



# Corrections and Community Supervision

## COMPREHENSIVE ALCOHOL AND SUBSTANCE ABUSE TREATMENT (CASAT) Operations Manual

2021

# Table of Contents

Introduction	5
Mission	6
CASAT Goals	6
CASAT Objectives	7
CASAT Program Proposal and/or Modification	7
Therapeutic Community (TC)	7
CASAT Phases	10
CASAT Staffing	11
Supervising Offender Rehabilitation Coordinator (SORC) (ASAT)	12
Offender Rehabilitation Coordinator (ASAT) .....	12
ORC (ASAT) Treatment Caseload Responsibilities	13
ASAT Program Assistant.....	14
Community Supervision Division	14
CASAT Staff Training	14
CASAT Eligibility	15
Initial Screening.....	15
Limited English Proficiency (LEP) Inmates.....	16
Review and Referral Process	16
Presumptive Work Release (PWR) .....	16
Court-Ordered CASAT (not PWR approved).....	16
CASAT Staff Screenings	17
Central Office Temporary Release Screenings	18
Required Program List	18
CASAT Life Areas	20
Substance Abuse Treatment Rights & Confidentiality	22
Behavior Standards.....	22
Evaluation of Inmate Participation	23
Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE) (Attachment M).....	23
Substance Abuse Treatment Plan - Initial (Attachment O).....	25
Substance Abuse Treatment Plan - Reviews and Updates (Attachment O)	26
Evaluation of Progress Notes (Attachment P).....	27
Monthly Treatment Team Review and Case Conference (Attachment L)	27
Treatment Plan Review Committee (TPRC).....	28
Purpose	28
Goals/Objectives	28

TPRC Members	28
Referral Process	29
Documentation	29
Appearance	29
Determinations	29
☐ Notification (Attachment R – TPRC Inmate Notification)	32
☐ Substance Abuse Treatment Continuing Recovery Plan (CRP) (Attachment S)	32
Satisfactory Discharge Criteria	33
Administrative Discharge	34
Poor Program Performance (Unsatisfactory) Discharge	34
Disciplinary (Unsatisfactory) Discharge	35
<b>Direct Treatment Services</b>	<b>35</b>
☐ Small Group Counseling .....	36
Audio/Video Presentations .....	36
Lecture and Discussion Sessions .....	36
Topic Groups.....	36
Equipment and Supplies .....	37
<b>Ancillary Support Services</b>	<b>37</b>
Treatment Plan Review Committee (TPRC).....	37
Monthly Treatment Team Review and Case Conference.....	38
Clinical Supervision .....	38
☐ Individual Counseling .....	38
Module meeting.....	38
Community meeting .....	38
Family Counseling.....	38
<b>Other Program Options</b>	<b>39</b>
Support Groups/Self-Help .....	39
Academic and Vocational Training .....	39
Transitional Services.....	40
Organized Recreational Therapy .....	40
Other .....	40
<b>Records and Reporting</b>	<b>41</b>
Treatment Records .....	41
Substance Abuse Treatment Monthly Report (Attachment E).....	43
☐ Quality Improvement Plan (Attachment Y) .....	43
☐ Substance Abuse Treatment Annual Report (Attachment F) ....	43
<b>CASAT Phase II/Presumptive Work Release</b>	<b>44</b>
Work Release Site .....	44
Community-based provider .....	45

CASAT Phase III	45
Internship Training Programs	45
Attachments	47

---

## ICON KEY

---

 Mandatory Record

---

 FAQ Response

---

# Comprehensive Alcohol and Substance Abuse Treatment (CASAT)

## Introduction

The 1989 Prison Omnibus legislation provided a significant expansion of alcohol and substance abuse treatment administered by the New York State Department of Corrections and Community Supervision (formerly the NYS Department of Correctional Services).

In response to this legislative mandate and to ensure maximum benefit for the substance use disordered inmate, Comprehensive Alcohol and Substance Abuse Treatment (CASAT) was developed to prepare substance use disordered inmates for return to the community, to reduce recidivism by providing education and counseling focused on continued abstinence from all mood-altering substances, and to encourage participation in self-help groups.

Initially, CASAT was only available to inmates who received presumptive work release approval from Central Office Temporary Release. However, amendments to the Rockefeller Drug Laws (2004) effected CASAT eligibility and allowed for the sentencing authority to mandate CASAT. As a result, inmates who are serving sentences for drug offenses only, defined either in Article 220 or 221 of the NYS Penal Law, are time eligible to begin CASAT Phase I when they are 30 months to their Earliest Release Date. All otherwise eligible inmates meet time requirements for CASAT Phase I when they are 24 months to their earliest release date. The amendments also specified at that time that repeat Class B drug inmates with determinate sentences would be required to serve at least eighteen (18) months in custody, including local jail time, before being time eligible for satisfaction of CASAT Phase I and subsequent transfer to a community release facility. However, Article II bills (2009) effecting sentencing statutes were enacted into law with the passage of the State Budget for Fiscal Year 2009-2010. The statutes provided the allowance for a repeat class B inmate to transfer to a community release facility, CASAT Phase II, after the total amount of time served in custody, including local

incarceration, is at least nine (9) months. Court mandated inmates who do not receive, or are ineligible for review for, presumptive work release (CASAT Phase II) approval, are assessed for transfer to participate in CASAT Phase I only. Such transfer is provided they meet the classification eligibility criteria for CASAT Phase I participation prior to their release.

Shock inmates identified by a sentencing authority (court-ordered Shock) who are deemed to have contraindications to participation, may at times be offered CASAT participation as an alternative. Inmates who accept placement into CASAT as an alternative to court-ordered Shock Incarceration will be guided by policies and procedures defined in this manual (Attachment C (1-3) – Alternative to Court-Ordered Shock).

## Mission

The mission of CASAT is the provision of a continuum of treatment through education and counseling services to the treatment eligible inmate, thus preparing them for re-entry into the community.

The process of recovery from substance use disorders is initially addressed through participation in a prison-based Therapeutic Community (TC) for a minimum of 180 days. Through learning and developing recovery skills such as healthy socialization, responsible living, and the importance of maintaining abstinence from alcohol and all other mood-altering chemicals, inmates have the opportunity to reintegrate into the community with continued treatment and support either through temporary release programs or Community Supervision. As such, a continuum of recovery from prison-based treatment to the community is established.

## CASAT Goals

The goals of the Comprehensive Alcohol and Substance Abuse Treatment services include:

- assisting in preparing treatment eligible inmates in the least intensive environment for return to their families and communities upon release,
- focusing facility resources on the total needs of inmates with histories, or significant risk factors, of alcohol and substance use disorders, or impressions thereof, through individualized treatment planning,
- establishing a continuity of recovery from prison-based treatment to community aftercare in order to promote the achievement and maintenance of recovery from substance use disorders, or impressions thereof, and the improvement of the inmate's quality of life,
- increasing coordination with appropriate State agencies, local agencies, service providers and community organizations, and
- reducing relapse and recidivism rates for treatment inmates.

