

Section 35 Commission Meeting

4-25-2019

Hampden County Sheriff's Department Handouts

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FREQUENTLY ASKED QUESTIONS REGARDING SECTION 35 CIVIL COMMITMENTS TO STONYBROOK STABILIZATION AND TREATMENT CENTERS

- 1. Do Stonybrook Stabilization and Treatment Center (SSTC) staff members refer to civil commitments as inmates?**

No. The men civilly committed to SSTC are referred to as clients.

- 2. What is the average number of days a civil commitment receives treatment at SSTC?**

As of April 2019, the average treatment period is 49 days

- 3. What is the average number of days a civil commitment spends at SSTC Ludlow before being transferred to Springfield step down?**

As of April 2019, the average number of days in Ludlow prior to transfer is 15 days

- 4. What percentage of the civil commitments step down to SSTC?**

As of April 2019, approximately 72 % of the committed men transferred to the step down treatment program at SSTC Springfield.

- 5. What are some of the reasons a civil commitment might not step down to the SSTC Springfield Treatment Program?**

Some individuals choose to stay in Ludlow for the course of their treatment; others may stay in Ludlow due to their dual status, as they may have a bail set for criminal charges. Some may have serious behavioral issues or medical or mental health conditions that require them to remain in the Ludlow facility. However, it is important to note that the goal is to have everyone step down to the Springfield facility as soon as possible.

- 6. Why can't civil commitments go directly to SSTC Springfield from the court?**

The Ludlow facility has all the necessary medical and mental health staff on site 24 hours a day 7 days a week to ensure safe and effective medical withdrawal.

- 7. Do the Civil Commitments have any interaction with the pre-trial and sentenced inmates?**

No. Civil commitments are housed separately, their intakes occur separately, and have all recreation separately.

8. How many hours of programs are there per day for civil commitments?

There is a minimum of 4 hours a day of treatment program during the week. A full schedule of all programming is available upon request.

9. Is there 24 hours a day 7 days a week medical care at both facilities?

There is 24/7 medical care at SSTC Ludlow, which is why the dangerous detoxification process takes place at that facility. The Springfield facility has medical care available daily.

10. Does SSTC provide Medication Assisted Treatment?

Yes. SSTC provides medication assisted treatment, but does not yet provide methadone. SSTC provides continued suboxone administration for those who have a verified prescription prior to their entry and the induction of suboxone while in treatment. We provide suboxone as a taper for withdrawal for those who have been on methadone in the community. Vivitrol is also utilized. We will be starting a pilot program in September 2019 to make methadone available to the appropriate individuals.

11. How are serious mental health issues handled?

The Ludlow facility has a mental health stabilization unit on site for severe mental health issues to be addressed by professional mental health clinicians. There are beds available in that unit where a person may stay for a short time until they are stabilized. This is not a segregation unit. But more of a hospital like setting. We are able to handle most mental health issues on site without having to interrupt treatment programming by sending someone out to the hospital. Rarely, in fact in only 2 cases out of 613 clients have our staff had to make use of Section 12 commitment to a mental health facility.

12. Does SSTC use restraints on civil commitments?

The rare exception could be if someone was experiencing a serious crisis and was attempting self-harm. In such cases, the individual would be brought to the mental health stabilization unit and restraints may have to be applied for a very short time to prevent self-harm. There are no restraint beds in the civil commitment treatment centers. To date, SSTC has not had to use restraints.

- 13. Are the civil commitments locked into cells in their housing units while at SSTC Ludlow?**

No. The rooms where civil commitments are housed in Ludlow would only be locked at the request of the committed person or in the case of behavioral issues such as a fight; the men may be separated and locked into their rooms for a short time for a cooling off period for safety reasons. The doors to the rooms at the Springfield treatment facility are not locked.

- 14. Is the Springfield Treatment facility a secure unit?**

No. There are no locks on the doors. One door in the facility has an alarm on it..

- 15. Have any of the men eloped from the Springfield facility?**

Yes. There have been 19 elopements out of approximately 330 admissions as of April 16, 2019. Most of them returned to treatment when contacted by SSTC staff.

- 16. Does SSTC have correctional officers working in the living units at SSTC?**

Yes. However the officers, referred to as Unity Staff who work in the living units do not dress the same as the correctional officers working with the inmate population. Their attire is more casual and consists of polo shirts with Stonybrook Stabilization Treatment Center embroidered on them.

- 17. How does SSTC handle behavioral issues?**

The staff working with the civil commitments were selected in part for their superior interpersonal communication skills. Most disputes or behavioral issues are handled in that manner. On occasion, at the Ludlow facility an individual may be sent to stay in their rooms for a short time period called a Treatment Review. During this time that person remains on the unit and would still receive programming and participate in recreation time. As soon as the person can safely rejoin the community for programming and interaction with the other clients the person is taken off treatment review status. Mediation is also used to resolve behavioral issues and disputes between clients.

- 18. Would unit staff ever be allowed to engage in use of force on a civil commitment?**

On rare occasions, unit staff would be allowed to use force if interpersonal communication skills fail and the person is a danger to self or others just as any person entrusted with care and supervision in the community would be required to do when observing such behavior. As with any situation that would arise, the person would use the minimal intervention techniques necessary to ensure safety and control the situation.

- 19. Do civil commitments wear jail clothing?**

No. Civil commitments at the Ludlow facility are issued t-shirts, khaki pants, and a sweatshirt. At the Springfield facility civil commitments wear their own clothing.

- 20. Are civil commitments allowed to make phone calls? If so, does the person receiving the call know that the civil commitment is calling from a treatment facility?**

Yes they are allowed to make phone calls. The clients are allowed 5 free phone calls upon entrance into the program. The person receiving the call would be notified that they are receiving a call from the Stonybrook Stabilization and Treatment Center. If the client needs to call an employer, or make a call for any other release planning matter the client is allowed to use a counselor's phone which would not identify from where they are calling.

- 21. Can civil commitments have visits?**

Yes. However, at Ludlow there are not regular visiting hours, but special arrangements can be made for visits to occur. Springfield has regular visiting hours, and visits may sometimes occur by special arrangement outside of regular visiting hours. Both treatment centers provide family reunification visits.

- 22. Do civil commitments outgoing mail have a stamped return address to the facilities?**

No. As of April 15 2019, there are no envelopes from the SSTC clients that are stamped with a correctional center return address. Although it was the original intent to ensure that all outgoing envelopes from the SSTC would go out without such a stamp on them, we recently discovered that some mail was being stamped, and we have rectified that. Clients receive envelopes with blank return addresses and are allowed to fill in the address as they choose.

23. Do civil commitments have access to commissary?

At the Ludlow facility there is no access to commissary but all hygiene products and regular snack bags are provided to all clients. However Ludlow clients can purchase telephone minutes through commissary. This is, in part, to prevent the clients from placing undue pressure on family members for money. Many of these clients have been a financial drain on family resources, and our goal is to reunify and reconnect them.

24. What services does SSTC provide in preparation for discharge of a civil commitment?

The process for discharge planning begins as soon as someone enters the treatment program. Recovery Coaches and Pathfinders work to connect individuals to the recovery resources in their respective communities. SSTC staff also help people find housing. One Housing option is at the Foundation House which is located in the same building as Springfield SSTC. Individuals may stay there after their discharge from treatment while they plan for other more permanent housing options. SSTC also has a partnership with the Mental Health Association (MHA). MHA has set aside beds for use by people coming out of treatment following a civil commitment.

Clients are transported to AA and NA meetings in the community and to the AISS aftercare program to assist in the recovery process. Training programs such as OSHA certification to assist with finding employment upon discharge is also provided

Additionally, AISS, located in Springfield and run by the Hampden County Sheriff's Department offers services to connect people to Housing, jobs, medical care and whatever other support they may need as they recover.

**SSTC DATA
THROUGH 4/19/19**

	<u>2018</u>	<u>2019</u>	<u>TOTAL</u>
<u>INTAKES</u>			
MASAC Transfers to Springfield	90	0	90
MASAC Transfers to Ludlow	72	39	111
Direct Commitments	267	157	424
TOTAL INTAKES	429	196	625

RELEASES

Released from Springfield	226	79	305
Released from Ludlow	132	99	231
Hospital	3	0	3
TOTAL RELEASES	361	178	539

RELEASE TYPE

Regular Release	300	128	428
Medical Rescission	5	0	5
Section 12	2	0	2
Released to Jail	3	0	3
Released to Court (warrants, open cases)	32	20	51
Transfer back to MASAC	5	25	30
Eloped (not returned)	6	0	6
Other	8	6	14

<u>HISTORY</u>	<u>2018</u>	<u>2019</u>	<u>TOTAL</u>
Previous booking at the HCSD	185	74	259
Criminal hold at booking	69	43	112
Subsequent commitment to SSTC	18	15	33

LENGTH OF STAY AT SSTC

Average Length of Stay	49 days
Mode (most common)	47 days
Maximum	89 days

EXECUTIVE RESEARCH BRIEF

To: Sheriff Nicholas Cocchi and Administrative Team, Hampden County Sheriff's Department (HCSD)
From: Sally J. Van Wright, Doctoral Education Student, AIC, and Assistant Superintendent, AISS, HCSD
with Martha Lyman, Ed. D., and Director of Research, HCSD
Topic: Brain-based Learning during Early Abstinence

INTRODUCTION

Effective treatment interventions to stabilize individuals during the first few months abstaining from chronic substance use demand empirical data regarding efficacy. This research brief explains the evidence-based design for civilly committed clients at the Stonybrook Stabilization and Treatment Centers (SSTC) and draws from a paper for a doctoral course at American International College, *EDU8883: Brain-Based Ways of Thinking and Learning* (Van Wright, 2018). Robust research establishes adverse brain effects relevant to stabilization during early abstinence (Zou et al., 2018). Cessation of active drug use does not immediately return learners to healthy baselines, instead leaving cognitive deficits and reduced brain volume for weeks or months (Begun, Early, & Hodge, 2016; Perry, 2016; Ritz et al., 2014; Zou et al., 2018). These findings indicate that effective programs for substance use disorder (SUD) contain the following elements: brain-based approach (Sousa, 2017), instructional pacing (Jensen, 2013), rich learning environments (Dirksen, 2015), relational engagement (Miller & Rollnick, 2013), cognitive bias retraining (Manning et al., 2016), and intrinsic motivation support (Van Voorhis et al., 2013).

Keywords: cognitive impairment, harm reduction, memory formation, teaching strategies, SUD

BRAIN-BASED PROGRAM DESIGN

A daunting and unavoidable hurdle confronts SUD providers helping actively addicted learners, namely: supporting desire and skills for recovery before cognitive or affective stability has occurred (Vakharia & Little, 2017). Current professional discourse on SUD increasingly draws on harm reduction strategies (Vakharia & Little, 2017), resiliency research (Rudzinski, McDonough, Gartner, & Strike, 2017), and neuroscience regarding cognitive impairment (George et al., 2012; Perry, 2016; Ritz et al., 2014). Brain-

based teaching and learning literature provides a timely and valuable framework for understanding the first eight to ten weeks of abstinence.

Early abstinence programs help learners acquire new skill sets and perspectives despite their central nervous systems being highly distressed and their cognitive capacities impaired (Ritz et al., 2014). Learning during early abstinence can be stymied by Post-Acute Withdrawal Symptoms, also called PAWS (Bartels et al., 2007; M. Lewis, 2017; Milton & Everitt, 2012). By contrast, learning improves with brain-based approaches to teaching (Brown, Roediger, & McDaniel, 2014). Program strategies compatible with the brain's natural learning processes share common themes including: whole-person engagement, active learner involvement, reflection for relevance and meaning, and intrinsic learner motivation (Sousa, 2017).

PACED LEARNING

Impaired cognitive processing including limited problem-solving capacity and heightened impulsivity frequently persist for weeks or months after cessation of substance use (Jensen, 2013; Ritz et al., 2014; Zou et al., 2018). Mental preoccupation with using and cravings or urges to use also appear frequently among individuals in early abstinence (*Chronic substance use and cognitive effects on the brain: An introduction*, 2016). Psychotic symptoms such as audio, visual, and tactile hallucinations also plague the early weeks after cessation for many (Doweiko, 2015). Learner attention to content in psychoeducational classrooms during early abstinence must compete with craving and euphoric recall of active use (Milton & Everitt, 2012) and flickering motivation for change (Miller & Rollnick, 2013). For individuals who have a history of childhood trauma, a majority among justice-involved and among civilly committed populations (Garcia et al., 2014; Schlager & Pacheco, 2011), faulty appraisal

of anticipated rewards occurs due to brain effects of substance use (Birn, Roeber, & Pollak, 2017). These brain-based aspects of learning suggest that psycho-educational lessons and counseling sessions should be brief and focused on limited learning objectives (Dirksen, 2015; Doherty, 2014).

- **SSTC Examples:** 45-minute sessions, clear and simple session plans, discussion-based teaching, sign-off for each accumulated treatment hour, client choice of how many classes per day.

VISCERAL LEARNING ENGAGEMENT

Individuals in early abstinence from substance use remain highly sensitive to environmental cues (Manning et al., 2016). The process of acute detoxification saps people's cognitive and affective resources, making learning, reflection, and exploration greatly challenging (Doweiko, 2015). Well into the first ten weeks of abstinence, individuals in early abstinence experience lower stress tolerance, interrupted sleep, irritability, distractibility, and preoccupation with using (*Chronic substance use and cognitive effects on the brain: An introduction*, 2016). Optimal learning environments promote visual clarity, relative comfort, and a sense of hope and possibility for all learners (Katz & Sokal, 2016).

- **SSTC Examples:** calming colors, ample snacks, positive visual slogans, comfortable clothing.

RELATIONAL CONNECTION AND AFFIRMATION

Social-emotional learning requires professional, consistent, and authentic interpersonal interactions (Collie, Shapka, & Perry, 2012). Many adults confronting SUDs lack life experience of effective coping (A. J. Lewis, Holmes, Watkins, & Mathers, 2015). Complex traumatic sequelae associated with abuse by caregivers frequently impairs interpersonal capacities (Wylie, 2010) and increases risk for chronic substance use as well as other health challenges (Felitti et al., 1998). A longstanding U.S. cultural tradition of treating individuals with SUD as morally weak or willfully dysfunctional produces shame and correlates with poor outcomes (Englander et al., 2018). Staff training emphasizes teamwork, constant communication encounters with clients, and strengths-based perspectives (Dirksen, 2015; Doherty, 2014).

- **SSTC Examples:** staff are competitively selected and specially trained to maximize client interaction, counseling staff offices are on the unit rather than a remote location, many staff and in-reach volunteers inspire hope by sharing lived experience of SUD and long-term stable recovery.

CHALLENGES TO SUD-SUPPORTIVE COGNITIVE BIAS

Profound re-appraisal of daily priorities and development of coping skills occupies the first months of recovery from chronic substance use (Doweiko, 2015). Persistent pleasant memories of using, denial about its personal and social costs, and inability to imagine life without the substance follow SUD clients for years into recovery efforts (Gaudet, 2015). Cognitive bias training can reduce episodes of return to active drug use by supporting the development of problem-solving, accurate assessment of the negative consequences of substance use, and increased motivation (Manning et al., 2016).

- **SSTC Examples:** highly interactive group sessions, critical thinking exercises about responses to stressors, and reflection on the costs that substance use has exacted.

INCREASING INTRINSIC MOTIVATION

Focus on external negative consequences has not correlated with positive outcomes in the research on SUD (Andrews & Bonta, 2016; Doweiko, 2015; Nolen, Horn, & Ward, 2015). Sustainable behavior change requires a decision based on the desire, ability, reason, need, and commitment on the part of the individual attempting recovery (Miller & Rollnick, 2013). Participant motivation can be enhanced by engagement methods to increase the recovering person's sense of cognitive dissonance, which arises from the gap between genuine aspirations and actual results of present lifestyle (Miller & Rollnick, 2013). Harm reduction and motivational interviewing approaches hold promise (Andrews & Bonta, 2010; Miller & Rollnick, 2013; Vakharia & Little, 2017; Walters & Cohen, 2016).

- **SSTC examples:** the 49-day average length of stay promotes multiple and sustained opportunities for trained staff to engage civilly committed clients in dialogue using Motivational Interviewing techniques to increase problem recognition.

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EXECUTIVE RESEARCH BRIEF

April 2019

To: Sheriff Nicholas Cocchi and Administrative Team, Hampden County Sheriff's Department (HCSD)
From: Sally J. Van Wright, Doctoral Education Student, AIC, and Assistant Superintendent, AISS, HCSD
with Martha Lyman, Ed. D., and Director of Research, HCSD
Topic: Mandated Treatment

INTRODUCTION

The mission of a contemporary Sheriff demands organizational expertise in behavioral health, including substance use and mental health concerns, both prevalent among the populations (Cullen & Jonson, 2016). Correctional institutions have for several decades served as *de facto* public health providers (Cramer & Russell, 2016). The connection between addiction and criminal behavior is well established (*Principles of Drug Abuse Treatment for criminal Justice Populations: A Research-Based Guide*, 2014). Hampden County Sheriff Department (HCSD) data confirms these national findings locally, with 87% of offenders indicating problem substance use at risk screening, and many meeting Substance Use Disorder (SUD) clinical criteria (Ashe & Lyman, 2016).

