must be successfully completed prior to the offender proceeding to the next Phase or segment of treatment.

The completed Individual Treatment Plan/Update shall be reviewed by the offender and signed. The offender shall be provided with a copy of the completed Individual Treatment Plan and any subsequent Individual Treatment Plan Updates. If the offender refuses to sign the Treatment Plan, a notation indicating this refusal shall be made on the Treatment Plan and signed by the Addiction Recovery Counselor. Such a refusal shall be interpreted as refusing treatment and the offender shall be terminated from the Program.

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The counselor generating the Individual Treatment Plan shall sign and date the Treatment Plan.

Individual Treatment Plans shall be reviewed on a regular basis. In TC/CLIFF Units, the Treatment Plan shall be reviewed every 60 days. In standard outpatient programs, the Treatment Plan review shall be completed at the mid-point of Phase 2. A new Treatment Plan must be written for each segment of Phase 3; therefore, there is no need to review these plans.

If a treatment plan is updated during the phase, the “copy as new” function shall be used to add additional problems to the original INDIVIDUAL TREATMENT PLAN/ UPDATE. The updated Treatment Plan shall be signed and a copy given to the offender.

Individual Treatment Plans shall not be required for offenders who are only attending support groups or educational components and not receiving Addiction Recovery counseling services.

**XIV. PROGRESS NOTES:**

Each Addiction Recovery Program shall maintain chronological records of the services administered to offenders. The records shall reflect the progress being made relative to the offender's Individual Treatment Plan. The DAP format is to be used on all progress note entries. The data portion of the note for individuals in a group may be nearly identical; however, the assessment portion of the note should be individualized to the particular offender. It should also be a brief assessment of the offender’s participation and comments covering that period of time. The plan portion of the Progress Note may/may not be similar depending on each offender’s needs. DAP (Data, assessment, plan): The format required for Progress Note entries. Example of DAP note:

- Date-time of group-number of group-Phase of group
- (D) Factual information covered in group such as subject material or statements made by offenders or happenings during group time
- (A) Specifics about the individual offender that were noticed and assessed by the counselor
- (P) Plan based on the above progress note as well as previous notes documented.

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Each offender’s Addiction Recovery record shall contain progress notes utilizing SAMS in all facilities. During the Phase 1 Guided Self Study Course, a Progress Note is to be completed upon entering the program and include his/her pre-test scores (the Curriculum Pre-test and CESI). Thereafter, a note stating the date, lesson numbers covered and quiz scores shall be entered each time the group meets. (These notes do not need to be in the DAP format.) The final note should contain the offender’s Curriculum post-test scores and a recommendation as to whether or not the offender should go to the treatment phases.

All TC and/or CLIFF Units shall document progress in the program on a weekly basis. Additional documentation is required for all Individual Sessions and problematic situations such as critical incidents, crisis, decomposition, treatment regression, and all significant behavioral issues. Documentation to identify all critical client events shall be placed in SAMS within 48 hours of occurrence.

Progress Notes for Phases 2 and 3 must be completed within five (5) working days. (Only one note is required per offender if they attend more than one session in any one day.) Documentation of the attendance shall be completed for each offender for each session on the SAMS attendance screen within five (5) working days. All correspondence to resolve significant offender issues from Addiction Recovery Staff shall be documented in the Progress Notes section with the designation as a correspondence note.

Progress notes are to be individualized and should relate to progress on the individual’s Treatment Plan and his/her issues. Names of other offenders in treatment may not be entered in any offender’s progress note.

**XV. TREATMENT SUMMARIES:**

A Treatment Summary shall be completed in SAMS when an offender completes, transfers, or terminates from an Addiction Recovery treatment component. The primary counselor who provided treatment to the offender shall develop the Treatment Summary.

Treatment summaries are to include information regarding the offender's identified problems; progress on those identified problems/needs, motivation while in treatment, prognosis for recovery and follow-up recommendations. Furthermore, it is essential for the counselor of record to individually write the struggles that each offender has had during treatment as well as successes in learning the material through his/her witnessed behaviors inside and outside

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group. The treatment summaries are to be signed, including credentials, and dated by the counselor completing the summary.

Treatment Summaries shall be completed within five (5) working days of an offender completing a treatment component.