## CASAT Objectives

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

- establishing a TC treatment environment for the inmate, the primary treatment modality for all facility efforts, and
- providing alcohol/drug education and counseling services to assist in the inmate's commitment to maintaining an alcohol-free, drug-free, and crime-free lifestyle upon release, and
- providing academic and ancillary support services to assist the inmate in developing appropriate skills and coping mechanisms, and
- maintaining a safe and secure environment using the Department's existing policies and procedures to ensure an appropriate setting for the treatment process, and
- providing opportunities for the inmate to attend a variety of support groups to complement their treatment and recovery process, and
- preparing the inmate for transition to the community by placing a strong emphasis on relapse prevention, a continuum of treatment, self-help attendance and utilization of other support services and activities.

## CASAT Program Proposal and/or Modification

CASAT Phase I must be provided using a prison-based TC Model. CASAT Phase II may occur at the work release facility, and requires an approved program proposal, or with a referral to community-based treatment agencies for which provider agreements are established. Any desire to implement substance abuse treatment or propose a substantial change in existing treatment must be reviewed and approved through the Department's established policy and procedures for requesting a program or modification to an existing program.

## Therapeutic Community (TC)

CASAT inmates are housed together in residential units employing TC concepts. CASAT services are typically provided in the residential area. In addition, inmates participate in other Department programs during modules when CASAT 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 CASAT participants are 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 TC are conducted by the inmates themselves. In their program assignments, groups, meetings, recreation, personal and social time, it is the inmates 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 inmate groups, assign and supervise inmate 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 is to decide matters of inmate status, discipline, promotion, transfers, discharges and treatment planning.

Effective alcohol and substance abuse treatment within a TC setting necessitates that structure, activities, information and counseling blend together to foster an environment conducive to effect change. The inmate will be able to identify drugs and alcohol as a primary problem, develop open communication and trust, and learn to live an alcohol-free, drug-free, and crime-free lifestyle within a dynamic environment.

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	pgs. 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 Meetings	pgs. 23 - 27
Community Meetings	pg. 27
General Meetings	pg. 27

CASAT Phase I is structured to provide (1) orientation, (2) intensive treatment, and (3) transition, within the inmate’s initially assigned residential TC. The structure of the living units and the schedule of activities will be the same throughout CASAT Phase I, however the focus and intensity of treatment will vary throughout the experience.

The orientation segment is designed to help the new inmate adjust to TC living and aid in developing an understanding of treatment expectations. It is expected inmates will be performing TC practices, learning through trial and error, and aspiring towards compliance and competency during this period.

During the intensive treatment segment, inmates are responsible and accountable to an adherence to structure, discipline and intense interpersonal interaction common to a TC.

The transition segment, much like the intensive treatment segment, assures inmates are responsible and accountable to an adherence to structure, discipline and intense interpersonal interaction common to a TC. In addition, the transition segment will assist the inmate with their preparation for transfer to the community reintegration component, return to a general confinement facility, or release to Community Supervision from CASAT Phase I. Addressing expectations, concerns, and setting appropriate goals for the continuance of treatment during this segment will minimize the probability of relapse. Community-based volunteers who represent recovery from alcohol and substance abuse may make presentations which address reintegration and relapse prevention planning recommendations during the transition segment.

### CASAT Phases

\* CASAT has been developed to prepare the eligible substance abuse disordered inmate for a successful transition to their families and communities upon release. A phase design provides the sustained support and services necessary for an inmate's successful community reintegration. CASAT provides a three-phase continuum of intensive therapy services.

Phase 1 – The first phase of CASAT provides intensive substance abuse treatment services, as well as other services, in order to provide the sustained support and resources necessary for an inmate's successful community reintegration. CASAT Phase I is provided in a facility setting in an Alcohol and Substance Abuse Correctional Treatment Center (ASACTC), defined as a medium security correctional facility consisting of one or more residential dormitories which provide intensive alcohol and substance abuse treatment services, for a minimum of 180 days.

The specific focus during this phase is to:

- involve the inmate in a TC treatment modality with a clear and consistent treatment philosophy,
- create an atmosphere of empathy and physical safety, allowing for the inmate to address their substance abuse treatment goals and begin their recovery process,
- increase an inmate's level of pro-social attitudes, behaviors and responsibilities through active participation in the TC,
- ensure that each inmate is prepared for separation from the prison-based TC and engaged in their successful transition to the community,
- assist the inmate in identifying their relapse triggers and high-risk situations, as well as aide in their development of a person-centered relapse prevention plan,

- assist the inmate in identifying available ancillary community services and appropriate sober support necessary for a successful transition to community-based treatment upon release.

CASAT Phase I requires participation for a minimum of 180 days. Any treatment extension must be approved by Central Office Substance Abuse Treatment Services.

Phase 2 – CASAT Phase II is a transitional period with a community reintegration component, which includes transfer to a designated work release facility for employment and placement in appropriate community-based treatment services, either at the work release facility or with a referral to an approved community-based provider. CASAT Phase II is only available to presumptive work release approved inmates.

The specific focus during this phase is to:

- assist the inmate to become a self-sufficient, productive member of society,
- assist with their transition from prison to community-based substance abuse treatment with minimal disruption (when possible, community -based treatment will be located in the geographic areas in proximity to the inmate’s approved community of release),
- assist in their obtainment and maintenance of employment,
- assist in their development of a sober support network through involvement in community-based organizations/agencies and other healthy social activities, and
- assist in identifying a living arrangement that is conducive for the inmate to live an alcohol-free, drug-free and crime-free lifestyle.

A Continuing Recovery Plan will be developed for those CASAT Phase I inmates who are not presumptive work release approved to include recommendations for ongoing services while at a general population facility, under Community Supervision, or upon release.

Phase 3 – CASAT Phase III is an aftercare Community Supervision component which provides an orderly community transition for inmates granted release by the Parole Board, provided the sentence allows for such supervision.

\* Excerpts derived from Title 7 –Correctional Services; Chapter 7, Subchapter C.

## CASAT Staffing

Treatment 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 this 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 inmate’s treatment and will be deemed the “primary counselor.”

The recommended staff to treatment inmate ratio is 1:17, however approved program proposals may identify variations to this recommendation. 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. In addition, they evaluate the effectiveness of the alcohol and substance abuse counseling services and are responsible for the provision of skilled guidance to offenders 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 (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, continuity of recovery planning, individual and group counseling services.

Additionally, ORC (ASAT) staff are 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 below 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 inmate-centered initial Substance Abuse Treatment Plan
- Development of inmate-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
- Completion of residence review/determination on the computerized record

### 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 each week day for at least 60 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 Program Assistants
- 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 groups, small group counseling, individual counseling and other appropriate treatment activities, designed to assist inmates in identifying with their alcohol and substance use disorder, and how it impacts on their lives, their family and society. ASAT PAs will develop an appropriate inmate-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 and treatment summaries, and continuing recovery planning.

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

### Community Supervision Division

NYS Department of Corrections and Community Supervision (NYS DOCCS) staff work to develop appropriate release planning to meet each inmate's individual needs. As an inmate nears their CASAT Phase I satisfaction, facility and field staff may communicate observations and recommendations to be recorded on the inmate's final Continuing Recovery Plan. The Continuing Recovery Plan will be forwarded to staff responsible for the second phase of the inmate's alcohol and substance abuse treatment. The Continuing Recovery Plan will ensure that a continuum of treatment is documented and consistent with the legislative intent.

### CASAT 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 substance use disordered inmate. All program, administrative, and security staff, as well as Community Supervision staff will attend specialized trainings to enhance the quality of treatment services provided.

