

CHAPTER: 900

Inmate Programs and Services

DEPARTMENT ORDER:

917 – Addiction Treatment Services

**OFFICE OF PRIMARY
RESPONSIBILITY:**

IP&R

**Arizona
Department
of
Corrections
Rehabilitation
and Reentry**



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Department Order Manual

ACCESS

Contains Restricted Section(s)

A handwritten signature in black ink, appearing to read "David Shinn", is written over a horizontal line.

David Shinn, Director

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EXPECTED PRACTICES

American Correctional Association (ACA) Expected Practices: 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, and 5-ACI-5E-14

PURPOSE

This Department Order establishes a series of well-managed, cost effective addiction treatment program interventions in a continuum for all inmates and offenders whose assessments and histories suggest they have a need for intervention. These services support the Department goal of zero tolerance for illegal drug and alcohol abuse and the philosophy that effective programming is also an effective security tactic.

RESPONSIBILITY

The Assistant Director for Inmate Programs and Reentry, through the Counseling and Treatment Services Administrator, shall administer the Department's institution-based addiction treatment programming and, through the Assistant Director for Community Corrections, administer addiction treatment services in the community. The administrators for Counseling and Treatment Services and Community Corrections shall collaborate and cooperate to ensure a continuum of care is equally available to all inmates without discrimination.

PROCEDURES

1.0 OFFICE OF COUNSELING AND TREATMENT SERVICES – To assure full utilization of existing social service and behavioral health networks, the Department participates on various interagency councils and task forces, seeks collaborative relationships with agencies having similar client bases, and continually seeks external funding in the form of grants or partnerships.

1.1 The Office of Counseling and Treatment Services is responsible for:

- 1.1.1 Administering and delivering Department institution-based addiction treatment programs.
- 1.1.2 Administering institution-based contracted addiction education and treatment services.
- 1.1.3 Collaborating with other agencies to access services.
- 1.1.4 Assisting and supporting the efforts of the Assistant Director for Community Corrections in obtaining and managing community-based addiction education and treatment for offenders.
- 1.1.5 Assisting and supporting the efforts of the Contract Beds Bureau in oversight of the clinical aspects of addiction treatment delivered at private prisons.
- 1.1.6 Establishing data collection systems that document services provided, to include contracts that involve services that begin in prison and extend into the community.
- 1.1.7 Development and presentation of specialized training for Department staff and others in addictions-related topics. This training is in addition to, and more specific than, that provided by the Staff Development and Training Bureau.

2.0 CONFIDENTIALITY

- 2.1 The staff members, contractors, volunteers and/or inmates responsible for the delivery of addiction pre-treatment, treatment, and aftercare programs shall adhere to confidentiality laws and regulations promulgated in the United States (U.S.) Code of Federal Regulations.
- 2.2 Staff members working in areas considered to be "qualified service organizations" (See the Glossary of Terms.) who, in the course of their duties, have access to information which identifies an inmate is a participant in a pre-treatment, treatment or aftercare program shall not re-disclose any participant-identifying information.
- 2.3 Inmates participating in alcohol and other addiction pre-treatment, treatment and aftercare programs shall be asked to sign an Informed Consent for Alcohol and/or Drug Treatment, Form 917-1, authorizing:
 - 2.3.1 The documentation of their participation in and completion of the program in the Arizona Correctional Information System (ACIS).
 - 2.3.1.1 Inmates who do not authorize the documentation of their participation shall be removed from the program and replaced by an inmate who has signed or is willing to sign the form, in accordance with the U.S. Code of Federal Regulations.
 - 2.3.1.2 An Informed Consent for Alcohol and/or Drug Treatment form is not required for participation in educational classes only.
 - 2.3.2 Disclosure of confidential program-related information only to the person(s) specifically identified by job title or name on the form. Persons having a legitimate need to access program information may include:
 - 2.3.2.1 Department Administrators
 - 2.3.2.2 Correctional Officers (CO) III or IV
 - 2.3.2.3 Community Corrections Officers
 - 2.3.2.4 Arizona Board of Executive Clemency Members
 - 2.3.2.5 Department contracted addiction treatment providers
- 2.4 At the discretion of the Counseling and Treatment Services Administrator and unit Deputy Warden, contracted addiction treatment providers working within the unit may be permitted to view Department inmate records, to include ACIS and hard copy inmate files in accordance with Department Order #901, Inmate Records Information and Court Action. Review of this information may be critical in attaining a full understanding of the inmates' addiction history when doing initial assessment and treatment planning.
- 2.5 Staff professionally licensed through the Arizona Board of Behavioral Health Examiners (AzBBHE) shall develop written treatment plans with an inmate and shall maintain clinical files containing documents with inmates' signature, treatment plans and progress notes. A copy of the Treatment Plan shall be kept by the inmate and reviewed periodically with a licensed professional to identify progress and make necessary adjustments.

