



Corrections and Community Supervision

ALCOHOL AND SUBSTANCE ABUSE TREATMENT (ASAT) Operations Manual

2019

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ICON KEY

 FAQ Responses

 Mandatory Record

Alcohol and Substance Abuse Treatment (ASAT)

Introduction

Alcohol and Substance Abuse Treatment (ASAT) provides best practice and evidence-based treatment within the prison setting to those inmates who suffer from substance use disorders. ASAT operates in a variety of settings, complements specialized programs, and is available on specialized units. Specialized programs/units, to minimally include Regional Medical Units (RMUs), Protective Custody (PC) Units, the Sex Offender Counseling & Treatment Program (SOCTP), Dual Disorder Treatment (DDT), Integrated Dual Disorder Treatment (IDDT), Intensive Alcohol and Substance Abuse Treatment (I-ASAT), and the Adolescent Offender program utilize this manual to guide the provision of substance abuse treatment (Attachment A). Additionally, when ASAT participation is an alternative to services for which there are contraindications, policies and procedures are guided by this manual (Attachments B and C). Central Office Substance Abuse Treatment Services, under the supervision of the Director for Substance Abuse Treatment Services, provides all direction and oversight for the provision of ASAT.

The Department's program facilities are responsible for utilizing a treatment modality/strategy that best meets the needs of the facility and is consistent with the philosophy and practices of ASAT, providing the structure, organization and support services essential to the delivery of a quality substance abuse treatment experience, maintaining record keeping, reporting and filing procedures required by Central Office Substance Abuse Treatment Services for accounting and evaluation purposes, and fostering an environment that promotes honesty, self-growth, responsibility and other qualities associated with rehabilitation and recovery.

This manual contains information, statewide standards, policies, procedures and records necessary for the operation of ASAT. It was developed to assist in understanding the goals and objectives of ASAT and the means to achieve them.

Mission

ASAT, by providing assessment, education, counseling, relapse prevention and continuing recovery planning, provides inmates with the foundation for positive change so they may return to their communities better prepared to lead successful and crime free lives.

ASAT Goals

The goals of the Department's substance abuse treatment services include:

- establishing a therapeutic treatment environment for the inmate with a history of alcohol and/or substance use disorders,
- focusing on the total needs of inmates with histories of alcohol and substance abuse,
- the promotion for achievement and maintenance of recovery from alcohol or substance use disorders,
- improving functioning and development of coping skills necessary so that the inmate can be treated in the least intensive environment,
- developing individualized treatment plans,
- the improvement of the inmate's quality of life,
- addressing the importance of post-treatment continuing recovery services,
- reducing relapse and recidivism for treatment inmates.

ASAT Objectives

The Department's administration, security and treatment staff function as a team to accomplish ASAT objectives. The ASAT objectives ensure that the Department's mission regarding the substance use disordered inmate is achieved by:

- identifying in reception centers those inmates demonstrating a need for referral to alcohol and substance abuse treatment services through the administration of best practice, standardized alcohol and substance abuse screening instruments,
- identifying in general confinement facilities those inmates demonstrating a need for referral to alcohol and substance abuse treatment services through a review of all available records and findings of reception center screening instruments,
- providing orientation to the general population, sensitizing inmates to the problems of alcohol and substance abuse,
- providing participant-centered ASAT to those inmates identified to have a substance abuse treatment need,
- providing substance abuse education and counseling services to assist the inmate in their commitment to maintaining an alcohol-free, drug-free, and crime-free lifestyle upon release,
- maintaining a safe and secure environment using the Department's existing policies and procedures to ensure an appropriate setting for the treatment process,
- providing opportunities for inmates to attend a variety of voluntary support groups to complement their treatment and recovery process, and

- preparing inmates for transition to the community by placing strong emphasis on relapse prevention, a continuation of treatment, self-help attendance and participation in other support services and activities.

ASAT Program Proposal and/or Modification (Attachment D)

ASAT may be provided utilizing a variety of modalities. Any desire to implement substance abuse treatment or propose a substantial change in existing treatment, e.g., a change from residential to modular, must be reviewed and approved through established Department policy and procedures for requesting a program or modification to an existing program.

Inmates must receive 12 hours of direct treatment services per week for a minimum of 6 months; any variations due to the nature of the population served and/or facility needs may require an adjustment to the treatment duration and must be approved through established Department procedures.

Therapeutic Community (TC)

ASAT inmates are housed together in segregated units employing Therapeutic Community (TC) concepts. ASAT services are typically provided in the residential area. In addition, inmates participate in other Department programs during modules when ASAT services are not provided.

TCs are stratified communities composed of peer groups which hold memberships in wider aggregates and are led by individual staff. Together they constitute the community, or family, in a residential facility. This peer-to-community structure strengthens the inmate's identification with a perceived, ordered network of others. More importantly, it arranges relationships of mutual responsibility to self and others at various levels of the treatment experience.

Although under staff supervision, the operation of the community itself is the task of the inmates. Work assignments, called job functions, are arranged in a hierarchy according to seniority, individual progress, treatment plan goals and productivity. The new inmate enters a treatment community with expected increasing levels of responsibility. Job functions begin with the most menial tasks (e.g., mopping the floor) and lead to levels of coordination and management. All ASAT participants will be assigned a hierarchy position responsible for cleaning, administrative, or clerical tasks to be addressed throughout all daily activities. The social organization reflects the fundamental aspects of the rehabilitative approach, mutual self-help, work as therapy, peers as role models, and staff as rational authorities.

The essential dynamic in the TC is mutual self-help. Thus, day-to-day activities of a therapeutic community are conducted by the inmates themselves. In their program assignments, groups, meetings, recreation, personal and social time, it is the inmate who continually transmit to each other the main messages and expectations of the community.

The TC is managed as an autocracy, with staff serving as rational authorities. Staff monitor and evaluate inmate status, supervise offender groups, assign and supervise offender job functions, and oversee house operations. Clinically, staff conduct all therapeutic groups, provide individual counseling, organize social and recreational projects, and confer with significant others. Only staff decides matters of offender status, discipline, promotion, transfers, discharges and treatment planning.

The “Therapeutic Community Supplement” details essential components which must be incorporated with the Therapeutic Community modality.

TC Tools and Techniques	Therapeutic Community Supplement
TC Philosophy	pg. 5 Attachment A
Community Standards/”Right Living”	pgs. 5 - 8
Pull-Ups	pgs. 9 - 10 Attachment B
Learning Experiences	pg. 10 - 11 Attachment C
Staff Assisted Peer Confrontation (SAPC)	pgs. 11
Behavioral Contracts	pg. 11 - 12 Attachment D and E
Relating Table/One-on-One	pg. 12
Process/Static Group	pg. 12
Therapeutic Confrontation/Encounter Groups	pg. 12, 14-16
Clearing Process	pg. 12
Push-Ups	pg. 14 Attachment B
Structure Board/Hierarchy for the TC	pgs. 16 - 17 Attachment F
Module Meeting	pgs. 23 - 27
Community Meeting	pg. 27
General Meeting	pg. 27

Residential Substance Abuse Treatment (RSAT)

RSAT is federally funded and is a minimum of six months; maximum of 12 months in duration with the provision of direct treatment services 12 hours per week. Inmates participating in RSAT must live and receive substance abuse treatment separately from other inmates. The treatment content and philosophy of RSAT utilizes the approach described in the “ASAT Operations Manual” and “Therapeutic Community Supplement.”

Modular

ASAT inmates are scheduled to participate in ASAT services during approved program modules, but do not reside together. Such assignment will be indicated on the inmate’s

program card. Facilities who wish to utilize the modular modality are required to provide written rationale as to why a TC cannot be instituted within their facility and receive approval from the Deputy Commissioner for Program Services.

Modular services allow for the utilization of inmate clerks. Clerks are not to provide direct services to ASAT participants; rather they assist in performing administrative functions. Facilities should utilize the title Administrative Clerk (title code 11010) to ensure individuals who are performing administrative functions are not providing facilitation to ASAT inmates, or being credited for such facilitation.

Shock Incarceration

Shock Incarceration is a rigorous multi-treatment program that emphasizes discipline, academic education, and substance abuse education and treatment. During the 26-week program, inmates receive alcohol and substance abuse education and treatment through the delivery of ASAT and Network (Attachment A).

Willard Drug Treatment Campus (DTC)

Willard DTC is an innovative substance abuse treatment facility jointly developed originally by the Department of Corrections and Community Supervision, and the Office of Alcoholism and Substance Abuse Services (OASAS). The highly structured schedule includes a continuum of services to address substance use disorders and promote successful community reintegration. Continuing recovery is mandatory for all participants upon release and includes intensive Community Supervision and placement in community-based treatment.

ASAT Staffing

ASAT staff are responsible for providing education and counseling services that are consistent with the standards of quality treatment, providing a broad and rich treatment experience that encompasses all the life areas outlined in the ASAT Operations Manual, providing each inmate with an individualized inmate-centered treatment plan, documenting treatment progress as it relates to the goals established in the treatment plan, and maintaining and updating professional skills associated with the delivery of effective treatment services.

An individual member of the treatment team will be deemed responsible for coordination and managing the offender's treatment and will be deemed the "primary counselor."

At no time should non-ASAT parenthetic staff provide direct or ancillary substance abuse treatment services to the inmate population.

Supervising Offender Rehabilitation Coordinator (SORC) (ASAT)

A Supervising Offender Rehabilitation Coordinator (SORC) (ASAT), or SORC, is responsible for the overall supervision of the delivery of counseling and case management services involving alcohol and substance abuse treatment by Offender Rehabilitation Coordinators (ORC) (ASAT) and ASAT Program Assistants in correctional facilities. The SORC (ASAT), or SORC, evaluates the performance and progress of staff under their assigned supervision and provides or identifies necessary training. The SORC (ASAT), or SORC, evaluates the effectiveness of the alcohol and substance abuse treatment services, and are responsible for the provision of skilled guidance to inmates with difficult institutional, personal, behavioral, familial, social and educational problems involving such abuse.

☞ The SORC (ASAT), or SORC, acts as a liaison to Central Office Substance Abuse Treatment Services. They are responsible for preparing required written reports after compiling and assessing appropriate data. Such reporting minimally includes the timely submission of the Substance Abuse Treatment Monthly Report ((Attachment E(1) and E(2)) and Substance Abuse Treatment Annual Report (Attachment F) to Central Office Substance Abuse Treatment Services.