All treatment staff are 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 substance abuse treatment staff receive training which is either provided by the Department or through outside arrangements.

## CASAT Eligibility

### Initial Screening

Screening and assessment instruments, the Michigan Alcohol Screening Test (MAST) and Simple Screening Instrument (SSI), are administered at 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 an individual interview, and review of Probation reports, Community Supervision reports, court records and other pertinent records are used to identify potential substance abuse treatment needs.

Preliminary screenings for CASAT (Presumptive Work Release (PWR)) eligibility are automatically run each night at reception centers for all inmates entering the Department. The CASAT (PWR) eligibility determination process is outlined in the Department's Temporary Release Manual of Rules and Regulations and is governed by Title 7 – Correctional Services Chapter XII.

Ⓜ Inmates who are mandated by a sentencing authority to participate in CASAT (court-ordered), and are not presumptive work release approved, nor Shock, nor felony DWI Treatment eligible, will automatically be placed on the CASAT Required Program List (78E) pending transfer for participation in CASAT Phase I only (refer to section "Required Program List.")

Ⓜ An otherwise eligible CASAT inmate, as defined by a court-order and/or presumptive work release approval, cannot be transferred to an ASACTC for CASAT Phase I participation if they have already been discharged from CASAT Phase I on the same term, as defined by the Department Identification Number (DIN). In the event additional substance abuse treatment is assessed subsequent to discharge from CASAT on the same term, the inmate will be placed on the Alcohol and Substance Abuse Treatment Required Program List for appropriate continuation of treatment. Assessment of CASAT participation as it

applies to the development of treatment plan goals will be conducted within four (4) weeks of admission to a substance abuse treatment service.

All inmates will receive an orientation at general confinement facilities regarding CASAT participation. A description of comprehensive treatment, the eligibility criteria, treatment expectations, and CASAT screening procedures 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**

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 TC hierarchy positions and are fluent in English and other identified languages will assist the LEP inmate in structured activities.

## **Review and Referral Process**

### **Presumptive Work Release (PWR)**

CASAT (PWR) applications are processed between 9 and 30 months to an inmate's Earliest Release Date, which includes the Supplemental Merit Eligibility Date or Merit Eligibility Date, if applicable. The Department's automated system provides Offender Rehabilitation Coordinators (ORCs) with a monthly listing of inmates to be processed for possible CASAT participation. Utilizing the automated system, ORCs process inmates whose records and/or screening instruments indicate alcohol and/or substance abuse. ORCs also screen inmates who request participation in CASAT.

Ⓜ Amendments to the Rockefeller Drug Laws of 2004 allows presumptive work release approved inmates who are serving sentences for drug offenses only (Article 220 and 221 of the Penal Law) CASAT time eligibility when they are within 30 months to their Earliest Release Date, to include Supplemental Merit and Merit Time, if applicable. Provided all other treatment criteria are met, all other potential CASAT inmates will be time eligible when they are within 24 months to their Earliest Release Date.

📄 All CASAT (PWR) applications identified by the automated system are to be processed before the 12<sup>th</sup> of each corresponding month. If the inmate is unavailable to interview with the Temporary Release Committee (TRC) until after that time, but before the end of the month, the application should be held and processed once the inmate becomes available. The SORC (ASAT), or SORC, must ensure that ORCs identify all inmates with alcohol and substance abuse histories and monitor timely processing of CASAT (PWR) applications.

### **Court-Ordered CASAT (not PWR approved)**

Inmates who are mandated by a sentencing authority (court-ordered) to participate in CASAT must have at least one drug or marijuana crime of conviction and CASAT ordered checked on the Uniform Sentence and Commitment, or a comment in the remark section which states that the inmate needs, requires, or is mandated to participate in CASAT. Inmates with only one of the above two criteria, or without at least one drug or marijuana crime of conviction, will not be considered as mandated, but rather as a

recommendation to consider them for CASAT participation. *No New Term* returnees are not considered court-ordered. The automated court-ordered identifier may be found on the Reception/Classification System Crime and Sentence Information Screen 1.

All defined court-ordered inmates will be screened for presumptive work release participation if eligibility requirements are met. Court-ordered inmates who are not presumptive work release approved will be reviewed by Central Office Classification and Movement for transfer consideration to participate in CASAT Phase I when they are in proximity to their earliest possible release date.

Ⓜ Inmates who are Shock eligible will not be mandated to CASAT Phase I participation except in the event the inmate has refused Shock participation or has been unsatisfactorily discharged from Shock. The court-ordered CASAT inmate would then minimally be suitable for CASAT Phase I participation.

Ⓜ Inmates who are felony Driving While Intoxicated (DWI) Treatment eligible cannot be mandated to participate in CASAT. In the event an inmate refuses DWI Treatment, or receives an unsatisfactory discharge from DWI Treatment, they will not then be suitable for court-ordered CASAT. Rather, they may reapply for participation in DWI Treatment as outlined by established policies and procedures.

## CASAT Staff Screenings

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

Ⓜ In order to participate as presumptive work release approved (CASAT), an inmate must have a documented history of alcohol and/or substance abuse and an assessed substance abuse treatment need on this term. Court-ordered CASAT inmates may not always have an assessed substance abuse treatment need, however the Department will comply with the sentencing authority's mandate provided all other criteria are met.

Ⓜ If questions remain regarding an inmate's substance abuse treatment need after staff has 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 (ASAT), or SORC, for their review/determination. If the substance abuse 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 (ASAT), or SORC, to ensure that the Earned Eligibility Plan and Required Program List reflects the final 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.")

## Central Office Temporary Release Screenings

CASAT is provided in a facility setting in an ASACTC, defined as a medium security correctional facility. Thus, in order to be transferred for CASAT Phase I participation, an otherwise CASAT eligible inmate

- must be designated as medium or minimum security classified and have both an OMH and medical service level commensurate with the ASACTC facility designation, and
- may not be currently serving Special Housing Unit (SHU) or keep lock sanctions, and
- must not be otherwise ineligible for placement at an ASACTC.

Upon submission of a CASAT (PWR) application, Central Office Temporary Release (COTR) will review all available records and render a determination regarding suitability for participation in presumptive work release.

COTR may deny alternate temporary release programming applications and recommend the submission of a CASAT (PWR) application if the inmate has a history which reflects a substance abuse treatment need.

Ⓜ CASAT eligible inmates are not to be placed into any other substance abuse treatment, until the application or appeal is denied by COTR, except when they meet Shock or DWI Treatment admission guidelines. If an inmate's appeal is denied and a reapplication date given, the inmate is immediately eligible for placement into a substance abuse treatment through established generic substance abuse treatment Required Program List (75D) procedures, provided the reapplication date does not ensure sufficient time for potential satisfactory completion of CASAT Phase I. Sending facility staff is to contact their COTR liaison when a medium-security classified inmate is less than 7 months to their ERD, or a maximum-security classified inmate is less than 9 months to their ERD, and an approved application/appeal has yet to result in transfer for CASAT participation.