3.0 PROGRAM AND SERVICES DESCRIPTION {5-ACI-5E14}

- 3.1 Structured addiction treatment programs are available, as follows:
 - 3.1.1 Programs shall only be offered where inmates are permitted to participate in group activities.
 - 3.1.2 All group behavioral treatment shall be delivered utilizing evidenced based Cognitive Behavioral treatment.
 - 3.1.2.1 Treatment groups shall be conducted by professional staff licensed through the AzBBHE.
 - 3.1.2.1.1 If the treatment group is conducted by a paraprofessional under the umbrella of a licensed program, the clinical supervision and oversight shall be documented in a clinical supervision notebook.
 - 3.1.2.2 Treatment groups shall not exceed 15 members.
- 3.2 Addiction education may be facilitated by a CO III. Clinical files shall not be maintained for educational programming.
- 3.3 Self-directed educational programs may be delivered through closed circuit television. Clinical files shall not be maintained for self-directed educational programming.
- 3.4 Self-Help/12-Step Support Groups are available in units where inmates are permitted to meet in groups.
 - 3.4.1 The assigned Counseling and Treatment Services staff member shall conduct a pre-screening interview with volunteers.
 - 3.4.2 Once volunteers have completed the volunteer badging process, in accordance with Department Order #204, Volunteer Services, the unit CO IV shall be responsible for scheduling and oversight of Self-Help/12-Step Support Groups conducted in their unit.
 - 3.4.3 The unit CO IV shall contact the Counseling and Treatment Services Administrator if there are any issues with volunteers or if more volunteers are needed.
- 3.5 Driving Under the Influence (DUI) education and treatment is offered through the Department, contracted providers, and/or at private prisons. **[Revision – May 27, 2021]**
 - 3.5.1 Approval as a DUI provider through the Arizona Department of Health Services, Division of Licensing Services is required.
 - 3.5.2 Neither contracted nor Department treatment staff shall complete Motor Vehicle Revocation Investigation Packets.
- 3.6 Offenders who participate in specific treatment programs while incarcerated may be directed or referred to community-based addiction education and treatment programming based on assessed need and available resources. {5-ACI-5E-13}

- 3.6.1 Referrals shall be based upon the extent of the offender's participation in specific treatment programs while incarcerated.
- 3.6.2 Community Corrections Officers shall refer all offenders with a substance abuse history to a community-based addiction treatment program as outlined in the Community Supervision Technical Manual.
- 3.7 Modified Therapeutic Community (TC) – Is based on the concept of changing criminal and addictive lifestyles. This model uses “community as a method” as an approach that emphasizes and holds inmate community members accountable to pro-social values and behavior that better typifies how people interact within their communities and the world of work outside the prison gates. **[Revision – May 27, 2021: Sections 3.7 through 3.7.4]**
 - 3.7.1 Infractions of Discipline Violations will normally be addressed by the TC to include inmate community meetings and/or clinical staffing. Only "cardinal rule" Class A violations would routinely result in discipline violations, though clinical staff might also refer other infractions to be processed through the formal discipline process.
 - 3.7.1.1 Staff will document infractions the same as they currently do, by writing a discipline violation but it would first be referred to the Program Manager for review disposition, rather than to the Discipline Hearing Officer. When appropriate, the TC shall address the infraction within the community, rather than having the discipline violation processed.
 - 3.7.2 Inmates shall remain in the TC program and not be transferred due to a custody reduction. Inmates subject to a custody increase shall be carefully considered for a custody override decrease to remain in the program, if possible.
 - 3.7.3 Inmates in the TC program shall have drug tests completed at least monthly. Inmates failing drug tests shall have the same process for discipline as outlined in 3.7.1 above.
 - 3.7.4 Earned Incentives privileges may be modified in accordance with Department Order #809, Earned Incentive Program.

4.0 PROGRAM STANDARDS {5-ACI-5E-12} {5-ACI-5E-13} {5-ACI-5E-14}

- 4.1 The overarching goal of the Counseling and Treatment Services is to provide the appropriate level of treatment intervention to inmates who have substance addictions so they may return to the community as clean and sober individuals. Objectives toward achieving the goal include:
 - 4.1.1 Providing relevant cognitive - behavioral-based pre-treatment, treatment and aftercare, which addresses addiction and abuse. This shall include culturally sensitive treatment objectives, as appropriate.
 - 4.1.2 Placement of the inmates in a moderate or an intensive level of treatment.
 - 4.1.3 Placement in specialized addiction programs, such as co-occurring or methamphetamine specific, when warranted and available.
 - 4.1.4 Providing gender specific programming to female inmates.

