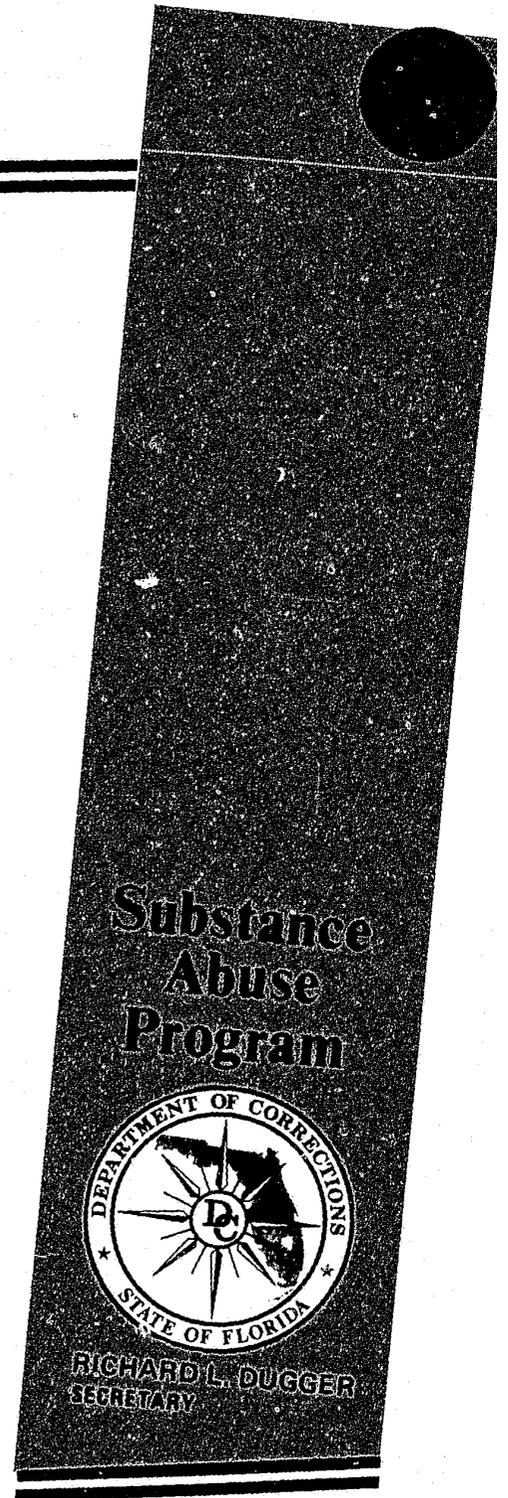


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COMMUNITY RELEASE  
DRUG TREATMENT PROGRAM  
TIER 4  
PROGRAM MANUAL

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# COMMUNITY RELEASE DRUG TREATMENT PROGRAM

## TIER 4

## PROGRAM MANUAL

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## Department of Corrections

### Substance Abuse Program

Richard L. Dugger  
Secretary

September 1988

**this guide was developed by:**

**FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.**

This guide was prepared under contract with the Florida Department of Corrections - contract number CO Ø 98. Coordination and monitoring of this project was provided by Narcotic and Drug Research, Inc., New York, New York. Grant Funds were provided by the U.S. Department of Justice, Bureau of Justice Assistance, Washington, D.C.

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## ACKNOWLEDGEMENTS

The design of the TIER 4 Community Release Drug Treatment Program represents the joint efforts of many individuals. Initial suggestions for program design were provided by Jennifer Bevino, Bill Brown, Frank Francisco, Doyle Kemp and David Tune of the Department of Corrections. Next a panel of experts was convened to generate the program design. The experts on the panel included Jennifer Bevino, Bill Brown, Richard Cannon, Richard Dembo, Deborah Kavanagh, Bob Kriegner, George Medzerian, Bob Neri, Nancy Radford, Ino Reyes, Genie Skypek, Allen Spence, David Tune, Ben Williams, and Bill Young.

From the ideas generated by this group, the program manual including program design, institutional issues and an inmate handbook were developed. The manual was written by Bob Neri, Genie Skypek and myself. Bob Neri wrote the Resource Guide. A special word of appreciation to them for helping to capture the concept in writing.

All of the above deserve acknowledgement and a special thanks. They were responsible for helping bring the TIER 4 concept from an idea to reality.

Mark P. Fontaine  
Florida Alcohol and Drug  
Abuse Association

COMMUNITY RELEASE DRUG TREATMENT PROGRAM (TIER 4)

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## INTRODUCTION

## COMMUNITY RELEASE DRUG TREATMENT PROGRAM (TIER 4)

### INTRODUCTION

The Florida Department of Corrections is implementing a statewide system of substance abuse programs. The system is designed to identify and provide substance abuse treatment to inmates who have a history of substance abuse problems and/or drug related crime. The system consists of five parts including a mechanism for assessment and four separate and distinct TIER's of education and treatment services. These services include:

- Assessment - all inmates sentenced to the Department of Corrections will undergo an assessment procedure where the severity of his or her substance abuse will be determined. If identified as an abuser, the inmate will be indicated for education or treatment services.
- TIER 1 - a 35-40 hour substance abuse education program. TIER 1 services will be mutually provided by Department of Corrections counselors and counselors from community drug treatment programs.
- TIER 2 - an eight-week treatment program designed as a modified therapeutic community. Treatment will be provided by Department staff and staff from community based drug treatment programs.
- TIER 3 - a full term therapeutic community treatment experience averaging about one year in length. The Department operates two such facilities - Lantana Correctional Institution and Jones Cottage at Florida Correctional Institution. In addition, the Department has contracts with community drug and alcohol treatment providers statewide to provide this service.
- TIER 4 - a structured ten-week outpatient drug treatment program for inmates assigned to Community Correctional Centers. Counselors from community based agencies will provide this service.

At the reception centers, those inmates identified as having a substance abuse problem will be assigned to an appropriate TIER of service. Research has shown that time in treatment correlates with reduced drug use. The entire system is designed to introduce the inmate to the treatment system and the recovery process. It is hoped that inmates will move fluidly from one TIER of service to another. The end goal is to link the inmate with community based treatment programs for care once released back into the community.

This manual will explain the program design and structure of the TIER 4 Community Release Drug Treatment Program. The manual consists of three sections:

- Program Description - an in-depth description of how the Community Release Drug Treatment Program operates.
- Implementation Issues - a series of issues to be resolved to guarantee successful implementation of the program within specified Community Correctional Centers.
- Inmate Handbook - a copy of the program manual to be used for inmates.

In addition to this handbook, a TIER 4 Resource Guide has been developed. This guide includes worksheets on theme groups, a relapse prevention curricula and basic addiction education materials. Each TIER 4 program has several copies of this Resource Guide. Also each TIER 4 facility has been provided a collection of books and manuals and similar teaching aids that are for use by the program. A complete list of materials supplied to each TIER 4 facility is included in the introduction section of the Resource Guide.

Throughout this manual the terms drug abuse treatment and substance abuse program are used. For the purpose of this program both terms, drug abuse and substance abuse, are meant to include alcohol abuse and alcoholism.

This manual is intended to be a guide to the development and operation of the Community Release Drug Treatment Program. Included are concepts and ideas that should be followed. However, these concepts are not intended to limit the development of the program. Individual TIER 4 programs are encouraged to be creative and innovative in implementing the program within each institution.

The Department of Corrections' substance abuse programs are coordinated by the staff of the Department's Substance Abuse Program and can be reached by calling (904) 488-9169 or writing: Department of Corrections, Substance Abuse Program, 1311 Winewood Blvd., Tallahassee, Florida 32399-2500. Any questions on the substance abuse program or the Community Release Drug Treatment Program (TIER 4) should be addressed to that office.

# PROGRAM DESCRIPTION

## COMMUNITY RELEASE DRUG TREATMENT PROGRAM (TIER 4)

### PROGRAM DESCRIPTION

#### I. PROGRAM PURPOSES

**A. MISSION STATEMENT:** One of the overall purposes of the Department of Corrections' Drug Treatment Program is to provide inmates with substance abuse problems a continuum of treatment and self-help programs. The program design consists of four TIER's of service as follows:

- TIER 1 - 35-40 Hour Educational Program
- TIER 2 - Modified Therapeutic Community (8 weeks)
- TIER 3 - Therapeutic Community (1 year)
- TIER 4 - Outpatient Drug Treatment Program at  
Community Correctional Centers (10 weeks)

A related goal of the drug treatment program must include one of increasing inmate motivation to move along that continuum of care, from one TIER to the next, as appropriate in their personal recovery programs. It is not necessary to begin with TIER 1. The overall plan allows an inmate to follow several routes of progress. For example from TIER 1 to TIER 3 or 4, from TIER 2 to TIER 4 and so on as appropriate to individual needs.

TIER 4 treatment programming should serve as a starting point for longer-term follow-up treatment and/or self-help involvement. Such follow-up treatment or self-help involvement may include a community based therapeutic community, outpatient drug treatment programs, support groups such as AA/NA, or other treatment or support programs. In short, programs that encourage abstinence and commitment to a non-drug, non-criminal lifestyle. The primary focus of TIER 4 programming will be motivation for relapse prevention which will include adjustment to a drug free lifestyle in the community.

The intended benefit of the increased accessibility of inmates to this continuum of care is (1) increased crime-related survival (increased length of time between incarcerations), (2) decreased crime-related recidivism, (3) increased drug-use survival (increased lengths of sobriety or abstinence), and (4) decreased frequency of drug relapse.

**B. PHILOSOPHY OF TREATMENT:** Substance abuse is viewed as a problem of the whole person, affecting some or all areas of functioning. Problems may exist in thinking, values, educational and/or occupational skills, and interpersonal (familial and

peer) skills. Often, moral or spiritual issues are also problematic.

Abuse of any substance is determined by many factors. Such factors include: (1) physiological dependency and (2) stressful situations that produce uncomfortable feelings or consequences. Once a person has embarked on a career of substance abuse, the subsequent psychological and social losses become additional factors determining continued substance abuse. Individualization of treatment focuses on psychological dysfunctions and social deficits, not on drug use patterns alone.

Just as the disease model of addiction states that there is a cause, course, and predictable outcome to the progressive use and abuse of substances by an addicted individual, recovery can be viewed as having a cause, course, and predictable outcome. It is important to note that recovery is not just abstinence. Recovery involves learning to live comfortably and enjoyably as sober, productive members of the community.

Emphasis in this TIER 4 program will be on enhancing the recovery process begun in earlier TIERS, if appropriate, or initiating recovery for some inmates. In either case, a significant aspect of treatment will involve facilitating re-integration of the inmate into the community-at-large with contacts and a plan for continuing sobriety.