Ⓜ Inmates may apply for the privilege of participation in a Temporary Release program and they may withdraw their application without penalty. Further, once transferred to a Temporary Release program, an inmate may request to be removed without consequence. However, in the event an inmate meets all eligibility criteria for CASAT (PWR), the inmate should not be admitted into any other substance abuse treatment until such time as they are denied admission by COTR. Refusal to participate in any phase of CASAT (PWR) once all eligibility criteria are met and approval has been received is to be recorded as a substance abuse treatment refusal.

## Required Program List

An ongoing Required Program List (RPL) will be maintained on the computerized record in accordance with Department policies and procedures, noting PWR eligibility in the comment section. A centralized CASAT RPL will include only those inmates who have been screened and accepted for CASAT participation but are unable to be admitted at the present time.

Inmates who are designated as mandatory CASAT, defined by

- at least one crime of conviction for a drug or marijuana crime and,
- CASAT ordered checked on the Uniform Sentence and Commitment, or a comment in the remark section which states that the inmate needs, requires, or is mandated to participate in CASAT,

are automatically placed on the court-ordered CASAT RPL 78E. Such placement is generated by the mandatory CASAT “Y” marker designation input by Inmate Record Coordinators.

⌘ Inmates who are designated as court-ordered CASAT are not to be placed into any other Department substance abuse treatment, i.e. Alcohol and Substance Abuse Treatment (ASAT), Residential Substance Abuse Treatment (RSAT), etc. However, if a medium or minimum-security classified court-ordered inmate is within 7 months to their Supplemental Merit or Merit Eligibility Date, and has not been transferred for CASAT Phase I participation, the inmate should be placed on the generic RPL (75D) for priority placement into substance abuse treatment. If a maximum-security classified court-ordered inmate is within 9 months to their Earliest Release Date and a review of their record indicates the inmate will not be reclassified, the inmate should be placed on the generic ASAT RPL 75D for placement in appropriate substance abuse treatment.

Only those inmates who meet one of the following conditions and have an assessed substance abuse treatment need should be active on both the 75D ASAT and 78E CASAT RPL:

- maximum security classification with less than 9 months to ERD,
- discharged from CASAT on this term, as defined by the DIN number,
- medium or minimum-security classification, with less than 7 months to ERD, and has not been transferred for CASAT Phase I participation.

All correctional facilities should routinely review their generic RPLs 75D and 78E. Any inmate who does not meet the above mandatory CASAT criteria and has an assessed substance abuse treatment need should be screened for Shock, CASAT (Presumptive Work Release) participation, or DWI Treatment placement. Inmates should be deemed inactive on the court-ordered CASAT RPL 78E if at any time they no longer meet the above criteria, or have received an unsatisfactory discharge from CASAT on the same term. Guidance and Counseling staff are responsible for monitoring RPLs.

The Deputy Superintendent for Program Services, or designee, has the discretion to manage subsequent substance abuse treatment placement, based on a thorough review of current capacity fills, liberty issues, and inmate needs.

CASAT Life Areas

CASAT 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, treatment planning, treatment planning review, and continuing recovery planning in collaboration with the inmate is essential. The continuum of recovery for CASAT focuses on assisting inmates in the development of relapse prevention skills, transition plans, and connection with self-help programs and community-based treatment agencies.

CASAT is structured to provide inmate-centered admission 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 treatment staff the life areas to be assessed and evaluated throughout the inmate’s treatment experience, as well as 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)
<p><b>Alcohol and Substance Use -</b> Disease model, substance-specific, relapse prevention, recovery process, etc.</p>	<p>SAMHSA TIP 19, 34, 41 &amp; 63 SAMHSA TAP 19 SAMHSA Publication #: SMA15-4174 PHD641 SMA18-4742 Eng/Spanish</p>	
<p><b>Legal –</b> consequences of substance use disorders, crime-free lifestyle, etc.</p>	<p>SAMHSA TIP 44 &amp; 45</p>	
<p><b>Emotional and/or traumas –</b> feeling identification, expression and management, communication skills, physical/verbal/emotional abuse, self-esteem building, grief/loss, etc.</p>	<p>SAMHSA TIP 29, 47, 48 &amp; 50  SAMHSA Publication #: SMA14-4210  Greenbriar "A Primer on Suicide, Mental Illness, Violence &amp; Addiction;" "Celebrating Small Victories;" "Hauling it to the Curb;" "Sitting Together"</p>	<p>Moving On Module 2: Session 1 – 5, Module 4: Session 1-5, and Module 5: Session 7</p>
<p><b>Physical Health -</b> communicable diseases, nutrition, exercise, sleeping patterns, FAS, hygiene, etc.</p>	<p>SAMHSA TIP 29 &amp; 37  SAMHSA Publication #: SVP06-0153  <a href="http://www.fitness.gov/resources">www.fitness.gov/resources</a>  Greenbriar "Staying Clean: Taking Medications"</p>	

Life Area	Curriculum Resource	Gender-Informed Moving On (females) (required)
<p><b>Other Compulsive Behaviors –</b> gambling, spending, theft, relationships, etc.</p>	<p>SAMHSA TIP 42: Pathological Gambling, pgs 246-248 &amp; 425-436</p> <p>SAMHSA Publication #: PHD633, SR072</p> <p>Greenbriar "Contrary to Love;" "Out of the Shadows"</p>	
<p><b>Cognitive Distortions –</b> “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. <a href="http://www.ibr.tcu.edu">www.ibr.tcu.edu</a></p> <p>Greenbriar "Changing Addictive Thinking"</p>	
<p><b>Family/Support</b> - 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) <a href="http://www.ibr.tcu.edu">www.ibr.tcu.edu</a></p>	<p>Moving On Module 3: Sessions 1 – 5, and Module 5: Session 4 - 5</p>
<p><b>Social and Leisure</b> - organized recreation, self-care, sports, reading, music, support groups, networking, etc.</p>	<p>SAMHSA TAP 19</p> <p>“Building Social Networks.” Bartholomew, N. G., et. al. (2005) <a href="http://www.ibr.tcu.edu">www.ibr.tcu.edu</a></p>	
<p><b>Employment/ Educational/ Vocational/Financial</b> - 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) <a href="http://www.ibr.tcu.edu">www.ibr.tcu.edu</a></p>	<p>Moving On Module 5: Session 6 -7</p>
<p><b>Community –</b> 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 CASAT Contract developed by the female facilities must incorporate this understanding (refer to 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](http://www.drugabuse.gov)

[www.samhsa.gov](http://www.samhsa.gov)

[www.oasas.ny.gov](http://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.

### 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 Information, signed by the inmate which identifies specific 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 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 and 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 CASAT Contract. This includes inmates residing on the residential treatment unit who are not yet time eligible to begin CASAT.

### Evaluation of Inmate Participation

CASAT inmates are responsible for taking a sincere and active role in their treatment/recovery, demonstrating to treatment 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 CASAT.

Inmates will be provided a facility orientation upon their arrival at CASAT designated facilities. Program, security and administrative personnel will address their respective areas and responsibilities to each as defined in Departmental Directives and established policies and procedures. Inmates will be advised of treatment staff responsibilities and their commitment to assuring a positive treatment experience. In addition, treatment staff will complete a "Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE)" (Attachment M) interview and inmate-centered initial "Substance Abuse Treatment Plan" (Attachment O(1)) with each inmate during the CASAT Phase I orientation phase.

CASAT Phase I inmate participation must be recorded on the computerized records using a CASAT shop code (generic 78B) with the corresponding title code, 11617 Therapeutic Participant II.

