137656

CONNECTICUT DEPARTMENT OF CORRECTION

ADDICTION SERVICES UNIT

PROGRAM MANUAL

ADDICTION SERVICES UNIT MANUAL

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ADDICTION SERVICES UNIT
PROGRAM MANUAL

PROGRAM COMPONENTS

ADDICTION SERVICES PROGRAM STRUCTURE

REQUIRED ORIENTATION

All Facilities

PROGRAM DESCRIPTION
SYMPTOMS OF CHEMICAL DEPENDENCY

Suffield Intake

Facilities < 12 mos. sentenced
"UNDERSTANDING MY CHOICES"

T I E R 1

REQUIRED SUBSTANCE ABUSE EDUCATION

Program Description

- Six (6) Group Sessions, or Four (4) Group Sessions plus Choice of Two (2)
- 25 to 1 Inmate to Counselor Ratio / 3 to 5 Peer Support Inmates

- *Suffield I.*
- *Morgan*
- *Jennings*
- *Bridgeport*
- *Hartford*
- *New Haven*
- *Brooklyn*
- *Radgowski*
- *Litchfield*
- *Manson*
- *Niantic*
- *CAS*

All Facilities

VOLUNTARY

FELLOWSHIP MEETINGS

T I E R 2

INTENSIVE OUTPATIENT

Program Description

- Weekly Units of Service/Non-Res.
- Choice of 2+ Components
- 20 to 1 Inmate to Counselor Ratio

- *Northeast*
- *Robinson*
- *Webster*
- *Willard*
- *Brooklyn*
- *Enfield*
- *Manson*
- *Niantic*
- *Somers*
- *Cheshire*
- *Gates*
- *Suffield*
- *CAS*

T I E R 3

DAYCARE

Program Description

- Daily Units of Service/Non-Res
- Minimum of 4 hours
- 15 to 1 Inmate to Counselor Ratio / Peer Support Inmates

- *Northeast*
- *Webster*
- *Willard*
- *Gates*
- *Brooklyn*

T I E R 4

RESIDENTIAL TREATMENT

Program Description

- Structured Group Housing
- Full time Program
- 12 to 1 Inmate to Couns. Ratio

- *Cheshire*
- *Litchfield*
- *Manson*
- *Niantic*
- *Robinson*
- *Enfield*
- *Somers*
- *WSATU*
- *Hartell*
- *Suffield*

CHOICE OF PROGRAM COMPONENTS DETERMINED BY INDIVIDUAL CASE MANAGEMENT PLAN

Substance Abuse Education	12 Step Format	Fellowship Meetings AA	Fellowship Meetings NA	Cognitive	Skill Building: Stress Mgmt	Skill Building: Communication	Life Mgmt	Values Enhanc	Family System	Special Focus: Change Prog.	Special Focus: Behav Stud.	Special Focus: Anger	Other	Relapse Prevent.

MH/10/91

INMATE FLOW CHART

RESOURCE

"RECOVERY IS AN ONGOING PROCESS"

"Intervention strategies should be implemented at all major impact points in the correctional system - pretrial, jail, prison and parole."

"Provide a range of services from drug education to intensive residential programs, for substance abusing offenders."

"Regardless of which direction the offender is moving within the correctional system, the effectiveness of a program is significantly diminished if continuing care is not provided."

Entrance into system	Incarceration/Post Adjustment	Pre-Release	Community
Significant Impact Point: First interruption of substance abuse behavior. Disruption of chemically impaired thinking. Connection to consequences of substance abuse behavior.	Significant Impact Point: "Effect change through the system providing a menu of optional programs from which to make appropriate choices." Plan of action developed and maintained.	Significant Impact Point: "Among the most successful of correctional approaches to substance abuse."	Significant Impact Point: Re-entry into the community setting. Test of change.
Intent: Develop motivation. Recognition of problem. Exposure to options.	Intent: Confront offenders with consequences of drug use. Helps offenders develop effective skills. Establish recovery group membership.	Intent: "Address transition between institutional setting and community." Offer support and momentum for change.	Intent: Address ongoing treatment needs.
Program Structure: Single session. Short cycles.	Program Structure: Cyclical components Modified/Therapeutic Communities	Program Structure: Cyclical components	Program Structure: Halfway House Outpatient
Interventions: Orientation/Substance Abuse Education Orientation/Fellowship group support (AA/NA) Orientation/Relapse Substance Abuse Prevention Linkage established.	Interventions: Substance Abuse Education 12 Step Format Cognitive Skills, Social Skills, Values Fellowship Meetings Peer Counselors Linkages established with all.	Interventions: Relapse Prevention Life Skills Family System Fellowship Meetings Linkage established to community	Interventions: Continuation of Intervention Urinalysis Monitoring Fellowship Meetings Winner's Circle Linkage to support networks.

All "quotations" cited from:
"Intervening with Substance-Abusing Offenders: A Framework for Action" - The Report of the National Task Force on Correctional Substance Abuse Strategies (National Institute of Correction - 6/91)

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility_____ INMATE SAMPLE INTENSIVE OUTPATIENT Effective Date ___/___/___

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING		SUBSTANCE ABUSE EDUCATION		SUBSTANCE ABUSE EDUCATION	
AFTERNOON					SOCIAL SKILLS
EVENING	AA SPEAKER FELLOWSHIP		AA TEXT FELLOWSHIP		

INCLUDE: /MH

1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility_____ INMATE SAMPLE INTENSIVE OUTPATIENT Effective Date ___/___/___

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	COMMUNICATION SKILLS			COMMUNICATION SKILLS	
AFTERNOON	12 STEP FORMAT				
EVENING			NA FELLOWSHIP MEETING		

INCLUDE: /MH

1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility_____ INMATE SAMPLE DAYCARE Effective Date ___/___/___

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	COMMUNICATION SKILLS	REASONING	12 STEP FORMAT	COMMUNICATION SKILLS	RELAPSE PREVENTION
AFTERNOON					PEER COUNSELORS
EVENING	FELLOWSHIP	FELLOWSHIP	FAMILY SYSTEMS	FELLOWSHIP	

INCLUDE: /MH

1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility_____ INMATE SAMPLE DAYCARE Effective Date ___/___/___

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	EXTENDED SUBSTANCE ABUSE EDUCATION	12 STEP FORMAT	SOCIAL SKILLS	12 STEP FORMAT	PEER COUNSELORS
AFTERNOON				COMMUNICATION SKILLS	
EVENING	FELLOWSHIP	FELLOWSHIP	FAMILY SYSTEMS		FELLOWSHIP

INCLUDE: /MH

1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

ADDICTION SERVICES PROGRAM PROFILE

FACILITY_____ DATE_____

POPULATION PROFILE	SIGNIFICANT IMPACT POINT	TASK/GOAL	PROGRAM STRUCTURE	INTERVENTIONS

ADDICTION SERVICES PROGRAM PROFILE

FACILITY J. B. Gates DATE

POPULATION PROFILE	SIGNIFICANT IMPACT POINT	TASK/GOAL	PROGRAM STRUCTURE	INTERVENTIONS
Sentenced level 3 5-10 month stay (5-6 new admissions per day)	Incarceration/ Post Adjustment	Develop and maintain motivation Establish recovery group membership Help offenders develop effective skills	Cyclical outpatient Daycare	Substance Abuse Education 12 Step Format Skill Building Fellowship Meeting (Peer Counselors)
Small % released to community	Pre-release	Address transition between institutional setting and community Offer support and momentum for change	Cyclical outpatient	Relapse Prevention Life Skills Family Systems Fellowship Meeting

RESOURCE

TARGET INTERVENTION

FACILITY_____

FACILITY POPULATION PROFILE	SUBSTANCE ABUSE EDUCATION		12 STEP FORMAT	FELLOWSHIP MEETINGS		SKILL BUILDING					SPECIAL FOCUS						RELAPSE PREVENTION
	Mandatory Intervention	Cyclical		AA	NA	Cognitive	Life	Assertive Training	Communication	Values Enhancement	Family System	Parenting	Cultural	Behavioral Studies	Change Program	Other	

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility_____ Effective Date ___/___/___

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EVENING					

INCLUDE: /MH

1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

S A M P L E

ADDICTION SERVICES GROUP PROGRAM COMPONENT SCHEDULE

Facility J. B. Gates Effective Date __/__/__

TIME(s)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 9:00 to 11:00	Values Enhancement M. Belmont 20 C-Dorm Substance Abuse Education S. Jaskiewicz 20 C-Dorm	Communication Skills L. Southworth 20 C-Dorm	Behavioral Studies L. Southworth 20 C-Dorm Substance Abuse Education S. Jaskiewicz 20 C-Dorm	Orientation capacity open dining hall Values Enhancement M. Belmont 20 C-Dorm	Relapse Prevention L. Southworth 25 C-Dorm
AFTERNOON 12:45 to 2:45		12 Step Format L. Southworth (volunteer) 20 C-Dorm	Extended Behavioral Studies L. Southworth 20 C-Dorm	Stress Management M. Belmont 20 C-Dorm	Life skills/Pre-Release M. Belmont 30 C-Dorm
AFTERNOON 3:30 to 4:45	Reasoning Skill Building L. Southworth 20 C-Dorm	Parents Group S. Jaskiewicz 15 C-Dorm			Extended Substance Abuse Education S. Jaskiewicz 20 C-Dorm
EVENING 7:30 to 9:00	Alcoholics Anonymous Step Meeting L. Southworth (volunteers) 30 C-Dorm			Alcoholics Anonymous Speaker Meeting L. Southworth (volunteers) 65 C-Dorm	Narcotics Anonymous Speaker Meeting S. Jaskiewicz (volunteers) 65 C-Dorm

INCLUDE: /MH
1) Time(s) 2) Program Component(s) Title 3) Facilitator(s) 4) Participant Capacity 5) Room Location

Facility_____
Date_____

PROGRAM TITLE:

PROGRAM COMPONENT DESCRIPTION:

PROGRAM OBJECTIVES:

PROGRAM ELIGIBILITY:

PROGRAM DURATION:

PROGRAM AVAILABILITY:

STAFF CONTACT:

FACILITY J.BERNARD GATES C.C.I

PROGRAM TITLE: RELAPSE PREVENTION

PROGRAM COMPONENT DESCRIPTION: Relapse Prevention is a five-week course meeting once weekly, on Fridays, for two-hours.... from 9:00 - 11:00 A.M. The program is in a classroom setting that utilizes both a teaching format and group discussion. Since it is impossible to make drugs/alcohol physically unavailable, Relapse Prevention attempts to make drugs/alcohol psychologically unavailable, by changing the way the client thinks about substance use/abuse and its' effects.

