



POLICY STATEMENT
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject: Substance Use Disorder (SUD) Treatment Programs		Policy Number: 7.4.1
Date of Issue: December 6, 2019	Authority: Signature on File John E. Wetzel	Effective Date: December 13, 2019

I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. PURPOSE

A. The purpose of this policy is to establish a standardized method of delivering specialized Substance Use Disorder (SUD) Treatment Programs to all inmates who are alcohol and drug abusers, found eligible for services under the Department's supervision.¹

B. Goals and Objectives

The primary goal of the Department's SUD treatment programs is to reduce incidents of relapse and recidivism, to promote pro-social behavior and enable the inmate to exhibit conduct in compliance with the rules and procedures of the Department, and to successfully reintegrate back into the community.² To achieve this mission, the following goals are defined:

1. establish a comprehensive standardized SUD treatment program that includes SUD outpatient (Therapeutic Community) programs and standardized guidelines for treatment programs;

¹ 2-CO-4F-01

² 5-5E-4437

2. standardized screening using the Texas Christian University (TCU) Drug Screen, LSI-R, CC-M, and HIQ for each inmate who enters the Department;³
3. establish a continuum of program components and base admission to the program on the results of screening, assessment, and other available information;⁴
4. develop programs that meet the needs of the population (e.g., gender, age, culture, and identified sub-groups);
5. identify and recommend appropriate continuing care resources for both within the facility and in the community;⁵
6. conduct annual management reviews and appropriate program evaluations of performance measures;
7. implement a system-wide SUD Quality Improvement Plan; and
8. facilitate research and evaluation studies of SUD treatment programs.

III. APPLICABILITY

The policy and procedures set forth in this document shall apply to all SUD abuse-related inmates under the custody of the Department. The Drug and Alcohol Treatment Specialists (DATS) and other appropriate treatment staff shall perform services under the guidance of this policy.

This policy is applicable to all correctional facilities under the jurisdiction of the Department unless a policy applicable to a particular Department program provides otherwise.

IV. DEFINITIONS

All pertinent definitions are contained in the procedures manual for this policy.

V. POLICY

It is the policy of the Department to provide comprehensive SUD treatment services and ensure a maximum benefit for SUD dependent inmates. A comprehensive SUD philosophy and treatment framework has been developed to assist inmates in preparing for a successful transition to the community upon release.⁶

³ 5-6A-4363-1, 5-6A-4377

⁴ 5-6A-4363-1, 5-6A-4377

⁵ 5-6A-4363-1, 5-6A-4377

⁶ 5-6A-4377

VI. PROCEDURES

All pertinent procedures and/or terms are contained in the procedures manual for this policy.

VII. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary, or designee may suspend any provision or section of this policy, for a specific period.

VIII. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

IX. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY

A. Release of Information

1. Policy

This policy document is public information and may be released upon request.

2. Procedures Manual (if applicable)

The procedures manual for this policy is not public information and shall not be released in its entirety or in part, without the prior approval of the Secretary of Corrections or designee. This manual or parts thereof, may be released to any Department of Corrections employee on an as needed basis.

B. Distribution of Policy

1. General Distribution

The Department of Corrections policy and procedures manuals (when applicable) shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution to other individuals and/or agencies is subject to the approval of the Secretary of Corrections or designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures.

X. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

7.4.1, Alcohol and Other Drugs (AOD) Treatment Programs Policy issued December 19, 2005, by former Secretary Jeffrey A. Beard.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

B. Cross Reference(s)

1. Administrative Manuals

a. DC-ADM 003, Release of Information

b. DC-ADM 801, Inmate Discipline

c. DC-ADM 805, Outside Work and Housing Assignments, Community Work Program, Forestry Units, Armed Mounted Work Detail, Administrative Procedures and Temporary Hold Ins

d. DC-ADM 816, Inmate Compensation

e. 2.1.1, Planning, Research, Statistics, and Grants

f. 5.1.1, Staff Development and Training

g. 6.3.1, Facility Security

h. 6.3.12, Drug Interdiction

i. 7.2.1, Counseling Services

j. 8.1.1, Community Corrections Centers

k. 11.2.1, Reception and Classification

l. 13.2.1, Access to Health Care Services

2. ACA Standards

a. Administration of Correctional Agencies: 2-CO-4F-01

b. Adult Correctional Institutions: 5-6A-4363-1, 5-6A-4377, 5-5E-4437, 5-5E-4438, 5-5E-4439, 5-5E-4440, 5-5E-4441

- c. Adult Community Residential Services: 4-ACRS-5A-08
- d. Correctional Training Academies: None



PROCEDURES MANUAL
Commonwealth of Pennsylvania • Department of Corrections

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Release of Information:

Policy Document: This policy document is public information and may be released upon request.

Procedures Manual: The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.

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Section 1 – General Overview

The purpose of the Department's Alcohol and Other Drug (AOD) Programs is to provide quality AOD abuse/dependence programming to those inmates with the highest need for AOD treatment who pose the greatest risk for re-offending.¹

A. Theoretical Perspective on Treatment

1. The Department has adapted a structured, differential substance abuse treatment model. The AOD treatment framework is called the Pennsylvania Substance Abuse Treatment Model (PASAT). The PASAT model is research based, differential, multi-modal, and extended. The PASAT model is based on the principles of effective correctional programming. It incorporates elements of change theory, Motivational Enhancement Theory (MET), cognitive-behavioral, and social learning theories. The overall objective of the PASAT model is to target reductions in AOD abuse, criminal behavior, anti-social attitudes, and recidivism among the inmate population.
2. The core content of the PASAT model is to address criminogenic risks and needs as well as to correct criminal and thinking errors, and modify anti-social behaviors and attitudes. This is accomplished by systematically and consistently assessing the need level of the inmate population and matching programs with inmate responsivity, stages of development, and learning styles of individuals. Under the PASAT model, an inmate is placed in AOD Outpatient (OP) or Therapeutic Community (TC) treatment programs based on screening and assessment. Screening and assessment will determine placement level, dosage frequency, and duration of treatment. An inmate will enter one of the two levels of treatment based on a match between AOD dependence, criminal needs, and risk.
3. Each inmate recommended for AOD programs shall be provided four sessions of MET and ongoing CBT groups. These techniques are used in group and individual format. The intensity and dosage of the group sessions depend on the severity of the inmate's AOD problem, risk factors, resistance, and needs. The individual sessions are delivered as part of the AOD Outpatient (OP) and TC treatment programs.

B. Criminal Risks and Needs

1. An addicted inmate may have a history of criminal behavior and demonstrated anti-social behavior. For another inmate, his/her illegal activities began after the onset of addiction. In regard to the inmate's patterns of criminality, the following targets are to be addressed in AOD treatment:
 - a. change anti-social attitudes, criminal risks/needs;
 - b. change/manage anti-social feelings;

¹ 5-6A-4377, 5-5E-4437

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- c. reduce anti-social peer associations;
 - d. promote familial affection/communications;
 - e. promote identification/association with pro-social role models;
 - f. increase self-control, self-management, decision making, and problem solving skills;
 - g. replace the skills of lying, stealing, and aggression with more pro-social alternatives; and
 - h. ensure that the inmate is able to recognize risky situations for return to criminal activity, and has a concrete and well-rehearsed plan for dealing with those situations.
2. The matching of an inmate's profile with appropriate treatment is critical (e.g., an inmate who cannot read should not be given extensive journal assignments). The inmate should be encouraged to assume responsibility for pursuing his/her own recovery and crime free lifestyle.

Section 2 – Responsibilities

A. Bureau of Inmate Services (BIS)

The BIS is responsible for monitoring the Department's AOD resources to ensure they are used efficiently to meet the AOD treatment needs of the inmate population. This includes maintaining optimum levels of program capacities, providing training for staff, and determining the size and type of caseloads that DATS staff may carry.

B. Deputy Superintendent Centralized Services (DSCS) or Corrections Classification Program Manager (CCPM)

The DSCS or CCPM is responsible for providing oversight and direction for the AOD services at the facility level. This includes overall supervision of DATS, monitoring of contracts and AOD vendors, and ensuring compliance with AOD standards, policies, and practices.

C. DATS Supervisor/DAT Manager

The DATS Supervisor/DAT Manager shall:

1. train and supervise the Drug and Alcohol Treatment Specialists (DATS) in the performance of AOD activities including: screening and assessment tools, Motivational Enhancement Therapy (MET), Cognitive Behavioral-Therapy (CBT), and aftercare;
2. coordinate all operational functions of AOD services, including TC programs;
3. manage the work assignments of all DATS 1 and DATS 2 and assist administrative superiors in the performance of their duties relating to the overall structure and function of the AOD program within the facility;
4. facilitate/co-facilitate a minimum of five, one and one half hour groups or 7.5 hours of group per week and perform other duties as assigned by the Facility Manager/designee;
5. serve on Department committees to assist in formulating AOD policies and procedures for the Department, and assist in the management review of facility AOD programs throughout the Department;
6. ensure that the Unit Manager is informed of AOD related services, as well as a list of inmates who are receiving those services, in order to provide continuity of care.
7. provide clinical supervision to staff members as well as assist in work projects, training, and placement of inmates; and
8. participate in the Psychiatric Review Team (PRT) meetings regularly.

D. Drug and Alcohol Treatment Specialist (DATS)

1. The DATS is responsible to the DATS Supervisor/DAT Manager and shall be assigned by the DATS Supervisor/DAT Manager to provide AOD abuse treatment services to inmates. The primary focus of the DATS is to provide AOD abuse treatment programming to an inmate with AOD abuse history and/or offense(s).
2. The majority of time is spent providing direct services related to AOD abuse treatment. Each DATS is expected to develop competency within all levels of AOD services offered by the Department.
3. The DATS shall conduct a minimum of ten, one and a half hour groups or 15 hours of group per week and perform other related work and duties as assigned.
4. The DATS and DATS Supervisor/DAT Manager shall consult periodically and regularly with the Corrections Counselor and Unit Manager in matters relating to treatment services, case management, and housing.
5. Each DATS staff member assigned to the TC is required to attend training in accordance with Department policy **5.1.1, “Staff Development and Training.”**

E. Unit Manager

The Unit Manager shall:

1. ensure that there is cooperation between custody staff, Facility Management staff, and DATS in the delivery of AOD treatment;
2. serve on Department committees to assist in formulating policies and procedures for the Department, and assist in the management reviews of facility programs throughout the Department;
3. provide clinical supervision to staff members as well as assist in work projects, training, and placement of inmates; and
4. participate in Psychiatric Review Team (PRT) meetings regularly.

F. Corrections Counselor

1. The Corrections Counselor is responsible to the Unit Manager and shall be assigned by the Unit Manager to provide case management services to the inmates assigned to the housing unit in accordance with Department policy **7.2.1, “Counseling Services.”**
2. The primary focus of the Corrections Counselor is to provide case management services to an inmate with substance abuse histories and/or offenses. The majority of time is spent providing direct services and maintaining files related to case management.

G. Corrections Officers

1. A Corrections Officer (CO) shall be assigned by the Unit Manager to supervise inmates assigned to the housing unit. The CO's will also be afforded the opportunity to attend the TC Experiential Training.
2. The primary function of a CO is to provide facility security as detailed in **6.3.1, "Facility Security."** The CO shall report to the Unit Manager all pertinent information regarding the conduct of inmates assigned to the housing unit, to include behavioral observations and program compliance.

Section 3 – Facility AOD Programs

A. General Considerations

1. The Outpatient (OP) programs and Therapeutic Communities (TCs) are located within each facility throughout the Department. This written plan is designed to facilitate the coordination of all the AOD services and treatment activities within each program.
2. Each service/program shall be subject to an annual management review to ensure compliance.

B. Screening and Assessment

1. The Drug and Alcohol Treatment Specialist (DATS) shall follow the screening and assessment guidelines specified in **Section 4, Screening and Assessment** of this procedures manual.
2. Every inmate entering the Diagnostic and Classification Center (DCC) shall be screened for AOD dependence using the **Texas Christian University (TCU) Drug Screen (Attachment 3-A)**. Along with the TCU Drug Screen, the Level of Service Inventory - Revised (LSI-R), Criminal Sentiments Scale - Modified (CSS-M), and Hostile Interpretations Questionnaire (HIQ) are used to determine treatment need, dosage, intensity, and duration. All DATS assigned to the DCC shall be trained in the administration of the testing instruments. When completed, these instruments shall be placed in the inmate's **DC-14, Cumulative Adjustment Record**. The DATS shall also make a copy of these instruments as part of the inmate's AOD service file. When an inmate is transferred to his/her designated facility, a copy of the TCU Drug Screen, **Initial Assessment (Attachment 3-B)**, and recommendation is sent to the DATS Supervisor/DAT Manager for the receiving facility.¹
3. An inmate scoring three to five on the drug screen shall be further assessed with the **Initial Assessment**. If collateral information warrants, TCU scores of zero to two may be administered the **Initial Assessment**.
4. A programming facility shall screen Technical Parole Violators (TPVs) and Parole Violators (PVs) with the TCU Drug Screen. An inmate scoring three to five on the drug screen shall be further assessed with the **Initial Assessment** tool to determine program placement. Parole violators scoring a three or above on the drug screen will be referred to a specialized AOD parole violator program, as resources permit. However, if the inmate qualifies for OP treatment or a TC and did not successfully complete them prior to this, he/she will be referred to these programs (time permitting).
5. The original AOD screening and assessment data shall be noted in the inmate's AOD record. A notation that the AOD screening and assessment was performed, the purpose, and the date shall also be entered in the record. Additionally, the DATS is responsible for

¹ 5-6A-4363-1

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the screening and assessment and shall maintain a copy of the screening and assessment in his/her own AOD treatment records. Access to these records shall be permitted to the AOD treatment team (Unit Management staff, Centralized Services staff, Corrections Classification and Program Manager (CCPM), Corrections Counselor, Deputy Superintendents, and the Facility Manager/designee).

