

PS-10.02, "Inmate Substance Abuse Programs"

SCDC POLICY

NUMBER: PS-10.02

TITLE: INMATE SUBSTANCE ABUSE PROGRAMS

ISSUE DATE: March 12, 2021

RESPONSIBLE AUTHORITY: DIVISION OF ADDICTION RECOVERY SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: PS-10.02 (June 17, 2016); Change 2 (August 22, 2011); Change 1 (April 12, 2010); (October 1, 2007); (July 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 4-1, 4-2, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-12, 8-17, 17-9, 18-68, 19-11, 19-69, M-122, M-157, M-158, M-161, M-162, M-164, M-173

ACA/CAC STANDARDS: 4-ACRS-4C-06, 4-ACRS-5A-08, 4-ACRS-5A-09, 4-4362, 4-4363-1, 4-4437 through 4-4441

STATE/FEDERAL STATUTES: None

PURPOSE: To establish guidelines for identifying, assessing, and treating inmates with substance abuse problems and the disease of addiction.

POLICY STATEMENT: The major objectives of SCDC's substance abuse services are to: provide levels of substance abuse prevention, intervention, and treatment services that will reduce inmate substance abuse; to provide substance abuse prevention, intervention, and treatment services that will increase successful reintegration of the inmate into the community or a general population setting; to provide substance abuse services that will reduce recidivism; to continuously evaluate the effectiveness of substance abuse services; and to increase the quality and quantity of our substance abuse services. (4-ACRS-5A-08, 4-4437 through 4-4441)

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SPECIFIC PROCEDURES:

1. RESPONSIBILITIES:

1.1 The Division Director of Addiction Recovery Services or designee is responsible for monitoring each program to ensure that appropriate services are provided, program standards are maintained, and contractual obligations are met by contracted providers. This will be achieved through a visit to each program a minimum of two times per year for the Addiction Treatment Units (ATU). During each visit, an evaluation

will be conducted of the overall program management. The purpose of the evaluation is to ensure that each program is operating according to the Division's policy standards. The evaluation will include:

1.1.1 An audit of the following quality assurance indicators:

- clinical record keeping;

- mainframe records activity;

- workforce development;

- EPMS employee appraisals;

- employee supervision;

- client observations (group evaluation, assessment, individual counseling);

- client feedback (client surveys and interviews); and

- program completion percentages.

1.1.2 A review of at least 10% of program clinical records or ten (10) clinical records once per year and documentation of all findings utilizing SCDC Form M-173, "Program Management and Clinical Record Quality Assurance Review Form," inclusive of the above mentioned quality assurance indicators.

1.1.3 An exit interview with the program supervisors; and

1.1.4 Completion of a report/summary of monitoring visit which will be submitted to the Deputy Director of Behavioral Health Services within thirty (30) working days after the visit.

1.1.4.1 Audit results below 85% will require the Program Manager to submit a corrective action plan to the Division Director of Addiction Recovery Services within fourteen (14) business days from receipt of audit findings. A second audit review will be scheduled between three (3) to six (6) months from receipt of the corrective action plan. The second unsatisfactory audit can lead to employee corrective action and/or

monitoring, training, and technical support conducted by the Continuous Quality Improvement Manager/designee specifically around deficiencies.

1.2 Program Supervisors are responsible for:

1.2.1 Developing and implementing appropriate in-house quality assurance protocols that ensure compliance with the utilization of the following BMHSAS forms: SCDC Forms M-162, "New Employee Orientation Checklist," M-158, "Clinical Records Checklist," M-161, "Monthly Report Addendum," M-164, "Group Evaluation," and M-157, "Quality Assurance Monthly Audit-Supervision Form."

1.2.2 Ensuring each alcohol and drug treatment program operating within SCDC has a written document that explains the program's treatment philosophy within the context of the total correctional system. The document will also include goals and measurable objectives. These documents will be reviewed at least annually and updated as needed. The program supervisors will be responsible for documenting this review and maintaining copies of the document and any reviews.

1.3 The Division of Classification and Inmate Records is responsible for:

1.3.1 Ensuring that appropriate inmates are assigned to treatment programs as bed space permits and the proper program codes are entered into the Offender Management System.

2. ORIENTATION AND SCREENING:

2.1 Reception and Evaluation:

2.1.1 When an inmate arrives at an SCDC Reception and Evaluation Center (R&E), an SCDC staff member will provide orientation for the inmate that includes: an educational lecture on substance use disorders; a description of SCDC treatment programs, admissions criteria, program length, and referral procedures; an overview of SCDC policies relevant to mandatory program participation; inmate drug testing and penalties for the use/possession of drugs and/or alcohol; zero tolerance; and employee-inmate relations. The Youthful Offender inmate population will receive the above orientation services at their assigned Department of Corrections institution by an SCDC staff member. All inmate orientation services will be documented in the "program screen" of the Offender Management System.