**XVI. RELEASE/RECOVERY PLAN:**

A Release/Recovery Plan shall be developed for all offenders who complete the last phase of their Addiction Recovery treatment program and documented in SAMS. The primary counselor who has provided treatment services to the offender shall complete all sections of the plan. This plan should include all recommendations for the offender while he/she is still incarcerated, and those recommendations to be followed upon release. The counselor shall sign this form, including the counselor's credentials. Release Recovery plans are to agree with the Case Plan completed by the Case Manager insuring that placement and other recommendations are consistent through all documentation that may be followed up by Parole staff, courts or mental health agencies approved by the Department to view the offender records.

The Release/Recovery Plan shall identify the name of the Parole or Probation location, including address and telephone number.

Specific individualized recommendations for follow-up services should be listed on the offender's Release/Recovery Plan. This document shall include a plan for aftercare, including individual, group or family counseling, as well as recommendations regarding support groups. It shall also specify recovery related activities that should be completed while incarcerated.

Prior to the offender's last session of treatment, the Release/Recovery Plan is to be written by the counselor and the offender. It is then to be reviewed with the offender by the primary counselor who made the follow-up treatment recommendations. The offender shall be asked to sign the Release/Recovery Plan. Should the offender refuse to sign the Release/Recovery Plan, the counselor shall make a notation to that effect in the Progress Note section. This shall also be noted on the Plan that is filed in the section of the confidential medical packet dedicated to Addiction Recovery and the offender should be unsuccessfully terminated from the treatment program. This plan must be prepared prior to the offender's last session of treatment.

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The offender shall be provided with a copy of the Release/Recovery Plan upon its completion. A copy of the Release/Recovery Plan is to be filed in the confidential section of the medical packet dedicated to Addiction Recovery.

Release/Recovery Plans shall be made accessible to the Unit Team as the offender prepares for re-entry.

### **XVII. TIME CUT DOCUMENTATION:**

Offenders incarcerated in the Department may earn credit time for completing approved Department of Correction Addiction Recovery programs according to the following criteria:

#### **OUTPATIENT TREATMENT PROGRAMS**

##### **Phase I – Psycho-educational Program**

Phase 1 is the education component of the Addiction Recovery program. This phase is delivered basically through a GSS but in some instances may be delivered in a 24 hour group education setting. All locations use a Standardized curriculum developed and approved by the Department. All offenders receiving Phase I Education (GSS or traditional) shall be admitted to the SAMS Phase I component.

Time Cut – Phase 1 is not a time cut eligible program.

This Phase is a pre-requisite for Phase II unless waived by the Addiction Recovery Counselor as a result of prior treatment/program experience. In order to waive Phase 1, an offender must score 80% on the pre-test and demonstrate sufficient knowledge of recovery in an individual interview with the Addiction Recovery Counselor.

##### **Phase II – Primary Treatment Program**

Minimum length for successful completion of Phase II:

- Minimum of 48 hours (Please note, offenders transferring to a Level 1 facility with hours documented in SAMS do not immediately qualify as complete simply as a result of the transfer. All programs are competency based and all material must be covered.)

Time Cut – May award up to a Three (3) month credit time cut.

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Pre-requisites – Successful completion of Phase I, or waiver by Addiction Recovery Counselor based upon offender’s prior Addiction Recovery treatment/education completion, score 80% or higher on the Pre-test and/or determination by the Addiction Recovery Counselor that an offender has adequate recovery knowledge to enter Phase II. A SAI, and CESI must be completed prior to enrolling an offender directly into Phase II via a waiver. Time cut requests that do not have the above documentation as well as the Treatment Summary and a CEST in SAMS at the time of the request shall be rejected.

### **Phase III – Relapse Prevention/Re-integration Program**

Minimum length for successful completion of Phase III

Minimum of 24 hours for each segment. An offender may participate in a maximum of three segments of Phase III.

Time Cut – Each Phase III segment may award up to one (1) month credit time cut.

Pre-requisites – Successful completion of Phase II from any Department of Correction approved program. An SAI, and CESI must be completed on all offenders being enrolled directly into Phase III via a waiver prior to their first session. Time cut requests that do not have the above documentation, Treatment Summary as well as the administration of an additional CEST for the offender’s last segment of Phase III in SAMS at the time of the request shall be rejected.