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

An inmate who is admitted to CASAT 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 CASAT, 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.

When an inmate is admitted into CASAT and the time lapsed is less than one year from 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 CASAT record. The computerized record must include information obtained during the initial ACE. If the date of the most recent admission into substance abuse treatment 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 CASAT expectations were available at admission, including inmate treatment rights in accordance with the Department's regulations, and a summary of Federal confidentiality requirements (Attachment H - Substance Abuse Treatment Rights & Confidentiality). Further, 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, except in those cases where a sentencing authority mandated such participation. If an inmate voluntarily declines or refuses continued participation in CASAT, consequences, including potential impact on release considerations, shall be explained as part of the facility-developed CASAT Contract. Further, inmates will be advised that a misbehavior report for failure to participate will be written, with the likelihood of confinement sanctions imposed. 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.

The ACE and completion date is to be entered on the automated CASAT system and noted on the "Progress/Case Conference Notes" (Attachment L) chronological treatment record.

"Moving On" Module 1 material must be incorporated into the CASAT Admission & Comprehensive Evaluation process in all female correctional facilities (refer to the "Gender-Responsive Curriculum Supplement").

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

Upon completion of the ACE, and within 10 calendar days of the inmate's admission to CASAT, 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 CASAT,
- 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.

The initial Treatment Plan and completion date is to be entered on the automated CASAT system and noted on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

"Moving On" Module 1 material must be incorporated into the CASAT 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 shall be thoroughly reviewed and updated at least every sixty (60) calendar days 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. The treatment plan review/updates must be entered on the automated CASAT system minimally twice during a 180-day treatment experience. Additional treatment plan updates may be required if treatment interventions, to include extensions in treatment, are determined. This update is to serve as a review and assessment of an inmate's progress toward meeting their treatment goals, their behavior in treatment, and any unmet needs yet to be addressed in treatment or after release. As with the initial treatment plan, an inmate-centered approach must be utilized to establish treatment progress, regress, and/or identification of newly established short and long-term goals. A description of the type and frequency of counseling provided will be clearly established and included in the reviews and updates to the treatment plan.

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

Substance Abuse Treatment Plan Review/Updates and completion dates are to be entered on the automated CASAT system and noted on the “Progress/Case Conference Notes” chronological treatment record (Attachment L).

“Moving On” Module 1 material may be incorporated into the continuous CASAT 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. Each inmate will review their treatment progress during the minimally scheduled monthly individual counseling session (refer to “Individual Counseling”) calculated initially 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. The treatment team will review each inmate’s treatment progress during a documented monthly treatment team review and/or case conference.

 Similar evaluations will be completed monthly by the three shifts of residential Correction Officers, work supervisors, vocational instructor and/or academic teacher (Attachments P(1), P(2), and P(3)) who provide supervision or programming to the inmate. Recreation Program Leaders are also afforded an opportunity to submit monthly evaluation of progress notes for those inmates who demonstrate noteworthy behaviors during their participation in recreational activities (Attachment P(4)). The multi-disciplinary evaluations will be forwarded to the inmate’s assigned treatment counselor for team review and inclusion in the inmate’s treatment and guidance record.

#### **Monthly Treatment Team Review and Case Conference (Attachment L)**

A monthly review will be completed by the treatment team and documented on the “Progress/Case Conference Notes” chronological treatment record (Attachment L). The treatment team will minimally be comprised of the ORC (ASAT) (Chair), ASAT Program Assistants, and residential Correction Officers who are primarily responsible for the treatment and supervision of the inmate. Any other facility personnel who wish to attend, i.e., educational/vocational instructors, Recreation Program Leaders, Community Supervision staff, etc., are encouraged to do so. The treatment team will review the evaluation of progress notes, treatment plan, and any disciplinary infractions acquired by an inmate which may impact on treatment progress.

When the reviewed records identify unsatisfactory progress toward established treatment plan goals, the case will be forwarded to the Deputy Superintendent of Program Services, or designee, for further review and the potential for additional treatment interventions. A second determination regarding unsatisfactory progress toward established treatment plan goals will result in a referral to the Treatment Plan Review

Committee (TPRC) for the development of treatment interventions to promote a satisfactory treatment experience.

The last monthly treatment team review and/or case conference must include a comprehensive evaluation of all recorded evaluation of progress notes submitted by staff in order to determine continuing recovery recommendations.

### **Treatment Plan Review Committee (TPRC)**

#### **Purpose**

The Treatment Plan Review Committee (TPRC) responsibilities minimally include multi-disciplinary case conferencing, identification/modification of treatment plan goals, and providing continuing recovery planning recommendations as they apply to the treatment plan goals for all CASAT inmates. In addition, the TPRC will meet with an inmate to review poor treatment performance, disciplinary concerns and any ambivalence regarding continuation in treatment. Major areas of responsibility include:

- 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 documented continued non-compliance with treatment standards,
- development of treatment interventions to promote a satisfactory treatment experience.

#### **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 the development of a personal plan due to a refusal of continued treatment participation despite attempts to persuade the inmate to continue in CASAT.

#### **TPRC Members**

The TPRC is appointed and chaired by the Deputy Superintendent for Program Services, or designee, and will minimally consist of the following members:

- One (1) SORC (ASAT), or SORC designee,
- One (1) ORC (ASAT),

- Primary treatment counselor of inmate appearing, or designee, and
- One (1) supervisory level security personnel.

### Referral Process

☞ The “Treatment Plan Review Committee Referral and Recommendation” (Attachment Q) form must be completed by the treatment team 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., and/or
- record of inmate’s current treatment performance, to minimally include Treatment Plan, Treatment Plan Reviews & 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

TPRC determination 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, all 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 CASAT 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 to 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, and
- 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. clinical determination.

A treatment extension recommendation is the responsibility of the facility TPRC. Upon a majority determination, the Deputy Superintendent for Program Services, or designee, is responsible for initial approval. A treatment extension determination will be rendered only with substantial clinical or disciplinary documentation to support such. CASAT 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 and must be approved by Central Office Substance Abuse Treatment Services.

- Treatment suspended

The computerized record should reflect code 31 *Treatment Program Suspended - Discipline* (short description - *Tx Suspended*) to suspend an inmate's participation in CASAT if pre-hearing confinement occurs during program hours.

If found guilty with less than 30 days confinement, submission of end code change from code 31 *Tx Suspended*, to code 09 *Poor participation/progress*; status change from PPU to REU under ABUSE, must occur. If not guilty, CASAT participation may resume provided TPRC meets with the inmate, if available, and renders a continuation recommendation reviewed and approved by the DSP, or designee. The Program Committee Chairperson will be notified of the continuation determination and program the inmate back into CASAT maintaining the *Tx Suspended* programming history. Central Office Substance Abuse Treatment Services will be notified of any treatment extension requests. If a guilty disposition is subsequently expunged, CASAT participation may resume with direction from Central Office Substance Abuse Treatment Services. Submission of end code change from 31 *Tx Suspended*, to code 28 *Admin Error*, status code from PPU to RNF, 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 CASAT 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 that supports the violation, 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 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 to substance abuse treatment, 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, keep lock, 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 code 31 *Tx Suspended*, to code 10 *Disciplinary*; status change from PPU to RED under ABUSE, is required.