2.1.2 While at the R&E Center, the inmate will complete a Texas Christian University Drug Dependency Screener (TCUDDS). The results of the TCUDDS will be used to determine if the inmate reports a history of substance use disorders and/or addiction. The results of the TCUDDS (dependent or non-dependent) will be entered into the inmate's Offender Management System (OMS) record. The TCUDDS may be administered by an SCDC employee who has been trained by a designee of the Division of Addiction Recovery Services. A qualified clinical counselor or Mental Health services professional will score/interpret results of the TCUDDS. (4-ACRS-4C-06, 4-4362)

2.1.3 Inmates who receive a score of four (4) or above on the TCUDDS will be selected for residential program admission with priority based on conditions of parole and readiness for change. Those requesting services will be admitted to a program based on the severity of their need as determined by their score on the TCUDDS, as bed space becomes available. Those inmates with a score of two (2) to three (3) and without a court order or condition of parole will be referred to outpatient groups when possible. (4-ACRS-5A-08, 4-4363-1)

2.1.4 Inmates whose TCUDDS results are invalid and who have relevant documented substance use histories (i.e., court ordered, alcohol and/or drug driving offenses, or other alcohol and/or drug related offenses) will be selected for the program. Upon admission to a treatment program, the TCUDDS will be re-administered and the inmate will be further assessed for treatment program necessity.

3. REFERRAL:

3.1 Residential Programs: All potential residential program participants must meet the program eligibility

- Mental Health history;
- Current mental health condition and classification;
- Current and/or past prescribed treatments;
- Mental Health treatment plan; and
- Assessment summary.

6.1.1 Female inmates who are considered for the Addiction Treatment Unit must meet the following criteria:

- Must be classified as dependent on the TCUDDS, or assessed as dependent or high risk by a qualified clinical counselor or Mental Health Services professional;
- Must be medically compliant and stabilized;
- Must have a minimum of six (6) to twelve (12) months remaining on sentence with exceptions for emergencies that are approved by the Division Director of Addiction Recovery Services or designee; and
- Must have no documented acts of violence six (6) months prior to admission.

6.2 The institution of assignment will be notified of pending placement for inmates assigned to special jobs (i.e., Prison Industries, Litter Crews, etc.). When an inmate has been identified as needing substance use disorder or addiction treatment services and is currently assigned to Prison Industries as a worker, the Division Director of Addiction Recovery Services will give the Division Director of Prison Industries thirty (30) days' notice in order to allow for identification of alternate inmate workers. This notification will be made via email.

~~7.1.3 All ATU participants will be given a urine drug screen (UDS) within three (3) business days to establish a baseline of potential use and will be given at least one (1) random UDS during the course of treatment and one (1) UDS before graduation/completion of the program can be awarded. All testing will be done by ATU staff for treatment purposes and results will be documented in the EHR. No UDS will require confirmation as it is only being used for treatment purposes.~~

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- Must be medically compliant and stabilized;
- Must have a minimum of six (6) to twelve (12) months remaining on sentence, with exceptions for emergencies that are approved by the Division Director of Addiction Recovery Services or designee;
- Must have no documented acts of violence six (6) months prior to admission;
- Must be sentenced as a YOA to be eligible for YOA ATU.

7.1.2 Addiction Treatment Unit placement will occur within thirty (30) days, pending the availability of bed space for men and women's ATUs.

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7.1.5 All referrals will be in accordance with SCDC policy relating to the Youthful Offender Intensification Program (4-4439, 4-4440).

8. OUTPATIENT PROGRAMS:

8.1 Outpatient Groups: Inmates that are referred or court-ordered for treatment may be referred for outpatient treatment at Camille-Graham, Turbeville, Lieber, Kershaw, and Manning. The goal of the program is to reduce the risk of developing an addiction or to successfully manage addiction. This is achieved through staff facilitated interventions addressing substance use education, healthy coping skills, and building a support system.

~~8.2 Medication Assisted Treatment (MAT) Program: Inmates who are referred for treatment may be referred for MAT at Camille-Graham, Turbeville, Lieber, Kershaw, and Manning. The goal of the program is to reduce the risk of developing an addiction or to successfully manage addiction. This is achieved through staff facilitated interventions addressing substance use education, healthy coping skills, and building a support system.~~

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- The successful ATU graduate may request an institutional transfer. The inmate must meet all custody and security requirements for the requested institution and bed space must be available.
- The ICC will consider inmates who have successfully completed the ATU program when assigning the inmate to a work assignment or recommending vocational and/or academic assignments.