6. For an inmate referred to a TC, a review begins at the receiving facility following the initial identification of a potentially eligible inmate before placement in the TC. The review has the following purposes:
 - a. accurately identify an inmate who is willing to participate in TC treatment;
 - b. identify additional related problems. Examples include medical status, psychological status, and misconducts; and
 - c. identify strengths and weaknesses (coping skills, motivation, communication skills, etc.) that can be used in developing an Initial Treatment Plan (ITP).
7. Overrides
 - a. The validity of the screening and intake assessment may be contingent upon the honesty of the individual providing the information. To compensate for any obvious conflicting information, or minimization, staff may make a discretionary override. These overrides are appropriate when there are significant discrepancies among the inmate's reported AOD use patterns, treatment experiences, AOD related criminal activity, and/or his/her TCU Drug Screen score. An override is also appropriate when collateral documents such as a Pre-Sentence Investigation (PSI) report, criminal history, and/or background information reveal inconsistent information.
 - b. The override process shall start with the scoring of the TCU Drug Screen. If it is determined that there is contradictory information between the front (scoring page) and the back of the drug screen, the inmate shall be given part two of the screening which consists of specific questions addressing the inmate's use of alcohol and other drugs. Collateral information from the PSI, Rap Sheet, and Arrest Record, if available, shall be reviewed to determine if the inmate's TCU Drug Screen score would be raised to a three or above. If it is determined the TCU Drug Screen score would be a three to five, the **Initial Assessment** shall be completed by the DATS.
 - c. The initial AOD screening information, **Initial Assessment**, and recommendations for treatment shall accompany the inmate to his/her designated facility.
 - d. The DATS Supervisor/DAT Manager shall review and give final approval of overrides.

C. Admission

1. When an inmate arrives at his/her permanent facility the DATS shall provide the inmate with an orientation to the AOD services. The DATS at each facility shall interview for

willingness to participate in treatment and evaluate existing historical documentation in order to match treatment levels to inmate needs. Even though screening and assessment are conducted upon reception at the DCC, monitoring of inmate participation in AOD programs shall continue at each facility by the DATS.

2. After an inmate has been determined eligible and appropriate for treatment, he/she shall be placed on a waiting list for specific programming. Admission shall be determined by sentence structure, availability of space, and programs.

D. AOD Service Orientation

Each facility shall develop an AOD orientation brochure or video describing existing programs, placement criteria, and guidelines to be distributed to the inmate during orientation.

E. Motivational Enhancement Therapy (MET)

1. MET includes information on the characteristics of AOD abuse/dependence, impulsiveness, evasion, manipulation, and rationalization. All facilities shall provide MET.
2. At the beginning of an inmate's AOD treatment, the maximum number of groups for MET is four. Each session shall be for one and one half hours. Individual MET sessions may be scheduled later in treatment as needed. These may vary in length based on the need of the inmate.

F. Outpatient (OP) Programming

1. An inmate with a score of three to five on the TCU Drug Screen shall be recommended for OP program services. The DATS at each facility shall interview the inmate for willingness to participate in treatment, primary treatment needs, past treatment experience, and review of existing historical documentation for tailoring treatment intensity to inmate needs. The DATS Supervisor shall recommend TC placement for inmates scoring three to five with supporting collateral information.
2. An inmate scoring in this range can also be referred to the *Thinking for a Change* program and/or the *Violence Prevention* program if scores on the LSI-R, CSS-M, and HIQ warrant it.
3. The OP program includes MET/Cognitive Behavior Therapy (CBT) concepts, individual and group counseling, relapse prevention programs, aftercare planning, and self-help groups. Other issues including life management, criminal thinking, problem solving, social skills, recovery training and coping skills shall be addressed.
4. The programming incorporates the principles of the PASAT model using MET and CBT.
5. The duration of the OP program is 8-12 weeks. Exceptions to the duration shall be granted at the discretion of BIS.

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6. An OP Parole Violator (PV) Program shall be offered at each facility to any PV receiving a TCU score of three or higher and who does not qualify for OP treatment or a TC.
7. Performance Measures
 - a. The overall expectation of the OP program is to provide an inmate with the opportunity to change his/her attitude and behavior toward the use and abuse of alcohol and other drugs. Through the OP program, the inmate will be given the tools to effectively deal with recovery and relapse issues while he/she pursues better interpersonal skills, emotional stability, and adjustment toward a law-abiding life.
 - b. The OP program shall be measured by the following:
 - (1) the number of treatment sessions attended by each individual;
 - (2) the reduction of positive drug tests;
 - (3) the reduction of Restricted Housing Unit (RHU) confinements for drug violations;
 - (4) improvement in inmate housing unit reports; and
 - (5) completion of treatment-related assignments.

G. Therapeutic Communities (TCs)

1. An inmate with a score of six or above on the TCU Drug Screen, who would not benefit from an OP program will be recommended for the TC program.
2. TC program variations will occur at TC's with female inmates. The TC for a female inmate shall include gender specific programs.
3. The TC program shall incorporate a three-phase system. This phase system shall include the following:
 - a. orientation (phase 1);
 - b. primary treatment (phase 2); and
 - c. re-entry phase (phase 3).
4. The phase system shall incorporate progressive privileges and responsibilities for the inmate.
5. Staff shall follow guidelines established in the **TC Program Operations Manual** (refer to **Section 6, Attachment 6-A**) for the daily operation of the TC.

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6. An inmate who meets the criteria of six to nine on the TCU Drug Screen is eligible for TC Program placement as found appropriate on the LSI-R. Also an inmate with a score of three or above may be considered a low priority, at the discretion of the DATS Supervisor. Further in-depth assessments shall be completed to ascertain the following:
 - a. a positive attitude and level of motivation to participate in a residential inpatient AOD program; and
 - b. admission shall be determined on bed availability.

7. Referrals to a TC

- a. A Corrections Counselor may refer an inmate to the DATS Supervisor for evaluation whose records and/or assessment instruments indicate AOD abuse. If the Corrections Counselor refers an inmate, the inmate must meet the following criteria:
 - (1) documented history of alcohol and/or drug abuse as evidenced by the TCU Drug Screen;
 - (2) meet TC eligibility criteria; and
 - (3) must not have a severe medical or psychiatric condition that precludes him/her from participating in daily activities of the program.
- b. Generally, a non-life sentence inmate shall be admitted to the TC. Ten percent of the TC beds may be used for any inmate serving a minimum sentence of ten years or more. An inmate serving a life sentence who is eligible for admission shall be considered for admission into the program. A maximum of three inmates serving life sentences may be admitted at a time.

8. Eligibility Criteria for a Hispanic TC

Eligibility criteria for admission into a Hispanic TC includes, but is not limited to:

- a. only non-English speaking Hispanic inmates shall be admitted (first choice);
- b. if sufficient non-English speaking Hispanic inmates are not available, bi-lingual Hispanic inmates may be admitted;
- c. a TCU Drug Screen score of three and above. The higher the score, the higher the priority to place;
- d. custody level 2. A custody level 3 inmate must be overridden to a custody level 2 for programming reasons. If he/she cannot be overridden to a 2, he/she shall not be able to participate in the TC;
- e. at least one year to minimum or release date (one year to release date for PVs);

- f. a sex offender with AOD dependence may be admitted if he/she has completed his/her sex offender program;
- g. 10 percent of beds may be used for long term inmates; and
- h. an inmate shall be transferred to his/her home facility upon discharge or completion of the TC.

9. Eligibility Criteria for a Dual Diagnosis TC

Eligibility criteria for admission into a Dual Diagnosis TC shall include, but not be limited to, the following:

- a. TCU Drug Screen score of five to nine;
- b. custody level two or three;
- c. mental health stability score of C (excluding diagnosis of Adjustment Disorder, Substance-Induced Mood Disorder, and “stand-alone” Anti-Social Personality Disorder);
- d. complaint with medication;
- e. no sex offenses;
- f. minimum of 18 months to serve;
- g. willingness to participate in the smoke free dual diagnosis TC; and
- h. an inmate shall be transferred to his/her home facility upon discharge or completion of the TC.

10. Duration

- a. The standard duration of a TC will be six months. Exceptions to this length may be made, as needed, by the BTS.
- b. The duration of the Dual Diagnosis TC shall be up to six months. The BTS and the respective facility will monitor and work collaboratively to determine if the length needs to be adjusted.
- c. The inmate’s time in a TC is measured from the first day in the TC to the date of discharge.

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- d. Successful completion of the TC is based upon the inmate's progress. The inmate may complete the TC earlier than six months, if treatment goals are met.
- e. The following shall be considered in determining the duration of an inmate's TC participation:
 - (1) severity of the inmate's addiction;
 - (2) the inmate's response to treatment;
 - (3) inmate risk factors;
 - (4) staff assessment of the inmate's progress and treatment needs; and
 - (5) availability of appropriate relapse and maintenance programs as aftercare.
- f. Upon successful completion of the TC, the inmate is then phased into the Recovery Unit, or transferred back to general population with an aftercare plan that includes continued contact with AOD staff and other professionals.
- g. The DATS Supervisor/DAT Manager assigned to the TC are expected to focus his/her energy on the daily management of the TC and on the treatment needs of each inmate.
- h. Corrections Counselors are expected to maintain inmates in AOD treatment on their caseloads. Exceptions may be approved by BIS.

H. Training

- 1. Staff are required to attend training in accordance with Department policy **5.1.1, "Staff Development and Training."**
- 2. Corrections Officers (Cos) shall be assigned to the TC. The TC staff will have the opportunity to meet with interested Cos prior to assignment to explain TC concepts. The Director of the TC shall have input as to the selection of the Cos who are assigned.

I. TC Daily/Weekly Structure

- 1. The size of the TC shall not exceed 60 inmates. There may be minor variations due to the structure of the facility. Exceptions must be approved by BTS.
- 2. Phase 1 – Psycho Educational Therapy Groups
 - a. CBT Addiction Concepts, 8 sessions (1.5 hours per session), Peer Assistants shall facilitate this group;

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- b. Criminal Thinking Overview, 8 sessions (1.5 hours per session);
 - c. MET, 4 sessions (1.5 hours per session); and
 - d. Introduction to Self-Help Groups, five sessions (1.5 hours per week), Peer Assistants shall facilitate this group.
3. Phase II – Therapy Groups
- a. CBT Problem Solving Group will address treatment issues identified by the ITP (1.5 hours two times per week). The **Problem Solving Worksheet** (refer to **Section 6, Attachment 6-A, Appendix C**) is to be used during this group. It will be given as homework and reviewed during group.
 - b. CBT Skill Building Group (1.5 hours four times per week).
 - (1) Unrealistic Expectations, 10 sessions (1.5 hours per session);
 - (2) Assertiveness, 3 sessions (1.5 hours per session);
 - (3) Commitment to Change, 12 sessions (1.5 hours per session); and
 - (4) Relapse Prevention, 12 sessions (1.5 hours per session).
 - c. An inmate may also be referred to the Thinking for a Change and/or Violence Prevention Program if scores on the LSI-R, CSS-M, and HIQ warrant it. This is also based upon staff resources.
4. Phase III – Re-Entry
- a. CBT Skills Building/Aftercare group, six sessions or possibly more based on inmate needs (1.5 hours per session).
 - b. Continued group therapy with a Phase II inmate for the purpose of modeling and feedback, four CBT Skill Building and two Problem Solving groups per week (1.5 hours each).
 - c. The purpose of Phase III is the transition and re-integration of the inmate into the community and/or general population.
5. Individual Counseling

Each individual session shall include discussion regarding how the inmate is progressing through the stages of change along with individual treatment issues. Sessions shall be conducted monthly and shall run for one half to one hour in duration depending on the

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needs of the inmate. During these monthly sessions the review, update, and case consultation of the ITP is completed. Also, all individual sessions should be documented in Data, Assessment, Plan (DAP) format on the cumulative Adjustment Record.

6. Community Meetings

- a. Community meetings shall include pull-ups, push-ups, and learning experiences.
- b. Community meetings shall be conducted on a daily basis for 45 minutes to one hour.
- c. Pull-ups, push-ups, and learning experiences shall be read at community meetings (not to exceed 20 minutes) and should follow the ratio of four positives to one negative feedback.

7. Encounter Groups

- a. Encounter groups shall be conducted three times per week for 1.5 hours deviations from this guideline must be approved by the Bureau of Inmate Services (BIS).
- b. This group is designed to address observed patterns of behaviors, feelings, and attitudes.
- c. Small encounter groups should not exceed 12-15 inmates. Large encounter groups may involve the entire community.
- d. Encounter groups should be ended with positive feedback being given to the inmate. Following an encounter group, an inmate shall bring the pertinent issues to the problem solving group.

NOTE: All TC participants shall work in the TC. Participants shall not work off the unit.

8. Performance Measures

- a. The overall goal of the TC is to provide an inmate in need of TC treatment with the opportunity to change his/her attitude and behavior with the ultimate goal of relapse prevention, successful re-entry to the community and crime free lifestyle. Through intensive, structured treatment programs, the inmate shall be given the opportunity to learn to effectively deal with recovery and relapse issues while he/she pursues better interpersonal community skills, emotional stability, and adjustment toward a law-abiding, crime free life.
- b. TC programs shall be measured by the following process measurements:
 - (1) improved facility adjustment;
 - (2) reduction of custody level, if possible;

- (3) reduction of positive drug tests;
 - (4) progress toward completion of ITP objectives;
 - (5) attainment of behavioral objectives for treatment phases;
 - (6) improvements in inmate housing unit reports;
 - (7) decline in assault or fighting misconducts;
 - (8) appropriate placement in TC beds; and
 - (9) numbers of available beds in the TC.
- c. Retention of an inmate in a TC
- (1) TC staff shall make every effort to retain an inmate in the program, including the use of additional individual and/or group MET sessions. To maintain program integrity and the Department's mission of reducing recidivism, TC's need to retain 70-80% of inmates admitted to the program. TC programs should not have more than 20-30% of inmates unsuccessfully discharged from the program.
 - (2) When discharging an inmate for poor progress, staff should follow the sign out/discharge procedures outlined in the **TC Program Operations Manual (Section 6, Attachment 6-A)** prior to discharging the inmate. Following these procedures will encourage staff to make efforts to retain a difficult inmate prior to discharging him/her.
 - (3) Staff shall follow the Progressive Discipline Options (**Section 6, Attachment 6-Q**) prior to discharging the inmate from the program.
 - (4) If an inmate wishes to voluntarily leave the program, staff shall follow the sign-out procedures outlined in **TC Operations Manual (Section 6, Attachment 6-A)**.
 - (5) TC's shall maintain adequate reserve lists in order to replace empty beds immediately. TC's should not have empty beds for more than a few days.