The treatment approach will be primarily educational with an emphasis on individualized relapse prevention planning and help to transition to a drug free lifestyle in the community. Peer group support and pressure, exerted through on-going therapy and psychoeducational groups as well as AA/NA, will be the primary modality utilized to enhance the self-exploration required to develop and implement such a relapse prevention plan.

**C. GENERAL PROGRAM DESCRIPTION:** The TIER 4 treatment program is a 10-week program housed within a Community Correctional Center. Inmates in the treatment program will have been identified as having a serious substance abuse problem and will be voluntary participants -- although strongly encouraged to volunteer. The identification process can occur in a variety of different ways. Many inmates will be transferring from another TIER of drug treatment. Such transfers may be considered a sign of the success of institutional-based TIER programs. Some inmates will be identified as a result of central office review. Other inmates will be identified as appropriate for TIER 4 treatment at the reception sites and/or following central office review for transfer to a Community Correctional Center. In addition, potential participants in the TIER 4 program could be identified while at the Community Correctional Center through the institution's drug-testing program. A "dirty urine" could produce a recommendation from correctional officials for

participation in the TIER 4 program. Finally, inmates can volunteer to participate before or after entering the Community Correctional Center. There is some indication, using the experience of community based providers serving county correctional programs, that inmates will volunteer to participate in these drug treatment programs if quality services are provided.

The program will follow a modified outpatient intensive treatment program model, in which inmates participate either prior to or after work. The frequency of weekly meetings will be approximately 3 per week including a psychoeducational component, a group therapy component, and an AA/NA component.

The educational program will cover a relapse prevention curriculum, occurring in one and one-half to two hour group sessions, using lecture, role play, and group interaction to help inmates design their own individualized relapse prevention plan. Since relapse is a recurrent part of the recovery process, substance abuse treatment programs in the last few years have begun to incorporate learning experiences that help participants plan a healthy response to relapse. Historically, the potential for relapse was avoided by treatment providers in their program content. As a result, the duration of relapse was longer, and deterioration was greater at the time of re-entry into treatment. At that point treatment needed to be longer to restore recovery.

Relapse prevention now focuses on recognizing situations that might stimulate use or the desire to use. If individuals learn to manage those situations differently, relapse may be less likely to occur.

It will be necessary (given that all inmates participating will not have been through a drug education or treatment program) for some relevant addiction education to be included in this curriculum, especially covering topics such as:

- the breakdown of the denial process or other defense mechanisms keeping the inmate from acknowledging his/her addiction; and,
- recognition of how their current problems in living are the result of their addiction.

If feasible, family education sessions are suggested as part of TIER 4 programming. Knowledge by family members about the addiction process may facilitate their offering support to the inmate in the implementation of their relapse prevention plan.

The group therapy program will use a "theme" format, selecting themes for each group session that reflect on issues raised in the relapse prevention educational sessions. In effect, the group themes will cover high risk situations for relapse, "triggers", and the life management skills necessary for dealing effectively with those potential relapse-engendering events. A major outcome for the inmates participating in this skill building effort will be the identification of deficits in coping with and handling stressful events that may serve as "triggers" for ineffective behavior, such as substance use, as well as the identification of more effective ways of coping with those events.

Examples of such ineffective behavior might include:

- inability to delay gratification rather than planning ahead so that needs are met
- repetitive angry, aggressive responses to stressful events rather than assertion, negotiation, redefinition, etc.
- immediate interpretation of statements as "attacking" rather than effective, careful listening
- disorganized approach to problem-solving rather than an approach based on a more critical analysis of the situation
- difficulty dealing with boredom
- inability to have "fun" without substances

At least weekly participation in AA/NA will be required. This will initiate the inmate into that community based support system thus strengthening their chances against relapse. AA/NA participation may include facility meetings and/or community based meetings. Integration into community meetings may be more beneficial to support the linkage to the group after release from the Community Correctional Center.

Individual counseling will be available throughout the ten weeks on an as needed basis. However, within the first month of treatment at least two individual counseling sessions will be held with the inmate. One session will be an orientation session and will include collection of a social history, initial development of a treatment plan and signing of necessary forms. This session will take place within 36 hours of admission into the program. The second session will take place in week two or three and is designed to check on the integration of the inmate into the program and into the Community Correctional Center (CCC).

The final two weeks of the ten-week program will be preparation for re-entry into the community and implementation of each inmate's relapse prevention program. Group, individual, and family counseling sessions will be held, as appropriate, and the relapse prevention plan will be completed. Emphasis will also be placed on developing and cementing connections with community drug treatment programs, self-help support groups, and other aftercare services as appropriate. All participants will be linked to a community drug treatment program and local self-help group in order to facilitate participation once released from the CCC. If the inmate is returning to another geographical area, then the counselor should make the link to services in that location. Finally, if the inmate is being released on provisional release, the counselor should link the inmate with the provisional release probation officer. A face to face meeting prior to release from the CCC would be most advantageous.

These final two weeks of re-entry planning will occur no matter how long the inmate has been able to participate in the TIER 4 program. For example, if the inmate is participating in the TIER 4 program for only six weeks due to potential early release, then the last two weeks will be for re-entry.

## II. ADMISSION AND DISCHARGE CRITERIA

### A. CRITERIA FOR ADMISSION

1. Must meet criteria for Psychoactive Substance Dependence and/or Psychoactive Substance Abuse.

#### Psychoactive Substance Dependence (Current or History)

- a. Loss of control over substance intake.
- b. Persistent desire or one or more unsuccessful efforts to control substance use.
- c. Great deal of time spent in activities to get the substance or recovering from its effects.
- d. Frequent intoxication or withdrawal symptoms which interfere with work, school, or home.
- e. Important social, occupational, or recreational activities given up or reduced because of substance use.
- f. Continued substance use despite adverse consequences.
- g. Marked tolerance: need for markedly increased amounts of the substance to achieve desired effect.
- h. Characteristic withdrawal symptoms when applicable to the substance used.
- i. Substance often taken to avoid or relieve withdrawal symptoms.

#### Psychoactive Substance Abuse

Never met the criteria for Psychoactive Substance Dependence and meets one of the following:

- a. Continued use of the substance despite adverse consequences in social, occupational, psychological, or physical areas.
- b. Recurrent use in situations in which use is physically hazardous, i.e., driving.
- c. Some symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

2. Expressed willingness to participate and volunteers for the program.
3. Intellectual functioning sufficient to understand the treatment/educational program (literacy is not the measure of intellectual functioning).
4. Addiction problem as indicated on the Addiction Severity Index.
5. Able to project at least 4 weeks of work release time.

**THE FOLLOWING INDICATE AN INDIVIDUAL INAPPROPRIATE FOR ADMISSION:**

1. Individuals with co-existing or secondary psychiatric disorders who must be maintained on psychotropic or mood altering medications.
2. The criminally insane.
3. Those with a history of severe physical aggressiveness not associated with substance abuse.
4. Individuals who are currently suicidal.
5. Individuals requiring detoxification.
6. Individuals with acute unstabilized medical conditions or chronic medical conditions resulting in severe debilitation.
7. Individuals with a significant organic brain syndrome.
8. Any limitation that would preclude treatment effectiveness.

**B. DISCHARGE CRITERIA**

Successful completion of the program will take place after an inmate has actively participated in the ten-week Community Release Drug Treatment Program. Participation is defined as active involvement in the daily program activities including group counseling. It also involves completion of personal journals, relapse plans and other individualized work. Each inmate who has successfully completed the program will be awarded a certificate of achievement. It is recommended that these certificates be awarded in a formal meeting of all program participants. Such a ceremony will emphasize the positive aspects of accomplishing a goal.

Individual TIER 4 programs may extend the length of the program if selected inmates could benefit from additional time in

treatment to complete the program. This should be determined on a case by case basis. Such a policy would allow additional treatment time for those inmates struggling through the program. The decision to continue an inmate beyond the ten weeks would be made by the counselor after consultation with the inmate.

Inmates who break the program rules or refuse to participate in the program will be discharged and transferred back to an institution. The decision to discharge an inmate will take place only after a staff consultation between the counselor and the Chief or his/her designee.

Each TIER 4 facility should develop a policy on discharge which clearly defines behavioral expectations of the inmate. The policy should stress full participation by all inmates in all program activities.

All inmates who are in jeopardy of being terminated from the program will be warned of such by the inmate's counselor. This warning should be documented in the progress notes. Once a decision has been made to discharge, every effort should be made to transfer the inmate immediately. This will help reduce the potential problems that can be created by allowing the inmate to stay in the program. Classification should be notified immediately when a discharge is imminent.

### III. TREATMENT OBJECTIVES

Listed below are the three treatment objectives for the Community Release Drug Treatment Program and measures to determine the success of each objective.

1. Achieve abstinence from psychoactive substance.
  - Relapse prevention plan, specifying personal risk factors for substance use (including psychological, social, peer, etc.), personal warning signs, and personal interventions at those moments, will be developed by program end.
2. Program retention rates will improve over time, to be measured by developing baseline data during first six months of operation with improvement goal set at that time.
3. Continued linkage with treatment and/or self-help programs after completion of TIER 4 programming. To be measured by developing baseline data during first six months of operation with improvement goal set at that time.

#### IV. TREATMENT PROGRAM STRUCTURE

A. **RECOMMENDED SCHEDULE:** New inmates will be integrated into the existing treatment program structure. This means for the most part that group activities will include inmates who are at various phases in their Tier 4 program. The older participants are those who provide the "hope" and the support for the new participants that they too can make changes and improve the quality of their lives -- and, in this short term program, will model the decision to continue in treatment in order to accomplish their goals despite any harassment experienced from other inmates.

Listed below are the treatment activities and frequencies for these activities which are recommended for all TIER 4 programs. However, within this general framework, individual Tier 4 programs may define variations. It will be important to keep most of the educational and group therapy "theme" sessions relatively self-contained so that new participants will be able to move into the program relatively easily.

In addition, it is important to note that many of the community treatment providers recommend delivering as much service in the community treatment facilities as possible. Potential benefits include:

- Contact with community members who are recovering from their addiction.
- Development of a positive peer group which can be supportive of recovery efforts -- perhaps more so than would occur if all participants were inmates.

Arrangements for travel to the program may be made between the community treatment providers and the Chief at the Community Correctional Center.

Educational sessions	1X/week, 90-120 minutes
Group therapy	1X/week, 90 minutes
AA/NA meetings	1X/week, 60 minutes
Individual therapy	2X/first month, 60 minutes 1X/second month, 60 minutes
Family education	1X/second month (if possible)
Recreational outings	As arranged by providers
Urine testing	If providers suspect use, utilization of already existing drug-testing program

It is recommended that the TIER 4 program be scheduled from 1:00 PM to 9:00 PM, five days per week, with adjustments as needed to be determined by the community providers and the centers.