9.4 Incentives for Program Participation and/or Completion of any Substance Use Disorder Services Treatment or Education Program:

- Certificates and other documentation showing successful completion will be maintained in the inmate's institutional record and the Division of Classification and Inmate Records will update the automated offender management system with the appropriate program completion code.(4-4441)

10. DISCHARGE/TERMINATION:

~~10.1 Reasons for Discharge/Termination from Any Substance Use Disorder Treatment Program or Inmate~~

- Successful completion
- Administrative reason(s), i.e., medical, court
- Failure to participate/comply with program requirements
- Institutional disciplinary violations on a case-by-case basis in consult with Warden and Division Director of Addiction Recovery Services
- Parole
- Inmate request to terminate services

~~10.2) Each request for removal will be submitted in writing via memorandum and/or email and will include the inmate's full name, inmate number, and a full explanation of the reasons for the removal.~~

- Each request for removal will be submitted in writing via memorandum and/or email and will include the inmate's full name, inmate number, and a full explanation of the reasons for the removal.

- Requests must have the initial approval of a Program Supervisor and/or Warden/designee and staffed with the treatment team.

- Requests not indicating Program Manager's approval and removal reason(s) will not be processed.

- Approved requests will be forwarded to the Division of Classification and Inmate Records for final processing. Requests that are not approved will be returned to the responsible Program Manager with a

disposition.

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~~1000 South 17th Street, Room 1100, Phoenix, AZ 85004~~
~~Phone: (602) 340-1100~~

- Establishing a follow-up appointment with specific community service providers. Approximately two (2) weeks prior to the inmate's graduation/release from the ATU/SCDC, a program designee will be responsible for contacting a designated liaison at a county substance use disorder commission of which the referral is being made. An appointment will be made for the inmate in his/her intended county of residence. Inmate's Transitional Relapse Prevention Plan identifying his/her family or friend recovery partner in the community should be notified of the inmate's Transitional Relapse Prevention Plan scheduled appointments.

- Ensuring that all appropriate documentation (to include SCDC Form 4-4, "Consent for Release of Confidential Information") is completed and signed by the inmate being referred.

- Forward all relevant and required documentation to the liaison at the county substance use disorder commission.

- Contact the appropriate county alcohol and drug commission liaison for follow-up information not later than thirty (30) days after the appointment date. All contacts will be recorded on SCDC Form 4-6, "Discharge Summary," and made a permanent part of the inmate treatment record. YOIP ATU program participants will receive post-incarceration referrals and follow-up services from their assigned YOIP Intensive Supervision Officer (ISO). ATU program staff will make referrals to the YOIP assigned ISO no later than **thirty (30) days prior to participant program completion. (4-4439)**

- Primary counselor will serve as backup or in absence of a transition counselor to complete these tasks.

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- SCDC Form 4-1, "Bio-psychosocial Assessment"

- SCDC Form 4-9, "Assessment Summary";

- SCDC Form 4-7, "Individual Treatment Plan";

- SCDC Form 4-8, "Supplemental Treatment Plan";
- SCDC Form 18-68, "Staff Memoranda" (to be used for narrative progress notes);
- SCDC Form 4-2, "Expectation of Participation";
- SCDC Form 8-17, "Specified Inmate Drug Testing";
- SCDC Form 4-5, "Statement of Client's Rights and Confidentiality";
- SCDC Form 4-4, "Consent for Release of Information";
- SCDC Form 4-10, "Treatment Team Review";
- SCDC Form 4-12, "Transitional Plan";
- SCDC Form 4-6, "Discharge Summary";
- Urine Drug Screen Results;
- Individual treatment notes;
- Group treatment notes.(4-4439)

~~Do not release patient data/information (including) to other staff (including) without the family of the client's insurance~~

13.2.1 ATU staff are not able to release any patient data/information considered clinical in nature without a signed SCDC Form 4-4, "Consent for Release of Information," to include other institutional staff.

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Addiction Treatment Unit (ATU) refers to a housing area in an institution designated to provide intensive addiction treatment services.

Bio-psychosocial Assessment refers to a clinical assessment administered by a Addiction Recovery Services employee which is used to ensure that the most appropriate treatment services are provided.

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Therapeutic Community (TC) refers to a specific treatment model/approach. This model of treatment is typically used in the SCDC ATUs.

s/Bryan P. Stirling, Director

Date of Signature

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