### **Minimum Hours**

Offenders **must complete** the minimum hours of treatment assigned and other requirements for each program phase to successfully complete. All progression will be competency based, provided the minimum hours and all aspects of the treatment plan have been completed. The Addiction Recovery Counselor may require additional hours if a clinical decision determines the offender needs additional treatment to successfully complete the program. No homework, films or special projects may be substituted for group sessions. Only group hours using IDOC approved curriculum shall count toward the minimum hour requirement.

### **Therapeutic Communities**

Offenders who are currently enrolled in an education program such as GED or literacy may not be able to continue this until they complete the primary treatment portion. Each Therapeutic Community will define what educational program services will be available to the participants. In many cases, those who are enrolled in secondary education programs will be able to continue as long as that facility is actively providing the programs.

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Length – Program completion is competency based and will require a minimum of 8 months and in most cases will take longer.

Successful completion of the TC is competency based. Offenders must successfully complete all aspects of the TC process to be eligible for the time cut.

Time Cut – The TC offender shall have the minimum of eight (8) months active residential time in treatment and demonstrate competency of the entire **MAINSTREAM PORTION OF THE PROGRAM** in order to initiate the process for a credit time cut. Offenders that complete this Mainstream Portion and have time cut requests submitted will be considered successful completions regardless of transition component outcomes.

Time Cut – Therapeutic Community completion may award up to six (6) month credit time cut.

An SAI, CESI, CEST, Treatment Plan, Release/Recovery Plan and Treatment Summary must be completed on all offenders prior to the time cut request. Time cuts requests that do not have the above documentation in SAMS at the time of the request shall be rejected.

### **AA/NA/Support Group Meetings:**

Attendance at AA/NA and other support groups is strongly encouraged as a part of the Program Plan/Treatment Plan. Attendance at support groups **is not** included in the minimum number of hours required to complete each program phase.

### **CLIFF – Therapeutic Community**

Offenders who are currently enrolled in an education program such as GED or literacy may not be able to continue this until they complete the primary treatment portion. Each CLIFF Therapeutic Community will define what educational program services will be available to the participants. In many cases, those who are enrolled in secondary education programs will be able to continue as long as that facility is actively providing the programs.

Length – Program completion is competency based and will require a minimum of 8 months and in most cases will take longer.

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Successful completion of the CLIFF Program is competency based. Offenders must successfully complete all aspects of the CLIFF treatment process to be eligible for the time cut.

Time Cut – The CLIFF TC offender shall have the minimum eight(8) months active residential time in treatment and demonstrate competency of the entire **MAINSTREAM PORTION OF THE PROGRAM** in order to initiate the process for a credit time cut. Offenders that complete this Mainstream Portion and have time cut requests submitted will be considered successful completions regardless of transition component outcomes.

Time Cut – Therapeutic Community completion may award up to six (6) month credit time cut.

An SAI, CESI, CEST, Treatment Plan, Release/Recovery Plan and Treatment Summary must be completed on all offenders prior to the time cut request. Time cut requests that do not have the above documentation in SAMS at the time of the request shall be rejected.

**Time Cut Submission Process**

All time cuts shall be processed utilizing the SAMS electronic time cut submission process. All time cuts must be submitted within five (5) working days of an offender’s successful completion.

The Department’s contracted Addiction Recovery Services provider shall designate a “mentor” to the County Jails to have recommended time cut requests reviewed and submitted electronically in SAMS.

The Central Office Substance Abuse/Addiction Recovery staff review stage of the electronic time cut submission process shall be allowed five (5) business days from the date of receipt of the time cut request to take action on this stage of the submission process.

**XVIII. MONTHLY STAFF REPORT:**

All SAMS documentation including attendance must be completed by the 10<sup>th</sup> of the month for the previous month. This is necessary to ensure the accuracy of the monthly staff report. A narrative staff report shall be submitted via email by the 10<sup>th</sup> of the month for the previous month to the contractor Director of Addiction Recovery and Executive Director of Programs. This report should include the information noted below:

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- A. List any significant changes in staffing. This would include resignations, terminations, and new hires.
- B. Note any training, conferences, or continuing education attended by staff.
- C. Document any problems encountered which prevented program from meeting the minimum productivity during the month and a plan of correction to meet those standards next month. This includes the number of hours of productivity lost due to sickness, vacation, holiday, out of the facility for training, etc.
- D. Document the resolution of any previous problems.