J. Gender Specific Treatment

1. Gender specific treatment programs are especially important in the treatment of women with AOD addiction and dual diagnoses. Gender specific issues shall be dealt with in OP and TC programs to include the following:
 - a. trauma and safety issues associated with AOD use/abuse;

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- b. relationship issues;
 - c. violence (including incest, rape, or other abuse);
 - d. sexuality;
 - e. grief, guilt, shame;
 - f. single parenting;
 - g. anger cycle, conflict resolution; and
 - h. assertiveness skills and problem solving skills.
2. DATS shall use MET/CBT concepts and methods in addressing these issues. The specific goal is to address gender specific issues and cultural differences that have a significant impact on women inmates. DATS shall be aware that AOD addiction impacts a woman's life differently. A woman faces a different set of challenges regarding issues such as trauma, safety issues, parenting, children's care, guilt and shame.
 3. It is critical that these differences are taken into account in the assessment, treatment, and aftercare of a woman. Treatment focus and program content, as well as understanding the profile of a female inmate, is important to ensure that treatment is appropriate and effective.
 4. Gender specific treatment programs shall be developed in coordination with the female facilities and the BTS.

Section 4 – Screening and Assessment ¹

For **Substance Use Disorder (SUD)** treatment to be effective, it is essential to match the inmate and his/her **SUD** treatment needs, criminal risk/need/responsivity with the appropriate level of intervention. To accomplish this goal a continuum of **SUD** screening, assessment, and placement is completed at the Diagnostic and Classification Center (DCC). The assessment shall continue throughout an inmate's treatment. The information obtained from the assessments is intended to build upon information previously gathered, thus providing an increasingly comprehensive **SUD** profile of the inmate as he/she progresses through the Department.²

A. Screening ³

Every inmate shall receive an initial **SUD** screening, **the Texas Christian University Drug Screen II (TCU)**, within the first three weeks of reception at the DCC.⁴ A Parole Violator (PV) shall be screened after he/she is returned to his/her parent facility within two weeks. Exceptions to these **periods** may occur if the inmate is housed in the Restricted Housing Unit (RHU), the Infirmary, or has custody or psychiatric concerns that may prohibit a safe and accurate screening. If it becomes evident that an inmate will be housed in the RHU or Infirmary for any length of time, he/she shall be given the instrument to complete on the respective units. When language barriers arise, every effort shall be made to complete the screening with the use of a bilingual interviewer/interpreter. **TCU** scores **can** range between 0, where no treatment is recommended, to 9, where intensive therapeutic programming is indicated. **Specifically, inmates with a TCU score of 0-2 will not be recommended for treatment. Inmates with a score of 3-6 will be recommended for an Outpatient Program (OP), and inmates with a score of 7 or higher will be recommended for Therapeutic Community (TC) placement.**

B. Placement Criteria and Guidelines

1. Placement Guidelines

- a. The following are guidelines for placement in the **SUD** treatment program:
 - (1) sentence structure;
 - (2) TCU Drug Screen and **Risk** score;
 - (3) Static 99 (for **SUD** related sex offenses);
 - (4) history of documented **SUD** use/abuse;

¹ 5-5E-4437

² 5-5E-4439

³ 4-ACRS-5A-08

⁴ 5-5E-4439

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- (5) inmate readiness and motivation for treatment;
 - (6) availability of TC beds and OP treatment slots; and
 - (7) approval of the staff.
- b. An inmate who is recommended for another standardized program while still in the TC may attend with approval of the Drug and Alcohol Treatment Specialist (DATS) Supervisor.
 - c. When prioritizing and making placement, the DATS must take into account the sentence length and any Pennsylvania Board of Probation and Parole (PBPP) stipulations for a given inmate. An inmate with a high **SUD** need and high criminal risk serving a shorter sentence may need to receive a higher priority for admission to a particular program in order to adequately address treatment needs before release.
 - d. All assessment data is to be used along with the professional judgment of staff to provide effective treatment via inmate assignment to programs based on needs. The DATS shall have discretion for making **SUD Treatment Recommendations** based on other indicators (e.g., mental health issues, etc.)
 - e. Up to 10 percent of the beds in the TC may be used for long-term offenders. Selection early in an inmate's sentence shall be based on the severity of his/her addiction (screening and assessment scores of **7** to **9**), readiness and motivation for treatment, as well as his/her potential to serve as a Peer Assistant. An inmate serving a long-term sentence who is not a candidate to serve as a Peer Assistant should be considered at his/her annual review for placement in the TC based on changes in his/her readiness and motivation for treatment.
 - f. An inmate who tests positive for drug or alcohol use while incarcerated shall be referred to the **SUD** Department for assessment.⁵ He/she shall be given priority for placement in **SUD programming** if his/her readiness for treatment and his/her motivation is appropriate for **programming**.
 - g. The initial **SUD** screening information, Initial Assessment, and recommendations for treatment shall accompany the inmate to his/her designated facility.

2. Placement Criteria

- a. An inmate with a low **risk** score **will not be recommended for institutional SUD programming**.
- b. An inmate with a medium or high **risk** score and a low TCU score of 0 to 2 is not recommended for any **SUD** treatment unless there are other indicators of treatment needs.

⁵ 4-ACRS-5A-08

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- c. An inmate with a medium or high **risk** score and a medium TCU score of 3 to 6 is recommended for a facility OP.
- d. An inmate with a medium or high **risk** score and a high TCU score of 7 through 9 is recommended for placement in a TC program.

C. TCU Score Adjustments

Adjusting inmate TCU scores, and subsequent SUD Recommendations, may occur only when certain conditions are met. This subsection outlines these conditions for the No Treatment, OP, and TC programs.

1. **Inmates who score a 0-2 on the TCU-II, No Treatment recommended, will be automatically evaluated using the Initial Assessment Form (refer to Section 3 of this procedures manual).**
2. **Inmates who score 3-6 on the TCU-II may be evaluated for a higher level of care, using the Initial Assessment Form, if subsequent, collateral information becomes available that meets one or more of the following factors.**
 - a. **Information becomes available that indicates the inmate under reported significant substance abuse during the initial TCU Drug Screen II assessment. This “information” is categorized as:**
 - (1) **new sentence (Adjustment 1);**
 - (2) **pre-sentence investigation (PSI)/court documents that, at times, arrive after TCU-II testing (Adjustment 2); and**
 - (3) **PBPP Supervision report (Adjustment 3).**
 - b. **The inmate’s violent offense occurred as a result of being under the influence; the offense would not have occurred had the inmate not been under the influence. This relates to a question on the Initial Assessment Form (Adjustment 4).**
 - c. **An inmate tests positive for drug or alcohol use during his/her incarceration (Adjustment 5).**
3. **A drug offense without documentation of usage would not meet adjustment criterion.**
4. **Usage prior to the one-year period prior to their violation or offense will not be considered in making TCU adjustments.**

5. ***TCU-II adjustments (changes to TCU-II scores) will be documented on the Initial Assessment Form. This documentation will include the type(s) of adjustments (1-5) noted above. An Inmate Cumulative Adjustment Record (ICAR) entry will also be made on any adjustment score documenting the justification for such change.***
6. ***Any TCU adjustment recommendation completed after the initial classification at the DCC will require the submission of a Correctional Plan Modification Request and approval from the Bureau of Treatment Services (BTS).***
7. ***If an adjustment to a TCU-II score is needed, the DATS Supervisor/designee shall enter the adjusted TCU-II score into the Self Administered Inmate Testing (SAIT) Substance Abuse System along with the type of adjustment (1-5) in the text box. An example of a text box entry is: 3: PBPP Supervision report indicates significant heroin use.***
8. Outpatient Program (OP)
Inmates with a score of 3-6 will be recommended for an OP.
9. Therapeutic Community (TC)
 - a. ***Inmates with a score of 7 or higher will be recommended for TC placement.***
 - b. ***Refer to Subsection C. above for information on adjusting TCU scores to 7's, if the inmate was not originally assessed for such.***
10. ***Parole Violators (Technical Parole Violators [TPVs] and Convicted Parole Violators [CPVs])***
 - a. ***Medium to High Risk inmates (risk is determined at the time returned to the Department) are evaluated for SUD treatment. If the PBPP Supervision report indicates current SUD abuse, the inmate will participate in a TCU-II assessment.***
 - b. ***A TCU-II score of 0-2 indicates no SUD treatment, 3-6 indicates Outpatient treatment, and 7-9 indicates TC.***

D. Ongoing Awareness⁶

Assessment is the basis for an inmate's Initial Treatment Plan (ITP). It provides the information necessary to develop both short and long-term goals, which are the barometers by which treatment progress is measured.⁷ An assessment and subsequent ITP shall be completed on every inmate entering an OP and TC. The Initial Assessment shall be

⁶ 4-ACRS-5A-08

⁷ 5-5E-4439

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completed at the DCC, with the exception of PVs. Ongoing clinical assessment shall occur at each facility. The assessment shall include:⁸

1. identifying information;
2. history of **substance** abuse;
3. involvement in the criminal justice system;
4. relationships/social support;
5. social rules;
6. educational and vocational needs;
7. psychological;
8. biomedical;
9. physical, emotional, sexual abuse history;
10. the inmate's personal assessment of his/her **substance** usage. (Does the inmate view his/her use as problematic? Does he/she want more treatment?); and
11. **motivation**.

E. Detoxification

Detoxification procedures shall be in accordance with Department policy **13.2.1, "Access to Health Care Services," Appendix 16-B.**

⁸ 5-5E-4439

Section 5 – Treatment Planning

A. Initial Treatment Plan (ITP) Principles

1. An Initial Treatment Plan (ITP) is created to help define and address the needs of the inmate regarding addiction, criminal risk, need, responsivity, and other general life issues. The ITP provides the inmate with an outline of program requirements, work he/she must accomplish to either advance in a program and/or complete the program. The ITP also demonstrates how the pieces of the program, such as educational activities, self-help programs, and therapy fit into his/her ITP goals and objectives.¹
2. For the DATS and other Department staff, the ITP provides a barometer for judging the inmate's involvement, treatment availability, and desire to make real change.² His/her involvement or non-involvement with ITP requirements serves as the basis for successful completion of treatment or a therapeutic discharge.
3. Specialized AOD treatment plans for an inmate in the State Intermediate Punishment (SIP) Program will be developed according to the guidelines outlined in Section 10 of this procedures manual.

B. ITP Development

1. An ITP is developed based upon the inmate's Alcohol and Other Drug (AOD) dependence, criminal risk, and needs. When a problem area is identified, a determination must be made to defer, refer, or develop an ITP, as outlined below.

- a. Defer

This includes issues better dealt with in the community or after treatment has been provided, but while the inmate is still incarcerated.

- b. Refer

This includes issues that are better dealt with by allied professionals. Mental health symptoms/concerns shall be referred to psychological services using the **DC-97, Psychology Department Referral Form**.

- c. ITP Development

Each ITP has individualized goals and objectives.³ When goals and objectives are added to the standard ITP, care shall be given to ensure that the ITP is written in a realistic nature, and stated in terms that are measurable so the inmate understands.

¹ 5-6A-4377

² 5-6A-4377

³ 5-6A-4377

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2. Progress notes and the record of services reflect that the counseling services are being provided according to the ITP. The program staff shall review the progress of each inmate on a regular basis by reviewing his/her treatment file. A record of this review shall be documented on the **Review, Update, and Case Consultation of Treatment Plan Form** (refer to **Attachment 6-A, Appendix I**). Review of an inmate engaged in a program six months or less in length shall occur at the halfway point and at the end of the program. For a Differential TC program longer than six months, reviews shall be done quarterly.

Section 6 - Treatment Techniques and Components

A. Pennsylvania Substance Abuse Treatment Model (PASAT) General Considerations

1. The counseling approach used in the Department's AOD treatment programs is the PA Substance Abuse Treatment Model (PASAT). It is research based, differential, multimodal, and extended. The DATS shall follow the PASAT Model in various counseling techniques. Every DATS shall address all the dimensions of the PASAT Model as described in the **Therapeutic Community (TC) Program Operations Manual (Attachment 6-A)** and **Outpatient Program (OP) Operations Manual (Attachment 6-B)**. Every inmate in an OP program and TC program shall be provided Motivational Enhancement Therapy (MET). Additionally, the DATS shall target the cognitive distortions and the self-sabotaging patterns that act as barriers to genuinely engaging in the treatment process using cognitive-behavioral therapy.
2. Each facility shall make AOD information and treatment services available. AOD abuse treatment shall follow the written goals, objectives, and curriculum plan specified in the Department's **TC Program Operations Manual** and **OP Program Operations Manual**.
3. CBT Addiction Concepts education shall be provided to an inmate in an OP and TC program. The inmate will be provided with a fundamental overview of the social, physical, and psychological effects of AOD abuse/addiction. The program will present information via lecture and guided discussion. Relevant videos will be shown. CBT Addiction Concepts Education will not be offered to an inmate with a score of zero to two on the TCU as a stand alone program. CBT Addiction Concepts education will be provided only as a part of an OP or TC program.
4. AOD curricula and lesson plans shall be available on the BIS website.

B. Treatment Programs

1. A treatment program may use a variety of treatment techniques and components including the following:
 - a. MET;
 - b. Cognitive Behavioral Therapy (CBT);
 - c. functional analysis (to be completed upon entering treatment for the purpose of treatment planning);
 - d. cost/benefit analysis (to be completed during the MET group);
 - e. cognitive-behavioral models, cognitive restructuring techniques for identifying, challenging, and changing patterns of irrational beliefs, thoughts and feelings leading to risky, hurtful, criminal, or socially inappropriate behavior; and

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- f. cognitive behavioral approaches represent a blend of active client exercises, homework, tasks, problem solving, and active skills development. Cognitive-behavioral interventions stress the active components of treatment rather than the passive (sitting and talking). All cognitive behavioral intervention activities directly relate to the inmate's difficulties.

