| Massachusetts Department of Correction **POLICY** | Effective Date 5/30/2023 | Responsible Division Deputy Commissioner, Clinical Services and Reentry |
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| | Annual Review Date 5/30/2023 | |
| Policy Name 103 DOC 445 SUBSTANCE USE PROGRAMS | M.G.L. Reference: M.G.L. c. 124, §§ 1 (c), (e), (f), (g) and (q). c. §§ 1, 17B, 17C; Federal Comprehensive Addition and Recovery Act of 2016. | |
| | DOC Policy Reference: 103 DOC 411 | |
| | ACA/PREA Standards: 2-CO-4B-04; 4-ACRS-5A-08; 5-ACI-1F-12; 5-ACI-5E-08; 5-ACI-5E-11; 5-ACI-5E-12; 5-ACI-5E-13; 5-ACI-5E-14; 5-ACI-5E-15; 5- ACI-6A-23; 5-ACI-6A-42 | |
| Attachments Yes ☒ No ☐ / Inmate Library Yes ☒ No ☐ | Applicability: Staff/Inmate | |
| Public Access Yes ☒ No ☐ | Location: Department Central Policy File Each Institution's Policy File | |

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

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**
Deputy Commissioner, Clinical Services and Reentry
Superintendents

**CANCELLATION**:
103 DOC 445 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding Substance Use Programs which are inconsistent with this policy.

**SEVERABILITY CLAUSE:**
If any part of 103 DOC 445 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.

**WAIVERS:**
This policy shall not apply to Lemuel Shattuck Hospital as it is a transient, medical/correctional hybrid facility that is not designed to accommodate inmate programming during their brief stay. Waivers shall not be needed for this facility.

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## 445.01 DEFINITIONS

Assistant Deputy Commissioner of Reentry: A senior level manager who reports to the Deputy Commissioner of Clinical Services and Reentry and is responsible for ensuring policy compliance and standardization of procedures in such areas as reentry, program services, classification, county, federal, and interstate relations, immigration and customs enforcement, date computation, transfer unit, sex offender management, victim services, central records and education.

Continuing Care Checklist: A tool designed to help prepare inmates for successful community reintegration by addressing areas critical to continued pro-social recovery.

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

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

Deputy Commissioner of Clinical Services and Reentry: The Deputy Commissioner whose duties include, but are not limited to, the management of the Classification Division, Inmate Education and Training Division, Reentry, Program Services Division, and the Health Services Division.

Individualized Treatment Plan: A plan that contains detailed goals and objectives that incorporate the specific criminogenic needs, problems, strengths and abilities of the inmate.

Inmate: Any individual, whether in pre-trial, un-sentenced, or sentenced status, who is confined in a Department institution.

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

Qualified Addiction Specialist: A treatment provider who is a physician licensed by the board of registration of medicine, a licensed advanced practice registered nurse or a licensed physician assistant, and who has a minimum of 6 months experience treating individuals with 958 substance use disorder or is a licensed

DATA-waiver practitioner under the federal Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198.

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

Substance Use Treatment Coordinator: An individual appointed by a superintendent, responsible for overall program/services supervision, and all substance use treatment services, including service vendors. This staff person shall have treatment or program experience.

Substance Use Treatment Program: Formal programs designed to prevent or treat an inmate's substance use behaviors that are evidence based with approaches to prevention or treatment. These programs are based on theory and have undergone scientific evaluation, rather than approaches that are based on tradition, convention, belief, or anecdotal evidence e.g. Correctional Recovery Academy (CRA).

Substance Use Treatment Services (SUTS): Services offered by an institution or the Department to assist inmates. SUTS may include such things as medication, detoxification services, and recognized self-help group meetings such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

## 445.02 STAFFING

The Program Services Division in conjunction with the institutions utilize a formal mechanism to determine appropriate levels of social services staffing. The mechanism used to determine such staffing levels includes but is not limited to:

A. type of inmate population served
B. type of institution
C. legal requirements
D. goals to be accomplished

## 445.03 PHILOSOPHY FOR SUBSTANCE USE TREATMENT PROGRAMS IN DEPARTMENT INSTITUTIONS

A. The use 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 using alcohol and other drugs, may pose a threat to public safety. Therefore, the Department shall provide evidence based Substance Use Treatment Programs and Substance Use Treatment Services with approaches to prevention or treatment that are based on theory and have undergone scientific evaluation, rather than approaches that are based on tradition, convention, belief, or anecdotal evidence. Said Substance Use

Treatment Programs and Substance Use Treatment Services shall adhere to the following principles:

1. Intensity of Substance Use Treatment Programs 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. Individual inmate goals shall be defined, measurable, and obtainable and documented in the inmate's Individualized Treatment Plan.