In the event that inmates are at the Community Correctional Center beyond ten weeks, they can continue in AA/NA and link more heavily with the community drug treatment providers thus supporting their continuing recovery.

Inmates going through the re-entry phase of the program will participate in special re-entry individual counseling sessions that cover re-entry issues. The frequency of these re-entry sessions may occur as often as needed and will be determined by the providers and the inmates.

Inmates in TIER 4 programs where most of the programming has been held at the CCC during the first eight weeks, should be allowed to participate in community AA/NA meetings during the re-entry phase. Again this will insure a positive link with these community groups. In addition, if the inmate is going to stay in the surrounding area after release, increased participation at the site of the community based drug treatment programs may enhance the likelihood of continued involvement following release from the correctional center.

**B. THERAPEUTIC MODALITIES AND ACTIVITIES:** The following is a definitional list of therapeutic activities used in the Community Release Drug Treatment Program.

**Educational Meetings --** These psychoeducational sessions will emphasize a curriculum on relapse prevention planning while addressing issues such as denial and the addiction process.

**Individual Counseling --** Individual counseling provides an opportunity for the inmate member to explore problems, feelings, attitudes, and behavior. The first individual counseling session will be for the initial assessment of the inmate's drug treatment needs. Other sessions are intended to focus on the inmate's participation in, response to, and use of the Community Release Drug Treatment Program.

**Family Education --** These sessions are designed to help family members learn what issues are involved in chemical dependency. Material may include enabling and personal growth issues.

**Theme Group --** These are various topic oriented therapy groups. Examples of topics include: communication skills, social skills, grief and loss, etc. These groups use the inmate's life experiences as examples of the topic under discussion.

**AA/NA Meetings** -- These fellowship meetings provide support and positive encouragement to live a drug free lifestyle.

**Recreational Outings** -- Voluntary outings into the community arranged by the treatment counselor. Such outings may be used as rewards for participation and/or as educational opportunities to teach inmates recreational alternatives to drug use.

**Urinalysis** -- Weekly urinalysis is not available. However, whenever community treatment providers suspect drug use, they can request urinalysis which already exists as part of the facility's services.

**C. MAJOR PROGRAM RULES:** One of the values of a supportive drug treatment program is that patients have a safe environment for growth and positive risk-taking. For this reason, the following rules have been designed to support such an environment. Rule violations may result in termination from the program. Individuals violating rules regarding weapons, violence, and substance use within the program will receive the strictest application of consequence.

#### RULES

1. Comply with all rules of the Community Correctional Center and the Department of Corrections.
2. Remain drug and alcohol free, including other substances which might affect mood.
3. No violence or threats of violence.
4. No sexual activity will be allowed.
5. Attendance is required at all therapeutic and/or other program activities.
6. No racial, ethnic, or sexual slurs will be allowed.
7. Inmates will follow program confidentiality guidelines.
8. Respect property of others, no theft or vandalism.
9. No gambling.
10. No possession or use of weapons.
11. No criminal activity.

D. **RULES FOR GROUP:** While every person is unique, many similarities are shared with each other. In group, participants learn by sharing their own experiences whether they are good or bad. Group members also learn that they are not alone in their personal struggles. With the help of the group, recognizing, understanding and hopefully resolving certain problems is accomplished. The following are some basic ground rules that govern group sessions:

1. Only use personal pronouns when speaking, (e.g., I, me, my, mine).
2. Listen attentively to everyone who shares.
3. Be as open and honest as you can while being sensitive to the needs of others.
4. Keep your attention on the "here and now".
5. REMEMBER: What is said in group stays in group.
6. Familiarize yourself with the rules that apply to group and abide by them.

## V. TREATMENT PROGRAM

A. MONTH 1: By early in the first month of TIER 4 program participation, the following should occur:

- The inmate develops a sense of group belonging and trust.
- The inmate's motivation to remain in the program and complete it is increased.
- The inmate begins to distinguish his/her functional and dysfunctional behaviors and the contribution of substance use to the negative aspects of his/her life.
- The staff completes a comprehensive psychosocial assessment in order to identify addiction patterns, areas of dysfunctional behavior (problem areas), and relapse/recovery factors. This information is used in developing the treatment plan.

Fostering a sense of belonging increases the belief that the treatment program can help, thus, increasing hopefulness. Belonging allows for nurturance during risk-taking which is necessary for growth, forgiveness, etc.

Completing the psychosocial assessment allows the following benefits for the inmate -- significant amounts of individual attention, precise definition of causative factors and cues for substance use or recovery, determination of family support for treatment, and continued in-depth descriptions of the treatment process. All of these elements have been shown to increase continued stay in treatment, a major goal of the Community Release Drug Treatment Program.

### TREATMENT ACTIVITIES:

- Orientation about program structure, rules, expectations, and the recovery process
- Introduction video on inmate benefits from program
- Educational tapes on addiction/recovery (voluntary)
- Introduction to 12 steps of AA/NA
- Begin attendance at AA/NA meetings
- Peer sponsorship -- identification of peer facilitator
- Individual work with counselor -- reading, journals
- Complete relevant paperwork
- Staff completion of psychosocial assessment
- Treatment plan developed by staff and inmate
- Post-test on information in inmate handbook

**B. MONTH 2:** By the end of the second month of Tier 4 treatment inmates will have learned about the recovery process and relapse prevention. In doing this they will identify the deficiencies in their life management skills which make it difficult for them to deal with stress-producing situations which trigger a desire to use. In developing their relapse prevention plan, they will learn some life management skills and other techniques to help them maintain and further enhance their recovery.

The following goals should be achieved:

- Inmates will be able to describe the addiction/recovery process.
- Inmates will be able to identify life management skill deficiencies that apply to them.
- Inmates will begin developing a final relapse prevention plan, including descriptions of how they will access continuing support resources (treatment or self-help).

**TREATMENT ACTIVITIES:**

Addiction/Recovery Education:

- Defenses -- denial, minimization, rationalization
- Recovery process
- Values clarification
- This material can be covered in educational sessions, AA, reading, video and audio tapes, etc.

Life Management Skills:

- Goal-setting
- Critical thinking skills
- Rational thinking
- Problem-solving
- Assertion
- Anger management
- Stress management
- Communication skills, e.g., listening, talking so others will listen
- Social skills
- Enhance self-esteem
- Fun and use of leisure time
- Material can be covered in seminars, role plays, in-program application, reading and videos.

### Relapse Prevention Skills:

- Relapse models
- Recovery models
- Identify personal "triggers" or warning signs for risk of using; high-risk situations
- Refusal skills
- Identifying alternative responses to urges to use
- Networking, developing support systems
- Responses to actual relapse
- Use of leisure time or unstructured time
- Lifestyle balance
- Inoculation against negativity of other inmates
- Understanding longer term treatment

C. **RE-ENTRY:** During the two week re-entry phase inmates will be preparing for re-integration into the outside community. There will be significant overlap between this phase and the relapse prevention emphasis of the treatment phase. The primary goals of this phase are:

- The inmate will have completed a relapse prevention plan and a personalized relapse/recovery profile, including plans for continued treatment and self-help support group involvement.
- The inmate will have established linkages with treatment or support systems.
- The inmate will have some plan for combating negativity from existing networks/environments to which they are returning.

### TREATMENT ACTIVITIES:

- Re-entry counseling to test application of new learning to social, occupational, and familial areas of their lives
- Complete their own relapse/recovery profile
- Complete relapse prevention workbook
- Complete personal relapse prevention plan
- Complete actual linkages, as appropriate
- Continue inoculation training to combat negativity or lack of support
- Conduct family support session if possible
- Post-tests on skills learned and addiction knowledge gained

## VI. ROLE OF THE INMATE MEMBER

**A. THE INMATE MEMBER:** The role of the inmate member is to be an active learner and participant in all program activities. Involvement in seminars, groups, AA/NA meetings and counseling services is essential. The inmate is not only expected to participate in these activities but also expected to complete all assignments associated with their counseling or relapse plan.

**B. PEER FACILITATORS:** Peer facilitators will be used in many of the TIER 4 drug treatment programs. These inmates will be those who have completed a TIER 1, 2, or 3 program and have enough of a sentence remaining that they can be assigned to the CCC for at least six months.

The individuals are invaluable for they:

- Serve as role models -- meaning they give positive support and are teachers of how to use the various tools of the program in the process of recovery.
- Help in resolving conflicts between inmates before such conflicts ever reach the staff.
- Provide a sense of safety for the inmates for they are knowledgeable about the prison community and are peers who have successfully addressed their addiction problem.
- Use self-disclosure as their primary helping communication and thus model an important growth tool.
- Provide a continuity in the program since they live there 24 hours a day and can support program philosophy when the counselors are not present.

These inmates may be assigned as permanent party to the Community Correctional Center or may be a work release participant who is willing to accept the additional responsibilities. As aides to the drug treatment program they will assist in the group and educational sessions and will take a leadership role in organizing NA, AA, and other volunteer efforts. They also can assist in non inmate related program paper work.

Each of the male TIER 4 Community Correctional Centers will be assigned a peer facilitator. This individual will spend the first eight weeks in the program as a participant. After that time they will assume the peer facilitator responsibilities. From the start it must be clear what responsibilities this individual has to the CCC and what responsibilities they have to the drug treatment program. This clarity will prevent any conflict developing regarding the use of this individual's time.

It is important to note that peer facilitators are not counselors and do not have authority over other inmates. Rather this job is to support and assist in the treatment effort. Peer facilitators shall not have access to the treatment files. A proposed job description for the peer facilitator follows.

### PEER FACILITATOR

**Overview -** The Peer Facilitator is an inmate who has completed a TIER 1, 2, or 3 drug treatment program and has enough of a sentence remaining to serve in the TIER 4 program for at least six months. The intent is to have them serve as role models and assist staff with program activities.

**Specific -**

1. Able to remain in the program for six months or longer.
2. Willingness to continue to work on their own recovery program.
3. Assist staff with seminar delivery.
4. Participate as an "older member" in groups.
5. Communicate program issues and concerns with staff.
6. Be active and provide leadership in all NA/AA meetings.
7. Attend, participate and provide leadership in all treatment activities.
8. Continue to work on their own relapse prevention plan.
9. Serve as coordinator of community volunteer services and program recreational activities.

## VII. ORGANIZATIONAL STRUCTURE

**A. GENERAL OVERVIEW:** The Director of the Youthful Offender Program of the Department of Corrections is ultimately responsible for the TIER 4 program. The Substance Abuse Program Office of the Department of Corrections carries out the day to day management functions at the department level.

At the Community Correctional Center level, the contracted community based drug treatment agency is responsible for the organization and delivery of all program services. The counselors assigned to the program work directly for these agencies.

