

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 10.11	Effective Date 12/15/2006	Page 1 of 6
	Supersedes New Directive		
Approved By <i>Theresa C. Lantz</i>	Title Addiction Services		

1. Policy. The Department of Correction shall provide treatment for offenders with substance abuse problems, provide for continuity of care, and support the Department's mission of public safety and community reintegration through provision of evidence-based assessment, treatment and aftercare services.

2. Authority and Reference.
 - A. United States Code, 42 USC, Section 290dd-2.
 - B. Code of Federal Regulations, 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records.
 - C. Connecticut General Statutes, Sections 17a-101, 17a-101a to 17a-101d, 17a-681, 18-81, 18-81p, 18-81w, 20-74s, and 20-74t.
 - D. Connecticut State Library, Office of Public Records Administration, Records Management Manual.
 - E. Connecticut Certification Board (CCB), Code of Ethics and Standards.
 - F. Department of Public Health, Public Health Codes 20-74s-1 through 20-74s-3.
 - G. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.
 - H. American Correctional Association, Standards for Adult Correctional Institutions, 2004 Standards Supplement, Standards 4-4438, 4-4439, 4-4440, and 4-4441.
 - I. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-4C-37, 4-ALDF-5A-04, 4-ALDF-5A-05, 4-ALDF-5A-06, 4-ALDF-5A-07, and 4-ALDF-5A-08.
 - J. National Commission on Correctional Health Care, Standards for Health Services in Prison, 2003, Standard P-G-08.
 - K. National Commission on Correctional Health Care, Standards for Health Services in Jails, 2003, Standard J-G-08.
 - L. Administrative Directives 1.6, Monthly and Annual Reports; 1.7, Research; 1.9 Audits; 1.13, Code of Ethics; 2.7, Training and Staff Development; 4.4, Access To Inmate Information; 6.8, Urinalysis; 9.7, Offender Classification and Case Management; 10.1, Offender Assignment and Pay Plan; 10.4, Volunteer and Recreation Services; 10.13 Offender Programs; and 11.1, Parole and Community Services.
 - M. Department of Correction, Addiction Services Audit Manual, 2004.
 - N. Department of Correction, Classification Manual, 2005.
 - O. Department of Correction, Addiction Services Program Standards and Treatment Case File Protocol.

3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Addiction. The use of alcohol and other drugs which results in an individual's physical, cognitive, psychological or social impairment.

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- B. Addiction Treatment. A variety of treatment modalities aimed at helping offenders to examine their addiction and its consequences, develop accountability, and learn recovery and relapse prevention skills to change behavior patterns associated with substance abuse.
 - C. Clinical Supervision. A disciplined tutorial process wherein principles are transformed into practical skills, with four foci: administrative, evaluative, clinical, and supportive.
 - D. Code of Ethics. Correctional substance abuse staff are required to maintain the highest ethical standards, and are required to maintain strict compliance with ethical standards as set forth in Administrative Directive 1.13, Code of Ethics and the Connecticut Certification Board and Department of Public Health Code of Ethics for substance abuse professionals.
 - E. Confidentiality. All information regarding assessment, diagnosis or treatment for substance abuse is protected as confidential by 42 Code of Federal Regulations, Part 2.
 - F. Disclosure. Any communication of information about an identified substance abuse treatment program participant, or of information that would identify someone as a program participant or as a drug or alcohol user, including verification of information that is already known by the person making the inquiry.
 - G. Substance Abuse Counselor Supervisor or Counselor. Any person hired in the position of substance abuse counselor or supervisor of substance abuse counselors effective October 1, 2002 shall be a certified or licensed alcohol and drug counselor in accordance with the standards set forth in the Department of Public Health code. Current staff must become a certified or licensed alcohol and drug counselor by October 1, 2007.
 - H. Substance Abuse Counselor Trainee. Any person hired in the position of substance abuse counselor trainee shall work under the supervision of a licensed or certified alcohol and drug counselor in accordance with the standards set forth in the Department of Public Health code. Substance Abuse counselor trainees may be appointed to this class for a period not to exceed three years. No exceptions or extensions beyond the three years will be granted.
4. Addiction Services Program Structure. The addiction services program structure shall consist of four (4) tiers of treatment involvement, aftercare, and community programming. Specific tier programs shall be designated for each facility, and shall comply with the addiction services program standards.
- A. Assessment and Orientation Program. The Assessment and Orientation Program will be offered at all direct admission facilities, and shall consist of two group sessions. The curriculum will allow staff to assess the appropriate Treatment Needs Assessment Score to be assigned to each offender, and provide substance abuse education and resource materials for departmental and community based treatment. Sessions shall be held daily for incoming offenders.
 - B. Tier 1: Reentry Program. Basic Substance Abuse Education programs shall consist of nine group sessions, and will be a maximum of three weeks. The program will focus on community reentry, and

