

OPERATING GUIDELINES FOR CHEMICAL DEPENDENCE SERVICES OPERATED BY THE NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

BACKGROUND INFORMATION

The New York State Department of Corrections and Community Supervision (DOCCS) operates chemical dependence (CD) treatment services in various Correctional Facilities in New York State. The mission of the DOCCS CD treatment services is to provide the offender with the foundation for positive change and help him/her prepare for a successful return to the community by providing assessment, education, counseling, relapse prevention, and discharge planning.

DOCCS CD treatment services are designed to assist offenders to understand the nature of addiction and that treatment for alcohol and substance abuse does work. Additionally, offenders will begin the process of recovery from alcohol and other addictive substances. Completion of the DOCCS CD treatment service requires a minimum of six (6) months of program participation depending on the setting and intensity of the program, along with the offender's ability to demonstrate the intellectual and behavioral understanding of the process of addiction and recovery. CD treatment services are offered in residential and modular settings. The primary modality of treatment is individual and group counseling incorporated with relevant substance abuse treatment education. DOCCS CD treatment services are based on principles of traditional recovery and treatment programs, as well as the cognitive behavioral approach to facilitate change.

DOCCS CD treatment services offer an extensive array of addiction programs and services which offenders may utilize to re-direct their lives to becoming productive, law-abiding members of society. Programs include substance abuse treatment, educational and vocational training, dual disorder treatment, parenting skills, anger management, health education, sex offender treatment, religious services, and many more. A variety of approaches are utilized including education, individual and group counseling, relapse prevention, transitional services, and voluntary self-help programs to help offenders understand and intervene in the process of addiction. Prominent CD treatment services offered in the DOCCS system include Alcohol and Substance Abuse Treatment (ASAT), Comprehensive Alcohol and Substance Abuse Treatment (CASAT) and Specialized Programming.

ASAT

ASAT is behaviorally and biopsychosocially based. A variety of approaches are used including education, individual and group counseling, relapse prevention, transitional services, and voluntary self-help programs to help inmates understand and intervene in the process of addiction. The program is designed to assist inmates to begin the process of recovery from alcohol and other addictive drugs. The following life areas are covered to help inmates achieve and maintain a drug-free lifestyle:

- Alcohol and Chemical Abuse/Dependence

- Legal History as it Relates to Use
- Emotional and/or Traumas
- Physical Health
- Other Compulsive Behaviors
- Cognitive Distortions
- Family/Support
- Social and Leisure

Completion of ASAT requires a minimum of six (6) months of program participation depending on the setting and intensity of the program, along with the offender's ability to demonstrate progress toward their established treatment plan goals. ASAT is offered in several settings: residential, modular, Shock Incarceration and Willard Drug Treatment Campus. The primary modality of treatment is a therapeutic community incorporated with group and individual counseling and relevant substance abuse treatment education. Approval by the Deputy Commissioner for Program Services is required if a modality other than therapeutic community is being offered.

The goal of ASAT is to help the offender progress through the early stages of recovery in each of the life areas. The successful program participant is responsible for demonstrating progress toward established treatment plan goals in applicable life areas, which should be reflected in changes in behavior and attitudes resulting in maintaining a crime and drug-free lifestyle.

CASAT

CASAT provides a continuum of intensive alcohol and substance abuse treatment in a designated Alcohol and Substance Abuse Correctional Treatment Center (Phase I) followed by a transitional period in a work release community reintegration setting (Phase II). Phase II of the program is only available to inmates who are approved for Presumptive Work Release by Temporary Release in Central Office.

After a minimum of six (6) months of successful treatment and preparation, participants who are Presumptive Work Release approved, will be transferred into the community reintegration (Phase II) component of the program. This phase typically lasts a minimum of six (6) months. During this time, participants find and maintain employment as well as continue to participate in outpatient alcohol and substance abuse treatment.