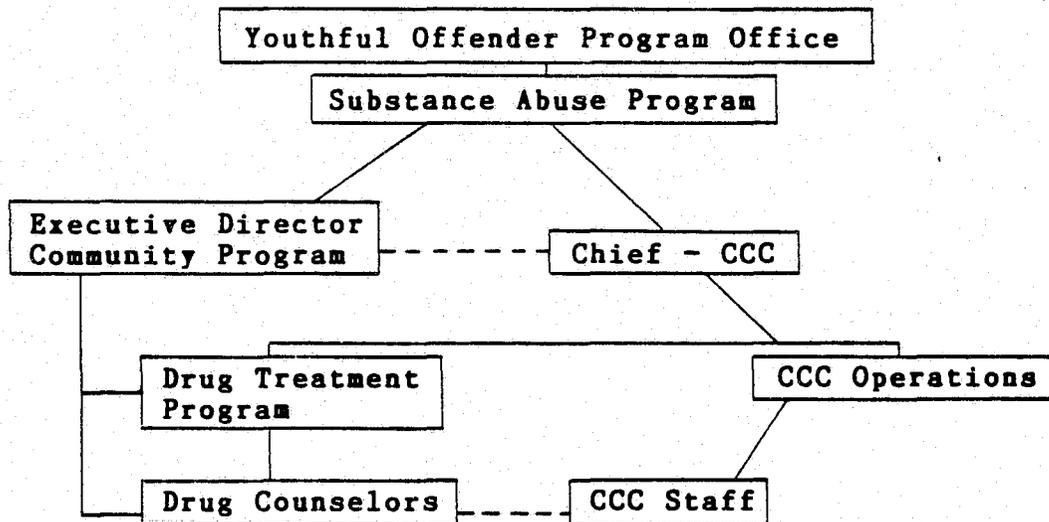
However, each program is operated within a Community Correctional Center and the Chief at that center has responsibility for all program operations. The Chief will be the on-site supervisor of the program. The Chief reports administratively to the Superintendent of Community Facilities in the regional office.

In addition to the drug treatment counselors, a peer facilitator will be utilized in many of the facilities. The following organizational chart visually displays the management plan.

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### COMMUNITY RELEASE DRUG TREATMENT PROGRAM (TIER 4)

#### ORGANIZATIONAL CHART



**B. JOB DESCRIPTION:** The following job description describes the role of the drug treatment counselors at the Community Correctional Centers. This description can be used to guide selection of staff for the program.

**JOB DESCRIPTION**  
**COMMUNITY BASED COUNSELOR**

**Areas of Responsibility:**

Responsible for the coordination and implementation of treatment services for each assigned client. Responsible for maintenance of all treatment records including, but not limited to, treatment plans, progress notes, releases and recommendations. Coordinates program services with the Chief or designee.

**Personnel Relationships:**

Responsible to: Clinical Director or Executive Director

**Qualifications:**

Bachelor of Arts degree from an accredited college or university, preferably in the Human Services field. Related experience may be substituted for educational requirement. Preference is for an individual Certified in Addictions.

**Duties:**

1. Assess potential clients for admission to treatment.
2. Responsible for caseload counseling of assigned clients, including individual and group counseling.
3. Responsible for maintenance of case records in accordance with appropriate state and federal standards.
4. Participate in professional and educational seminars relating to substance abuse prevention, education and treatment.
5. Maintain a sound working relationship with the correctional staff.
6. Maintain a sound working relationship with peers.
7. Provide appropriate evaluations of clients in treatment.
8. Provide caseload consultations to appropriate staff.
9. Lead psychoeducational classes at the CCC.
10. Provide support in research, licensure and program evaluation.
11. Perform other duties as assigned.

## VIII. SPECIAL CONSIDERATIONS

**A. AVAILABILITY:** Keeping all TIER 4 program slots filled will be a high priority of the program. As the inmate nears completion of program involvement, Community Correctional Centers staff will be notified so the slot, once vacant, can be quickly filled.

**B. CULTURAL/ETHNIC ISSUES:** The primary ethnic or cultural populations likely to participate in the TIER 4 program are blacks, hispanics and Haitians. All programming has to be sensitive to ethnic and/or culturally relevant issues. TIER 4 programs may want to conduct special interest groups to address the special needs of these populations.

Community based programs participating in the delivery of TIER 4 program services will be responsible for providing appropriate educational experiences regarding cultural and other issues specific to the various ethnic and sexual subgroups. The Executive Director or designee should review the program operation quarterly to be sure cultural/ethical issues are addressed adequately.

**C. CLIENT BILL OF RIGHTS:** Enclosed in the inmate manual is a client bill of rights. This document speaks to the need to treat all inmates with dignity and respect. It also highlights what the inmate can expect in regard to their treatment. All program staff need to read and familiarize themselves with this document. Inmate participants should sign a form that indicates they have read and understand the client bill of rights.

**D. GRIEVANCE PROCEDURE:** The inmate manual discusses the inmate grievance procedure. The Department of Corrections grievance procedure will be followed. Inmates are encouraged to attempt to resolve the grievance with program staff before following the more formal grievance process.

**E. MEDICATION PROCEDURES:** The TIER 4 program will dispense no medications to inmate members. Any need for medication by the members will be handled by the Department of Corrections staff, following already existing facility procedures.

**F. HOW TO WITHDRAW FROM THE COMMUNITY RELEASE PROGRAM:** An inmate may submit a request in writing to voluntarily withdraw from the TIER 4 program at any time during his or her ten-week stay. The counselor will respond to the request, arranging withdrawal within forty-eight hours of submission of the request.

The purpose of such a procedure is to structure in a delay of immediate gratification in the event that the inmate requests to leave impulsively -- out of anger, frustration, fear, etc. This will give the counselor an opportunity to address relevant issues

and perhaps retain the inmate as a member, if appropriate. Within forty-eight hours of the request to leave, the counselor will meet with the inmate to review the request. If the decision is made to leave, then Community Correctional Center staff will be notified.

**G. POLICIES AND PROCEDURES:** Each TIER 4 program should develop their own set of operational procedures and policies. These would supplement the Community Release Program manual and would define specific issues regarding operation of that program. Also, such policies would insure compliance with the facility and licensing rules and would help to guarantee consistent high quality treatment services.

**H. LICENSURE:** Each of the contracted community drug treatment programs are licensed by HRS. Initially, TIER 4 services will be provided under the already existing requirements of that license. Each TIER 4 program is expected to follow the HRS licensing guidelines which includes the establishment of a quality assurance program.

**I. INCENTIVES TO PARTICIPATE:** Each TIER 4 program should address the issue of inmate incentives to enter and remain as an active participant in the program. The safe environment of a TIER 4 facility will certainly be a major incentive as will the personal rewards of working towards and accomplishing a goal. Program activities such as day to day affirmations, testimonials, and certificates of achievement reinforce the benefits of participation.

In addition to the above, programs need to be creative in developing incentives that encourage positive inmate involvement in the program. Some possibilities involve having inmates produce a half hour tape on the rewards of the program to be shown to all new admissions, emphasize the role of the peer facilitator, look for small privileges that can be granted to participants doing well in the program, arrange for group recreational activities and allow the inmates to participate in treatment and self-help services in the community.

## IX. CONFIDENTIALITY

Program staff will comply with Federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2). A copy of these regulations is included in the Resource Guide. In addition, staff orientation procedures should include training in these regulations. Also all correctional counselors and facility staff involved with the program must be trained regarding the limitations of these regulations.

It is important to realize that all clinical records and information about inmates in the program is confidential and thus cannot be discussed or released without following proper procedure. This information can be discussed among counselors in the program, however it cannot be discussed with correctional counselors or other facility staff. There are four ways information can be released:

- inmate authorizes release in writing
- obtaining a court order
- to medical personnel in a medical emergency
- for purposes of research, evaluation or program monitoring

An essential component of the program is having the inmate member sign a release of information form. This should happen within the first two days at the CCC. This release should be obtained by the counselor. This release should authorize the passing on of information regarding participation in the program to Classification and the assigned correctional counselor. A sample release is included in the next section.

By law inmates must be informed of the confidentiality regulations and the protection provided to them by those regulations. This information is included in the inmate manual. Inmate members will be expected to treat other members' disclosures with strict confidence. Education regarding this expectation will occur during the orientation to TIER 4 within the first two days of participation. Also during this orientation each inmate will be asked to sign a form that verifies they have been informed of the protection offered by the confidentiality regulations.

Information on inmate progress in the program can only be released once the inmate has signed a release authorizing such. All client information released must be stamped with the following statement which prohibits re-release of the information:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further

disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The Community Release Drug Treatment Program will not be successful if treatment staff are perceived to be hiding client information. It is essential that treatment staff explain to the facility staff the Federal Confidentiality Regulations, limitations of the regulations and how they can be operationalized to satisfy all parties.

## X. FILES AND RECORD-KEEPING

**A. POLICY:** There will be a complete treatment record maintained on every inmate admitted to the program. This file will be separate and distinct from the Department of Corrections inmate jacket or psychological services records. As previously stated, due to the Federal confidentiality regulations, only the counselors will have access to these records. Peer facilitators, inmates, correctional counselors, etc., shall not be allowed access.

**B. PURPOSE OF THE RECORD:** The record will provide sufficient information to accomplish the following functions:

- Provide a data base for the evaluation of the program, methods, and counselor efficiency and effectiveness in the provision of services and for the monitoring and evaluation of the quality and appropriateness of care.
- Serve as a means of communication between counselors, other treatment programs, and service systems, as appropriate.
- Facilitate counselor planning and structuring of treatment efforts with the inmate.
- Reflect the assessment and treatment management process and the problem-solving and decision-making processes used by program staff.

**C. TREATMENT FILE:** A separate file will be assembled on each inmate. The treatment file will include the following information:

- Assessment summary
- Psychosocial history
- Treatment plan (signed by client)
- Progress notes (signed and dated by counselor)
- Release of information (signed by client)
- Acknowledgement of rules and confidentiality (signed by client)
- Summary of treatment progress

Forms presently utilized by the treatment provider will be used for the drug treatment file. Each TIER 4 program should develop a written protocol on record-keeping that explains the purpose of the file, the information that must be included, the frequency for collection of information and the order in which the file will be set up.

**D. PROCEDURES FOR RECORD-KEEPING:** Treatment records will be maintained at the CCC in a locked file cabinet. Both active and closed records will be kept at the facility. Eventually the Department will set up a central repository where these treatment records can be stored.

TIER 4 program treatment records (both active and closed) will be accessible only to program counselors and those programs or individuals for whom the inmate has signed a consent to release information form.

Progress notes on each client must be current and accurate. All contact in group, individual and family sessions should be recorded in the case notes.

