

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
103 DOC 445  
SUBSTANCE ABUSE PROGRAMS

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ATTACHMENT A

<p style="text-align: center;"><b>MASSACHUSETTS DEPARTMENT OF CORRECTION</b></p>	<p style="text-align: center;"><b>DIVISION: DEPUTY COMMISSIONER, Classification, Programs and Reentry Division</b></p>
<p style="text-align: center;"><b>TITLE: SUBSTANCE ABUSE PROGRAMS</b></p>	<p style="text-align: center;"><b>NUMBER: 103 DOC 445</b></p>

**PURPOSE:** The purpose of this policy is to provide Department guidelines for substance abuse treatment programs for inmates in state correctional institutions.

**REFERENCES:** M.G.L., c124, § 1 (c), (e), (f), (g) and (q).

**APPLICABILITY:** Staff/Inmate

**PUBLIC ACCESS:** Yes

**LOCATION:** Department Central Policy File  
Each Institutions Policy File  
Each Inmate Library

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**

Deputy Commissioner, Classification, Programs and Reentry  
Division  
Superintendent

**EFFECTIVE DATE:** 06/21/2012

**CANCELLATION:** 103 DOC 445.00 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding Substance Abuse Programs which are inconsistent with this policy.

**SEVERABILITY CLAUSE:** If any part of 103 DOC 445.00 is for any reason held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

445.01 **Definitions**

Director of Reentry & Program Services: A program manager responsible for ensuring compliance with departmental program policies, developing procedures as needed, monitoring adherence to such procedures, and overseeing the performance of program staff and vendors.

Director of Treatment: A program manager responsible for ensuring compliance with departmental treatment policies, developing initiatives and procedures as needed, monitoring adherence to procedures and overseeing the performance of treatment staff.

Deputy Commissioner, Classification, Programs and Reentry Services: One of three Department Deputy Commissioners whose duties include, but are not limited to the management of the Classification Division, Inmate Education and Training Division, Reentry and Program Services Division, and the Health Services Division.

Inmate: Any individual, whether in pretrial, unsentenced, or sentenced status, who is confined in a correctional facility.

Inmate Management Systems (IMS): The department of correction's automated information system that provides processing, storage and retrieval of inmate related information needed by departmental personnel and other authorized users within the criminal justice system.

Personalized Program Plan: A plan intended to enhance public safety by utilizing assessment information to determine appropriate programming designed to reduce an inmate's risk to recidivate.

Superintendent: The chief administrative officer of a correctional institution operated by the state, county and/or a contracted program

Substance Abuse Treatment Coordinator: An individual appointed by a superintendent responsible for overall program/services supervision, all substance abuse

treatment services, including service vendors. This staff person shall have treatment or program experience.

**445.02 Overall Principles for Substance Abuse Programs in Correctional Institutions**

The abuse of alcohol and other drugs represents a major risk factor associated with criminal behavior and diminishes the likelihood of successful reentry. Those inmates released back into society, who resume abusing alcohol and other drugs, may pose a threat to public safety. Therefore, the Department shall provide evidence based substance abuse programs with approaches to prevention or treatment that are based in theory and have undergone scientific evaluation, rather than approaches that are based on tradition, convention, belief, or anecdotal evidence. Said programs and services shall adhere to the following principles:

1. Intensity of treatment services shall be matched to the severity of the inmate's risk and need. Risk and need shall be determined through the utilization of a validated assessment process.
2. Treatment goals shall be defined, reasonable, and obtainable and documented in the inmate's personalized program plan.
3. Substance abuse programs shall utilize methodologies proven to be effective with the inmate population.
4. Substance abuse programs shall incorporate gender specific approaches into the delivery of treatment services to the female offender population, using trauma informed models.
5. Community based resources shall be utilized as part of the continuum of substance abuse services within the institutions and upon an inmate's release.

6. Each substance abuse program shall be voluntary. Inmates shall be allowed to refuse or terminate treatment without disciplinary consequence
7. Continuity of service shall be established between and among institutional programs, prerelease and aftercare programs.
8. Inmates shall have access to substance abuse programs regardless of race, color, disability, religious creed, national origin, age, sex, sexual orientation, genetic information or ancestry of any individual.