An offender convicted of a controlled substance or marijuana offense who is court-ordered, not Presumptive Work Release approved, will participate in Phase I only. Upon satisfactory completion of this phase, participants will either be released to Parole custody from the CASAT facility or transferred to general population until their release from DOCCS custody.

The CASAT manual outlines the treatment program protocols and includes the use of the therapeutic community as the primary alcohol and substance abuse treatment modality in Phase I of the program incorporated with group and individual counseling and relevant substance abuse treatment education.

SPECIALIZED PROGRAMMING

DOCCS also offers a variety of other CD treatment programs (e.g., Driving While Intoxicated Treatment, Sex Offender Counseling and Treatment Program, Integrated Dual Disorder Treatment, Dual Disorder Treatment), as well as CD treatment in specialized units (e.g., Behavioral Health Unit, Special Needs Unit). For these specialized programs, substance abuse services are provided as appropriate for length of stay and frequency of contacts.

SERVICE MANAGEMENT

I. DEFINITIONS

For the purposes of these operating requirements, the following terms are defined:

- (a) Qualified health professional (QHP) shall have the same meaning as the term as defined in subsection 800.2(a)(15) of 14 NYCRR Part 800 as well as the following title:
 - (1) Licensed Mental Health Counselors
- (b) Credentialed alcoholism and substance abuse counselor (CASAC) shall have the same meaning as the term as defined in subsection 853.4(k) of 14 NYCRR Part 853.
- (c) Offender shall refer to any individual participating in the DOCCS CD treatment service.

II. GOALS

Goals of a DOCCS CD treatment service shall include:

- (a) the promotion of achievement and maintenance of recovery from chemical dependence and abuse;
- (b) improving functioning and development of coping skills necessary so that the offender can be treated in the least intensive environment;
- (c) focusing on the total needs of the offenders;
- (d) developing individualized treatment plans;
- (e) the improvement of the offender's quality of life; and
- (f) reducing relapse and recidivism.

III. SERVICES

- (a) Both ASAT and CASAT shall directly provide a minimum of twelve (12) hours per week of structured chemical dependence treatment services in accordance with individual treatment plans to meet identified offender needs, while Specialized Programs are to be provided at a frequency and duration appropriate for the needs of the offenders. CASAT will operate small groups five (5) times per week, exclusive of holidays. All DOCCS CD treatment services will consist of the following services:
 - (1) Evaluation and assessment;
 - (2) Individual counseling. It is recognized that individual counseling is a critical element of chemical dependence treatment and patient-centered care. Individual counseling is a requirement that must be provided with a frequency and intensity consistent with the

individual needs of each unique offender, as prescribed by the primary counselor in the individual treatment plan. At least one (1) individual counseling session of appropriate clinical duration must be provided each month, with additional sessions based on clinical need. Individual counseling sessions must be with the individual offender's primary counselor or another appropriate member of the treatment staff;

- (3) Group counseling. It is recognized that group counseling, which includes general group counseling and specialty group counseling, is another important element of treatment. All group counseling sessions must:
 - (i) be with the individual offender's primary counselor or another appropriate member of the treatment staff;
 - (ii) be of at least 30 minutes in duration;
 - (iii) not contain more than 15 offenders for ASAT; 17 offenders for CASAT and Specialized Programs;
 - (iv) be held twice weekly at a minimum for ASAT; five (5) times per week, exclusive of holidays, for CASAT; and at a frequency determined to be appropriate to the population's needs for Specialized Programs;
- (4) Informational/educational sessions, which have no group size limit;
- (5) Chemical abuse and dependence awareness and relapse prevention; and
- (6) Education, risk assessment, supportive counseling and referral concerning HIV and AIDS and other communicable diseases.