The TPRC should document continuing recovery plan 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 review of readmission procedures to substance abuse treatment, if time eligible, or recommendations for continuing recovery.

#### ☞ 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 must be documented on the “Progress/Case Conference Notes” chronological treatment record (Attachment L).

All TPRC recommended treatment extensions and discharges are automatically forwarded and reviewed by Central Office Substance Abuse Treatment Services for a determination. Central Office reviews are considered automatic appeals, thus determinations are final.

Appeals regarding other processes may be 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 staff members and aligned with the comprehensive treatment plan. The 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 and results of treatment which specifies the inmate’s progress, or lack thereof, on each of the comprehensive treatment plan goals. The treatment team will prepare a Continuing Recovery Plan (CRP) with each inmate 12 calendar days prior to the estimated completion date of CASAT Phase I; calculated by the automated CASAT system.

The CRP 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.

The treatment team will explore all options available for the community reintegration phase. Presumptive work release approved inmates will be informed of mandatory outpatient treatment during CASAT Phase II. Mandatory outpatient substance abuse treatment must be documented in the CRP for this population. Non-presumptive work release approved inmates will explore available prison-based and community reintegration support agencies and programs for participation in upon CASAT Phase I completion. These recommendations will be included in the CRP.

In addition to the CRP being completed on the automated CASAT system, a copy will be included in the inmate's treatment and guidance record. The record copies must contain the inmate's signature verifying that the inmate participated in the development of, and was informed of, all CRP recommendations.

"Moving On" Module 6 material must be incorporated into the CASAT CRP process in all female correctional facilities (refer to "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 Criteria

An inmate shall be discharged from CASAT Phase I 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 from the treatment team, to include counselors, teachers, work supervisors and Correction Officers responsible for the inmate, and
- the inmate has developed an approved relapse prevention and CRP, and
- the inmate has participated in all activities outlined in his/her treatment plan for a minimum of 180 days. This assumes direct treatment services are provided 15 hours per week. If an inmate does not receive direct treatment services during CASAT Phase I for more than 7 days, i.e., out to court, medical trip, or other approved reason(s), all time out of treatment will automatically be added to the expected completion date, and
- the inmate has arrived at the designated work release facility, general confinement facility or has been released to Community Supervision from CASAT Phase I. Exceptional cases regarding this completion criterion may be reviewed for possible exemption by Central Office Substance Abuse Treatment Services.

## Administrative Discharge

An administrative discharge will be processed through the automated system via a recommendation from the TPRC and subsequent review/approval by Central Office Substance Abuse Treatment Services, Temporary Release and/or Office of Classification & Movement.

An inmate will be discharged from CASAT Phase I 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, i.e. Shock eligibility, etc., or
- it is determined by ASAT and/or facility supervisory staff that it is not in the best interest of the inmate to continue, e.g., administrative segregation, involuntary protective custody, etc.

## Poor Program Performance (Unsatisfactory) Discharge

When an inmate appears to be moving in the direction of one or more of the below listed conditions, the treatment team will conduct a documented counseling session with the inmate. Inmates who are in jeopardy of unsatisfactory discharge from CASAT are required to appear before the Treatment Plan Review Committee (TPRC) to determine if a recommendation for removal or extension is appropriate. Any recommendation for an unsatisfactory discharge has an automatic appeal process to Central Office Substance Abuse Treatment Services. Upon a review of the record and TPRC recommendation, a final determination will be made. The Central Office Substance Abuse Treatment Services' decision is final.

An inmate will be discharged from CASAT Phase I in an unsatisfactory poor program performance manner (REU) when they have one or more of the following conditions:

- documented disruptive behavior that cannot be managed within the treatment structure of a TC, and/or documented failure to comply with the reasonably applied written CASAT behavioral standards, and are recommended for termination by the Treatment Plan Review Committee (TPRC); approved by Central Office Substance Abuse Treatment Services.
- unsatisfactory evaluation of progress notations by the treatment team, is recommended for termination by the Treatment Plan Review Committee (TPRC), and a recommended unsatisfactory discharge is approved by Central Office Substance Abuse Treatment Services.
- documented violation of a Treatment Termination Standard 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) requires termination by the Treatment Plan Review Committee (TPRC), and will be reviewed/approved by Central Office Substance Abuse Treatment Services.

- any disciplinary hearing sanctions which include disciplinary cube confinement during program hours, keeplock or SHU for less than 30 days.
- the inmate refuses further treatment (REF), and TPRC has rendered an approved determination of discharge. In such cases, treatment staff must issue a misbehavior report with the likelihood of confinement sanctions for failure to program.

### Disciplinary (Unsatisfactory) Discharge

An inmate shall be unsatisfactorily discharged from CASAT Phase I in a disciplinary manner (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). TPRC processes are to be followed for RED removals.

CASAT participation may be assessed toward participation in other Department substance abuse treatment once discharged from CASAT. Continuing recovery planning for administrative and unsatisfactory discharges will include a referral (Attachment U – Readmission Request for Substance Abuse Treatment) to appropriate substance abuse treatment where an assessment of progress toward treatment plan goals will be conducted for further treatment planning. Treatment staff at the ASACTC will not recommend time estimated to meet unsatisfied treatment goals in continuing treatment. This decision will be a treatment determination by ASAT staff at the receiving facility 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 provided direct treatment services are rendered minimally 12 hours per week). Evaluation of prior participation will be conducted within 4 weeks of the inmate's readmission to substance abuse treatment.

The CRP and completion date is to be entered on the automated CASAT system and noted on the "Progress/Case Conference Notes" chronological treatment record (Attachment L).

### Direct Treatment Services

CASAT 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 will focus on providing information and counseling necessary to assist inmates in identifying their alcohol and/or substance disorder, understanding the recovery process, and developing skills and coping mechanisms necessary to maintain their commitment to an alcohol-free, drug-free, and crime-free lifestyle.

Treatment staff will develop a curriculum which identifies education and counseling information to be presented. The above identified (refer to "CASAT Life Areas") best practices, evidence-based curriculum resources focus on the ten (10) 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 each week day for a minimum of 3 hours.

## **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 identified 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 offenders will be involved in small group counseling, not to exceed 17 offenders per group, week days for an appropriate clinical duration not to be less than 60 minutes.

## **Audio/Video Presentations**

Audio recordings, films and videos will be available to complement curriculum topics. Each must illustrate issues in regard 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**

Treatment 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 TC with similar treatment plan goals. Small staff supervised, 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 relevant to the community's treatment planning, topics which are routinely identified by substance abuse treatment inmates minimally include:

<b>Substance-specific Disorders</b>	<b>Self-Esteem</b>	<b>Relapse-Prone</b>	<b>Moving On (female-specific)</b>
SAMHSA TIP 32, 33 SMA08-4152	SMA07-4134 SVP06-0153	SAMHSA TAP 8, 19	Module 1 Module 6 Make-up sessions
<b>Anger Management</b>	<b>Age-Specificity</b>	<b>Treatment Orientation</b>	<b>Parenting</b>
SAMHSA 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 CASAT; therefore, these items should be included in the annual facility program budget. When budget constraints exist, the facility will be responsible for providing treatment 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, 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 the Deputy Superintendent for Program Services, or designee, SORC, supervisory level security personnel, as well as the primary counselor, or designee, attempts to educate the inmate in reference to the identification and progress toward treatment plan goals, the seriousness of poor treatment performance, disciplinary concerns, and/or development of a personal plan to leave treatment.

