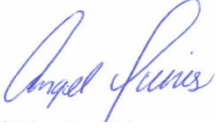
 <p>State of Connecticut Department of Correction</p> <p><b>ADMINISTRATIVE DIRECTIVE</b></p>	Directive Number 10.11	Effective Date 12/09/2024	Page 1 of 6
	Supersedes Addiction Services 07/19/2019		
Approved By   Commissioner Angel Quiros	Title  Addiction Treatment Unit		

1. **Policy.** The Department of Correction shall provide treatment for inmates with substance use disorders, 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. United States Code, CFR, Title 42, Subpart C, §8.12, Medication Assisted Treatment for Opioid Use Disorders.
  - d. Connecticut General Statutes, Sections 17a-101, 17a-101a to 17a-101d, 17a-681, 18-81, 18-81p, 18-81w, 18-100h, 20-74s, and 20-74t.
  - e. Connecticut State Library, Office of Public Records Administration, Records Management Manual.
  - f. Connecticut Certification Board (CCB), Code of Ethics and Standards.
  - g. Department of Public Health, Public Health Codes 20-74s-1 through 20-74s-3.
  - h. 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, Toxicology; 9.3 Inmate Admissions, Discharges, and Transfers; 9.7, Offender Management; 10.1, Inmate Assignment and Pay Plan; 10.4, Volunteer and Recreation Services; 10.13, Offender Programs; and 11.1, Parole and Community Services
  - i. Department of Correction, Classification Manual, 2012.
  - j. Department of Correction, Addiction Treatment Program Standards and Treatment Case File Protocol.
3. **Definitions.** For the purposes stated herein, the following definitions apply:
  - a. **Addiction Treatment Social Worker.** Any person hired in the Addiction Treatment Unit in the position of Social Worker shall work under the supervision of a licensed or certified Addiction Services Correctional Counselor Supervisor.
  - b. **Clinical Supervision.** A disciplined tutorial process directed by credentialed Clinical Supervisors wherein principles are transformed into practical skills with four foci: administrative, evaluative, clinical, and supportive.
  - c. **Code of Ethics.** Staff within the Addiction Treatment Unit 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 Alcohol and Drug Counselors.
  - d. **Confidentiality.** All information regarding assessment, diagnosis or treatment for substance use disorders is protected as confidential by 42 Code of Federal Regulations, Part 2 and HIPPA, Title 2.
  - e. **Correctional Substance Abuse Supervisor or Counselor.** Any person hired in the position of Correctional Substance Abuse Counselor or Supervisor shall be a certified or licensed alcohol and drug counselor in accordance with the standards set forth in the Department of Public Health code.
  - f. **Correctional Substance Abuse Counselor Trainee.** Any person hired in the position of Correctional Substance Abuse Counselor Trainee shall work under the supervision of a licensed or certified Correctional Substance Abuse Counselor Supervisor in accordance with the standards set forth in the Department of Public Health code. Correctional Substance Abuse Counselor Trainees may be

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appointed to this class for a period not to exceed three years. No exceptions or extensions beyond the three years will be granted.

- g. Disclosure. Any communication of information about an identified substance use disorder treatment program participant, or of information that would identify someone as a program participant or as a substance user, including verification of information that is already known by the person making the inquiry.
- h. Substance Use Disorder. A maladaptive pattern of substance use leading to significant impairment or distress.
- i. Substance Use Disorder Treatment. A variety of treatment modalities aimed at helping inmates to examine their substance use disorder, its progression, and consequences, develop inmate accountability, learn and improve recovery and relapse prevention skills and to change behavior patterns associated with their substance use disorder.

#### 4. Addiction Treatment Unit Program Structure.

##### a. Types of Programs.

- i. The Addiction Treatment Unit program structure shall consist of:
  - 1. Tier 1,
  - 2. Tier 2,
  - 3. Tier 4,
  - 4. Aftercare,
  - 5. Medication Assisted Treatment (MAT),
  - 6. Time Out Program (TOP),
  - 7. Special populations programming,
  - 8. SMART Program, and
  - 9. DUI Home Confinement program,
  - 10. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- ii. Specific programs shall be designated for each facility and shall comply with the Addiction Treatment Unit program standards.
- iii. An assessment tool is utilized by the Correctional Substance Abuse Counselors or Trainees at all facilities to determine appropriate services.

##### b. Assessment and Orientation.

- i. During the orientation process at each facility, inmates will be given information about Addiction Treatment Unit programs offered, to include information regarding overdose awareness and overdose reversal medication available at the time of discharge. Additional information regarding the Addiction Treatment Unit is located on the inmate tablet system.
- ii. Those without a Treatment Needs Assessment score shall be evaluated by a Correctional Substance Abuse Counselor or Trainee with an evidence based assessment tool and assigned an appropriate Treatment Needs Assessment score based on the results of their evaluation.

