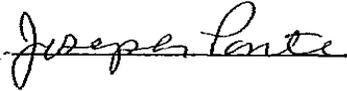


POLICY TITLE: COUNSELING AND TREATMENT SERVICES		PAGE <u>1</u> OF <u>9</u>
POLICY NUMBER: 24.2		
CHAPTER 24: ADMINISTRATION OF PROGRAMS AND SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
	EFFECTIVE DATE: February 1, 2002	LATEST REVISION: July 1, 2013

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to offer the broadest possible range of social service and counseling programs in order to meet the needs of and risks posed by the prisoners confined in its facilities.

The Chief Administrative Officer at each facility shall ensure an effective continuum of social services and counseling. To determine staffing needs, the facility shall consider the type of population served, legal requirements, and the specific facility goals to be attained through the use of staff and volunteers.

IV. CONTENTS

- Procedure A: Social Services
- Procedure B: Substance Abuse Treatment
- Procedure C: Substance Abuse Therapeutic Community Program
- Procedure D: Mental Health Services

V. ATTACHMENTS

- Attachment A: Authorization for the Disclosure of Results of Substance Abuse Screening and/or Assessment within the Department of Corrections and to the Office of Substance Abuse Services

Attachment B: Authorization for the Disclosure of Information Acquired During the Provision of Substance Abuse Treatment within the Department of Corrections

Attachment C: Notice of Confidentiality of Substance Abuse Records

VI. PROCEDURES

Procedure A: Social Services

1. Comprehensive social services shall be available to all prisoners.
2. Facility social services shall be coordinated by a licensed social worker.
3. All social services shall be provided by social services staff, consisting of Correctional Caseworkers and Correctional Care and Treatment Workers.
4. Correctional Caseworkers/Correctional Care and Treatment Workers shall be available to assist prisoners with problems within the facility, to facilitate contacts with family and outside agencies when necessary, and, within licensure, to counsel prisoners on social issues and make referrals on psychological, medical, and other issues. Counseling may be initiated by any of the following:
 - a. Prisoner request
 - b. Staff recommendation
 - c. Individual Case Plan
 - d. Correctional Caseworker/Correctional Care and Treatment Worker initiative
5. Crisis intervention counseling and referrals shall be available from Correctional Caseworkers/Correctional Care and Treatment Workers, medical staff and mental health staff.
6. Correctional Caseworkers/Correctional Care and Treatment Workers shall ensure that pre-natal counseling and other social services are available to assist pregnant prisoners in accordance with Chapter 18, Health Care Services.
7. Correctional Caseworkers/Correctional Care and Treatment Workers, in the case of a verifiable death or critical illness of a prisoner's immediate family member, shall ensure the prisoner is informed as soon as possible and arrange, as appropriate, for an escorted visit.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 2 of 9 7/1/13R

8. Correctional Caseworkers/Correctional Care and Treatment Workers shall track the prisoner's progress and work closely with security staff to aid prisoners. Correctional Caseworker/Correctional Care and Treatment Workers shall visit each housing pod each working day and prioritize their schedules so that necessary time is spent in each assigned housing pod.

Procedure B: Substance Abuse Treatment

1. Each facility shall ensure early identification and treatment of prisoners with alcohol and drug abuse problems using a standardized assessment. The assessment shall be documented and shall include, at a minimum:
 - screening and sorting
 - clinical assessment and reassessment
 - medical assessment for appropriate drug and alcohol program assignment based on the needs of the individual prisoner
 - referrals

2. An appropriate range of primary treatment services shall include, at a minimum, identification of problem areas, individual treatment objectives, treatment goals, and counseling needs, substance abuse education, relapse prevention and management, provision of self-help groups as an adjunct to treatment, pre-release and transitional services and intervention substance abuse treatment services, shall be available to all prisoners identified through needs assessment as having a substance abuse problem. In addition, staff shall coordinate efforts with community supervision and treatment staff during the pre-release phase to ensure a continuum of supervision and treatment. When possible, facility programs shall be supplemented by assistance from community programs. Programs shall include access to medical treatment for detoxification, substance abuse education, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), individual and group counseling, intensive substance abuse treatment programs, relapse prevention and discharge plans. Prisoners shall be subject to monitoring and substance abuse testing as set out in Departmental policy 20.2, Drug and Alcohol Testing.

