



EXCERPTS FROM

ALCOHOL AND SUBSTANCE ABUSE TREATMENT (ASAT)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

2011 ASAT

ASAT Staffing

ASAT staff are responsible for providing education and counseling services that are consistent with the standards of quality treatment, providing a broad and rich treatment experience that encompasses all the life areas outlined in the ASAT Operations Manual, providing each offender with an individualized offender-centered treatment plan, documenting treatment progress as it relates to the goals established in the treatment plan, and maintaining and updating professional skills associated with the delivery of effective treatment services.

An individual member of the treatment team will be deemed responsible for coordination and managing the offender's treatment and will be deemed the "primary counselor."

At no time should non-ASAT paranthetic staff provide direct or ancillary substance abuse treatment services to the offender population.

Supervising Correction Counselor (ASAT)

A Supervising Correction Counselor (SCC) (ASAT), or Supervising Correction Counselor (SCC), is responsible for the overall supervision of the delivery of counseling and case management services involving alcohol and substance abuse treatment by Correction Counselors (ASAT) and ASAT Program Assistants in correctional facilities. The SCC (ASAT), or SCC, evaluates the performance and progress of staff under their assigned supervision and provides or identifies necessary training. The SCC (ASAT), or SCC, evaluates the effectiveness of the alcohol and substance abuse treatment services, and are responsible for the provision of skilled guidance to offenders with difficult institutional, personal, behavioral, familial, social and educational problems involving such abuse.

☐ The SCC (ASAT), or SCC, acts as a liaison to Central Office Substance Abuse Treatment Services. They are responsible for preparing required written reports after compiling and assessing appropriate data. Such reporting minimally includes the timely submission of the ASAT Monthly Report (eform ASATMONTHLY) (Attachment E(1) and E(2)) and ASAT Annual Report (eform ASATANNUAL) (Attachment F) to Central Office Substance Abuse Treatment Services.

Qualified Health Professional (QHP) SCC (ASAT) and SCC staff, and/or their qualified designee, are responsible for the review and subsequent sign off of applicable treatment records developed by any non-QHP treatment staff member for which they provide direct supervision (refer to "Quality Improvement Plan.")

QHP SCC (ASAT), or SCC staff, may be designated clinical director and maintain their responsibility for the daily activities and supervision of services provided. Such person shall have at least three (3) years of full-time clinical work experience in the chemical dependence field, at least one (1) of which must be supervisory.

Correction Counselor (ASAT)

A Correction Counselor (ASAT) provides ongoing professional counseling and treatment services to offenders with problems of alcohol and substance abuse. They assess offenders' needs and problems; develop and implement an appropriate treatment plan for each assigned offender; continually evaluate the level and quality of participation and progression towards reasonably established goals for each offender; and provide any other necessary services, to include the determination of a substance abuse, substance dependence or deferred substance abuse/dependence diagnosis, to ensure successful treatment. The Correction Counselor (ASAT) minimally provides recruiting, screening, assessment, continuous treatment planning, continuing recovery planning, individual and group counseling services.

Additionally, Correction Counselors (ASAT) are responsible for guidance management functions for 50 offenders who are assigned to substance abuse treatment and the supervision of assigned ASAT Program Assistant staff. An eligible Correction Counselor (ASAT) may be designated as clinical director for a treatment track in the absence of an eligible SCC (refer to "Supervising Correction Counselor (ASAT)" for eligibility criteria and responsibilities).

The QHP CC (ASAT), or their qualified designee, is responsible for the review and subsequent sign off of applicable treatment records developed by non-QHP ASAT Program Assistants.

Directive #4401 serves as the guide for ensuring that all necessary counseling activities are completed according to established protocol.

☞ CC (ASAT) Treatment Caseload Responsibilities

All treatment responsibilities should be equally divided among treatment staff, CC (ASAT) and ASAT PAs, in a team approach. CC (ASAT) staff is to be assigned a small therapy treatment group of their own, for which they are responsible for all mandatory treatment records, treatment caseload responsibilities, and treatment community responsibilities.

