

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
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Authority/References KRS 196.035, 196.288, 197.020, 197.045, 202A.400, 218A, 241.010, 319.005 908 KAR 1:370 ACA 5-ACI-6A-42, 5-ACI-6C-03, 5-ACI-5E- 07, 5-ACI-5E-11, 2-CO-4F-01 CPP 27-05-02	Subject DIVISION OF ADDICTION SERVICES SUBSTANCE ABUSE PROGRAM	

I. DEFINITIONS

“Department” or “DOC” means the Department of Corrections.

“Division” means the Division of Addiction Services.

“Substance” means any illegal substance whose purpose is to have a mood-altering effect and a drug as defined in KRS Chapter 218A or alcohol as defined in KRS 241.010.

“Volunteer” means a person, at least 21 years of age, who provides a service to the Department of Corrections in conjunction with the Substance Abuse Program and staff, and does not receive a salary for performing this service; a volunteer may include a practicum student.

II. POLICY and PROCEDURES

A. Program Description: Substance Abuse Program (SAP)

1. The program shall be approximately six (6) months in duration. The evidence based substance abuse program shall be coordinated by the Division of Addiction Services.
2. Program Components
 - a. The program shall use evidence based programming. Programming shall be regularly reviewed and revised accordingly.
 - b. Evidence based curriculum may include:
 - (1) Psycho-education about substance use disorder;
 - (2) Twelve (12) step model or secular option education;
 - (3) Relapse prevention strategies;
 - (4) Criminal thinking interventions;

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- (5) Continuum of care planning;
- (6) Random drug screening; and
- (7) Cognitive behavioral therapy.

c. A participant who receives a positive drug or alcohol test may be immediately removed from the program and placed in alternative treatment or terminated from the program. A lab test shall be conducted to confirm test results.

B. Admissions: Substance Abuse Program

The Program Administrator or Branch Manager shall review program applications. An applicant shall meet the following minimum eligibility requirements to gain admission to the program:

1. The applicant's file review indicates evidence of a substance use disorder requiring treatment.
2. The applicant shall not have received a Category 5 or above disciplinary violation within the past sixty (60) days prior to application with the exception of a category 6-14 or 6-15. An applicant who is accepted, but not yet transferred to the program, may be removed from the waiting list if he does not have the required sixty (60) days of clear conduct. An applicant with a category 3-11 or Category 4 disciplinary violation shall be reviewed by clinical staff on an individual basis.
3. An applicant applying from a prison location shall be within (36) months of parole eligibility date or minimum expiration date. An applicant applying from a jail location shall be within (24) months of parole eligibility date or minimum expiration date.
4. The applicant shall have completed required sex offender treatment programming prior to application for substance abuse treatment.
5. Ultimate discretion for admission into the Substance Abuse Program shall remain with the Division of Addiction Services.
6. The applicant shall be notified by memorandum whether or not he has been admitted into the program.

C. Co-occurring Disorder Substance Abuse Treatment Programming

Applicants for substance abuse programming are reviewed for appropriate program placement to include Co-occurring Disorder Substance Abuse Programs located at the Kentucky Correctional Institution for Women and Kentucky State Reformatory. Program referrals shall be determined by the Division of Addiction Services Branch Manager or designee. Co-occurring referrals shall be forwarded to Co-occurring Disorder Substance Abuse Programs Directors for review and acceptance

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determination. Applicants who are denied acceptance to a Co-occurring Disorder Substance Abuse Program may be reconsidered for mainstream Substance Abuse Program. Co-occurring placement and program referrals shall be indicated in KOMS. The Division of Addiction Services Branch Manager shall serve as a liaison for co-occurring programs.

1. Applicants who were previously in the Willow or Phoenix programs shall apply to the Substance Abuse Program and be reviewed by the Division of Addiction Services prior to being recommended to the Co-occurring Disorder Substance Abuse Program.
2. Terminations from the Co-occurring Disorder Substance Abuse Program shall be reviewed by a Division of Addiction Services Branch Manager and the Mental Health Authority.
3. Appeals for termination from the Co-occurring Disorder Substance Abuse Program shall be forwarded to a Division of Addiction Services Branch Manager and the Mental Health Authority.
4. Denials for Co-occurring Disorder Substance Abuse Program due to a disciplinary violation, with the exception of those referred to in section II. B. 2. shall be reviewed by a Division of Addiction Services Branch Manager.

D. Outpatient Substance Abuse Treatment Programming

Applicants for substance abuse programming shall be reviewed for appropriate program placement to include Division of Addiction Services outpatient programs. Applicants who are restricted to housing at the Kentucky State Reformatory for medical purposes may be eligible for KSR outpatient substance abuse program. Minimum-security female applicants for substance abuse programming, currently residing at Ross Cash may be eligible for the outpatient substance abuse program at Ross Cash.

E. Attendance: Substance Abuse Program

Participants shall attend all scheduled sessions. Excused absences shall not result in extended completion dates. Every effort shall be made to assist a participant with missed assignments to ensure an approximate six (6) month completion. Unexcused absences may result in a participant's termination. Participants shall make up any unexcused days and they shall be added to the completion date.

