STATE OF MARYLAND

Department of Public Safety and Correctional Services

Office of Treatment Services

Substance Abuse Treatment Services

Operations Manual

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Mission Statement

Substance Abuse Treatment Services provides substance abuse treatment to offenders to improve their quality of life, reduce recidivism and become productive citizens. To achieve this goal we provide cognitive behavioral treatment to develop their understanding and skills that will address their addiction and criminogenic needs.

Philosophy

The treatment of addicted inmates is a complex undertaking because of the multiple needs that they have. We understand that without a comprehensive approach inmates will upon their return to their community's recidivate and return to the custody of the Department of Public Safety and Correctional Services. The treatment focus for our programs is a systemic approach addressing the inmates' criminogenic thinking and behavior and addiction. We believe that recovery from addiction requires the addict to understand the relationship between they way they think, respond and act in society is integral to the way they have used alcohol and drugs.

Cognitive restructuring, educating the addicted offender to change they way they interact with others and process stress is the foundation of the recovery process. Facilitating their understanding involves a building block approach utilizing the interventions provided by mental health, social work and case management to prepare the offender for the intensive individual and group counseling they will receive in their substance abuse treatment. Inmates with more severe addictions will receive their treatment within a community milieu. The cognitive behavioral focus within this segregated setting seeks to take advantage of the social interactions which hopefully mimic to some extent the situations the offender will encounter upon release.

All of our programs are focused on protecting the public, our staff and the offender with the single goal of helping them begin the recovery process. In recovery recidivism decreases and becoming a productive member of our society is the expectation. It is our hope that through our programs our institutions will become safer and their communities upon their return will have a decrease in crime.

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Organization

This chapter establishes the organizational structure, management, operation of the Substance Abuse Treatment program, and the administration of the program. Procedures and protocols are promulgated to define the program and are subject to modification based on resource availability.

All substance abuse treatment services within the Department of Public Safety and Correctional Services (Department) shall be established through the Office of Treatment Services as determined by the Assistant Secretary for Treatment Services (Assistant Secretary) and the Director of Substance Abuse Treatment Services (Director).

The Assistant Secretary shall be the authority for the promulgation of all addiction program policies and procedures in consultation with the Director.

The Director shall be responsible for the planning and development of the Department's substance abuse treatment services.

The Director shall also be responsible for monitoring the delivery of addiction services for the Department to ensure that the principles of professional practice as indicated by this operations manual are carried out.

All substance abuse treatment services shall be managed in compliance with this operations manual for Substance Abuse Treatment Services. The Substance Abuse Treatment Services Operations Manual shall:

1. Provide for the organization, management/operations and administration of the program.
2. Be developed by the Director in conjunction with the staff for review by the Assistant Secretary.
3. Be approved and promulgated by the Assistant Secretary.
4. Be reviewed and revised annually for recommendation to the Assistant Secretary.
5. Govern the delivery of services that are provided as resources permit.

The manual also includes all policies relating to Substance Abuse Treatment Services as well as all forms used by the Addictions Units.

All Substance Abuse Treatment Services shall be operated in compliance with the statutory regulations of the State of Maryland Code of Maryland Regulations (COMAR), and the directives of the Substance Abuse Operations Manual to the extent that departmental and its agencies resources permit.

The addictions counselors within the Department shall be supervised and evaluated in the performance of duty by the Regional Addictions Counselor Supervisor or the designee of the Director.

The Clinical Addictions Coordinator or the designee of the Director, shall plan, organize, implement, coordinate and account for the activities of the addiction program through the Office

of Treatment Services and the Director**.** Supervision will be documented using the individual and group supervision forms, included in the appendix.

The addiction counselors shall be administratively responsible to the managing officer of the facility/designee and clinically responsible to the Director through the addictions services designee.

All requests for leave and training are to be submitted to the Regional Addictions Counselor Supervisor or the designee of the Director.

The addictions counselors are also responsible for notifying the Warden or Assistant Warden, at their assigned institution, when they will be on leave. In the case were unplanned leave is necessary, such as sick leave, the Addictions Counselor must notify the Regional Addictions Counselor Supervisor or the designee of the Director and the Warden or Assistant Warden, at their assigned institution, so that coverage and continuity of programming are ensured.