2. Individual Counseling

An inmate in an OP program will be provided individual counseling on an as-needed basis. A TC program inmate will receive individual counseling at a minimum of once a month. The goals for individual counseling are used primarily to help an inmate review his/her Initial Treatment Plan (ITP) and assess his/her progress toward his/her goals. These contacts will be documented in the DATA, Assessment, Plan (DAP) format. Individual counseling will also be used to enhance treatment engagement and change motivation in individuals who are in an OP and TC program treatment to deal with crisis intervention and aftercare planning. Other issues that are highly sensitive and confidential may also be addressed during individual sessions. However, the primary treatment is done in groups..

3. Group Counseling

The primary objective of group counseling is to target attitudes, values, thought patterns, behavior patterns and beliefs of individuals by using the group process to address these issues. In addition, specific topics covered within group sessions include criminal thinking, hostility, anger management, anti-social attitude, assertiveness, and life management skills. A range of therapeutic techniques shall be used in group counseling including MET, CBT, problem solving, cost/benefit analysis, social skills, and relapse prevention. Individuals participate in group sessions to learn self-change techniques, and the problem solving process.

4. Self-Help and 12-Step Groups

- a. An inmate involved in an OP or TC program will be oriented to self-help programs and is encouraged to participate in self-help meetings during treatment.
- b. An inmate will be encouraged to participate in a voluntary self-help group(s) (AA/NA/LSR/12-step, SMART). Voluntary participation in self-help groups is recognized as part of an on-going program of recovery from AOD abuse.
- c. An inmate who does not believe in the spiritual basis of AA/NA/12-step, may be referred to another self-help group such as LSR or SMART. The LSR and SMART groups are to provide a non-spiritual approach to recovery that parallels the 12-step approach. Such voluntary groups will be structured with the overall AOD abuse treatment standards.
- d. Every effort will be made to recruit community volunteers to direct these self-help groups. An inmate seeking an alternative to traditional support programs will be

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encouraged to participate at these LSR and SMART groups but will not be mandated to attend these groups.

- e. Peer Assistants will be used to run self-help groups.
- f. Self-help groups shall be offered by all facilities.

5. CBT Relapse Prevention and Aftercare Groups

OP and TC programs include an AOD Relapse Prevention and Aftercare component. The relapse prevention strategy focuses on identifying triggers to relapse and designing plans for avoiding relapse, and then practicing those plans. Topics include recognizing addiction, recognizing and managing withdrawal, the recovery process, understanding relapse, phases and warnings of relapse, and relapse prevention planning.¹ Aftercare is a critical component of the AOD treatment system. Relapse Prevention and Aftercare use cognitive-behavioral prevention strategies and reinforcement techniques and facilitation with support groups.

6. Dual Diagnosed Group

- a. Identification of an inmate with a dual-diagnosis (AOD, mental illness) occurs at the Diagnostic and Classification Center (DCC). This identification is determined through records, psychological evaluations, Initial Assessment, and the inmate's self-disclosure.
- b. AOD treatment for a dually diagnosed inmate shall be provided by specifically trained DATS and psychology staff in each facility.
- c. Dual diagnosis treatment will be provided to an inmate in general population in an AOD treatment group, however, individual counseling may be used on an as-needed basis. The treatment groups will be supportive in nature and group size should not exceed 15 inmates. The number of dual diagnosed AOD treatment groups for general population will be based on the facility's MH/MR list. Notes of all group and individual treatment shall be kept by the staff providing the treatment and a copy maintained in the treatment file.
- d. Dual diagnosis treatment shall be based on the inmate's Initial Treatment Plan (ITP) developed by the DATS, in consultation with the psychology staff.
- e. Because a dual diagnosed inmate often has special treatment needs due to a learning deficit or disability and other treatment obstacles, the group process will be tailored to meet these needs. Using all the elements of the AOD curriculum such as education, relapse prevention, and aftercare, the dual diagnosis treatment will differ primarily in the length of time and mode of delivery.

¹ 5-6A-4377

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- f. Training on dual diagnosis for AOD staff shall be coordinated by the BIS and conducted in accordance with Department policy 5.1.1, “**Staff Development and Training.**”
- g. Newly hired DATS and vendor staff shall attend the dual diagnosis training during the first year of their service. DATS and vendor staff providing basic AOD services shall attend basic dual diagnosis training. They shall repeat the basic dual diagnosis training every three years.
- h. DATS and vendor staff providing dual diagnosis treatment shall attend advanced dual diagnosis training coordinated by the BIS and the Training Academy. Staff providing dual diagnosis treatment shall repeat the advanced training every three years.

7. AOD Recovery Unit

- a. The goal and purpose of the AOD Recovery Unit is to provide continued AOD services to the inmate population housed at the AOD Recovery Unit in a therapeutic environment. All Security Level 2 and 3 facilities shall identify one unit as a Recovery Unit. The BIS shall assist Security Level 4 facilities in developing a Recovery Unit.
- b. An inmate with a score of three or above on the TCU shall be housed at the unit prior to, during, or after his/her AOD treatment. Approval to enter the AOD Recovery Unit is by AOD intervention designation and with the approval of the Unit Management Team. The AOD Recovery Unit shall be a mechanism for change both behaviorally and therapeutically.
- c. The AOD Recovery Unit is a less structured treatment environment that helps an inmate to practice sobriety skills, and help him/her transition to the outside world. It provides opportunities to practice skills that are part of the AOD treatment. An inmate is expected to exhibit personal responsibility and relapse prevention strategies in preparation for transition to the community.
- d. An inmate in the AOD Recovery Unit may attend OP and self-help groups.
- e. An inmate shall flow into these groups as he/she is identified by his/her primary counselor and DATS. An inmate shall optimally initiate participation in these groups prior to release.
- f. Unit based groups shall be arranged on a rotating basis, depending on housing unit schedules.
- g. Peer Assistants may coordinate self-help meetings on the unit on a daily basis.

8. Discharge Criteria

- a. An inmate shall be subject to an immediate discharge from an OP and/or TC program if he/she exhibits the following behaviors:

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- (1) use of or possession of intoxicants or non-prescribed drugs/medication;
 - (2) fighting, threatening, or intimidating behaviors;
 - (3) a positive drug test or refusing to submit to a drug test; and/or
 - (4) non-compliance with treatment recommendations.
- b. In addition, an inmate may be subject to discharge for unsatisfactory evaluations by the DATS Team and for any disciplinary hearing resulting in misconduct.
- c. An inmate with a positive drug test shall be further evaluated by the DATS to determine eligibility for AOD treatment placement.

9. AOD OP Re-Entry Guidelines

- a. Every effort shall be made to have inmates remain with the AOD OP program once they have entered the program.
- b. An inmate who is discharged for non-participation, disruptive behavior, misconduct, or dropped out from OP program is eligible to re-apply for the OP after sixty days.
- c. An inmate who is discharged or dropped out of OP is responsible for sending a request slip to the Drug and Alcohol Department expressing an interest in getting back into OP.
- d. DATS shall screen the inmate to determine appropriateness for re-entry. If appropriate, the inmate will be permitted to re-enter OP treatment after 60 days from discharge from the program.
- e. This will be accomplished by a review of previous attendance, personal interview and a review of AOD records.
- f. Consideration should be given to the following:
 - (1) the inmate's willingness to address his/her previous behavior problem; and
 - (2) the inmate's willingness to comply with the standards and requirements of the OP program.
- g. The DATS Supervisor shall make the final determination for re-entry.
- h. If an inmate disagrees with the decision to discharge the inmate from the OP program by the AOD Department, he/she may appeal it by contacting the Corrections Classification and Program Manager (CCPM) in writing. If a facility does not have the position of CCPM, the inmate may contact the Deputy Superintendent for Centralized Services (DSCS).

10. Correctional Plan Evaluation

- a. Every DATS approved by BIS to carry a caseload, is required to complete a **Correctional Plan Evaluation (Attachment 6-C)** for each inmate on his/her caseload.
- b. The **Correctional Plan Evaluation** shall be completed using the automated Unit Management System for each inmate in an OP and TC program.
- c. The **Correctional Plan Evaluation** shall be completed when an inmate has completed or dropped out of any of the AOD programs. The **Correctional Plan Evaluation** shall be completed in a timely fashion to ensure regular documentation of inmate performance in the AOD program.
- d. The indicators on the **Correctional Plan Evaluation** are specific to the area in which an inmate is being evaluated. These indicators are designed to provide the DATS with objective criteria by which the DATS can assess an inmate's performance in a particular area of the program.
- e. When determining which level of performance to rate an inmate, the inmate's capabilities, the norm in program and program standards shall be taken into consideration.
- f. When deciding the inmate's overall rating, it is important that it accurately reflects his/her performance in the area in which he/she is evaluated.
- g. A copy of the **Correctional Plan Evaluation** shall be placed in the **DC-14, DC-15**, AOD file, and a copy shall be given to the inmate and the facility parole representative.

C. AOD Treatment Services Recording Keeping

An inmate who is identified as needing AOD abuse treatment will be provided a continuum of treatment services. The continuum of care is comprised of a network of specialized service components that may include OP and TC treatment, self-help groups, and transitional services.

1. OP Program

- a. An **OP Records Checklist (Attachment 6-D)** shall be used to ensure an OP inmate's treatment record includes the following:
 - (1) Administrative documents (left side of chart, top to bottom)
 - (a) **DC-108, Release of Information Form (refer to Department policy DC-ADM 003, "Release of Information," Attachment A);**
 - (b) **Admission/Consent Form (Attachment 6-E);**

- (c) **TCU AOD Screen/Assessment/Differential Screening Form;**
 - (d) **Peer Assistant Acknowledgement Form** (if applicable, refer to **Section 7, Attachment 7-A**, of this procedures manual;
 - (e) **Correctional Plan Evaluation;** and
- (2) Therapeutic documents (right side of chart, top to bottom)
- (a) **Review, Update, and Case Consultation of Treatment Plans (Attachment 6-A, Appendix I);**
 - (b) **DC-14, Cumulative Adjustment Record (DAP);**
 - (c) **Program Participation Evaluation (Attachment 6-F);**
 - (d) **OP ITP (Attachment 6-G);**
 - (e) **Aftercare Plan/Recommendation (Attachment 6-H);**
 - (f) **Community Aftercare Plan (Attachment 6-I);**
 - (g) **Functional Analysis (Attachment 6-J);** and
 - (h) **Cost Benefit Analysis (Attachment 6-K);**
- b. An ITP shall be developed with the inmate within 10 days after entering the OP Program. This plan shall include written documentation of the following:
- (1) Short-term and long-term goals for treatment as formulated by both the DATS and the inmate;
 - (2) type and frequency of treatment services;
 - (3) recommended self-help groups;
 - (4) the ITP shall be signed and dated by the primary DATS and countersigned and dated by the DATS Supervisor/DAT Manager;
 - (5) group/individual session notes shall be completed within five days of the session;
 - (6) the **Correctional Plan Evaluation** shall be completed within 10 working days of discharge; and
 - (7) the DATS Supervisor/DAT Manager shall approve removal of the inmate from AOD treatment groups. The rationale for removal and date shall be recorded in the inmate's AOD record.

2. Individual Counseling

- a. Individual counseling sessions are to be documented for each session.
- b. There shall be a progress note for each significant inmate contact, dated and signed by the individual making the entry.
- c. Progress notes shall include data, assessment, and plans relative to treatment and be documented in this format.
- d. The data shall include information presented by the inmate during the individual counseling session. The assessment includes an analysis of the inmate's current situation or status. The plan is what the inmate will work on for the next session.
- e. The ITP shall reflect the DATS actions based on the evaluation and indicate the direction of treatment to include action steps, plan(s), and inmate assignments or tasks.
- f. There will be an **Aftercare Plan/Recommendation**.

3. Self-Help Groups

Self-help groups are voluntary. Facilities are encouraged to provide volunteers to participate in self-help groups. Attendance shall be monitored for compliance in accordance with Department policy **2.1.1, "Planning, Research, Statistics, and Grants (PRSG),"** via monthly reports. No other written records shall be maintained.