IV. POLICIES AND PROCEDURES

DOCCS CD treatment services shall determine and establish written policies, procedures and methods governing the provision of services to offenders which shall include a description of each service provided, including procedures for making appropriate recommendations to and from other services, when necessary. These policies, procedures, and methods, which require review and approval by DOCCS Central Office, shall address, at a minimum, the following:

- (a) admission, retention and discharge, including specific criteria relating thereto;
- (b) comprehensive evaluations and treatment plans;
- (c) coordination with correctional facility mental health staff regarding mental health issues identified during treatment, or referral to appropriate mental health satellite facility;
- (d) staffing plans, including the use of volunteers;
- (e) quality improvement and utilization review;
- (f) patient rights in accordance with DOCCS regulations;

- (g) record keeping procedures which ensure that documentation is accurate, timely, prepared by appropriate staff, and in conformance with the federal confidentiality regulations contained in *42 Code of Federal Regulations Part 2*; and
- (h) clinical supervision.

V. RECORD KEEPING

- (a) DOCCS CD treatment services must keep individual records for each offender who is admitted and provided services. These offender records must include, at a minimum, the following:
 - (1) the date of admission, including a notation that the offender received at admission a copy of the program's rules and regulations, including patient rights and a summary of the federal confidentiality requirements, that such rules and regulations were discussed with the offender, and that the offender indicated that he/she understood them;
 - (2) the comprehensive evaluation;
 - (3) the individual treatment plan, and all reviews and updates thereto;
 - (4) the continuing recovery plan;
 - (5) signed releases of consent for information, if any;
 - (6) progress notes; and
 - (7) documentation of recommendations, referrals and services provided within the correctional facility for the offender's general health or for other special needs, or referral to appropriate facility, as included in the individual treatment plan.
- (b) Offender records maintained by the service are confidential and may only be disclosed in conformity with federal regulations governing the confidentiality of alcohol and drug abuse patients' records as set forth in *42 Code of Federal Regulations Part 2* and other applicable law.
- (c) All required statistical information required must be reported to OASAS in a timely manner.
[The exact information required will be specified at a later date]

VI. QUALITY IMPROVEMENT PLAN

- (a) Quality Improvement Plan. DOCCS CD treatment services shall establish a written quality improvement plan in accordance with this Section. 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:

- (1) An annual self-evaluation. The review shall focus on the program of treatment services offered at the facility. This is not to be a review of individual practitioners.
 - (2) findings of other management activities, including but not limited to incident reviews, and reviews of staff training, development and supervision needs;
 - (3) analysis of program/offender performance; and
 - (4) evidence of implementation of program changes based on the analysis.
- (b) Annual Report. DOCCS CD treatment services shall prepare an annual report and submit it to the facility Superintendent and Deputy Superintendent of Programs, with a copy to the DOCCS Central Office. This report shall document the effectiveness and efficiency of the chemical dependence service in relation to its goals and indicate any recommendations for improvement in its services to offenders, as well as recommended changes in its policies and procedures.

VII. STAFFING

- (a) The general severity of the condition of the population served including comorbid conditions, complications and general functioning may indicate the need for staff in addition to those listed below.
- (b) Staff Training. DOCCS CD treatment services shall ensure and document that all clinical staff receive training which is either provided directly or through outside arrangements. Training in each of the following categories must be provided at least every three (3) years:
- (1) chemical dependence;
 - (2) individual and group counseling;
 - (3) cognitive behavioral therapy regarding criminal thinking;
 - (4) child abuse and domestic violence;
 - (5) therapies and other activities supportive of recovery;
 - (6) the role of clinical supervision;
 - (7) quality improvement;
 - (8) cultural diversity and cultural competence;
 - (9) tobacco dependence; and
 - (10) compulsive gambling.
- (c) While facility-wide oversight will be provided by the DOCCS Deputy Superintendent of Programs, each DOCCS CD treatment service shall have a QHP designated as the clinical director who is responsible 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) year of which must be supervisory, prior to appointment as

clinical director. Upon approval by the OASAS Commissioner, a person may be designated as a clinical director with appropriate equivalent experience.