**445.03**

**Assessment, Screening and Admission**

1. Assessment - Assessment is the first step in the provision of substance abuse treatment. The Department's Risk/Needs Assessment process shall identify inmates in need of substance abuse treatment services. All inmates identified by their needs assessment results as being in need of substance abuse treatment services shall be referred to the appropriate level of substance abuse programming that is matched to their severity of need pursuant to the Standard Operating Procedures attached to 103 CMR 420 Classification. Inmates identified through their needs assessment as medium or high need in substance abuse shall be referred to the integrated residential substance abuse and crime reduction program units for pre-screening for possible admission. Once enrolled, program providers shall administer a more comprehensive, substance abuse specific assessment. The results of this assessment shall determine defined, reasonable and obtainable treatment goals. These goals shall be reviewed with the inmate and documented in the inmate's personalized program plan.
2. Screening - Prior to admission into the integrated residential substance abuse and crime reduction program units, referred participants shall be screened for medical and/or mental health issues

that could interfere with successful program participation. Information shall be shared between vendors and Department staff, upon consent, when appropriate.

3. Admission - Inmates shall be admitted to substance abuse treatment services that correspond with their level of assessed need. The admission process shall, at a minimum, include the following:
  - a. An individual intake documenting social, physical and mental health history, alcohol and other drug history, and related information, taken by qualified staff;
  - b. Establishment of a confidential record system, which includes:
    - i. intake summary;
    - ii. inmate's consent to treatment form;
    - iii. individual treatment plan;
    - iv. treatment progress notes;
    - v. discharge summary, and after care plan.
  - c. Substance abuse programs shall provide an orientation period that includes a description of the program philosophy and goals, overview of program rules and participant responsibilities, and an introduction to program staff.

**445.04**      **Substance Abuse Treatment Services**

1. General - Each correctional institution shall seek to provide a variety of substance abuse treatment services to meet the varying needs of inmates. In addition, the institution shall provide training in substance abuse issues to appropriate treatment and security staff.
2. Program/Service Supervision - Each superintendent shall appoint an institution substance abuse

program coordinator who shall supervise all substance abuse treatment services and programs, including service vendors. This staff person shall have treatment or program experience. The substance abuse program coordinator's responsibilities shall include, but not be limited to ensuring that:

- a. all programs are entered in the designated IMS screen;
- b. attendance is documented daily in the designated IMS screens for all programs or activities where attendance is taken;
- c. individual interviews, intakes, and appointments are scheduled in advance in the designated IMS screen;
- d. inmates are placed on waiting lists and/or enrolled via the designated IMS screens for programs or activities that require advance sign up;
- e. medical/mental health and substance abuse treatment providers share information regarding the status of program participants. This information shall be documented in the inmate medical and substance abuse treatment case records. Information shall be shared between vendors and upon consent, when appropriate;
- f. a weekly unit team meeting is held with all of the stakeholders. All Department staff associated with a residential substance abuse program shall be present weekly, e.g., Assigned Correctional Program Office, Correctional Officer, Sergeant and Director of Treatment. The Deputy Superintendent of Programs shall be present at a minimum of once per month.

3. Range of Services - Each correctional institution shall provide substance abuse treatment services, appropriate to the needs of its inmate population. Staff shall inform inmates of the availability of all substance abuse programs in both formal and informal ways. Inmates shall be informed of all substance abuse program eligibility criteria and restrictions, as well as the program focus. Such services may include, but not be limited to:
  - a. alcohol and other drugs education programs;
  - b. recognized self-help groups such as Alcoholics Anonymous and Narcotics Anonymous;
  - c. integrated residential substance abuse and crime reduction program units;
  - d. non-residential substance abuse relapse prevention programs;
  - e. medical and detoxification services provided by the Department;
  - f. appropriate community based substance abuse programming for prerelease inmates, when available;
  - g. other services reviewed and recommended by the substance abuse program coordinator and approved by the superintendent.
4. Each integrated residential substance abuse and crime reduction program shall have a program manual. The program manual shall describe, at a minimum, the program's philosophy, goals, and objectives, rules and regulations, program description, intake and orientation procedures, discharge planning procedures, and clinical case record requirements and procedures.
5. Ancillary Services - Ancillary services shall be an integral part of substance abuse treatment

programs. All inmates participating in a substance abuse program shall have at least the same access to other programs and services as the general institutional population. The substance abuse treatment staff shall encourage and assist inmates in utilizing such ancillary services to the maximum extent feasible.

6. Program Staff - Each institution shall ensure that substance abuse treatment staff have the requisite qualifications to provide treatment services, including education and/or previous experience. This applies to both institution staff and third party service vendor staff. However, paraprofessionals, ex-users and ex-addicts may be utilized to provide treatment services if they have been screened by the substance abuse treatment coordinator and approved by the superintendent. In addition, superintendents are encouraged to involve correction officers in the provision of substance abuse treatment services as they deem appropriate and feasible.
  
7. Program Review and Termination
  - a. For all programs and activities that may award good time, each institution shall ensure that the procedures in place for granting earned good time reductions are in accordance with 103 CMR 411, Deduction from Sentence Policy.
  