F. Discharge, Extended Treatment, Alternative Treatment, and Termination Criteria: Substance Abuse Program

A participant of the substance abuse program may be administratively granted extended treatment, alternative treatment, discharged, or terminated from the program based on the following:

1. Successful completion of all program requirements;

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2. Failure to comply with program requirements;
3. Failure to comply with program or institutional rules which results in the issuance of a disciplinary report Category 3-11 or Category 4 and above;
4. Violation of program cardinal rule that may or may not result in a conviction of an institutional disciplinary report;
5. Repeated program rule violations;
6. Prolonged placement in restrictive housing preventing program participation;
7. Voluntary withdrawal from the program;
8. Medical reasons that preclude participation in the program;
9. Violation of attendance policy; or
10. Testing positive for drugs or refusing a drug test.

G. Appeals of Termination from the Substance Abuse Program

1. The program participant may appeal termination from the substance abuse program by submitting a written appeal to the designated branch manager or designee within seven (7) days from written receipt of the termination. The branch manager or designee shall forward a written response to the program participant within twenty-one (21) days of receipt of the appeal. The decision shall be final.
2. If a program participant is terminated from the substance abuse program, he may reapply thirty (30) days after the final termination date. Reapplication shall not guarantee readmission to the program.
3. Appeals for termination from the Co-occurring Disorder Substance Abuse Program shall be forwarded to a Division of Addiction Services Branch Manager and the Mental Health Authority.

H. Staffing Substance Abuse Program

Administrative and program staff shall require approval by the Division of Addiction Services. The institution housing the program shall provide security staff.

1. The branch manager shall oversee all residential substance abuse programs.
2. The program administrator shall oversee the residential substance abuse program and provide clinical and administrative supervision for that program.

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3. The social service clinician (SSC) assigned to the program shall conduct daily programming and perform other duties as described in personnel specifications.

I. Record Keeping

1. Treatment files shall be maintained and secured and shall include the following:
 - a. Program application;
 - b. Notice of acceptance or rejection;
 - c. Program participation agreement;
 - d. Health history;
 - e. Participant rights;
 - f. Acknowledgement of HIV education;
 - g. Criminal Justice Kentucky Treatment Outcome Study (CJKTOS); Psychosocial assessment and discharge;
 - h. Treatment plan;
 - i. Participant progress notes;
 - j. Monthly treatment plan review;
 - k. Discharge summary and aftercare recommendations;
 - l. Release of information, if used; and
 - m. Program completion certificate or termination.
2. Upon successful completion of the program, the participant shall be given a certificate of completion. Program completion certificate and aftercare recommendations shall be entered in KOMS by the Division of Addiction Services staff within twenty-four (24) business hours. SAP jail programs shall submit SAP program completion certificates within twenty-four (24) business hours of the participant's completion date. SAP programs at Reentry Service Centers (RSC) and Recovery Kentucky Centers (RKC) shall issue and enter SAP program completion certificates into KOMS within forty-eight (48) business hours. The participant is eligible for a program good time award of ninety (90) days.

J. Utilization Review

1. The utilization review team shall consist of clinical staff that include the branch manager, program administrator, and social service clinician.
2. The program administrator shall be responsible for routine program file reviews.
3. Each participant's progress notes shall be documented weekly and treatment plans shall be reviewed monthly.

K. Quality Assurance Program

1. Participants in the Substance Abuse program shall be provided quality evidenced based substance abuse services in a setting that promotes their health, safety and well-being.

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2. The Department of Corrections Division of Addiction Services Branch Manager or his designee shall conduct an announced audit of the Substance Abuse Program annually.
3. The Quality Assurance Team shall consist of at least two (2) auditors appointed by the Division of Addiction Services Branch Manager.
4. The Quality Assurance Team shall share preliminary results with program staff in the form of a face-to-face meeting following the audit. The official finding shall be sent to the Program Director within ten (10) business days of the audit.
5. If the Quality Assurance Team identifies findings that require a plan of correction, the plan of correction shall be submitted to the Department of Corrections Division of Addiction Services within ten (10) days.

L. Community Addiction Services

1. The program shall operate as described in CPP 27-05-02.
2. A minimum of one substance abuse SSC shall be located in every Probation and Parole district.
3. All graduates from jail and institutional substance abuse programs shall be instructed to contact the community SSC upon release on parole. Probation and Parole officers shall assist in facilitating this process.
4. Community SSCs shall meet with Substance Abuse Program graduates to assist in implementing their aftercare plan and monitor the participant's progress.

M. Confidentiality: All Programs

Consistent with practices within the professional mental health and substance abuse community and federal laws, information obtained in the course of a participant's treatment shall be considered confidential. Program staff may:

1. Release information pursuant to KRS 202A.400 if there appears to be a danger to the health and safety of a participant, staff, or other person or a threat to the security of the institution;
2. Release to institution and probation and parole officials regarding that a participant had a substance abuse problem in the past; and
3. Communicate information to community treatment agencies for the purpose of planning aftercare.