### **XIX. ANNUAL GOALS & OBJECTIVES REVIEW:**

Each facility shall review and update its Addiction Recovery program's goals and objectives on an annual basis. Outcomes of this review shall be incorporated into a written plan outlining progress on the prior year's goals and objectives and revising them for the next year. The Addiction Recovery Coordinator at each facility shall be responsible for ensuring that program goals and objectives are reviewed and revised on an annual basis to coincide with the fiscal year. These plans are to be submitted annually to the contractor Director of Addiction Recovery, who will provide them to the Executive Director of Programs. In locations where there is more than one (1) Addiction Recovery counselor, the program goals and objectives shall be reviewed for progress and revised in a meeting involving all Addiction Recovery counselors.

The evaluation process shall:

- A. Review progress toward program goals;
- B. Review the effectiveness of the program in terms of process and program outcomes; and,
- C. Revise and/or establish goals for the next year.

The Addiction Recovery Coordinator at each facility shall be responsible for completing a written review of the previous year, and written goals and objectives for the following year. The goals and objectives should be reviewed semi-annually with the review documented. The written review and revision shall be provided to all Addiction Recovery counselors. Distribution of the document to

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other related areas is encouraged when appropriate (i.e., other facility mental health providers).

The Facility Head and/or Assistant Superintendent (or Parole District Supervisor and/or Assistant Parole District Supervisor) shall be provided with a copy of the program's goals and objectives review, revision and approval. Whenever feasible, it is recommended the Addiction Recovery Coordinator meet with the above noted supervisory staff to review the written review/plan.

The contractor Director of Addiction Recovery shall be provided with a copy of the written review/reviews of the program goals and objectives.

**XX. PHYSICAL PLANT SPACE:**

The Addiction Recovery Programs require private counseling space where confidentiality can be adequately maintained. Facilities shall ensure the availability of individual and group counseling space to accommodate counseling activity. Each individual office and/or counseling space shall be provided with adequate seating for the counselor and offender.

Group meeting rooms shall be of adequate size and shall be furnished with enough seating to accommodate the size of the group being served.

Every effort should be made to minimize interruption of individual and group counseling sessions, while still ensuring the safety and security of the facility. Individual and group counseling time should be considered a priority. Offenders should not be removed from counseling sessions unless absolutely necessary.

**XXI. PERSONNEL/PROGRAM CHANGES:**

The facilities shall ensure the contractor Director of Addiction Recovery and the Executive Director of Programs are informed of significant changes that occur in the program. These changes include personnel issues as well as program changes.

Additionally, the contractor Director of Addiction Recovery and the Executive Director of Programs shall be informed of any personnel issues that have an impact on Addiction Recovery program delivery. These issues may include suspensions, terminations, or disability leaves.

The Addiction Recovery Coordinator shall notify the contractor Director of Addiction Recovery, the Executive Director of Programs and/or Quality

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Assurance Director immediately when a counselor is suspended, terminated or leaves the facility for their final day so their SAMS access may be suspended immediately. Included in the notification should be the time after which they will not need access. Contractor Director of Addiction Recovery will contact the Security Coordinator at TSD. All requests for removal of SAMS access or new requests for SAMS access MUST be submitted through the Contractor TSD Computer access designee to TSD Help Desk.

Before interviews are scheduled for a vacant Addiction Recovery counselor position, the contractor Director of Addiction Recovery shall be informed. Adequate notice should be provided to enable the Director to participate in the interview process.

The contractor Director of Addiction Recovery and the Executive Director of Programs shall be informed of any changes in the facility organizational structure as it pertains to the delivery of Addiction Recovery Services. If the Addiction Recovery Program Supervisor or Addiction Recovery Coordinator is not available, it is the responsibility of the Assistant Superintendent of Re-Entry to inform the contractor Director of Addiction Recovery and the Director of Programs.