## Monthly Treatment Team Review and Case Conference

A treatment team review and/or case conference documents the individual inmate's progress/regress toward established treatment plan goals, and applicable treatment interventions. The treatment team review and/or 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 treatment staff 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 each week day for minimally 15 – 30 minutes in a TC (refer to "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 "Therapeutic Community Supplement").

## Family Counseling

Although family counseling will not occur during CASAT Phase I participation, inmates are encouraged to process their interpersonal relationships during small group and individual counseling sessions. In addition, when identified as a treatment plan goal, inmates are encouraged to share alcohol and substance use disorder and recovery information with their significant other(s) and family member(s).

### Weekly Treatment Schedule (Attachment W (C))

Each CASAT 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 minimally be posted in the CASAT housing unit and/or treatment area, as well as forwarded to the SORC responsible for oversight of CASAT.

☞ The weekly schedule must document the provision of three (3) hours of direct treatment services by treatment staff each week day, unless otherwise approved by Central Office. Inmates must receive 15 hours of direct treatment services per week for a minimum of 180 days.

In addition, treatment staff must structure one three (3) hour module per day for initial assessments, treatment planning, individual counseling, treatment team review and case conferencing, evaluation of progress recording, TPRC meetings, clinical supervision, TC hierarchy meetings, and continuing recovery planning. Activities should be developed which require minimal treatment team supervision during this module and may minimally include inmate participation in other assigned programs, organized sober recreation, homework assignments, maintenance of residential unit, supervised discussion groups, structured utilization of Library Services, Transitional Services, etc.

The program day for CASAT inmates on Saturday, Sunday and holidays may include scheduled free time, general inspection cleaning of the residential treatment unit, voluntary participation in support/self-help group, recreational activities or ministerial services, independent study, visitation, or facility work assignment.

The program day for the CASAT facilities will begin at 5:30 a.m. on all non-holiday week days. CASAT inmates are programmed throughout the entire day in order to support the healthy transition to individual, family and community responsibilities.

### Other Program Options

Inmates are assessed for a variety of program needs beyond the scope of substance abuse treatment. As such, inmates will 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, if an assessed need is identified.

### Support Groups/Self-Help

Participation in support groups is recognized as an essential part of recovery from alcohol and substance use disorders. As such, all inmates are encouraged to identify and participate in 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, however education regarding a variety of support groups may be disseminated during direct treatment services.

### Academic and Vocational Training

Academic and/or vocational training may be identified as goals in the inmate’s treatment plan. Although CASAT does not include the provision of such services, 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 and III) will be available to all eligible presumptive work release approved inmates continuing on to CASAT Phase II, and non-presumptive work release approved inmates with impending release dates to the community. Transitional Services programming will be structured according to established policy between Central Office Substance Abuse Treatment Services and Transitional Services.

The inclusion of the "Moving On" curriculum in female substance abuse treatment services 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 CASAT Contract developed by the female facilities must incorporate this understanding (refer to Attachment J - Sample Female Substance Abuse Treatment Contract). Female-facility treatment staff should refer to the "Gender-Responsive Curriculum Supplement" for additional information regarding Transitional Services Phase II Cognitive Behavioral Therapy provided in female substance abuse treatment services.

### **Organized Recreational Therapy**

Learning to socialize in a positive manner is an important part of treatment. It reinforces concepts such as sportsmanship, fair play, discipline, playing by the rules, and positive social interaction. Formal organized recreation periods will be scheduled regularly. All inmates will be expected to participate with their housing unit during free-time modules. A variety of activities will be used, such as athletic games and other recreational activities, which foster group member participation. As members of the treatment team, Recreation Program Leaders may have input on progression or regression demonstrated by inmates in organized recreational therapy. Any observed progression/regression will be forwarded by the Recreation Program Leader to the inmate's primary counselor to be noted during monthly treatment team review and/or case conferences.

### **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 will be conducted outside the 3-hour daily direct treatment services modules.

## Records and Reporting

### 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 CASAT office in each facility will retain permanent records of the Substance Abuse Treatment Admission & Comprehensive Evaluation, Admission & Comprehensive Evaluation addendum, if applicable, initial Treatment Plan, Treatment Plan Reviews and Updates, Evaluation of Progress Notes, Progress/Case Conference Notes, and Continuing Recovery Plan for six years from date of discharge. Treatment records must be separated by year, maintained in a secure location and be accompanied by a copy of the computerized participation display. 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.

The automated CASAT system, as well as direction provided in this manual, identifies the time frames for completing required treatment records.

Completion of the asterisked records is to be documented on the "Progress/Case Conference Notes" chronological treatment record (Attachment L) and automated CASAT system, where applicable.

Document	Guidance Record (original)	Treatment Record (copy)	Inmate (copy)
<b>*Admission &amp; Comprehensive Evaluation (Att. M)</b>	Yes, upon discharge, chrono start date	Yes	No
<b>*Moving On Module 1 Assessment Forms (female-specific)</b>	No	No	Yes
<b>*Admission &amp; Comprehensive Evaluation addendum (Att. N)</b>	Yes, upon discharge, chrono start date	Yes	No
<b>*Treatment Plan (Att. O)</b>	Yes, and chrono, as it is completed	Yes	Yes, if requested
<b>*Treatment Plan Reviews &amp; Updates (Att. O)</b>	Yes, and chrono, as it is completed	Yes	Yes, if requested
<b>Progress/ Case Conference Notes (Att. L)</b>	No	Yes, original	No
<b>Evaluation of Progress Note (Att. P)</b>	Yes, monthly	Yes	Yes, if requested
<b>Monthly Evaluation Security/Edu/Voc/Work/RPL (Atts. P (1- 4))</b>	Yes, monthly	Yes	Yes, if requested
<b>*Continuing Recovery Plan (Att. S)</b>	Yes, and chrono	Yes, and facility Community Supervision staff	Yes
<b>*Moving On Module 6 Feedback Forms (female-specific)</b>	No	No	Yes
<b>*TPRC Referral &amp; Recommendation (Att. Q)</b>	Yes, and chrono	Yes	No
<b>*TPRC Inmate Notification (Att. R)</b>	Yes, and chrono	Yes	Yes
<b>*Admission &amp; Comprehensive Evaluation (ACE) Transition Plan – CASAT Phase II (Att. a)</b>	Yes, upon discharge, chrono start date	Yes	Pgs. 2-3
<b>*Treatment &amp; Continuing Recovery Plan – CASAT Phase II (Att. b)</b>	Yes, and chrono	Yes	Yes
<b>Evaluation of Progress Note &amp; Treatment Plan Update – CASAT Phase II (Att. c)</b>	Yes, and chrono	Yes	Yes, if requested

## Substance Abuse Treatment Monthly Report (Attachment E)

CASAT services 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 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 service/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)

CASAT will prepare an annual report and submit it to the facility Superintendent, Deputy Superintendent for Program Services, and *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.