Screening, Assessment and Referral

This chapter will establish proper procedures and protocols for the screening, assessment and referral of inmates, in the custody of the Department, that have been identified as having a substance abuse disorder.

Inmates in the custody of the Department will be screened for substance abuse problems, the screening tool used will be the Texas Christian University (TCU) Drug Screen. The results of the TCU will be included in the inmate base file.

The case management office is responsible for notifying the Addictions Assessor/Counselor or Addictions Unit when a new inmate arrives at a maintaining institution. The Addictions Assessor/Counselor must identify whether or not the TCU was administered at another institution.

- If the TCU was not administered, then the Addictions Assessor/Counselor must administer the TCU within thirty (30) days of arrival at the maintaining institution.
- If the results of the TCU renders a score of three (3) or more, then the Addictions Severity Index (ASI) must be administered to him/her within sixty (60) days of arrival at the maintaining institution.
- If the inmate has already had the TCU and has a score of three (3) or more, then the ASI must be administered to him/her within sixty (60) days of arrival at the maintaining institution.
- If the result of the TCU previously completed rendered a score less than three (3), then no further action is required as a part of intake. A screening diagnosis which does not meet the criteria for dependence will result in the inmate not receiving substance abuse treatment during the period of their incarceration.

Inmates who have not been screened and who are approaching forty-eight (48) months from their release date will be assessed by the Assessor/Addictions Counselor The case management office will notify the Addictions Unit when an inmate is approaching forty-eight (48) month until his/her release date.

The results of the TCU will be included in the inmate base file and they will be entered into a database.

Please note that even if the TCU or ASI indicate that an inmate does not appear to have a substance abuse problem, that inmate may be reassessed at the request of case management or if the inmate indicates a desire for treatment at a later date.

Upon completion of the TCU and/or the ASI, the results are recorded on the Substance Abuse Screening and Assessment Results form. The information collected on the form includes:

1) Scores of the ASI and TCU
2) Dates that the screening and assessment where performed
3) Observations made by the assessing addictions counselor
4) Recommendation for the appropriate level of treatment
5) Signature of the assessing addictions counselor's, and
6) Date the screening and or assessment was administered.

The assessing Addictions Counselor maintains the original form and a copy is given to case management to place in the inmate's base file. The assessing Addictions Counselor's recommendation for treatment is based upon the results of the screening and/or assessment and the application of the ASAM Placement criteria.

In many cases the screening and assessment scores will be entered by the Case Management department into OBSCIS. Case Managers have received training and instructions describing the treatment placement of inmates with particular screening and assessment scores. These instructions offer guidelines as to the timing of the placement prior to transfer to a pre-release facility or release to the community. It is hoped that substance abuse treatment is the last intervention prior to release. This is not always possible due to the challenges scheduling multiple interventions and the fluctuations of release dates.

Based upon the recommendation for treatment, the Case Manager will schedule the inmate for the appropriate level of treatment when he/she is within twelve (12) months of being released. Referrals for the Department's residential programs are facilitated by the case manager based upon the addictions counselor's assessment and subsequent recommendation. The programs are the therapeutic communities at:

- the Maryland Correctional Training Center (MCTC)
- the *Residential Substance Abuse Treatment* (RSAT) program
- the *Regimented Offender Treatment Center* (ROTC)
- the *Substance Abuse Treatment Program* (SATP)
- the Maryland Correctional Institution for Women (MCIW)

In addition there is the *Addiction Treatment Protocol* (ATP) outpatient level of care offered at many other institutions. Other lower-level of care substance abuse programs are also available such as the *Intensive Treatment Program* (ITP) at the Maryland Transition Center and *Addicts Changing Together – Substance Abuse Program* (ACT-SAP) at the Division of Pre-trial Detention and Services.

Admission to Treatment

This chapter will establish the proper procedures and protocols for admitting inmates to the various substance abuse treatment programs offered throughout the Department.