Both the Department and the treatment facility are in need of this record. The treatment agency needs the record to fulfill the requirements of its HRS license. As the funding source, the Department of Corrections needs the record in order to maintain treatment records on all inmates who have participated in any part of the four TIERS of service. The record will be maintained by the contract treatment agency and stored at the CCC if possible. Federal confidentiality guidelines will be followed both by the treatment agency and the Department of Corrections in the maintenance and storage of these records. All treatment files will be maintained for five years. Inmates can have their treatment information sent to a community treatment program if an appropriate release is signed.

The following forms should be utilized by all TIER 4 programs:

- o TIER 4 Drug Treatment Report - to be sent to classification summarizing progress/problems in the program.
- o Rule/Confidentiality Acknowledgement - verifies that the client has been informed of the program rules and has been notified of the confidentiality offered through the Federal regulations.
- o Confidentiality Release - this form authorizes the program to release confidential client information.
- o Progress Report - this form is used to report on a monthly basis progress of the inmate in the drug treatment program.
- o Certificate of Achievement - to be given in an awards ceremony upon successful completion of the program.

Copies of each of these forms are included for review and implementation.

TIER 4 DRUG TREATMENT  
REPORT

Name \_\_\_\_\_ Inmate # \_\_\_\_\_

Facility \_\_\_\_\_ Race \_\_\_\_\_ D.O.B. \_\_\_\_\_

Date Entered TIER 4 \_\_\_\_\_ Date of Completion/Dropped \_\_\_\_\_

Summary of Progress in Program:

Special Difficulties:

Recommendations:

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

## RULES, CONFIDENTIALITY ACKNOWLEDGEMENT

### RULES

I have read the inmate manual to the Community Release Drug Treatment Program (TIER 4). I acknowledge that I have read the program rules and agree to abide by such.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

### CONFIDENTIALITY

The confidentiality of alcohol and drug abuse patient records maintained by the Community Release Drug Treatment Program is protected by Federal law and regulations. Generally, the program will not say to an outside source or person that an individual is receiving treatment within the program, or disclose any information identifying the individual as an alcohol or drug abuser, or release any information regarding assessment or treatment, unless:

- (1) The inmate consents in writing;
- (2) The disclosure is allowed by 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.

Any violation of the Federal law and regulations by the 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 on program premises by an individual receiving treatment either at or against any staff member of 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.

I have read this statement concerning the confidentiality of alcohol and drug abuse patient records and understand my rights as a client are protected by Federal law and regulations. I acknowledge that I fully understand these rights.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize the  
Name Of Inmate

Community Release Drug Treatment Program (TIER 4) to release the following information for the purpose of verifying my attendance, participation and progress in the program:

- attendance in counseling
- participation in program activities
- level of involvement
- urinalysis results

This information can be released to classification staff, center staff and/or \_\_\_\_\_.

This consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance to it. This consent will expire 30 days from the date the inmate member leaves the program.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

MONTHLY TREATMENT SUMMARY

TIER 4

Client Name \_\_\_\_\_ Month \_\_\_\_\_

Program \_\_\_\_\_ Counselor \_\_\_\_\_

Total number of sessions attended (by date):

Individual \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Group \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Family \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total number of sessions missed (by date):

-Individual \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Group \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Family \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total number of educational seminars, support groups attended (by date):

Seminars \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
AA, NA, Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total number of educational seminars, support groups missed (by date):

Seminars \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
AA, NA, Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Total number of urine samples tested: Positive \_\_\_\_\_ Negative \_\_\_\_\_

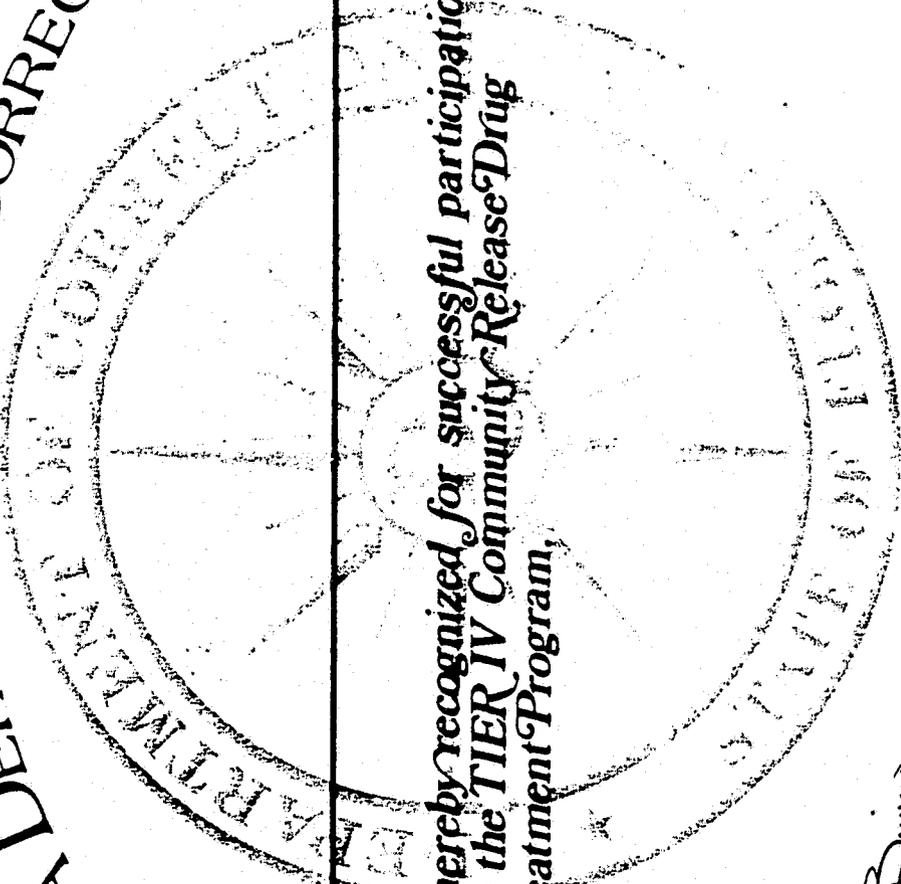
Status in treatment:  Satisfactory  Needs Improvement  Unsatisfactory

Comments:

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

FLORIDA DEPARTMENT OF CORRECTIONS



Is hereby recognized for successful participation  
in the TIER IV Community Release Drug  
Treatment Program.

*[Signature]*

DIRECTOR

Substance Abuse Program

DATE

COUNSELOR

**IMPLEMENTATION ISSUES**

## COMMUNITY RELEASE DRUG TREATMENT PROGRAM (TIER 4)

### IMPLEMENTATION ISSUES

#### I. INTRODUCTION

Community Correctional Centers (CCC) are designed to assist the inmates transition from life in the institution to life in the community. They serve as a buffer to allow the inmate an opportunity to gradually adjust to freedom, family, the work environment and community living.

At the same time the Center is assisting in community adjustment, of tantamount concern is security and public safety. The goal is to integrate the inmate back into the community so he or she can live a crime-free, productive life. At the same time the community must be protected from the possibility that the inmate will be the perpetrator of a new crime. To accomplish this, life in the Community Correctional Center follows a set daily regimen with specific rules and procedures that must be followed. At all times the correctional center has to be able to account for the whereabouts and behavior of the inmate. Ideally the close supervision will allow problems to surface and in addition provide an opportunity to deal with them before they become potential threats to other inmates, the correctional center or the community at-large.

Establishing a drug treatment program within this environment demands attention to the above issues. The treatment program must be willing to understand that community safety and security are the main concerns of the correctional center. At the same time the correctional program staff must acknowledge that the drug treatment program is designed to compliment the main goal of the Community Correctional Center, that of successfully integrating the inmate back into the community. The drug treatment program will deal head on with the inmates ready access to drugs and alcohol as well as teach and demonstrate how to successfully live a drug-free lifestyle.

For the drug treatment program to be effective and successful, the Community Correctional Center must embrace the program and go out of its way to be flexible and open to the needs of the program. Without a willingness on the part of the Community Correctional Center to make it work, the success of the drug treatment program will be limited.

This section of the manual will discuss issues that must be addressed between the Chief of the Community Correctional Center and the drug treatment program staff. Only proactive discussion and problem solving will assure an orderly implementation of the drug treatment program within the Community Correctional Center. Each point of discussion concludes with a listing of steps that should be followed to insure the integration of the program into the CCC and will help insure the success of the drug treatment program.

## II. RELATIONSHIP BETWEEN THE COMMUNITY CORRECTIONAL CENTER AND THE COMMUNITY TREATMENT PROVIDER

The TIER 4 drug treatment program utilizes community drug treatment agencies to provide the treatment services. Counselors from these agencies will be assigned to the Community Correctional Center (CCC) as their main job responsibility. As a result these individuals will have a full time job assignment at the Community Correctional Center.

For this arrangement to be successful, the community agency staff must view themselves as a guest at the Community Correctional Center. They must be willing to operate within the confines and restrictions of the Center. The policies and procedures of the center must be followed to assure consistency of operation and integration of the program into the CCC. The counselor must understand that the Chief is in charge of the facility and all program operations must be approved by the Chief before implementation at the center.

At the same time, the Chief must be willing to make the adjustments necessary to assure integration and success of the drug treatment program. The Chief must be willing to view the counselor(s) as additional staff assigned to the CCC who have a set purpose and service to provide.

The counselors work for the community based drug treatment program. Therefore, they will answer directly to the Executive Director or designee at the drug program. Their paycheck, evaluation and direct supervision will come from the community drug program.

However, their full time job assignment in many instances will be the Community Correctional Center. As a result daily oversight will be provided by the Chief of the center. It is essential that the treatment agency and Chief meet prior to implementation to discuss how the supervision arrangement will take place. A mechanism has to be set up where the Chief can provide regular information on the counselor's performance to the counselor's supervisor. For example, if the counselor misses work, is consistently late or a similar problem develops, the Chief must have a set procedure to notify the counselor's supervisor. Also, if the Chief has any problems with the counselors performance, then this, no matter how minor, needs to be reported to the counselor's superior. This is the only way to insure that problems are dealt with and solved before they get out of hand. It is suggested that the counselor's supervisor and the Chief meet at least monthly to insure problem free operation of the program. If the Chief is too busy to be involved in the daily operation of the program, then a facility liaison should be designated. In a larger Community Correctional Center this might be the Classification Specialist. This contact would serve as a

buffer between the center and the drug treatment program and would have the responsibility of dealing with the day to day issues regarding the operation of the drug treatment program.

As an adjunct staff to the CCC, the treatment counselors must realize that the inmates will attempt to manipulate the counselor to get involved in day to day conflict issues between the inmate and the correctional center staff. It is important that the counselors are clear on their duties and functions and they should be careful not to allow themselves to get involved in conflicts between inmates and staff at the CCC. For example, if an inmate claims he is not being allowed to participate fully in the program because the correctional officers are restricting his time, this issue must be discussed with the CCC contact without the inmate being involved in the discussion. The counselor may learn, for example, that due to security reasons a special restriction has been placed on the inmate or that the inmate is trying to manipulate less involvement in the program. The counselors must learn how to evaluate inmate issues and be careful about getting involved in operational issues of the Community Correctional Center.