For these reasons, HCSD has, for more than three decades, answered a professional and ethical call to provide substance use interventions across its spectrum of care and custody (Ashe, 2014). The approach correlates with recidivism (new crimes or technical violations) of 17.5% at one-year post release and 33.6% at three years (Lyman, 2019).

HCSD details in the most recent recidivism analysis a seventh successive annual finding of one-year success rates over 80% (Lyman, 2019). These outcomes reflect roughly double the success (half the recidivism) compared with federal data, where three years later 68% had new arrests (Alper, Durose, & Markman, 2018). As a result, the main jail has unoccupied beds.

Facing an ongoing opioid crisis, high levels of continued dangerous alcohol misuse, and complete lack of resources for SUD civil commitment treatment in the five western counties, HCSD re-purposed in 2018 available space to meet these needs (Johnson, 2018).

Use of existing institutional knowledge and physical space allowed Sheriff Cocchi and staff to meet this legally mandated need to address clinically assessed SUD impairment leading to dangerous risk to self or others.

Nearly half of this civilian population (41%) have had previous bookings with HCSD (personal communication, Lyman, 2019), and others having previous criminal bookings elsewhere. In other words, new arrivals frequently are familiar faces. The department is very familiar with what works with the population in operational and programmatic respects. This research brief outlines current research on the question of whether and how legally mandated SUD treatment produces positive outcomes.

Keywords: legally mandated treatment, involuntary commitment, efficacy, motivation, outcomes

IT'S THE OUTCOMES THAT MATTER

Treatment outcomes for legally mandated SUD clients are as good as or better than those for voluntary clients, according to the National Institute on Drug Abuse, the federal agency under the National Institutes of Health, concludes (*Principles of drug abuse treatment for criminal justice populations: A research-based guide*, 2014). This finding, the result of in-depth analysis of studies across the country, further details the following principles:

- *that addiction is a brain-based disease,*
- *that recovery requires sufficient length of stay in treatment as well as effective management over time,*
- *that both drug use and criminal thinking should be closely monitored during treatment, and*
- *that individualized treatment plans including medication-assisted treatment (MAT) should be employed.*

While abstinence is the key positive behavior change, related changes in thinking, coping, emotion regulation, and support-seeking behaviors matter greatly for long-term stability (Doweiko, 2015). Each of these principles guide the civil commitment intervention at HCSD's treatment centers.

A recent review of literature found that limitations of traditions service systems such as hospitals and community agencies have led to increased interest in legally mandated SUD treatment in the U.S. and Australia (Hall, Farrell, & Carter, 2014). Schaub et al. (2010) studied clients who were in treatment settings that were voluntary and quasi-compulsory (treatment as diversion from incarceration) in Europe and found no statistically significant differences among the two groups in reductions for substance use or for criminal behaviors.

ETHICS, CLIENT CHOICE, AND CARE

Utmost respect for the individual's dignity and worth must guide the inherent constraint of individual autonomy for reasons of dangerousness to self or others by means of SUD civil commitment (Walton & Hall, 2017). The rise of SUD civil commitment demand across the country has followed increases in fatal consequences of continued use and related family members' concerns (Jain, Christopher, & Appelbaum, 2018).

The "understandable appeal" (Jain et al., 2018, pg. 374) of the civil commitment option must be balanced against the deprivation of liberty that the civil commitment entails. Another way to say this is that since clients' freedom is curtailed by the commitment, we must have a high degree of confidence that treatment will make a difference, preserving lives. One tangible contribution that HCSD has made in this respect involves length of stay. Approximately one year prior to this writing, the average length of stay for men civilly committed for SUD treatment in Massachusetts was 21 days (personal communication, Hanna, 2018). Rapid discharges are accompanied by impulsivity, craving, and biological vulnerability. The system at the time was over-burdened and forced to proceed by prioritizing beds for the next acute admissions.

This phenomenon of very limited stays is referred to in the clients' vernacular as "spin dry" (personal communication, anonymous, 2018). Premature disengagement from treatment is dangerous due to both the high impulsivity of early abstinence (Evren, Durkaya, Evren, Dalbudak, & Cetin, 2012) and greatly elevated risk of overdose for those who resume opioid use (Cavaola & Dolan, 2016). In this way, HCSD preserves lives, by leveraging upward the statewide capacity to care for dangerously ill SUD clients long enough for them to get healthy enough to think clearly and by keeping them close to family and local supports while they recover.

Ethically, the professional duty of beneficence (doing good) exists alongside its counterpart non-maleficence (doing no harm). With respect to pre-contemplative SUD clients, excessive restraint could take the form of professional inaction. The ethical duty of care for SUD clients arises in literature from the fields of nursing (Darbro, 2009), social work (Ekendahl, 2009; Vakharia & Little, 2017), healthcare management (Sederstrom, 2017), and corrections (Longinaker & Terplan, 2014). The SUD treatment field increasingly leans in this direction (Cavaola & Dolan, 2016; "Treatment field takes a step toward civil commitment," 2017). In plain terms, it is wrong to stand by and do nothing.

These authors indicate that HCSD is neither out on a limb nor even in the minority when dedicating resources for unmet SUD civil commitment needs in Massachusetts. The question becomes one of quality treatment standards and implementation. As HCSD Sheriff Nicholas Cocchi recently stated, "it's not about the building, it's about what goes on inside it" (personal communication, 2019).

THE PARADOX OF MOTIVATION

A brain-based disease famously cunning in its tendency to impair problem recognition, SUD makes persons who have the problem think they don't. The disorder itself reduces the likelihood those who have it willingly engage in treatment. Indeed, a vast majority of those with alcohol problems never do ask for help (Polcin, Korcha, Greenfield, Bond, & Kerr, 2012). Treatment resistance among individuals with

Alcohol Use Disorder appears to be very high, with just 42% of a study cohort still engaged in support at six months post-treatment (Dore, Sinclair, & Murray, 2016). Over a 21-year period, social pressures to change drinking behaviors exerted substantial influence (Polcin et al., 2012), suggesting that the local approach to care at HCSD may improve chances for long term success. Lower likelihood to ask for help has been reported as related to higher levels of psycho-social impairment (Mulder, Jochems, & Kortrijk, 2014). Put differently, with SUD the sicker you are, the less likely you are to ask for treatment. It appears that for some people mandated treatment provides necessary external motivation until such time as intrinsic motivation grows (Hall et al., 2014).

Coercion to enter treatment turns out to be a highly subjective matter (Opsal, Kristensen, Vederhus, & Clausen, 2016). Frequently the clients at HCSD's treatment centers initially deny, willingness to enter treatment; however, as stabilization and desire for recovery sets in, clients far more commonly state "I sectioned myself," whether that status matches court documents or not (Bellingham, personal communication, 2019). Including client perspectives in both treatment design and policy decisions should be far more common (Ekendahl, 2009).

While the law presently prevents HCSD from extending equitable care for civilly committed women in Massachusetts, evidence indicates that efficacy of treatment for women varies more by demographics, comorbidities, and gender-responsive design than by impetus for treatment (Longinaker & Terplan, 2014). Studies seeking to evaluate diversionary treatment aimed at reducing racial disparities conclude that initial efforts have been disappointing and that more research and careful policy analysis is needed (Nicosia, MacDonald, & Pacula, 2017). HCSD's regional approach of providing gender-responsive and locally connected release planning would be appear to be a promising direction with respect to both gender and race.

KNOWING THE POPULATION SERVED

In addition to frequently being on face-recognition and name-recall basis with civil commitment clients

(personal communication, Adamczyk, 2019), the staff members at HCSD are professionally well-equipped to provide effective treatment for several reasons. First, the department daily humanity, dignity, and decency in providing care, custody, and program delivery to any of its populations (Ashe, 2014).

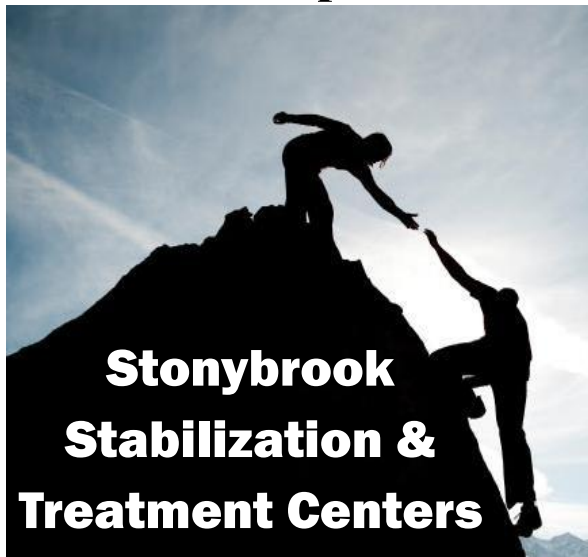
Second, impulsivity and craving frequently attend early days of criminal confinement, just as for civil commitment, as both often involve acute and then post-acute detoxification (Evren et al., 2012). Staff training and supervision at HCSD, with emphasis on interpersonal communication skills, team-based care in units, and de-escalation resembles that of high security psychiatric units (Weinstein, 2002). Third, there is widespread acknowledgement at HCSD that behavioral self-control is compromised during initial stabilization, with protocols set up (e.g. treatment review periods for reflection with continued access to treatment) to support improvement as the client's brain is healing (Bartels et al., 2007). In this context, de-escalation and relational engagement promote both calmer, more stable treatment units and increased chances for long-term stable recovery (Mavandadi, Bieling, & Madsen, 2016; Richmond et al., 2012).

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Hampden County Sheriff's Department



LUDLOW ♦ SPRINGFIELD

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Support is available for you, too.
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An online learning platform for families with a loved one struggling with drugs or alcohol.

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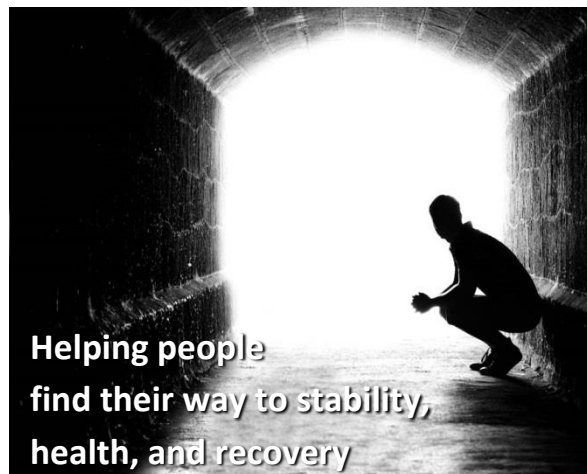
Speaking Out About Addiction and Recovery

soaar2016@gmail.com

Prevention, education, support, resources.

Who can request a Section 35 Commitment?

A petitioner is the term for the person who files for a Section 35 on behalf of someone. The petitioner could be a blood relative, spouse, or guardian. Police officers, physicians, and court officials can also be petitioners. Someone can request to self-petition. In this case, the court will appoint an officer of the court to act as the petitioner and the hearing will proceed as usual



Helping people
find their way to stability,
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Stonybrook Stabilization & Treatment Centers

Pathways to care & recovery

Understanding Section 35: Help Getting Your Loved One Stable

*Being deeply concerned
about someone's
substance use is a
difficult situation.
Many people find that
they don't know where
to turn.*

*If you want to consider
the option of court-
ordered treatment,
"Section 35," you may
want answers
contained in this
brochure.*



What is Section 35?

Section 35 allows the court to order someone who has a substance use disorder to treatment if there is a "likelihood of serious harm," as a result of his or her substance use. If granted, your loved one would be taken into police custody to begin the process of inpatient care in an approved treatment facility. Section 35 is not the same as Section 12, which is for risk of serious harm by reason of mental illness.

What determines out-of-control use that carries risk of imminent harm?

The court seeks evidence of 3 criteria:

- ♦ A substantial risk of physical harm to self, such as threats of or attempts at suicide, or serious bodily harm
- ♦ A substantial risk of physical harm to others, such as homicidal or other violent behavior
- ♦ A very substantial risk of physical impairment or injury because the person's judgment is so impaired by substance use disorder

Will my loved one stop using?

The process of recovery starts with detoxification. Treatment often increases the person's inner motivation to take steps to heal and make positive change. For some people, Section 35 begins their recovery, but Section 35 cannot guarantee change. Everyone's journey is unique and takes time. Return to use may occur before long-term recovery. Overdose risk is high upon discharge, so support and preparedness are important. Treatment does increase chances for recovery and long-term wellness.

The Section 35 Process

While courts vary, the steps below show what you might expect to happen if you decide to petition.

- ♦ At the district court house, you as petitioner fill out a form about your loved one, describing their substance use and associated risk. This includes what substances are used, amount, frequency, and other information about the concern. *It's best to arrive that morning because the process takes time.*
- ♦ The petition then goes before a judge, who decides if there is enough evidence to show likelihood of serious harm. The petitioner (you) must be present in court.
- ♦ If the petition is approved, your loved one must come to court. A summons or a warrant of apprehension will be issued.

A *Summons* is written notice delivered to a person.

A *Warrant* allows police to pick up the person.

A warrant is valid only during court hours.

- ♦ If a warrant is issued, your loved one will be taken into custody by police, brought to court, and put in a holding cell to wait for a hearing. This is a civil procedure that does NOT create a criminal record.
- ♦ A hearing is held with evidence presented
- ♦ Before a judge, your loved one has the right to:
 - A lawyer and to present his or her own evidence or independent information. The court will arrange for an evaluation by a forensic psychiatrist, psychologist, or approved social worker.

The judge's decision is based on whether sufficient evidence proves BOTH of these two things:

1. *The individual has a Substance Use Disorder (SUD)*
2. *There is a likelihood of serious harm as a result of the SUD.*

Once a judge has approved a Section 35 commitment, a law enforcement officer will transport your loved one to an approved Section 35 treatment facility.

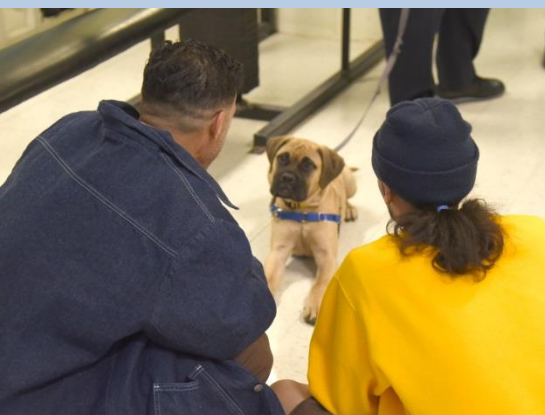
What kind of help will my loved one receive if a Section 35 is granted?

- ♦ Once admitted to a treatment facility, an assessment will be completed to determine your loved one's need for detoxification. The length of time in a detoxification unit varies depending on the substance being used, the amount of use, and the time since last use, and the person's overall health.
- ♦ After detox, he or she will receive clinical support services. Your loved one will learn more about addiction, recovery, and how to prevent relapse.
- ♦ Hampden County Sheriff's Department operates the Stonybrook Stabilization and Treatment Centers in Ludlow and Springfield, MA, substantially separate from those in custody for criminal matters. Type of care and length of stay depends on individual needs and progress. SSTC presently houses men.
- ♦ Currently Section 35 treatment facilities for women are in Eastern Massachusetts. The matter is under review in the courts. HCSD aims to assist women on Section 35 commitments to the fullest extent allowed by law.
- ♦ In all of HCSD's SUD efforts, we partner with community providers, volunteers, coaches, sponsors, speakers, volunteers, and faith communities.
- ♦ HCSD acknowledges there is no wrong door to recovery and aims to make Massachusetts a "State Without Stigma"
- ♦ HCSD offers cognitive-behavioral strategies, power of example, and Medically Assisted Treatment (MAT).

STONYBROOK STABILIZATION & TREATMENT CENTERS

LUDLOW ◆ SPRINGFIELD

*Evidenced-guided, Trauma-informed, Family-focused detox and post detox care
operated by the Hampden County Sheriff's Department*

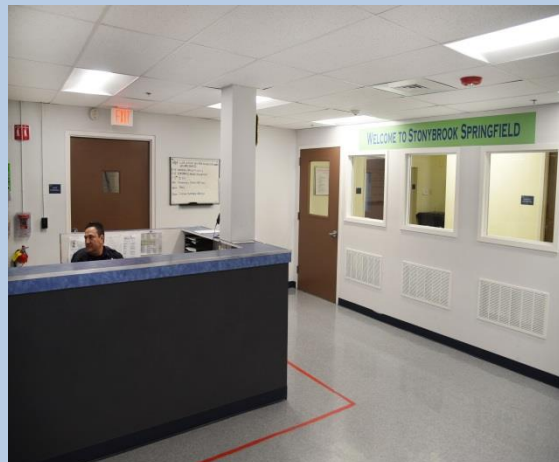


Stonybrook Stabilization & Treatment Center in Ludlow

STONYBROOK STABILIZATION & TREATMENT CENTERS

LUDLOW ◆ SPRINGFIELD

*Evidenced-guided, Trauma-informed, Family-focused detox and post detox care
operated by the Hampden County Sheriff's Department*



Stonybrook Stabilization and Treatment Center in Springfield

STONYBROOK STABILIZATION AND TREATMENT CENTERS

ASSESSMENT TOOLS

Aligning treatment pathway to client needs and progress

1. Court Clinician's Report

- Generated at court, the clinician's report documents initial presentation including the scope, extent, and features of the substance use disorder that results in dangerous impairment of judgment risking harm to self or others.
- The Court Clinician's Report plays a vital role in treatment because clients' self-report may differ from clinical presentation at court, especially in early abstinence. Staff professionally engage clients in dialogue to help them move towards increased problem recognition and intrinsic motivation for behavioral change.