Inmates are eligible for treatment, if the ASI indicates the need for treatment and the inmate is within the proper timeframe for treatment in relation to his/her release date as determined by the Director. Prior to beginning treatment, the inmate, now referred to as the client in this manual, is seen individually by the assigned Addictions Counselor to complete all intake paper work. That paper work includes the following:

1) Client Fact Sheet (Appendix B)
2) Notice of Confidentiality (Appendix C)
3) Release of Information (Appendix D)
4) HIV/AIDS Risk Assessment (Appendix E)
5) Individual Progress Note Form (Appendix F)
6) Individual Treatment Plan (Appendix H)

Though completed previously, the original TCU, ASI and ASAM Placement form are included in the admission paperwork, along with the original Substance Abuse Screening and Assessment Result form (Appendix I). The admission paperwork establishes the client record and must be completed within two (2) weeks of admission into the program. All admission paperwork is filed in Section I of the client file.

The items listed above make up the first section of the client record in descending order. This means that the Client Fact Sheet is placed near the bottom, on top of the TCU, ASI and ASAM and the Individual Treatment Plan is the top form. All forms are contained in the manual in the appendix.

The admission paperwork consists of:

1) **Confidentiality**
   This form explains the fact that any information pertaining to the client's substance abuse treatment is confidential and cannot be shared with anyone outside of the Department.

2) **Consent for Release of Information**
   Before any information regarding the client's substance abuse history, assessment findings, or treatment can be shared with any person or institution outside of the Department, the client must give written permission.

3) **HIV/AIDS Risk Assessment**
   Department of Health and Mental Hygiene's Alcohol and Drug Abuse Administration (ADAA), requires that all certified substance abuse treatment programs provide education on HIV infection and AIDS. They also require that clients be given an HIV/AIDS Risk Assessment. Besides documentation, the form serves as a means of educating the clients about HIV infection and the AIDS virus.

4) **Psycho-social Assessment**
This initial assessment is written on the Individual Progress Note Form. In order to develop a meaningful treatment plan, it is necessary to gather information related to the client's family, relationships, substance abuse history, emotional stability, education, and criminal background. It is also very important to identify the client's strengths. The psycho-social should be completed on the same day or before the client individual treatment plan is developed.

5) **Master Problem List**
Developing the Master Problem List should be a cooperative effort between the counselor and the client. The Master Problem List is included in the Individual Treatment Plan and is prioritized through long term and short term goals. The Master Problem List delineates problems that the client and the counselor identify as possible issues to be dealt with in treatment. Many of these issues will be identified while completing the psycho-social. The Master Problem List is a working document. This means that as the client progresses through treatment and new issues will arise, more items are added to the Master Problem List. For this reason the form includes a column to note the date when a problem is identified and added to the list.

6) **Individual Treatment Plan.**
Like the Master Problem List, the Individual Treatment Plan is a working document that sets the goals and objectives that are to be accomplished during the treatment process. The Individual Treatment Plan is the client's road map to recovery. The Individual Treatment Plan must reflect the individual needs of the client. It is to be reviewed and modified on a regular basis while the client is in treatment. More detailed information on the plan is covered in the Treatment Plan chapter.

Compliance

This chapter will establish the minimum credentials needed to be employed by the Department as an Addictions Treatment Services professional, and establish procedure and protocols for the collection and retention regarding client information.

Prior to employment with the Department, the addictions counselor shall be certified or licensed by the Maryland Board of Professional Counselors and Therapists or approved as a trainee per COMAR 10.58.07.12 and the Department of Health and Mental Hygiene (DHMH).

All substance abuse treatment services will be compliant with COMAR standards cited within:

Title 10 Department of Health and Mental Hygiene
Subtitle 23 Drug Abuse Administration

Title 10 Department of Health and Mental Hygiene Subtitle 47 Alcoholism Control

All programs shall maintain an organized record-keeping system for the collection and retention of information regarding clients in accordance with 42 CFR 2.1 et seq., the federal confidentiality regulations.

Each Addictions Counselor is responsible for maintaining their client records and monitoring the disclosure of client records to insure compliance with local, State, and federal regulations. Client records are retained for five (5) years and may not be transferred except in accordance with applicable regulations.

Client records are available only to authorized staff and when not in use they are stored in a locked file cabinet protected from unauthorized access.

Once a client completes treatment, the client record must be kept for five (5) years after the client's discharge date.