As a full time staff member at the CCC, it is suggested that the drug treatment counselor be a participant and active member of the weekly or bi-weekly staff meetings of the facility. This will involve the counselors as active staff members of the center and will encourage team building between the drug treatment counselor(s) and the CCC staff.

Finally, it is suggested that the community based drug program provide the Chief with the personnel policies under which the counselors operate. This will help the Chief understand what is expected of the counselors. Also the CCC should supply copies of the facility rules and personnel policies of the Department of Corrections to the community based agency. This will help the counselors to understand the limitations of the CCC and how to successfully integrate into that system.

Summarized below are a series of steps that should be implemented to insure a smooth working relationship between the community based treatment provider and the Community Correctional Center:

- Define the relationship between the Community Correctional Center and the community based treatment provider.
- Determine how the community drug agency will operate within the CCC including hours of program operation, types of services to be provided, space needs, expectations of the counselor(s), and similar issues.
- Determine who is the daily CCC contact for the drug treatment counselors -- the Chief or his/her designee.

- Determine how the drug treatment counselors will be supervised and who will provide daily oversight.
- Set up procedures for the Chief to report program or personnel issues to the counselor's supervisor.
- Establish a procedure for monthly meetings between the Chief and the counselors' supervisor from the community based agency.
- Have the treatment counselors be full participants in the staff meetings at the CCC.
- Provide the staff policies and procedures of the drug treatment program to the CCC Chief.
- Provide the CCC policies and Department of Corrections policies to the community treatment program.

### III. STAFFING ISSUES

Staffing is a key to the success of the drug treatment program. Not only must the counselors be skilled in psychotherapy and addictions, they must also be flexible and able to work within the confines of a Community Correctional Center. To effectively accomplish this the individual must be creative and willing to explore a variety of ways to provide services to the inmate clients. Also the counselor must understand the criminal justice, drug involved individual. A true understanding of this inmate profile will help to deal effectively with attempts by inmates to use the counselor to manipulate the system.

The community based drug treatment program must be sensitive to the operation of the CCC when hiring employees to work in this program. These individuals will be working full time at the CCC so the program must be careful to select someone who can be comfortable in that environment. This new employee must become a part of the CCC so someone who chooses to be radical in their dress, length of hair or beard, or mannerisms would not fit easily into the operation of the CCC. The employee's appearance or manner should not cause so much attention that it affects the operation of the program or cooperation with the CCC. It is suggested that community based treatment staff follow the same dress code required of Department of Corrections staff.

One discussion point is how to best use recovering individuals and/or ex-felons to work in the Community Release Drug Treatment Program. Recovering individuals or individuals with a law violation in their background may be very effective counselors for they share similar life experiences with the inmate and can be more in tune with the games played as part of the recovery process. Individuals applying for counselor positions should not be automatically disqualified because of their background. Rather the CCC and community drug program need to evaluate what contribution that individual has made to society. A rule of thumb would be to look for at least three years of positive recovery before hiring an individual to work in the drug program at the CCC.

This program demands a close working relationship between the corrections staff and community based treatment counselors. Again the quality of that relationship and the ability to work together will dictate the success of the drug treatment program. The community based agency might consider asking the Chief of the CCC to be an active participant in the selection of the counselors to work in the CCC.

All serious applicants need to have a thorough background check similar to that on all DC employees. This will help insure no surprises after the counselors are hired.

As full time employees at the CCC, the counselors will need easy access to the facility. These individuals need to be able to move in and out of the CCC as any DC employee might. An identification card or similar mechanism may help this to happen without delay.

A final staffing issue is clerical support. At this time there is no clerical support provided to the CCC to support this program nor is there specific funding in the community providers contract for clerical support. The program will need to negotiate with the CCC on how to get necessary clerical duties accomplished or rely upon the resources of the provider agency. Counselors will need to assemble their own files and write as much of the documentation as possible. Reports, such as the monthly inmate report, have been designed to be written instead of typed.

One possibility for clerical support would be to use the assistance of an inmate clerk assigned to the CCC. Remember inmates cannot have access to confidential client information. Where clerical support will come from should be determined prior to implementation of the TIER 4 program.

There are several questions and issues that must be resolved prior to operation of the program. Summarized below are a series of steps that will assist in effective program implementation:

- Determine the qualities to look for in applicants for counselor. The CCC Chief should have input into this.
- Set up a mechanism for CCC Chief or his/her designee to participate in the final interviews for the drug counselor positions.
- Determine the acceptable standards for dress and appearance and notify applicants of these prior to hiring.
- Determine whether there are any special concerns regarding hiring recovering individuals and/or ex-felons.
- Implement a background check on all applicants under consideration for hiring.
- Have the drug counselors follow the same procedures as CCC staff in signing in and out of the facility.
- Determine if the community based counselors will be supplied identification cards. If so, arrange for the cards.
- Negotiate who will provide clerical support to the drug treatment program and how this support will be accessed.

#### IV. FACILITIES

In order for the drug treatment program to operate effectively, adequate space is needed to carry on program activities. The proper facilities are needed to convene the psychoeducational groups, the relapse seminars, individual counseling and family work. In addition, the counselor needs a location where they can work on files and other necessary paperwork.

A room large enough to convene the groups and seminars needs to be available. The group room should accommodate up to 15 and the seminar room up to 30. While these rooms are being utilized by the program access needs to be limited to guarantee confidentiality. Each Community Correctional Center will need to determine where these services can be held and when.

Individual and family counseling can take place in any private area. This may be in an office, in a corner of the dining hall, in a designated area outside or similar location. Again, the need for privacy must be stressed. Access of other inmates or CCC staff must be limited and controlled. It is important that there be some consistency with program space so the inmate knows where to go for the service.

The counselors will also need a work space primarily to record progress notes in treatment files. This has to be a place where the work can take place without compromising confidentiality. Also, the counselors need access to a phone so important verifications and other relevant phone calls can be made.

Adequate space is necessary to run the program effectively. The following steps should help assure the availability of this space:

- Determine where group counseling will be held. Is access limited?
- Determine where educational sessions will be held. Is access limited?
- Determine where individual counseling will be held.
- Determine where counseling sessions with the family will be held.
- Determine where the counselors can work on paper work, phone calls, etc.
- Notify the counselors of the procedures to use the phone.

## V. AVAILABILITY OF INMATES

Open beds in many Community Correctional Centers across the state are a commodity. These programs remain full most of the time and open beds are immediately filled. One of the more difficult tasks in setting up the Community Release Drug Treatment Program is establishing a workable mechanism that will move appropriate inmates from the reception centers or institutions into the TIER 4 Community Correctional Centers. There are five ways an inmate can be determined eligible for the TIER 4 program including:

- Identification as part of the assessment at the reception centers.
- Identified as a potential client for TIER 4 after successful completion of TIER 1,2, or 3.
- Central office review of the case identifying a need for drug treatment services. Participation in the program will be part of the recommendation for referral to the CCC.
- The inmate being required to participate after a positive urine at the CCC or another community facility where TIER 4 services are not available.
- Inmate volunteers for the program.

All of these means require coordination between several components of the Department as well as commitment on the part of Classification, the Community Correctional Center and the central office to keep the programs full.

It is suggested that a set number of beds at the TIER 4 CCC's be set aside for the drug treatment program (30-40 at male facilities, all at female facilities). Priority could then be established at the central office to assure, if at all possible, that all of these beds be filled with eligible inmates. Ideally inmates should be referred to the TIER 4 program closest to where the inmate is going to reside once released from the care of the Department of Corrections. A mechanism has to be established on how to handle the potential list of inmates waiting to fill available program beds.

The drug treatment program intends to maintain daily a full complement of inmates participating in the program. This will demand active participation with Classification to assure that new inmates can move in whenever others complete the program or leave for other reasons. It will be dependent on the treatment staff to keep Classification and center staff aware of completion dates so that replacements can be moved into the program easily and expediently.

Full participation of the inmate in the drug treatment program will be required. Inmate participants will be expected to attend all group and individual counseling sessions as well as all educational seminars and AA/NA meetings. It is suggested the program operate from 1-9 P.M. so inmates on varied work schedules will be available to participate. Inmates in the program should not be allowed to obtain a job that conflicts with the inmates full participation in the drug treatment program.

Another issue to be resolved is how inmates who have broken program rules or no longer want to participate can be removed from the program. An inmate who is no longer involved or is disruptive can be a negative influence on the entire treatment process. It should be understood that if the inmate chooses to leave the program prior to successful completion, there will be a strong consideration to transfer him/her back to an institution. A mechanism should be set up where inmates can inform the counselor that they no longer want to participate in the program.

On the positive side, emphasis should be on linking the inmate with community resources. This will help guarantee continuation in treatment and AA/NA beyond their stay at the CCC.

The following steps should be followed regarding availability of inmates:

- Establish a procedure at the central office on how to transfer inmates into the TIER 4 drug treatment program.
- Train all Classification staff, including reception center staff on how to make a TIER 4 referral.
- Establish a procedure on how TIER 1,2, and 3 programs can make a TIER 4 referral.
- Develop a policy where inmates at a CCC who record a positive urine will be offered TIER 4 participation as an alternative to transfer back to an institution.
- Set up an individual CCC policy on how an inmate in the center can volunteer for the drug treatment program.
- Dedicate a set number of beds in each TIER 4 facility for drug treatment.
- Establish a priority at the central office to transfer eligible inmates into available beds.
- Refer inmates to the TIER 4 closest to the community where they will settle.

- Operate the program from 1-9 P.M. to insure ample opportunity for participation.
- Establish a procedure that an inmate cannot obtain a job that interferes with full program participation.
- Set up a mechanism and procedure to transfer non-compliant inmates back to an institution.
- Develop a mechanism to link the inmate with community treatment services and local support groups.

## VI. INMATE INCENTIVE

An issue of concern is the incentive for the inmate to remain in the program once assigned to the Community Correctional Center. The inmate in the drug treatment program will be expected to participate in program activities three afternoons or evenings a week. At the same time other inmates in the Community Correctional Center will be playing pool, watching TV or involved in other forms of relaxation. What's to stop the TIER 4 inmate from simply announcing they no longer want to participate in the program?

One way to deal with this issue is to look at the way the program is marketed. All discussion of the program with inmates should focus on the benefits to be gained rather than the restrictions it places on the inmate. Some of these include sober lifestyle, assistance in community linkage and completion of a relapse prevention plan.