2. Psycho-social Assessment

- Included in the electronic case record (internally at HCSD called Trax) documents various staff screening functions (CAGE Summary, suicide safety risk screenings) as well as data from the counselor's interview.
- Areas of inquiry in the Assessment include: presenting problems and strengths, substance use and treatment history, family and marital factors, housing, medical and mental health, education, employment, and attitudes / orientation towards phases of change.
- Staff follow up this assessment with case notes and subsequent reviews in the same electronic case record.

3. Initial / Subsequent Recovery Plans

- This document captures the findings and recommendations of the SSTC treatment team and conveys presenting problems, treatment progress, home plan, and supports confirmed through the discharge planning process.

STONYBROOK STABILIZATION AND TREATMENT CENTERS

located in Ludlow at the Main Institution and in Springfield at the Western Massachusetts Recovery and Wellness Center, Mill Street.

Evidence-guided, Trauma-informed, Family-focused care, operated by the Hampden County Sheriff's Department

Stoneybrook Stabilization and Treatment Centers

[illegible]

JOURNAL

STONYBROOK STABILIZATION

LUDLOW



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THE COMMONWEALTH OF MASSACHUSETTS

**HAMPDEN COUNTY SHERIFF'S DEPARTMENT
AND CORRECTIONAL CENTER**

Stonybrook Stabilization and Treatment Centers



*Sheriff of Berkshire County
Thomas Bowler*

*Sheriff of Hampden County
Nicholas Cocchi*

*Sheriff of Franklin County
Christopher J. Donelan*

*Sheriff of Hampshire County
Patrick Cahillane*

*Sheriff of Worcester County
Lewis Evangelidis*

TO:

FROM: Joann Grkovic

DATE:

RE: reentry meeting

Welcome to SSTC Ludlow. Please be advised that you will meet with your counselor no later than _____ to being discussing your reentry plan.

TREATMENT REVIEW TYPE	WEEK OF

Daily Journal

Mood (circle one): sad anxious angry up & down ok happy

Appetite (circle one): low normal high

Sleep: What time did you wake up: _____

of Hours Last Night: _____

Quality of Sleep (circle one): Disrupted or Restful

Nightmares – bad dreams that caused you to wake up (circle one): Yes or No

Wellness Activity (circle all that apply):

Exercise Yoga Meditation Relaxation Other_____

Bed made (circle one): yes no

Did you clean your room (circle one): yes no

What Chores did you complete today:_____

How do you feel about your overall recovery today (please circle one)?

1	2	3	4	5
Very bad	poor	okay	good	excellent

Reflection:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ORIENTATION MANUAL

For Civilly Committed Clients



Stonybrook Stabilization & Treatment Center @ Ludlow

Nicholas Cocchi, Sheriff

Stonybrook Stabilization & Treatment Center (SSTC)

Client Orientation Acknowledgement Form

Client's Name: _____ Client #: _____

SSTC Arrival Date: _____

ORIENTATION

To be completed within (7) seven calendar days of the arrival of a new client.

Information reviewed or provided during Orientation includes, but is not limited to the following:

- Observed Orientation PowerPoint/Video Presentation (given an opportunity to ask questions)
- Received Client Manual (English or Spanish) & acknowledged my responsibility to familiarize myself with its contents
- Reviewed:
 - Identification Wristband, Orientation Interviews, Medical Clearance, and Discharge
 - Unit and Room Housekeeping, Unit Clothing/Attire, Court Clothes/Exchange
 - Counts, Movement and Classification
 - Interpreter Services and ADA provisions
 - Client Funds and Commissary
 - Privileging Levels & Procedures
 - Programs, Recreation, Exercise, Leisure Activities
 - Staff Access Hours, Room Schedule, Client Request Forms
 - General Services: Laundry, Kitchenette, Telephone Use, Visiting, Mail, Property, Personal Hygiene/Showers
 - Health Services: Medical Access/Sick Call, Communicable Diseases, Mental Health, Dental, Medication Assisted Treatment (MAT)
 - Legal Services: Legal Resources
 - Informal Complaint Resolution, Mediation, and Grievance Process
 - Prohibition of Tobacco and Tobacco-related products
 - Client Rights, Responsibilities, Rules of Conduct, Violations, and Behavioral Expectations
 - Fire Safety, Evacuation Plans, Toxic/Caustic Materials
 - Prison Rape Elimination Act (PREA) Sexual Misconduct/Staff Sexual Misconduct.

By signing below, you are stating that you completed the Orientation program including, but not limited to, all the required screening & medical clearances and the information or documents outlining the unit rules, client responsibilities and behavioral expectations, as well as the procedures to access programs, resources and services.

Client Signature

Date

SSTC Staff Signature

Date

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INTRODUCTION

Hello and welcome to the Stonybrook Stabilization and Treatment Center (SSTC) at Ludlow. We are committed to providing a safe, secure and structured treatment-program environment where you can take stock in your life, make a new beginning, learn and grow. This is accomplished through medically monitored detoxification services, educating you with the tools to affect positive change and plans for aftercare in order to promote a healthier and more meaningful lifestyle upon your return to the community. We strive for an environment of harmony and cooperation. This manual is a guideline and you should read it thoroughly. If you do not understand what is described in here or want further explanation, ask the staff in your unit for clarification or assistance.

MISSION

Our mission is to help individuals affected by Substance Use Disorders to stabilize and gain access to treatment. Our Primary Goal is to maintain a clean, safe and secure unit wherein addiction treatment programming is provided that promotes the recovery of addicted clients. Our commitment is to help you take the steps to move toward an improved quality of life. SSTC recognizes there are many different pathways to recovery, and each individual determines their own way. Recovery from Substance Use Disorders and/or Mental Disorders involves a process of change by improving health and wellness, living a self-directed life, and striving to reach full potential.

Four pillars of recovery that support a life in recovery include:

HEALTH: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

HOME: a stable and safe place to live;

PURPOSE: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

COMMUNITY: relationships and social networks that provide support, friendship, love, and hope.
(Source: Del Vecchio, Paolo. 2012. SAMHSA Recovery Support Strategic Initiative / Engagement Services)

CIVIL COMMITMENT

The Stonybrook Stabilization & Treatment Center (SSTC) provides court ordered substance use treatment programming (up to 90 days), administered through the Department of Correction. The Civil Commitments are court ordered under M.G.L. Chapter 123, Section 35.

Your length of stay varies but by statute no longer than ninety (90) days. Reviews completed are a progress report of classification factors NOT a release date.

While at SSTC, you will be medically monitored as you progress through the medical detoxification process. When the medical detoxification phase is completed, you will begin participating in a well-designed, holistic program towards recovery. The individual classes focus on such things as the Disease of Addiction, Ongoing Treatment Options, Relapse Prevention, Family Roles and Risk Reduction. Any information related to you is kept private and cannot be released to the public or outside agency without your written permission.

We strongly encourage you to participate in these programs as the topics focus on issues that will positively affect your recovery.

SSTC also recommends ongoing structured treatment following release. To assist with this recommendation, you will be assigned a counselor who will assist with aftercare planning. You will be expected to actively participate in the preparation for your next phase of treatment. A discharge summary will be sent to each committing court.

Treatment (Classification) Review

RELEASE OF COMMITMENT is determined by the Superintendent of Massachusetts Alcohol Substance Abuse Center (MASAC). The Superintendent of MASAC will review the Progress Report Benchmarks noted below to be released from commitment:

PROGRAM COMPLIANCE: Is a strong indicator of stability – JOURNALS SIGNED

BEHAVIOR COMPLIANCE: Inappropriate behavior could lead to possible extension to the extent it interferes with a client's ability to participate in programming and demonstrate stability.

HOUSING PLAN/AFTERCARE: Your assigned counselor/caseworker will verify a safe/stable housing plan for discharge. Counselors will encourage clients to release to a TSS or Residential Treatment Program and they will assist you in the process of obtaining a bed. Counselors/caseworkers will also assist with scheduling aftercare appointments.

Discharge/Transfers

You will receive a Discharge Summary upon your release. This document will include the outcome of your participation in the SSTC program (complete, incomplete, failure), as well as aftercare referrals and indications. It is expected that you will attend all groups as assigned and directed. However at a minimum, an 85% attendance rate will be required for you to achieve a program completion status. As well as receiving a copy of your Discharge Summary, Release or Transfer Report is sent to committing courts for all SSTC transfers and discharges. Additionally, you will be provided an opportunity during the Intake evaluation to sign a Release of Information for the transmission of this document to providers of your choice. You may also submit a request to sign the Release of Information, to your Unit Counselor or CCW at any time during your commitment.

UNIT OPERATIONS/HOUSING

Hair Care Services

Electric hair clippers are available in the unit and can be obtained by requesting hair care services. The SSTC Unit Staff maintains a hair clipper kit at their Workstation. They will require you to scan your I.D. bracelet utilizing P.O.W.S. and the Check Item In/Out tab for the hair clipper kit and a bottle of disinfectant. You will be instructed to disinfect the hair clippers and associated equipment before and after use. You will be expected to return the used hair clipper kit and disinfectant to the Unit Staff's Workstation within a reasonable amount of

time. The Unit Staff will visually inspect the hair clipper and associated equipment and ensure that it has been disinfected and cleaned. The Unit Staff places the hair clipper kit and disinfectant back in its location and scans your I.D. bracelet to account that the item(s) are returned in good order. As a reminder, hair clippers must be returned to staff in a clean, untampered, safe manner. Destruction, tampering or altering of hair clippers creates an unsafe environment, is a serious matter, and will result in privilege restrictions.

Showers

There are (11) single-use showers located along one side of the day room. Unless otherwise directed by the Unit Staff due to emergency/exigent circumstances, they may be used throughout the day and night. Each of you is given a starter hygiene kit upon entry and additional items (soap, shampoo, etc.) are available upon request at the Unit Staff's Workstation. It is your responsibility to maintain a clean and neat appearance and the Unit Staff will monitor this. **You are encouraged to shower daily** and should take a minimum of three (3) showers per week. In addition, hot and cold running water is available, as well as soap, in your room. You can be proactive in your personal hygiene by consistent hand washing and good personal hygiene and sanitation. Hand washing is the single most effective way to control the spread of germs and many other diseases/infections. If you have any questions, feel free to talk to Unit or Health Services Staff.

Shaving

You will be permitted to use clippers, which are maintained at the Unit Staff's Workstation. Unless otherwise directed by the Unit Staff due to emergency/exigent circumstances, you may approach the Unit Staff's Workstation during the designated distribution times and request to shave. The Unit Staff electronically documents the distribution of the clippers and disinfectant utilizing P.O.W.S. and the Check Item In/Out tab. The Unit Staff instructs the client to return the cleaned clippers and disinfectant to the Unit Staff's Workstation within thirty (30) minutes of the time of issue. The Unit Staff conducts a visual inspection of the clippers to ensure that it is intact. The Unit Staff electronically documents the return utilizing P.O.W.S. and the Check Item In/Out tab.

As a reminder, the clippers must be returned to staff in a clean, untampered, safe manner. Destruction, tampering or altering of the clippers creates an unsafe environment, is a serious matter, and will result in privilege restrictions. Any questions regarding this process should be directed to Unit Staff.

Clothing/Attire

In order to promote good personal hygiene and proper attire, you are required to wear your issued clothes during normal activities in and out of the Unit. You must wear your clothes appropriately.

You should have received the following clothing items during the admission process:

- (3) Brown Pants
- (1) Brown Shorts
- (3) Blue T-Shirts
- (1) Sweat Shirt
- (1) Jacket
- (6) Underwear
- (3) Pairs of Socks
- (1) Pair of Shower Sandals
- (1) Laundry Bag
- (2) Sheets
- (1) Blanket

- (2) Towels
- (1) Hat
- (1) Tumbler
- (1) Storage box
- (1) Hygiene Kit

All issued property and clothing are to be folded neatly and kept under your bed in the property box (provided at admission) or hung on the hooks in your room.

You are responsible for the care of all items issued to you. These items are inventoried upon your admission, release or transfer.

For your safety, if needed, the pants must be rolled to avoid dragging on the ground and in a manner that does not go higher than the ankle area. Alterations to any SSTC issued clothing are not permitted. Hats are only allowed to be worn outdoors. You are not permitted to be on the recreation deck or in the gym without a t-shirt. You must be properly clothed when exiting shower stalls or rooms (i.e. normal clothing, no wrap-around towels). Underwear and t-shirts must be worn underneath clothing at all times.

If you have any clothing concerns, please see Unit Staff.

Court Clothing/Exchange

You will wear your personal clothing to court except in extreme cases in which the clothing was destroyed due to unsanitary conditions. In such cases, appropriate clothing will be provided. Only court clothes and legal paperwork can be brought to court.

You will also wear your own personal footwear to court, from your property bags at Intake (without shoe strings). When you return from court, you will receive back the same footwear that was taken from you prior to leaving for court. Dress shoes without shoelaces are the only items of footwear permitted in for clothing exchanges. Sneakers, boots and other types of footwear are strictly prohibited. Belts and suspenders are also prohibited.

You will be processed through Intake for discharge or movement to another facility.

Clean court clothes may be exchanged from the outside by friends and/or family in the Public Lobby on Tuesdays, Wednesdays and Thursdays from 10:30 am to 2:30 pm (with the exception of holidays) and by appointment. Clothing for court appearances is exchanged or replaced only with like articles of clothing. Clothes/Property may not be swapped or released at court. You are limited to one exchange. Exceptions are made for the release of out of season clothing, e.g., release of winter coat in June.

In order to have your court clothing here before your court date, you must submit a Clothing Exchange Form at least one (1) week prior to your court date. Be sure to include the first and last name of the person who is making the exchange for you. Forms must be submitted to a Counselor/Caseworker.

Client Wristband ID's

During the Intake process you will be issued a client number and an identification wristband (bracelet). **The ID wristband must be worn on your left wrist and visible at all times; you must not remove it.** SSTC and Health Services Staff need to know who you are in case of a medical emergency. Intentional tampering, destruction or removal of the wristband is not allowed and violators are subject to a loss of privileges. If problems occur with your I.D., report this to Unit Staff immediately. You will not be allowed to leave your living unit without proper identification and wearing it properly, at all times.

During your stay at the SSTC, your I.D. will be electronically scanned many times; such as during internal movement, counts, medical treatment and when utilizing items in your room (shavers, spray bottles, etc.), and as a form of electronic signature, such as during your Intake or Classification process. By scanning the I.D., you are consenting to the necessary materials proposed or indicating receipt/return of materials.

Property

Your personal clothing and property are collected upon entry to SSTC. They are placed in a storage container in the Property Storage Room. You are given a receipt with numbers matching your property. You must keep this receipt and present it to the Property Unit Staff when you need your clothing because you are going to court, transferring to another facility, or being released. Normally, you will take your assigned sheets, blanket, towels, and other allowed property with you when changing housing locations or being released. At your release, the Property Unit Staff inventories your property/clothing with you, obtains your signature, and returns them to you.

All unclaimed property will be destroyed after thirty (30) days. If you are released and cannot make the thirty (30) day grace period, you may give a written statement to another person, with your signature, for them to pick up the property. This person also must have a valid ID.

Due to regulations, you will not be allowed to accumulate personal property in excessive amounts or have more property than is allowed and listed on your Personal Property Inventory List. Transferring or bartering of personal property between clients is not allowed unless authorized by the Unit Staff. Sexually explicit personal photos and/or written material or pictures that interfere with the rehabilitative process, is not allowed in the facility.

Speak to your Unit Staff regarding the amount and type of personal property that you may retain in your possession.

Bedding

You will be provided with bedding and linens which includes, but is not limited to the following:

1. One (1) suitable, clean, flame retardant mattress with integrated pillow;
2. Two (2) clean sheets;
3. Two (2) clean bath-size towels; and,
4. One (1) clean blanket to provide comfort under existing temperature conditions.

Laundry

The laundry schedule specifies what days and times laundry is done for your unit and indicates what type of laundry is washed. You are responsible for being aware of your laundry schedule and for ensuring that your items are laundered according to schedule. Special arrangements can be made for laundry to be washed more frequently. In the event that you believe an item needs exchange due to wear and tear or you have any other laundry questions or issues, please see your Unit Staff.

Color Clothing: *Monday, Wednesday and Friday*

You gather your dirty, colored clothes and put it into the assigned laundry cart (NO whites, towels, sheets,

blankets, jackets, crocks, and no shower thongs).

White Clothing/Towels: Tuesday

You gather your dirty underwear, socks, and towels, and put them into the assigned laundry cart (NO colors, no jackets, no shoes, and no bedding).

Bedding (blanket and sheets): Thursday

You have the availability to launder your blanket and sheets weekly according to your unit's laundry schedule. The blanket and sheets will be placed together into your assigned laundry cart.