Confidentiality

This chapter will establish the confidentiality rights of those clients served by Substance Abuse Treatment Services and the procedures and protocols to ensure those rights.

All clients involved in substance abuse treatment within the Department shall be informed of their rights to confidentiality. This includes notifying them of the following:

1. The information that they reveal in treatment is confidential, except to the extent that the Department is required to abridge those rights as follows:
    i. Information related to escape, mass disturbance, or threat of imminent harm to inmates or staff.
    ii. Information related to criminal activity or issues that pose an imminent threat to the security of the institution.
    iii. Information related to child abuse.
    iv. Information related to a medical emergency.

2. All inmates in treatment will receive written notification that their substance abuse treatment records are confidential.

3. Records and information obtained during the course of treatment cannot be re-disclosed to agencies or individuals outside of the Department without the expressed written consent of the inmate.

4. Any documentation released to someone outside of the Department must include the following paragraph:

"This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

In order to comply with the right to confidentiality, access to client records must be limited. Substance Abuse Treatment Services staff shall ensure that all addiction records are kept in a strictly controlled, secure area.

The results of the addiction screening, assessment, history, progress notes are all program services that are protected from disclosure. For the purposes of treatment coordination and discharge planning, information regarding a client's substance abuse treatment may be shared with the following personnel within the Department who have a need to know to the information to facilitate custody and control, therapeutic treatment, and re-entry planning.

For the purposes of auditing and evaluation, authorized employees of DHMH may also have access to inmate substance abuse treatment records. If anyone beyond the personnel listed above requests access to a client's substance abuse treatment records, the identified client would need

to give his/her written consent. However, the primary substance abuse counselor may deny personnel, other than those listed above, access to a client's substance treatment record if the counselor believes that disclosure would be injurious to the inmate.

Anyone that is allowed access to a client's substance abuse treatment record must not re-disclose to any personnel not listed above or to agencies or individuals outside of the Department without the expressed written consent of the client.

Disclosure without consent of the client to persons not listed above or persons out side of the Department would be allowed only in the limited cases of:

- medical emergency
- court order
- and those conditions where there is information related to: escape, mass disturbance, or threat of imminent harm to inmates or staff, criminal activity or any other issues that pose an imminent threat to the security of the institution, or child abuse.

Treatment Services

This chapter will establish the levels of treatment services provided to clients by Substance Abuse Treatment Services.

The Department has established four (4) levels of substance abuse treatment. The first level, for moderate abusers, is ATP. ATP is the standardized curriculum for the addiction counseling services. ATP is a cognitive behavioral approach with the goals of abstinence skills development, recovery coping skills and the cognitive restructuring of criminal thinking and criminogenic behavior. Counseling services for this level consists of two 90-minute group counseling sessions per week for a group of no more that fifteen (15) clients and individual counseling twice a month. The length of treatment for this level is six (6) months. The addiction counselor caseload for this level is thirty (30) clients.

The second level, for more severe substance abusers, is offered by the Department's residential programs: ROTC, RSAT, ITP, SATP and the modified therapeutic communities at MCTC and MCIW. Treatment at this level consists of fifteen (15) hours of clinical services per week and places emphasis on establishing a positive peer culture. The total number of direct clinical hours combined with structured milieu therapeutic hours of care will be approximately 36 hours. This level also follows the cognitive social learning and skill development design of ATP. The addictions services at this level are more intense and identified as residential because the participants live together in housing that is separate from the general population. The length of treatment for this level is six (6) months. The Addiction Counselor caseload for this level is fifteen (15) clients.

The third level of treatment services is aftercare. When a client completes the six (6) months of either the first or second level of treatment and is not eligible for release at the maintaining institution, he/she is then referred to aftercare services. This level of treatment consists of large group sessions where the topics of discussion focus on retaining the information and skills the clients has learned during treatment and preparing the clients for their transition back to their families and communities. Since the services consist of large groups and only individual sessions when requested by the client, and determined to be clinically indicated, there is no set client/counselor ratio. There also is no time limit for aftercare services. The groups are open and ongoing. The documentation for attendance in the Aftercare groups is similar to how sessions and treatment progress is tracked in regular programming. A group note is written and their attendance is tracked using an Attendance Log.