4. TC Program

- a. A **TC Records Checklist (Attachment 6-L)** shall be used to ensure a TC inmate's treatment record includes the following:
 - (1) Administrative documents (left side of chart, top to bottom)
 - (a) **DC-108, Release of Information Form;**
 - (b) **Admission/Consent Form;**
 - (c) **Educational Director Form (Attachment 6-M)**, optional at the discretion of the facility;
 - (d) **Security Office Form (Attachment 6-N)**, optional at the discretion of the facility;
 - (e) **TCU AOD Screen/Assessment/Differential Screening Form;**
 - (f) **Peer Assistant Acknowledgement Form** (if applicable); and

- (g) **Correctional Plan Evaluation.**
- (2) Therapeutic Documents (right side of chart, top to bottom)
 - (a) **Review, Update, and Case Consultation of Treatment Plans;**²
 - (b) **DC-14, Cumulative Adjustment Record (CAR);**
 - (c) **Program Participation Evaluation;**
 - (d) **Aftercare Plan/Recommendation;**
 - (e) **Community Aftercare Plan;**
 - (f) **Assessment Phase Change Form (Attachment 6-O);**
 - (g) **Phase III ITP (Attachment 6-P);**
 - (h) **Phase II Treatment ITP (Attachment 6-Q);**
 - (i) **Phase I Orientation ITP (Attachment 6-R);**
 - (j) **Termination Warning/Probationary Notification (Attachment 6-S);**
 - (k) **Progressive Discipline Options Form (Attachment 6-T);**
 - (l) **Behavioral Intervention Tracking Form (Attachment 6-U);**
 - (m) **Learning Experiences/Consequences Form (Attachment 6-V);**
 - (n) **Bench/Ban Notice (Attachment 6-W);**
 - (o) **Functional Analysis;** and
 - (p) **Cost Benefit Analysis.**
- b. TC staff shall follow the Department's **TC Program Operations Manual**. The **TC Program Operations Manual** includes the following:
 - (1) a written plan providing for admission;
 - (2) criteria for admission;
 - (3) treatment models used in the TC;
 - (4) requirements for completion of treatment;

² 5-5E-4440

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- (5) discharge/termination criteria;
 - (6) criteria for successful completion;
 - (7) inmate responsibilities/tasks;
 - (8) time frame for successful completion; and
 - (9) rules/procedures governing the TC.
- c. Admission procedures include documentation of the following:
- (1) disclosure to the inmate of criteria for admission, treatment, and discharge; and
 - (2) consent to treatment.
- d. An inmate admitted to the TC shall have an approved AOD assessment (TCU Drug Screen and Initial Assessment). Inmate orientation shall include, but not be limited to a familiarization with the following:
- (1) AOD services provided; and
 - (2) AOD ITP.
- e. The DATS Supervisor/DAT Manager are responsible for following the written plan for the coordination of inmate treatment services, to include the following:
- (1) phase-specific treatment program; and
 - (2) written procedures for the development, approval, and ongoing management of treatment services.
- f. An ITP shall be developed for each TC inmate. This plan shall include, but not be limited to, the following:³
- (1) short and long-term goals of treatment as formulated by both DATS and the inmate;
 - (2) types and frequency of treatment services.
- g. An ITP shall be reviewed and updated at least every 30 days.⁴
- h. Treatment services shall be provided on a regularly scheduled basis in accordance with the ITP.⁵

³ 5-5E-4440

⁴ 5-5E-4440

⁵ 5-5E-4440

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- i. The inmate shall be involved in the development of his/her ITP, sign the plan, and receive a copy of the plan.⁶
- j. The DATS Supervisor/DAT Manager shall ensure that treatment services are provided according to the ITP.⁷

5. Aftercare Plan

- a. The primary DATS shall develop a written **Aftercare Plan/Recommendation** with the inmate. It should be signed by the inmate and DATS.
- b. The primary DATS shall alert the inmate to the availability of AOD services in the community and to encourage the inmate to use the AOD services in the community.
- c. Each facility shall have a current AOD community service directory.

6. Community Aftercare Plan

- a. The longer that an inmate who is recovering from AOD abuse or dependence remains in contact with a treatment facility or support groups, the greater the chances for continued recovery and the lesser the chances for relapse and recidivism. An inmate in need of AOD treatment should be introduced to the concept of aftercare at the beginning of his/her treatment and the need for continuing care following incarceration should be reinforced by facility staff.
- b. Prior to an inmate's pre-release or parole staffing, and no later than thirty days prior to an inmate's release on the expiration of his/her maximum sentence, the assigned Corrections Counselor will ensure that an inmate with a history of substance abuse or dependence is provided with information on the AOD services available to him/her in his/her community. An inmate who has participated in AOD treatment while in the custody of the Department will be referred to the DATS Supervisor or approved AOD contract staff member so that a **Community Aftercare Plan** can be completed.
- c. The **Community Aftercare Plan** should be a cooperative effort between AOD staff and the inmate. The original **Community Aftercare Plan** should be filed in the **DC-15** under the Correspondence Tab. Copies of the **Community Aftercare Plan** should be provided to the inmate, the inmate's assigned Corrections Counselor, and one should be filed in the inmate's AOD treatment file.
- d. The aftercare recommendations on the **Community Aftercare Plan** shall be included in the Counselor's Summary Evaluation in all Community Corrections referrals and in the Counselor's Evaluation in all recommendations to the Pennsylvania Board of Probation and Parole (PBPP). Copies of the **Community Aftercare Plan** will also accompany any CCC referral.

⁶ 5-5E-4440

⁷ 5-5E-4440

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- e. Community Corrections staff will ensure that the recommendations on the **Community Aftercare Plan** are followed as part of treatment while at a CCC or Community Based Treatment Center (CBTC) and will review and update the **Community Aftercare Plan** prior to the inmate's release from Community Corrections.
- f. The Unit Manager shall notify the DATS Supervisor when an inmate makes his/her rounds with the **DC-158, Release Worksheet**. The DATS Supervisor or assigned DATS shall sign off on the **DC-158**. At this time a DATS will be assigned to make a follow-up call to an inmate who agrees to receive one.
- g. On or about thirty days following a former inmate's release on parole to an approved home in the community, or thirty days following release at the expiration of that inmate's maximum sentence, the assigned DATS or AOD contract staff will attempt to make contact with the former inmate at the number given on the **Community Aftercare Plan** and verify compliance with the aftercare plan. During the phone call, AOD staff will review with the individual the AOD resources available in the community and provide guidance, if needed, to assist that individual in his/her plans for continued sobriety. Any suspected violations of parole will be referred to the facility parole office or appropriate parole agent.
- h. The Bureau of Community Corrections (BCC) will ensure that Community Corrections Counselors, Regional DATS, or AOD contract staff review and update the **Community Aftercare Plan** at the time that an inmate is being staffed for parole in a CCC no later than thirty days prior to release. The recommendations on the **Community Aftercare Plan** will be included in the Counselor's Evaluation of all recommendations made to the PBPP.
- i. The Community Corrections Regional DATS will ensure that the procedures for follow-up phone calls in **Section 6.g.** above occur for every inmate released from the custody of the Department after having received AOD treatment.
- j. The results of the follow-up call will be documented on the **Community Aftercare Plan** and forwarded to the appropriate Records Office for filing in the **DC-15** under the Correspondence Tab. A copy will also be filed in the inmate's AOD treatment file.

D. Confidentiality of Records

1. Records of treatment for AOD abuse/dependence are subject to confidentiality and non-disclosure laws. Under **21 U.S. Code 1175, Section 408 of the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255)**, records of the "identity, diagnosis, prognosis, or treatment of any patient" in relationship to drug abuse treatment in facilities receiving any type of federal assistance must be kept confidential unless specific exemptions of the act allow disclosure.
2. AOD abuse treatment files shall be maintained in the DATS staff office, in a locked cabinet, behind a locked door, and shall be accessible by Unit Management Staff,

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Corrections Counselors, Centralized Services Staff, Corrections Classification and Program Manager (CCPM), Deputy Superintendents, and the Facility Manager/designee.

3. Inactive records shall be maintained for a period of four years in the office of the DATS Supervisor/DAT Manager. After this time period records shall be shredded. Other service areas may be used if no space is available in the above mentioned offices. Active records shall be maintained by the AOD treatment staff in a secure area and shall be accessible by DATS staff members.
4. When an inmate is transferred to another facility, the AOD file shall be forwarded to that facility as soon as possible.

E. Disclosure with Written Consent of Inmate

1. No information may be divulged to any federal, state, or local authority (except for the purpose of research, audit, and/or evaluation) without an inmate's written consent.
2. An inmate's written consent is required for any disclosure of treatment information to Pennsylvania Board of Probation and Parole (PBPP) officials and/or court officials. If however, participation in treatment is a condition of pre-trial or post-trial release, the inmate may consent to unrestricted communication between the AOD program and officials of the PBPP.
3. The DATS shall obtain from the inmate, a completed **DC-108, Release of Information Form** for the disclosure of information contained in the inmate's AOD treatment record.
4. A copy of the **DC-108** shall be offered to the inmate and a copy shall be maintained in the inmate's record.
5. In the event the inmate does not wish to consent to unrestricted communication between the AOD program and the PBPP, information release shall be limited to:
 - a. whether or not the inmate is in treatment;
 - b. the inmate's prognosis;
 - c. the nature of the AOD program facility;
 - d. a brief description of the inmate's treatment progress; and
 - e. a statement as to any relapses into AOD dependency and the frequency of such.

F. Inmate Review of AOD Treatment Records

1. An inmate who is accepted into a treatment program may review his/her AOD treatment records with the staff. This shall occur within a reasonable time of notifying the DATS Supervisor/DAT Manager of the intent to review the AOD treatment record in writing using a **DC-135A, Inmate Request to Staff Form**.

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2. The inmate may only review his/her own AOD treatment file within a treatment program and not any other file maintained by the Department under this policy.
3. The DATS Supervisor/DAT Manager may temporarily remove portions of the AOD treatment record, prior to inspection by the inmate, if he/she determines that information may be detrimental if presented. Reasons for removal shall be documented and kept on file.
4. If an inmate disagrees with a staff decision to limit access to his/her AOD treatment records, he/she may appeal this decision to the Deputy Superintendent for Centralized Services (DSCS) using a **DC-135A**.
5. The inmate may request correction of inaccurate, irrelevant, outdated or incomplete information in his/her AOD treatment record. The request shall be in writing using the **DC-135A**.
6. The inmate may submit a rebuttal or memoranda to his/her own AOD treatment records. This rebuttal information may be on the **DC-135A**.

Section 7 – Peer Assistant Program

A. General Considerations

1. The purpose of the Peer Assistant Program is to train a select number of individuals from the inmate population to serve as Peer Assistants to AOD abuse inmates.
2. The Peer Assistant Training Program shall equip a Peer Assistant with skills to facilitate CBT Addiction Concepts, MET Concepts, and Self-Help Groups.
3. A Peer Assistant can aid in the coordination of the following:
 - a. Self-Help Groups;
 - b. CBT Addiction Concepts Education groups;
 - c. Introduction to Self-Help Groups; and
 - d. other duties as assigned by the DATS Supervisor.
4. A Peer Assistant acts as a facilitator, emphasizing personal responsibility for one's own life and self-improvement. The Peer Assistant often can act as a catalyst that converts personal insight into positive change. High expectations and high commitment from a Peer Assistant supports positive change.
5. A Peer Assistant shall be supported and monitored by the Unit Management Team and the AOD staff.

B. Inmate Selection

1. An inmate shall be selected for the Peer Assistant Program based on the following criteria:
 - a. misconduct free for a minimum of one year;
 - b. no misconducts for assaultive behavior in the last two years;
 - c. recommended by the Unit Team;
 - d. custody level two or three;
 - e. resident of the facility for at least three months;
 - f. understands Self-Help Groups; and

- g. at least six months of regular Self-Help Group attendance.
- 2. A long-term inmate with positive adjustment records shall be given serious consideration.
- 3. The Unit Manager/DATS Supervisor/DAT Manager will review inmate records to identify an inmate to be considered as a Peer Assistant. The inmate will then be interviewed for participation in the program.

C. Peer Assistant Training

- 1. The purpose of the Peer Assistant Training Program is to assist a Peer Assistant to be a better role model by providing basic AOD educational training on the following:
 - a. Basic CBT and MET Addiction Concepts; and
 - b. philosophy and practice of Self-Help Groups.
- 2. The DATS Supervisor/DAT Manager or his/her designee will provide the training for a Peer Assistant.
- 3. An inmate who successfully completes the training program and signs the **Peer Assistant Program Participation Acknowledgement (Attachment 7-A)** will be selected as a Peer Assistant.
- 4. The designated DATS will function as the Peer Assistant Training Coordinator and function as the presenter to cover listed topics, as well as inform the inmate of what AOD resources are available and how to use these resources. The assigned DATS will mentor the Peer Assistant in conducting CBT Addiction Concepts and introduction to Self-Help Groups.
- 5. Every meeting and session facilitated by a Peer Assistant will be periodically monitored by a member of the Unit Management Team or the DATS.
- 6. Upon successful completion of the training program, the inmate will receive certification as a Peer Assistant. He/she will be equipped to provide assistance to another inmate on the positive, life-changing principles, recovery, relapse prevention, and sobriety.
- 7. After completion of the training program, the Peer Assistant will be assigned to a DATS. The assigned DATS will be responsible for providing the following:
 - a. technical support for the Peer Assistant; and
 - b. CBT Addiction Concepts group material, Intro to Self Help group material, and Self-help literature.

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8. The Peer Assistant is directed to his/her assigned DATS to address specific issues regarding his/her assigned responsibilities.
9. The DATS Supervisor/DAT Manager will be available for consultation and assistance with the need arises.
10. The Unit Manager will post a notice of self-help group schedules on the bulletin board in his/her respective housing unit. An inmate interested in attending these programs will submit a **DC-135A, Inmate Request to Staff Member** in order to be scheduled for attendance. An inmate interested in receiving information on a specific AOD related topic will address the request to the DATS.
11. The Peer Assistant is to report for the scheduled self-help groups during his/her designated time.

D. General Conduct

1. All information shared at the meeting shall be kept confidential.
2. Prompt staff intervention will be provided in the event of a suspected misconduct.
3. Every inmate is subject to random urinalysis in accordance with Department policy **6.3.12, “Drug Interdiction.”**
4. Every Peer Assistant and inmate attending such meetings is subject to monitoring at any time by Department staff.
5. Abuse of privileges by a Peer Assistant and/or inmate shall be reason for removal from the program.

Section 8 – Administration of Alcohol and Other Drug (AOD) Abuse Treatment Programs

A. Video Library/AOD Abuse Resources

1. Every facility is required to maintain an AOD resource library with relevant AOD books, pamphlets, and videos.
2. A comprehensive listing of AOD treatment facilities in the Commonwealth will be included in the library.
3. A facility interested in purchasing AOD videos must obtain prior approval from the Bureau of Inmate Services (BIS). It is the responsibility of the BIS to approve or reject such a request. A staff member who wishes to purchase an AOD related video must send the request to the BIS, Drug & Alcohol (D&A) Section. The D&A Section will review the video. If the content of the video is consistent with the AOD philosophy and treatment framework, the BIS will determine whether to approve the purchase of the video.