3. Substance Use Treatment Programs shall utilize methodologies proven to be effective with the inmate population.

4. Substance Use Treatment Programs shall incorporate gender specific approaches into the delivery of Substance Use Treatment Services using trauma informed models**.**

5. Community based resources shall be utilized as part of the continuum of Substance Use Treatment Programs and Substance Use Treatment Services within the institutions and upon an inmate's release.

6. Each Substance Use Treatment Program shall be voluntary. In an effort to enhance program compliance, inmates who refuse to participate in or are terminated from a Substance Use Treatment Program may be subject to loss of institutional job, change in preferred housing status, and/or loss of seniority in relation to job/housing.

7. Continuity of Substance Use Treatment Programs and Substance Use Treatment Services shall be established between and among institutional, pre-release, and aftercare programs.

8. Inmates shall have access to Substance Use Treatment Programs and Substance Use Treatment Services regardless of race, color, disability, religious creed, national origin, age, sex, sexual orientation, gender identity, genetic information or ancestry of any individual.

B. Substance Use Treatment Services are low risk/alternative self-help programs that are volunteer or chaplain facilitated and based on tradition, anecdotal evidence, or belief. These services augment Substance Use Treatment Programs.

C. An annual gap analysis shall be completed to identify the number of released inmates, with an assessed substance use disorder, who participated in Substance Use Treatment Programs. Strategies will be developed that include measurable objectives to increase participation.

## 445.04 ASSESSMENT, SCREENING AND ADMISSION

A. Assessment - Assessment is the first step in the provision of substance use treatment. A Risk/Needs Assessment process in combination with a substance use specific assessment instrument shall be used during initial classification to determine an inmate's placement in a Substance Use Treatment Program or Substance Use Treatment Services.

B. Inmates with a substance use treatment need shall be referred to the appropriate level of Substance Use Treatment Program and Substance Use Treatment Service that is matched to their severity of need. Inmates identified as having a moderate to high substance use need or clinically assessed and approved override shall be referred to the integrated residential Substance Use Treatment Program for pre-screening for possible admission.

C. Screening - Prior to admission into the integrated residential SUTP, referred participants shall be screened for medical and/or mental health issues that could interfere with successful Substance Use Treatment Program participation. Information shall be shared between vendors and Department staff, upon consent, when appropriate.

D. Admission – Inmates shall be admitted to Substance Use Treatment Services that correspond with their level of assessed need. The admission process shall, at a minimum, include the following:

1. An individual intake documenting social, physical and mental health history, alcohol and other drug history, and related information, taken by qualified staff;

2. Establishment of a confidential record system, which includes:

   a. Intake summary;
   b. Inmate's consent to treatment form;
   c. Inmate's Individualized Treatment Plan;
   d. Inmate's discharge summary, and aftercare plan

3. Substance Use Treatment Programs shall include 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**.** The orientation shall also include the requirement to remain program compliant. Inmates who fail to remain program compliant are subject to removal from the Substance Use Treatment Program and may be subject to loss of job, housing and/or seniority.

## 445.05 SUBSTANCE USE TREATMENT SERVICES

A. General - Each institution shall seek to provide a variety of Substance Use Treatment Services to meet the varying needs of inmates. In addition, the institution shall provide training in substance use issues to appropriate treatment and security staff.