The CCC and drug treatment staff also need to explore concrete incentives that can be awarded to the inmate for satisfactory participation in the program. Some of these might include participation in community groups/meetings and structured recreation activities away from the CCC such as bowling or a trip to the beach. Creative alternatives will help assure continued active participation by the inmates in the drug treatment program.

Finally, the CCC should establish a policy that all inmates sent to the CCC to participate in the TIER 4 drug treatment program must satisfactorily complete the program. If they don't then they should be transferred back to an institution.

Inmate incentive is a key issue of the TIER 4 drug treatment program. The following steps will help solidify this incentive:

- Develop a description of the program that stresses the personal benefits to the inmate.
- Train all counselors and CCC staff on the benefits of the program.
- Explore concrete incentives that could be implemented for program participants.
- Establish a policy that calls for transferring back to an institution inmates who fail to participate in the program.

## VII. PROGRAM RULES

A series of program rules have been established to govern inmate behavior while in the Community Release Drug Treatment Program. The rules are listed in the program design section of this manual. Each inmate will be required to read the rules and sign a form indicating they have done such. Each inmate will be required to obey the rules of the Community Correctional Center. Also the Department's Rules on Inmate Discipline (Chapter 33-22) will be adhered to.

It is important to realize that part of recovery (drug free lifestyle) involves handling relapse. Drug treatment programs know clients will break rules, test limits and take risks, for this is the behavior that got them in trouble in the first place. The drug treatment program should use violations of minor infractions as an opportunity to teach the negative consequences of inappropriate behavior. Treatment staff will maximize such opportunities for client education.

It is hoped that the treatment and security staff can collaborate to develop a strategy for handling the problem of inmates who refuse to participate in the program. This will assure the maximum benefits are gained within the ten weeks. Teamwork is the key to effective monitoring of program rules.

A key need is to determine the role of the treatment counselor regarding correctional center or drug treatment program rule violations. Issues such as the role a counselor takes if an inmate violates the law or is a potential security risk must be resolved. At the same time, the treatment counselor must inform the inmate that information regarding law violations or security risks will not be confidential and will be reported to the correctional counselors at the center.

The following points, if resolved, will help assure adequate handling of rule infractions:

- Train all treatment counselors in the rules of the CCC.
- Inform all inmates of Community Correctional Center and drug treatment program rules.
- Inform all correctional staff of the drug program rules.
- Determine how rule violations will be handled by the treatment counselor.

- Set up a mechanism to report abuse or neglect within the inmate family environment.
- Determine what role the treatment counselor plays regarding a Disciplinary Report (DR).
- Determine what happens if an inmate breaks a rule, both serious (possession of drugs) and minor (getting angry at the counselor).

### VIII. TRANSPORTATION - MOVING INMATES

As previously stated, one of the goals of the Community Correctional Center is to assist in the integration of the inmate back into the community. One way to facilitate this is to help the inmate build positive linkages into the community. A strong relationship with a community treatment provider, NA/AA sponsor and local self help group will assist in solidifying the inmates transition to the community.

A strategy for accomplishing this goal would be for inmates in the drug treatment program to participate in group counseling, educational seminars or NA/AA groups at the local treatment program or AA/NA site rather than at the CCC. This would provide a real world context to these services. Transportation is the obvious roadblock to accomplishing this goal.

Representatives of the drug treatment program and CCC should discuss transportation options to determine what are the possibilities for moving inmates including best times and best days. One option would be to explore the possibility of utilizing volunteers to transport the inmates. For instance, two members from a local AA group could pick up 6-10 inmates on their way to the meeting. Looking at creative alternatives to making these services available is encouraged.

The following steps should be followed in exploring the transportation issue:

- Discuss the CCC rules regarding allowing inmates to attend counseling or NA/AA at community based programs.
- Discuss how this option could be effectively accomplished.
- Determine availability of CCC transportation to move inmates including best days and times.
- Determine if volunteers can transport inmates. If so, what are the requirements for such.

## IX. URINALYSIS

Random urinalysis is an important tool in preventing relapse. It lets the inmate know that drug use will be detected and thus serves as a deterrent to use. This deterrent helps provide the inmate an opportunity to learn how to adjust to society drug-free.

Ideally all TIER 4 inmates would be required to participate in random urinalysis weekly. However, funding for this is presently not available. As a result the drug treatment program at the CCC will need to utilize the urinalysis capability already present at the CCC.

Each CCC has limited funding available for urinalysis. It is recommended that a procedure be set up to access the CCC capability when it is suspected that an inmate in the drug treatment program has used drugs. A urine could then be taken and counted towards the CCC's allotment for that month. To effectively accomplish this a set procedure will need to be developed on how the treatment counselor can refer the suspected inmate to urinalysis testing. An inmate would be required to pay for the test if it is positive.

To complete the circle the drug treatment counselor must be informed of the results of the urinalysis test. The easiest way for this to be accomplished would be for the Community Correctional Center staff to supply a copy of the test results to the counselor. The counselor could then use this information to deal with the issue therapeutically.

As was previously stated in the rule violations section, relapse to drug use will be a frequent occurrence as the inmates test their limits. It is recommended that any positive urinalysis result be discussed between the correctional counselor and drug treatment counselor before corrective action is taken.

Steps that should be followed when implementing urinalysis procedures include:

- Establish a procedure for the treatment counselor to use when referring an inmate for urinalysis.
- Determine how many urine tests are available per month and how many the drug treatment program can access.
- Determine if there are other sources of funding to pay for the urinalysis test.

- Determine how the treatment counselor will be notified of the test results.
- Determine a process for the treatment counselor and corrections counselor to discuss the inmate's behavior and motivation in the program prior to acting on a positive urinalysis.

## X. TRAINING

Several training issues will assist in the development of the program. First, it is important that the drug counselors be thoroughly trained in both the Department of Corrections procedures and regulations and procedures at the Community Correctional Center. It is suggested that all drug counselors be required to participate in the same 40 hour orientation course required of DC employees. This will assure that the counselors are knowledgeable on such issues as disciplinary procedures, security, inmate rights, dress code and similar information.

Secondly, the counselors need very specific orientation to the operating procedures of the CCC. These counselors need to know what is acceptable as they begin their work with inmate clients. This orientation should include stated and formal procedures (sign in/out, price for meals, handling security threats, dealing with rule violations) as well as the more informal procedures (role of staff members, who to go to regarding certain issues, etc.).

For the program to be successful, corrections staff will need to support it. One way to help assure this is for corrections staff to understand addictions, relapse and the goals of the treatment program. This education can take place in two ways. It is recommended that all staff who will have primary contact with the program be allowed to visit a treatment program to learn first hand what takes place there and how it takes place. Spending a day or two in a therapeutic community would be particularly beneficial.

Secondly, opportunities could be created where the counselor or other staff from the community agency could provide short workshops on topics such as the addiction process, disease concept, relapse, relapse triggers, addictive behavior, etc. All CCC staff from the Chief to the counselors could benefit from attendance at these sessions. This would help the CCC staff understand the dynamics of addiction and thus the goals and purposes of the program. Before the drug program begins operation, at least an hour training session should be held with all CCC staff to provide information on the program and how it will operate.

It is not unreasonable to presume that the daily operation of the program in the CCC will identify DC staff who have a drug or alcohol problem or are experiencing one with a family member. These individuals may seek out the counselor for assistance with this problem. It is important to discuss this issue openly and clarify before hand how such a situation will be handled. One definite activity would be to review the Department's Employee Assistance Program (EAP) guidelines to learn what is officially sanctioned.

Training is a key component to program success. Several steps to be accomplished in this area include:

- Have all drug treatment counselors attend the DC 40 hour orientation training.
- Provide these counselors with training on both the formal and informal procedures of the CCC.
- Arrange for key corrections staff to visit treatment agencies and/or stay a day or two at a therapeutic community.
- Set up a series of short training events for all CCC staff on addiction and relapse issues.
- Before program implementation, conduct a training for all the CCC staff on the goals, operation and procedures of the program.
- Review DC policies on an employee who is having problems with drugs or alcohol.
- Discuss how addiction problems among CCC staff or their families will be handled.

## XI. TREATMENT FILES AND REPORTS

A treatment file separate from the inmate jacket will be set up for all TIER 4 participants. Included in the file will be a social history, information on prior treatment, a treatment plan, counselor notes, urinalysis results and the necessary forms (confidentiality, acknowledgement of rules, etc.).

In order to comply with the Federal regulations on confidentiality of drug and alcohol patient records, these files will be confidential with access limited to the treatment counselors. To meet these guidelines the files must be kept in a secure location such as a locked file cabinet.

A protocol for file management should be developed by each of the TIER 4 drug treatment programs. The protocol must address who will assemble files, where they will be stored, who has access, procedures for signing out a file, what happens with the file once an inmate has completed/been terminated from the program, what forms/information must be in the file, how does one respond to a request for information and what information is sent out on client progress in the program. The community treatment agencies already have such procedures, they simply will need to be adapted to fit treatment in the Community Correctional Center setting.

The TIER 4 Treatment Summary Form is a means to report to the inmate jacket a synopsis of the inmates participation in the drug treatment program. This form can also be used when an inmate is being negatively terminated from the program. The Inmate Acknowledgement Form verifies that the inmate understands the program rules and has been notified of the Confidentiality Regulations. The Confidential Release Form should be signed on the first day the inmate enters the program. The form voluntarily authorizes the drug treatment program to report back to the Department of Corrections progress on the inmate in treatment. Also a release form could be used to request prior treatment information from a TIER 2 or TIER 3 facility. Each month the treatment counselor will fill out a progress report on all the inmates in the drug treatment program. Information on the report will be objective and will include summary of participation and progress to date. The monthly report form will be utilized for this. A sample of all four of the above mentioned forms are included in the program description section of this manual.

Accomplishment of the points listed below will help insure a reduction of problems related to the inmate treatment files:

- Determine who has access to the treatment files.
- Determine how the treatment files will be kept confidential from correctional center staff, peer facilitators and inmates.

- Determine where the files will be stored and who has a key.
- Write a protocol for file maintenance.
- Establish a procedure for obtaining a confidentiality release from all new inmates in the program.
- Establish how and when the TIER 4 Treatment Summary Form will be utilized.
- Determine who will receive the monthly progress report on all inmates in the program and by when it should be completed each month.

**INMATE HANDBOOK**

# COMMUNITY RELEASE DRUG TREATMENT PROGRAM

## TIER 4

### INMATE HANDBOOK

#### I. INTRODUCTION

This manual describes for you the operation of the Community Release Drug Treatment Program. It is designed to provide a:

- Description of the program
- Description of the activities in which you will participate
- Understanding of your role in the program

The program was designed with you in mind. The goal is to assist you in visualizing and living a drug-free lifestyle. There will be a direct correlation between the energy you put into the program and the knowledge you gain. You are encouraged to be an active and involved member of the Community Release Drug Treatment Program.