B. Approved Training

1. Drug and Alcohol Treatment Specialist (DATS) training shall be in accordance with Department policy **5.1.1, “Staff Development and Training.”**
2. The D&A Program Manager in BIS will make training opportunities available to every DATS and any other Department employee who deals with AOD abusers. Training will include, but not be limited to, regional training conferences sponsored by the Bureau of Drug and Alcohol Programs, Department of Health, training opportunities sponsored/provided by the Department, training approved by the PA Chemical Abuse Certification Board, and any other external training that is approved by the Department for the enhancement of AOD treatment skills and strategies. A DATS 1, DATS 2, and DATS Supervisor/DAT Manager is required to participate in approved AOD treatment specific training.
3. Department and contracted staff members providing TC AOD services must attend Therapeutic Community (TC) Experiential and Cognitive-Behavioral Therapy(CBT)/Motivational Enhancement Therapy (MET) training.
4. All DATS and contract staff providing AOD treatment services must attend dual diagnosis training within the first year of service. Staff are required to repeat the training every three years.
5. DATS Supervisors/DAT Managers providing AOD training to facility and vendor staff shall forward the AOD training curriculum to BIS for review and approval. Approved AOD training sponsored by facility staff will be forwarded to the PA Certification Board for credit approval.

C. Management Reviews

Central Office shall conduct on-site management reviews annually in accordance with Department policy **6.3.1, “Facility Security.”**

D. Reports

1. The DATS Supervisor/DAT Manager shall report vital statistics concerning his/her AOD program to the D&A Program Manager in the BIS, in accordance with Department policy **2.1.1, “Planning, Research, Statistics, and Grants (PRSG).”**
2. A facility that sub-contracts AOD treatment services shall provide the D&A Program Manager in the BIS with AOD reports concerning programs within that facility.
3. Monthly Reports
 - a. The DATS Supervisor/DAT Manager shall maintain accurate records of the number of inmates screened/assessed each month.
 - b. The number of inmates enrolled in OP, TC, and Self-Help Groups must be recorded, as well as the number of all group sessions, including the number of inmates and the number of hours involved.
 - c. All individual counseling sessions conducted by the DATS shall be recorded in a similar manner.
4. Requests for AOD Treatment Records
 - a. Occasionally, the committing court may request a special AOD evaluation on an inmate. Such requests shall be honored within five working days.
 - b. The Pennsylvania Board of Probation and Parole (PBPP) frequently requests AOD information on a potential parolee. When preparing the report, the DATS shall include his/her AOD treatment recommendations.
 - c. Access to an AOD treatment report shall be permitted to the treatment team, composed of the Unit Management Staff, Centralized Services Staff, Corrections Counselor, Corrections Classification and Program Manager (CCPM), Deputy Superintendents, and Facility Manager/designee. When appropriate, staff from the Medical, Psychiatry, and Psychology Department may review the AOD record.

E. AOD Testing of Inmates

Every inmate is subject to testing for unauthorized use of alcohol and/or other drugs in accordance with Department policy **6.3.12, “Drug Interdiction”** on a random, routine, or reasonable suspicion basis. An inmate is subject to discipline for failure to submit, for

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tampering with, or attempting to tamper with the specimen, or when his/her test results reveal unauthorized use of alcohol and/or other drugs.

F. AOD Program Audit

1. The D&A Program Manager shall annually conduct a formal AOD management audit of each facility AOD program in accordance with Department policy **6.3.1**. Additionally, the D&A Program Manager shall annually conduct a formal **AOD Quality Improvement Plan (Attachment 8-A)** for his/her facility and assist in the improvement of the facility AOD programs.
2. The DATS staff (DATS, DATS Supervisor/DAT Manager) shall participate in Quality Improvement (QI) activities. The DATS team shall maintain minutes of the monthly QI meetings and submit quarterly reports to the Bureau of Inmate Services (BIS).

Section 9 – Transfers

A. Transfer Criteria for an Alcohol and Other Drug (AOD) Inmate

1. AOD Program Admission to SCI Chester

A male inmate with a TCU Drug Screen score of three to nine, custody level two or custody level three, and with 12 to 42 months to serve on his sentence may be referred to the State Correctional Institution (SCI) Chester. A carefully screened custody level four inmate may be referred, but not a behavioral custody level four inmate. A lifer and/or an inmate with detainers and severe medical and/or psychiatric problems shall not be referred to SCI Chester despite the TCU Drug Screen score.

2. AOD Programs for Technical Parole Violators (TPVs)

TPV's with custody level two, three, and four who have a minimum of 12 months to serve and a TCU Drug Screen score of six and above shall be referred to the Therapeutic Community (TC) Programs in the event he/she did not previously complete one.

3. AOD Treatment in Community Corrections Centers (CCCs)

A custody level two inmate with a minimum of 12 months to serve and a TCU Drug Screen score of three or above is eligible for referral to AOD treatment in CCCs. An inmate with a detainer is not eligible for CCC referral. The inmate must be selected in accordance with Department policy **DC-ADM 805, "Application, Review, and Approval for Inmates Requesting Pre-Release Status, Placement in Operation Outward Reach, and Outside Assignments."**

B. Inmate Transfer Requests

1. An inmate requesting transfer from any facility with only Outpatient (OP) AOD programs to a facility with a TC program may be eligible for transfer if the following guidelines apply:
 - a. the requesting inmate must be diagnosed as dependent (score seven or above on the TCU Drug Screen), and must meet TC admission criteria;
 - b. the inmate must demonstrate a genuine desire by participating in AOD programs of the home facility;
 - c. the inmate must be a regular participant in Narcotics Anonymous (NA), Life Ring Secular Recovery (LSR), or SMART Self-Help Groups;
 - d. the inmate must be recommended for a TC program by the AOD treatment team;
 - e. upon arrival at the receiving facility, the inmate must be approved for entrance to the TC by the DATS Supervisor/DAT Manager and the TC staff; and

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- f. the Facility Manager/designee must approve and agree with all requests for TC transfers.
2. If an inmate is participating in a TC and is transferred for administrative purposes to another facility with a TC, the TC Manager/Supervisor shall determine the inmate's phase-specific treatment level at the receiving facility.
3. A request for transfer shall be submitted in accordance with Department policy **11.2.1, "Reception and Classification."**
4. Actual placement in a TC, OP, Hispanic TC, Dual Diagnosis TC, and referral to AOD programs in a CCC shall be guided by other factors including TCU Drug Screen assessment, eligibility criteria, inmate motivation, and space availability.

Section 10 – State Intermediate Punishment (SIP) Program

A. General

1. Prior to imposing a sentence, the court may, upon motion of the Commonwealth and agreement of the defendant, commit the defendant to the custody of the Department for the purpose of evaluating whether he/she would benefit from the State Intermediate Punishment (SIP) Program and whether placement in the SIP Program would be appropriate. A defendant selected and sentenced to participate in the SIP Program shall receive treatment for his/her addiction and any other treatment needs.
2. Standard Department reception procedures shall be conducted in accordance with Department policy **11.2.1, “Reception and Classification.”**
3. The Department shall administer and complete appropriate evaluation tools and make a recommendation to the court regarding the defendant’s placement into the SIP Program.
4. A defendant who is recommended for the SIP Program shall be classified in accordance with Department policy **11.2.1**.
5. The Department shall ensure that videoconferencing is available to allow the court to conduct proceedings necessary when the defendant has been committed to the custody of the Department.
6. Participant Selection Committee (PSC)
 - a. The Participant Selection Committee shall consist of the Diagnostic and Classification Center Director or his/her designee, the Deputy Superintendent responsible for the Diagnostic and Classification Center or his/her designee, and the Chief of Treatment Programs/designee.
 - b. The Participant Selection Committee shall review the information developed about defendants during the evaluation process and determine which defendants are appropriate for participation in the SIP Program.

B. Responsibilities

1. Chief of Treatment Programs (BIS)

The Chief of Treatment Programs/designee’s responsibilities include, but are not limited to:

- a. participate in the selection process as a member of the PSC;
- b. monitor the treatment progress of participants in the program;
- c. approve the movement of SIP participants from one level of the program to another;

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- d. approve the suspension, expulsion, and graduation of participants from the SIP Program; and
- e. ensure that a final evaluation is produced for each SIP participant upon completion or removal from the program.

2. Diagnostic and Classification Center (DCC) Director

The DCC Director's responsibilities include, but are not limited to:

- a. establish a monitoring system to maintain a file for each defendant undergoing an SIP Program evaluation in the DCC;
- b. prepare a standard **Letter to Judge Regarding Acceptance for the SIP Program Placement (Attachment 10-A)** to the sentencing judge based on the decision of the PSC indicating that the SIP Program evaluation is complete. The letter shall specify whether or not the defendant is appropriate for sentencing to the SIP Program. If the PSC determines that the defendant is not appropriate, the letter should contain recommendations for alternatives to the SIP Program sentence and include options for the court to consider, as well as other relevant information such as the defendant's adjustment in the DCC. The letter, **Alcohol and Other Drug (AOD) Evaluation (Attachment 10-B)**, and the **DC-70, Individualized Alcohol and Other Drug Offender Treatment Plan (IAODOTP) (Attachment 10-C)** shall be provided to the court, the defendant, the Attorney for the Commonwealth, and the Pennsylvania Commission on Sentencing (Commission) within 60 days of the court's commitment of the defendant to the Department; and

NOTE: The court may not modify or alter the terms of the proposed **IAODOTP** without the agreement of the Department and the Attorney for the Commonwealth, also, under no circumstances, may the defendant request to have the terms of the proposed **IAODOTP** modified or altered.

- c. finalize classification with an **DC-001, Initial Classification Summary** and **DC-43, Correctional Plan**.

3. DCC Records Supervisor

The DCC Records Supervisor's responsibilities include, but are not limited to:

- a. review the Commitment Order to ensure that the court has committed the defendant as a Hold for Various Authorities (HVA) for the purpose of evaluation for SIP Program placement in accordance with **Act 112 of 2004**;
- b. ensure that the following information is provided by the court upon committing the defendant:
 - (1) a certified copy of the order committing the defendant to the Department's custody for purposes of an evaluation;

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- (2) a summary of the offense for which the defendant has been convicted, including the criminal complaint and police report summarizing the facts of the crime, if available, or a copy of the affidavit of probable cause accompanying the arrest warrant;
 - (3) a summary of the defendant's criminal history or history of delinquency including information maintained by the court pursuant to Chapter 63 of Title 42 of the Pennsylvania Statutes;
 - (4) any available information regarding the defendant's history of drug or alcohol abuse or addiction, including any evaluation performed using Court Reporting Network instruments or other evaluation techniques deemed appropriate by the court under 75 Pa.C.S. §3816 or any other provision of law;
 - (5) a Pre-Sentence Investigation (PSI), when available, or the Official Version of the crime for which the defendant was convicted, or a copy of the Guilty Plea Transcript, or a copy of the Preliminary Hearing Transcript;
 - (6) an **DC-71, SIP Program Consent Form (Attachment 10-D)** authorizing the release of information pertaining to the defendant's participation in the SIP Program;
 - (7) a copy of the Sentencing Guidelines issued by the Commission;
 - (8) a record of the defendant's adjustment in the county correctional facility, including, but not limited to, misconducts and escape history;
 - (9) any current medical or psychological condition requiring treatment, including, but not limited to, suicide attempts;
 - (10) any medical admission testing performed by the county and the results of those tests, including, but not limited to, hepatitis, HIV/AIDS, tuberculosis or other infectious disease testing;
 - (11) a notice of current or previously administered medications;
 - (12) a 48 hour supply of current medications; and
 - (13) any other information the Court deems relevant to assist the Department with its assessment of the defendant.
- c. forward the name of every defendant committed for an SIP Program evaluation to the Reception Medical Unit and Nurse Supervisor, DCC Director, Drug and Alcohol Treatment Specialist (DATS) Supervisor, Psychologist Manager, the Deputy Superintendent for Centralized Services (DSCS) and the Chief of Treatment Programs/designee; and

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- d. if the defendant is sentenced to the SIP Program, ensure that the sentence imposed is computed correctly, including only credit for the period of time the defendant was previously evaluated in the DCC.

4. DATS Supervisor

The DATS Supervisor's responsibilities include, but are not limited to:

- a. complete an AOD evaluation to determine the defendant's eligibility for participation in the SIP Program. The evaluation will include a specific recommendation, identify the current substance abuse problem, chronology/history of the problem, the relationship between the substance abuse and criminal behavior, prior treatment and assessment results; and
- b. complete an **IAODOTP** which includes assessment results, a recommendation for treatment (including specific programs) or an indication that the SIP Program is not recommended.

5. Corrections Counselor

The Corrections Counselor's responsibilities include, but are not limited to:

- a. administer the Level of Service Inventory-Revised (LSI-R) assessment;
- b. complete a Pre-Release Referral Packet in accordance with Department policy **8.1.1, "Community Corrections Centers" Attachment 3-C**, 30 days prior to the participant's completion of level one of the SIP Program. The packet shall be forwarded to the appropriate Community Based Therapeutic Community (CBTC). NOTE: Number six of the BCC Referral Checklist can be disregarded as eligibility does not apply to a participant in the SIP Program; and
- c. complete the **IAODOTP** for submission to the Chief of Treatment Programs/designee for further submission to the court, participant, Attorney for the Commonwealth, and the Sentencing Commission for the purpose of final reporting on the participant's progress in the SIP Program.

6. Medical Department

The Medical Department shall expedite the processing of an SIP candidate.

7. Education, Drug and Alcohol, Unit Manager, and Psychology Departments

The Education, Drug and Alcohol, and Psychology Departments are responsible for the expeditious administration of the following assessments:

- a. Test of Adult Basic Education (TABE);
- b. Texas Christian University Drug Screen II (TCU);

- c. Department Initial Assessment;
- d. Criminal Sentiments Scale-Modified (CSS-M);
- e. Hostile Interpretations Questionnaire (HIQ);
- f. Personality Assessment Inventories (PAI);
- g. Beta 3 Exam;
- h. Structured Mental Health Interview;
- i. MMPI-A (SIP inmates under age 18);
- j. Psychological Evaluation; and
- k. Career Scope Vocational Assessment.