B. Program Supervision - Each superintendent shall appoint an Institutional Substance Use Treatment Coordinator who shall supervise all Substance Use Treatment Programs and Substance Use Treatment Services, including service vendors. The Institutional Substance Use Treatment Coordinators shall have treatment or program experience. The Substance Use Treatment Coordinator's responsibilities shall include, but not be limited to ensuring that:

1. All Substance Use Treatment Programs are entered in the designated IMS screen(s);

2. Inmate attendance is documented daily in the designated IMS screens for all Substance Use Treatment Services where attendance is taken;

3. Inmate interviews, intakes, and appointments are scheduled in advance in the designated IMS screen;

4. Inmates are placed on waiting lists and/or enrolled via the designated IMS screens for Substance Use Treatment Programs or Substance Use Treatment Services that require advance sign up;

5. Individualized Treatment Plans are updated in real time in the appropriate IMS screens;

6. Medical/mental health and substance use treatment providers share information regarding the status of Substance Use Treatment Program participants. This information shall be documented in the inmate medical and substance use treatment case records. Information shall be shared between vendors and upon consent, when appropriate**;**

7. Weekly unit team meeting is held with all of the stakeholders. All Department staff associated with a residential Substance Use Treatment Program shall be present weekly, e.g., assigned Correctional Program Officer, Correctional Officer, Sergeant and DOT. The Deputy Superintendent of Reentry shall be present at a minimum of once per month**.**

C. Range of Services - Each institution shall provide a variety of Substance Use Treatment Programs and Substance Use Treatment Services. Staff shall inform inmates of the availability of all Substance Use Treatment Programs and Substance Use Treatment Services in both formal and informal ways. Inmates shall be informed of all SUTP eligibility criteria and restrictions, compliance requirements, as well as the Substance Use Treatment Program focus. Substance Use Treatment Services may include, but not be limited to:

1. Alcohol and other drug education programs;

2. Recognized self-help groups such as Alcoholics Anonymous and Narcotics Anonymous;

3. Integrated residential Substance Use Treatment Programs;

4. Non-residential Substance Use Treatment Programs that include relapse prevention;

5. Medical and detoxification services provided by the Department;

6. Medication assisted treatment to include post release referrals and staff to facilitate transition into an outpatient substance use treatment program which employs a multi-faceted approach to treatment, including the use of the medication and counseling.

   a. Inmates entering the Department who were receiving opioid agonist or partial agonist treatment immediately preceding incarceration shall be screened by a Qualified Addiction Specialist (QAS). This information shall be verified by the medical provider with the prior prescribing physician/clinic/etc. The Qualified Addiction Specialist will then determine if the inmate should continue with the medication, during the first ninety (90) days of serving a sentence as part of a medically managed detoxification.

   b. Inmates with a documented opioid addiction who are within one hundred and twenty (120) days to release will be assessed

by the QAS to determine if they require treatment for opioid use disorder prior to release.

c. Post release referrals to facilitate transition into an outpatient Substance Use Treatment Program which employs a multi-faceted approach to treatment including the use of the medication and counseling.

7. Appropriate community-based Substance Use Treatment Programs and Substance Use Treatment Service referrals for pre-release inmates, when available.

8. Other Substance Use Treatment Services reviewed and recommended by the Substance Use Treatment Coordinator and approved by the Superintendent.

D. Each integrated residential Substance Use Treatment 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**.**

E. Substance Use Treatment Program Staff - Each institution shall ensure that substance use treatment staff have the requisite qualifications to provide treatment services, including education and/or previous experience. This applies to both institution staff and vendor staff. However, paraprofessionals, ex-inmates and individuals with lived experience may be utilized to provide Substance Use Treatment Programs and Substance Use Treatment Services if they have been screened by the Substance Use Treatment Coordinator and approved by the Superintendent. In addition, Superintendents are encouraged to involve correction officers in the provision of Substance Use Treatment Programs and Substance Use Treatment Services as they deem appropriate and feasible.

F. Substance Use Treatment Program and Substance Use Treatment Services Review and Termination

1. For all Substance Use Treatment Programs and Substance Use Treatment Services that 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.

2. All Substance Use Treatment Programs shall ensure that written notice and review of termination from the Substance Use Treatment Program is provided in any case in which a decision is

made that an inmate's treatment be terminated or substantially changed.

3. All inmates shall be informed that they may be subject to loss of institutional job, change in preferred housing status, and/or loss of seniority in relation to job/housing if they refuse to participate in or are terminated from the Substance Use Treatment Program or are terminated from the Substance Use Treatment Program that they have been recommended to attend.

4. Upon an inmate's completion of a Substance Use Treatment Program, a new Individualized Treatment Plan which reflects future treatment needs shall be formulated.