SORC (ASAT), SORC staff, and/or their designee, are responsible for the periodic review of applicable treatment records developed by any ASAT staff member for which they provide direct supervision (refer to “Quality Improvement Plan.”)

Offender Rehabilitation Coordinator (ORC) (ASAT)

An Offender Rehabilitation Coordinator (ORC) (ASAT) provides ongoing professional counseling and treatment services to inmates with problems of alcohol and substance abuse. They assess inmates’ needs and problems; develop and implement an appropriate treatment plan for each assigned inmate; continually evaluate the level and quality of participation and progression towards reasonably established goals for each inmate; and provide any other necessary services, to include the determination of an alcohol or substance use disorder or deferred alcohol or substance use disorder diagnostic impression, to ensure successful treatment. The ORC (ASAT) minimally provides recruiting, screening, assessment, continuous treatment planning, continuing recovery planning, individual and group counseling services.

Additionally, ORC (ASAT) staff is responsible for guidance management functions for 50 inmates who are assigned to substance abuse treatment and the supervision of assigned ASAT Program Assistant staff.

The ORC (ASAT) is responsible for the periodic review of applicable treatment records developed by ASAT Program Assistants.

Directive #4401 serves as the guide for ensuring that all necessary counseling activities are completed according to established protocol.

☞ ORC (ASAT) Treatment Caseload Responsibilities

All treatment responsibilities should be equally divided among treatment staff, ORC (ASAT) and ASAT PAs, in a team approach. ORC (ASAT) staff is to be assigned a small therapy treatment group of their own, for which they are responsible for all mandatory treatment records, treatment caseload responsibilities, and treatment community responsibilities.

ORC (ASAT) staff is not to merely “backup” ASAT PAs. However, when ORC (ASAT) supervision and guidance responsibilities require attention, the asterisked areas may be covered by ASAT PAs assigned to the same housing unit/treatment community.

Treatment caseload responsibilities minimally include the following:

Treatment Caseload Mandatory Records

- Completion of Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE), or ACE Addendum, if applicable
- Completion of “Moving On” required records (female-specific)
- Development of participant-centered initial Substance Abuse Treatment Plan
- Development of participant-centered updates to Substance Abuse Treatment Plan
- Completion of Evaluation of Progress Notes
- Completion of Progress/Case Conference Notes
- Development of Substance Abuse Treatment Continuing Recovery Plan

Treatment Caseload Responsibilities

- Individual counseling for each assigned inmate no less often than once during each 4-week period for an appropriate clinical duration
- Small group therapy minimally twice per week; 45 minutes in duration
- Review of personal inmate assignments

Treatment Community Responsibilities

- *Conduct didactic lectures
- *Facilitate large group discussions
- Attend module and community meetings
- *Supervise audio/visual presentations
- Case conference, treatment team review, hierarchy meetings, Treatment Plan Review Committee participation, and periodic review of ASAT PA records
- Develop learning experiences, behavioral contracts, and other treatment interventions
- Supervise ASAT PAs
- Develop mandatory weekly treatment activities schedule

ASAT Program Assistant

An ASAT Program Assistant will provide direct substance abuse treatment services, to include the determination of an alcohol or substance use disorder or deferred alcohol or substance use disorder diagnostic impression of their assigned treatment participants, and the provision of alcohol and substance abuse education and counseling groups, small group therapy, individual counseling and other appropriate treatment activities, designed to assist inmates in identifying with their drug and alcohol use disorder, and how it impacts on their lives, their family and society. ASAT PAs will develop an appropriate participant-centered treatment plan for each assigned inmate and continually evaluate the level and quality of participation and progress toward achieving treatment goals. An ASAT Program Assistant is responsible for case recording, progress reporting, treatment summaries, and continuing recovery planning.

ASAT Program Assistants have the responsibility of providing direct and indirect substance abuse treatment services.

ASAT Staff Training

Quality training enhances the skills of staff which in turn increases the possibility of successful rehabilitation for inmates. Training is developed and implemented to foster a team approach among staff and to establish an appropriate environment for addressing the needs of the alcohol or substance use disordered inmate. All program, administrative, and security staff, as well as institutional Community Supervision staff will attend specialized trainings to enhance the quality of treatment services provided.

All treatment staff is required to participate in a continuing educational experience addressing the issues outlined below, as well as issues which address evolving needs. Proposed trainings will be determined by conducting a needs assessment at each facility and will be submitted for review by Central Office Substance Abuse Treatment Services.

Training in each of the following categories must be provided at least every three (3) years:

- chemical dependence;
- individual and group counseling;
- cognitive behavioral therapy regarding criminal thinking;
- child abuse and domestic violence;
- therapies and other activities supportive of recovery;
- the role of clinical supervision;
- quality improvement;
- cultural diversity and cultural competence;
- tobacco dependence; and
- compulsive gambling.

Facilities shall ensure and document, with support and guidance from Central Office, that all treatment staff receive training which is either provided by the Department or through outside arrangements.

ASAT Eligibility

Initial Screening

Screening and assessment instruments, Michigan Alcohol Screening Test (MAST) and Simple Screening Instrument (SSI), are administered at the Department's reception centers to all inmates entering the Department. The administration, scoring, recording, and filing of both assessment instruments and the subsequent results are conducted solely by Department staff. The screening instrument results, in conjunction with individual interviews, and review of Probation reports, Community Supervision reports, court records and other pertinent records are used to identify potential substance abuse treatment needs.

All inmates receive an orientation at general confinement facilities regarding ASAT participation. A description of comprehensive treatment, the eligibility criteria, treatment expectations, and ASAT screening are explained to all inmates. Eligibility is not dependent upon race, color, religion, sex, age, medical/mental health status, or national origin.

Limited English Proficiency (LEP)

Inmates with Limited English Proficiency (LEP) are not excluded from participation. Staff will assist the LEP inmate in developing an understanding of the expectations and information necessary to participate in a satisfactory manner. In addition, inmates who are assigned to Therapeutic Community (TC) hierarchy positions and are fluent in both English and additional languages will assist the LEP inmate in structured activities.

Need Assessment and Regression (REG)

The assigned ORC is to indicate “Y” for a substance abuse treatment need on the Program/Earned Eligibility Plan if any of the following criteria exist. ASAT staff will review/substantiate the recorded need during the course of this term.

- Self-reported or documented history of alcohol and/or substance use through review of the guidance record, pre-sentence report, unmet needs in prior incarcerations and criminal history, regardless of inmate acknowledgement at reception or otherwise;
- Score of 3 or more on the Michigan Alcohol Screening Test (MAST);
- Score of 4 or more on the Simple Screening Instrument (SSI);
- Drug use (113.24) tier conviction. If subsequent to the inmate’s satisfaction of substance abuse treatment, a regression (REG) is to be recorded;
- Possession of a controlled substance (113.25), alcohol (113.13), or urinalysis (180.14) tier conviction, *which includes documented substance use*. If subsequent to the inmate’s satisfaction of substance abuse treatment, a regression (REG) is to be recorded;
- Documentation in the Community Supervision record indicates that alcohol/substance use was a factor in the inmate’s Community Supervision adjustment or violation, which may include a new term that is alcohol and substance use related;
- Inmate requests admission into substance abuse treatment;
- Unauthorized medications (113.14) tier conviction. In such cases, facility staff is to contact Central Office Substance Abuse Treatment Services with all available documentation. Central Office Substance Abuse Treatment Services and Health Services will review to determine if the unauthorized medication has the potential for abuse. If the potential for abuse exists, *and there is documented use of the medication*, a substance abuse treatment need is to be established. If the above holds true subsequent to the inmate’s satisfaction of an assessed substance abuse treatment need, then a regression (REG) is to be recorded;
- Description of the instant offense includes operation of a motor vehicle under the influence of alcohol (refer to *DWI Treatment Operations Manual*, pages 12 – 14).

It is policy that untreated substance *use* is required to substantiate a substance abuse treatment need or regression. Inmates may be required to participate in substance abuse treatment for approximately 60 days in order to address identified risk factors and assess for treatment needs (refer to *Substance Abuse Treatment Plan – Reviews and Updates*, page 21).

Community Supervision Violators

A Community Supervision violator must be referred to ASAT:

- if the violator admits, or Community Supervision documentation supports, alcohol/substance use while under Community Supervision.
- if the violator had an unmet assessed substance abuse treatment need prior to Community Supervision release on the same term.
- ☞ if the violator no new term refused to follow conditions of Community Supervision regarding alcohol/substance use treatment. In such cases, an assessment must be conducted by ASAT staff to ascertain the necessity for an assessed substance abuse treatment need using all available documentation.
- ☞ if the returned violator no new term reports satisfactory completion of community-based treatment with no subsequent use. In such cases, facility staff must make an assessment based on available documentation. The inmate should be asked to sign a Form #1079, Release of Drug and Alcohol Abuse Records, Directive #2010, in order to confirm their substance abuse treatment participation and continuing recovery plans. Upon confirmation of satisfactory participation, records should be thoroughly reviewed for documentation of use subsequent to satisfactory completion. Without confirmation of satisfactory completion directly from the provider or Community Supervision Division, or if there is documentation of subsequent use, an assessed substance abuse treatment need should be identified.

Refer to “Previous Participation” for policy/procedures regarding assessment of previous participation for Community Supervision violators.

ASAT Staff Screenings

Ultimately, ASAT staff is responsible for determining whether or not an inmate is suitable for participation in ASAT based on the eligibility criteria listed above. A well-organized screening activity is important because it helps educate the inmate to the importance and benefits of treatment. Further, it provides Central Office with an assessment of demand for ASAT services.

☞ If questions remain regarding an inmate’s substance abuse treatment need after staff have interviewed the inmate and reviewed the record, facility treatment staff will complete an Admission & Comprehensive Evaluation (ACE) (Att. M), to include treatment recommendations, and forward to the SORC for their review/determination. If a treatment need cannot be determined after a full facility review, the case must be referred to Central Office Substance Abuse Treatment Services for a final determination. The determination and ACE should be recorded in the guidance record, and a copy forwarded to the SORC to ensure that the Earned Eligibility Plan and Required Program List reflects the determination.