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- utilize the "Beat The Streets" curriculum. The optimal counselor to offender ratio shall be 1:25.
- C. Tier 2: Intensive Outpatient. Intensive Outpatient programs shall consist of three group sessions per week for ten weeks (a total of 30 sessions). The evidenced based "Living In Balance" curriculum will be used for program sessions. The optimal counselor to offender ratio shall be 1:20.
- D. Tier 3: Recovery and Re-entry Units. Recovery and re-entry programs are residential substance abuse treatment programs designed to provide recovery and relapse prevention skills in preparation for re-entry and reintegration into the community. This program is based on a modified therapeutic community, in which offenders are encouraged to practice recovery and personal responsibility and self-discipline, as well as taking lead roles in recovery activities. The optimal counselor to offender ratio shall be 1:15.
- E. Tier 4: Therapeutic Community. Therapeutic Community programs shall be six to nine months in length; and each Therapeutic Community program shall be located in a housing unit separate from the general population. Participants shall be involved in a variety of program activities on a daily basis. The components shall include community activities, work as therapy and education, encounter groups, and curriculum components. The curriculum components shall include recovery skills and relapse prevention, team building and skill building. The optimal counselor to offender ratio shall be 1:10.
- F. Aftercare. An Aftercare program shall be available to offenders upon completion of either a Tier 3 or 4 program. Tier 2 graduates may be included in Aftercare programs if time remaining on sentence prohibits their completion of a Tier 3 or Tier 4 program, or if Tier 3 or Tier 4 is not available at the facility. Aftercare groups shall meet a minimum of once a week.
- G. Community Addiction Services. Community addiction services provides substance abuse treatment on an outpatient basis for offenders on Transitional Supervision status. Community addiction services serves to lay a foundation of basic substance abuse information, promote a personal identification with recovery, and motivate offenders to seek further involvement and assistance with reintegration following a period of incarceration.
- H. Peer Mentor. The Peer Mentor program shall train and utilize offenders who have successfully completed a Tier 2, 3 or 4 program to support Tier programming as positive role models.
- I. DUI. DUI is a 14 session cognitive behavioral program designed to widen offender's understanding of the dynamics of addiction, recognize the seriousness of the DUI problems and the ensuing damage caused by operating a motor vehicle under the influence.
- J. PRESAT. PRESAT is a nine session cognitive behavioral program designed to raise offender's awareness regarding early recognition of relapse triggers; develop relapse prevention plan and coping skills that will prepare them for community reintegration.
- K. Pre-release Planning. Addiction services staff shall provide pre-release planning for interested offenders who have been involved with Tier programming during their incarceration. Planning shall include referrals to community services, both supportive and

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clinical, upon release from incarceration. These referrals may involve formalized collaborative initiatives established with other agencies.

- L. Community Resource Day. Community Resources Days shall be offered at direct admission facilities quarterly to provide linkages with community agencies for offenders within 90 days of release.
- M. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). AA and NA fellowship meetings shall be available to offenders in the general population. Addiction services staff shall be responsible for the coordination of AA and NA meetings in conjunction with the facility volunteer coordinator.

5. Administrative Responsibilities.

- A. The Director of Health and Addiction Services, under the authority of the Director of Programs and Treatment, shall direct and oversee program development, operations and staffing for the Addiction Services Unit.
- B. The Major of Health and Addiction Services, under the authority of the Director of Health and Addiction Services, shall have responsibility for the development, implementation, technical assistance and evaluation of addiction services programs within the Department, in accordance with addiction services program standards. The Major of Health and Addiction Services shall participate in the interviewing and hiring of addiction services staff.
- C. An addiction services counselor supervisor shall be designated as a department-wide coordinator for clinical supervision. The counselor supervisor shall oversee the development, implementation and evaluation of clinical supervision and training for addiction services staff.
- D. An addiction services counselor supervisor shall be designated at each facility to oversee the program under the direction of the Major of Health and Addiction Services. The counselor supervisor shall implement the program curriculum and oversee the program schedule. The counselor supervisor, or designee, shall oversee the development, implementation and evaluation of clinical supervision and training for addiction services staff at the facility. The counselor supervisor shall assign counselor duties in accordance with program standards in order to provide the full range of treatment services and meet established program capacities.