You must tie a knot in your laundry bag when putting it out for laundry collection; otherwise your laundry bag will open during washing. When the laundry is returned to your unit, it is distributed back to you. You are responsible for keeping your clothing, bedding, and property in good condition. If items are damaged, lost or altered, you are held accountable and must make restitution from your account.

Meals/Dining Area

Meals from the Food Services Department meet or exceed the daily requirements for nutrition and caloric intake and are approved by a Nutritionist. Two (2) of the three (3) meals are hot, with variations allowed on weekends or holidays and during hot summer weather, provided that the basic nutritional goals are met. The same food is served in the different housing units throughout the facility.

The Food Services Staff supervise the preparation of your food and prepares your meals in a compartment type tray. Meals are planned to provide balanced nutrition and variety, and are prepared in the facility kitchen. Normally, meals are delivered to the unit in a climate controlled food cart filled with appropriate items, including trays, cambros for juice and coffee, milk and other items necessary to complete the menu. Kitchen Staff supervise the cleaning of the food carts and trays. Meals will be served in the unit and will be eaten in the dayroom, one level at a time, and/or as directed by staff.

Approximate meal times are as follows:

Breakfast 6:10 am

Lunch 11:30 am

Dinner 6:00 pm

All clients will return to their rooms prior to Meal Service. Meal Service will be conducted one (1) level at a time. Clients are to remain in their rooms until their level is called. Exiting your room prior to level being called may result in a loss of privileges.

When the meal time is announced by the Unit Staff in your unit, you must go to the food delivery area in the unit and either take the meal tray or you may tell the Unit Staff you are refusing the meal, but this must be done at the food delivery area. After finishing your meal, you are expected to place your trash in the trash barrels and return your tray to the food delivery area in the unit.

You may be given a special diet for health reasons. This must be approved by the Health Services Department during sick call. If, for religious reasons, you need a special diet, you must complete a Client Request Form and forward it to your Counselor/Caseworker.

Clients' Funds

A client account is established for you during the intake process. Money you had with you when you entered the facility is placed in this account. You are never allowed to have any money in your possession.

Family and friends may not send you additional money to be entered into your account through the mail. Business, payroll and personal checks will not be accepted. Money (cash, credit card, or ATM card) can be deposited through the Secure Deposit System. The Secure Deposit system includes phone deposits (866-345-1884), Internet deposits ([www. accesscorrections.com](http://www.accesscorrections.com)), and a walk-up Kiosk for cash in the Visitor's Lobby. The Public Lobby is available for deposits from 8:00 am to 9:00 pm seven (7) days per week. The Secure Deposit system will only accept \$300 per day per client. The fee schedule for the Secure Deposits is shown below.

Electronic Deposit Services:

Gross Amount Deposited	Credit/Debit Deposits via Website	Credit/Debit Deposits via Phone	Cash Deposits via Lobby Kiosk
\$0.01-\$19.99	\$3.95	\$4.95	\$3.00
\$20.00-\$99.99	\$6.95	\$7.95	\$3.00
\$100.00-\$199.99	\$8.95	\$9.95	\$3.00
\$200.00-\$300.00	\$10.95	\$11.95	\$3.00

You may not transfer funds to another client's account. Money may be sent out of the unit, from your account, at any time to cover bills, to a private individual or to order approved publications. A copy of the bill or order form must be attached to a Money Request form (see your Counselor/Caseworker). A stamped envelope or authorization to withdraw postage from your account must accompany the request.

Your family, friend, etc., when requested using the "Request to Send Money Out" form, will receive a "PayCard". The individual that is to receive the card must present themselves to the Client Accounts staff person at the Public Lobby Cash Office, with proper ID. The individual must provide the staff person with their Name, Address, Phone #, Date of Birth, and a valid Social Security Number.

Upon your release, you will normally receive a "PayCard" when the balance in your account is \$20 or more or at the discretion of Client Accounts Staff. A valid Social Security (SS) number is used to activate the card. An invalid SS# will result in the card getting cancelled upon security verification by the PayCard vendor.

Problems with the card such as lost/stolen card, change PIN#, etc. will be handled by the card's Customer Service Department. The Customer Service phone number is printed on the back of each card.

Pending verification by appropriate staff, the facility may allow funds mailed from other programs, tax refunds, Social Security, Veteran's Benefits, funds from a lawyer, or a check directly from a bank, or other approved funds subject to verification. If you have questions, needs, or concerns, see your Counselor/Caseworker.

Commissary

Normally, due to your short stay in the SSTC Unit in Ludlow, you will not have access to commissary except to purchase Phone Minutes utilizing the Commissary Slip available at the Unit Staff's Workstation.

For clients who remain in the Unit for up to 90 days, limited commissary items may be available. You may discuss this with your Counselor/Caseworker. Gambling for and loaning of commissary items is prohibited.

Mail

There is no limit to the amount of mail you may send as long as you can pay for the postage. You must put your correct and complete return address information, including your Name and Client Number and Facility Address, on the envelope of each piece of outgoing mail (both privileged and non-privileged mail), as shown below.

Your Name and Client Number
Stonybrook Stabilization and Treatment Center
627 Randall Road
Ludlow, MA 01056

You are not allowed to mail SSTC owned items or homemade items. You may deposit outgoing mail at the Unit Staff's Workstation and staff are responsible to ensure that mail collected is placed in the facility mail boxes.

You can ask your Counselor/Caseworker about receiving three (3) postage-free, stamped envelopes and writing materials each week for general correspondence.

Mail should be properly addressed to the sender. It must have a visible and legible address of the intended recipient, noted only on the side of the mail bearing the postage. Your outgoing mail is processed and sent out daily except Sunday and Postal Holidays. The Legal Resource Mail is forwarded to the Legal Resource Center.

Only properly addressed mail is received and delivered to you. Mail which cannot be delivered, (transfers, releases, etc.) will be forwarded to the United States Postal Service-Ludlow, Massachusetts for delivery to the return address. Make sure your family, friends and others, use the following official address on the letters to you:

Your Name and Client Number
Stonybrook Stabilization and Treatment Center
629 Randall Road
Ludlow, MA 01056-1085

Mail is delivered to the unit every day there is mail service. Magazines, books and newspapers must be sent directly from the publisher.

You are permitted to send sealed privileged correspondence mail to and receive sealed privileged correspondence mail from the following:

- Any officer of a Court of the United States or of the Commonwealth of Massachusetts (judge, attorney, clerk);
- The President or Vice President of the United States or the Governor of the Commonwealth of Massachusetts;
- Any member of the Congress of the United States;
- Any member of the Legislature of the Commonwealth of Massachusetts
- The Attorney General of the United States or the Attorney General of the Commonwealth of Massachusetts;
- The Director or any agent of the Federal Bureau of Investigation;
- The Commissioner of the Massachusetts Department of Public Safety or the Secretary of the Executive Office of Public Safety and Security;
- The County Commissioners or Sheriff of the County in which the client is confined;
- The Commissioner of the Massachusetts Department of Correction, and if applicable, the Superintendent of the State correctional institution in which the client was confined;
- Any member of the Massachusetts Parole Board or Probation officer;
- Any member of the Governor's Advisory Committee on Corrections; and
- Any District Attorney of the United States;

Incoming privileged mail may not be opened except in the presence of the addressed client and then for the sole purpose of ascertaining that its contents are free from contraband.

In order to accomplish this more effectively, we may under normal circumstances complete this task in an office setting, in your living unit, or other suitable setting.

After opening the privileged mail in the presence of you, and ascertaining that its contents are free from contraband, you will be given the content(s), but instead of receiving the actual envelope/container that the content(s) was mailed in, you will be given a photocopy of the envelope/container, showing the address and return address information. In addition, we will offer you a different envelope in order to store the contents, if needed.

We have determined that this meets your legal need to properly receive the privileged mail and the unit's need (and for your benefit as well) to maintain the order and security of the unit, and not allow contraband/drugs into the unit.

Incoming non-privileged correspondence and packages may be inspected:

- To receive and record the receipt of any funds enclosed for you;
- To verify and record the receipt of permitted personal property; and,
- To prevent the transmission of contraband to you.

In order to prevent interference with the facility goals of security, safety, order or rehabilitation, and not allow contraband/drugs into the facility, incoming non-privileged mail must meet the following standards:

- All correspondence must be written/ typed in BLACK INK or NON-COLORED PENCIL.

- The paper that the letter is written on must be white in color, free of stains, spills or discoloration (to include LIPSTICK, and PERFUME/COLOGNE).
- Envelopes must be PURE WHITE.
- Drawings must be NON-COLORED PENCIL or BLACK INK.
- Greeting Cards must be NON-LAYERED, no pop ups, or music devices. Only two-sided cards with no layers will be allowed.
- Photographs must be in the original form. Any alterations, to include glue like substance, tape or tears on the photo will not be allowed.
- Mail received that does not conform to this policy, will be either returned to the sender or placed into your property until your release or sent to the Criminal Investigation Unit (CIU) for investigation.

Non-privileged correspondence shall be disapproved only to prevent interference with facility goals of security, safety, order or rehabilitation. The facility may disapprove for receipt by you non-privileged correspondence, the contents of which fall as a whole or in significant part, into any of the following categories:

- Information or materials which could clearly and reasonably be expected to encourage the use of physical violence or group disruption of facility operations;
- Threats of blackmail or extortion;
- Plans for sending contraband in or out of the facility;
- Plans for activities in violation of Sheriff's Office or facility regulations, orders, or policies;
- Criminal activity or plans for criminal activity;
- Coded messages which are not reasonably decipherable by the reader;
- Descriptions of the making of any weapon, explosive, poison, or destructive device;
- Sexually explicit material or material which features nudity which by its nature or content poses a threat to the security, good order, or discipline of the facility; and
- Any publications that may interfere with the treatment and rehabilitation process at that institution.

If any non-privileged correspondence is disapproved for receipt, a written notice stating one or more of the reasons shall be sent to you and to the originator. The notice will inform you and the originator of the right to appeal the decision in writing to the Unit Manager/Director.

Reminder:

- **Money orders and Personal Checks are not allowed and will be returned to the sender.**
- **Incoming mail HAS to be written in black ink ONLY, on white lined paper and sent in a pure white envelope.**
- **Any pictures being sent in have to be original pictures (no computer printed pictures)**
- **There can be no stains or discoloration on the paper or envelopes.**
- **If books are being sent to you, they must be soft cover books ONLY. If a hard cover book is sent in, it will be placed in your property.**

Telephone

Your unit has free, debit and collect call phones. You may use these phones at any time you are free to use the day room (with exceptions of counts, meals, or unless otherwise directed by the Unit Staff due to emergency/exigent circumstances). The duration of each call will be limited to thirty (30) minutes, after which

the call may be automatically disconnected. You can dial directly, free-of-charge, the Committee for Public Counsel Services (public defender's office) and Massachusetts Department of Social Services offices.

Upon entering the facility, you must fill out a Telephone Number Request Form which will be provided by the Unit Staff and processed by the Telecommunications Assistant or designee. You are able to request up to fifteen (15) friends/family numbers on your list. At the bottom of the form, you will list your attorney phone (cell) numbers which are not monitored or recorded. Pre-approved attorney numbers are not required to be on the list and are available for all clients to dial. Once the form is processed, these will be the only numbers you can call. **While in the unit, you will be able to make five (5) free five (5) minute calls. See free phone calls instructions at the Unit Staff's workstation.**

You will have the opportunity to make changes to your telephone list weekly on Monday, Wednesdays and Fridays. All changes must be made via a Telephone Number Request Form. You must indicate all numbers you wish to add, delete or keep. Only the numbers that are on your most recent request form will be on your list.

Sharing your PIN number with other clients, using another client's PIN number, attempting three-way calls, not recording your name properly, or other misuse of the telephone system may result in loss of privileges. You must enroll your voice in the phone voice PIN (V-PIN) system. V-PIN is a security feature that helps to prevent others from using your PIN. Failure or refusal to enroll in V-PIN will prevent you from being able to use the unit phones for the duration of your stay. Your name will only be recorded once, so be sure to speak your full first and last name slowly and clearly when indicated.

Unit telephones are regularly cleaned with disinfectant to help in preventing the spread of germs from one person to another. As an extra precaution, you are also advised to spray a paper tower with the appropriate disinfectant and wipe down the telephone hand set before you make a call. If you have any questions or concerns, please ask Unit Staff.

Rates and Charges for Collect, Pre-Paid Collect, and Debit

Call Category	Each Minute
Local	\$0.12
Intra LATA	\$0.12
Inter LATA	\$0.12
InterState Collect	\$0.12
InterState Pre-Paid Collect	\$0.12

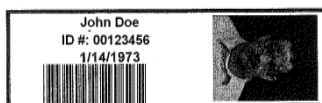
Pre-paid collect accounts may be assessed a fee of \$5.95 to fund via live operator.

Pre-paid collect accounts may be assessed a fee of \$3.00 to fund via website or telephone IVR.

Friends and Family that have questions or wish to fund a prepaid account can call customer service 24hrs a day, 7 days a week at 888-506-8407 or go online to www.ICsolutions.com.

Telephone System Instructions

PIN NUMBER = LAST SIX DIGITS OF WRISTBAND & LAST FOUR OF SOCIAL SECURITY NUMBER



HOW TO MAKE A PHONE CALL

- Free Calls: 5 free calls (5 Minutes Each) are available to new clients. Phone list not needed
- Once 5 free calls are used clients must submit a phone list with numbers they would like to call via Debit/Collect.
- Debit/Collect Calls: You cannot make calls unless phone slip has been submitted.
- Phone slips: Take 24-72 Hours to process once submitted.
- Phone slips are available at the Unit Staff's Workstation.

5 Free Calls (Phones 1-4)

1. Select Language
2. Press "1" to place a call
3. Enter your PIN (ID + Passcode) followed by # sign
4. Press "3" to make a free collect call
5. Enter the 10-digit telephone number

Prepaid Collect Calls (Phones 5-9)

1. Select Language
2. Press "1" to place a call
3. Enter your PIN (ID + Passcode) followed by # sign
4. Press "0" to make a prepaid collect call
5. Enter the 10-digit telephone number

Debit Call (Phones 5-9)

1. Select Language
2. Press "1" to place a call
3. Enter your PIN (ID + Passcode) followed by # sign
4. Press "1" to make a debit collect call
5. Enter the 10-digit telephone number

Emergency Calls

Normally, outside calls are not accepted. However, if an emergency telephone call is verified as such by Unit Staff, information will be given to you.

How to have Money Put in your Account

Visitors can give clients money (via cash, credit card, or ATM card) through the **Secure Deposit®** System that is operated by Keefe Commissary Network. Deposits are made via a kiosk located at the Main Institution, via telephone (1-866-345-1884), or via the Internet (<https://www.accesscorrections.com>). The Main Facility Public

Lobby hours may be adjusted without notice but generally is available for deposits from 8:00am to 9:00pm seven (7) days per week.

Facility-staffed Client Account Offices are open Monday thru Friday 10:00am to 12:00pm and 1:00pm to 3:00pm (Closed weekends and holidays).

Visits

Visits will be allowed for attorneys and other visits authorized by the committing court and/or the Assistant Superintendent, Unit Director or Unit Manager. You are expected to conduct yourself in an appropriate manner and maintain appropriate behavior. You will be subject to a search prior to and following any contact visits.

Religious Services

Understanding that one's spiritual life is often an important and integral part of recovery, SSTC offers spiritual and religious services. Catholic, Protestant, and Muslim Services are available. Based on individual request and availability, Rabbis, Pastors and other clergy are made available on an as needed basis. Religious counseling is provided by a Catholic Chaplain, Protestant Minister, and a Muslim Imam. These clergy are available to help out with family or personal crises, religious education, spiritual guidance, and as a resource of religious literature. If you want to speak to another clergy member, discuss this with your Counselor/Caseworker. Crosses, Bibles and other religious materials are made available upon request to a departmental Chaplain.

Recreation/Exercise/Leisure Activities

As your health and strength returns, you are encouraged to participate in regular physical activity in order to maintain your health, reduce stress and improve your mental outlook. Your unit has a recreational area which is considered an extension of the living area. Unless otherwise directed by the Unit Staff due to emergency/exigent circumstances, you are free to access this area according to the Unit schedule.

Fitness trainers with special certifications and skills are also available and can assist you in your physical activities. They are available to provide activities and classes that promote a healthy lifestyle. Classes may include: Health Classes, Stress Management, Tai Chi, Stretching, Exercise Benefits and Wellness/Fitness topics.

Reading materials will be provided for you via a Librarian that goes to the unit at scheduled times. You can request specific materials by completing a Request Form and sending it to the attention of the Librarian. You are expected to respect books as facility property and keep them in good condition. Do not lend library books to others because you are responsible for any damages.

Gymnasium

When operational necessity does not require other usage, the large Multi-Purpose Building (Gym) is available to you. A weekly gym schedule is distributed indicating which days and times your unit has gym. Usage of the Gym is subject to your safety, security, and classification considerations.

Gym Rules

You must be dressed appropriately while traveling to and from the gym.