PROGRAM OBJECTIVES: The main objective of Relapse Prevention, as mentione above, is to make the substance psychologically unavailable. The addictic process is examined and the process that leads up to relapse, not just the relapse. Hopefully, key factors or cues can be recognized which can lead to understanding the process and thus better preparing the client to both guard against Relapse and change the outcome. The program follows this format:

-- Examines Relapse as a process with the objective being to recognize their own Relapse Process and identifying their own, personal, cues.
-- Identifying the Risk Factors of Relapse - the risk in social and environmental factors and what to do when you begin to identify these issues - dealing with the Guilt and Shame.
-- Identify and discuss ways of reducing the risks, once they've been identified. Examining Leisure Time Activities and Goal Setting.
-- Identify the elements necessary for the individual to become increasingly independent from their chemical dependency. The use of Support Groups and the other resources available.
-- Tying all the issues together from the past four weeks of classes. Specific Support Groups and Sponsors, identified and chosen. Concrete plans are formulated for when discharge is a reality and the importance of the Support Networks, reinforced.

PROGRAM ELIGIBILITY: Eligibility for Relapse Prevention is as follows:

-- Having a history of Alcohol/Drug Use/Abuse
-- Willingness to enter treatment
-- Willingness to comply with the program's Rules and Regulations
-- Commitment to finish

PROGRAM DURATION: The program meets once weekly, two hours per session, 9:00 - 11:00 A.M. for five weeks. Certificate of Completion issued for the ten-hour course.

PROGRAM AVAILABILITY: Program runs in cycles that are five weeks in leng with two weeks between cycles, so that graduation can be coordinated with the other classes/groups that are being held. Maximum number of participants per cycle is 25, by seniority on the Waiting List. Graduate Clients from the other programs are urged to attend.

STAFF CONTACT: Anyone from Addiction Services may be contacted. They wi refer the interested party to Lee Southworth, who facilitates the program The clients may also contact their case-worker who will then forward the request to Addiction Services. Clients are also referred by the Classification Committee.

FACILITY J.BERNARD GATES C.C.

PROGRAM TITLE: NARCOTICS ANONYMOUS

PROGRAM COMPONENT DESCRIPTION: Narcotics Anonymous is a self-help support group for inmates who have a desire to begin the 12 Step Road recovery. The group meets once weekly, headed by Volunteers from the community, who themselves are in the recovery process and are committe to giving back what they themselves have taken from the program. The program has a spiritual foundation and utilizes the 12 Steps (which ar the same as A.A.'s) and provides support and comfort to all who come with a desire to remain substance free. The meeting is a "Speaker Meeting" where a volunteer tells his "testimony" of drug use and despa and how ultimately, N.A. provided the help to live free of the addicti but that the disease of addiction is ever-present and must be addresse "One-Day-At-A-Time".

PROGRAM OBJECTIVES: The program's objectives are simple: provide support and a non-judgemental atmosphere. for addicts who simply have desire to remain drug free. The program uses the 12 Step approach, first utilized by Alcoholics Anonymous. The addict must first come to realization that he is powerless to overcome his addiction and must see help from a "Higher-Power". Then he must make a commitment to live "Or Day At A Time", begin taking personal inventory, and begin making the changes necessary to live free of the tortures and despair of drug abuse.

PROGRAM ELIGIBILITY: All are welcome although security issues restric the attendance at this point in time, to 65 participants. There is a Waiting List for those not yet given clearance to attend. To continue to attend, a participant must not miss two weeks in a row and behave ir a respectable manner in the meeting.

PROGRAM DURATION: The Narcotics Anonymous Meeting is a lifetime membe ship meeting. The disease of addiction is a progressive disease and th participant becomes a lifetime member, if he adheres to the program's tenets of faith.

PROGRAM AVAILABILITY: The program has 65 active members at Gates. There is currently a Waiting List that is advanced by seniority.

STAFF CONTACT: Anyone from Addiction Services may be contacted. The coordinator for the program is Sheila Jaskiewicz. Referrals can also come from the clients caseworker or the Classification Committee.

ADDICTION SERVICES UNIT PROGRAM MANUAL

TREATMENT DOCUMENTATION

REQUEST FOR TREATMENT FORM

I wish to participate in the Alcohol and Drug Treatment Program offered at this correctional facility. I understand the program rules and philosophy and the treatment program components available to me.

Signature Date

I do not wish to participate in the Alcohol and Drug Treatment Program offered at this facility at this time. I may request and receive treatment at a later date.

Signature Date

PROGRAM ADMISSION

Inmate Name_____ Date of Birth_____ T Score _____
Counselor Code_____ Signature/Title_____ Inmate #_____
Facility Code_____

RD12 Intake

Date of intake:
Referral code:
Recovery assessment:
Ever committed a crime under the influence? Y/N

RD15 Intake - Treatment History

Treatment type code:
Last date of treatment (mo/yr):
Agency code:
Length in months:
0 = unknown / 1-36 = months / 99 = greater than 36
Discharge status:

RD17 Intake - Substance Abuse History

Substance Abuse History:

Primary substance type:	Secondary substance type:
Age first use:	Age first use:
Age-peak frequency:	Age-peak frequency:
Age last use:	Age last use:
Usage at peak:	Usage at peak:

RD20 - Program Admission

Intake Date:
Admission Date:
Program Code:

Admission Date:
Program Code:

PERSONAL INFORMATION Address:
Phone: Referred by: Marital status:
Soc. Security #: Est. release date: Race: Sex:

EDUCATION Highest Grade Completed:
G.E.D. College/Vocational Training:

LEGAL HISTORY Current Charge Date of Arrest Date of Sentence

EMPLOYMENT HISTORY Current/Past Employer Name and Address Job

MEDICAL HISTORY Prescribed Medication?
Medical Problems?

FAMILY HISTORY Significant Others:

Interested in your Recovery Process?
In case of Emergency, contact:

Describe your alcohol/drug use

Reason you use

Have you had any periods of being totally chemically free?
How long? When?

Has anyone else ever commented on your use of drugs or alcohol? Explai

Were you using drugs or alcohol at time of committing any offense?

Have you ever gotten into difficulties because of alcohol/drug abuse (work, family, etc.)?

Have you ever voluntarily gone to anyone for help for alcohol/drug use?

Do you believe alcohol/drugs are a problem for you? Explain

Do you want to change your use of alcohol/drugs? How?

How do you feel about treatment?

What do you expect to gain and accomplish from your participation in this program?

What do you feel your needs are?

What do you feel are your strengths?

Comments:

RECOGNIZING SYMPTOMS OF ABUSE

Specific questions that help gather information regarding drug/alcohol problems. This is for an early diagnosis (before the symptoms are exaggerated or the person is dysfunctional).

REMEMBER: Determine by the way the person uses, not by how much or how often.

1. Do you sometimes look forward to using or getting high when you should be doing something else?
2. When you do use, do you take as much as you can as quickly as possible?
3. Do you ever find yourself using or drinking more than you or others think you should? (A "yes" answer, 90% change of problem usage).
4. Do you ever find yourself using alone? Even though others may be in the room or bar, you are there alone (doesn't mean physically alone).
5. Do you ever protect your supply so as not to be caught short when you might need it?
6. When feeling poorly, do you ever think, "If I only had it, I'd feel better"?
7. Do you find you are able to take more now and still remain remarkably efficient? (Not appropriate for marijuana; usually opposite effect.)
8. Do you ever have "holes in your memory," where you couldn't remember what you did when you used it? (Only appropriate for sedative drugs like alcohol.)

A "yes" answer to at least four (4) indicates problem usage. The inability to provide outlines of daily routines may be an indicator that serious drug involvement is happening, for the individual's total, daily routine may be geared toward obtaining and using drugs.