At several pre-release facilities substance abuse programming is offered twice per week in 90 minute sessions. It is a blended cognitive behavioral approach integrating mental health and social work programming. The groups are open and the programming is approximately seven and a half months long. The goal of this intervention is to support the cognitive behavioral interventions the client has received at maintaining institutions during this critical reentry period. Aftercare recommendations in the community are provided to the client and the Division of Parole and Probation.

The final level of care provided is the medication assisted treatment provided at the Baltimore Central Booking and Intake Center and the Baltimore City Detention Center. Inmates suffering from heroin withdrawal are provided medications to ease withdrawal symptoms. The use of

methadone is considered as a possible detoxification protocol if clinically indicated. Methadone will also be provided to all inmates in a pre-sentence status who were clients in a methadone program in the community at the time of their arrest. If the individual is released back into the community at sentencing they will return to their community program. If sentenced to the Division of Correction the inmate will be tapered off of the methadone prior to their transfer to the Division of Correction.

Treatment Plan

This chapter will establish the proper procedures and protocols for developing individualized treatment contracts for clients that has been accepted into a substance abuse program.

Every inmate in treatment will have an Individual Treatment Plan. The treatment plan is reviewed and revised every sixty (60) days. It is suggested that the record review and treatment plan review be done at the same time. The treatment plan is generated with and agreed to by the client within fourteen (14) days of admission into treatment. Prior to the development of the treatment plan, a psycho-social is completed and a master problem list is generated.

The treatment plan is a working document that sets the goals and objectives that are to be accomplished during the treatment process. The treatment plan is the client's road map to recovery. The treatment contract has eight (8) components:

1. Criteria for Completion of Treatment
2. Identified Problem
3. Long Term Goals
4. Short Term Goals
5. Strategies
6. Goal Set Date; Goal Target Date; and Goal Met Date
7. Signatures
8. Review Dates

1. **Criteria for Completion of Treatment** describes the behavior that the counselor is looking for which demonstrates that the client has attained the goal set in the treatment plan.

2. The client's **Identified Problem** is taken from the Master Problem List. A client's goals directly relate to solving the identified problems.

3. On the treatment plan, the counselor must separate Long Term and Short Term Goals. **Long Term Goals** are those that the counselor expects the client to reach before being discharged. Therefore, the estimated date for completing Long Term Goals would be the date that the client is projected to complete treatment. Most of the clients in residential treatment will have long term goals that can be reached in 60 to 90 days.

4. **Short Term Goals** relate to the Long Term Goal and are estimated to take a shorter time to reach. The estimated date for completing Short Term Goals should be 30 days or less.

5. On the treatment plan, following the Short Term Goals, Strategies are listed. These are the steps that the client needs to do in order to reach the Short Term Goal. When describing the **Strategies,** it is necessary to site the frequency of the services. For example, if a client's strategy is to *"participate in drug education groups to learn the physical and legal consequences of alcohol and marijuana*

abuse," the frequency may be that the client attends the Drug Education group twice a week.

6. On the left hand side of the treatment plan is an item listed as **Goal Set Date** where the counselor is to indicate when each goal was set. There is also a space listed as **Target Date**, which is used to estimate when the client will complete the goal. Finally there is a listing entitled **Goal Met,** which identifies when the goal was actually completed. Again, Short Term Goals would be estimated to take 30 days or less. Long Term Goals would be estimated to take 60 to 90 days, depending upon the length of the program.

7. The treatment plan is a contract between the client and the program staff. All parties involved in providing the services listed on the treatment plan must **sign** the plan.

8. The treatment plan must be **reviewed** every sixty (60) days, and the date of the review and those involved must be noted on the treatment plan. Space was made in the treatment plan to document the signatures of the staff involved in the review of the treatment plan. During this review new goals and strategies may be added or dates may be entered documenting that a client has completed a goal or a strategy. The treatment plan review must also be documented in the progress notes.

It is very important that the treatment plan be individualized and holistic. To state that a treatment plan must be **individualized** means **the individual needs of the client are reflected in the treatment plan.** Comprehensive means that **the treatment plan reflects other** goals **besides those concerning just the client's substance abuse problem.** Many of the clients served in the Department's substance abuse programs have problems dealing with authority, anger, as well as family and other relationships. These problem areas should be addressed in the treatment plan. When new problem areas arise during the course of treatment, new goals and strategies should be added to the treatment plan.