### **XXII. OFFENDER FACILITY ORIENTATION:**

Each offender who enters the facility shall receive written information regarding services available through the Addiction Recovery program. The Addiction Recovery Coordinator at each facility is responsible for ensuring each offender is oriented to available Addiction Recovery Services. This orientation may be conducted individually or in a group setting. At this meeting, the offenders may complete the TCUDS instrument to screen for drug and alcohol use. When an in-person presentation is not feasible, a videotaped orientation may occur or a handout may be provided.

The information in the orientation that is to be provided in writing shall include:

- A. An overview of all services available in each component of the Addiction Recovery Program;
- B. General criteria for admission to each program component;
- C. General expectations required of offenders who participate in each component;
- D. Request procedures to obtain Addiction Recovery Program Services; and,

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- E. The availability and descriptions of specialized treatment units for intensive treatment.

### **XXIII NEW EMPLOYEE ORIENTATION:**

All new employees are to be provided with a written overview of the Addiction Recovery Services that are available at the facility.

The Addiction Recovery Coordinator or designee (in conjunction with the Training Officer) at each facility is responsible for ensuring each new employee is oriented to available Addiction Recovery Services. This orientation may be done individually or in a group setting during the New Employee Orientation. When an in-person presentation is not feasible during the orientation, the Training Officer may handout a packet of information.

The information in this orientation is to be provided in writing and shall include:

- A. An overview of all services that are available in each component of the Addiction Recovery Program;
- B. Basic information to help employees identify signs and symptoms of offender Addiction Recovery;
- C. General criteria for admission to each component of the Addiction Recovery Program;
- D. Procedures an offender needs to follow to request and/or obtain Addiction Recovery Program services;
- E. Procedures a staff member needs to follow to make an offender referral for Addiction Recovery services; and,
- F. Information related to the specialized intensive treatment units.

### **XXIV. COMMUNICATION WITH PAROLE/PROBATION:**

An offender's re-entry into the community is a critical time period in the offender's recovery. Therefore, the Addiction Recovery Program shall ensure appropriate treatment information is communicated to the parole Addiction Recovery counselors.

All relevant Addiction Recovery documentation is available and can be accessed in SAMS. Appropriate Parole Staff will be provided with access to SAMS. In addition the facilities Addiction Recovery Programs should be in communication with Unit Team staff to ensure follow up treatment needs are appropriately noted in the offender's Case Plan.

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Every effort should be made to get a Release of Information signed for those offenders being released to probation. If a Release has been signed, a copy of the above documentation shall be mailed directly to the Probation Officer.

### **XXV. DRUG TESTING:**

Programs are strongly encouraged to include drug testing as an integral part of offender accountability. drug testing shall be conducted in accordance with the administrative procedures for Policy 01-02-107, "Offender Urinalysis."

Addiction Recovery staff is to regularly check drug testing results in SAMS for offenders on their case load. Addiction Recovery staff shall check an offender's test results prior to submitting a time cut. Any offender who tests positive on a drug test shall have their treatment plan and treatment needs thoroughly reviewed. An appropriate action should be taken, such as extending treatment, repeating a Phase, or possible termination from the program if it is believed the offender is committed to continuing use. The results of this action shall be documented in the Progress notes.

Offenders housed at Work Release Facilities shall be referred to the Case Manager on their first positive urine drug screen at that location. The Case Manager shall determine what action is appropriate. Specific recommended Parole stipulations shall be made for any treatment needs not available at the Work Release setting.

Expectations regarding drug testing shall be included in the Orientation for Admission. These expectations shall include, but not be limited to, the refusal of a drug test will be grounds for immediate termination from the Program. The offender may reapply for services after a six (6) month waiting period.

### **XXVI. TRAINING**

All staff shall receive training in the Addiction Recovery Services provided in the Department as well as at the specific facility where the staff person is located. This training shall be provided during the New Employee Orientation as indicated above. Additionally, staff shall be advised of any changes or updates in the Addiction Recovery program at the facility during annual in-service training.

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Addiction Recovery staff shall participate in any specialized training determined necessary by the contractor Director of Addiction Recovery and the Division of Staff Development and Training.

**XXVI. APPLICABILITY:**

This policy and administrative procedure is applicable to all Department facilities housing adult offenders and providing Addiction Recovery Services.

\_\_\_\_\_  
signature on file  
Bruce Lemmon  
Commissioner

\_\_\_\_\_  
Date