ASSESSMENT	T R E A T M E N T P L A N		PLAN REVIEW	
CIRCLE SELECTION TASK(S)/GOAL(S)	DATE AND FREQUENCY/ TOTAL HOURS SCHEDULED	CIRCLE SELECTION COMPONENT(S)	DATE	SIGNATURE(S)
	GROUP MODALITY			
1. Transition Tasks Exposure to programs/options Begin connecting life problems with chemicals Develop motivation Address Denial	I. Mandatory Orientation A. Initial 1. Program Description and Menu 2. Expectations 3. Request for Treatment Form B. Extended (group) 1. Symptoms of Chemical Dependency/Denial (Video & Discussion) 2. Use of Peer Counselors 3. Program Guidelines Form	C. Referral (group) (T2-T5) 1. Alcohol/Drugs and You 2. Understanding my Choices 3. Use of Peer Counselors 4. Program Guidelines Form		
2. Early Recovery Tasks Admission of problem Understanding and recognizing addiction Recover reasoning abilities Learning non-chemical coping skills Develop recovery identification	II. Foundation/Program Components A. Recovery Education Series Curriculum Topics (60-90 minutes) B. 12 Step Format Hazelden Step Pamphlets, Keep it Simple Series, "A Way Out" Package (60-90 minutes) C. Cognitive Skills Reasoning and thinking strategies D. Life Skills E. Fellowship Meetings/Beginners Speaker Discussion, Textbook, 12 Step	F. INDIVIDUAL COUSELING	G. FAMILY INTERVENTION	H. Peer Counselors 1. Identification 2. Training 3. Utilization in Orientation Winner's Circle	I. PRERELEASE/AFTERCARE
3. Later Recovery Tasks Commitment to recovery Alter self-defeating patterns Acknowledge interpersonal responsibilities Balance lifestyle	III. Maintenance/Program Components A. Relapse Prevention B. Change C. Family Systems D. Special Focus E. Fellowship Meetings/Advanced				

CLIENT NAME:_____

CLIENT #:_____

ADMISSION DATE:_____

CLIENT PROGRAM PARTICIPATION

PRIMARY COUNSELOR:_____

SIGNATURE:_____

	ATTENDANCE						PROGRESS NOTE	URINE	RESULTS
	APPT	DATE	EXC	ABS	INTER	IND	GRP			
Orientation										
Intake										

TYPE FREQUENCY # OF HOURS

Component Selection(s)

Concept/Skill

Completion Date: _____ Incomplete ___ Motivational Code:_____

ATTENDANCE LOG SHEET

GROUP PROGRAM PARTICIPATION

RECOVERY COMPONENT_____ DATE_____

GROUP FACILITATOR(S)_____ TIME_____

SIGNATURE(S)_____

COORDINATOR REVIEW-INITIALS/DAT:

CLIENT NAME	NUMBER	CLIENT SIGNATURE	NOTES

VALID CODE VALUES
MOTIVATION LEVEL

CODE #	CODE VALUE
00	UNDETERMINED
01	RATIONALIZES BEHAVIOR / NOT MOTIVATED
02	UNDERSTANDS NEED TO CHANGE / NO COMMIT
03	MOTIVATED TO CHANGE / RECEPTIVE
04	SELF-MOTIVATED

PAGE 1 OF * END OF LIST *

CRAS 06/19/90 12154112

F12=CANCEL

BOSS ADDICTION SERVICES DIVISION V1.0

PROGRAM DISCHARGE

Client Name:_____ Admission Date:_____
Counselor Code:_____ Facility:_____
Completion Counselor:_____ T Score:_____

Program Codes	Components	Actual Treatment Hours	Completion Date	Motivation Level	Program Outcome
		Total Hours:			

Discharge Date:

Discharge Counselor:

Overall Motivation:

Recovery Assessment:

Discharge Status:

Agency/Facility Referred to:

Strengths/Weaknesses:

Recommendations:

Motivation Level:
- 00 Undetermined
- 01 Rationalizes Behavior/Not Motivated
- 02 Understands Need to Change/No Commitment
- 03 Motivated to Change/Receptive
- 04 Self-Motivated

Program Outcome:
- 01 Completed
- 02 Not Completed
- 03 Not Completed/ Not Compliant

Recovery Assessment:
- 01 Transition
- 02 Early Recovery
- 03 Later Recovery

Facility Status Discharge Code:
- 00 Unknown
- 01 Completed w/Formal Referral
- 02 Completed w/o Formal Referral
- 03 Not Complete-Advised w/Formal Referral
- 04 Not Complete-Advised w/o Formal Referral
- 05 Left Against Clinical Advice
- 06 Incarcerated/Re-Incarcerated
- 07 Deceased
- 08 Disc. Non-Compliance - Substance Abuse
- 09 Disc. Non-Compliance - Other than Substance Abuse

CONNECTICUT DEPARTMENT OF CORRECTION

90 Brainard Road
Hartford, Connecticut 06114

ADDICTION SERVICES DIVISION

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless:

(1) The patient consents in writing;

(2) The disclosure is allowed by a court order, or

(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

(Approved by the Office of Management and Budget under Control #0030-0099.)

I have read, understand and received a copy of the above.

NAME _____ DATE _____

ADDICTION SERVICES DIVISION
CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION

I, _____ of _____
(name of client or participant) (client's address)

authorize _____ to disclose to
(name of program making the disclosure)

_____
(name of person or organization to which disclosure is to be mac

the following information _____

_____
(nature of information)

_____
(nature of information)

I understand that my records are protected under the Federal and State
fidentiality Regulations and cannot be disclosed without my written
sent unless otherwise provided for in the regulations. I also understar
that I may revoke this consent at any time except to the extent that
action has been taken in reliance on it (e.g. probation, parole. etc.)
and that in any event this consent expires automatically as described belo

Specification of the date, event, or condition upon which this consent expi

_____

_____

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this day of , 19

_____
Signature of client or partici

_____
Signature of Authorized Progra
Representative.

ATTENDANCE LOG

GROUP COMPONENT: ______________________________ ____________________
DATE/DAY/TIME

FACILITATOR(s): ____

NAME	SIGNATURE	DORM

MH/10/9

DRUG EDUCATION ROSTER

FACILITY: ______________________________

NAME	NUMBER	ATTENDANCE								COMPLETE PROGRAM

ORIENTATION SCREENING

ADDICTION SERVICES

Name_____ #_____ Dorm_____ Date_____

	YES	NO	N/A
1. Do you have a history of alcohol or drug use?	____	____	____
2. Were you using alcohol or drugs at any time you were arrested?	____	____	____
3. Do your family or friends ever worry or complain to you about how much you drink or drug?	____	____	____
4. Did you ever forget about what happened during a time when you were high or drunk?	____	____	____
5. Has your alcohol or drug use ever caused problems getting or keeping a job?	____	____	____
6. Did you ever worry that your alcohol or drug use might be a problem?	____	____	____
7. Did you ever want to stop drinking or drugging?	____	____	____
8. Would you like to sign up for Alcoholics Anonymous or Narcotics Anonymous meetings?	____	____	____
9. Would you like to sign up for other substance abuse recovery programming?	____	____	____

****

Objective Classification Substance Abuse "T" Score _____ Subcodes_____

Addiction Services Staff_____ Date_____

INDIVIDUAL CONSULTING

NAME	NUMBER	PERIOD FROM	TO	NO TOTA
		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		

TOTAL

INDIVIDUAL COUNSELING REQUEST

1. Name: _____

   Number: _____

   Bed: _____

   Job: _____

2. Why do you want individual counseling?

3. What specific issues do you want to work on?

PLEASE RETURN TO ANY ADDICTION SERVICES STAFF PERSON.

TO: LIST

THRU: William Tuthill, Assistant Deputy Commissioner, Region I

FROM: Lawrence P. Mayer, Director of Addiction Services

RE: Addiction Services Client Tracking System (ASCTS)

In order to monitor more effectively, the usage and input to the Addiction Services Client Tracking System, it is requested that the following information be submitted in conjunction with the monthly reports. Please begin the report for the month of September, 1991.

Is your terminal operational and ready to input data?

If NO, indicate on monthly report.
If YES, complete the rest of the information requested.

Number of Client Intakes Completed:_____

Total Number of Program Admissions:_____

Number Admitted to 101 Program:_____
Number Admitted to 102 Program:_____
Number Admitted to 103 Program:_____
Number Admitted to 104 Program:_____
Number Admitted to 105 Program:_____
Number Admitted to 106 Program:_____
Number Admitted to 107 Program:_____
Number Admitted to 108 Program:_____
Number Admitted to 109 Program:_____
Number Admitted to 110 Program:_____
Number Admitted to 111 Program:_____
Number Admitted to 112 Program:_____
Number Admitted to 113 Program:_____
Number Admitted to 114 Program:_____
Number Admitted to 115 Program:_____
Number Admitted to 116 Program:_____
Number Admitted to 117 Program:_____

Total Number of Program Completions:_____

Number Completed 101 Program: _____
Number Completed 102 Program: _____
Number Completed 103 Program: _____
Number Completed 104 Program: _____
Number Completed 105 Program: _____
Number Completed 106 Program: _____
Number Completed 107 Program: _____
Number Completed 108 Program: _____
Number Completed 109 Program: _____
Number Completed 110 Program: _____
Number Completed 111 Program: _____

Number Completed 112 Program: _____
Number Completed 113 Program: _____
Number Completed 114 Program: _____
Number Completed 115 Program: _____
Number Completed 116 Program: _____
Number Completed 117 Program: _____

Number of Facility Discharges: _____

If you have any questions on this matter, please contact me. Your assistance is appreciated.