Progress Notes

This chapter will establish procedures and protocols for correctly recording progress notes for clients receiving substance abuse treatment services.

Every contact with the client must be documented. Client files must contain progress notes for all individual and group counseling sessions. There is a standardized form for group notes and a separate form for documenting individual sessions and other types of contacts such as phone calls. All progress notes belong in Sections II of the client folder. Progress notes are placed in the file in chronological order, with the most recent session on top.

In the left hand margin of the progress notes, under the date and type of service, the counselor must note which goals and strategies from the treatment plan are being addressed in each session with the client. The type of service indicated in the progress notes will generally be individual or some other contact with the client. The counselor should document all phone calls and contacts with the client's family or other individuals that can assist the counselor in providing treatment. Counselors do not have to indicate the fellowship meetings that the client attends. But their involvement in fellowship meetings should be documented somewhere in the file. It is important for counselors to note when clients are absent from counseling sessions.

After each entry in the progress notes, the author of the note must sign or initial at the end of the entry. If the entry ends in the middle of a line, the initials or signature should be right next to the final punctuation for that sentence. If there is a space between the initials and the ending of the entry, a line must be drawn in the open space, preventing anyone from writing other information making it appear as if that information was a part of the entry. The guidelines for writing individual progress notes follow the DAP guidelines, which are on the following page.

DAP Guidelines

In the appendix section is the form for documenting group notes. A group note format has been created to document group treatment services. The form has four components: Data, Main Topics, Assessment, and Plan.

In addition to the progress notes, Chart Review Forms (Appendix M) are filed chronologically with the progress notes. Chart reviews are done every sixty (60) days.

The following is a format describing what is included in the DAP guidelines:

D: DATA

- Describe client (name; age; marital status; race; gender; referral source and reason for referral.)
- Note any significant observations from the mental status exam on the intake form.
- Note presenting substance abuse problems; last use (prior to incarceration or during incarceration); presence or absence of withdrawal symptoms as noted by the client.
- Note anything significant in the following areas: living situation (anything unusual); support network; legal, medical, mental health etc.
- Last positive urine results (as stated by client).

A: ASSESSMENT

- Diagnostic Impression is _____.
- Readiness for change
- Level of care
- Note relevant issues for treatment planning:

  Examples
  1. Client appears to lack understanding of the disease of addiction as evidenced by _____.
  2. Client does not verbalize any negative consequences of his substance abuse.
  3. Spouse's drinking may play a factor in continued use, or risk of relapse.
  4. Untreated mental health issues may interfere with treatment success.
  5. Client appears to lack the skills necessary to cope with high-risk work environment.
  6. Client lacks sense of self-worth.
  7. Client does not have a positive peer support network.

P: PLAN

- Date client is scheduled to begin group and primary counselor.
- Other correspondence (when appropriate)
- Referrals (when needed)

Discharge

This chapter will establish procedures for completing a discharge summary for all clients that receive substance abuse treatment services.

Addictions Counselors are responsible for completing a discharge summary report for all clients that enter treatment, regardless of whether they complete treatment or not. The Addictions Discharge Summary (Appendix K) is provided to case management for inclusion in the base file.

Recommendations from the discharge summary report should be included in the release planning for any clients that participated in treatment. The Addictions Counselors will participate in the release planning process for clients that have participated in treatment.

The discharge report will also be provided to the Division of Parole and Probation, if a client is released under supervision. No release of information is needed for this information to be shared. However, it is recommended that when the discharge report is to be shared with the Division of Parole and Probation or the Maryland Parole Commission, that the client be notified in writing about this action.

Organization of Client Records

This chapter will establish the organization of client records.

Client records will be kept in six (6) part files. The organization of the folder per section is as follows.

Section 1

Client Fact Sheet
Substance Abuse Screening and Assessment Results Form
TCU
ASI
HIV Risk Assessment Form
Psychosocial Assessment
Additional Assessment Information

Section 2

Individual Treatment Contract
Discharge Summary
Aftercare Plan

Section 3

Organizational Chart Org. Form
Record Review Form
Attendance Log

Section 4

Progress Notes (Individual & Group)

Section 5

Confidentiality Forms
Releases of/for Information
Correspondence (Internal/External))

Section 6

SAMIS Intake Form
SAMIS Discharge form

Accountability

This chapter will establish procedures for data collection and reporting of statistical information.