C. SIP Program Duration and Components

1. The Department shall establish and administer the SIP Program. The program shall be designed to address the individually assessed drug and alcohol abuse and addiction treatment needs of the participant and shall address other issues essential to the participant's successful reintegration into the community, including, but not limited to, education and employment issues.
2. Notwithstanding any credit to which the participant may otherwise be entitled, the duration of the SIP Program shall be 24 months, and shall include the components listed below.
 - a. Level One
 - (1) A participant sentenced to the SIP Program shall complete a period of not less than seven months in a state correctional institution, which shall include the time during which the participant is being evaluated by the Department. Not less than four months of the time spent in a state correctional institution shall be spent in a Therapeutic Community (TC) designated for SIP participants.
 - (2) The SIP participant will be given a **SIP Handbook (Attachment 10-E)** that describes the phases and rules as well as the criteria for completion of the program. The participant shall complete the first two phases of the TC treatment while in a state correctional institution in accordance with the standard **TC Program Operations Manual (See Section 6, Attachment 6-A)**. The third phase of TC treatment shall be completed in a Community Based Treatment Center (CBTC).

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- (3) In addition to TC treatment, a SIP participant shall complete all other programs recommended by the Department, including those programs recommended in the IAODOTP, as well as any other programs deemed necessary as a result of the participant's ongoing adjustment and assessed treatment needs.
- (4) As much as practicable, all programs that are to be completed while the SIP participant is in a correctional institution, including educational and vocational programs, should be delivered while he/she is participating in the institution TC.
- (5) The length of time an SIP participant spends in a state correctional institution shall be determined by his/her adjustment, needs, and treatment progress. The Chief of Treatment Programs/designee will determine whether the SIP participant will be transferred to the third phase of TC treatment in a CBTC.

b. Level Two

- (1) The SIP participant shall complete a period of not less than two months in a CBTC. The length of time spent in the CBTC will be determined by the participant's progress in meeting the treatment goals established as part of the **IAODOTP**.
- (2) The treatment staff of the CBTC shall provide the Department with an informational report concerning the participant's progress toward completion of the community-based treatment portion of his/her IADOTP at the conclusion of the participant's first two months in the CBTC.
 - (a) The report shall include a recommendation whether the participant has progressed sufficiently to begin the Outpatient (OP) addiction treatment portion of his/her IAODOTP, whether the participant should continue in the CBTC, be returned to the institution TC or a state correctional facility, or be expelled from the SIP Program.
 - (b) The report shall include specific reasons supporting the recommendation and a suggested plan for addressing any treatment deficiencies noted.
 - (c) The report shall be transmitted to the Chief of Treatment Programs/designee who will determine whether the SIP participant will be transferred to a different setting or location.
 - (d) The Department's goal will be to take the action that it believes will maximize the use of programming resources by continuing to treat those SIP participants it believes will most likely complete and benefit from the SIP Program by becoming productive, law-abiding members of society while allowing the Department to use its' available programming resources efficiently and effectively.

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c. Level Three

- (1) The SIP participant shall complete a period of at least six months' treatment through an OP AOD treatment program.
- (2) The SIP participant shall be required to sign a **DC-108, Release of Information** for the OP AOD program to share confidential information with the Department. This information shall include, but not be limited to: attendance, participation, and progress evaluations, as requested.
- (3) During the OP treatment period of the SIP Program, the SIP participant may be housed in a Community Corrections Center (CCC) or Community Contract Facility (CCF), or he/she may be approved for placement in a transitional residence.
- (4) The SIP participant must comply with any conditions established by the Department regardless of where he/she resides during the OP treatment portion of the SIP Program. The length of time spent in OP services shall be determined by the SIP participant's progress and recommendation of the treatment staff to transition to level four.
- (5) The treatment staff of the OP treatment facility shall provide the Department with an informational report concerning the SIP participant's progress toward completion of the OP addiction treatment portion of his/her SIP Program sentence at the conclusion of his/her first six months.
 - (a) The report shall include a recommendation whether the SIP participant has progressed sufficiently to begin his/her supervised reintegration into the community, if he/she should continue treatment with the OP addiction treatment facility, be returned to a CBTC, institution TC or a state correctional facility, or be expelled from the SIP Program.
 - (b) The report shall include specific reasons supporting the recommendation and a suggested plan for addressing any treatment deficiencies noted.
 - (c) The report shall be transmitted to the Chief of Treatment Programs/designee who will determine whether the SIP participant will be transferred to a different setting or location.
- (6) The Department's goal is to take the action that it believes will maximize the use of programming resources by continuing to treat those SIP participants it believes will most likely complete and benefit from the SIP Program by becoming productive, law abiding members of society while allowing the Department to use its' available programming resources efficiently and effectively.

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- d. Level Four
 - (1) The SIP participant shall complete a period of supervised reintegration into the community, in a CCC, CCF or transitional residence, during which time he/she will continue to be supervised by the Department and comply with the conditions imposed by the Department.
- 3. A transitional residence shall be investigated by the Bureau of Community Corrections (BCC) in accordance with Department policy **8.1.1**.
 - a. An SIP participant in transitional housing status shall meet the criteria established for a CCC/CCF furlough as defined in Department policy **DC-ADM 805, “Application, Review, and Approval for Inmate’s Requesting Pre-Release Status, Placement in Operation Outward Reach and Outside Assignments.”**
 - b. An SIP participant in a transitional residence shall agree to the terms and conditions of transitional residence placement and shall sign the **Transitional Residence Acknowledgement (Attachment 10-F)**.
 - c. CCC/CCF staff will visit an SIP participant in a transitional residence once per month, unannounced, at either the approved residence or job site.
 - d. An SIP participant in a transitional residence shall report at least twice weekly to the CCC/CCF closest to his/her approved transitional residence, for a minimum of four weeks.
 - e. Upon recommendation of appropriate treatment staff and approval of the Chief of Treatment Programs/designee, an SIP participant in a transitional residence may be permitted to report to the CCC/CCF closest to his/her approved residence once per week after the first four weeks.
 - f. The purpose of reporting to the CCC/CCF includes, but is not limited to, individual or group counseling sessions and the collection of a urinalysis specimen. The urinalysis testing shall be completed using an instant testing cup. If the instant testing results are positive, a sample shall be sent to the laboratory for confirmation. Additionally, the SIP participant shall be returned to a CCC/CCF pending the laboratory results and treatment team recommendation for return to a previous level of, or expulsion from, the SIP Program and a decision by the Chief of Treatment Programs/designee.

4. Program Management

Consistent with the minimum time requirements set forth in **Section C.2.a.** through **d.** above, the Department may transfer an SIP participant between a state correctional institution, an institution TC, CBTC, an OP AOD Treatment Program, or supervised reintegration into the community. The Chief of Treatment Programs/designee will determine whether an SIP participant will be transferred to a different setting or location. The Department’s goal is to take the action that it believes will maximize the use of programming resources by continuing to treat those SIP participants it believes will most

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likely complete and benefit from the SIP Program by becoming productive, law-abiding members of society while allowing the Department to use its' available programming resources efficiently and effectively.

5. Relapse Sanctions

- a. An SIP participant who tests positive for the use of alcohol or other drugs shall receive a hearing according to the procedures set forth in Department policy **DC-ADM 801, "Inmate Discipline."** If the Hearing Examiner determines that the SIP participant used alcohol or other drugs, the SIP participant shall be subject to the following sanctions:
 - (1) an SIP participant housed in a state correctional institution or an institution TC shall be expelled from the SIP Program and housed as the Chief of Treatment Programs/designee deems appropriate pending further action by the sentencing court; and
 - (2) an SIP participant receiving treatment through a CBTC, OP addiction treatment facility, or while during supervised reintegration into society shall be evaluated by the Department. The SIP participant shall be housed as the Department deems appropriate pending completion of the evaluation. Following the evaluation, the SIP participant may be placed in the treatment setting deemed appropriate by the Chief of Treatment Programs/designee or suspended or expelled from the SIP Program.
- b. Subject to the time limitations set forth in the Act, an SIP participant who requests assistance because he/she believes he/she is in danger of relapsing will be given the opportunity to receive treatment in a more restrictive treatment setting as deemed appropriate by the Chief of Treatment Programs/designee.

6. Disciplinary Sanctions

- a. An SIP participant who is alleged to have violated the Department's disciplinary rules, shall receive a hearing according to the procedures set forth in Department policy **DC-ADM 801**.
- b. Behavior, discipline, and treatment sanctions shall be in accordance with Department policy **DC-ADM 801** and **Section 6, Treatment Techniques and Components, Attachment 6-A, Appendixes C, D, and E**, of this procedures manual.
- c. A finding of guilt for **DC-ADM 801** charges Class 1 numbers 1 through 34, with the exception of charges 22 and 23, may be grounds for expulsion from the SIP Program. **(See the Sanctioning Matrix for SIP Program, Attachment 10-G)**. Violations of charges 22 and 23, related to substance use/abuse, will be addressed in accordance with **Section C.5.** above. Any other violation of the **DC-ADM 801** shall be reviewed by the treatment team and may be grounds for expulsion from the SIP Program. The Chief of Treatment Programs/designee shall determine whether the SIP participant will be suspended or expelled from the SIP Program.

7. Sanctions for an SIP participant in Transitional Housing

If an SIP participant fails to abide by the conditions of the **Transitional Residence Acknowledgement**, sanctions shall be imposed, as noted below. Any violation of the **Transitional Residence Acknowledgement** may result in a return to a CCC/CCF for assessment. Serious violations of accountability or arrest for a new criminal charge may result in a return to a previous level of the SIP Program, suspension, or expulsion from the SIP Program as determined by the Chief of Treatment Programs/designee.

a. First Offense

The participant shall meet with the treatment team and an appropriate written assignment shall be issued. He/she will then meet with treatment staff to review the written assignment and to receive feedback regarding his/her behavior. The treatment team will determine if additional treatment programs are indicated and make appropriate referrals.

b. Second Offense

The participant will have his/her transitional residence furlough revoked for a minimum of 2 days, during which he/she shall return to the CCC/CCF. The Chief of Treatment Programs/designee will determine whether the SIP participant will be returned to a previous level of the SIP Program, CCC/CCF, suspended, or expelled from the SIP Program.

c. Third Offense

The Chief of Treatment Programs/designee will determine whether the participant will be returned to a previous level of the SIP Program, CCC/CCF, suspended, or expelled from the SIP Program.

8. Expulsion from the SIP Program

a. The Chief of Treatment Programs/designee shall promptly notify the court, the SIP participant, the Attorney for the Commonwealth, and the Commission, via Standard **Letter to Judge Regarding Expulsion from the SIP Program (Attachment 10-H)** of the expulsion of the SIP participant from the SIP Program and the reason for such expulsion. The SIP participant shall be housed in a state correctional facility or county prison pending action by the court.

b. The court shall schedule a prompt SIP Program revocation hearing.

c. Notice to Court of Completion of the SIP Program

When the Department determines that the SIP participant has successfully completed the SIP Program, the Chief of Treatment Programs/designee shall notify the sentencing court, Attorney for the Commonwealth, and the Sentencing Commission

via standard **Letter to Judge Regarding Completion of the SIP Program (Attachment 10-I)**.

D. Reports

1. Final Report

The Chief of Treatment Programs/designee shall provide an **AOD Final Evaluation (Attachment 10-J)** to the court, the SIP participant, the Attorney for the Commonwealth, and the Sentencing Commission on the SIP participant's progress in the SIP Program.

2. Evaluation and report to the General Assembly

The Department and the Commission shall monitor and evaluate the SIP Program to ensure that the program objectives are met. In odd-numbered years, the Bureau of Planning, Research, Statistics, and Grants (PRSG) shall present a report of its evaluation to the Judiciary Committee of the Senate and the Judiciary Committee of the House of Representatives no later than February 28th. PRSG shall track the following information for the report:

- a. number of SIP participants sentenced to the SIP Program;
- b. number of defendants evaluated for the SIP Program;
- c. number of inmates sentenced to a facility who may have been eligible for the SIP Program;
- d. number of SIP participants who successfully completed the SIP Program;
- e. the six-month, one-year, three-year, and five-year recidivism rates for SIP participants who have completed the SIP Program and for a comparison group of inmates who were not placed in the SIP Program; and
- f. any changes the Department or the Sentencing Commission believes will make the SIP Program more effective.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

Aftercare – A process that involves identifying and addressing special needs before the inmate's release from the Alcohol and Other Drugs (AOD) program. Aftercare is provided as a means of offering continuity of care for those who have completed facility AOD programs such as the Outpatient (OP) or Therapeutic Community (TC), ensuring that inmates receive the individualized services for continued recovery and for successful community reintegration. Aftercare also involves support groups for inmates who have received treatment while incarcerated and who are anticipating release to a Community Corrections Center (CCC) or to the community.

Alcoholics Anonymous (AA) – A fellowship of men and/or women who share their experience, strength, and hope to solve their common problem and help others to recover from alcoholism.

Alcohol and Other Drug (AOD) Abuse – AOD abuse is a residual category for noting maladaptive patterns of behavior from AOD use, but does not meet the diagnostic criteria for AOD dependence. Inmates scoring one to two on the Texas Christian University (TCU) Drug Screen are classified as AOD abusers.

AOD Abuse Record – The AOD screening data, psychosocial assessment information, treatment plan, progress notes, and any other AOD abuse treatment data obtained as part of AOD services provided to an inmate.

AOD Abuse Treatment – The provision of individual and group counseling or therapeutic services on a regular and predetermined basis including activities carried out specifically to affect the reduction or alleviation of the dysfunction of the inmate, including the consequences of AOD abuse.

AOD Dependence – The essential feature of this disorder is a cluster of cognitive, behavioral, and physiological symptoms that indicate the person has lost control over the use of alcohol and other drugs. Inmates scoring three to nine on the psychoactive TCU Drug Screen are classified as AOD dependent.

AOD Information/Education – A program that presents the pharmacological, physical, social, and psychological effects of AOD use, abuse, and dependency. Information/education includes the use of videos, lectures, discussion groups, etc.

AOD Recovery Unit – A group of inmates housed together prior to, during, or after AOD treatment services on one unit based upon their documented need for AOD services including aftercare services. The primary responsibility of the Recovery Unit is to involve the residents in addressing addiction issues and the recovery process. The residents at the Recovery Unit are considered knowledgeable about recovery and self-help programs. Residents and staff reinforce pro-social values and coping skills and assist the residents in establishing goals for participation in the recovery and aftercare program. Self-help meetings shall occur at the Recovery Unit on a daily basis with the support of Peer Assistants. Recovery Unit activities shall focus on providing the information and treatment necessary for residents who are in need of intense treatment and TC participation. The Recovery Unit staff shall monitor daily AOD activities at the unit. DATS shall provide technical assistance in running AOD programs at the unit including self-help meetings.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

AOD Service Manual – Documents, which announce the general policy, procedures, rules, and regulations of AOD services.