LPM/bl
cc: W. Lee Palmer, Director of Programs and Treatment
Deputy Commissioner Thomas White
Frank B. Hall, Correctional Manager of Alcohol/Drug Treatment
Marla Hauslaib, Correctional Manager of Alcohol/Drug Treatment

LIST:

Region I Wardens

Warden Dunn, CCC-Brooklyn
Warden Matos, CCI-Enfield
Warden Bonzagni, CCC-Hartford
Warden Pelkey, Jennings Road DC
Warden Barton, CCC-Montville
Warden Norfleet, Morgan St. DC
Warden Arrington, Carl Robinson CI
Warden Tilghman, CCI-Somers
Warden Kupec, CI-Willard

VII Program Evaluation

A. Client Tracking System

Components of the Alcohol and Drug Model Treatment Program include the A. Client Tracking System, B. Addiction Services Monitoring Audit and Third Party Evaluations of Addiction Services Programs.

Addiction Services has designed and implemented a computerized Management Information System known as the Client Tracking System. This will strengthen the continuity of care system and enhance program evaluation capabilities. The primary objective is to enhance communications between all program locations involved with the inmate/client and provide accountability for the treatment services that are provided. This system will produce automated statistical reports, and is designed to assist the Addiction Services counseling staff in properly evaluating the offender's treatment needs. The CTS will provide a record of Addiction Services interventions in each facility and community program. The record will be built upon rather than reinitiated on each new admission. The tracking system will follow the individual into the community so that Addiction Services intervention can continue without undue repetition. If the individual is reincarcerated, the record of program involvement should follow them back into the facility.

The major components of the Addiction Service Client Tracking System include:

- Objective classification system code for substance abuse treatment need.
- Prior drug/alcohol treatment by type and date of discharge. This includes self-reported information of treatment received from the DOC or other agencies not captured on the new system.
- Primary and secondary drug use as to the type, age at first use, age at last use, age at peak use and level of use at peak.
- An Assessment charting the client's improvement over a time in each program site. This assessment contains three (3) levels of improvement from Transition to Later Recovery.
- Program information concerning the offender's motivational and participation level, outcome of involvement at each program site and referral status.

The case-tracking will have the capacity to evaluate Addiction Services continuity of care objectives and provide a basis for evaluation of facility and community treatment programs.

ADDICTION SERVICES UNIT PROGRAM MANUAL

TRAINING

ALCOHOL/DRUG COUNSELOR CERTIFICATION PLAN
TRAINING RECORD

NAME:_____ _____ to _____
MO/YR MO/YR

LOCATION:_____ APPROVED BY:_____

CERTIFIABLE TRAINING HOURS	Target	Actual	TRAINING RECORD			
			Dates	Title of Training	Organization	Hours
1ST QUARTER						
2ND QUARTER						
3RD QUARTER						
4TH QUARTER						
TOTAL ANNUAL TARGET #						
TOTAL ANNUAL ACTUAL #						
CERTIFIABLE WORK EXPERIENCE HOURS		Start of Year #				
		End of Year #				

PREPARED CASE PRESENTATION AS PER
DATE: ___/___/___

PLANNED CERTIFICATION AS PER
DATE: ___/___/___

ACTUAL CERTIFICATION AS PER
DATE: ___/___/___

/MH 10/91

INDIVIDUAL EMPLOY TRAINING RECORD

Report Period ________________
(Month/Year)

EMPLOYEE NAME ______________________ TITLE ____________ FACILITY ____________

DATE OF HIRE(A.S.) ____________ DATE OF (RE)CERTIFICATION ____________ (Planned or actual)

DATES					TITLE OF COURSE	COURSE DESCRIPTION OR TRAINING GOALS	TRAINING ORGANIZATION & ADDRESS	HOURS OF TRAINING	CERTIFIABLE HOURS
Mo	Yr	To	Mo	Yr					

TOTAL THIS MONTH - ______ ______

PREVIOUS ACCUMULATED (RE)CERTIFICATION HRS. ______

CURRENT TOTAL (RE)CERTIFICATION HRS. ______

SUPERVISED PRACTICAL TRAINING SUMMARY - Supervised Practical Training in the Counselor Core Functions

Supervised Practical Training includes activities designed to provide training of specific counselor functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the Counselor in this learning process. If you received no formal training, your past work experience may be acceptable. In this case, please thoroughly document such experience, explaining how you learned to be a Counselor.

Types of Training (Please Check): On-the-Job Training___ Training Program___ Past Work Experience___

FUNCTIONS	NO. of HRS.	AGENCY
Screening		
Intake		
Orientation		
Assessment		
Treatment Planning		
Counseling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports and Recordkeeping		
Consultation with Other Professionals		

TOTAL NO. OF HOURS: _____

Should be 220 for single certification,
300 for dual certification.

NOTE: Each function should be no less than 10 hours.

In your own words, please describe your supervised practical training. Include in your description who trained you and how they trained you. (For example, Joined you for counseling sessions which they later reviewed with you, etc.). Please be sure to include any supervised practical training you received when and if you changed jobs.

COUNSELOR CERTIFICATION REQUIREMENTS

INTRODUCTION

This manual outlines the requirements for certification for professionals desiring certification as substance abuse counselors from the Connecticut Alcoholism and Drug Abuse Counselor Certification Board. Three credentials are offered: Substance Abuse Counselor (Alcohol), Substance Abuse Counselor (Drug), and Substance Abuse Counselor (Alcohol and Drug).

Definition and Tasks of a Substance Abuse Counselor

A Substance Abuse Counselor is a person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide and assist alcoholics and those persons affected by problems related to the abuse of alcohol and other drugs.

A Substance Abuse Counselor is an individual who possesses the professional skills necessary to perform the following functions in providing alcohol and drug abuse treatment to clients and significant others in a variety of treatment settings:

1. Screening: The process by which a client is determined appropriate and eligible for admission to a particular program

2. Intake: The administrative and initial assessment procedures for admission to a program.

3. Orientation: Describing to the client:
   a. general nature and goals of the program;
   b. rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program;
   c. in a non-residential program, the hours during which services are available;
   d. treatment costs to be borne by the client, if any; and
   e. client's rights.

4. Assessment: Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weakness, problems and needs for the development of the treatment plan.

5. Treatment planning: The process by which the counselor and the client:
   a. identify and rank problems needing resolution;
   b. establish agreed upon immediate and long term goals; and
   c. decide on the treatment methods and resources to be used.

6. Counseling (individual, group and significant others): The utilization of special skills to assist individuals, families or groups in achieving objectives through:
   a. exploration of a problem and its ramifications;
   b. examination of attitudes and feelings;
   c. consideration of alternative solutions; and
   d. decision making.

7. Case Management: Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

8. Crisis intervention: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

9. Client education: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

10. Referral: Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

11. Reports and recordkeeping: Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client-related data.

12. Consultation: Relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client.

REQUIREMENTS FOR INITIAL CERTIFICATION

There are three parts to the certification process: portfolio, written test, and case presentation.

PORTFOLIO

The applicant must give satisfactory evidence of completion of required work experience and training, and must furnish three satisfactory references.

Counseling Experience for Substance Abuse Counselors

Alcohol Credential	4000 hours alcoholism counseling	
Drug Credential	4000 hours drug abuse counseling	
Alcohol and Drug	6000 hours:	2000 hours alcoholism 2000 hours drug abuse 2000 hours alcoholism or drug

Since both alcoholism and drug abuse problems exist in the clientele of various substance abuse treatment settings, the counselor may be able to obtain both types of experience in the one setting in which s/he works.

All counseling experience must be under approved clinical supervision. Applicants must document to the satisfaction of the Board how clinical supervision has been achieved. All clinical supervisors of applicants for certification must be approved by the Board. Certified Substance Abuse Counselors are acceptable; those with Approved Clinical Supervisor Status are preferred. In exceptional circumstances, a non-certified supervisor may be approved after a special review by the Board.

One-half of the experience must be paid employment providing alcoholism/drug abuse counseling. One- half may be a combination of full-time employment, part-time paid or unpaid employment, or internship/practicum, providing all experience is under approved clinical supervision.

Internship or practicum experience that is part of an academic degree program may be credited on an hour-to-hour basis. That is, one hour's practicum experience equals one hour towards the experience requirement. Or, the applicant may count the academic credits for the practicum as training.

Clinically supervised, unpaid experience, (i.e., volunteer), would be acceptable on a 1-1/2 to 1 ratio. For every three hours of clinically supervised, unpaid experience the applicant would receive two hours toward the requirement.

All qualifying work experience must have been accrued during the twelve years prior to application. The maximum allowable hours are forty per week, or 2000 per year. Of these hours, the applicant is required to document in Supervised Practical Training:

220 hours, minimum 10 in each core function, for CAC
220 hours, minimum 10 in each core function, for CDAC
300 hours, minimum 10 in each core function, for CAC/CDAC

Supervised Practical Training is supervision which teaches the knowledge and skills of professional substance abuse counseling. This training may be part of the eligible work experience and may be completed under more than one supervisor or agency. A recommended minimum ratio is one hour of supervision to ten hours of practical experience. This learning may also take place during an academic internship.

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for clinical supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

Training for Substance Abuse Counselors

Training, for purposes of certification, is defined as an organized, goal-directed event within a specified time frame of at least five hours, focusing on the skills and knowledge described in the core functions.

Training requirement:

240 hours, 120 specific to alcohol, for CAC
240 hours, 120 specific to drug, for CDAC
360 hours, 120 specific to alcohol and
120 specific to drug, for CAC/CDAC

Included in these hours must be six hours of training in ethics as it pertains to substance abuse.