- (d) There shall be at least one (1) full-time equivalent clinical staff member for every 35 offenders. If volunteers and students are used, they may not be counted in the staff-to-offender ratio.
- (e) DOCCS CD treatment services shall have at least one (1) full-time CASAC **OR** at least one (1) full-time QHP qualified in a discipline other than alcoholism and substance abuse counseling. Policies and procedures must exist that ensure the continuity of care, including regular participation of full-time and part-time direct care staff in clinical supervision, case conference, in-service training and staff meetings.
- (f) At least twenty-five (25) percent of all clinical staff shall be QHPs. Individuals who have completed a minimum of 350 education and training clock hours in the areas required by Part 853 of this Title governing Credentialed Alcoholism and Substance Abuse Counselors, and individuals who have completed a minimum of 4,000 hours of appropriate work experience and a minimum of 85 clock hours of education and training related to knowledge of alcoholism and substance abuse as required by Part 853 of this Title governing Credentialed Alcoholism and Substance Abuse Counselors, may be counted towards satisfying the twenty-five (25) percent requirement provided that such individuals, also known as CASAC Trainees, may not be considered QHPs for any purpose under this Part. Clinical staff members who are not QHPs shall have qualifications appropriate to their assigned responsibilities as set forth in the personnel policies of the treatment specialized chemical dependence service and shall be subject to appropriate staff supervision and continuing education and training.
- (g) In addition to staffing requirements of this Part, a DOCCS CD treatment service may utilize volunteers and students on a non-salaried basis in coordination with DOCCS Central Office. These volunteers or students must be appropriately qualified and provided close professional staff supervision and necessary didactic education from both internal and external sources. Volunteers and students may not be included in the staff-to-offender ratio.

OFFENDER CASE RECORDS

VIII. ADMISSION/COMPREHENSIVE EVALUATION

- (a) An offender who is admitted to a DOCCS CD treatment service shall be assessed to determine clinical service needs through a comprehensive evaluation. The goal of the comprehensive evaluation shall be to obtain that information necessary to develop an individual treatment plan.
- (b) Within ten (10) calendar days after admission to the DOCCS CD treatment service, staff shall complete the offender's comprehensive evaluation which shall include a written report of findings and conclusions addressing the offender's:
 - (1) history of alcohol and/or drug use;
 - (2) history of previous attempts to abstain from alcohol and/or drug use;
 - (3) prior treatment episodes for alcohol and/or drug use;
 - (4) an assessment of the relationship between legal history and the offender's alcohol and/or drug use.
 - (5) history of interpersonal or other types of trauma;
 - (6) ability to express a full range of emotions appropriately;
 - (7) daily living skills and use of leisure time; and
 - (8) any other pertinent issues that may be related to or affected by the offender's alcohol and/or drug use.
- (c) Based on the comprehensive psychosocial history and other relevant factors, the evaluation shall result in:
 - (1) 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)* or the *International Classification of Diseases (ICD)*; or
 - (2) 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.
- (d) The comprehensive evaluation shall include an identification of initial services needed, and schedules of individual and group counseling to address the needed services until the development of the treatment plan. 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.

- (e) The comprehensive evaluation shall bear the names of the staff members who participated in evaluating the offender and must be signed and dated by a QHP.
- (f) The determinations made pursuant to the above shall be based upon face-to-face contact with the offender, and available reports from other providers, all of which must be documented. The date of admission must be documented in the offender case record.
- (g) There must be a notation in the offender record that the offender received a copy of the expectations for the specialized chemical dependence service, including patient rights in accordance with DOCCS regulations and a summary of federal confidentiality requirements. There must be a statement that notes that such expectations were discussed with the offender, and that the offender indicated that he/she understood them.
- (h) All offenders shall be informed that admission is based on an assessed substance abuse treatment need. If an offender volunteers to not accept substance abuse treatment, or to refuse continued participation in substance abuse treatment, consequences, including potential impact on release considerations, shall be explained as part of the Participation Contract. This provision shall not be construed to preclude or prohibit attempts to persuade an offender to remain in the service in his or her own best interest.