Each Addictions Counselor is responsible for maintaining and reporting client data. This data is used in the compilation of figures for the Substance Abuse Treatment Services Performance Measurements. To gather this data each counselor will use two (2) forms. The first form is the Client Fact Sheet. This form is included in the client record and records the individual data for each client.

The second form used is the DPSCS Substance Abuse Treatment Data form (Appendix N). This report is submitted by the 5th of the following month. As an example, the January report would be due to the Addictions Clinical Coordinator by the 5th of February. This form compiles all the data from the individual Client Fact Sheets.

Once all of the information is received, the Addictions Counselor Coordinator will forward the reports to the Director not later than five (5) working days after the 15th of the month.

The monthly report is used as a monitoring tool for the Addictions Counselor Regional Supervisors, the Addictions Counselor Coordinator and the Director. Each Counselor will be audited by the Addiction Clinical Coordinator, or designee, in their clinical charting and individual and group counseling competencies on a regular basis. The schedule is determined by the applicable COMAR standards and level of addiction counselor license.

The Correctional Program Checklist (CPC) developed by Dr. Edward Latessa provides the guidance in the oversight of the standards of performance and accountability with our Addiction programming. All of our programs are evaluated using principals of effective programming which are believed to be effective towards reducing recidivism. This evaluation is a significant contributor to the program's strategic plan as well as contract compliance.

The CPC is an evidence-based tool developed to assess correctional intervention programs,[1] and is used to ascertain how closely correctional programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC.[2] These studies found strong correlations with outcome between overall scores, domain areas and individual items, (Holsinger, 1999; Lowenkamp and Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp and Latessa, 2005b) and were used in formulating the CPC.

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[1] The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items that were not found to be positively correlated with recidivism were deleted.

[2] These studies involved over 40,000 offenders (both adult and juvenile), and over 400 correctional programs, ranging from institutional to community based. All of the studies are available on our web site (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Leadership and Development, Staff, and Quality Assurance. The content area focuses on the substantive domains of Offender Assessment and Treatment Characteristics, and the extent to which the program meets the principles of risk, need, responsivity, and treatment.

There are a total of seventy-seven indicators, worth up to 83 total points. Each area and all domains are scored and rated as either “highly effective" (61% to 100%); "effective" (51% to 60%); "needs improvement" (40% to 50%); or "ineffective" (less than 40%).

The scores in all five domains are totaled, and the same scale is used for the overall assessment score. It should be noted that not all of the five domains are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Appendix

Appendix A: Supervision Form
Appendix B: Client Fact Sheet
Appendix C: Notice of Confidentiality
Appendix D: Release of Information
Appendix E: HIV/AIDS Risk Assessment Form
Appendix F: Individual Progress Note Form
Appendix G: Group Progress Note Form
Appendix H: Individual Treatment Plan
Appendix I: Substance Abuse Screening & Assessment Results
Appendix J: Aftercare Services Plan
Appendix K: Addictions Discharge Summary
Appendix L: Attendance Log
Appendix M: Chart Review Form
Appendix N: DPSCS Substance Abuse Treatment Data

Department of Public Safety and Correctional Services
Office of Treatment Services
Supervision Record for Addiction Counselors

Name: _____ Institution: _____ Supervisor: _____
Certification #: _____ License # : _____

Date	Individual	# of Hours	General Topics	Supervisor's Signature

cc: file

Group Supervision-Addiction Counselors

	Skill Absent 0	**Ineffective 1**	**Somewhat Effective 2**	**Effective 3**	**Highly Effective 4**
Report Writing and Documentation (synthesizes intake and background information; develops a good conceptual understanding of cases; writes a well-organized, timely report; makes appropriate recommendations)					
Process Skills (Facilitates realistic and reachable goals; utilizes clients' abilities; utilizes techniques based in theory; modifies approach/plan to better meet client's needs; processes client dynamics)					
Termination Skills (Openly discusses termination and elicits clients reaction; assists client in evaluations progress toward goals; makes appropriate referrals)					
Integration of Self Knowledge (willing and open to challenges; works on understanding dynamics between personal issues and professional growth)					
Ethical Practice (Respects and maintains confidentiality; demonstrates ethical and professional behavior; maintains clear boundaries)					
Team-Building Skills (Gives and receives constructive feedback; attends scheduled meetings; demonstrates flexibility and availability)					
(Overall Rating)					