Determination of training hours:

One-half of the training hours must be accrued within the twelve years prior to application. Computation of these hours will be based solely upon actual contact hours of training. A three credit academic course usually entails 45 actual classroom contact hours; one week schools of alcoholism, such as the New England School of Alcohol Studies, usually entails 30 contact hours. An applicant may apply only those hours actually spent in classroom or lecture hall towards certification requirements.

Determining training that will be acceptable to the Board:

The primary determinant of acceptability of training is that it meet the basic definition of training and that it provide information that relates to the core functions. Seminars, conferences, workshops, and academic courses would be

acceptable providing that they relate to the competencies expected of a certified counselor. It is expected that a certifiable level of competence will include "background" information in a wide variety of areas that will enhance the counselor's ability to deal with the client's problems. Such areas would include, among others: basic and advanced psychology theories and concepts, basic and advanced counseling techniques (reality therapy, transactional analysis, rational emotive therapy, family systems theories, etc.), physical components of addictions, case reporting, treatment plan development and implementation, evaluation skills, client confidentiality, resource utilization and referral.

Some training events may represent a sequential set of experiences gained over several days or weeks and genred toward a specific topic. In-service training may be acceptable if it meets the criteria established by this section. Applicants for certification, however, should be careful not to confuse the requirements of "training" and those of "clinical supervision." The kinds of activities that take place at staff meetings and case conferences often mimic a training event. They would not, however, be considered training for the purposes of certification.

Documentation of training:

The applicant will be responsible for documenting all training claims. Documentation should include date, location, description, and proof of completion of the course.

Documentation can take a number of forms. Official transcripts, sent by the academic institution direct to the Board, are required for formal classwork. Many seminars and workshops provide students with certificates of completion. If an applicant does not have these "initial source" documents, secondary source documentation may be accepted, such as memoranda form supervisors verifying attendance and describing the materials studied and time spent. Any applicant who feels s/he can provide documentation of a training event should request consideration of the Board. The Board retains the right to reject training claims whose documentation is deemed unsuitable.

Agencies retaining outside consultants for in-service training should prepare a document of curriculum that lists time spent in training, subject taught, and trainer(s). This should accompany the applicant's verification of attendance at the training.

REFERENCES

Applicants must furnish three professional references with an acceptable score on each one. One reference must be from the current or most recent clinical supervisor. The other two should be from professionals who have had an opportunity to judge the competencies of the applicant. The references are an integral part of the portfolio. Applicants must use CADACCB forms. References must be returned direct to CADACCB by the raters.

WRITTEN TEST

After his/her portfolio has been approved by a committee of the Board, the applicant is required to achieve a satisfactory score on a written test.

CASE PRESENTATION

The Case Presentation Method is based on the 12 core functions of a substance abuse counselor. The counselor must be able to demonstrate competence in each of these activities in order to be certified. Although many of the functions may overlap, depending on the nature and structure of the counselor's practice, each represents a specific entity.

The applicant is required to submit a written case presentation using an actual client from his/her case files who has completed treatment or is no longer a client. Forms and directions for the Case Presentation are supplied by CADACCB.

After the written Case Presentation has been accepted by a Board committee, the applicant is scheduled for an oral interview based on the case presentation. One question is chosen from each of the 12 core functions. Through the answers to the questions, the applicant must demonstrate competence in all 12 core functions.

The applicant will receive the specific 12 questions one hour prior to his/her interview time. This hour allows time for the applicant to prepare for the interview by utilizing any resource materials s/he may bring. No written materials are allowed in the interview.

The Case Presentation Method was developed by the Certification Reciprocity Consortium/Alcohol and Other Drug Abuse and adopted by Connecticut upon our acceptance as a member of CRC. Proctors and evaluators are trained to administer the CPM to insure a professional, uniform process in all member states.

REQUIREMENTS FOR RE-CERTIFICATION

Certification is for a period of two years. Counselors must apply for re-certification every two years.

Candidates for re-certification are required to provide documentation to the Board that they have completed 60 contact hours of professional education and development during the previous two years. The training must meet the requirements as outlined in Training for Substance Abuse Counselors in this manual and in the Standards for Re-Certification and should include training in the development of the professional skills described in the 12 core functions.

VI Staff Development

A. Staff Training Plan

Implementation of a Model Alcohol and Drug Treatment Program requires drug and alcohol treatment staff exposure to a rigorous training program that will teach new skills, improve and enhance existing skills, and challenge staff in areas specific to job function, professional development and personal growth. Training will provide an opportunity to remain current on all new developments in the substance abuse field. Training will be goal directed, such as, for the purpose of Alcohol and Drug Certification.

The training will provide an opportunity for staff to consider other alternatives/options/points of view. Training will facilitate the completion of a process by which information/techniques are first presented, then a learning phase occurs, and then what is learned is appropriately applied in the correctional facility and/or in the Community Addiction Services program.

The trained Addiction Services counselor will be a person who, by virtue of special knowledge, training and experience, will be uniquely able to inform, motivate, guide and assist alcohol/drug abusers and those persons affected by problems related to the abuse of alcohol and other drugs. This individual will possess the professional skills necessary to perform the following tasks in providing alcohol and drug abuse treatment to correctional clients: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record-keeping, and consultation.

All Addiction Services counselors shall receive specialized Basic First Year In-Service Training that meets Category I criteria of the Connecticut Alcoholism and Drug Abuse Counselor Certification Board, Inc. (CADACCB). Training (see Appendix F) may include, but not be limited to:

An Overview of Substance Abuse (12 hours)
Short-Term Client Systems (24 hours)
Group Counseling Process (24 hours)
Recovery Model (12 hours)
Denial (4 hours)
Confidentiality (4 hours)
Chemically Dependent Family Systems (12 hours)
Relapse Prevention (12 hours)
Professional Ethics (4 hours)
Cognitive Skills Therapy (21 hours)
Behavioral Studies Program (21 hours)
12 Core Functions of a Substance Abuse Counselor (40 hours).

Post First Year Training shall be provided on a regular, continuing basis to enhance professional development and growth so that Certification and Recertification standards may be fulfilled. Appendix F, entitled Staff Training Curriculum for Substance Abuse Counselors provides an outline and objectives for further staff training. All Addiction Services counselors shall receive a minimum of 40 hours of Post First Year Training per year. Post First Year Training will be provided by the Addiction Services Unit,

ADDICTION SERVICES UNIT
PROGRAM MANUAL

PROGRAM MANAGEMENT

V Overview of Treatment Intervention

The operational premise of the Alcohol and Drug Model Treatment Program is that recovery is a developmental process (Gorski and Miller 1982, Gorski, 1988), during which the substance abusing offender learns new values, attitudes, reasoning and social skills (Lipton, Wexler, 1990, Ross, Fabiano, Ross 1985, Flores 1988). The Recovery Model links stages of recovery with specific tasks, issues, and skills to be accomplished. Page 17 provides a graphic presentation of the Model. Pages 18-23 offers a detailed description of the implementation process for the Model at each correctional facility, and each community program.

The Model begins at the Transition Stage in which the offender is introduced to the beginning of the process of change. A rapport is established through the exchange of information which is intended to move the offender into recovery. Tasks include:

- Identifying symptoms of chemical dependency and the cycle of addiction
- Breaking down denial and other defense mechanisms
- Identifying consequences of using alcohol and/or drugs
- Beginning to connect life problems with chemicals
- Beginning to accept the need for abstinence, assistance, and direction through programming (Flores, 1988)

Program components include initial and extended orientations. (see orientation curriculum).

The tasks of Early Recovery include:

- Admitting problem and perception of powerlessness
- Developing understanding and recognition of addiction
- Identifying self-defeating patterns of behavior
- Learning non-chemical coping and stress management skills
- Developing a sobriety centered value system
- Learning to identify and manage feelings
- Learning to change life style.
- Developing recovery identification

Program components include (see B. Treatment Intervention Procedures for definitions):

- Recovery Education Series Curriculum Topics, Substance Abuse Education Modules (see Appendix A)
- 12 Step Format (Hazelden Step Pamphlets, Keep it Simple Series, "A Way Out" (see Appendix B),
- A Handbook for Teaching Cognitive Skills, Participant's Workbook, Supplements, by Robert R. Ross, Elizabeth A. Fabiano, Roslynn D. Ross, (see Appendix C),
- Life Skills (see Appendix D), and
- Fellowship/Meetings/Beginners speaker discussions.
- Individual Counseling and Family Intervention.

the CADAC Institute of Addictions, the Connecticut Alcohol and Drug Abuse Commission, and other training programs certified by the Connecticut Alcoholism and Drug Abuse Counselor Certification Board. A computerized annual training record system shall be maintained by the Director of Addiction Services on all Unit staff.

B. Clinical Supervision

One of the essential components of a Model Treatment Program is clinical supervision. It is recommended, when possible, that Addiction Services counselors receive direct clinical supervision including on-site clinical supervision of individual and group practice by a Counselor Supervisor or a CRSO II. This will meet the required hours of training and counseling experience for CADACCB Approved Clinical Supervisor Status (1990). All active individual client files will be reviewed and signed off every sixty days by the respective clinical supervisor. This clinical supervisor will have the following knowledge and skills:

1. Advanced knowledge on how alcohol/drug abuse relates to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.
2. Demonstrated familiarity of a variety of therapeutic modalities.
3. Operational experience with a variety of treatment approaches.
4. The ability to deal effectively with supervisee's psycho-dynamics as they relate to work with clients.
5. Knowledge of various roles and techniques employed in the clinical supervisory process.