- 4.1.5 Assisting inmates and offenders in identifying and accessing services available to them in prison and/or the community and providing information on how to independently access the services should future needs arise.
- 4.1.6 Providing trauma informed care, as appropriate.
- 4.2 The goals and objectives shall be reviewed no less than annually and updated as needed.
- 4.3 In accordance with available resources, the Department provides access to some type of pre-treatment or treatment to all inmates or offenders who request such services.
 - 4.3.1 Inmates' ranking on the Priority Ranking Report shall be given consideration when placing inmates into groups. If two inmates are requesting the treatment, the inmate with the higher ranking shall be given preference.
 - 4.3.2 Inmates may be matched with addiction education or treatment in the community as a condition of supervision based on reviews of their criminal history and substance abuse history.
 - 4.3.3 Grant funded addiction treatment shall be made available to inmates contingent upon the ability of the Department:
 - 4.3.3.1 To apply for and be awarded grant funds.
 - 4.3.3.2 To meet and strictly adhere to all requirements of any awarded grants.
- 4.4 Institution-Based Programs (Mandatory Standards) – To meet the established mandatory program standards, institution-based addiction treatment programming shall:
 - 4.4.1 Ensure that confidentiality regulations are followed, in accordance with section 2.0.
 - 4.4.2 Contain clearly stated program goals.
 - 4.4.3 Contain measurable objectives.
 - 4.4.4 Include a written program description, describing methodology and activities that may occur over the course of the program.
 - 4.4.5 Maintain clinical files for each inmate participant that includes at a minimum:
 - 4.4.5.1 Signed copy of the Informed Consent for Alcohol and/or Drug Treatment form/Authorization for treatment
 - 4.4.5.2 Signed copy of program guidelines
 - 4.4.5.3 Signed copy of intake interview, diagnosis and identification of problem areas
 - 4.4.5.4 Signed copy of treatment plan, objectives and goals
 - 4.4.5.5 Drug Education plan
 - 4.4.5.6 Counseling needs

- 4.4.5.7 Data Assessment Plan (DAP) Progress Notes that reflect at a minimum:
 - 4.4.5.7.1 Inmate’s attendance
 - 4.4.5.7.2 Inmate’s level of participation
 - 4.4.5.7.3 Relapse prevention and management
 - 4.4.5.7.4 Group topic for the session
- 4.4.5.8 Signed copy of the Discharge Plan
- 4.4.5.9 A certificate or other evidence of completion (e.g., entry in the ACIS system)
- 4.4.6 Be delivered by qualified staff, contractors or volunteers.
- 4.4.7 Have specific admission and discharge criteria.
- 4.4.8 Contain mechanisms for initial participant assessment and subsequent documentation of clinical progress by a qualified clinician (treatment programs only).
- 4.4.9 Conduct group treatment activities with no more than 15 participants.
- 4.4.10 Be delivered in an environment that is reasonably soundproof.
- 4.4.11 Provide a chair for each participant and the facilitator and offers adequate space and equipment for the activity being conducted (i.e., whiteboards, Video Cassette Recording (VCR)/Digital Versatile Disc (DVD)/monitor setups, flip charts).
- 4.5 The standardized unit of service for institution-based addiction group treatment shall be two hours.
- 4.6 Wardens and Deputy Wardens are responsible for ensuring the minimum threshold of institution-based addiction services. The Counseling and Treatment Services Administrator shall be notified if this minimum threshold cannot be maintained. CO IIIs or other staff may be trained to deliver required educational programs. Minimum required services may include:
 - 4.6.1 Addiction education groups
 - 4.6.2 Self-Help/12-Step Support Group meetings such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Gamblers Anonymous (GA) or similar groups
 - 4.6.2.1 Self-Help/12-Step Support Groups may be offered at least weekly in every unit where inmates are permitted to participate in group activities.
 - 4.6.2.2 Self-Help/12-Step Support Groups and similar groups are not inmate clubs; they are Department-sanctioned treatment support groups.
- 4.7 Staff members, contractors, volunteers and/or inmates delivering addiction education, providing pre-treatment, providing Addiction treatment or managing Self-Help/12-Step Support Group meetings shall meet the following minimum qualifications:

- 4.7.1 Addiction education and/or pre-treatment – Facilitator shall be a CO III or other staff and participate in Department-recognized training in the delivery of the program.
- 4.7.2 Addiction Treatment – Professionals licensed through AzBBHE or a paraprofessional operating with clinical supervision under a licensed program.
- 4.7.3 Self-Help/12-Step Support Groups – Potential volunteer applicants shall be processed in accordance with Department Order #204, Volunteer Services.
 - 4.7.3.1 With approval from Warden and unit Deputy Warden, Self Help/12-Step Support Groups may be conducted by inmates with appropriate oversight by correctional staff.
 - 4.7.3.2 These groups must be of a purely voluntary nature with no incentive or reward for participation.
 - 4.7.3.3 No inmate shall be given authority over any other inmate.
- 4.7.4 Recovery Wellness program – The program shall only be delivered by credentialed peer inmate facilitators.
- 4.8 The Department’s use of Medicated Assisted Treatment is administered by Medical Services. Inmates or offenders who are stabilized on psychotropic medications may participate in addiction pre-treatment, treatment, and/or Self-Help/12-Step Support Group meetings to the extent they are physically and mentally capable.

5.0 CASE MANAGEMENT

- 5.1 Each inmate shall complete a self-report substance abuse screening instrument and have his/her substance abuse history reviewed as part of the initial classification process. From this, he/she shall be assigned a Substance Abuse Needs Score and a Substance Abuse Referral Score, which are recorded in ACIS.
- 5.2 More specific assessment of treatment needs shall be performed using approved instruments as part of an inmate’s participation in a more formal treatment program.
- 5.3 In accordance with available resources, inmates being released from prison after completing formal institution-based addiction treatment programs may be referred to continuing treatment services in the community.
- 5.4 Unit CO IIIs and Community Corrections Officers are responsible for the facilitation of individual inmate participation in educational programs, recognizing and encouraging continued sobriety, ensuring personal accountability for sobriety through urinalysis and promoting the continuity of care by connecting the institution-based programming with programming to occur during Community Supervision. {5-ACI-5E-11}

6.0 ALCOHOL ABUSE TREATMENT FUND

- 6.1 In accordance with the provisions of Arizona Revised Statute (A.R.S.) §31-255, the lesser of 67% of gross or \$.50 per hour of the monies earned for all inmates convicted under the DUI statutes shall be deposited into the Alcohol Abuse Treatment Fund. This is an appropriated fund, for example: The Arizona Legislature appropriates the amount requested annually by the Department to be expended as requested by the Department.
- 6.1.1 Fund monies shall be used to pay for alcohol abuse treatment for inmates convicted of DUI offenses.
- 6.1.2 Expenditure of Alcohol Abuse Treatment Funds is carefully monitored by the Administrator for Counseling and Treatment Services to ensure spending is compliant with A.R.S. §31-255.
- 6.2 The Contract Beds Operations Director shall ensure DUI Inmate labor contracts are established and monitored at private DUI units or treatment facilities.
- 6.3 The Business Manager assigned to Inmate Programs and Reentry shall:
- 6.3.1 Process approved Requests for Purchase.
- 6.3.2 Ensure money accrued by the Department for work performed by DUI inmates is deposited into the Alcohol Abuse Treatment Fund.
- 6.3.3 Provide fiscal reports of receivables, expenditures and the fund balance upon request.

IMPLEMENTATION

The Assistant Director for Inmate Programs and Reentry shall ensure the Counseling and Treatment Services Administrator develop, issue and maintain the Addiction Treatment Services Technical Manual, promulgating guidelines for managing an inmate's progress through the various substance abuse treatment services options available while under Department supervision.

The Assistant Director for Community Corrections shall include all necessary addiction treatment and treatment related guidelines for offenders in the Community Supervision Technical Manual.

DEFINITIONS/GLOSSARY

Refer to the Glossary of Terms for the following:

- Pre-Treatment
- Qualified Service Organizations
- Self-Help/12-Step Support Groups
- Substance Abuse
- Treatment

FORMS LIST

917-1, Informed Consent for Alcohol and/or Drug Treatment

AUTHORITY

- A.R.S. §31-255, Alcohol Abuse Treatment Fund
- A.R.S. §32-3321, Certified Substance Abuse Counselors; Qualifications
- A.R.S. §41-1651, Prison Construction and Operations Fund
- A.A.C. R4-6-701, Licensure of Substance Abuse Counselors
- A.A.C. R9-20-904, Supplemental Requirements for DUI Treatment