##### c. Tier 1: Brief Intervention.

- i. Tier 1 is a brief substance use disorder treatment program that consists of nine (9) group sessions.
- ii. The program will focus on community reentry, relapse prevention and utilize evidenced based curriculum, approved by the Director of the Addiction Treatment Unit.

##### d. Tier 2: Outpatient and Intensive Outpatient.

- i. Tier 2 outpatient programming shall consist of an approved evidence based curriculum and may have a modified length of treatment. The number of sessions shall be determined based on facility need and will be approved by the Director of the Addiction Treatment Unit or designee.
- ii. The Tier 2 Intensive Outpatient programs shall consist of three group sessions per week for five (5) weeks for the modified length or for ten (10) weeks, based on facility need.
- iii. An approved evidence based curriculum will be used for program sessions. The number of sessions shall be determined based on facility need and

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will be approved by the Director of the Addiction Treatment Unit or designee.

e. Tier 4: Residential Therapeutic Community.

- i. Tier 4 is a Residential Therapeutic Community program that is three (3) to nine (9) months in length. Each Therapeutic Community program shall be located in a housing unit separate from the general population.
- ii. Participants shall be involved in a variety of therapeutic program activities on a daily basis.
  - 1. The components shall include community activities, encounter groups and curriculum components.
  - 2. The evidence based curriculum components shall include recovery skills, relapse prevention, team building and skill building.
- iii. Therapeutic Community Recovery Coaches (TCRC)
  - 1. All inmates involved in the Tier IV program will have the opportunity to work with a Therapeutic Community Recovery Coach (TCRC) as part of their program curriculum. The TCRC will assist the inmates in identifying their personal recovery needs, aid in removing barriers to success, connect to appropriate treatment services, and offer a variety of recovery support services.

f. Aftercare.

- i. An Aftercare program may be available to inmates upon completion of Addiction Treatment programming. Graduates may be included in Aftercare programs if time remaining on sentence permits. Aftercare groups shall meet a minimum of once per week.

g. Peer Mentor. The Peer Mentor program shall train and utilize inmates who have successfully completed Tier 2, 4, the DUI Home Confinement Program or a special populations program to support programming as positive role models.

- i. Peer Mentors will be trained in a peer support recovery model in order to support, coach and guide fellow program participants. Peer Mentors will complete the 30-hour Recovery Coach Academy, which is a curriculum-based course. An inmate can continue in the role of Peer Mentor provided they continue to act as a positive role model and demonstrate the skills they learned in the program they have completed.
- ii. Inmates who are enrolled in the Recovery Coach Professional Program must have completed an Addiction Treatment program and have been in the role of a Peer Mentor, during their current incarceration. The Recovery Coach Professional Program is offered to inmates who have completed the 30-hour Recovery Coach Academy. In addition, this designee requires an application process, additional training, independent study, and panel interviews.

h. Recovery Coaching.

- i. Discharging inmates and inmates on community release will be offered the option of being connected to a Recovery Coach as part of a comprehensive recovery discharge plan. This is an effort to reduce recidivism and substance abuse post-release.

i. Driving Under the Influence Home Confinement (DUI HC).

- i. The Driving Under the Influence Home Confinement program consists of six (6) tracks based on inmate need. Inmates are considered eligible for DUI HC determined by specific criteria related to offenses described in CT General Status 18-100h. The Driving Under the Influence (DUI) program is both an outpatient and inpatient, psycho-educational program designed to treat DUI inmates. Inmates incarcerated for DUI related convictions shall be screened for eligibility based on their arrest history and related DUI offense(s). Inmates shall be assessed for appropriate DUI programming contingent upon the calculated level of treatment recommended by a credentialed Addiction Treatment professional.
- ii. DUI programming is also offered to inmates who have DUI related convictions, who may otherwise not be eligible for Home Confinement (HC).

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Inmates deemed to be temporarily ineligible Home Confinement for may still participate in the program. Inmates deemed to be eligible but not suitable for Home Confinement may also still participate in the program. The DUI program explores the "at risk" behaviors that contribute to incarceration for driving under the influence. This program utilizes an evidenced-based model focused on harm reduction rather than complete abstinence.