Regularly scheduled in-house Addiction Services staff meetings shall be utilized to discuss programming, conduct case presentations, exchange clinical ideas, and insure progress toward program service goals.

C. Counselor Certification

All Addiction Services counseling staff shall be encouraged to seek Certification as an Alcohol and Drug Counselor in accordance with the requirements established by the Connecticut Alcoholism and Drug Abuse Counselor Certification Board (CADACCB), and as approved by the Connecticut Alcohol and Drug Abuse Commission (CADAC). Certified Alcohol and Drug Counselors shall be encouraged to meet the standards of Recertification established by the CADACCB and CADAC. All Counselor Supervisors shall be encouraged, within two (2) years of employment at this level, to become Approved Clinical Supervisors through CADACCB and CADAC. It is recommended that the State compensate the counselor for certification costs.

The capacity to be Certified and receive Approved Clinical Supervisory status from CADACCB and CADAC shall be a important factor in the selection of Addiction Services counselors and supervisors. The Director of Addiction Services shall be consulted regarding all potential job applicants for capacity to meet counselor and supervisory standards stablished by the CADACCB and CADAC.

The tasks of Later Recovery include:

- Establishing commitment to recovery
- Altering self-defeating patterns of behavior
- Acknowledging interpersonal responsibilities
- Building a balanced chemical free life style
- Developing self-maintenance relapse prevention program

Program components include Relapse Prevention (see Appendix E), Family Systems Theory, Special Focus Group, Change Program, and Advanced Fellowship Meetings. The Model seeks to encourage the client to continue in a program which fosters and supports personal growth during and after release from the Department of Correction. This can in part be accomplished through encouraging clients to become Peer Counselors and/or members of the Winner's Circle.

Additional learning theory premises are incorporated throughout the stages of recovery and utilized in the component of this program. These include:

- Repetition - significant concepts and skills need to be repeated throughout the program stages,
- Role Modeling - successful participants will be utilized as role models (i.e. peer counselors in beginning stages, Winner's Circle for later stages of recovery, community volunteer sponsors),
- Practice - components should encourage practicing and personalizing acquired skills and
- Group Identification - components should foster "recovery identity" for cohesiveness, support, sharing and qualities emulation.

The goal of the Model is to provide substance abusers with a continuum of intervention for each level of confinement and during community supervision. The Program Components will address the specific stages of recovery, assign appropriate timeframes for completion, and be consistent at each facility and community program.

There will be a standard Addiction Services hard copy file at each correctional facility and community program which will accompany or follow the Master File. The Client Tracking System (CTS) will provide an electronically based system to track each client from site to site and provide an assessment of the offender's motivation and participation level, outcome of involvement at each program site, and an Assessment which will assess the client's improvement and/or stage of recovery at each program site.

Treatment Intervention Procedures

Programming is to be offered at each location to ensure continuity and encourage the substance abuser to continue what was begun at each facility and community program. A similar modality of intervention should prevail throughout all confinement locations. The treatment outline for the inmate should be clear to both inmate and staff.

Change is the essential ingredient in the recovery process from addiction. The following core components of counseling provides a sequence of activities to promote change within the Model Alcohol and Drug Treatment Program. (See Chart, page 17, for program menu and sequence.) **See Appendix G for all forms referenced below for the Model Alcohol and Drug Treatment Program.**

Orientation. The initial inmate contact, conducted in a group or individual setting, informing the inmate of the nature and guidelines of the program.

All inmates shall attend within one week of admission to a correctional setting or if stipulated or referred to a community site , 1) an Initial Orientation to Addiction Services treatment, which will include a) a presentation and written description of services and program guidelines including staff names and contact procedure, b) the program's expectation of the participant and the client's rights, c) distribution of a Request for Treatment Form and 2) an Extended Orientation (60 minute group), which will include a) a presentation on "symptoms of chemical dependency/denial" utilizing a video tape and discussion, b) distribution of the Program Guidelines Form. Peer Counselors, inmates identified as good role models in recovery, may be utilized for "testimony" and assistance in group facilitation.

The Initial Orientation Group shall be held at least once a week. The Extended Orientation (see Appendix I) can be held when appropriate.

Screening. The process by which an inmate is identified as having a need for substance abuse treatment and is referred to the Addiction Services Unit.

Upon admission to a correctional facility, each inmate shall receive an evaluation as to substance abuse treatment needs in accordance with the Department's Objective Classification System. T2 through T5 classifications can be referred to the Addiction Services Unit. A written list of referrals may be utilized and/or a Request for Treatment Form may be submitted by facility staff or the inmate. Addiction Services counselors may recommend a revision of the inmate's T score through classification.

Referrals may receive an indepth group curriculum entitled "Alcohol/Drugs and You- Understanding My Choices" (see Orientation Curriculum). Peer Counselors may be utilized for "testimony" and assistance in group facilitation. Each inmate that attends shall sign a Program Guidelines Form indicating: 1) understanding of the program's rules and philosophy and 2) respective selection of program component(s). A Refusal For Substance Abuse Treatment Form shall be available for individuals not electing to participate in substance abuse programming.

Those inmates not currently interested, may request and receive treatment at a later date.

Program Admission. The administrative and initial assessment procedures for admission to a program:

Intake. The program shall collect at least the following personal and drug history information on a standardized Program Admission/Intake Form from each person at Program Admission: a) name, b) date of birth, c) home address and telephone number, d) criminal justice status and inmate number, e) sex, f) race/ethnicity, g) social security number, if available, h) referral source, i) signature and title of intake worker and j) classification T score.

The client's history shall include the following: a) treatment history, b) substance abuse history and problems, c) family and personal history, d) education and employment history, e) medical history, and f) history of arrests and convictions.

Information of the client's current patterns of abuse will be collected through a questionnaire. A self-diagnostic tool will also be utilized.

Each inmate requesting or requiring treatment involvement shall be seen at an individual intake session within one week following Program Orientation by an Addiction Services counselor. Inmates will be admitted into the program, or placed on a waiting list, who have T2 through T5 scores and/or 1) have a drug and/or alcohol problem, 2) are capable of functioning within the structure of the program, 3) are willing to accept and understand the program guidelines, and 4) comply with the treatment plan.

Exception: Inmates participating solely in the Component-Fellowship Meetings, or whose program selection indicates less than 4 sessions of programming, shall not require a formal Program Admission/Intake. Only an Attendance Log Sheet will be utilized for this status.

Assessment/Treatment Plan/Plan Review: 1) An **Assessment** shall be completed assessing the inmate's current phase in recovery and accompanying task(s)/goal(s). The identified task(s)/goal(s) are utilized to formulate the Treatment Plan. 2) **Treatment Plan.** The process whereby the inmate and counselor determine a plan of treatment. A Treatment Plan shall be developed with the inmate indicating a) treatment goal(s)/task(s) generated by both staff and inmate, b) assignment of a primary counselor, c) description of the type, frequency, and number of scheduled hours of treatment intervention. 3) **Plan Review.** The process whereby the inmate's status, treatment plan and schedule, motivation and progress toward goal(s)/task(s) are to be periodically reviewed. The date of such review with relevant staff signatures will be documented. The Assessment/Treatment Plan/Treatment Review developed at Program Intake shall be reviewed by the Addiction Services Program Coordinator, in conjunction with other case team members, 30 days after the initial treatment session, every 60 days thereafter for the first year, at least every 120 calendar days after the initial year, and 30 days prior to Program Discharge to insure appropriate case planning and referrals for continuity of care. The Assessment/Treatment Plan may be modified as necessary depending on the inmate's specific needs. The Plan Review shall be utilized as the method to 1) encourage continued treatment participation through planned intervention strategies and 2) insure appropriate referrals for continuity of treatment and support services.

The **Addiction Severity Index Form** will be utilized as the comprehensive assessment tool, when needed.

Treatment Methods. The utilization of special skills to assist individuals in achieving objectives through exploration of a problem, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

Substance abuse treatment program sites shall be available at each correctional facility and at each of the regional community facilities. A variety of program components shall be used to provide services responding to individual needs based on respective recovery stages and tasks to be accomplished.

1. Group Counseling: A safe and supportive environment shall be developed between a counselor and inmates to facilitate peer sharing and confrontation, shared identity, and learning and recovering skills.

Group Component Curriculums are to be viewed as "dynamic" packages of materials which can be added to or changed following an Addiction Services Unit review. Group Components are to address the tasks/goals and identify the specific concepts or skills targeted and having diverse modules and accompanying "prompts" available. Appendices suggest possible curriculum presentations targeting the desired concept/skill.

Foundation/Program Components

A. Recovery Education Series: This component shall present a general framework for defining and considering "substance abuse" with its key physical (concepts and commonly used terms are compared and discussed), psychological (concentrates on personal issues involved with substance abuse), and social concepts (addresses relationships and family systems). Groups are directed to the learning process which encourages participant personalization (Appendix A).

B. Reasoning and Rehabilitation Series -Cognitive Skills: This component promotes the development of reasoning and thinking strategies. This series targets specific cognitive skills deficits in such areas as problem solving, communications, negotiation skills, managing emotions, creative thinking and values enhancement (Appendix B).

C. 12 Step Series Format: This component introduces the foundation steps for recovery based on the AA/NA philosophy. Specific curriculum is utilized to concretely understand major concepts (Appendix C).

D. Life Skills: This component promotes learning non-chemical coping skills. This phase targets specific life skills deficits in such areas as stress management, employment choices, nutrition and exercise, leisure time, relationships, and goals (Appendix D).