“Moving On” Module 1 material must be incorporated into the treatment staff screening responsibilities in all female correctional facilities (refer to the “Gender-Responsive Curriculum Supplement.”)

Required Program List

An ongoing Required Program List (RPL) will be maintained on the computerized record in accordance with the “Policy, Procedures and Standards for Programming Inmates.” The ASAT RPL will include only those inmates who have been screened and accepted for ASAT participation but are unable to be admitted at the present time.

The Deputy Superintendent for Program Services, or designee, has the discretion to manage placement on the ASAT RPL, and subsequent treatment placement, based minimally on a thorough review of current capacity fills, liberty issues, and status in the Family Reunion Program. Additionally, to assure the safety of inmates, staff and the facility, priority placement in ASAT of inmates in need of an immediate substance abuse treatment intervention following completion of keeplock/SHU sanctions resulting from a guilty tier disposition for drug/alcohol infractions may occur.

☒ CASAT eligible inmates are not to be placed in ASAT until the application or appeal is denied by Central Office Temporary Release (COTR). If an inmate’s appeal is denied and a reapplication date given, the inmate is immediately eligible for placement into substance abuse treatment through established generic substance abuse treatment RPL (75D) procedures provided the reapplication date does not provide for sufficient time for potential satisfactory completion of CASAT Phase I. Staff is to contact their COTR liaison when a medium-security classified inmate is within 7 months to their ERD, or a maximum-security classified inmate is within 9 months to their ERD, and an approved application/appeal has yet to result in transfer for CASAT participation. All factors should be considered prior to subsequent ASAT placement.

☒ Court-ordered CASAT inmates should not be placed on the ASAT RPL nor should they be referred to any other substance abuse treatment. CASAT will be the identified treatment service to address their assessed substance abuse treatment need unless,

- a court-ordered or otherwise CASAT eligible inmate meets Shock or DWI Treatment admission guidelines. If the inmate appears appropriate for DWI Treatment based on the description of the instant offense, and meets the placement criteria, the inmate should not be admitted into any other substance abuse treatment until such time as they are denied admission/deemed ineligible for DWI Treatment. Refusal to participate in DWI Treatment when all eligibility criteria are met is to be recorded as a substance abuse treatment refusal.
- a court-ordered CASAT inmate is within 7 months to their ERD, to include Merit eligibility date, but not Supplemental Merit eligibility date, and has not been transferred for participation in CASAT Phase I. The inmate should be placed on the generic RPL 75D to receive priority placement in appropriate substance abuse treatment at their current facility.
- a maximum security classified court-ordered inmate is within 9 months to their ERD and it appears they will not be reclassified. The inmate should be placed on the generic RPL 75D to receive priority placement in appropriate substance abuse treatment at their current facility.

In the event an inmate requests admission into substance abuse treatment following a refusal of participation (REF) and/or an unsatisfactory discharge (RED, REU, REG), Guidance & Counseling staff will conduct an unscheduled review (UIR) to activate the inmate on the appropriate RPL, provided 30 days have passed since date of last discharge or refusal.

ASAT Life Areas

ASAT is based on an inmate-centered continuum of recovery treatment model with identified life areas, which provide a guideline for the provision of treatment activities. As such, collaboration with the inmate in the treatment planning, treatment planning review, and continuing recovery planning is essential. The continuum of recovery focuses on assisting inmates in their development of relapse prevention skills, transition plans, and connection with self-help programs and community-based treatment agencies.

ASAT is structured to provide inmate-centered assessment and evaluation, treatment planning, evaluation of progress, and continuing recovery planning in ten (10) identified life areas. All direct, ancillary, and evaluation of inmate participation services address the life areas. The following table provides ASAT staff the life areas to be assessed and evaluated throughout the inmate's treatment experience, and best practice and/or evidence-based suggested curriculum resources to assure a positive treatment experience:

Life Area	Curriculum Resource	Gender-Informed Moving On (females) (required)
Alcohol and Substance Use - Disease model, substance-specific, relapse prevention, recovery process, etc.	SAMHSA TIP 34, 41 & 63 SAMHSA Publication #: SMA15-4174 PHD641 SMA18-4742 Eng/Spanish	
Legal – consequences of use disorders, crime-free lifestyle, etc.	SAMHSA TIP 44 & 45	
Emotional and/or traumas – feeling identification, expression and management, communication skills, physical/verbal/emotional abuse, self-esteem building, grief/loss, etc.	SAMHSA TIP 29, 47, 48 & 50 SAMHSA Publication #: SMA14-4210 Greenbriar "A Primer on Suicide, Mental Illness, Violence & Addiction;" "Celebrating Small Victories;" "Hauling it to the Curb;" "Sitting Together"	Moving On Module 2: Session 1 – 5, Module 4: Session 1-5, and Module 5: Session 7
Physical Health - communicable diseases, nutrition, exercise, sleeping patterns, FAS, hygiene, etc.	SAMHSA TIP 29 & 37 SAMHSA Publication #: SVP06-0153 www.fitness.gov/resources Greenbriar "Staying Clean: Taking Medications"	

Life Area	Curriculum Resource	Gender-Informed Moving On (females) (required)
<p>Other Compulsive Behaviors – gambling, spending, theft, relationships, etc.</p>	<p>SAMHSA TIP 42: Pathological Gambling, pgs 246-248 & 425-436</p> <p>SAMHSA Publication #: PHD633, SR072</p> <p>Greenbriar "Contrary to Love;" "Out of the Shadows"</p>	
<p>Cognitive Distortions – “criminal thinking” patterns, cognitive behavioral therapy, etc.</p>	<p>SAMHSA TIP 44</p> <p>“Good Intentions, Bad Choices: Overcoming Errors in Thinking Part I, II, and III,” Samenow, S. (2002)</p> <p>“15 Common Cognitive Distortions,” Grohol, J.M., Psy.D., et. al. (2009)</p> <p>“Unlock Your Thinking Open Your Mind,” Bartholomew, N. G., et.al. www.ibr.tcu.edu</p> <p>Greenbriar "Changing Addictive Thinking"</p>	
<p>Family/Support - parenting, family of origin, family sculptures, ACOA, etc.</p>	<p>SAMHSA TIP 39</p> <p>“Partners in Parenting,” Sessions 1 – 8. Bartholomew, N. G., et. al. (2000) www.ibr.tcu.edu</p>	<p>Moving On Module 3: Sessions 1 – 5, and Module 5 : Session 4 - 5</p>
<p>Social and Leisure - organized recreation, self-care, sports, reading, music, support groups, networking, etc.</p>	<p>SAMSHA TAP 19</p> <p>“Building Social Networks.” Bartholomew, N. G., et. al. (2005) www.ibr.tcu.edu</p>	
<p>Employment/ Educational/ Vocational/Financial - Referral for educational and vocational skill training needs, development of soft skills (punctuality, professionalism, appropriate dress, language, etc.), communication skills, money management, etc.</p>	<p>SAMHSA TIP 38</p> <p>“Mapping your Reentry Plan: Heading Home.” Bartholomew, N. G., et. al. (2007) www.ibr.tcu.edu</p>	<p>Moving On Module 5: Session 6 -7</p>
<p>Community – Therapeutic Community, volunteerism, support groups, religious services, networking, coaching/mentoring, relationships, etc.</p>	<p>TC Supplement</p> <p>Greenbriar "How Well Do You Know the Big Book?;" "Choosing a Higher Purpose;" "Common Sense and Culturally Sensitive Counseling;" "Narcotics Anonymous;" "Standing on the Same Step"</p>	<p>Moving On Module 2: Sessions 1 – 5, and Module 5: Sessions 1 – 7</p>

* The provision of the "Moving On" curriculum to the female population is required. Female inmates who satisfy substance abuse treatment will also meet their Transitional Services Phase II Cognitive Behavioral Therapy assessed need. A regression subsequent to satisfying an assessed substance abuse treatment Earned Eligibility Plan need will not alter the satisfied Transitional Services Phase II need. The ASAT Contract developed by the female facilities must incorporate this understanding (Attachment J - Sample Female Substance Abuse Treatment Contract).

In addition, the following websites contain curriculum resource information, of which some may be ordered free of charge, while others must be electronically downloaded.

www.drugabuse.gov

www.samhsa.gov

www.oasas.ny.gov

The Department acknowledges that substance abuse is a significant risk factor toward increasing the severity of a substance use disorder. All facility-selected resource material must support the disease model for the treatment of alcohol and substance use disorders.

Admission Considerations

The Department makes every reasonable effort to ensure that inmate transfers do not negatively impact efforts to assist inmates in satisfying program needs prior to release. As a part of this effort, it's important to ensure that program interruptions are minimized. Therefore, attention should be given to placement or movement of inmates into substance abuse treatment. In addition, the following guidelines should be adhered to:

- inmates in medium security facilities, eligible for transfer, who are actively participating in substance abuse treatment for three or more months, are not to be transferred until such time that minimum requirements have been satisfied and the "Substance Abuse Treatment Continuing Recovery Plan" record is developed,
- inmates who were admitted into substance abuse treatment and transferred to another facility are to be prioritized on the Required Program List for readmission into substance abuse treatment at the receiving facility,
- if in maximum-to-maximum security transfer situations, the prioritized policy for readmission should be utilized.

Substance Abuse Treatment Rights & Confidentiality

Upon admittance to treatment, "Substance Abuse Treatment Rights & Confidentiality" (Attachment H) will be available to the inmate, a copy provided to the inmate upon request, and a copy posted in all residential treatment housing units and treatment service areas. Information disclosed during individual or group counseling sessions will be kept confidential. However, inmates will be advised that any information divulged which is deemed to be a threat to security, staff, themselves or other inmates, and/or which is related to a criminal investigation currently underway must be reported to the appropriate authorities.

Ⓜ Staff is not permitted to divulge information to any outside entity, to include inmate-identified family members and/or friends, regarding an assessed substance abuse treatment need and/or progress in substance abuse treatment services without a Form #1080, Release of Alcohol and Drug Abuse Records, signed by the inmate identifying parties to whom the information may be

disclosed. Such a release must minimally identify the nature of the information, the purpose for disclosure, and the duration of such permission. Release of information will be done in accordance with Departmental Directive #2010, "Departmental Records" and its attachments.