  - b. All substance abuse programs shall ensure that written notice and review of termination of treatment is provided in any case in which a decision is made that a inmate's treatment be terminated or substantially changed.
  
  - c. Upon program completion a treatment plan which reflects future treatment needs shall be formulated.

- d. All program discharges shall be entered in the designated IMS screen.
8. All substance abuse programs shall comply with all applicable federal, state and local laws, regulations and directives. In particular, all programs shall comply with the applicable federal regulations governing the confidentiality of alcohol and drug abuse inmate records, currently 42 C.F.R. § 1 (2). Inmates may provide written consent for disclosure of inmate record information as provided by the rules in these regulations. When releasing information, each superintendent shall require its substance abuse program providers to utilize Attachment A, the Inmate Release of Information form.

**445.05**      **Continuity of Care**

1.      Continuity in the Correctional Institution

For those inmates completing the program prior to release, follow-up shall be conducted in a manner consistent with the recommendations of the treatment plan. Substance Abuse Program providers shall update an inmate's personalized program plan prior to program completion to ensure continuity of care.

2.      Continuity in the community

a.      Upon impending discharge, parole or transfer to pre-release, staff shall update the personalized program plan and develop aftercare plans. The aftercare plan is a separate plan that shall be incorporated into the personalized program plan.

b.      The plan shall be based upon the completed substance abuse specific assessment, input from program staff, the inmate, community based treatment program staff and the institution parole officer, if applicable.

- c. All referrals and placements shall be entered in the designated IMS screen. When an actual placement is arranged (e.g. inpatient program), the Release Address screen shall also be completed.

**445.06**      **Department Planning and Coordination of Substance Abuse Treatment Programs**

The director of program services, under the direction of the Deputy Commissioner for Classification, Programs and Reentry Division, shall have overall responsibility for the planning and coordination of all substance abuse treatment services and programs throughout the Department. These duties shall include, but not be limited to:

1. Planning for the placement of substance abuse services department wide;
2. Supervising the substance abuse service delivery system in institutions that are serviced by third party vendors;
3. Developing a comprehensive plan to provide for the treatment of substance abuse offenders system wide.

**445.07**      **Program Monitoring and Evaluation**

Substance abuse treatment services and programs shall be subject to the same monitoring as other institution programs. Their operations, including successes and failures, shall be reviewed and analyzed in the various annual, semi-annual and quarterly reports required from each superintendent pursuant to 103 DOC 111, Management Analysis and Evaluations.

1. Contract Monitoring of Third Party Service Vendors In consultation with the superintendent and the Deputy Commissioner for Classification, Programs and Reentry Division, Programs and Reentry Division, the director of program services monitoring procedures to assess the substance abuse treatment services provided by

third party service vendors. At a minimum, such procedures shall require periodic reports from vendors which describe:

- a. Name and number of inmates and type of services being provided as well as other pertinent information that the department may require.
- b. Schedules of service delivery. This information shall be forwarded to the director of programs services and the institution director of treatment.
- c. Wherever practicable, this information shall be generated via the IMS. Additionally, where access permits, the information may be obtained directly by the director of programs and/or the substance abuse program coordinator.

2. Outside Evaluations - Whenever feasible and appropriate, outside evaluations shall be used to analyze the effectiveness and efficiency of their institutions substance abuse treatment programs. If feasible and appropriate, such outside evaluations may include:
  - a. evaluations by staff from the Department's Research and Planning Division;
  - b. evaluations by private agencies;
  - c. evaluations by other public agencies

Release of Information Form

INMATE'S NAME: \_\_\_\_\_ Comm.# \_\_\_\_\_

I, the undersigned, hereby authorize \_\_\_\_\_  
to release the specified information stated below for the purpose of  
coordinating my treatment.

SPECIFIC INFORMATION TO BE DISCLOSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INFORMATION TO BE DISCLOSED TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand my record is protected under Federal regulations governing Confidentiality of Alcohol/Drug Abuse records, 42 CFR Part 2, and cannot be disclosed without my written consent except in the case of 1.) threat to self or others; 2.) child abuse or neglect; 3.) escape plans; 4.) any alcohol or drug usage; and 5.) any action that threatens the security of the Institution. I understand this consent is subject to revocation at any time except to the extent action had been taken in reliance on it, and will automatically expire 10 days following my discharge from the program; unless an earlier date, event, or condition is specified. Any other use/re-disclosure is forbidden by law.

	_____ Date/Event/Condition
_____ Inmate's Signature	_____ Date
_____ Witness	_____ Date