3. Facility substance abuse treatment services shall be coordinated by a licensed substance abuse counselor. Screening, needs assessment, and participation in facility substance abuse treatment programs, provided by licensed substance abuse counselors, require the prisoner to complete the relevant substance abuse release of information forms and notice to the prisoner of the confidentiality of substance abuse records. (See Attachments A, B, and C)

4. All substance abuse counseling services shall be provided by qualified substance abuse counseling staff. Other substance abuse services may be provided by other designated staff and approved volunteers.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 3 of 9 7/1/13R

5. In addition to the screening that occurs during reception and follow-up needs assessments, a prisoner may request substance abuse services, either through the Correctional Caseworker/Correctional Care and Treatment Worker or directly to the substance abuse treatment staff, via request slip.
6. Correctional Caseworkers/Correctional Care and Treatment Workers, or other staff, may refer prisoners to the substance abuse treatment staff, but the actual substance abuse needs assessment shall be done by and any recommended treatment plan shall be developed by a licensed substance abuse counselor.
7. After an assessment is completed and treatment is recommended to the prisoner by the substance abuse counselor, the specific recommendation shall be forwarded to the prisoner's Correctional Caseworker/Correctional Care and Treatment Worker for inclusion in the prisoner's Individual Case Plan. As appropriate, prisoners shall be considered for placement in an intensive residential substance abuse treatment program within a Departmental facility.
8. The prisoner handbook shall contain a description of the types of services and programs offered, goals and objectives of each program, any prerequisites and time eligibility requirements, the referral process, and any incentives for targeted treatment programs to increase and maintain the prisoner's motivation for treatment.
9. Substance abuse treatment staff shall develop and update comprehensive program descriptions, including goals and measurable objectives for each program. Staff shall maintain attendance records for each program, with AA and NA being excluded from this requirement.
10. When chemical dependency programs exist, clinical management of chemical dependent prisoners shall include, but not be limited to, individualized treatment plans developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals, pre-release relapse-prevention education, including risk management, and the prisoner's involvement in after-care discharge plans.

Procedure C: Substance Abuse Therapeutic Community Program

1. The Maine Correctional Center operates an intensive residential substance abuse treatment program in a specialized housing area. Male prisoners with the most severe substance abuse problems and a high correlation of substance abuse with criminal behavior and who require the most intensive level of treatment are referred for placement in this program. A prisoner is placed in this program through the classification process. All classification decisions to place

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 4 of 9 7/1/13R

a prisoner in this program must be approved by the Central Office Director of Classification prior to implementation.

2. The Program Director of the intensive residential substance abuse treatment program, who must be a licensed substance abuse counselor, is responsible to supervise the clinical operations of the program. All security issues that are not related to clinical operations shall be addressed by the Unit Manager, or other appropriate security staff. When a security issue relates to clinical operations and there is a difference of opinion between the Program Director and the Unit Manager or other appropriate security staff, the final decision shall be made by the Chief Administrative Officer, or designee.
3. Clinical management of chemical dependent prisoners shall include, at a minimum, the following:
 - a. A standardized diagnostic needs assessment administered to determine the severity of use, abuse, dependency, and/or co-dependency;
 - b. An individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals;
 - c. Pre-release relapse prevention education, including risk management; and
 - d. The prisoner's involvement in aftercare discharge plans.
4. The Program Director shall develop the program plan, which must be approved by the Chief Administrative Officer, or designee, and which shall include, at a minimum, the following:
 - a. Overview of the program
 - b. Eligibility criteria and admission procedures
 - c. Program rules and sanctions for rules violations
 - d. Treatment modalities and phases
 - e. Program mission and treatment goals and objectives
 - f. Activity schedule
 - g. Development of Individual Case Plans
 - h. Staff training requirements and orientation to the program
 - i. Prisoner orientation to the program

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 5 of 9 7/1/13R

- j. Confidentiality of information and maintenance of program records,
 - k. Discharge and termination criteria and procedures
 - l. Aftercare plans
 - m. Program evaluation
5. Prisoners' substance abuse treatment records shall be maintained in a locked file cabinet in a secure area within the intensive residential substance abuse treatment program area. Facility staff must be aware of and follow the special legal requirements governing disclosure of information regarding substance abuse treatment.
 6. All program treatment staff must have the appropriate licenses.
 7. The Office of Substance Abuse Services shall be requested to perform an annual program review. The Program Director, in conjunction with the Unit Manager, shall be responsible to coordinate this review.

Procedure D: Mental Health Services

1. Comprehensive mental health services shall be provided to all prisoners who are in need of such services to aid in adjustment while incarcerated and to increase their probability of functioning within normal limits of socially acceptable behavior. Mental health services shall include assessment, diagnosis, development of Individual Treatment Plans, crisis intervention, individual and group counseling, and psychiatric treatment, as well as assisting in the preparation for transition to the community upon release.
2. After an assessment is completed, any mental health staff recommendations for services for the prisoner shall be forwarded to the Correctional Caseworker/Correctional Care and Treatment Worker for inclusion in the prisoner's Individual Case Plan. As necessary, prisoners shall be considered for and receive mental health services.
3. Facility mental health services shall be coordinated by a licensed psychologist or psychiatrist.
4. All mental health services shall be provided by qualified mental health care professionals working as part of multi-disciplinary teams.
5. A licensed psychiatrist shall be available, at least weekly, to review cases referred by medical, mental health, and social services staff.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 6 of 9 7/1/13R

6. Other staff may refer prisoners for mental health services by contacting medical, mental health or social services staff or through the unit management team. Prisoners may also request mental health services via request slip directly to the mental health staff.