AOD Treatment Levels – The AOD treatment activities aimed at the systematic application of AOD education and treatment services and methods to assist individuals to deal with the negative effects or consequences of AOD abuse. There are different levels for AOD abuse programming. They are screening, assessment, referral, AOD outpatient, TC services, and aftercare.

Assessment – Appraisal of an individual's AOD abuse history, as well as strengths and weaknesses, via a face-to-face interview and/or through the administration of the TCU Drug Screen and the Initial Assessment Tool to determine the inmate's AOD abuse severity level and treatment needs. Subsequently, this information is used with a goal of making recommendations for appropriate treatment programming.

Case Management – The counselor oversees all aspects of the inmate's treatment including the intensity of treatment, progress on assignments, and monitoring movement through the prescribed services. In addition, the counselor will assist with case consultations, develop an Initial Treatment Plan (ITP) with the inmate, regularly review and update the treatment plan, maintain a file for each assigned inmate according to Department standards, and plan eventual release.

Cognitive Behavioral Therapy (CBT) – Cognitive Behavioral Therapy is therapeutic approach to help promote positive change in individuals, to help alleviate emotional distress, and to address a myriad of psycho/social/behavioral issues including addictive thinking. Cognitive behavioral therapists identify and treat difficulties arising from an individual's irrational thinking, misperceptions, dysfunctional thoughts, and faulty learning. The goals of CBT are to restructure one's thoughts, perceptions and beliefs. Such restructuring facilitates behavioral and emotional change. During therapy, coping skills and abilities are assessed and further developed. CBT techniques may include functional analysis, challenging irrational beliefs, relaxation, education and training, self-monitoring, cognitive rehearsal, thought stopping, communication skills training, social skills training, and homework assignments.

Cognitive Restructuring – A therapy involving the modification of an inmate's thoughts, premises, assumptions, and attitudes underlie his/her cognitions. The focus of therapy is upon irrational inferences and premises which the inmate bases his/her thoughts. Typically, the therapy involves pointing out to the inmate the irrationality of his/her thinking errors and the effects such thinking has on one's behavior. This results in "restructuring" of the inmate's thoughts to a more rational level as well as an introduction of positive thoughts and behaviors.

Continuum of Care – An approved system of AOD abuse education and treatment services, which provides AOD involved inmates with the appropriate type and level of care. The continuum of care is comprised of a network of specialized service components, which may include detoxification, screening, assessment, AOD education, outpatient AOD treatment, unit-based services, residential treatment, AOD treatment at CCCs, contract facilities, and aftercare.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

Counseling – The planned use of interpersonal and group therapy techniques among individuals or groups which are supervised and controlled by staff members with training in AOD counseling techniques.

Criminogenic Needs – Characteristics, deficiencies, and needs of an offender that are casually related to offending behavior and can be changed. Important criminogenic needs include anti-social attitudes, values, and beliefs, criminal thinking patterns, anti-social, pro-criminal associates, poor decision-making/problem solving skills, low levels of educational/vocational achievement, poor self-control/self-regulation, and AOD abuse.

Criminal Thinking – Criminal thinking is a pattern of false beliefs, distorted thinking, and illogical reasoning that prompts an individual to solve problems without regard for others. This pattern of thinking keeps the person from establishing values and habits that would serve as a solid foundation for a lawful and rewarding life. Criminal thinking involves con games, thinking errors, blame games, dishonesty, false pride, self-centeredness, and anti-social behavior.

Criminal Sentiments Scale-Modified – A needs assessment instrument that measures attitudes, values, and beliefs related to criminal behavior.

Defendant – Designated by the sentencing court as a person convicted of a drug-related offense who:

1. has undergone an assessment performed by the Department which has concluded that the defendant is in need of drug and alcohol addiction treatment and would benefit from commitment to a Drug Offender Treatment Program and that placement in a Drug Offender Treatment Program would be appropriate;
2. does not demonstrate a history of present or past violent behavior;
3. would be placed in the custody of the Department if not sentenced to State Intermediate Punishment; and/or
4. provides written consent permitting release of information pertaining to the inmate's participation in a Drug Offender Treatment Program.

NOTE: This term shall not include a defendant who is subject to a sentence, the calculation of which, includes an enhancement for the use of a deadly weapon, as defined pursuant to law or the sentencing guidelines promulgated by the Pennsylvania Commission on Sentencing, or a defendant who has been convicted of a personal injury crime as defined in the Crime Victims Act #103, or an attempt or conspiracy to commit such a crime or who has been convicted of violating 18 Pa. C.S. #4302, 5901, 6312, 6318, 6320, or Chapter 76 sub-chapter C.

Differential Therapeutic Community (TC) – Differential Therapeutic Communities have been designed to provide treatment to inmates whose needs not only include recommendation for TC participation, but who have also been assessed according to their prior treatment history in congruence with a factor of criminality correlated with substance abuse. The Differential TC's comprise varying timelines of three months, six months, or nine months. The premise is that inmates with significant prior treatment experience and whose criminal activity is not necessarily AOD related, are not in need of lengthy and/or intensive treatment while those with little or no prior treatment experience and whose criminal activity is primarily drug related need more

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

lengthy and/or intensive treatment. An inmate's custody level shall also be taken into account when assessing treatment needs.

Disease Model – The principle of this model is that the disease of addiction is primary, progressive, chronic and fatal. Addiction is viewed holistically, which includes the physical, psychological, emotional, behavioral, spiritual, and personal factors influencing the disease of addiction.

Dual Diagnosis – Individuals with co-occurring Mental Health, Axis 1, and Substance Abuse/Addiction Disorders. The Axis 1 Mental Health Disorder is normally chronic, as is the Substance Disorder. The Mental Health and Substance Abuse Disorders, in order to be considered Dual in nature must also exist independent of each other yet significantly exacerbate the impact on each other. The co-morbidity of these disorders defines the status of dually diagnosed. Axis 1 Mental Health Disorders, which are acute (short term) or a secondary condition (a situational reaction or secondary to the use of alcohol and other drugs (AOD) or withdrawal from AOD) are not dual diagnosed for the purpose of this definition.

Dual Diagnosis Therapeutic Community (DDTC) – An intensive treatment modality, which is self-contained and semi-autonomous with shared responsibilities by staff and inmates. This program is designed to treat inmates with co-occurring, mental health and Alcohol and Other Drug (AOD) dependence/abuse disorders.

Functional Analysis – First step in cognitive-behavioral therapy where the client's reasons for AOD use is explored and what the client needs to do to cope with urges to use. Areas of assessment include defining client deficiencies, obstacles to abstinence, strengths, and determinate of AOD use.

Group Counseling – Sessions involving three or more persons, who seek to correct, treat, or discuss AOD problems. The group process may involve discussion of the addiction process, criminal thinking, relationships, decision-making, conflict resolution, relapse triggers, and other self-evaluation issues.

Hostile Interpretations Questionnaire (HIQ) – A needs assessment instrument that measures hostility/anger.

Individual Counseling – A planned, organized, one-on-one therapeutic program provided by persons qualified by either formal education or training to meet the varying needs of inmates. The aim of individual counseling is to assist the inmates in resolving intrapersonal and interpersonal conflicts.

Initial Treatment Plan (ITP) – A series of written statements specifying the particular course of treatment and the roles of staff in carrying it out. It is based on an assessment of the inmate's needs, and it includes a statement of short and long term goals as well as the methods by which these goals will be pursued. When clinically indicated, the ITP gives inmates access to the range of supportive and rehabilitative services (such as individual or group counseling, and self-help groups) that the ITP deems appropriate. To the extent feasible, the inmate shall participate in the development of his/her ITP.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

Learning Experience/Behavior Contract – Assignment resulting from infraction meant to teach positive behaviors. Task is designated to track appropriate behavior, restitution to the community, or a task to challenge the individual's thinking. Time limited. Often limits individual's interaction with peers/community. Uses written work to enhance learning.

Level of Service Inventory-Revised – Primarily a risk assessment instrument that can be thought of as something like a medical triage decision-making tool. It provides insight into which inmates should receive the highest priority for treatment, regardless of their specific problem areas.

Motivation Enhancement Therapy (MET) – A four session intervention derived from motivational interviewing. The sessions involve a comprehensive assessment of the client's AOD usage and related behaviors, followed by systematic feedback to the client of the findings. Motivational interviewing is the predominant style used by counselors throughout MET and is the style with which the feedback is delivered. MET is based on principles of cognitive and motivational psychology.

Motivational Interviewing – A direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it is more focused and goal directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

Narcotics Anonymous (NA) – A fellowship of men and/or women who share their experience, strength, and hope to solve their common problem and help others to recover from drug addiction.

Needs Assessment – An analysis of the specific problems or issues that contribute to an inmate's criminally deviant behavior.

Outpatient Treatment – Outpatient treatment is the provision of structured counseling or therapeutic services on a regular and pre-determined basis. Services are generally provided weekly in a group setting using a module format. The inmate meets specific Department approved criteria for outpatient treatment based on a comprehensive screening and assessment. Based on the initial and ongoing assessments, inmates may attend a combination of treatment modules.

Override – A change of the original TCU Drug Screen score to a score that more accurately reflects the inmate's AOD history and treatment needs.

Peer Assistants – A group of AOD trained inmates who act as catalysts to help convert personal insight into positive change. Peer Assistants encourage, motivate and support positive change and act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. Peer Assistants shall provide basic AOD CBT education, facilitate self-help meetings and provide appropriate personal support to inmates to maintain sobriety.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

Phase Specific Treatment – Phase specific treatment is the provision of structured counseling or therapeutic services that are specific to the progress and behavior of the inmate. It may be applied to any level of treatment but most often is used in the therapeutic community level of care. Each phase of treatment will have goals and objectives that are based on the inmate's progress and behavior required to reach that phase.

Psychoactive Drugs – Refers to drugs that change thoughts, feelings, perceptions and/or behaviors. Most drugs taken illegally are psychoactive. (Some common psychoactive drugs are marijuana, cocaine, heroin, and alcohol.)

Pull-Up – A written slip of paper, submitted through proper chain of communication, which raises the awareness of a community member's negative behavior or attitude. These are read at morning (or evening) meetings. They are given by peers or staff. Consequences for these are decided upon by staff and designed to help the person in question work through whatever is the obstacle to progress.

Push-Up – A written or verbal en-forcer given for positive and/or appropriate behavior. They are given by peers or staff. These are read at morning (or evening) meetings.

Relapse – Relapse is defined as the process by which a person becomes dysfunctional in recovery, resulting in a return to AOD abuse. In relapse, the person moves through a period of progressively increasing distress that leads to the use of alcohol or other drugs.

Relapse Prevention – AOD abuse programming that focuses on maladaptive behavior patterns, emotional problems, dysfunctional life styles and related activities that lead to relapse. The relapse prevention program includes identification of warning signs, coping skills, recovery planning, awareness training, and life skill management strategies.

Risk Assessment – A measure of the statistical probability that an inmate will commit future offenses after release from prison.

Screening – The use of the TCU Drug Screen to determine the existence and severity of the inmate's AOD dependence.

Secular Organizations for Sobriety (SOS) – A non-profit network of autonomous, non-professional local groups dedicated solely to helping individuals achieve and maintain sobriety. SOS is not a spin-off of any religious group there is no hidden agenda, as SOS is concerned with sobriety, not religion. SOS seeks only to promote sobriety among those who suffer from alcoholism or other drug addictions. In SOS, members share experience, insights, information, strength, and encouragement in friendly, honest, anonymous, and supportive meetings.

Self-Help Support Groups – Self-help support groups are based on recovery from AOD abuse/dependence. These groups are a set of principles designed for those who desire to stop using alcohol and other drugs, stressing complete abstinence from alcohol and other drugs. (Members help each other and do not rely on professional assistance.) Inmate participation is on a voluntary basis.

7.4.1, Substance Use Disorder (SUD) Treatment Programs Glossary

Self-Management and Recovery Training (SMART) Recovery Group – A self-help group to support individuals who have chosen to abstain, or are considering abstinence from any type of addictive behaviors (AOD or activities), by teaching how to change self-defeating thinking, emotions, and actions, and to work towards long-term satisfactions and quality of life. The SMART Recovery Program employs a variety of cognitive-behavioral concepts, tools and techniques including stages of change, awareness, coping skills, awareness and refusal method, role-playing and rehearsing, brainstorming and change plan worksheet to help individuals to gain independence from addictive behaviors.

State Intermediate Punishment Program – An alternative sentencing program provided by the Department that treats eligible inmates who have been sentenced under the State Intermediate Punishment Act (Act 2004-112).

Stages of Change Model – Is an approach to reflect an individual's attitudes, intentions, and behaviors that are associated with the process of changing a given problem behavior. The change process is best represented by a series of discrete periods, or stages, that a person passes through.

Texas Christian University (TCU) Drug Screen – An AOD dependence screening tool, which includes 15 items that represent key clinical and diagnostic criteria for AOD dependence. The first part of the TCU drug Screen includes a series of 10 questions about problems related to AOD use, the second part addresses frequency of specific AOD use prior to prison as well as a self-assessment of one's readiness for AOD abuse treatment. Based on the first nine items of the TCU Drug Screen, a continuous composite score is computed that measures the level of an inmate's AOD use severity.

Therapeutic Community (TC) – An intensive treatment modality, which is self-contained and semi-autonomous with shared responsibilities by staff and inmates. This program is developed to treat inmates who meet the diagnostic criteria for AOD dependence.

Transitional Residence – A residence investigated and approved by the Department as appropriate for housing a participant in a Drug Offender Treatment Program.

Treatment Planning – An AOD recovery plan based upon an inmate's strengths and weaknesses to effect personal and lifestyle changes. Treatment planning usually includes ongoing professional treatment services and/or self-help programs.