CC (ASAT) staff is not to merely "backup" ASAT PAs. However, when CC (ASAT) supervision and guidance responsibilities require attention, the asterisked areas may be covered by ASAT PAs assigned to the same housing unit/treatment community.

Treatment caseload responsibilities minimally include the following:

Treatment Caseload Mandatory Records

- Completion of Substance Abuse Treatment Admission & Comprehensive Evaluation (ACE), or ACE Addendum, if applicable
- Completion of "Moving On" required records (female-specific)
- Development of offender-centered initial Substance Abuse Treatment Plan
- Development of offender-centered updates to Substance Abuse Treatment Plan
- Completion of Evaluation of Progress Notes

- Completion of Progress/Case Conference Notes
- Development of Substance Abuse Treatment Continuing Recovery Plan

Treatment Caseload Responsibilities

- Individual counseling for each assigned offender no less often than once during each 4 week period for an appropriate clinical duration
- Small group therapy minimally twice per week; 45 minutes in duration
- Review of personal offender assignments

Treatment Community Responsibilities

- *Conduct didactic lectures
- *Facilitate large group discussions
- Attend module and community meetings
- *Supervise audio/visual presentations
- Case conference, treatment team review, hierarchy meetings, Treatment Plan Review Committee participation, and review/sign off of non-QHP ASAT PA applicable records
- Develop learning experiences, behavioral contracts, and other treatment interventions
- Supervise ASAT PAs
- Develop mandatory weekly treatment activities schedule

ASAT Program Assistant

An ASAT Program Assistant will provide direct substance abuse treatment services, to include the determination of a substance abuse, substance dependence or deferred substance abuse/dependence diagnosis to their assigned treatment participants, and the provision of alcohol and substance abuse education and counseling groups, small group therapy, individual counseling and other appropriate treatment activities, designed to assist offenders in identifying with their drug and alcohol abuse/dependence, and how it impacts on their lives, their family and society. ASAT PAs will develop an appropriate offender-centered treatment plan for each assigned offender and continually evaluate the level and quality of participation and progress toward achieving treatment goals. An ASAT Program Assistant is responsible for case recording, progress reporting, treatment summaries, and continuing recovery planning.

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

ASAT Staff Training

Quality training enhances the skills of staff which in turn increases the possibility of successful rehabilitation for offenders. Training is developed and implemented to foster a team approach among staff and to establish an appropriate environment for addressing the needs of the chemically dependent

offender. All program, administrative, and security staff, as well as institutional Community Supervision staff will attend specialized trainings to enhance the quality of treatment services provided.

All treatment staff are required to participate in a continuing educational experience addressing the issues outlined below, as well as issues which address evolving needs. Proposed trainings will be determined by conducting a needs assessment at each facility and will be submitted for review by Central Office Substance Abuse Treatment Services.

Training in each of the following categories must be provided at least every three (3) years:

- chemical dependence;
- individual and group counseling;
- cognitive behavioral therapy regarding criminal thinking;
- child abuse and domestic violence;
- therapies and other activities supportive of recovery;
- the role of clinical supervision;
- quality improvement;
- cultural diversity and cultural competence;
- tobacco dependence; and
- compulsive gambling.

Facilities shall ensure and document, with support and guidance from Central Office, that all treatment staff receive training which is either provided by the Department or through outside arrangements.

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

An offender who is admitted to ASAT shall be assessed to determine clinical service needs through a comprehensive evaluation. The goal of the Admission & Comprehensive Evaluation (ACE) shall be to obtain that information necessary to develop an individualized offender-centered treatment plan.

Within seven (7) calendar days from admission to ASAT, the primary counselor must complete the offender's ACE which is a written report of findings and conclusions minimally addressing the offender's:

- history of alcohol and/or drug use;
- history of previous attempts to abstain from alcohol and/or drug use;
- prior treatment episodes for alcohol and/or drug use;
- assessment of the relationship between legal history and the offender's alcohol and/or drug use;
- history of interpersonal or other types of trauma;
- ability to express a full range of emotions appropriately;
- daily living skills and use of leisure time; and

- other pertinent issues that may be related to or affected by the offender's alcohol and/or drug use.