All substance abuse treatment records will be maintained in a secure location inaccessible to inmates for 6 years from date of discharge.

"Moving On" Module 1 material must be incorporated into the "Substance Abuse Treatment Rights & Confidentiality" (Attachment H) discussions in all female correctional facilities (refer to the "Gender-Responsive Curriculum Supplement.")

Behavior Standards

Inmates will be expected to follow the "Standards of Inmate Behavior," which are the identified standards of behavior for inmates within the Department, and all other standards specified in Departmental Directives.

Inmates will also be expected to strictly adhere to the Treatment Termination Standards, which are no physical violence/threat thereof, no sexual activity, no use or possession of drugs or alcohol or failure to comply with a urinalysis test. Any violation of a "Treatment Termination Standard," whether through investigation, documentation, or a guilty Tier disposition, will result in an automatic unsatisfactory discharge.

☞ ☑ While facilities will develop their own treatment standards and expectations (Attachment I - Required Elements for a Substance Abuse Treatment Contract), those standards are to minimally include the above Treatment Termination Standards, milestones for incentives and sanctions, and must note that inmates are expected to be in compliance with the standards upon signing the facility-developed ASAT Contract. This includes inmates residing on the residential treatment unit who are not yet assigned to ASAT.

Evaluation of Inmate Participation

ASAT inmates are responsible for taking a sincere and active role in their treatment/recovery, demonstrating to ASAT staff that they have met their individualized treatment plan goals through behavioral indicators and verbalization of how their life areas have been impacted by alcohol/drug use, being honest and accountable to self, the treatment community, and staff regarding substance use and recovery issues, and abiding by the reasonably applied performance and behavior standards of ASAT.

☞ Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE) (Attachment M)

An inmate who is admitted to ASAT shall be assessed to determine clinical service needs through a comprehensive evaluation. The goal of the Admission & Comprehensive Evaluation (ACE) shall be to obtain that information necessary to develop an individualized inmate-centered treatment plan.

Within seven (7) calendar days from admission to ASAT, the primary counselor must complete the inmate's ACE which is a written report of findings and conclusions minimally addressing the inmate's:

- history of alcohol and/or drug use;
- history of previous attempts to abstain from alcohol and/or drug use;
- prior treatment episodes for alcohol and/or drug use;
- assessment of the relationship between legal history and the inmate's alcohol and/or drug use;
- history of interpersonal or other types of trauma; ability to express emotions;
- physical health as it relates to their use and recovery;
- daily living skills and use of leisure time, family/supports; and
- other pertinent issues that may be related to or affected by the inmate's alcohol and/or drug use (other compulsive behaviors, cognitive distortions, employment, education, financial).

Based on the comprehensive psychosocial history and other relevant factors, the evaluation shall result in:

- a diagnostic impression of alcohol or substance related disorder in accordance with the most recent version of the *Diagnostic and Statistical Manual (DSM)* (Attachment K – Substance Use Disorders Diagnosis Reference Guide) or the *International Classification of Diseases (ICD)*; or
- a deferred diagnostic impression with a determination of significant risk factors (e.g. criminal history, involvement with alcohol/substance abusers, family history, etc.) for the development of an alcohol or substance use disorder.

The ACE shall include an identification of initial services needed, schedules of individual and group counseling to address the needed services until the development of the treatment plan, and a master problem list in which all problems in applicable life areas are identified and prioritized, and strengths noted. The initial services must be based on goals the inmate identifies for treatment and must include alcohol or substance use (Life Area A) and any other priority issues identified in the admission assessment.

The ACE shall bear the names of the staff members who participated in evaluating the inmate. Periodic review of ORC (ASAT) records should be documented by SORC staff; periodic review of ASAT PA records should be documented by SORC, and/or ORC (ASAT) staff.

The determinations made pursuant to the above shall be based upon face-to-face contact with the inmate, and available reports from other providers, all of which must be documented. The date of admission must be documented in the inmate's guidance and treatment record.

In those instances where an assessment of prior participation is warranted, the treatment plan goals should be designed subsequent to a review of the inmate's previous goals and progress, or lack thereof, toward those goals (refer to "Readmission Policy").

When an inmate is re-/admitted into ASAT and the time lapsed is less than one year from the date of the most recent ACE completion, the "Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE) Addendum" (Attachment N) may be utilized. This addendum must be attached to a copy of the original ACE form and placed in the new ASAT treatment record. If the date of the most recent ACE completion is more than one year from the current admission date, a new ACE is to be completed. Timelines for completion of the ACE Addendum are the same as if an initial ACE was completed.

☞ There must be a notation in the inmate's record that a copy of the ASAT expectations were available at admission, including treatment rights in accordance with the Department's regulations, and a summary of Federal confidentiality requirements (Attachment H - Substance Abuse Treatment Rights & Confidentiality). There must be a statement that notes that such expectations were discussed with the inmate minimally during the ACE process, and that the inmate indicated that s/he understood them (Attachment M – ACE).

All inmates shall be informed that admission is based on an assessed substance abuse treatment need. If the inmate voluntarily declines or refuses continued participation in substance abuse treatment, consequences, including potential impact on release considerations, shall be explained as part of the facility-developed ASAT Contract. This provision shall not be construed to preclude or prohibit attempts to persuade an inmate to remain in the service in his or her own best interest.

Completion of the ACE is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

"Moving On" Module 1 material must be incorporated into the ASAT ACE process in all female facilities (refer to the "Gender-Responsive Curriculum Supplement.")

☞ **Substance Abuse Treatment Plan - Initial (Attachment O)**

Upon completion of the ACE, and within ten (10) calendar days from admission to ASAT, an individualized inmate-centered comprehensive treatment plan will be developed for each inmate based on their ACE. The treatment plan will be developed by the single member of the clinical staff responsible for coordinating and managing the inmate's treatment ("the primary counselor"). The treatment plan shall take into account cultural and social factors, as well as the particular characteristics, conditions and circumstances of each inmate.

The treatment plan will meet the identified needs of the inmate in relevant life areas. The addressed life areas must include alcohol and substance use (Life Area A) and any other pertinent issues that may be related to or affected by the inmate's alcohol and/or drug use. Established treatment goals must support the treatment of the identified diagnostic impression or deferred diagnostic impression, address the Master Problem List, and identify goals which can be reasonably addressed during the identified treatment service.

The treatment plan shall:

- be developed in collaboration with the inmate;
- identify a single member of the clinical staff responsible for coordinating and managing the inmate's treatment ("primary counselor");
- be based on the admitting evaluations specified above and any additional evaluation(s) determined to be required;
- specify short and long-term goals which can be achieved while the inmate is in ASAT;
- prescribe an integrated service of therapies, activities and interventions designed to meet the goals;

- include schedules for the provision of all services prescribed;
- include each diagnostic impression for which the inmate is being treated at the facility; or deferred diagnostic impression with identification of significant risk factors;
- be signed and dated by the primary counselor.
- A random selection of ORC (ASAT) developed treatment plans should be reviewed, signed and dated by an SORC (ASAT) or SORC; by an ORC (ASAT), if developed by ASAT PA staff.

All inmates receive orientation regarding Department Directives, and Health Services' Policy & Procedures regarding education, access, referral, counseling, and treatment of HIV/AIDS and communicable disease, and mental health services at reception sites and all receiving facilities. Documentation of such services and applicable treatment planning may be found in the inmate's corresponding medical or mental health record. Duplication of such is not required in the substance abuse treatment record.

Completion of the Initial Substance Abuse Treatment Plan must be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

"Moving On" Module 1 material must be incorporated into the ASAT planning process in all female correctional facilities (refer to the "Gender-Responsive Curriculum Supplement.")

Substance Abuse Treatment Plan - Reviews and Updates (Attachment O)

The entire treatment plan, once established, shall be thoroughly reviewed and updated at least every sixty (60) calendar days thereafter by the primary counselor in consultation with, and signed by, the inmate. If a diagnostic impression cannot be substantiated by the first treatment plan update, the inmate should be administratively removed and the program plan modified to reflect there is no assessed substance abuse treatment need at this time. A summary of the inmate's progress in each of the specified treatment plan goals shall be prepared and documented in the inmate's treatment record as part of the treatment plan review.

Treatment Plan Reviews and Updates should incorporate approved recommendations rendered by the Treatment Plan Review Committee (TPRC). The primary counselor is responsible for reviewing the recommendations with the inmate and integrating the TPRC determination within the treatment plan (refer to "Treatment Plan Review Committee").

Substance Abuse Treatment Plan Reviews and Updates are to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

"Moving On" Module 1 material may be incorporated into the continuous ASAT planning process in all female correctional facilities (refer to the "Gender-Responsive Curriculum Supplement.")

Evaluation of Progress Notes (Attachment P)

Evaluation of progress notes will be based on achievement toward established treatment plan goals in applicable life areas, ability to demonstrate understanding of specific treatment expectations and requirements, and commitment to the TC, if the approved treatment modality. Each inmate will review their treatment progress during the minimally scheduled monthly individual counseling session (refer to “Individual Counseling”) calculated from the admission date, ending with the completion of the Continuing Recovery Plan, with their primary counselor. However, further evaluation of progress/regress should continue to occur until all treatment requirements, to include time requirements, have been met. Each inmate will receive feedback on the level of achievement they have met based on their identified treatment plan goals in applicable life areas (not achieved, partially achieved, achieved, or not applicable). In addition, each evaluation of progress note will include a summary of individual and group counseling sessions attended during that evaluative period, newly defined therapies/activities interventions, and treatment plan reviews and updates. The evaluation of progress notes will be signed by the inmate and the primary counselor completing the evaluation.

Treatment Plan Review Committee (TPRC) (Attachments Q and R)

Purpose

The Treatment Plan Review Committee (TPRC) responsibilities minimally include multi-disciplinary case conferencing, identification/modification of treatment plan goals, and providing continuing recovery/discharge planning recommendations as they apply to the treatment plan goals for all ASAT inmates. In addition, the TPRC will meet with an inmate to review poor treatment performance, disciplinary problems and refusal of continued participation requests. Major areas of responsibility are:

- identification/modification of updated treatment plan goals at least every 60 calendar days, when applicable,
- review of an inmate’s failure to meet treatment plan goals, or failure to complete treatment related assignments within designated time-frame,
- review of continued non-compliance with treatment standards,
- development of treatment interventions to promote a satisfactory treatment experience,
- review of refusal of continued participation requests.