VII. PROFESSIONAL STANDARDS

ACA:

ACI - 4-4363-1 Written policy, procedure, and practice provide for early identification and treatment of offenders with alcohol and drug abuse problems through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following:

- screening and sorting
- clinical assessment and reassessment
- medical assessment for appropriate drug and alcohol program assignment to meet the needs of the individual inmates
- referral

ACI - 4-4377 Offenders have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemical dependent offenders includes, at a minimum, the following:

- a standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency
- an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals.
- prerelease relapse-prevention education, including risk management
- the offender will be involved in aftercare discharge plans

ACI - 4-4428 There is a social service program that provides a range of resources appropriate to the needs of inmates, including individual and family counseling, family planning and parental education, and community services.

ACI - 4-4431 Community social service resources are used to augment social services provided in the institution.

ACI - 4-4432 The social services program is administered and supervised by a qualified, trained person with a minimum of a bachelors degree in the social or behavioral sciences or a related field.

ACI - 4-4433 A planned, organized counseling program is provided by persons qualified by either formal education or training.

ACI - 4-4434 The institution has a formal mechanism to determine the appropriate levels of social services staffing. The mechanism used to determine such staffing levels includes at a minimum:

- type of inmate population served
- type of institution

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 7 of 9 7/1/13R

- legal requirements
- goals to be accomplished

The institution's use of a "team" approach and use of paraprofessionals, volunteers, and students also may influence the numbers of professional staff required.

- ACI - 4-4435** Written policy, procedure, and practice provide that staff are available to counsel inmates upon request; provision is made for counseling and crisis intervention services.
- ACI - 4-4436** Written policy, procedure, and practice require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children.
- ACI - 4-4437** Written policy, procedure, and practice provide for substance abuse programs, to include monitoring and drug testing, for inmates with drug and alcohol addiction problems.
- ACI - 4-4438** Where a drug treatment program exists, written policy, procedure, and practice provide that the alcohol and drug abuse treatment program has a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives.
 Interpretation August 2003. The words "Where a drug program exists" is interpreted as a therapeutic community.
- ACI - 4-4439** Where a drug treatment program exists, written policy, procedure, and practice provide for an appropriate range of primary treatment services for alcohol and other drug abusing inmates that include, at a minimum, the following:
- inmate diagnosis
 - identified problem areas
 - individual treatment objectives
 - treatment goals
 - counseling needs
 - drug education plan
 - relapse prevention and management
 - culturally sensitive treatment objectives, as appropriate
 - the provision of self-help groups as an adjunct to treatment
 - prerelease and transitional service needs
 - coordination efforts with community supervision and treatment staff during the prerelease phase to ensure a continuum of supervision and treatment
- Interpretation August 2003. The words "Where a drug program exists" is interpreted as a therapeutic community.
- ACI - 4-4440** Where a drug and alcohol treatment program exists, written policy, procedure, and practice provide that the facility uses a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and individual treatment files.
 Interpretation August 2003. The words "Where a drug program exists" is interpreted as a therapeutic community.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 8 of 9 7/1/13R

- ACI - 4-4441** Where a drug and alcohol treatment program exists, written policy, procedure, and practice provide incentives for targeted treatment programs to increase and maintain the inmate's motivation for treatment.
 Interpretation August 2003. The words "Where a drug program exists" is interpreted as a therapeutic community.
- ACI - 4-4500-1** Written policy, procedure, and practice require that an inmate is informed in a timely manner of the verifiable death or critical illness of an immediate family member. In case of the critical illness of an immediate family member, the inmate is allowed, whenever statutes and circumstances allow, to go to the bedside under escort or alone.
- 4-ACRS-5A-08** Provide for early identification and treatment of inmates with alcohol and drug abuse problems through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following:
- screening and sorting
 - clinical assessment and reassessment;
 - medical assessment for drug and alcohol program assignment appropriate to the needs of the individual offenders
 - referrals
- 4-ACRS-5A-18-1** An inmate is informed in a timely manner of the verifiable death or critical illness of an immediate family member. In case of the critical illness of an immediate family member, the inmate is allowed, whenever statutes and circumstances allow, to go to the bedside under escort or alone.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
24.2 Counseling and Treatment Services	24. Administration of Programs and Services	Page 9 of 9 7/1/13R