## II. MISSION STATEMENT

The mission of the Community Release Drug Treatment Program is to decrease drug use and drug related crime. Also the goal is to assist in social and psychological adjustment toward a healthy lifestyle. This adjustment may include eventual employment, school involvement, increased good feelings about self, decrease in uncontrolled anger, depression or other emotions, and less defensiveness and denial of problems.

Individuals involved in a drug lifestyle need support and assistance to change. Drug treatment has been proven to be a valuable tool to assist in that change. The longer one is involved in treatment, the better the chances of living drug and crime free.

The goal of the Department of Corrections drug treatment program is to provide assistance in the above. Hopefully as one benefits from the program, motivation to move from one level of services (TIER) to the next will increase. The Community Release Drug Treatment Program (TIER 4) should serve as a starting point for longer term follow-up treatment and/or self-help involvement in the community. Such follow up treatment or self-help involvement may include outpatient drug treatment programs, community based therapeutic communities, AA/NA or other support programs to assist with abstinence and commitment to a drug and crime free lifestyle.

As a participant you will be given direct assistance in learning how to live drug free in the community. It will be an opportunity to practice one's relapse plan and learn to live a happy and satisfactory life without always having to turn to drugs for this satisfaction.

### III. PHILOSOPHY OF TREATMENT

Substance abuse is viewed as a disorder of the whole person, affecting some or all areas of functioning. These may include behavioral problems, confused values, deficits in educational or occupational skills, moral or spiritual problems, and/or family difficulties.

The philosophy of this program is that recovery is possible - it has a cause, course and predictable outcome. Recovery is not just abstinence, rather it involves learning to live comfortably and enjoyably as a sober, productive member of the community. It involves learning how to work, develop personal relationships, strengthen family ties, and practice positive leisure activities, all without the need for or use of drugs.

The Community Release Drug Treatment Program uses traditional educational and counseling techniques. High expectations and high commitment from both inmates and staff support the positive change encouraged in the counseling. Insight into one's problems is gained through group and individual interaction. Learning through experience, failing and succeeding and experiencing the consequences, is considered to be the most potent influence toward achieving lasting change.

The following principles guide this treatment philosophy:

- Every participant, regardless of their circumstances, degree or type of addiction and/or extent of his or her emotional disturbance, is considered to be a person of worth and value.
- Treatment is voluntary. You cannot be forced to learn or grow - it's your choice.
- Change comes as a result of action. It is important that you become an active participant in the program.
- Effective treatment of the inmate addict involves restructuring of his or her view of the world.
- The movement toward recovery is possible for anyone at any time with no greater prerequisite than a sincere desire to change.

#### IV. GENERAL PROGRAM DESCRIPTION

The Community Release Drug Treatment Program (TIER 4) is a ten-week program. Inmates will participate in the afternoon and/or evenings prior to or after work.

The program includes ten weeks of group counseling, attendance at AA/NA meetings and educational groups. The emphasis during the first month will be to assist the inmate in developing a sense of belonging and increase motivation to remain in the program. During this time the inmate begins to distinguish his/her functional and dysfunctional behaviors and the contribution of substance use to the negative aspects of his/her life. Also the inmate develops and begins to implement a relapse prevention plan that is designed to identify those triggers that have led the inmate into drug use in the past. One of the primary goals during this time is to link the inmate with community treatment services and local AA/NA groups. It is hoped continuation in these programs will take place when the inmate is released from the custody of the Department of Corrections.

During the first month the inmate will be required to participate in at least two individual counseling sessions. The first will be for the purpose of completing an assessment to identify addiction patterns, problem areas and relapse/recovery factors. The end product will be the development of a treatment plan. The second individual session will be to check on the adjustment of the inmate into the drug treatment program in particular and the CCC in general. Additional individual sessions may be requested by the inmate.

The final 2 weeks of the 10-week program will be preparation for re-entry into the community, as appropriate, with implementation of any relapse prevention program of significant importance. Group, individual, and family counseling sessions will be held, as appropriate, and the relapse prevention plan will be completed. Emphasis will also be placed on developing and cementing connections with community based drug treatment programs, self-help support groups, and other aftercare as appropriate.

## V. MAJOR PROGRAM RULES

1. Comply with all rules of the Community Correctional Center and the Department of Corrections.
2. Remain drug and alcohol free, including other substances which might affect mood.
3. No violence or threats of violence will be allowed.
4. No sexual activity will be allowed.
5. Attendance is required at all therapeutic and/or other program activities.
6. No racial, ethnic, or sexual slurs will be allowed.
7. Inmates will follow program confidentiality guidelines.
8. Respect property of others, no theft or vandalism.
9. No gambling.
10. No possession or use of weapons.
11. No criminal activity.

IN ORDER TO PARTICIPATE IN THE COMMUNITY RELEASE DRUG TREATMENT PROGRAM, THERE MUST BE THE FOLLOWING:

1. Some degree of willingness on the part of the resident to no longer continue their former lifestyle.
2. Some willingness to participate in a dialogue to discover new or different ways of behavior.
3. Some commitment to try out new or different ways of behavior, even when this feels strange or different or even useless in the beginning.
4. Some degree of openness to trust others and to believe that staff or other supportive persons have some beneficial lifestyle or skills to offer.
5. The determination to live in the CCC and to actively work toward the goals defined by the drug treatment program.

Confrontations do not mean someone is out to get you, but merely trying to help you. If you do not understand what a confrontation is, then get with staff so that there will be an understanding of the interaction.

## VI. RULES FOR GROUP

While every person is unique, many similarities are shared with each other. In group, participants learn by sharing their own experiences whether they are good or bad. Group members also learn they are not alone in their personal struggles. With the help of the group, they work toward recognizing, understanding and hopefully resolving certain problems. The following are some basic ground rules that govern group sessions:

1. Only use personal pronouns when speaking, (e.g., I, me, my, mine).
2. Listen attentively to everyone who shares.
3. Be as open and honest as you can while being sensitive to the needs of others.
4. Keep your attention on the "here and now".
5. REMEMBER: What is said in group stays in group.
6. Familiarize yourself with the rules that apply to group and abide by them.

## VII. INMATE PARTICIPATION

The role of the inmate members is to be an active learner and participant in all program activities. Involvement in seminars, groups, AA/NA meetings and counseling services is essential. The inmate is not only expected to participate in these activities but also expected to complete all assignments associated with their counseling and relapse prevention planning.

## VIII. CLIENT BILL OF RIGHTS

As a recipient of services from the Community Release Drug Treatment Program, you are guaranteed certain basic rights. It is imperative that you know and understand these rights. Program members have the right...

1. To be treated with dignity and respect.
2. To receive necessary treatment and other program services that are unaffected by your race, sex, creed, color, handicap, or national origin.
3. To meet with your counselor, and other staff members, with reasonable notice, to discuss your treatment plan and treatment progress.
4. To know the potential implications of your treatment plan.
5. To develop the treatment plan conjointly with your counselor.
6. To know the rules and policies that you will be expected to observe.
7. To have all records and other information concerning your participation in the program held in strict confidence, in accordance with Federal regulations.
8. To refuse treatment or to leave the program.
9. To seek remedial action, if you believe any of these rights have been violated, by following the Department's grievance process.
10. To have your religious beliefs respected.

## IX. DESCRIPTION OF ACTIVITIES

As a participant in the Community Release Drug Treatment Program, you will be involved in a series of structured activities. Listed below is a brief description of each activity you will participate in:

**Educational Meeting** -- These educational sessions will emphasize curriculum on relapse prevention planning, while addressing issues such as denial and the addiction process.

**Individual Counseling** -- Individual counseling provides time to explore problems, feelings, attitudes, and behavior. The first individual counseling session will be for the initial assessment of your drug treatment needs. Other sessions are intended to focus on your participation in and use of the Community Release Drug Treatment Program.

**Family Education** -- These sessions are designed to help family members learn what issues are involved in chemical dependency. Topics may include enabling and personal growth.

**Theme Group** -- Group counseling involving a theme for discussion. Examples include: communication skills, social skills, grief and loss, etc. These groups use individual's life experiences as examples of the theme.

**AA/NA Meetings** -- These fellowship meetings provide support and positive encouragement to live a drug free lifestyle.

**Recreational Outings** -- Voluntary outings into the community arranged by the treatment counselor. Such outings may be used as rewards for participation and/or as educational opportunities to teach recreational alternatives to drug use.

**Urinalysis** -- Whenever counselors suspect drug use, a urinalysis test can be requested.

## X. CONFIDENTIALITY

As a participant in the Community Release Drug Treatment Program, a treatment file will be created which will contain an individualized treatment plan and counselor notes on progress within the program. The information in this treatment file is protected by Federal confidentiality law and regulations. Generally, counselors at the program will keep this information confidential and will not share it with Community Correctional Center officials or other inmates.

Information can be released in one of the following four ways:

1. The participant consents in writing to the release.
2. The disclosure is allowed by court order.
3. The disclosure is made to medical personnel to deal with a medical emergency.
4. The disclosure is part of research, a program audit or program evaluation.

All TIER 4 participants will be asked to sign a release so that progress in the program can be released to Classification for their review and released to the correctional counselor for monthly reports. This release is an integral part of the treatment program.

Federal law and regulations do not protect any information about a crime committed while in the program by an individual receiving treatment at the program. Also crimes against a staff member of the program or a threat to commit such a crime is not protected.

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.

Any violation of the Federal law and regulations by counselors and staff is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations (42 CFR Part 2)

## XI. ADDITIONAL PROGRAM CONSIDERATIONS

Discussed below are additional areas of concern for participants:

### A. GRIEVANCE PROCEDURES:

Any inmate who has a complaint about the program can follow the established Department of Corrections grievance procedures. Initial attempts to solve the grievance must begin with program counselors.

### B. DISCIPLINE:

Program rules do not replace CCC rules. All facility rules will be adhered to. In this regard Chapter 33-22 of the Department Rules and Discipline will be followed.

### C. WITHDRAWAL FROM TIER 4:

Inmate participants who decide they no longer want to participate in the program must request in writing to be removed. Once the request is made the individual will have a 48 hour waiting period to reconsider the decision. In the 48 hour period the inmate will meet with his/her counselor to discuss why he/she no longer wants to participate. If at the end of the 48 hour period the individual still wants to leave, then he/she will be transferred back to an institution. Center staff would be notified of the decision to no longer participate.

## ADDITIONAL MATERIALS

The following information should be added to the inmate handbook before it is assembled. This information should be specific to the individual TIER 4 program. Once this information is added, the inmate manual can be stapled down the side and utilized with each inmate. Information to be added includes:

- Program Schedule
- Special Program Rules/Instructions
- Listing of Staff
- Procedures for phone, canteen, visitors, mail, sign inn/out, money, hygiene, etc.
- Other important information that should be conveyed to inmate members.