5. Successful completion of the residential Substance Use Treatment Program shall be defined as completing the objectives and interventions of the Individualized Treatment Plan. Each potential graduate must demonstrate competency by successfully completing a panel review to receive the earned good time program boost. The panel review shall include the residential Substance Use Treatment Program director, the Substance Use Treatment Program clinical supervisor and the Superintendent's designee as a representative from the institution.

6. Inmates who refuse to participate in a competency review will remain in the Substance Use Treatment Program for an additional month. If after a month, they continue to refuse they shall be terminated from the Substance Use Treatment Program as complete and will not earn the competency panel program boost.

7. Inmates who fail to demonstrate competency shall be provided written feedback identifying areas of deficiencies and will be offered another opportunity to participate in a panel review. The panel review shall be scheduled within fourteen (14) days of the initial panel. Inmates who fail to demonstrate competency in the second panel shall remain in the Substance Use Treatment Program for another month and retake the competency review until they are able to demonstrate competency. If after an additional month in the Substance Use Treatment Program, they still cannot demonstrate competency, they shall be terminated as complete.

8. All Substance Use Treatment Program discharges shall be entered in the designated IMS screen.

G. All Substance Use Treatment Programs shall comply with all applicable federal, state and local laws, regulations and directives. In particular, all

Substance Use Treatment Programs shall comply with the applicable federal regulations governing the confidentiality of alcohol and drug use inmate records, currently 42 C.F.R. §2.13. 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 use program providers to utilize Attachment #1, the Inmate Release of Information form**.**

## 445.06 CONTINUITY OF CARE

A. Continuity in the Department Institutions

For those inmates completing the Substance Use Treatment Program prior to release, follow-up shall be conducted in a manner consistent with the recommendations of the treatment plan.

B. Continuity in the community

1. Upon impending discharge, parole or transfer to pre-release, staff shall update the Continuing Care Plan and develop aftercare plans.

2. The Continuing Care Checklist shall be based upon the completed substance use specific assessment, input from program staff, the inmate, community-based treatment program staff and the institution parole officer, if applicable.

3. 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.

## 445.07 PLANNING AND COORDINATION OF SUBSTANCE USE TREATMENT PROGRAMS AND SUBSTANCE USE TREATMENT SERVICES

The Director of Program Services, under the direction of the Assistant Deputy Commissioner of Reentry, shall have overall responsibility for the planning and coordination of all Substance Use Treatment Programs and Substance Use Treatment Services throughout the Department. These duties shall include, but not be limited to:

A. Planning for the placement of Substance Use Treatment Programs and Substance Use Treatment Services Department-Wide;

B. Supervising third party vendors' provision of Substance Use Treatment Programs and Substance Use Treatment Services to institutions;

C. Developing a comprehensive plan to provide for the treatment of substance use to inmates Department-wide.

## 445.08 SUBSTANCE USE TREATMENT PROGRAM AND SUBSTANCE USE TREATMENT SERVICES MONITORING AND EVALUATION

Substance Use Treatment Programs and Substance Use Treatment Services shall be subject to the same monitoring as other institution programs.

A. Contract Monitoring of Third-Party Service Vendors: The Director of Program Services shall ensure monitoring procedures are in place to assess the Substance Use Treatment Programs and Substance Use Treatment Services provided by vendors. At a minimum, such procedures shall require periodic reports from vendors which describe:

1. Name and number of inmates and type of Substance Use Treatment Program and Substance Use Treatment Service being provided, as well as other pertinent information that the Department may require.

2. Schedules of Substance Use Treatment Program and Substance Use Treatment Service delivery. This information shall be forwarded to the Director of Program Services and the institution DOT.

3. Wherever practicable, this information shall be generated via the IMS. Additionally, where access permits, the information may be obtained directly by the Director of Program Services and/or the Substance Use Treatment Coordinator.

B. Outside Evaluations - Whenever feasible and appropriate, outside evaluations shall be used to analyze the effectiveness and efficiency of their institution's Substance Use Treatment Programs and Substance Use Treatment Services. If feasible and appropriate, such outside evaluations may include:

1. Evaluations by staff from the Department's Research and Planning Division;
2. Evaluations by private agencies;
3. Evaluations by other public agencies.

Attachment #1

**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 Use records, 42 CFR§ 2.31, 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 ten (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