Goals/Objectives

The goal of the TPRC is to communicate a positive message which will impact the inmate’s personal decision-making processes; thus productive treatment and satisfactory custodial adjustment. The TPRC attempts to educate the inmate in reference to the identification and progress toward treatment plan goals, the seriousness of poor treatment performance, the consequences of disciplinary infractions, and/or development of a personal plan to leave treatment.

TPRC Members

The TPRC is appointed and chaired by the SORC (ASAT), SORC, or designee, and will minimally consist of the following members:

- One (1) civilian supervisor (i.e., ORC (ASAT), Education Supervisor, etc.), and
- Primary treatment counselor, or designee, of inmate appearing, and
- One (1) supervisory level security personnel.

Referral Process

☞ The “Treatment Plan Review Committee Referral and Recommendation” (Attachment Q) form may be completed by any staff member who provides direct substance abuse treatment services to the inmate. The referral source must attach documentation (see below) to include evidence of compliance/non-compliance with facility and/or substance abuse treatment standards, and progression/regression toward established treatment plan goals.

The “Treatment Plan Review Committee Referral and Recommendation” is to be documented on the “Progress/Case Conference Notes” chronological treatment record (Attachment L).

Documentation

The “Treatment Plan Review Committee Referral and Recommendation” form must be filed in the guidance and treatment record with chronological entries indicating referral source, specific reason for referral and recommended intervention(s). In addition, the following documentation must be attached to the “Treatment Plan Review Committee Referral and Recommendation” (Attachment Q) form, if applicable:

- documentation of all previous unsuccessful treatment interventions, minimally to include learning experiences, informal/formal counseling interventions, unsatisfactory substance abuse evaluation of progress note(s), chronological entries, guilty Tier dispositions, etc.,
- ASAT inmate’s written request to meet with TPRC, refuse continued participation, etc.,
- record of inmate’s current treatment performance, to minimally include Treatment Plan, Treatment Plan Updates and/or Evaluation of Progress Notes.

Appearance

Referred inmates are required to be present at the TPRC. The reason(s) for referral will be explained, the inmate will have an opportunity to present orally, and/or submit relevant documents, to the TPRC, and a suggested course of action will be reviewed. TPRC meetings are designed for the individual inmate, thus no other inmates are permitted. In the event the referred inmate refuses to attend, or is excluded for reason of institutional safety or correctional goals, s/he may be provided an opportunity to submit a written statement on his or her own behalf.

Determinations

The TPRC may, depending upon the nature of the referral, institute the following interventions:

- Identification/modification of treatment plan goals

At least every 60 calendar days, the primary ASAT staff person is to meet with the inmate to review progress/regress toward established treatment plan goals. Any modifications to the treatment plan should be developed with the inmate. The primary counselor may share any treatment plan updates, or lack thereof, with the TPRC.

Further, TPRC determinations may include recommended updates to the treatment plan to assist an inmate in achieving a satisfactory treatment experience. Upon approval of the TPRC recommendations, the primary counselor must review the approved treatment plan updates with the inmate. The primary counselor and the inmate must sign the updated treatment plan to document such a review.

- TPRC Inmate Notification (Attachment R)

The TPRC Inmate Notification (Attachment R) must identify the referral source and date of referral, the TPRC members, TPRC recommendations, to include treatment plan revisions, behavioral contracts, treatment extensions and/or discharge, and the TPRC Chairperson's review and approval. The TPRC may assign interventions such as behavioral contracts, learning experiences or other tasks (i.e., homework or group assignments, housing unit chores, etc.) in relationship to treatment issues to promote both compliance and understanding of specific treatment objectives. Behavioral contracts must complement the referred inmate's individualized treatment plan goals and minimally include:

- a. identified undesired behavior(s),
- b. desired measurable behavioral changes,
- c. specific tasks/expectations needed to achieve desired behavioral changes,
- d. time frame for achievement of specific tasks/expectations,
- e. stipulation for unsatisfactory discharge or treatment extension for non-compliance or violation of facility/treatment standards of behavior.

In the event a behavioral contract is recommended by TPRC, it should be considered a final intervention before a treatment extension or removal is warranted.

Treatment extension

The life area treatment approach for ASAT places responsibility of achieving treatment goals on the inmate. As such, a TPRC determination to extend an inmate's required time in the treatment service is not punitive. Rather, such a determination is a resource designed to provide an inmate with sufficient time to meet established treatment plan goals and demonstrate their ability to follow facility and treatment standards.

In evaluating a treatment extension, the following factors should be assessed:

- a. compliance with Department/facility standards,
- b. progress toward established treatment plan goals,
- c. attitude, willingness, motivation of the inmate at TPRC,
- d. effort made by the inmate within the limits of his/her capacity.

Treatment extensions may be determined under the following conditions:

- a. unsatisfactory treatment evaluation of progress note(s),
- b. failure to comply with substance abuse treatment interventions within designated time-frame,
- c. guilty Tier dispositions, with or without sanctions, including disciplinary confinement less than 30 days, unless it's a violation of a "Treatment Termination Standard,"
- d. clinical determination.

A treatment extension recommendation is the responsibility of the facility TPRC. Upon a majority determination, the SORC (ASAT), or SORC, is responsible for final approval. A treatment extension determination will be rendered only with substantial clinical or disciplinary documentation to support such. ASAT duration will be adjusted to ensure progress toward established treatment plan goals. Treatment extensions are generally imposed in 30-90 day increments, however are to be clinically determined.

Treatment suspended

The computerized record should reflect code 31 *Treatment Program Suspended - Discipline* (short description - *Tx Suspended*) to suspend an inmate's participation in substance abuse treatment when serving pre-hearing confinement or less than 30 days keeplock/SHU during program hours, for an infraction other than those defined as Treatment Termination Standards. If thrown out/not guilty, submission of end code change from 31 *Tx Suspended* to 28 *Admin Error*; status code from PPU to RNF, is required.

If found guilty with sanction of less than 30 days, the TPRC must meet with the inmate and render a recommendation regarding the inmate's continued substance abuse treatment participation. Upon review/approval of the recommendation, the Program Committee Chairperson will be notified if the inmate is to be placed back into ASAT, maintaining the *Tx Suspended* programming history, or discharged due to poor participation/progress. If the inmate is discharged, submission of an end code change from code 31 *Tx Suspended*, to code 09 *Poor participation/progress*; status change to reflect REU under ABUSE, is required.

Unsuitable treatment discharge

If any inmate fails to progress toward established treatment plan goals, or continues to regress, despite treatment interventions, an unsuitable program discharge may be determined. Such failure to progress, or continued regressions in behavior, must be supported by clinical or disciplinary documentation, which may minimally include guilty Tier dispositions, violation(s) of ASAT standards, unsatisfactory evaluation of progress note(s), and/or failure to comply with previous TPRC recommendations.

Any violation of a "Treatment Termination Standard", whether through investigation, documentation, or a guilty Tier disposition with confinement sanctions including 29 days or less, will result in an automatic unsatisfactory program discharge (REU).

The TPRC should document Continuing Recovery Plan recommendations for all unsatisfactory program discharges. Such planning should minimally include a review of progress/regress toward established treatment plan goals at that time, a review of guilty Tier dispositions/reports to ascertain potential motivation/circumstances of behavior, and review of readmission procedures, if time eligible, or recommendations for continuing recovery.

Disciplinary discharge

A guilty Tier disposition with sanctions including thirty (30) or more days Special Housing Unit (SHU) confinement, keeplock, or cell/cube confinement during program hours, regardless of the violation(s), necessitates an automatic substance abuse treatment disciplinary discharge (RED). Submission of end code change from 31 *Tx Suspended* to code 10 *disciplinary*; status code from PPU to RED, is required. If subsequently expunged, submission of end code change from 10 *disciplinary* to 26 *disciplinary reversal*; status code from RED to RNF, is required.

The above policy does not apply for those inmates who participate in the Department's Sex Offender Counseling and Treatment Program (SOCTP). The SOCTP specialized program standards dictate that 31 days or more of keep lock sanctions is required for an automatic removal from SOCTP (Attachment A).

The TPRC should document continuing recovery planning recommendations for all disciplinary discharges. Such planning should minimally include a review of progress/regress toward established treatment plan goals at that time, a review of guilty Tier dispositions/reports to ascertain potential motivation/circumstances of behavior, and readmission procedures, if time eligible, or recommendations for continuing recovery.

Refusal of Continued Participation

When an inmate provides a written refusal of continued participation from ASAT, every effort will be made to encourage and educate the inmate regarding the value of continuation in substance abuse treatment. The inmate will be made aware of the possible consequences of their decision, in writing, to include impact on TAC, Community Supervision considerations, earned eligibility, etc. However, there may be times when an inmate will maintain the decision to cease continued participation. If this occurs, the TPRC will accept their refusal for continuation in ASAT. In addition to the inmate's written request, they must sign a Program Refusal Notification Form #3617. TPRC will subsequently recommend an unsatisfactory program discharge and notify all appropriate Department units. The Guidance & Counseling unit will record the determination on the inmate's computerized record using the refusal end code

Completion of the Program Refusal Notification Form #3617 is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

Notification (Attachment R – TPRC Inmate Notification)

The TPRC will notify the inmate in writing of their determination within 72 hours of meeting using the "TPRC Inmate Notification" form. The written determination will be filed in the inmate's guidance and treatment record and a chronological entry documented.

Completion of the "TPRC Inmate Notification" form is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

Appeals are made per Directive#4040, "Inmate Grievance Program."

☒ Substance Abuse Treatment Continuing Recovery Plan (CRP) (Attachment S)

The continuing recovery planning process shall begin upon admission, be closely coordinated and developed with Department staff members and aligned with the comprehensive treatment plan. The Continuing Recovery Plan (CRP) shall minimally include an individualized relapse prevention plan, identify pre-/post-release recommendations which identify unaddressed items from the Master Problem List and suggested follow-up, and summarize the course of treatment which specifies the inmate's progress, or lack thereof, on identified comprehensive treatment plan goals.

The CRP should be completed 12 days prior to the expected discharge date from ASAT and may serve as the final Evaluation of Progress Note. However, further evaluation of progress/regress should continue to occur until all treatment requirements, to include time requirements, have been met.