- j. Time Out Program (TOP).
  - i. The Time Out Program (TOP) is a brief intervention program for inmates who have violated conditions of their community release. Inmates shall be evaluated upon re-admission to the facility and placed in the appropriate treatment track.
  - ii. Inmates are re-incarcerated for a maximum of sixty (60) business days and are required to participate in a program utilizing an evidence-based curriculum.
- k. Medication Assisted Treatment (MAT).
  - i. Medicated Assisted Treatment (MAT) is designed for inmates with substance use disorders in which prescribed medication is utilized to assist with treatment, relapse prevention, and community re-integration. Eligibility is determined by inmate suitability, facility resources, and partnering agencies criteria.
  - ii. Groups will utilize an evidence based curriculum and inmates are required to attend a minimum of one group per month, all in accordance with the Code of Federal Regulations, Title 42, subpart C, §8.12
- l. Pre-Release Planning.
  - i. Addiction Treatment staff shall provide pre-release planning and/or referrals. Planning may include referrals to community services, both supportive and clinical, upon release from incarceration.
    - 1. These referrals may involve formalized collaborative initiatives established with other agencies in accordance with State and Federal Regulations concerning privacy of treatment records and protected health information.
  - ii. All Addiction Treatment Unit programs will be provided education on signs of overdose and how to administer overdose reversal medication. Inmates will be offered overdose reversal medication upon discharge/release from incarceration
- m. Specialized Populations Programming.
  - i. Specific programming shall be made available to specialized populations. These specialized populations shall include, but are not limited to, women and young adult inmates.
  - ii. Evidence based curriculum shall be made available and utilized to meet specific needs.
  - iii. Curriculum complements shall include recovery skills, relapse prevention, skill building and if appropriate, will be gender specific.
- n. Community Resources.
  - i. Community resources may be made available to the inmate population as facility permits.
- o. SMART Recovery. Self-Management and Recovery Training is an evidence-based curriculum with a prosocial aspect that is utilized to support the inmate population to make healthier choices.
  - i. SMART Recovery Family and Friends: In the facilities where SMART Recovery programming is offered to the inmate population, SMART Recovery Family and Friends is also offered to provide concerned significant others the tools they need to effectively support the participating inmate, without supporting the addictive behavior.
- p. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
  - i. AA and NA fellowship meetings shall be available to inmates in the general population.

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- ii. Addiction Treatment Unit staff shall be responsible for the coordination of AA and NA meetings in conjunction with the facility volunteer coordinator.
- 5. Program Standards. Each Addiction Treatment Unit program shall operate in accordance with the Addiction Treatment Unit Program Standards. Each Addiction Treatment Unit shall maintain the following:
  - a. Program Capacity. The Director of the Addiction Treatment Unit shall establish capacities for each program site.
  - b. Treatment Environment. Office and program space shall be conducive to treatment allowing privacy, adequate room to accommodate approved group capacities and minimal distractions.
  - c. Capacity Utilization Rate. Any duties assigned to the Addiction Treatment Unit staff outside the area of Addiction Treatment must be approved by the Director of the Addiction Treatment Unit or designee prior to assignment.
- 6. Treatment Case File.
  - a. Addiction treatment files shall be maintained as part of the Electronic Health Record (EHR) on all inmates assigned to Addictions Treatment Unit Programs.
  - b. The provision of treatment shall be documented as required by the Addiction Treatment Unit Program Standards.
  - c. 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.
  - d. Confidentiality.
    - i. Disclosure of information identifying an inmate with a substance use disorder shall occur only upon:
      - 1. Written consent of the inmate;
      - 2. Court order (not in response to a subpoena);
      - 3. Medical emergency;
      - 4. Crime at program/against program personnel; or,
      - 5. Research/audit.
    - ii. 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.
  - e. Documentation. The provision of substance use treatment services shall be documented in compliance with Addiction Treatment Unit Program Standards, State, and Federal confidentiality regulations.
  - f. Retention of Files. Inmate treatment files shall be retained from the date of sentence discharge and maintained at the medical storage warehouse, in accordance with the Connecticut State Agencies Records Management Manual and indefinitely as part of the EHR.
  - g. Access. An inmate may review his or her treatment file by submitting a Form CN 9601, Inmate Request, to the Addiction Treatment Unit Correctional Counselor Supervisor. The inmate's file shall be reviewed by the Medical Records Supervisor prior to granting any request for access. Approval will be documented by staff.
- 7. Program Evaluation. Addiction Treatment Unit 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 by the Director of the Addiction Treatment Unit or designee.
- 8. Professional Development.
  - a. The Director of the Addiction Treatment Unit or designee shall promote professional development through supervision and training.
  - b. In consultation with the Director of Training and Staff Development, the Director of the Addiction Treatment Unit shall establish specialized training for all Addiction Treatment Unit personnel in accordance with Administrative

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Directive 2.7, Training and Staff Development. Specialized training may include at a minimum:

- i. Clinical Supervision. Addiction Treatment Unit Correctional Counselor Supervisor shall insure that each facility has a program of clinical supervision, in accordance with Program Standards.
- ii. In-Service Training. Correctional Substance Abuse Counselor Supervisors and Counselors will be required to receive 20 hours of substance abuse counseling/training per fiscal year for re-certification. Copies of documentation of completion of training hours will be submitted to the Director of the Addiction Treatment Unit or designee and be retained for a minimum of three (3) years by the Director of the Addiction Treatment Unit or designee.

9. Certification.

- a. All Correctional Substance Abuse Counselors, Trainees and Counselor Supervisors must obtain certification or licensure from the Department of Public Health.
- b. All Correctional Substance Abuse Counselor Trainees are required to obtain certification within three (3) years of promotion or hire into current job class.

10. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require the prior written approval of the Commissioner.