IX. INDIVIDUAL TREATMENT PLAN

- (a) Within fifteen (15) calendar days after admission to the DOCCS CD treatment service, a written individual comprehensive treatment plan (treatment plan) for each offender based on the comprehensive evaluation shall 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.
- (b) 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 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.
- (c) The treatment plan shall:
 - (1) be developed in collaboration with the offender;
 - (2) identify a single member of the clinical staff responsible for coordinating and managing the patient's treatment ("primary counselor");

- (3) be based on the admitting evaluations specified above and any additional evaluation(s) determined to be required;
 - (4) specify short-term goals which can be achieved while the offender is in the service;
 - (5) prescribe an integrated service of therapies, activities and interventions designed to meet goals;
 - (6) include schedules for the provision of all services prescribed;
 - (7) include each diagnosis for which the offender is being treated at the facility;
 - (8) be signed and dated by the primary counselor; and
 - (9) be reviewed, approved, signed and dated by a QHP if the Primary Counselor is not a QHP.
- (d) Review of treatment plans. The entire treatment plan, once established, shall be thoroughly reviewed and revised at least every sixty (60) calendar days thereafter by the primary counselor in consultation with the offender. A summary of the offender's progress in each of the specified treatment plan goals shall be prepared and documented in the offender's record (weekly case conference and/or individual progress notes) as part of the treatment plan review.

X. DOCUMENTATION

(a) Progress notes shall:

- (1) be written no less often than once during each four (4) week period;
- (2) be signed and dated by the assigned treatment team member and the offender;
- (3) include a summary of individual and group counseling sessions; and
- (4) describe the overall offender's progress related to the goals established in the treatment plan.

(b) Additional clinical information can be located in various other documents (e.g., guidance and counseling record, schedules, communication logs, etc.).

XI. CONTINUING RECOVERY PLAN

(a) Discharge criteria. An offender shall be discharged from a DOCCS CD treatment service when:

- (1) the offender has completed the program (e.g., accomplished the goals and objectives which were identified in the comprehensive treatment plan and subsequent treatment plan updates) for ASAT; and arrived at work release, general population, or has been released, unless determined otherwise by Central Office, for CASAT;

- (2) the offender refuses further care; or
 - (3) a medical and/or psychiatric condition is identified which contraindicates further chemical dependence treatment programming at this time; or
 - (4) there is documentation that the offender is disruptive to the service and/or fails to comply with the specialized chemical dependence services' reasonably applied written behavioral standards.
- (b) The continuing recovery planning process shall begin upon admission, be closely coordinated and developed with DOCCS staff members and aligned with the treatment plan, and be included in the offender record.
 - (c) No offender shall be discharged without a continuing recovery plan which has been reviewed and approved by the primary counselor prior to the discharge of the offender. The continuing recovery plan shall be developed in collaboration with the offender. This collaboration does not apply to offenders who stop attending, refuse continuing care planning, otherwise fail to cooperate or are unavailable.
 - (d) The continuing recovery plan shall include:
 - (1) an individualized relapse prevention plan;
 - (2) identified supports and/or barriers to further treatment; and
 - (3) a summary of the course and results of care and treatment which specifies the offender's progress, or lack thereof, on each of the treatment plan goals.

XII. SEVERABILITY

If any provision of this Part or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provision or applications of this Part which can be given effect without the invalid provision or applications, and to this end the provisions of this Part are declared to be severable.

XIII. INCORPORATION BY REFERENCE

The provisions of the Code of Federal Regulations which have been incorporated by reference in this Part have been filed with the NYS Department of State, 41 State Street, Albany, NY 12207, or can be viewed by appointment with the NYS Office of Alcoholism and Substance Abuse Services, Office of Counsel, 1450 Western Avenue, Albany, NY 12203. Copies are also available by writing to the NYS Office of Alcoholism and Substance Abuse Services, Office of Counsel, 1450 Western Avenue, Albany, NY 12203 or may be purchased from the Superintendent of Documents, Government Printing Office, Washington D.C. 20402. Copies of the Code of Federal Regulations are also available at many public libraries or bar association libraries.