No inmate shall be discharged without a CRP which has been reviewed and approved by the primary counselor. The CRP shall be developed in collaboration with the inmate. This does not apply to inmates who stop attending, refuse continuing recovery planning, otherwise fail to cooperate, or are unavailable.

Completion of the Continuing Recovery Plan is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L) and guidance record.

"Moving On" Module 6 material must be incorporated into the ASAT CRP process in all female correctional facilities (refer to the "Gender-Responsive Curriculum Supplement.")

☒ No inmate should receive a certificate of completion. The Department does not acknowledge any certificate as a symbol of completion for substance abuse treatment. The only documentation that is acceptable and recognized as proof of Department-approved substance abuse treatment discharge is the CRP.

Satisfactory Discharge

An inmate shall be discharged from ASAT in a satisfactory manner when:

- the inmate has achieved the goals and objectives which were identified in the comprehensive treatment plan and subsequent treatment plan updates as evidenced by satisfactory evaluation of progress notes, and
- the inmate has an approved relapse prevention and continuing recovery plan, and
- the inmate has participated in applicable substance abuse treatment for a cumulative duration not less than 6 months; not more than 12 months. This assumes direct treatment services are provided 12 hours per week, or

- the inmate will no longer be available for reasons beyond their control to continue satisfactory treatment participation after 5 and ½ months participation, provided 12 hours of direct services per week were received. Treatment records and facility ASAT staff recommendations may be forwarded to Central Office Substance Abuse Treatment Services for a determination regarding treatment satisfaction. Upon receipt of Central Office determination, facility ASAT staff should document discharge determination in the treatment and guidance record.

Administrative Discharge

An inmate shall be discharged from ASAT in an administrative manner when:

- a medical and/or psychiatric condition is identified which contraindicates further substance use disorder treatment at this time; or
- the inmate is removed from the treatment service through no personal fault but rather to meet Department or facility needs, e.g., transfers, special program assignments, etc.; or
- determined by ASAT and/or facility supervisory staff that it is not in the best interest of the inmate to continue, e.g., new program assignment, administrative segregation, involuntary protective custody, etc.

Poor Program Performance (Unsatisfactory) Discharge

An inmate shall be discharged from ASAT for poor program performance (REU), when:

- there is supporting documentation that the inmate is disruptive to the service and/or fails to comply with the reasonably applied written ASAT behavioral standards, and TPRC has rendered an approved unsatisfactory discharge recommendation.
- the inmate violates one of the Treatment Termination Standards defined as no sexual acting out, including romantic or sexual physical contact; no drugs, alcohol (use or possession), drug/alcohol paraphernalia, or urinalysis infractions; no violence or threats of violence (including any fighting, threats or weapon misbehavior reports) and the sanctions do not include 30 or more days SHU/keeplock/cube confinement (less than 31 days for SOCTP participants).
- the inmate refuses further care (recorded as refusal on electronic record), and TPRC has rendered an approved determination of discharge.

Disciplinary (Unsatisfactory) Discharge

An inmate shall be discharged from ASAT for disciplinary reasons (RED) when:

- the inmate receives a guilty tier disposition with sanctions including thirty (30) or more days Special Housing Unit (SHU) confinement, keeplock, or cell/cube confinement during program hours, regardless of the violation(s) (31 days or more for SOCTP participants). TPRC processes are to be followed for RED removals.

Readmission Policy

☞ An inmate may request readmission to ASAT following a waiting period of 30 days, or earlier at the discretion of treatment staff, from treatment termination, regardless of discharge reason. The request will be made in writing by the individual requesting readmission. A “Readmission Request for Substance Abuse Treatment” form (Attachment U) must be completed by the inmate and submitted to ASAT staff for review/recommendation. The assigned SORC will be required to review and sign the final determination of placement.

If an individual does not request readmission into treatment after 30 days following discharge or confinement sanctions, the assigned ORC must address the inmate’s failure to request readmission to substance abuse treatment at their next scheduled contact date, to be no later than the next scheduled quarterly review. At that time, the ORC will determine if the inmate desires readmission into treatment. If so, the inmate will be required to complete the “Readmission Request for Substance Abuse Treatment” form. If the individual chooses not to, a program refusal form must be completed and kept in the inmate’s guidance record and an unscheduled review completed. It is crucial that Continuing Recovery Plan records identifying the date of termination are forwarded to Guidance & Counseling staff to assure a systematic review of readmission/refusal is achieved.

The facility has the discretion to consider readmission based on a thorough review of current capacity fills, liberty issues, status in the Family Reunion Program, and safety of the facility, individual inmate, and inmates currently in the therapeutic or modular treatment group. Such review should minimally document the following special circumstances:

- guilty Tier dispositions for violence/threat thereof - if an individual is discharged due to fighting, and it is apparent they were not the aggressor (victim or recipient of fight), the record is to be reviewed by the TPRC with a recommendation for immediate placement back into treatment after completion of confinement sanctions. An individual’s return to treatment as soon as possible will better ensure that they will remember their previous treatment content and Therapeutic Community tenets.
- multiple unsatisfactory treatment attempts - if an inmate has received 3 or more unsatisfactory discharges from ASAT and desires readmission, the inmate may submit a “Readmission Request for Substance Abuse Treatment” 30 days after their most recent discharge, or refusal, for appropriate placement on the RPL. A refusal to accept placement in, or continued participation in substance abuse treatment, shall be considered an unsatisfactory treatment attempt.

Treatment Plan Review Committees should develop a Continuing Recovery Plan (CRP) which identifies a readmission consideration date which is minimally one treatment cycle duration from the most recent date of discharge. For example, if the facility’s approved substance abuse treatment duration is 6 months, a readmission consideration date would be identified minimally 6 months from date of discharge. Inmates should be advised to utilize this time to assess their commitment to recovery and identify treatment goals to address upon readmission.

Facility staff should utilize the comment section on the substance abuse treatment RPL to document the readmission consideration date.

- Time Allowance Committee (TAC) – if the facility TAC finds that an inmate must complete ASAT prior to release consideration, priority placement into ASAT may occur regardless of time eligibility and prior participation outcomes.
- unsatisfactorily discharged from ASAT due to a violation of a Treatment Termination Standard for violence/threat of (assault, fight, etc.) - TPRC may recommend inmate completes, and/or simultaneously participates in ART, prior to readmission to substance abuse treatment provided the SORC approves the TPRC recommendation and the inmate has sufficient time to address both assessed needs.
- ASAT staff request inmate present before TPRC to review readmission request following an unsatisfactory discharge from ASAT - after a thorough review of the participant's previous treatment records including the treatment plans & updates, and the Continuing Recovery Plan, an interview with the inmate may be requested to determine motivation for readmission. If the ASAT staff member determines that the review is beyond the scope of the interview, a referral to the TPRC for review/determination is recommended. If the inmate presents without a commitment to treatment and exhibits negative behaviors, the TPRC may request a second appearance subsequent to specified interventions (i.e., individual counseling session to ascertain inmate's motivation for their request for readmission without supporting behavior at TPRC). The inmate should be seen again at the next scheduled TPRC.

Previous Participation

ASAT staff at the current facility will evaluate the recommended treatment time estimated to meet unsatisfied treatment goals. This decision will be a treatment determination based on the inmate's past participation, reason for termination, progress toward, and satisfaction of, specified treatment plan goals and commitment to recovery (cumulative time not to be less than 6 months; this assumes direct treatment services are provided 12 hours per week.) Evaluation of prior participation will be conducted within 4 weeks of the inmate's readmission to treatment and discussed with the effected inmate.

☞ An "Assessment of Prior Participation" (Attachment V) form has been developed for this purpose. The "Assessment of Prior Participation" form should also be completed when admitting an inmate with prior participation from another facility. The assigned SORC will be required to sign the final determination.

It is the receiving facility's responsibility to make a determination regarding an inmate's prior participation, inclusive of all substance abuse treatment participation on this term, and regardless of discharge reason. The receiving facility will assess the appropriate amount of time required to now meet existing treatment plan goals provided the cumulative time is not less than six months (provided direct treatment services are provided 12 hours/week). The sending facility has the responsibility to document the inmate's progress/regress toward the established treatment goals during continuing recovery planning. The sending facility is not to "promise" or put in writing any application of previous participation toward future treatment.

For Community Supervision Violators – No New Term, if a thorough review/consideration of the nature of the Community Supervision violation and activity while on Community Supervision this term supports an assessed substance abuse treatment need, applicable assessment of prior participation on current DIN only is to be assessed, including time spent in ASAT prior to their Community Supervision participation.

Assessment of previous participation may or may not be applied as follows:

Treatment Service

Participation Assessment

RSAT to RSAT	Prior participation may be considered
RSAT to ASAT	Prior participation may be considered
ASAT residential to RSAT	Prior participation may be considered
ASAT modular to ASAT	Prior participation may be considered
I-ASAT to ASAT	Prior participation may be considered*
All modalities to I-ASAT	Prior participation may be considered
Adolescent Offender (AO) ASAT to ASAT	Prior participation may be considered*
CASAT to ASAT/RSAT	Prior participation may be considered
SHOCK to ASAT/RSAT	Prior participation may be considered
Willard to ASAT/RSAT	Prior participation may be considered
DWI Treatment to/from ASAT/RSAT	Prior participation may be considered**
ASAT modular/I-ASAT/AO to RSAT	Prior participation may NOT be considered
All modalities to CASAT	Prior participation may NOT be considered

* I-ASAT and AO staff will identify in the Continuing Recovery Plan the recommended duration necessary for satisfaction of treatment plan goals, however receiving facility staff will make all final determinations.

** Assessment of previous participation between ASAT/RSAT and DWI Treatment may be considered provided the receiving facility has made that recommendation and the recommendation has been reviewed and approved by Central Office Substance Abuse Treatment Services. Central Office review/determination must be documented in the treatment and guidance record.

Assessment of previous participation may be applied between any of the Department’s specialized substance abuse treatment services and units which utilize the ASAT Operations Manual. The services/units minimally include the SOCTP, IDDT, DDT, SNU, RMU, STP, PC ASAT, TBU, SDU; however, it is imperative ASAT staff determine the amount of time specified for substance abuse treatment in order to ensure all inmates participate in a satisfactory manner for a minimum of 6 months cumulative time in substance abuse treatment. This assumes direct treatment services are provided 12 hours per week.