Based on the comprehensive psychosocial history and other relevant factors, the evaluation shall result in:

- a specific diagnosis of alcohol related or psychoactive substance related disorder in accordance with the most recent version of the *Diagnostic and Statistical Manual* (DSM) (Attachment K – Substance Abuse/Dependence Diagnosis Reference Guide) or the *International Classification of Diseases* (ICD); and/or
 - a deferred diagnosis with a determination of significant risk factors (e.g. criminal history, involvement with alcohol/substance abusers, family history, etc.) for developing a drug/alcohol abuse problem.

The ACE shall include an identification of initial services needed, schedules of individual and group counseling to address the needed services until the development of the treatment plan, and a master problem list in which all problems are identified for each life area regardless of available services, deferral, or need for immediate attention. The initial services must be based on goals the offender identifies for treatment and must include chemical use and any other priority issues identified in the admission assessment.

The ACE shall bear the names of the staff members who participated in evaluating the offender and must be reviewed, signed and dated by an appropriate QHP, if the evaluator is not a QHP, within 3 calendar days from evaluator completion (refer to "Quality Improvement Plan.")

☞ Substance Abuse Treatment Plan - Initial (Attachment O)

Upon completion of the ACE, and within ten (10) calendar days from admission to ASAT, an individualized offender-centered comprehensive treatment plan will be developed for each offender based on their ACE. The treatment plan will be developed by the single member of the clinical staff responsible for coordinating and managing the offender's treatment ("the primary counselor"). The treatment plan shall take into account cultural and social factors, as well as the particular characteristics, conditions and circumstances of each offender.

The treatment plan will meet the identified needs of the offender in all relevant life areas. Each life area must either be addressed or deferred with a clinical rationale including the time frame and/or conditions limiting the deferral. If a life area is not identified as a need in the comprehensive evaluation, the life area must be noted as not applicable. The addressed life areas must include chemical dependence/abuse and any other pertinent issues that may be related to or affected by the offender's alcohol and/or drug use. Established treatment goals must support the treatment of the identified diagnosis and/or deferred diagnosis, address the Master Problem List, and may be prioritized to meet areas which can be addressed during the identified treatment service.

The treatment plan shall:

- be developed in collaboration with the offender;
- identify a single member of the clinical staff responsible for coordinating and managing the offender's treatment ("primary counselor");
- be based on the admitting evaluations specified above and any additional evaluation(s) determined to be required;
- specify short and long-term goals which can be achieved while the offender is in ASAT;
- prescribe an integrated service of therapies, activities and interventions designed to meet the goals;
- include schedules for the provision of all services prescribed;
- include each diagnosis for which the offender is being treated at the facility; and/or deferred diagnosis with identification of significant risk factors;
- be signed and dated by the primary counselor; and
- be reviewed, approved, signed and dated by an appropriate QHP, if the primary counselor is not a QHP, within 5 calendar days from development (refer to "Quality Improvement Plan.")

The identification and treatment of a medical and/or mental health diagnosis is beyond the scope of responsibilities and training of substance abuse treatment staff and services. Medical and mental health referrals should be made in compliance with Department Directives and established policy/procedures.

Quality Improvement Plan (Attachment Y)

A facility-specific written Quality Improvement Plan (QIP) must be developed for all substance abuse treatment services. The Quality Improvement Plan shall identify clinically relevant quality indicators that are based upon professionally recognized standards of care. This process shall include but not be limited to:

- an annual self-evaluation. The review shall focus on the treatment services offered at the facility. This is not to be a review of individual treatment staff members.
- findings of other management activities, including but not limited to incident reviews, and reviews of staff training, development and supervision needs;
- analysis of treatment services/offender performance; and

- evidence of implementation of treatment service changes based on the analysis.

Record review documentation must be incorporated into the facility's QIP (Attachment Y), and may be addressed through identified sections of the treatment record (Attachment X(1) – Sample Record Review for QIP) or Record Review Sheet (Attachment X(2)). In the absence of an appropriate supervisory QHP for review and signoff of applicable non-QHP recording, quarterly review of minimally 3 non-QHP records by a multidisciplinary review team, to include assigned SCC staff, must be identified in the QIP.

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