Maintenance/Program Components

A. Relapse Prevention: This component deals with understanding the relapse process, identifying high-risk factors, extinguishing conditioned cues, developing a drug-free socialization network, managing feelings and reducing stress.

B. Change: This component emphasizes that recovery is a continuing change and growth process.

C. Family Systems: The chemically-dependent family system is presented to learn about family of origin issues. Major conflict areas such as communication patterns, co-dependency, parenting and decision-making are emphasized. This component can be built into the Foundation/Program modules in Cognitive Skills.

D. Special Focus Groups: This component is designed to meet the special needs of particular inmate groups with substance abuse problems, e.g. mens and womens issues, cultural differences, acquired immune deficiency (Aids), and sexuality.

E. Peer Counselors: Inmates identified as good role models in recovery may be utilized to promote recovery identification. Peer counselors may give "testimony" to model personalization which is the essential aspect of recovery. The Peers' function is to assist and support the treatment effort. Peers do not have authority over other inmates. Peer counselors may be heavily utilized in the Orientation component. A formal identification, training, and group component needs to be developed for peer counselors.

F. Winner's Circle: Former inmates and clients will be encouraged to participate in this fellowship group. The Winner's Circle objective is to support continued growth among its membership through sharing experiences and providing strength and hope with the inmate or community client in treatment.

Group Format: The ideal group format has the following elements:

Confidentiality.
. Confidentiality is emphasized with regard to what is discussed in each session.

A Consistent Format.
. The opening of each session has a consistent format to create both familiarity and motivation.

Concise Material.
. Material is presented concisely and concretely to convey the concept or skill to be addressed. There is utilization of "prompts" (exercises, materials that trigger thinking and discussion).

A Personalized Message.
. Participants personalize the concept or skills to individual life experiences for relevancy. Statements are in the first person "I" showing ownership. Attention is on the "here and now".

Group Participation.

- Group participation and interaction is promoted. Participants practice good listening and communication skills providing support and/or confrontation appropriately.

All members are treated with respect and validation.

- The facilitator acts as role model and makes interventions to expand Content knowledge, and more significantly, focus on Process (how content is received, valued and responded to).

- The closing of each session is to be consistent and elicit feedback and input from the participants on the session. This will create interest for the next one.

2. Individual Counseling: A safe and supportive environment shall be developed between a counselor and inmate. An inmate can examine problems, patterns of coping with stress, the need for mood altering substances and new behaviors which permit the inmate to remain drug and alcohol-free.

   Family Intervention: Family support and involvement are a significant part of the recovery process. Alanon and Naranon participation shall be encouraged, with such groups being held inside correctional facilities, as appropriate. Groups involving "significant others" fostering recovery skills such as parenting, and other family issues, should be part of the program menu.

3. Fellowship Meetings/Beginners and Advanced: The intent of these self-help groups is to assist recovering substance abusers with helping each other overcome addiction by following AA/NA Steps, and Traditions, and developing a recovery identification. Volunteers are heavily utilized for speakers and sponsorship. All volunteers in these programs shall be approved as required in the Department's Administrative Directive.

Program Participation shall be maintained in a log to indicate treatment interventions rendered and progress made toward goal(s) in accordance with the Treatment Plan.

Pre-Release. All program participants, when possible, are to attend a pre-release component which shall include critical re-entry issues for the substance abuser. Peer pressure, support systems, and referrals should be addressed.

Program Discharge A Successful program completion is determined by an inmate's performance in compliance with program guidelines. A Program Discharge Form shall indicate: 1) a recovery assessment, 2) motivation level, 3) program involvement (components, treatment hours, program outcome) and 4) recommendations/referrals to insure continuity of care. Addiction Services counselors shall encourage those inmates who have requested treatment services to be involved in community treatment programs upon discharge or release to the community. The Addiction Services counselor will contact the specific program in coordination with the respective Regional Coordinator when appropriate.
Treatment Records Each program site shall maintain a standardized case record to document and monitor inmate care in compliance with the Connecticut Alcohol and Drug Abuse Commission Standards and Requirements. Records shall be forwarded in a sealed envelope to accompany or follow the

Master File to insure continuity of intervention. Confidentiality procedures are to be consistent with the handling of DOC medical/mental health records. This record should be continued rather than re-initiated on each new admission to a facility or community program.

A. Forms (Appendix G)

1. Request for Treatment Form
2. Program Guidelines
3. Intake
4. Assessment/Treatment Plan/Plan Review
5. Program Participation
6. Motivation Scale
7. Program Discharge
8. Confidentiality

B. Confidentiality The confidentiality of the treatment file, and any record of an inmate's participation in treatment, shall be maintained in accordance with the existing federal and state statutes and regulations. Inmate treatment records shall be maintained in secure locked cabinets to insure such confidentiality and accessibility to Addiction Services staff.

Disclosure intra-departmentally shall be on a case-to-case basis to authorized personnel with a need to know. Disclosure of treatment information outside the DOC shall only be made with informed consent of the inmate utilizing an Authorization of Disclosure or by Court Order.

C. Client Tracking System An automated tracking of inmates receiving Addiction Services programming. This tracking continues through substance abuse treatment among correctional institutions and from correctional institutions to Community Addiction Services, to insure continuity of care. All inmates who have received a Program Admission shall be entered on the automated client tracking system to provide individual client data.

Treatment Environment In order to insure program integrity and a safe environment, each program site shall have, whenever possible, adequate space to provide treatment. Individual rooms, with privacy, shall be available for each respective Addiction Services counselor to insure confidentiality. In addition, rooms to accommodate small groups (8-12) and larger groups (25 plus), conducive to treatment, shall be available at each program site.

The ideal seating arrangement promotes peer interaction and cohesiveness. A circle arrangement is recommended, with the facilitator being part of the group. No desks or other barriers are present. The traditional classroom arrangement with the authority figure speaking "down" to the members is to be avoided. The atmosphere is to be informal, personal, and optimistic.

Incentives and Sanctions Drug involved offenders are unlikely to seek treatment on a voluntary basis, and have a poor record of participating in voluntary treatment. A progressive system of incentives and sanctions should be developed to increase offenders' motivation and accountability for treatment.

C. Administration

The Addiction Services Unit shall provide substance abuse services during institutional custody, community release, parole, and supervised home release, to those individuals identified as in need of such services.

Addiction Services staff in all Units are subject to the line authority and supervision of the Unit Administrator or the Community Regional Administrator. On matters of Addiction Services program implementation and operation of treatment modalities, Addiction Services staff shall be provided with the clinical expertise and technical assistance of the Director of Addiction Services.

The Unit Administrator or the Community Regional Administrator shall be responsible for adhering to the approved Alcohol and Drug Model Treatment Program. Under the supervision and approval of the Unit Administrator or the Community Regional Administrator or designee, the Addiction Services Program Coordinator shall set semi-annual service goals to include the program menu selection and capacity levels at each program site (see Appendix G for form). The Director of Addiction Services will approve Semi-Annual Treatment Unit Goals and be responsible for conducting semi-annual audits on each program site.

The Unit Administrator or the Community Regional Administrator or designee, shall establish counselor functions to reflect optimum scheduled treatment hours and professional development. Effective counselor utilization shall reflect: 1) an average work week with 20 hours of inmate face-to-face substance abuse service, 2) documentation of client records, 3) clinical supervision and 4) professional development.

Standard criteria for Program Audits will be utilized by the Addiction Services Unit to insure program effectiveness and treatment program procedures consistent with the Department and CADAC regulations and guidelines (see VII Program Evaluation). Under the direction of the Director of Addiction Services, Program Managers shall conduct semi-annual on-site audit visits to monitor significant program areas, provide consultation where needed, and cite program recommendations and corrective action. A written audit shall be submitted to the Unit Administrator or the Community Regional Administrator. The Unit Administrator or the Community Regional Administrator or designee shall review this report with the respective Program Coordinator. Respective Program Coordinators shall submit a Program Development and Improvement Plan approved by the Unit Administrator or the Community Regional Administrator to comply with those program recommendations.

Addiction Services Program Managers shall visit program sites to review selected inmate cases, provide technical assistance to the staff, exchange ideas and provide clinical expertise. Each program site shall submit designated, monthly, quarterly and annual activity and training reports to the Unit Administrator or the Community Regional Administrator. These reports shall be collated and submitted to the Director of Addiction Services.

Continuity of care shall be insured by all institutional and community program sites utilizing a consistent treatment methodology. Program sites shall have the same operations protocol for case management, inmate records, treatment and process, and training. Regular Addiction Services staff coordination meetings shall be conducted by the Director of Addiction Services with the Regional Director and Unit Administrators or designee to facilitate unit training and exchanging and updating programmatic information and ideas. The Client Tracking System (see VII Program Evaluation) shall be maintained and reviewed.