Participation in Relapse Treatment, the SHU Pre-Treatment Workbook program and/or the Relapse Prevention Program cannot be assessed for prior participation consideration for any Department substance abuse treatment as they do not utilize the ASAT Operations Manual to govern their respective programs.

Refer to “Gender-Responsive Curriculum Supplement” for additional information regarding assessment of previous participation with the female population.

Direct Treatment Services

ASAT is based on an inmate-centered continuum of recovery treatment model with identified life areas, which provide a guideline for the provision of treatment activities. All activities must focus on providing information and counseling necessary for inmates to identify their alcohol and/or substance disorder, understand the recovery process and develop skills and coping mechanisms necessary to maintain their commitment to an alcohol-free, drug-free, and crime-free lifestyle.

ASAT staff will develop a curriculum which identifies education and counseling information to be presented. The above identified (refer to “ASAT Life Areas”) best practice, evidence-based curriculum resources focus on the ten (10) identified life areas and a continuum of recovery approach. The Education and Counseling (E&C) component, as these direct treatment services are identified, will be provided to inmates for a minimum of 12 hours per week, except in specialized programming in which the approved program proposal will identify direct service expectations. At no time should non-ASAT parathetic staff provide direct or indirect substance abuse treatment services to the inmate population.

Small Group Counseling

Small group counseling is designed to provide an opportunity for treatment inmates to share personal experiences with one another, develop healthy socialization skills, learn and practice healthy coping skills, cultivate and receive peer support, and address treatment plan goals. The primary counselor guides the group towards understanding personal responsibility and the impact of their behaviors on self and others. The primary counselor also guides the group towards personal growth and character enhancement. All inmates will be involved in small group counseling, not to exceed 15 inmates per group, a minimum of twice weekly. The duration of each small group counseling session must be of appropriate clinical duration, but not to be less than 45 minutes per session.

Audio/Video Presentations

Audio recordings, films and videos will be available to complement curriculum topics. Each must illustrate issues in regards to alcohol and substance use disorders and recovery. Whenever a video is utilized within the curriculum, the video should be identified on the weekly treatment schedule and a lesson plan developed supporting its use. Feature films are only to be utilized when treatment staff is unable to identify alternate resources to address a specified life area; approval from the Deputy Superintendent for Programs must be received. The use of audio/video material must comply with Directive #4555, “Video Production Programs and Procedures,” and Directive #4556, “Entertainment Media.”

Lecture and Discussion Sessions

ASAT staff will facilitate large group discussions to assist inmates in understanding the issues illustrated in the audio/video presentations or other treatment activities. These sessions also may be used to impart information regarding alcohol and substance abuse, the recovery process and/or relapse prevention planning in a didactic or similar format.

Topic Groups

Throughout the treatment process, treatment staff may identify groups of inmates in the therapeutic community or modular treatment group with similar treatment plan goals. Staff supervised, small peer-led topic groups may be formatted to develop support among peers, provide opportunities for inmates to develop supervised topic presentations to the community, and/or systematically assist inmates in meeting their identified treatment plan goals.

While staff are encouraged to identify topics which are relevant to their community's treatment planning, topics which are routinely identified by substance abuse treatment inmates minimally include:

Substance-specific Disorders	Self-Esteem	Relapse-Prone	Moving On (female-specific)
SAMHSA TIP 32, 33 SMA08-4152	SMA07-4134 SVP06-0153	SAMHSA TAP 8, 19	Module 1 Module 6 Make-up sessions
Anger Management	Age-Specificity	Treatment Orientation	Parenting
SAMSHA TIP 25, 36 SMA08-4213	SAMHSA TIP 26, 32	TC orientation crew TC Supplement Moving On Module 1 (female-specific)	SAMHSA TIP 36

Equipment and Supplies

Equipment such as tape players, VCRs, etc., and supplies such as videos, film rentals and office supplies are necessary items in the daily operation of ASAT; therefore, these items should be included in the annual facility program budget. When budget constraints exist, the facility will be responsible for providing ASAT staff with access to equipment within the facility.

Requests to purchase such items, as well as custody and maintenance, will be according to Department Directives and facility instructions.

Ancillary Support Services

While not considered direct treatment services, the following ancillary activities are an integral component throughout the treatment process:

Treatment Plan Review Committee (TPRC)

Multi-disciplinary committee designed as a positive treatment intervention to impact the inmate's personal decision-making processes, translating into productive treatment and satisfactory custodial adjustment. The TPRC, consisting of representatives of the multi-disciplinary treatment team, to include SORC, supervisory level security personnel, as well as the primary counselor attempts to educate the inmate in reference to the identification and progress toward treatment plan goals, the seriousness of poor treatment performance, disciplinary problems, and/or development of a personal plan to leave treatment.

Case Conferencing

A review completed by the treatment team which documents the individual inmate's progress/regress toward established treatment plan goals, and applicable treatment interventions. A case conference may or may not include the inmate and is to minimally occur monthly.

Clinical Supervision

Clinical supervision will involve the primary counselor meeting regularly with another professional(s), not necessarily more senior, but with training in the skills of supervision, in an individual or group format, to discuss casework and other professional issues in a structured way. The purpose is to assist the treatment staff person to learn from his or her experience and progress in expertise, as well as to ensure good service to the inmate. Regularly scheduled clinical supervision in an individual or group format, to include case conferencing, should occur to complement and enhance direct treatment services and must be recorded on the monthly report.

Individual Counseling

Individual counseling must focus on a topic pertinent to the inmate's experiences and/or problems as it applies to their treatment plan goals. The primary counselor will meet with individual inmates as needed throughout treatment, yet no less often than once during each 4 week period (from date of admission and subsequently thereafter) for an appropriate clinical duration. All individual counseling sessions must be documented in the treatment record.

Module meeting

Module meetings are attended by all available inmates and assigned staff during direct treatment service modules for minimally 15 – 30 minutes in a TC (refer to the "Therapeutic Community Supplement").

Community meeting

Community meetings are attended by all residential housing unit inmates and assigned staff minimally twice per week for approximately 30-45 minutes in a TC (refer to the "Therapeutic Community Supplement").

Weekly Treatment Schedule (Attachment W)

Each ASAT unit will develop a weekly schedule of treatment activities. The schedule will include identification of the treatment activity being held, the location and time, as well as the staff member responsible for providing the services. This schedule should be minimally posted in the ASAT housing unit and/or program area, as well as forwarded to the SORC responsible for oversight of ASAT.

☞ The weekly schedule must document the provision of three (3) hours of direct treatment services, and may include time for module and community meetings, by ASAT staff eight (8) modules per week (i.e., 4 AM modules and 4 PM modules), unless otherwise approved by Central Office. Inmates must receive 12 hours of direct treatment services per week for a minimum of 6 months; any variations due to the nature of the population served and/or facility needs may require an adjustment to the treatment duration and must be approved through established Department procedures.

In addition, facility treatment staff must structure one three (3) hour module per substance abuse treatment group per week for initial assessments, treatment planning, individual counseling, case conferencing, evaluation of progress recording, TPRC meetings, clinical supervision, TC hierarchy meetings, and continuing recovery planning. Treatment activities should be developed which require minimal treatment team supervision during this module and may minimally include organized sober recreation, homework assignments, maintenance of residential unit, supervised discussion groups, structured utilization of Library Services, Transitional Services, etc. For those facilities that operate separate AM/PM modules for different inmates, it is recommended this three hour module be held on different days so that the program service areas noted above are not taxed with a large volume of ASAT inmates on the same day during both modules. In addition, by structuring the module on different days, members of TPRC are available to address other areas during the second module.

☞ Weekly treatment schedules minimally identify responsible staff, and time/location of individual sessions, TPRC conferences, initial assessments, and clinical supervision during the indirect treatment modules, as well as account for each participant. In no case should treatment be suspended or inmates unsupervised or unavailable to treatment team staff.

Other Program Options

Inmates are assessed for a variety of program needs beyond the scope of substance abuse treatment. As such, inmates may be referred for academic and Transitional Services programming, vocational training, Aggression Replacement Training, facility work assignments, and/or voluntary participation in self-help groups or religious services, in addition to their substance abuse treatment.

Support Groups/Self-Help

Participation in support groups is recognized as an essential part of recovery from alcohol and drug disorders. As such, all inmates are encouraged to identify and participate in voluntary support groups.

Self-help meetings are available for inmates participating in substance abuse treatment, as well as completers and general confinement inmates, and are maintained for voluntary participation. The “12 Steps,” “12 Traditions,” and other affiliated items are to be visible only during voluntary AA/NA meetings held during non-program hours. Self-help meetings are clearly an independent activity, although education regarding all such groups may be presented during direct treatment service activities.

Academic and Vocational Training

Academic and/or vocational training may be identified as goals in the inmate’s treatment plan. Although ASAT does not include the provision of such services, ASAT staff will seek to ensure that the inmate is afforded opportunities to achieve the literacy and employment skills necessary to maintain recovery upon release. Participation in academic and/or vocational training will be required before, during or upon completion of substance abuse treatment, provided such need is identified. Decisions regarding specific program placements will be based on the inmate’s assessed needs and determined through program committee placement.

Transitional Services

Transitional Services programming (Phase I, II and III) will be available to all inmates in general confinement facilities. Transitional Services programming will be structured according to established policy between Central Office Substance Abuse Treatment Services and Transitional Services, and may be identified in treatment and continuing recovery planning. Transitional Services Phase II utilizes Thinking for a Change (male population), and Moving On (female population); both evidenced based cognitive behavioral programs which when applied assist the inmate as they transition through ASAT.

Female-facility treatment staff should refer to the “Gender-Responsive Curriculum Supplement” for additional information regarding Transitional Services Phase II Cognitive Behavioral Therapy (Moving On) provided in female substance abuse treatment services. The provision of the “Moving On” curriculum to the female population is required as a component of substance abuse treatment services. Female inmates who satisfy substance abuse treatment will also meet their Transitional Services Phase II Cognitive Behavioral Therapy assessed need. A regression subsequent to satisfying an assessed substance abuse treatment Earned Eligibility Plan need will not alter the satisfied Transitional Services Phase II need. The ASAT Contract developed by the female facilities must incorporate this understanding (Attachment J - Sample Female Substance Abuse Treatment Contract).