- You may wear a t-shirt and gym shorts while exercising in the gym.
- Do not enter the gym office. Knock on the door and a staff person will assist you.
- No throwing/kicking basketballs and volleyballs.
- No spitting in fountains or on floor/walls.
- Respect the facility, equipment, staff, and each other.
-

Any violations of the above rules or other facility rules can result in loss of privileges.

Housekeeping and Cleaning Materials

All rooms and common areas are cleaned daily and inspected regularly to ensure that a high standard of cleanliness and order is maintained. Daily inspections are made of rooms and common areas by the Unit Staff. You are responsible for maintaining an orderly and clean room daily (as shown below).

- **Do not block the windows, lights or vents;**
- Vents should be clear of debris;
- Toilet and sink wiped down daily;
- No graffiti or etchings; and,
- Bed must be made anytime you exit your room.



General Guidelines for Rooms:

- Windows (on both doors and walls) are kept free of all obstructions.
- Nothing is affixed to room walls, lights, fire sprinklers or beds.
- Beds are made whenever you leave your room. The bed is made in the following manner: sheets are tucked in on the mattress; blanket is tucked in over the sheet and folded down at the pillow bump of the mattress.
- The Property Box containing personal property and your shoes are stored under the bed at all times.

- Stainless fixtures are clean.
- Vents are free of all obstructions, dust is removed and under no circumstances are any materials affixed to or near the vents.
- Floors are swept, washed when necessary, cleaned and sanitary. This is to be done at least every Monday, Wednesday, and Friday or as directed.
- Hang wet towels on hooks to dry and fold dry towels and place in your property box.
- Towels may not be used for rugs, decorative purposes or placemats.
- Your bed must be made by 8 am Monday through Friday, and by 10 am on Saturdays, Sundays and non-working holidays.
- You are expected to clean your room prior to being moved to another room or discharged from the facility.
- You are held accountable for all marks on walls or damage to property. The cost of any repairs may be taken from your account, after appropriate procedures have been followed.
- The facility has regulations, which limit your possessions so as not to create fire hazards. For fire prevention purposes, a limit on the amount of paper products in the rooms is necessary and the following guidelines are established:
 1. All paper products in your possession must be able to fit inside your property box.
 2. You must store all paper products either in the property box.
 3. Paper products included in this are: books, magazines, newspapers, legal papers, personal letters, extra toilet paper rolls, and any other paper products deemed appropriate by Staff.
 4. The only exception, will be reviewed on an individual basis, is the amount of current personal legal paperwork of an open case. The Housing Unit Superintendent/designee will have the final authority in these decisions. Safety and security restrictions may also apply.

General Guidelines for Common Areas

You may receive a cleaning or work assignment from the Unit Staff. This may include cleaning general areas of the unit such as the day room, hallways, or recreation area. You are given time each day to complete your work. Normally, every Friday morning, a Command (Formal) Inspection occurs in the unit. You are required to have your room clean and be out of bed with your bed made. Failure to be prepared for Command Inspections may lead to a loss of privileges.

FRIDAY COMMAND INSPECTIONS

1. This is a MANDATORY inspection.
2. Cleaning for inspections needs to be completed on Thursday night.
3. Beds must be made, blue boxes under your bed, and rooms clean.
4. EVERYONE must be up, properly dressed and step out of their rooms for the inspectors.
5. **If you do not get up for inspections, you may be subject to a loss of privileges.**

Cleaning Chemicals

When working with the cleaning supplies, such as spray bottles and other items, common sense and general precautions need to be utilized.

- Ask staff before use on how to use the item.
- In some instances, protective gear will be utilized, staff will instruct on usage.
- Avoid contact with skin, eyes or clothing.
- Do not inhale or ingest the item.

- Do not mix one item with another.
- Do not contaminate drinking/food/food storage or processing areas or other areas/surfaces with any cleaning supplies and ensure that reasonable hygiene is maintained when cleaning areas such as toilets, etc. (Do not cross contaminate clean areas/items with dirty/unsanitary items.)
- Wash thoroughly after handling.
- See staff immediately if First Aid measures are needed such as eye contact, skin contact, inhalation or ingestion.
- Do not loan the item to another client.
- Return the item to the Unit Staff when done.
- Any questions, concerns or problems talk with staff.

Obtaining and handling of the chemical (cleaning) spray bottles/bottles, i.e. glass cleaner, floor finisher, disinfectant, floor cleaner, bleach, floor stripper, and floor maintainer, will be in strict compliance with institutional rules. All cleaning bottles will be labeled and available/scanned out at the Unit Staff's Workstation. You will present your ID to the Unit Staff so that the item may be scanned out. When done with the cleaning assignment, you must return the cleaning item to the Unit Staff for return scanning. The cleaning and janitorial supplies (mop, broom, bucket, etc.) may not be stored in your room and must be returned to the Unit Staff.

Safety Inspections

The Unit Staff conducts several safety inspections of the entire unit. They will visually check all areas of the unit including rooms, shower area, recreation area, utility closets and dayroom. They will also conduct checks of the fire extinguisher, fire blanket, and that the fire egress routes are not blocked. The Unit Staff will also check all locked doors including sally port, dayroom access, room doors, etc.

The Tower Supervisor will also perform a unit safety checks, i.e., condition of room, Unit Staff's Workstation, staff offices, recreation areas, rooms, etc. They will then spend time with the Unit Staff and other Unit Staff and go over any issues. On each shift a Supervisor must make two (2) supervisory checks of each room.

Wellness Checks

The purpose of the Wellness Check is to ensure the well-being of all clients assigned to the Unit Staff's supervision. Wellness Checks include not only the well-being of clients in their rooms, but in staff offices, showers and in the recreation areas as well. They are conducted on an irregular but frequent basis 24/7.

Searches

Periodic and unannounced searches of your unit and room are conducted for the safety of you, the other clients and the staff. Searches of rooms or property do not require your presence to search for unauthorized items and contraband.

Searches of the unit and clients may be conducted in order to detect and prevent the introduction of contraband, recover missing or stolen property, and to prevent disturbances.

Contraband is any item in your possession (on your person or in your room) that is not issued to you by the facility, or otherwise received or purchased by you through channels specifically approved by the rules of the facility. Authorized items may be considered contraband when found in excess quantities or when altered from the original condition as issued, or used in a way not intended. Other than the lending of newspapers and periodicals (where appropriate), you are not allowed to lend or sell or otherwise transfer any items to anyone.

All such items are considered contraband. Furthermore, facility equipment and supplies found in your possession, in other than the authorized area, is considered contraband.

The following items are always considered contraband:

- Weapons
- Items that interfere with facility goals of security, safety, order or rehabilitation
- Pornography
- Books (except as loaned, authorized or issued by the facility)
- Currency
- Firearms of any type
- Ammunition or explosives
- Knives, kitchen utensils or unauthorized tools
- Intoxicants, such as liquor and alcoholic beverages
- Medication and drugs (certain medications may be dispensed and in your possession only as authorized by the Medical Department and small amounts of over the counter drugs may be purchased through the Commissary)
- Hazardous and poisonous chemicals
- Destroyed, tampered with or altered clothing, bedding, towels, shavers, clippers, etc.

If contraband is found, items may be destroyed and/or are confiscated and privileges will be lost.

General Conduct

Your period of treatment at SSTC and life in general, is a series of choices. You can choose to create a life style of harmony, respect, and accomplishment, or you can choose negative thoughts and actions which make you and others around you miserable.

Three of the principles which guide this facility's operation are: Direction, Consistency, and Consequences. The Direction is contained in this book; abide by it and you can discover personal success. Rules are maintained with Consistency and Consequences inevitably follow the choices you make.

Serious infractions toward a client, staff and/or visitor are investigated for consideration for prosecution.

Rules Outline

The following outline is intended to give you an idea on how to behave in the unit. It does not cover every rule but it answers the most commonly asked questions of new clients.

Without Staff Authorization, You Are Not Allowed To:

- Touch the TV
- Move the unit furniture or tables
- Place feet up on furniture
- Go into another client's room
- Hang around the Unit Staff's Workstation or put your hands on the Workstation
- Place any pictures, covering(s) or items on room walls, doors, windows, lights, or sprinklers

- Wear anything on your head including issued hats (issued hats may only be worn outdoors)
- Remove anything from the bulletin board(s)
- Use foul or abusive language
- Litter
- Enter another unit
- Yell across the unit or yell from the recreation decks/area
- Disrespect others
- Transfer, give away, exchange or sell any clothing or personal items
- Talk through the vents or toilets
- Be completely covered by blankets, sheets, clothing, or other articles
- Leave the unit with your radio and/or headphones (the radios and /or headphones are for unit, room, and rec-deck /area use only)
- Gather (hanging out) in front of another client's room doorway
- Be on a level on which you are not housed; that is, if you live on the first level, you are not to be on the second level. The only exception would only be for the Unit Worker having permission from the Unit Staff to be on a level other than his own for housecleaning purposes.

You Must:

- Clean-up after yourself at all times.
- Maintain sanitary and hygienic conditions.
- Respect others.
- If announced by staff to "Return to your room", you are to return to your room immediately and, if possible, shut the door
- In case of an emergency (fight, disturbance, medical emergency, etc.), you will go to your room immediately and, if possible, shut the door. Do not wait to be told to do so. If for some reason you are unable to get to your room, if there is a disturbance between you and your room, for example, you must move as far as possible from the disturbance area, sit quietly on the floor and wait until advised by a staff member to move to another location. If you are able to get to your room, but it is locked, you must stand by your door until it is opened for you. You will follow the directions of the Unit Staff. A slow response to any instructions given by a staff member or Central Control (over the PA system), may result in loss of privileges.
- Scan your ID bracelet when leaving or entering an area.
- Not harass and extort (or obtain by threat) information from other clients.
- Be in the possession of tobacco, tobacco related products, drugs or alcohol.
- (During the Unit Staff Shift Change) Clients will be asked to return to their rooms for "Quiet time" as noted below:
 - ❖ 7:45am- 8:15am
 - ❖ 3:45pm-4:15pm
 - ❖ 10:15pm – 10:45pm
 - ❖ 11:45pm -12:15am

You are Aware of:

- Normally, it is mandatory that clients leave their rooms at meal time. You do not have to eat the meal, but you have to accept or deny a meal. On Saturday, Sunday, and Holidays, you do not have to leave

your room for breakfast. You are responsible for discarding your own trash and are not permitted to bring food items back to your room from the serving line or kitchenette.

- The Unit Staff's Workstation is off limits to clients.
- Maintaining acceptable behavior and being courteous in your dealings with staff and other clients.
- Being scanned/ processed when moving from one area to another. You must report to assigned staff and ensure that you are scanned/ processed into or out of each area.
- Proceeding promptly to your destination, do not loiter, and do not use this time as a time to socialize or for recreation. You may be subjected to a search at any time before, during, or after this movement.
- That your wristband ID must be worn and visible at all times during movement within the facility.

Out of Unit Movement

- All movement will be announced
- If you are moving, report to the sally port door in proper attire and line up in single file.
- You will walk in single file along the left wall without stopping until you have reached the stop line outside the building.

While outside, heading to your destination you will:

- Proceed directly to your destination, without stopping
- Refrain from loud, profane, or abusive language
- Not spit; it is a health hazard

Unit Privileges/General Conduct Violations

Privileges are extra services or benefits given to you as a tool to motivate you through your recovery. They can include property items, specialty food/snacks, phone calls, visits, access to television, radio, special events, recreational activities, relaxing in the day room, recreation deck/area, access to the gym, etc.

Change Plans Loss of Privileges

Change plans are the denial/removal of client privileges due to General Conduct Violations. The facility may change plans for rule violations equitable to the severity of the offense. Acceptable change plans are, but not limited to the following:

- Redirection
- Loss of privileges for a specified period of time
- Removal from work detail
- Room Restriction for a specified period of time
- Restitution; and/or
- A combination of the above.

Treatment Review (Loss of Privileges due to General Conduct Violations)

Choosing to not adhere to the above noted **General Conduct items** may result in a loss of Privileges that may include:

- TO2 - Two (2) hour timeout in your room.
- TR24 – Up to 24 hour room restriction excluding programming and recreation time (requires a Treatment Review within 24 hours)
- Loss of Outside Recreation
- Loss of Movie Night

- Loss of Headset Usage
- Loss of Phone Privileges

All General Conduct Violations are reviewed at the time of the 30 day Treatment Classification Review. All General Conduct Violations directly affect your movement to SSTC Springfield (Mill St.) to the extent your behavior interferes with your ability to be safely transferred or discharged.. Serious violations will result in the Sheriff's Department filing legal charges against you in Palmer District Court.

Client Counts

Counts of the client population are conducted by staff several times daily to keep track of all clients.

You must return to your assigned room and close your door completely when the words "count time" or "report to your room" are announced by the Unit Staff. Talking to or distracting a Unit Staff during the count may be a loss of privileges.

Urinalysis

Drug and/or alcohol use is strictly prohibited. It is the policy of SSTC to secure one urine sample from all clients upon their initial intake into the program. Subsequent urines will be taken randomly or if it is suspected that a client may be using drugs or alcohol.

Emergency Procedures

Emergency Lock down

If the Unit Staff announces on the PA system "Lock-In, Return to your Rooms Immediately and Close your Door", all clients should return to their rooms immediately and pull the door closed, if possible. When the Tower/Unit Supervisor or CCR determines the emergency situation has stabilized, the Unit Staff is notified and will make another announcement on the PA system that you may exit your rooms.

If you and/or other clients refuse to enter your rooms for an emergency lock-in, the Unit Staff notifies the Tower/Unit Supervisor, explains the situation and asks for assistance in the unit. The Tower/Unit Supervisor decides on what level of assistance is needed. Upon resolution of the concern, there will be change plans.

Emergency Evacuation Plans

You should be familiar with the posted evacuation plans and all exits doors in your unit that are available to escape a fire and save your life. Upon discovery of smoke or fire, alert the Unit Staff and follow their directions. In the event that fire or smoke conditions are present in the unit/building, staff, clients and visitors who are exposed will crawl on their hands and knees to escape and evacuate. If your clothing catches fire, cover your face, drop to the ground and roll your body to smother flames. If another person's clothing catches fire, wrap them in a blanket to smother the flames. Apply first aid immediately afterwards. When opening any doors, touch the door with the back of your hand first. If it is too hot, do not open it.

Move in a quick and orderly manner. Do not attempt to bring personal belongings with you; your life is more important than your property. Once outside the building, keep away from the building/walls and line up in a single line in the area designated by a staff member. The Unit Staff will obtain and verify a physical count of the

clients in the unit, staff and visitors, at the area of refuge, as soon as the evacuation of the area is completed. You will remain at the area of refuge until the fire emergency is resolved and it is safe to re-occupy the unit or re-locate to another unit/building.

There will be monthly fire drills and participation is required. Do not tamper with fire equipment, smoke detectors, sprinkler heads, etc. because it is there to save your life.

HEALTH SERVICES

SSTC recognizes that good health care is important to your entire well-being and positive adjustment to the unit. Therefore, you are provided with health care services to safeguard your own health as well as to protect other clients and staff. Health care consists of Medical, Mental Health and access to Dental for urgent dental needs.

The medical staff is here to assist you with your medical needs. We are also here to keep you medically stable during your withdrawal should you require one. Medical staff is here 24/7. Our primary goal is to assist with your stabilization. Please be respectful and courteous at all times. Medical staff participates in team meetings with Security and Counselors to discuss your overall medical compliance. Please do not come to the clinic if you have not been called. You have the ability to use Sick-call (see below) daily Monday-Friday for any non-urgent medical requests.

You have been given a bracelet (wristband) to identify who you are. You must wear this bracelet (wristband) at all times. Medical will check this bracelet (wristband) to verify who you are during visits. If your ID bracelet (wristband) has been altered, taken off, swapped, or is otherwise not present when we need to verify it, security will be notified.

Withdrawal Protocols

You have the right to be informed about all withdrawal treatment procedures. The SSTC maintains withdrawal protocols for a variety of substances. Withdrawal protocols will be tailored to meet the individual needs of each client. All clients who are started on medications for withdrawal will be educated by the medical staff initiating the protocol.

Sick Call

Clients requiring medical, dental, or mental health attention inform the Unit Staff of that need. The Unit Staff completes a Sick Call entry that identifies you, adding you to the Sick Call request list.

Sick call takes place twice a day on the unit from 7:30am – 9:30am and 3:00pm – 5:00pm every day with the exception of holidays. In order to be seen the same day, you must sign up through the Unit Staff before these scheduled sick call times. If you sign up after 3pm the day of Sick Call, your name defaults to the next Sick Call day.

On holidays when there is no sick call, Medical Staff conduct unit wellness checks with each client. Clients who have concerns at the time of the wellness check will be triaged and seen according to the need.

Only emergencies (defined as an urgent medical situation or occurrence of a serious nature which has developed suddenly or unexpectedly and requires immediate attention) will be seen as soon as possible. SSTC medical staff sees you immediately for urgent concerns. Anything non-urgent needs to wait until sick call the next day. Examples of urgent concerns are as follows:

- Withdrawal concerns (vomiting, diarrhea, dizziness)
- Problems with your medications
- Skin rashes that appear abruptly
- Breathing Problems
- Chest Pain

Examples of non-urgent concerns that can wait for sick-call are as follows:

- Weight checks
- Tooth aches without swelling

No medical or psychiatric records will be given to you during your stay. You may request to meet with a medical or mental health staff to discuss your medical/mental health concerns. If you wish to inspect your medical records, an appointment may be arranged through the Legal Resources Department for you to review your records. Upon discharge from the unit, you may in writing, request a copy of your records. There may be a charge for such service. The foregoing procedure is subject, in all respects, to safety and security considerations.