Addiction Services Institutional Statistical Report

Report Month/Year:_____ Facility:_____

Report Completed by:_____

Total Number of Staff Training Hours . . . . . _____

2. COMMUNITY TREATMENT REFERRALS
   a. Community Addiction Services. . . . . _____
   b. AA/NA Sponsorship . . . . . _____
   c. Community Treatment Programs . . . . . _____
   d. P/PREP Agencies . . . . . _____
   e. Substance Abuse Evaluations for Community Release . . . . _____
   f. Other Community Agencies Not Listed Above . . . . . _____

3. ALCOHOLICS ANONYMOUS
   a. Number of Volunteer Visits. . . . . _____
   b. Number of Meetings Held this Month . . . . . _____
   c. Number of Admissions this Month . . . . . _____
   d. Number of Discharges this Month . . . . . _____
   e. Number of Clients Active at the End of the Month . . . . . _____

4. NARCOTICS ANONYMOUS
   a. Number of Volunteer Visits . . . . . _____
   b. Number of Meetings Held this Month . . . . . _____
   c. Number of Admissions this Month . . . . . _____
   d. Number of Discharges this Month . . . . . _____
   e. Number of Clients Active at the End of the Month . . . . . _____

PARENTS ANONYMOUS OR OTHER TYPE Specify:_____
   a. Number of Volunteer Visits . . . . . _____
   b. Number of Meetings Held this Month . . . . . _____
   c. Number of Admissions this Month . . . . . _____
   d. Number of Discharges this Month . . . . . _____
   e. Number of Clients Active at the End of the Month . . . . . _____

. Number of Individual Counseling Sessions Conducted . . . . . _____

. Number of Inmate Requests Responded To . . . . . _____

. GROUP PROGRAMMING
   a. Behavioral Studies Program
      1. Number of Hours Conducted . . . . . _____
      2. Number of Participants . . . . . _____
   b. Values Clarification Program
      1. Number of Hours Conducted . . . . . _____
      2. Number of Participants . . . . . _____
   c. Substance Abuse Education
      1. Number of Hours Conducted . . . . . _____
      2. Number of Participants . . . . . _____
   d. Other Group Session, Specify:_____
      1. Number of Hours Conducted . . . . . _____
      2. Number of Participants . . . . . _____
   e. Other Group Session, Specify:_____
      1. Number of Hours Conducted . . . . . _____
      2. Number of Participants . . . . . _____

MONTHLY REPORT DEFINITIONS

STAFF RESOURCES

Number of F/T Staff: The number of full-time Addiction Services staff located at a specific facility at the end of the report month. Vacant positions are not included in this figure.

Number of Training Hours: The total number of training hours received by all full-time staff during report month at a specific facility. Each staff member submits a monthly training report which is attached to the statistical report. Type of training included on the training report is any training provided by the Department of Correction, Addiction Services Unit, CADAC Institute of Addictions, New England School of Addiction Studies, Rutgers Summer School of Alcohol Studies, and other job-related training received.

Number of Volunteer Visits: The total number of visits by volunteers by facility (ie., AA, NA, Alanon, other volunteers associated with Addiction Services) during report month. This figure is calculated by adding the actual number of visits by each volunteer during the report period.

COMMUNITY REFERRALS: The sum of all community referrals by all staff at each facility during report month.

Community Addiction Services (Project FIRE): The total number of inmate referrals made by all staff in a facility to Community Addiction Services during report month. A referral is defined as providing information and direction regarding the assistance available from the Community Addiction Services Program to an inmate. An inmate would normally be referred to a program location nearest to his/her release destination.

AA/NA Sponsorship: The total number of inmate referrals made by all staff in a facility to an AA/NA community sponsor during report month. A referral is defined as providing the name and phone number of a AA/NA community sponsor to an inmate. A referral is dependent on the inmate's level of involvement in the specific 12-Step program and their commitment to a recovery life-style.

Community Treatment Program: The total number of inmate referrals made by all staff in a facility to a Community Treatment Program during report month. A referral is defined as providing the name and location of a alcohol/drug treatment program to an inmate. This figure does not include referrals to Community Addiction Services. Dependent on the inmate's type of release, this referral may be coordinated with the appropriate Regional Coordinator and the specific treatment program.

P/PREP Agencies: The total number of inmate referrals made by all staff in a facility to a P/PREP agency during report month. A referral is

defined as providing the name and location of an appropriate P/PREP agency to an inmate.

SHR Substance Abuse Evaluation: The total number of inmate evaluations completed by all staff in a facility for the purpose of determining an inmates's substance abuse history, treatment history, and placement recommendation for Supervised Home Release during report month. This evaluation is usually requested by a classification counselor.

Other Community Agencies: The total number of inmate referrals made by all staff in a facility to other community agencies not listed above during report month. A referral is defined as providing the name and location of an appropriate community agency to an inmate.

TREATMENT SERVICES

Requests for Alcohol/Drug Program Information: The total number of inmate requests for alcohol/drug program information in a facility during report month. These requests normally consist of inmate requests for admission/referral to a particular program/service. A specific inmate may make more than 1 request per month.

Number of Individual Sessions: The total number of individual sessions conducted by all staff in a facility during report month. One individual session unit consists of a 30 minute session. Individual counseling sessions normally deal with issues of relapse prevention, recovery, or crisis intervention. A specific inmate may be provided 1 or more individual sessions per report month.

Total Group Counseling Hours: The total number of group counseling hours provided or coordinated by staff in a facility during report month. Group counseling hours normally consist of the Behavioral Studies Program, Recovery Group, Substance Abuse Education, AIDS Education, Values Clarification Program, Cognitive Skills Training, and Topic Issues groups. AA, NA, ACOA, and other 12-Step program meetings are not included in this category.

Number of AA Meetings: The total number of AA meetings held in a facility during the report month. AA meetings consist of 3 types following a specified format; Speaker, Discussion, and Step meetings. AA meetings are usually led by a community AA volunteer.

Number AA Active End of Month: The total number of inmate participants active in the all AA meetings at the end of the report month in a facility. This is not an unduplicated figure.

Number of NA Meetings: The total number of NA meetings held in a facility during the report month. NA meetings consist of 3 types following a specified format; Speaker, Discussion, and Step meetings. NA meetings are usually led by a community NA volunteer.

Number NA Active End of Month: The total number of inmate participants active in the all NA meetings at the end of the report month in a facility. This is not an unduplicated figure.

COMMUNITY ADDICTION SERVICES

OFFICE_____ SUBMITTED BY_____

MONTHLY REPORT ( )	ORIENTATIONS	FACILITY INTAKES	THER. BASIC (500)	SUPPORTIVE CONFRONTATION (520)	(521)	(522)	OTHER	FACILITY DIS-CHARGES	TOTALS
# CLIENTS SERVICED									
# GROUP SESSIONS									
# INDIVIDUAL SESSIONS									
# GROUP PARTICIPANT CONTACTS									
# FAMILY SESSIONS									
# URINE SPECIMENS									

TOTAL CASELOAD = CICS TOTAL END OF MONTH + UNDUPLICATED SINGLE SERVICES CLIENTS DURING MONTH

MONTHLY REFERRALS

TOTAL NUMBER OF WOMEN SERVED:

TOTAL CASELOAD END OF MONTH:

# STAFFING	DIRECTOR(S)	COUNSELORS	CLERICAL	HEALTH	VOLUNTEERS	COUNSELOR/ CLIENT RATIO	TOTALS
TOTAL NUMBER OF TRAINING HOURS:							

COMMUNITY ADDICTION SERVICES

MONTHLY REPORT

Definition Key:

Orientations: The initial client contact, conducted in a group setting approximately 45 minutes in length, informing the client of the nature and guidelines of the program. The Program Rules and Regulations Form is reviewed and signed.

Facility Intakes: An individual session(s) approximating 60-90 minutes eliciting client data as a foundation for treatment, establishing rapport, and developing an assessment. The Intake Form and Assessment Inventory is completed.

Therapeutic Basic: The first treatment component focusing on specific learning intervention units conducted usually in 60 minute group sessions for a total of 8 Treatment Hours. (Counselors allot a 2 hour block for group prep, process and documentation). The Client Program Participation Form is completed.

Supportive Confrontation: The follow-up treatment component focusing on group process and motivating change utilizing peer/family support and confrontation. 60-90 minute group sessions are utilized, often preceded with a social 15-30 minute period. The 520 series refers to client scheduling:

520 - low support - 60 minutes per month
521 - medium support - 60 minutes per week
522 - high support - 120 minutes per week

The Client Program Participation Form is completed.

Other: An accounting of any activity provided to an individual who is not within the formal programming (e.g. inactive clients, referral for ineligible clients). A log entry is made.

Facility Discharges: Those individuals terminated from any program activity. Discharges can be program completion or noncompletion in several categories. A Discharge Summary Form is completed indicating treatment goals and progress, reason for discharge and recommendation made.

Each function, as stated above, is individually recorded for number of clients serviced, number of group sessions (60-90 minute), number of individual sessions (30-60 minutes), number of group participant contacts (number of members in each group), number of family sessions (60 minutes), and number of urine specimens.

Total of Clients Serviced: The total number of non-duplicated clients served, based on latest status.

Number of Monthly Referrals: The total number of individuals referred. A Referral Form is completed for each individual.

Counselor/Client Ratio: Division of the total number of clients serviced (non-duplicated number) by the number of actual counselors providing treatment.

ADDICTION SERVICES UNIT PROGRAM MANUAL

RESOURCE LISTING

RESOURCE LISTING

BOOKS/PAMPHLETS NAME	AUTHOR/PUBLISHER	YEAR
HANDOUTS USED		
VIDEO LIBRARY		

VIDEO RESOURCE LISTING

The Addiction Services Video Team recommends the following list of titles to have on hand as part of each Addiction Services unit Video Library:

Chalk Talk

Fatal Addiction

Haight-Ashbury

Brother Earl's Street Talk

Shame and Addiction

Cadillac Dreams

Please Don't Hit Me Mom (ACOA Issues)

Denial

Guns, Gangs, and Graffiti

Letters to a Father