6. Program Standards. Each addiction services program shall operate in accordance with the addiction services program standards. Each Addiction Services Unit shall maintain the following:

- A. Program Manual. Each Tier program shall develop and maintain a program manual, approved by the Director of Health and Addiction Services or designee, which shall include: a program description, program objectives, program components, eligibility criteria, requirements for successful completion, program schedule, case management protocol with standard case file documentation, and a curriculum outline for each program component.

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- B. Program Capacity. The Director of Health and Addiction Services shall establish capacities for each program site.
 - C. Treatment Environment. Office and program space shall be conducive to treatment allowing privacy, adequate room to accommodate approved group capacities and minimal distractions.
 - D. Completion Ceremonies. A completion ceremony shall be conducted upon cycle completion for Tier 2, and quarterly for Tier 3 and Tier 4 programs. Ceremonies shall be scheduled to allow family members to attend.
 - E. Capacity Utilization Rate. Any duties assigned to addiction services staff outside the area of addiction services must be approved by the Director of Health and Addiction Services or designee prior to assignment.
7. Treatment Case File. Addiction services treatment files shall be maintained on all offenders assigned to Tier 2, 3, 4 and Peer Mentor programs. The provision of services shall be documented as required by the addiction services program standards. File storage and disclosure of substance abuse treatment information shall be completed in accordance with the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and State of Connecticut regulations.
- A. Confidentiality. Disclosure of information identifying an offender as a substance abuser or as a participant in a treatment program shall occur only upon:
 - 1. Written consent of the offender;
 - 2. Court order (not in response to a subpoena);
 - 3. Medical emergency;
 - 4. Crime at program/against program personnel; or,
 - 5. Research/audit.

Program staff may disclose information to other staff within the program - or to "an entity having direct administrative control over that program"(42 CFR 2, §2.12(c)(3)) - if the recipient needs the information in connection with duties that arise out of the provision of alcohol or drug abuse diagnosis, treatment or referral.
 - B. Maintenance. The provision of substance abuse treatment services shall be documented in compliance with addiction services program standards, and state and federal confidentiality regulations.
 - C. Storage of Files. All offender treatment files shall be secured in locked file cabinets in a central location within the program.
 - D. Transfer of Files. Treatment files shall be transferred to follow the offender in accordance with the Treatment Case File Protocol. Each addiction services treatment file shall be continued, rather than re-initiated, at each new facility or program admission.
 - E. Retention of Files. Offender treatment files shall be retained for a minimum of seven (7) years from the date of sentence discharge, in accordance with the Connecticut State Agencies Records Management Manual.

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- F. Access. An offender may review his treatment file by submitting a request to the addiction services counselor supervisor. The offender's file shall be reviewed by the counselor supervisor prior to granting any request for access. Material that would jeopardize the safety of the public, staff or any offender, or the orderly operation of the facility shall be temporarily removed from the file until the requested access is completed.
8. Program Evaluation. Addiction services programs shall be evaluated on a regular basis through monthly reports, outcome measures, research projects, and program audits, in accordance with Administrative Directives 1.6, Monthly and Annual Reports; 1.7, Research; and 1.9, Audits.
9. Professional Development. The Director of Health and Addiction Services shall promote professional development through clinical supervision and training. In consultation with the Director of Training and Staff Development, the Director of Health and Addiction Services shall establish specialized training for all Addiction Services Unit personnel in accordance with Administrative Directive 2.7, Training and Staff Development.
- A. Clinical Supervision. Addiction services counselor supervisor shall insure that each facility has a program of clinical supervision, in accordance with Program Standards.
- B. Professional Development Plan. Each Addiction Services Unit trainee shall complete an annual professional development plan approved by the counselor supervisor.
- C. Counselor Orientation Training. New addiction services counselors shall receive a minimum of 60 hours of training in substance abuse treatment/counseling and case file protocol, during their first year of employment as an addiction services counselor or counselor trainee.
- D. In-Service Training. Addiction services counselor supervisors and counselors shall receive a minimum of 30 hours per year of substance abuse treatment/counseling training, after their first year of employment as an addiction services staff member. Following certification, counselors will be required to receive 20 hours of substance abuse/counseling training per fiscal year for re-certification.
- E. Certification. All substance abuse counselors and substance abuse counselor supervisors must obtain certification or licensure from the Department of Public Health no later than October 1, 2007. Active certification/licensure must be maintained.
10. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require the prior written approval of the Commissioner.