Clinic Room Etiquette

There are three (3) Clinic Exam Rooms that our medical staff utilize to provide you with medical treatment and education. If you see the doors open, we are available to you. These rooms have yellow tape around or near their entrances to allow the clients being seen privacy. Please do not loiter in these areas and do not come to the Clinic Exam Rooms unless you were called or have a need that requires immediate attention. You will not be seen faster if you knock or interrupt medical staff who are currently working with other clients.

- Do not knock on Clinic Exam Room doors or windows
- Do not stare into Clinic Exam Room windows
- Do not attempt to open a closed Clinic Exam Room door.

Failure to follow these rules will result in Treatment Review and possible loss of privileges. If you are called to the Clinic Exam Room and the door is closed, please do not interrupt. Please sit and wait in the chairs available or at the medical waiting table.

Medication

Medications are an important, significant part of your treatment. Clients must have current provider orders for all medication (including over the counter medications). You must take the medication prescribed to you or consult with medical staff. Taking other clients medications, exchanging or selling medications is considered misuse and/or abuse, and may result in loss of privileges. You will receive an orientation from a medical staff person regarding your responsibilities with each medication you are taking.

Clients will be asked to sign a Release of information allowing SSTC medical staff to communicate with community prescribers.

Medication (Med) Pass

After your Medical Intake is completed and you are assigned a room, you will be set up to receive any prescribed medications during scheduled medication (med) pass times. These medications will include your withdrawal meds, if applicable, and any scheduled medications that have been verified at your local pharmacy that you have been taking in the last thirty (30) days. There may be times where we also add other medications that you will get at the following times as well. In all cases, you will report to the medication cart near the Unit Staff's Workstation and display your ID wristband to the Med Passer in order to receive or refuse your medication. Please be mindful of the med pass line on the floor and stand behind this line, patiently awaiting your turn. Below are the scheduled med pass times.

6:30am	Morning med pass
12:00pm	Lunch med pass
6:30pm	Bedtime med pass

If you wish to refuse medications, please be courteous and inform the Med Passer at the scheduled time of med pass. You must be present to do this. Please respect the Med Passer's time and show up on time for your medication. Lastly, we do not provide any medication for sleep.

Keep on person medication will be restricted to inhalers, creams, ointments, or liquids that are prescribed by Medical Staff. Failure to adhere to medication guidelines could result in discontinuation of medications and/or loss of privileges.

Medication for Addiction Treatment (MAT)

MAT services are available to all clients. Clients are screened at the time of Intake and, if interested, the proper referral is made via the electronic medical record. Clients can request MAT services during any medical encounter. Clients who are already on a form of MAT will be continued based on the client's medication and medical history. Discharge planning will be started for all clients involved in the MAT program.

Communicable Diseases

For your health and safety, you are tested for Tuberculosis upon entry to the facility. When appropriate, you may be tested for communicable diseases. Information about symptoms and prevention of several communicable diseases is provided for you during Medical Intake. Anyone who develops or has a contagious disease may be housed with restricted activities or privileges.

Communicable diseases are diseases that can be transmitted from one individual to others. For example, Tuberculosis, Chickenpox, Lice and Scabies are communicable diseases.

Sexually transmitted diseases (STD's) are communicable diseases that you can become infected with by having sex with someone who already has one. Common STD's include: HIV (the virus that causes AIDS), Syphilis, Gonorrhea, Chlamydia, Herpes and Genital Warts.

You can contract an STD from vaginal, oral or anal sex. Also, if you have sex with someone who shares needles, you are more likely to contract an STD.

If you inject drugs or have sex with someone who injects drugs or if you share needles, or you suspect that your sexual partner may be infected or you think that you might be infected, you should visit with a Health Care provider by signing up for sick call.

Any complaints/grievances regarding Medical Services should be directed to the Health Service Administrator in writing. Complaints may be placed in writing or addressed during meetings with Health Care staff.

Dental Services

Dental services are available for your acute dental needs. You will be evaluated by the Health Services staff for any obvious dental problems at the time of admission. If you think you need dental attention, you may request an appointment utilizing the Sick Call procedure. Generally, there is a waiting list to see the Dentist. Emergency Dental treatment is given first priority.

Oral Hygiene

You can help improve your oral hygiene by making plaque and tartar control part of your daily routine. Proper brushing helps remove plaque from the outer, inner, and chewing surfaces of your teeth. Between office visits, use fluoride toothpaste that reduces tartar formation and protects against cavities. It is recommended that you brush your teeth after every meal and before bed.

Mental Health Services

All clients are screened by a Medical Staff upon Intake for Mental Health issues or concerns. If indicated, a referral will be placed for you to be seen by a Mental Health professional. The referring staff will need to know a little bit about the nature of the presenting problem and your history in order to submit such a request. Through Sick Call, you may also request to see Mental Health staff or you can put in a written request to the Unit Mental Health Clinician by filling out a Request Form and noting your mental health concern.

Clients on psychotropic medication, that are verified upon intake by Medical Staff, will be continued (if on the facility formulary) while at SSTC. For medications not on the facility formulary, appropriate substitutions will be offered to comply with the restrictions of the facility and with clinical indications during the detox and substance use disorder treatment.

All SSTC staff are trained to support, recognize and address Mental Health issues and concerns in a professional, discrete, confidential manner.

In case of an emergency, you need to notify SSTC staff immediately and they will assist you in a discrete, confidential manner and arrange for Mental Health services if indicated.

Suicide Prevention

The facility has developed a written Suicide Prevention and Intervention program.

During the Intake process, you are screened for suicide risk factors and current suicidality. Questions are asked in regards to transferring facility information, family history, psychiatric history, current suicidality, and previous suicide attempts history/dates. You will receive a Suicide Prevention Pamphlet with your issued property. This pamphlet is reviewed with you during the Unit Orientation. You are encouraged to be forthcoming with any suicidal thoughts or plan, at any point during your stay, so that staff can assist you and get you the help that you need. All staff are trained to assist clients who are feeling suicidal in a professional, discrete, confidential manner.

HOW TO ASK FOR HELP

- Talk to your Counselor, SSTC Caseworker (CCW) or Recovery Specialist
- Talk to the Unit Staff, Supervisor or Manager
- Fill out a Client Request form or sign up for Sick Call
- Talk to a Mental Health (MH) Clinician or Medical Staff

If you are having thoughts of suicide or hear someone else talking about suicide, DO NOT WAIT, Report it right away! Every Life Matters!!!

Finally, we sincerely wish to help you get back on your feet through this difficult time. Your path to stabilization and recovery has begun!

PROGRAMMING/TREATMENT FOR CLIENTS

Orientation

You will remain in the SSTC in Ludlow for several days. Within this time period, there are opportunities to learn about the Unit's programming, treatment, operations and reentry planning. Privileges will initially be limited during this time. You will receive this Manual, which is available in English and Spanish, you will receive necessary information and staff members will interview you. These interviews are meant to gather information and assist in the development of your Service, Discharge, and Reentry Plan.

During the Orientation, staff will meet with you to review this manual including:

- How this Civil Commitment Process Works
- What is Mill St?
- SSTC Staff – Unit Staff, CCW, Counselor, Recovery Specialist, Unit Supervisor & Manager, etc.
- Bulletin Board Information
- Clothing and Laundry
- Door Controls
- Emergency Procedures
- Fire Escape Procedures
- How to Make your Bed and Maintain your Room
- Mail
- Sanitation
- Telephones

- Television
- Exercise and Recreational Opportunities
- Wake Up and Lights On/Off
- Change Plans
- Health Services
- Medication for Addiction Treatment (MAT)
- Mental Health Services
- Program Services
- Sexual Abuse/Sexual Harassment/Prison Rape Elimination Act (PREA)
- Grievance System
- Visiting
- Room Activities, Schedules, and Housing Rules
- Work Assignments
- Request Forms and Legal Resource Form
- Meals
- Personal Hygiene and Proper Attire

You will begin participating in programming immediately. There is a lot to learn; please ask questions!

Client/Unit Daily Schedule – See the Unit Bulletin Board for specific programming

Time	Program	Location	Friday/Saturday/Sunday
6:30 a.m.	Wake-up		Saturday & Sunday - optional
7:10 – 7:30 a.m.	Breakfast/Med Pass	Day Room	
7:30 – 8:00 a.m.	Morning Clean up		
8:15 – 8:45 a.m.	Mindful Recovery		
8:45 – 9:15 a.m.	Individual Counseling/ Unit Orientation		Friday-Inspections 
9:30 – 10:15 a.m.	Morning Reflections		
10:00 – 10:45 a.m.	Individual Counseling		Saturday & Sunday - Wellness
10:45 – 11:45 a.m.	Recreation	Multipurpose	
11:45 – 12:30 p.m.	Lunch/Med Pass	Day Room	
12:30 – 1:00 p.m.	Self-Care/Free Time		Saturday & Sunday -Free Time
1:00 – 1:45 p.m.	Recovery Roadmaps		
2:00 – 3:00 p.m.	Outside Provider/Prog.		Friday-Unit Meeting
3:00 – 3:45 p.m.	Self Esteem		Saturday & Sunday -Free Time
3:45 – 4:40 p.m.	Free time		
4:40 – 5:00 p.m.	Recovery Stories	Day Room	
5:00 – 6:00 p.m.	Fitness Class		
6:00 - 7:00 p.m.	Dinner/Meds		
7:00 – 8:00 p.m.	AA Commitment		
8:00 – 9:00 p.m.	Evening Clean up		
9:00 – 10:15 p.m.	Free time		
10:15 p.m.	Lights Out		
Midnight			Friday & Saturday - Lights Out

Primary SSTC Counselor

You will be assigned a Counselor during your first week in the program. They will work with you for the duration of the commitment on your aftercare plan. Only treatment related issues will be addressed by your primary Counselor. It is important that you report all relevant information related to your housing, transportation, program history, and intention for aftercare as soon as you meet with your Counselor. Discharge planning is time consuming and cannot be developed in the last few days of your commitment. Please be aware that everyone will be provided an opportunity to develop a discharge plan, but your Counselor will not attempt to force aftercare treatment onto you; on-going treatment must be voluntary. All other concerns, such as, but not limited to, telephones, property, or commissary, should be directed to your Unit Caseworker or other Unit Staff.

Substance Withdrawal Programs

This is an up to ninety (90) day treatment program design. Programming is based on empirically supported treatment models and is focused on a dual-diagnosis approach. Content will include both substance use education and prevention, coping skills for emotional regulation, interpersonal dynamics, and preparation for discharge and aftercare. You are encouraged to engage in programming willingly, allowing for the most therapeutic impact possible. Any effort to disrupt programming will not be tolerated.

We believe that the longer you remain in treatment, the more successful the outcome of that treatment will be. Aftercare is a critical component in your on-going care. Those who attend outpatient treatment (with a Substance Use Disorder professional) and attend self-help groups (at the same time) for one (1) year after their release have consistently proven to have a better chance at a successful separation from alcohol/drugs.

LEGAL MATERIALS

You have the right to contact legal counsel, regardless. Telephones are set up in the unit for you to be able to call your Attorney or the Committee for Public Counsel Services (public defenders).

Attorney visits may occur at the Attorney's convenience. Notary services are available only for documents that need to be notarized to satisfy legal requirements.

Legal Materials/Legal Resources

The SSTC Unit provides trained legal resource personnel who can assist you with certain matters. If you need legal materials or have legal questions, please complete a Client Request Form directed to **Attorney Michael Julian**. Attorney Julian will be available on the Unit Thursdays from 10am -12pm. Only clients who have sent him a Client Request Form will be met with on the day/time noted above.

Court/Video Court

You will be conveyed by Sheriff's Department Transportation Staff to all future Court dates as ordered by the Courts. You may have Video Court access as ordered and allowed by the Courts, and scheduled by the Sheriff's Department.

Grievances/Mediation

You have access to an administrative remedy for redress of legitimate complaints, expressions, and resolution of problems.

You have the opportunity to express (in writing) any grievances pertaining to the program, policy, procedure, staff, other clients, or other areas, without fear of reprisal or interference, regardless. Staff are not permitted, under any circumstances, to interfere with the reporting of a grievance, or to make reprisals against a client who has filed a grievance.

Any client in need of assistance writing a grievance because of not being able to read, write, or speak English, or clients who have questions, shall be provided any assistance necessary.

Only one grievance may be submitted per Grievance Form, and only an individual client (not a group or a representative of a group of clients) may file a grievance.

You initiate the complaint with Unit staff, which will attempt to resolve the grievance in an informal manner. If you are not satisfied with the informal resolution presented, you may obtain a grievance form from the Unit Staff's Workstation, and submit the grievance to the Unit Supervisor.

You shall have five (5) working days (from the date of the informal resolution attempt) to initiate a formal grievance.

The Unit Supervisor/Director shall investigate, respond, and resolve the grievance, in writing, in ten (10) working days. If additional time is needed to resolve the grievance, the client is notified in writing during the first (10) days, of the action necessary to resolve the grievance.

You may withdraw the grievance at any time prior to completion of the process by filling out a Client Request Form stating that you are withdrawing from the grievance process, the reasons why, and present it to the Unit Supervisor.

When you are transferred, after you have filed a grievance, but prior to it being resolved, staff processes the grievance where the complaint originated.

If you are not satisfied with the decision, you may appeal to the Assistant Superintendent within five (5) days of receiving the decision by completing another client Grievance Form, obtained from Unit staff, noting the appeal.

The Unit Supervisor/Director informs you of the finding on the Appeal in writing within ten (10) working days of receipt of the Appeal.

The decision of the Appeal by the Assistant Superintendent is deemed as final except for remedies that might be sought through the appropriate Court.

Interpreter Services

You are responsible to know and understand facility rules, procedures, schedules, and programming materials. If your native language is not English, a staff interpreter or the software Language Bridge or Google Translate can be provided for important information. Some materials, such as this manual, are provided in Spanish and English. (Please see your Counselor/Caseworker for assistance.)

Discrimination

SSTC will not discriminate on the basis of race, color, religious creed, national origin, genetic information, gender identity, ancestry, sex, sexual orientation, age, handicap, or other grounds prohibited by applicable law. If you feel that you have been discriminated against on any of these grounds, or have witnessed the same, then you have a duty to both the SSTC and others to immediately report such discrimination or harassment to any Unit Staff up to and including the Assistant Superintendent.

Sexual Harassment

Sexual Harassment includes:

1. Repeated and unwelcome sexual advances, request for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client, client, detainee, or resident directed toward another; and

2. Repeated verbal comments or gestures of a sexual nature to a client, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

In the event that you feel you have been sexually harassed, retaliated against by another client or staff for reporting sexual abuse and sexual harassment, or that staff have neglected or violated their responsibilities that may have contributed to such incident, you may report abuse or harassment to any Unit Staff or a public or private entity or office that is not part of the agency, which could receive and immediately forward your report(s) of sexual harassment to agency officials, allowing you, the client, to remain anonymous, upon request.

Americans with Disabilities Act (ADA)

The ADA Coordinator is responsible for coordinating and monitoring activities and procedures related to special accommodations and access to programs for clients with disabilities at SSTC. A client's request for reasonable accommodation may be initiated by a request from Medical Staff for a medically prescribed accommodation, or a completion of a Request for Reasonable Accommodation of Special Need(s) Form, to be submitted to the Assistant Superintendent.

SSTC provides a process to address client requests for special accommodations which may fall under the Americans with Disabilities Act (ADA) or other provisions of state and federal law. You may request a review of any Medical/Mental Health special needs via the Sick Call process.

Hearing/Speech/Vision

Clients with hearing and/or speech disabilities or who wish to communicate with parties who have such disabilities, have access to a Telecommunication Device for the Deaf. Please see your Unit Staff, Counselor or CCW should you need to use this device (TTY).

You may request a review of any Medical/Mental Health special needs via the Sick Call process.

Sexual Abuse

All intentional acts of sexually abusive behavior or intimacy between a client and a SSTC employee, contractor or volunteer, or between clients, regardless of consensual status, are prohibited and the perpetrator shall be subject to administrative, criminal and/or disciplinary sanctions. SSTC is committed to investigating, disciplining, and referring for prosecution, SSTC employees, contractors, volunteers and clients who engage in sexually abusive behavior. SSTC is equally committed to providing crisis intervention and ongoing treatment or referrals to the victims of these acts.

All allegations and incidents of client on client or staff on client sexually abusive behavior shall immediately be reported by SSTC employees, contractors, and volunteers. The Shift Supervisor shall ensure that the Assistant Superintendent and the Lieutenant of CIU is immediately notified. Failure of any SSTC employee, contractor, and/or volunteer to report these allegations may result in disciplinary action, up to and including termination.

Any client who believes that he has been subjected to or a witness of employee misconduct shall immediately report the alleged misconduct, either verbally or in writing. The YWCA Rape Crisis number is available on the Unit phones and your communication is confidential.