## CASAT Phase II/Presumptive Work Release

CASAT Phase II is continued substance abuse treatment during a transitional period with a community reintegration component. CASAT Phase II requires transfer to a designated work release facility for employment and placement in appropriate community-based treatment services, either at their assigned work release facility or with a referral to an approved community-based provider. CASAT Phase II is only available to presumptive work release approved inmates and is mandatory for all inmates who satisfied CASAT Phase I at any point during their current term of incarceration.

CASAT Phase II inmate participation must be recorded on KIPY using a CASAT shop code (generic 78B) with the corresponding title code, either 11723 CASAT II Outpatient Treatment NYC, or 11724 CASAT II Outpatient Upstate/Long Island. A Temporary Release removal inhibiting continued participation in CASAT Phase II shall be recorded as a regression on the computerized system.

### Work Release Site

In the absence of an established community-provider agreement, CASAT Phase II services will be provided on site. CASAT Phase II is designed to transition the inmate into the community in graduated phases. The intensive phase requires the inmate to participate in 90-minute small group therapy sessions with an ASAT staff member twice (2) per week for approximately two (2) months (Attachment d – Sample Weekly CASAT Phase II Schedule). The intensive phase provides structure and assistance to the inmate new to the community reintegration setting. The “Admission & Comprehensive Evaluation Transition Plan - CASAT Phase II” (Attachment a) must be completed in collaboration with the inmate within 7 days from admission and include a review of all CASAT Phase I treatment records. The “Treatment & Continuing Recovery Plan - CASAT Phase II” (Attachment b) must be developed in collaboration with the inmate within 10 days of admission and include a review of all CASAT Phase I treatment records. This document is an addendum to the CASAT Phase I “Substance Abuse Treatment Continuing Recovery Plan” (Attachment S) and should incorporate the strengths of the inmate identified during CASAT Phase I participation. Individual counseling sessions of an appropriate clinical duration must occur at least twice (2) per month during this phase. Transition and Continuing Recovery Planning sessions may be included to meet this requirement.

As the inmate demonstrates progress toward identified treatment plan goals, they may transition into the outpatient phase which requires participation in 90-minute small group therapy sessions with an ASAT staff member once (1) per week for approximately two (2) months. Individual counseling sessions of an appropriate clinical duration with their primary treatment counselor must occur at least twice per month during this phase.

Finally, the inmate is expected to participate once (1) per month in 90-minute small group aftercare therapy sessions with an ASAT staff member for approximately two (2) months, or until release. In addition, monthly aftercare individual counseling sessions of an appropriate clinical duration with their primary treatment counselor must occur until treatment plan goals are met.

All individual and group contacts must be documented on the “Progress/Case Conference Notes” (Attachment L), to include ACE Transition Plan, and Treatment and Recovery Plan development sessions, and identify type of contact, duration of contact, and application toward treatment plan goals. The “Evaluation of Progress and Treatment Plan Update – CASAT Phase II” (Attachment c) must minimally be completed in collaboration with the inmate every 30 days.

## Community-based provider

The Department works to establish provider agreements with OASAS-approved community-based agencies for the provision of substance abuse treatment services to the CASAT Phase II population statewide. Established provider agreements detail a graduated transitioning structure similar to the work release site treatment experience.

Additionally, established provider agreements define provider information and services, referral, intake, admission, toxicology, treatment schedules and discharge procedures, sharing of information processes, mandatory reporting guidelines, submission of claims, and requirements which are understood and agreed upon by both the Department and identified treatment agency. All provider agreements are established by Central Office Substance Abuse Treatment Services.

## CASAT Phase III

CASAT Phase III is an aftercare component which provides an orderly community transition for inmates granted release by the Parole Board, provided the sentence allows for such community supervision. Although inmates may not have the ability to satisfy time requirements established for continuing recovery planning during CASAT Phase II due to their sentence structure, all efforts will be made to ensure their continuing recovery plan is supported by the Community Supervision staff, provided such supervision is a component of their sentencing.

## 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 sponsored by CASAT:

- 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 a treatment staff person to supervise an intern's field experience in the facility. Overall responsibility and supervision, however, remains with the SORC designated for general CASAT supervision.

- At any given time, there will not be more than one intern for every three treatment 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 CASAT services is provided to CASAT 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 for CASAT will be provided by treatment 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 treatment 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 CASAT 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

<p><b>A</b> OMISSION</p> <p><b>B (1-4)</b> DELETION</p> <p><b>C (1)</b> Alternative to Court-Ordered Shock</p> <p><b>C (2)</b> Alternative to Court-Ordered Shock Acceptance/Declination</p> <p><b>C (3)</b> Alternative to Court-Ordered Shock Sign out</p> <p><b>D</b> OMISSION</p> <p><b>E (1)</b> Substance Abuse Treatment Monthly Report guidelines</p> <p><b>E (2)</b> Substance Abuse Treatment Monthly Report</p> <p><b>F</b> Substance Abuse Treatment Annual Report</p> <p><b>G</b> OMISSION</p> <p><b>H</b> Substance Abuse Treatment Rights &amp; Confidentiality</p> <p><b>H (Sp.)</b> Substance Abuse Treatment Rights &amp; Confidentiality – Spanish</p> <p><b>I</b> Required Elements for a Substance Abuse Treatment Contract</p> <p><b>J</b> DELETION</p> <p><b>K</b> Substance Use Disorders Reference Guide</p> <p><b>L</b> Progress/Case Conference Notes</p> <p><b>M</b> Substance Abuse Treatment Admission &amp; Comprehensive Evaluation (ACE)</p> <p><b>N</b> Substance Abuse Treatment Admission &amp; Comprehensive Evaluation (ACE) Addendum</p> <p><b>O</b> Substance Abuse Treatment Plan</p> <p><b>P</b> Evaluation of Progress Note</p> <p><b>P (1)</b> Residential Housing Unit – Correction Officer Monthly Evaluation of Progress Note</p> <p><b>P (2)</b> Academic Teacher/Vocational Instructor Monthly Evaluation of Progress Note</p> <p><b>P (3)</b> Work Supervisor Monthly Evaluation of Progress Note</p> <p><b>P (4)</b> Recreational Program Leader Monthly Evaluation of Progress Note</p>	<p><b>Q</b> Treatment Plan Review Committee (TPRC) Referral &amp; Recommendation</p> <p><b>R</b> TPRC Inmate Notification</p> <p><b>S</b> Substance Abuse Treatment Continuing Recovery Plan (CRP)</p> <p><b>T</b> OMISSION</p> <p><b>U</b> Readmission Request for Substance Abuse Treatment</p> <p><b>V</b> OMISSION</p> <p><b>W (C)</b> Sample Weekly CASAT Phase I Schedule</p> <p><b>X (1)</b> Sample Record Review for QIP</p> <p><b>X (2)</b> Sample Record Review Sheet for QIP</p> <p><b>Y</b> Sample Quality Improvement Plan (QIP)</p> <p><b>Z</b> Internship Agreement</p> <p><b>a</b> Admission &amp; Comprehensive Evaluation (ACE) Transition Plan – CASAT Treatment Phase II</p> <p><b>b</b> Treatment &amp; Continuing Recovery Plan – CASAT Treatment Phase II</p> <p><b>c</b> Evaluation of Progress &amp; Treatment Plan Update – CASAT Treatment Phase II</p> <p><b>d</b> Sample Weekly CASAT Treatment Phase II Schedule</p>
---	--