Other

Inmates may be directed by the treatment team to involve themselves in other programs based on an assessment of needs. Such program options may be provided by Health Services, Inmate Grievance, Library Services, Ministerial Services, etc., during non- program modules.

Inmate access to the commissary, barber shop, visiting room, recreational facilities, and all other facility services should be conducted outside the 3-hour daily direct treatment services modules.

Treatment Records

Active treatment records must include all of the below noted documents. Individual inmate assignments should be kept in a separate location, or clearly separated from required treatment recording in the treatment record. Treatment records should be structured to clearly identify required documentation (Attachment X(1) – Sample Record Review for QIP) and Quality Improvement Plan/record review practices (Attachment X(2) – Sample Record Review Sheet for QIP; Attachment Y – Sample Quality Improvement Plan).

☞ The ASAT office in each facility will retain permanent records of the Substance Abuse Treatment Admission & Comprehensive Evaluation, Admission & Comprehensive Evaluation addendum, Treatment Plan, Treatment Plan Reviews and Updates, Evaluation of Progress Notes, and Continuity of Recovery Plan for six years from date of discharge. Treatment records must be separated by year and maintained in a secure location. The year will be determined by the discharge date. Treatment records will provide the data needed by the Department to conduct studies of individual treatment service effectiveness. Modification to any treatment records will be issued solely from Central Office Substance Abuse Treatment Services.

Upon request, inmates may receive a copy of the noted records directly from treatment staff. Such records do not need to be requested through the facility's FOIL officer, nor evaluative comments redacted.

Document	Guidance Record (original)	Treatment Record (copy)	Inmate (copy)
*Admission & Comprehensive Evaluation (Att. M)	Yes, upon discharge, chrono start date	Yes	No
*Moving On Module 1 Assessment Forms (female-specific)	No	No	Yes
*Admission & Comprehensive Evaluation addendum (Att. N)	Yes, upon discharge, chrono start date	Yes	No
*Treatment Plan (Att. O)	Yes, and chrono, as it is completed	Yes	Yes, if requested
*Treatment Plan Reviews & Updates (Att. O)	Yes, and chrono, as it is completed	Yes	Yes, if requested
Progress/ Case Conference Notes (Att. L)	No	Yes, original	No
Evaluation of Progress Note (Att. P)	Yes, monthly	Yes	Yes, if requested
*Continuing Recovery Plan (Att. S)	Yes, and chrono	Yes, and facility Community Supervision staff	Yes
*Moving On Module 6 Feedback Forms (female-specific)	No	No	Yes
*Assessment of Prior Participation (Att. V)	Yes, and chrono	Yes	No
*Readmission Request for Substance Abuse Treatment (Att. U)	Yes, and chrono	Yes	No
*TPRC Referral & Recommendation (Att. Q)	Yes, and chrono	Yes	No
*TPRC Inmate Notification (Att. R)	Yes, and chrono	Yes	Yes
*Program Refusal Notification Form #3617	Yes, immediately and chrono	chrono	Yes

Completion of the asterisked records is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

Substance Abuse Treatment Monthly Report (Attachment E)

All treatment services which utilize the ASAT Operations Manual will prepare a monthly report using the reporting form distributed to all facilities (Att. E(2)). The report will document treatment activities and provide a brief narrative of QIP practices and accomplishments, specifically recording TPRC meetings and recommendations, clinical supervision and structured case conferencing practices, staff training(s), assessment consideration of prior participation, and staffing patterns. The report should be completed by the SORC who oversees the service and forwarded to *Doccs.sm.SubstanceAbuseTreatmentServices* by the last business day of each month. If temporary suspension of the service has been approved by Central Office, a report should be submitted for the suspension month noting the reason for its suspension and the anticipated reinstatement month. A report should subsequently be submitted for the anticipated reinstatement month noting the status of the temporary suspension, or sooner if reinstatement has occurred.

Quality Improvement Plan (Attachment Y)

A facility-specific written Quality Improvement Plan (QIP) must be developed for all substance abuse treatment services. The Quality Improvement Plan shall identify clinically relevant quality indicators that are based upon professionally recognized standards of care. This process shall include but not be limited to:

- an annual self-evaluation. The review shall focus on the treatment services offered at the facility. This is not to be a review of individual treatment staff members.
- findings of other management activities, including but not limited to incident reviews, and reviews of staff training, development and supervision needs;
- analysis of treatment services/inmate performance; and
- evidence of implementation of treatment service changes based on the analysis.

Record review documentation must be incorporated into the facility's QIP (Attachment Y), and may be addressed through identified sections of the treatment record (Attachment X(1) – Sample Record Review for QIP) or Record Review Sheet (Attachment X(2)). Quarterly review of minimally 3 substance abuse treatment records by a multidisciplinary review team, to include assigned SORC staff, must be identified in the QIP.

Substance Abuse Treatment Annual Report (Attachment F)

All treatment services will prepare an annual report and submit it to the facility Superintendent and Deputy Superintendent for Program Services with a copy to *Doccs.sm.SubstanceAbuseTreatmentServices*. This report shall document the effectiveness and efficiency of the service in relation to its goals and indicate any recommendation for improvement in its services to inmates, as well as recommended changes in its policies and procedures (Att. F). The annual report must be completed and submitted by close of business on the last business day in October of each year in order to ensure timely compilation and submission to the Department's Executive Team by Central Office Substance Abuse Treatment Services.

Internship Training Programs

Facilities/Divisions **should not** be working directly with colleges to place interns. **All** internships **must** go through the Department of Civil Service's New York Leaders Student Intern portal. The following terms and conditions must be followed for internship training programs for substance abuse treatment:

- An internship should be a formal arrangement between the Department and local colleges or universities to provide field experience for advanced students enrolled in an alcohol and substance abuse treatment curriculum.
- The sponsoring college or university must provide the Department with written internship policies and procedures, as well as the name and telephone number of the faculty advisor. In turn, the Department will provide a description of the expected duties, responsibilities, and goals to be accomplished during the internship.
- All requests for internships will be forwarded to Central Office Substance Abuse Treatment Services at least four weeks prior to the anticipated start date. Name, age, and grade level of intern; facility supervisor; sponsoring college or university; internship proposal and duties description must be submitted for review.
- The facility will designate an ASAT staff person to supervise an intern's field experience in the facility. Overall responsibility and supervision, however, remains with the SORC designated for general substance abuse treatment supervision.
- At any given time, there will not be more than one intern for every three ASAT staff. This will ensure that interns receive the necessary attention for a worthwhile experience and, at the same time, ensure that the full range of substance abuse treatment services is provided to ASAT inmates.
- Interns are volunteers assigned to a facility by a college or university as part of their field experience. The facility Office of Volunteer Services must be notified of the acceptance of the intern so that Directive #4750, section VI. E., regarding entry of volunteers into a correctional facility, can be followed.
- An orientation to Department and local facility policy and procedures will be provided to the intern by Central Office Volunteer Services. Orientation to substance abuse treatment will be provided by ASAT staff.
- The sponsoring college or university is expected to provide guidance and supervision of the overall field placement in coordination with the facility supervisor.
- Internships are an academic learning experience. As such, interns are to be provided with a structured and well supervised field experience which offers a broad understanding of the practical application of substance abuse treatment issues in a correctional setting. Interns are not a substitute or replacement for regular ASAT staff. In no event shall an intern be given unsupervised responsibility for alcohol and substance abuse treatment.

- In general, the degree of autonomy afforded an intern will be commensurate with the level of expertise and training. For example, it is expected that interns from graduate programs in counseling may be afforded more independence within substance abuse treatment services than lower-level students.
- Directives on confidentiality (#2010) and research proposals (#0403) should be strictly adhered to. Notes, journals, and other general material with all identifiers deleted can be used only for required classroom activities or seminars associated with the formal internship experience. In no event shall any Department records be removed from a facility or used in research reports or papers—published or otherwise—except as provided for in Directive #0403. Directive #2010 and #0403 will be explained and copies given to the intern as part of the facility orientation.
- The highest standards of ethical behavior will be adhered to at all times.
- Interns must agree to the above conditions by signing the Internship Agreement (Attachment Z).

Failure to follow all of the rules and regulations of the Department, including the policy on internships, may result in immediate termination of the internship.

The Department will provide the volunteer intern with a work experience that will foster personal and professional development. The intern will be given an orientation in order to provide a basic understanding of the Department and Central Office Substance Abuse Treatment Services. The intern will be invited to attend counselor training sessions when available.

Attachments

A	Specialized Services/Units	J	DELETION
B (1)	Alternative Drug Treatment and Judicially-Sanctioned Willard Parolee	K	Substance Use Disorder Diagnosis Reference Guide
B (2)	Medical/Mental Health Alternative To JS Willard Acceptance/Declination	L	Progress/Case Conference Notes
B (3)	DELETION	M	Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE)
B (4)	JS Willard Extenuating Circumstances Acceptance	N	Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE) Addendum
C (1)	Alternative to Court-Ordered Shock	O	Substance Abuse Treatment Plan
C (2)	Alternative to Court-Ordered Shock Acceptance/Declination	P	Evaluation of Progress Note
C (3)	Alternative to Court-Ordered Shock Sign out	Q	Treatment Plan Review Committee (TPRC) Referral and Recommendation
D	Sample Program Proposal	R	TPRC Inmate Notification
E (1)	Substance Abuse Treatment Monthly Report guidelines	S	Substance Abuse Treatment Continuing Recovery Plan (CRP)
E (2)	Substance Abuse Treatment Monthly Report	T	OMMISSION
F	Substance Abuse Treatment Annual Report	U	Readmission Request for Substance Abuse Treatment
G (1-2)	OMMISSION	V	Assessment of Prior Participation
H	Substance Abuse Treatment Rights & Confidentiality	W	Sample Weekly ASAT Schedule
H (Sp)	Substance Abuse Treatment Rights & Confidentiality – Spanish	X (1)	Sample Record Review for QIP
I	Required Elements for a Substance Abuse Treatment Contract	X (2)	Sample Record Review Sheet for QIP
		Y	Sample Quality Improvement Plan (QIP)
		Z	Internship Agreement