House Rules – Review and Reminders

You are expected to fully comply with the following rules as they will help keep everyone in the SSTC Unit safe and help you maintain a positive review.

1. Client's beds will be made daily by 8am (Monday – Friday) and 10 am (Saturday – Sunday).
2. Rooms must be clean, orderly and emptied of trash daily throughout the day from wake up until lights out at 10:15pm.
3. Before exiting your room, your bed must be made and your blue box should be stored under your bed.
4. Staff will conduct random room inspections daily on all shifts.
5. Do not write on or etch room or unit walls, doors, windows, etc.
6. Uniforms must be worn properly at all times (no folding of pants, no rolled up sleeves).
7. All clothing must be placed neatly in your blue box.
8. Do not destroy facility issued property (T-shirts, pants, etc.).
9. Nothing will be hung/blocking your vent.
10. You cannot sleep or lie on your bed from 8:00 AM – 3:00 PM Monday through Friday, unless you are still on withdrawal protocol.
11. You are not allowed to hoard food or trash in your room (no apples, milks, eggs or excessive trash).
12. If your room is on the first floor (level), you are not allowed to be on the top floor (level).
13. Return to your room when the meal cart arrives & stay in your room until called by the unit staff.
14. Clients are not allowed to go into another client's room at any time.
15. One (1) mattress per bed' unless authorized by Medical. Do not remove mattresses from other rooms.
16. Stealing and contraband are not permitted. All contraband items will be removed from your room.
17. If your room is not in the Sub-Day Room, you are not permitted to enter the Sub-Day Room.
18. You will be asked to remain in your room during count time.
19. You should immediately report to your room in the event of an emergency or when told to do so by SSTC staff.
20. You must return to your rooms for study time during ALL shift changes. Return to your rooms and close the door during all shift changes and "lights out" time.
21. ALL meals will be served by floor (level).
22. The kitchenette will be closed during shift change, meal service, counts and ten (10) minutes prior to clients exiting the unit for class/recreation/gym.
23. No more than two (2) clients at a time allowed in the kitchenette. The kitchenette must be kept clean.
24. During medication passing you are required to line up in a single-file line, stay behind the boundary line on the floor and wait in line until you are called to approach the medication cart.
25. You may not enter any Medical Exam Room or Counselor/Caseworker Office unless authorized by staff.
26. Clients cannot touch any televisions.

27. Please be respectful to both clients and staff. Foul and disrespectful language towards staff or clients is not permitted.
28. NO interfering with the SSTC Unit Staff's duties or creating a disturbance.
29. Absolutely no yelling across the unit.
30. You must clean up after yourself after using the day-room.
31. You will have the opportunity to use the restroom before/after group.
32. Attendance at all assigned programs is required. Compliance with your program will influence your discharge date.
33. You are expected to remain in your group until the group has ended.
34. Personal phones calls can only be authorized by your assigned Caseworker/Counselor.

ORIENTATION MANUAL

for Civilly Committed Clients



Stonybrook Stabilization and Treatment Center/Springfield

Nicholas Cocchi, Sheriff

Updated 4/15/2019

STONYBROOK STABILIZATION & TREATMENT CENTER
(SSTC) SPRINGFIELD
Orientation Acknowledgement Checklist
(in accordance with CMR 103 DOC 401.03)

Client's Name: _____ Client #: _____

SSTC (Springfield) Arrival Date: _____

ORIENTATION

To be completed within (7) seven days of the arrival of a new client.

Information reviewed or provided during Orientation includes, but is not limited to the following:

I have received orientation at Stonybrook Stabilization and Treatment Center which covers the following:

1. Visiting/Mail/Property
2. Telephone Interpreter Service
3. Staff Sexual Misconduct with Civil Commitments
4. Funds
5. Privileging Procedures
6. Programs/Classification/Recreation
7. Counts
8. Prohibition of Tobacco and Tobacco-related products
9. Rules and Regulations
10. Informal Complaint Resolution and Grievance Process
11. Medical Access/Suicide Prevention
12. Fire Safety/Evacuation Plans/Caustic Materials
13. Prison Rape Elimination Act (PREA) Sexual Misconduct

Client Signature

Date

Orientation Coordinator Signature

Date

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INTRODUCTION

Our mission is to help individuals affected by Substance Use Disorders to stabilize and gain access to treatment. Our goal is to help you take the steps to move toward an improved quality of life. SSTC recognizes there are many different pathways to recovery, and each individual determines his own way. Recovery from Substance Use Disorders and / or Mental Disorders involves a process of change by improving health and wellness, living a self-directed life, and striving to reach full potential.

Four pillars of recovery that support a life in recovery include:

HEALTH: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

HOME: a stable and safe place to live;

PURPOSE: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

COMMUNITY: relationships and social networks that provide support, friendship, love, and hope. (Source: Del Vecchio, Paolo. 2012. SAMHSA Recovery Support Strategic Initiative / Engagement Services)

HOUSING

The Stonybrook Stabilization and Treatment Facility is a smoke-free environment. There will be no smoking at any time by an individual while he is housed at this facility.

HEALTH SERVICES

Sick call will take place on Mon - Wed - Fri. Participants will scan in with the unit staff between 6am-8am on those days.

On Tuesday's and Thursday's only medical emergent situations will be seen. Participants may complete a client request form stating their emergent concern in detail and submit it to the unit staff who will place the request in the Medical Department mailbox.

On evenings, weekends and holidays, clients will notify the unit staff on duty of their emergent medical concern. The unit staff will report this information to the Shift Supervisor who will notify the nurse on duty. Additionally, you may address any medical needs with the nursing staff on their daily medical rounds (DMR's).

MEDICATION

Medication distribution will be conducted every day during breakfast. Night time medication will be delivered to the unit and distributed at bedtime.

MEDICATION FOR ADDICTION TREATMENT (MAT)

MAT services are available to all clients transferred to the SSTC Springfield location. Clients who are already on an effective form of MAT will be continued. Clients who are not on a form of MAT will be educated on MAT services at the time of intake and, if interested, will be referred to the MAT program. Clients can request MAT services during any medical encounter. Discharge planning for continuation of MAT is an important part of the program.

HEARING/SPEECH IMPAIRED CLIENTS

Civilly committed clients with hearing and/or speech disabilities or who wish to communicate with parties who have such disabilities, have access to a Telecommunication Device for the Deaf. Please see your counselor should you need to use this device (TTY).

MENTAL HEALTH SERVICES

All clients are screened by medical staff upon Intake for mental health issues or concerns. If indicated, a referral will be placed for you to be seen by a mental health professional. The

referring staff will need to know a little bit about the nature of the presenting problem and your history in order to submit such a request. Through Sick Call, you may also request to see mental health staff or you can put in a written request to the unit Mental Health Clinician by filling out a Request form and noting your mental health concern.

Clients on psychotropic medication, that are verified upon intake by medical staff, will be continued (if on the facility formulary) while at SSTC. For medications not on the facility formulary, appropriate substitutions will be offered to comply with the restrictions of the facility and with clinical indications during the withdrawal and substance use disorder treatment.

All SSTC staff are trained to support, recognize and address mental health issues and concerns in a professional, discrete, confidential manner.

In case of an emergency, you need to notify SSTC staff immediately and they will assist you in a discrete, confidential manner and arrange for mental health services if indicated.

SUICIDE PREVENTION

The facility has developed a written suicide prevention and intervention program.

During the Intake process, you are screened for suicide risk factors and current suicidality. Questions are asked in regards to transferring facility information, family history, psychiatric history, current suicidality, and previous suicide attempts history/dates. You will receive a Suicide Prevention Pamphlet with your issued property. This pamphlet is reviewed with you during the Unit Orientation. You are encouraged to be forthcoming with any suicidal thoughts or plans, at any point in your stay, so that staff can assist you and get you the help that you need. All staff are trained to assist clients who are feeling suicidal in a professional, discrete, confidential manner.

HOW TO ASK FOR HELP

- Talk to your Counselor or Recovery Specialist;
- Talk to the Unit Staff, Supervisor or Manager;

- Fill out a Client Request form or sign up for Sick Call; and/or,
- Talk to a Mental Health (MH) Clinician or Medical Staff.

If you are having thoughts of suicide or hear someone else talking about suicide, DO NOT WAIT; Report it right away! Every Life Matters!!!

SUBSTANCE USE DISORDER PROGRAMMING

The treatment program design allows for a client to reside up to ninety (90) days. Programming is based on empirically supported treatment models and is focused on a dual-diagnosis approach. Content will include both Substance Use Disorder education and prevention, coping skills for emotion regulation, interpersonal dynamics, and preparation for discharge and aftercare. Clients are encouraged to engage in programming willingly, allowing for the most therapeutic impact possible. Any effort to disrupt programming will not be tolerated.

We believe that the longer you remain in treatment, the more successful the outcome of that treatment will be. Aftercare is a critical component in your on-going care.

All civilly committed clients will receive a discharge summary upon their release. This document will include the outcome of participation in the Substance Use Disorder program as well as aftercare referrals.

PRIMARY COUNSELOR

You will be assigned a counselor during your first week in the program; they will work with you for the duration of the commitment on your aftercare plan. Only treatment related issues will be addressed by your primary counselor. It is important that you report all relevant information related to your housing, transportation, program history, and intention for aftercare as soon as you meet with your counselor. Discharge planning is time consuming and cannot be developed in the last few days of your commitment. Please be aware that everyone will be provided an opportunity to develop a discharge plan, but counselors will not attempt to force aftercare treatment onto any individual; on-going treatment must be voluntary.

RELIGION

Understanding that one's spiritual life is often an integral part of recovery, SSTC offers a diverse set of spiritual and religious programs.

RECREATION

SSTC offers a wide range of active and leisure recreational opportunities to the clients. Active programming includes the use of the gym, additionally, you will be given access to the courtyard located at the rear of the building (weather permitting). Leisure activities include board games, cards, library books and movies.

MAIL

There is no limit to the amount of mail you may send as long as you can pay for the postage. You must put your correct and complete return address information, including your Name and Client Number and Facility Address, on the envelope of each piece of outgoing mail (both privileged and non-privileged mail), as shown below.

Your Name and Client Number

Stonybrook Stabilization and Treatment Center

155 Mill Street

Springfield, MA 01108

You are not allowed to mail SSTC owned items or homemade items. You may deposit outgoing mail at the Unit Staff's Workstation and staff are responsible to ensure that mail collected is placed in the facility mail boxes.

You can ask your Counselor/Caseworker about receiving three (3) postage-free, stamped envelopes and writing materials each week for general correspondence.

Mail should be properly addressed to the sender. It must have a visible and legible address of the intended recipient, noted only

on the side of the mail bearing the postage. Your outgoing mail is processed and sent out daily except Sunday and Postal Holidays. The Legal Resource Mail is forwarded to the Legal Resource Center.

Only properly addressed mail is received and delivered to you. Mail which cannot be delivered (transfers, releases, etc.) will be forwarded to the United States Postal Service-Springfield, Massachusetts for delivery to the return address. Make sure your family, friends and others, use the following official address on the letters to you:

Your Name and Client Number
Stonybrook Stabilization and Treatment Center
155 Mill Street
Springfield, MA 01108

Mail is delivered to the unit every day there is mail service. Magazines, books and newspapers must be sent directly from the publisher.

You are permitted to send sealed privileged correspondence mail to and receive sealed privileged correspondence mail from the following:

- Any officer of a Court of the United States or of the Commonwealth of Massachusetts (judge, attorney, clerk);
- The President or Vice President of the United States or the Governor of the Commonwealth of Massachusetts;
- Any member of the Congress of the United States;
- Any member of the Legislature of the Commonwealth of Massachusetts;
- The Attorney General of the United States or the Attorney General of the Commonwealth of Massachusetts;
- The Director or any agent of the Federal Bureau of Investigation;
- The Commissioner of the Massachusetts Department of Public Safety or the Secretary of the Executive Office of Public Safety and Security;

- The County Commissioners or Sheriff of the County in which the client is confined;
- The Commissioner of the Massachusetts Department of Correction, and if applicable, the Superintendent of the State correctional institution in which the client was confined;
- Any member of the Massachusetts Parole Board or Probation officer;
- Any member of the Governor's Advisory Committee on Corrections; and
- Any District Attorney of the United States;

Incoming privileged mail may not be opened except in the presence of the addressed client and then for the sole purpose of ascertaining that its contents are free from contraband.

In order to accomplish this more effectively, we may under normal circumstances complete this task in an office setting, in your living unit, or other suitable setting.

After opening the privileged mail in the presence of you, and ascertaining that its contents are free from contraband, you will be given the content(s), but instead of receiving the actual envelope/container that the content(s) was mailed in, you will be given a photocopy of the envelope/container, showing the address and return address information. In addition, we will offer you a different envelope in order to store the contents, if needed.

We have determined that this meets your legal need to properly receive the privileged mail and the unit's need (and for your benefit as well) to maintain the order and security of the unit, and not allow contraband/drugs into the unit.

Incoming non-privileged correspondence and packages may be inspected:

- To receive and record the receipt of any funds enclosed for you;
- To verify and record the receipt of permitted personal property; and,
- To prevent the transmission of contraband to you.

In order to prevent interference with the facility goals of

security, safety, order and rehabilitation, and not allow contraband/drugs into the facility, incoming non-privileged mail must meet the following standards:

- All correspondence must be written/ typed in BLACK INK or NON-COLORED PENCIL.
- The paper that the letter is written on must be white in color, free of stains, spills or discoloration (to include LIPSTICK, and PERFUME/COLOGNE).
- Envelopes must be PURE WHITE.
- Drawings must be NON-COLORED PENCIL or BLACK INK.
- Greeting Cards must be NON-LAYERED, no pop ups, or music devices. Only two-sided cards with no layers will be allowed.
- Photographs must be in the original form. Any alterations, to include glue like substance, tape or tears on the photo will not be allowed.
- Mail received that does not conform to this policy, will be either returned to the sender or placed into your property until your release or sent to the Criminal Investigation Unit (CIU) for investigation.

Non-privileged correspondence shall be disapproved only to prevent interference with facility goals of security, safety, order and rehabilitation. The facility may disapprove for receipt by you non-privileged correspondence, the contents of which fall as a whole or in significant part, into any of the following categories:

- Information or materials which could clearly and reasonably be expected to encourage the use of physical violence or group disruption of facility operations;
- Threats of blackmail or extortion;
- Plans for sending contraband in or out of the facility;
- Plans for activities in violation of Sheriff's Office or facility regulations, orders, or policies;
- Criminal activity or plans for criminal activity;
- Coded messages which are not reasonably decipherable by the reader;
- Descriptions of the making of any weapon, explosive, poison, or destructive device;

- Sexually explicit material or material which features nudity which by its nature or content poses a threat to the security, good order, or discipline of the facility; and
- Any publications that may interfere with the treatment and rehabilitation process at that institution.

If any non-privileged correspondence is disapproved for receipt, a written notice stating one or more of the reasons shall be sent to you and to the originator. The notice will inform you and the originator of the right to appeal the decision in writing to the Unit Manager/Director.

Reminder:

- Money orders and Personal Checks are not allowed and will be returned to the sender.
- Incoming mail must be written in black ink ONLY, on white lined paper and sent in a pure white envelope.
- Any pictures being sent in have to be original pictures (no computer printed pictures).
- There can be no stains or discoloration on the paper or envelopes.

FINANCES/MONEY

All money is stored in a personal account. You may withdraw up to \$40.00 twice per week by depositing a "Cash Request Slip" into the Commissary Box located in the lobby area, by 8am on Sunday morning. The cash will be issued to you on Monday/Friday. You are not allowed to have in your possession any more than \$40.00. If you do not submit a completed "Cash Request Slip" on Sunday, you will have the opportunity to submit a slip on Thursday morning by 8am and you will receive your funds on Friday. You need to accurately fill out the entire form in order to receive your money.

COMMISSARY

The facility provides the opportunity for clients to purchase items, not furnished by the facility, through the Commissary.

Each client shall receive a copy of the Commissary list.

Clients wishing to order items from Commissary, and having money in his in-house account, shall obtain a commissary order form from the SSTC unit staff.

To receive a Commissary order weekly, clients must have their order in the Commissary Box, located in the lobby area, by 8:00 a.m. on Wednesday morning. No exceptions will be made.

Orders that are not in the Commissary Box by 8:00 a.m. on Wednesday shall not be processed until the next ordering day.

When a holiday falls on a Commissary ordering day, there will be no Commissary orders processed until the next Commissary day.

COUNTS

There shall be no client movement during formal head counts. The clients shall remain in their respective areas as directed by staff until the count has been completed.

While conducting this count, the unit staff shall not allow any interruption, except an emergency, to stop the count process.

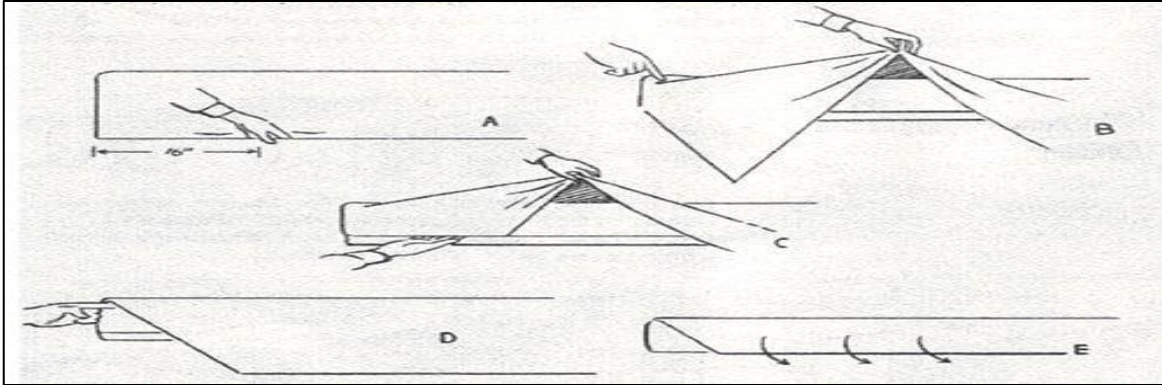
LIVING QUARTERS

Clients may be permitted to decorate the inside of their locker as long as such decorations do not conflict with facility needs for safety, security, identification, and hygiene. Family photographs may be affixed with scotch tape. No nude or scantily clad photos are allowed.

Property must be kept inside the locker provided (i.e., clothing, cosmetics, books and other items). Footwear will be stored neatly on the floor tucked under the bed. No items will be allowed on top of the lockers. Nothing will be allowed on the windowsills.

No items are allowed to be hanging from beds (i.e., towels, clothes, bags, etc.).

Beds must be made in an orderly uniform fashion (hospital corners style) with blankets tucked in at corners each day prior to 8:30 AM.



Clients will be responsible for the cleanliness of their bunk area as well as its surrounding area.

No bedding is to be hung anywhere and must remain on the bed, unless being removed for laundry.

Any and all maintenance deficiencies will be reported to the unit staff.

Haircuts will be monitored on the 4pm-12am shift.

Cosmetics (soap, toothbrush, toothpaste, shaving cream, shampoo, comb, and deodorant) will be passed out at the time of your initial Intake.

Razors are available for use on Monday, Wednesday, and Friday from 7:15am to 8am and 5pm to 8pm, except during programing. You must see the SSTC staff on your unit to sign out/in the razor.

Clients will not enter into an office without a staff member present, nor without authorization.

Clients will not be allowed in any other housing unit other than their own.

Clients are only allowed in their own assigned room.

Inspections are held every Friday morning at 8:00am. The following are the expectations for each client room and day rooms.

Client Rooms

- Beds made hospital corner style
- Locker tops, windows, vents dusted
- I.D.'s worn at chest level

Dayrooms

- Floors swept and mopped
- Tables wiped down and clean
- Microwave cleaned inside and underneath

- Stand when inspection staff enter room
- Floors swept and mopped
- No items hanging from beds
- Lockers neat and tidy
- Only treatment material stored in desk drawer
- Chairs and tables arranged in orderly fashion
- Library books on shelves

DINING ROOM PROCEDURE

Your unit will be called down for meals in Hobart Hall at the approximate times:

- Breakfast: 7:10am
- Lunch: 11:40am
- Dinner: 4:40pm

All clients must be appropriately dressed when entering the dining hall. Attire shall include pants, shirt and shoes.

SEARCHES

At any given time or place, a client may be subject to a search of his person or living quarters. Clients will be expected to cooperate fully when unit staff conduct a search of any kind.

URINALYSIS

Drug and/or alcohol use is strictly prohibited. It is the policy of SSTC to secure one (1) urine sample from all clients upon their initial Intake into the program. Subsequent urines will be taken if it is suspected that a client may be using drugs or alcohol.

IDENTIFICATION CARDS (ID)

Once a client is issued an identification card, he is required to comply with the following:

Keep his ID in his possession at all times and displayed on the upper chest area on the outermost garment, with the orange side facing outward.

Scan his ID in when in possession of cleaning supplies, games, etc.

Produce his ID to staff members at their request.

Must not destroy or damage his ID in any way.

Clients shall use their ID in such instances as receiving property, canteen goods, mail, medication, items of value, etc., as well as in conjunction with the client movement procedures.

FIRE SAFETY/EVACUATION ROUTES

All client rooms and day rooms have evacuation plans located on the wall near the door of each room. There are also evacuation plans located along the Unit Three (3) hallway.

Upon discovery of smoke or fire, alert the unit staff person and other clients in the area. Follow the directions of the unit/facility staff.

Be familiar with all posted evacuation plans.

Know where all exits doors are located.

Move in a quick and orderly manner. Do not attempt to bring personal belongings with you; your life is more important than your property.

Once outside the building, keep away from the building's exterior walls.

Line up in a single line in the area designated by staff.

Do not tamper with fire equipment, smoke detectors, etc.

Participation in all fire drills is required.

CLEANING CHEMICALS

When working with the cleaning supplies, such as spray bottles and other items, common sense and general precautions need to be utilized.

- Ask staff before use on how to use the item.

- In some instances, protective gear will be utilized; staff will instruct on usage.
- Avoid contact with skin, eyes or clothing.
- Do not inhale or ingest the item.
- Do not mix one item with another.
- Do not contaminate drinking/food/food storage or processing areas or other areas/surfaces with any cleaning supplies and ensure that reasonable hygiene is maintained when cleaning areas such as toilets, etc. (Do not cross contaminate clean areas/items with dirty/unsanitary items.)
- Wash hands thoroughly after handling.
- See staff immediately if First Aid measures are needed, such as eye contact, skin contact, inhalation or ingestion.
- Do not loan the item to another client.
- Return the item to the unit staff when done.
- Any questions, concerns or problems talk with unit staff.

Obtaining and handling of the chemical (cleaning) spray bottles/bottles, i.e. glass cleaner, floor finisher, disinfectant, floor cleaner, bleach, floor stripper, and floor maintainer, will be in strict compliance with institutional rules. All cleaning bottles will be labeled and available/scanned out at the unit staff's workstation. You will present your ID to the unit staff so that the item may be scanned out. When done with the cleaning assignment, you must return the cleaning item to the unit staff for return scanning. The cleaning and janitorial supplies (mop, broom, bucket, etc.) may not be stored in your room and must be returned to the unit staff.

GENERAL CONDUCT

Clients shall maintain acceptable behavior and be courteous in their dealings with staff and other clients. Instructions are to be followed. In addition, the Stonybrook Stabilization and Treatment Center prohibits smoking and the possession of tobacco and tobacco related products.

DRESS CODE

Clients shall be fully clothed (i.e., undergarments, t-shirt, top

and bottoms, socks, and footwear at all times.)

Clients shall be properly clothed when exiting shower stalls or bedrooms (i.e. only normal clothing or bathrobes with undergarments beneath); No wrap-around towels. Undergarments must be worn at all times.

LEGAL MATERIALS

Clients who wish access to legal material may request such material by filling out a request slip to their counselor.

RULES AND REGULATIONS

All clients housed at the SSTC are required to adhere to all rules and regulations. Ignorance of the rules is no excuse for non-compliance.

While at SSTC, all clients are expected to conduct themselves in an appropriate manner so that everyone may benefit from the treatment offered here.

PRIVILEGING SYSTEM

Clients are expected to behave appropriately and will be privileged in accordance with their behavior. Inappropriate behavior could result in the loss of privileges.

All clients are expected to comply with the following rules:

The housing decorum rules as delineated in this Orientation booklet.

No destruction of state property, including but not limited to ID's, clothing, and linens.

Shouting, roughhousing and other horseplay will not be allowed.

Clients are expected to follow all staff instructions.

Clients are expected to maintain respectful interactions with staff and other commitments.

Clients are expected to participate in all programs and complete

all work assignments.

Clients are expected not to engage in any behavior that is disruptive or interferes with the security or orderly operation of the facility.

Clients will not manufacture, possess or introduce unauthorized controlled substance, into the facility.

Clients shall not misuse their medication in an unauthorized manner, e.g., hoarding or giving to another client.

Gambling is not authorized, or permitted under any circumstances.

Clients may not possess, manufacture, or introduce any instrument that could be utilized as a weapon.

Fighting with, assaulting or threatening another person is not permitted.

Sexual activity is not permitted.

Stealing is not permitted.

PROPERTY

Clients shall not be allowed to accumulate personal property in excessive amounts.

The facility specifies the amount and type of personal property that clients may retain in their possession.

The facility requires that a written, itemized, inventory of all clients' personal property be maintained by both the facility and client.

Clients shall not have more property than is allowed and listed on his Personal Property Inventory List.

Clients shall make arrangements for all excess clothing/property to be sent home/taken from the facility with their first visitors.

Clients shall not be allowed to have property not expressly allowed on the Property List or Commissary List.

All additional property brought into, or removed from, the facility shall be adjusted on the client's copy, as well as the original.

Clients will be required to designate a property pick-up person at Intake. Any property left unclaimed by a client and/or the designated property pick-up person after the time period has expired (30 days) shall be donated to a Social Service Agency or used clothing store. Clients that need to change their designated pick up person shall do so in writing and forward it to the Property Supervisor.

Whenever clothing/property is added to a client's Property List, it is considered a DROP.

The client shall be allowed a total of three (3) clothing drops during their stay at the facility.

Clients shall be allowed to have property dropped off during posted, designated times ONLY.** See Counselor for current schedule.

In the event of a season change during the clients stay at the facility, the client shall be allowed one (1) exchange of property, i.e., exchange of winter clothes for summer clothing - (light weight jacket in exchange for a heavy winter coat).

Transferring of personal property from one client to another shall not be allowed unless authorized by the Program Supervisor.

Bartering of personal property is forbidden.

Personal effects of value, i.e., bankbooks, credit/bankcards, personal car/house keys, etc., shall be sent home. If this is not an option, the items will be secured in the Control Supervisors' Office.

Clients will be allowed to keep their social security cards, identification cards (i.e. driver's license), library cards and wallet on their person. Should a client not wish to keep these particular items in their lockers, they may choose instead to send the items home.

The clients shall not be in possession of cosmetics that are not listed on the Commissary List.

Hair dye and cosmetic makeup will be reviewed and approved by the Program Supervisor.

Musical instruments may be allowed in the facility, at the client's own risk, upon written approval of the Program Supervisor.

The client shall accept all responsibility for the instrument while it is in the facility. The facility accepts no responsibility for any damage that may occur to the instrument.

The instrument shall be listed on the Property List while in the facility.

Sexually explicit personal pictures, photos and/or written material, depicting alcohol and/or substances, shall not be allowed in the facility.

Whenever a client is released from SSTC all personal property shall be released with him, or as soon as practicable thereafter.

SSTC property times are as follows:

- Tuesday, Wednesday, Thursday & Friday: 9am - 11am
- Saturday: 11:30am - 12:45pm
- Sunday: 11:30am - 12:45pm and 4:45pm - 5:45pm

LAUNDRY PROCEDURES

A set laundry schedule is posted on the unit bulletin board.

- Monday - Brown Blankets (first Monday of each month)
- Monday - White Sheets
- Tuesday - White Clothes
- Wednesday - Colored Clothes
- Friday - Colored Clothes

All laundry shall be placed in your assigned laundry bag, tied tightly, and placed in the laundry cart by 7:00am. It will be returned to you by 4:00pm. All laundry shall be taken to the laundry area for laundering.

You are required to use the laundry bag assigned to you only. If moving rooms, bring your laundry bag to the unit staff and you will be provided with a new bag.

TELEPHONE PROCEDURES

Client telephone calls will be made on the "COLLECT CALL ONLY" telephone system, which allows only outgoing calls and are subject to recording and listening.

The system provides a pre-recorded announcement identifying that the collect call is originating from the Stonybrook Stabilization and Treatment Center and the client's pre-recorded name to announce who is making the call.

The system processes calls on a selective bilingual basis of English or Spanish.

The "Collect Calls Only" system has unlimited telephone number blocking capabilities.

Telephone calls must not interfere with scheduled programs/classes.

Telephones will be turned on at 3:00pm and turned off at 11:00pm.

GRIEVANCES PROCEDURES

All clients have access to an administrative remedy for redress of legitimate complaints, expressions, and resolution of problems.

Clients have the opportunity to express (in writing) any grievances they have pertaining to the program, policy, procedure, staff, other clients, or other areas, without fear of reprisal or interference.

Staff are not permitted, under any circumstances, to interfere with the reporting of a grievance, or to make reprisals against the client who has filed a grievance.

Any client in need of assistance writing a grievance because of not being able to read, write, or speak English, or clients who have questions, shall be provided any assistance necessary.

Only one (1) grievance may be submitted per Grievance Form, and only an individual client (not a group or a representative of a group of clients) may file a grievance.

The client who has a grievance initiates the complaint with unit staff, which will attempt to resolve the grievance in an informal manner.

If the client is not satisfied with the informal resolution presented, he may obtain a grievance form from the unit office, and submit the grievance to the Unit Supervisor.

The client shall have five (5) working days (from the date of the informal resolution attempt) to initiate a formal grievance.

The Program Supervisor shall investigate, respond, and resolve a client grievance, in writing, in ten (10) working days. If additional time is needed to resolve the grievance, the client is notified in writing during the first ten (10) days, of the action necessary to resolve the grievance.

The client may withdraw the grievance at any time prior to completion of the process by filling out a Request Slip stating that he is withdrawing from the grievance process, the reasons why, and presents it to the Unit Supervisor.

If the client is not satisfied with the decision, he may appeal to the Assistant Superintendent within five (5) days of receiving the decision by completing another client grievance form, obtained from Unit staff, noting the appeal.

The Program Supervisor informs the client of the finding on the Appeal in writing within ten (10) working days of receipt of the Appeal.

The decision of the appeal by the Assistant Superintendent is deemed as final except for remedies that might be sought through the appropriate court.

DISCRIMINATION

Clients shall not be subject to discrimination based on an individual's race, religion, national origin, gender, disability or political views. Individuals are assured equal opportunities to participate in all activities, services, and programs.

VISITS

Clients are allowed regular visits on Sunday evenings from 6:00pm-7:00pm. Visits will be allowed for Attorneys and other visits authorized by the committing court and/or the Assistant Superintendent.

PREA/SEXUAL MISCONDUCT

All intentional acts of sexually abusive behavior or intimacy between a client and a SSTC employee, contractor or volunteer, or between clients, regardless of consensual status, are prohibited and the perpetrator shall be subject to administrative, criminal and/or disciplinary sanctions. The SSTC is committed to intervening, investigating disciplining, and referring for prosecution SSTC employees, contractors, volunteers and clients who engage in sexually abusive behavior. The Department is equally committed to providing crisis intervention and ongoing treatment or referrals to the victims of these acts.

Be further advised that if an investigation reveals that a client has made a false allegation or made a material statement which he, in good faith, could not have believed to be true, then the facility may take appropriate action.

Clients are responsible for familiarizing themselves with the Orientation material on sexual abuse prevention and intervention. They are also responsible for reporting allegations in a timely fashion to a staff member, contractor, or volunteer in order to ensure their safety and the safety of others.

All allegations and incidents of client on client or staff on client sexually abusive behavior shall immediately be reported by SSTC employees, contractors, and volunteers. The Shift Commander shall ensure that the Assistant Superintendent is immediately notified. Failure of any SSTC employee, contractor, and/or volunteer to report these allegations may result in disciplinary action, up to and including termination.

Any client who believes that he has been subjected to or a witness of employee misconduct shall immediately report the alleged misconduct, either verbally or in writing, directly to a staff member, e.g., Deputy Superintendent, Director of Classification, Shift Supervisor, SSTC unit staff.

Clients shall not be subject to adverse action for filing a

complaint of staff misconduct, except for clients who abuse the process by filing false reports, or an excessive number of frivolous and/or unfounded complaints, or for clients who intentionally and in bad faith misrepresent or omit material.

The Stonybrook Stabilization and Treatment Center has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one (1) of the following ways:

- Speak to a Stonybrook Stabilization and Treatment Center staff member.
- Send a written client request to any SSTC Staff.
- Call the Rape Crisis Center Hotline: 1 (800) 796-8711; TTY: (413) 733-7100.
- Llamanos Spanish Language 24-hr. Helpline: 1 (800) 223-5001
- Contact the National Sexual Assault Hotline Tel: 1 (800) 656-HOPE.
- Report it directly to the State Police (413) 736-8390.
- Foreign Nationals may contact their Consular Officer or Diplomat and relevant official at the Dept. of Homeland Security (You may contact Legal Resources for assistance contacting these agencies.)

If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling, you can contact the following agency:

YWCA of Western Mass., 1 Clough Street, Springfield, MA 01118
(Additional sites in Holyoke, Westfield, Huntington)
Hotline: (800) 796-8711
Office: (413) 732-3121
TTY: (413) 733-7100

Sexual Misconduct Defined

- **What is Sexual Harassment:** Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature by one client directed toward another.

- **What is Sexual Abuse:** Any sexual act if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse.
- **What is Voyeurism by a staff member, contractor, or volunteer:** An invasion of privacy of a client by staff for reasons unrelated to official duties, such as peering at an client who is using a toilet to perform bodily functions; requiring a client to expose his buttocks, genitals, or breast; or taking images of all or part of a client's naked body.

If you need this information explained to you in a different language or format, please notify SSTC staff.