Counselor Comments: _____

_____

_____

Counselor Signature: _____ Supervisor Signature: _____

Date: _____

cc: file

DPSCS Form OTS 122-110-1 2 of 2

Appendix B

Client Fact Sheet

Name: _____ DOC#: _____ Facility:_____ DOB: _____

ID#: _____ __ Date of Intake to Facility: _____

Date TCU Administered: _____ Score: _____

Date ASI Administered: _____ Score: _____

Recommended Level of Treatment per ASAM Criteria: _____

Referred to:

___ ATP: Date referred: _____ ___ ROTC: Date referred: _____

___ ITP: Date referred: _____ ___ RSAT: Date referred: _____

___ MCTC/TC: Date referred: _____ ___ MCIW/TC: Date referred:_____

Date began ATP: _____

Number of Group Sessions attended: _____ Number of Individual Sessions attended: _____

Number of positive urine tests while participating in treatment: _____

Number of major institutional infractions while participating in treatment: _____

Number of minor institutional infractions while participating in treatment: _____

Completed treatment: ___ Yes Date Completed treatment:_____

___ No Date Unsuccessfully discharged from treatment: _____

Referred to Aftercare: ___ Yes Date referred to Aftercare: _____

___ No Reason: _____

_____

Number of Aftercare Sessions attended: _____

Referred to Community-based treatment: ___ Yes Date referred to treatment: _____

___ No Reason: _____

_____

Attending Community-based treatment: ___ Yes ___ No

cc: file

DPSCS Form OTS 122-110-2

Appendix C

Department of Public Safety and Correctional Services
Office of Treatment Services

Confidentiality

The Department of Public Safety and Correctional Services (Department) shall maintain the confidentiality of client records in protecting the confidentiality of client identifying information. The Department shall insure that the disclosure of any information is in compliance with all-applicable local, State and Federal statutes and regulations, (42 CFR 2.1 et seq). When a client is admitted into the Substance Abuse Treatment program, he/she will be informed of their confidentiality rights according to local, State and Federal regulations. They will be given a confidentiality notice which explains that any information pertaining to substance abuse treatment is confidential and cannot be shared with anyone outside of the Department. Violations of Federal and State confidentiality laws and regulations are a crime and may be reported to appropriate authorities. Generally, there are some exceptions to this regulation in regard to the ADAA and the Licensing and Certification Unit. The Department may disclose information under the following conditions:

- the client consents in writing
- the disclosure is court ordered
- the disclosure is made to staff or medical personnel of a medical emergency such as a heart attack, or suicidal or homicidal threat
- the disclosure is made to qualified personnel for research, audit, or program evaluations
- client commits a crime while in the program or against any person who works for the program or threatens to commit such a crime
- a staff member who has reason to believe a child has been subject to abuse or neglect is required by law to report the suspected abuse or neglect to local authorities even if the alleged victim is an adult when this information was presented, or even if the alleged abuser is now deceased.

The client will also be advised of his/her right to confidentiality that also pertains to information shared in group which cannot be shared with anyone outside of the group.

Client's signature below confirms that he/she received a copy of the Confidentiality Agreement, that the Addictions Counselor reviewed it with me and I understand and agree to the contents.

_____ _____
Client Signature Date

_____ _____
Witness Signature Date

☐ Copy given to client
cc: file

DPSCS Form OTS 122-210-1

Department of Public Safety and Correctional Services
Office of Treatment Services
Substance Abuse Treatment Services

Authorization To Release Or Obtain Information

Agency/Program Requesting Information: _____

Attention to: _____

Telephone Number: ( ) _____
****

Agency/Program Providing Information: _____

Address: _____

Telephone Number: ( ) _____
****

Client's Name: _____ **Date of Birth:** _____

SSN: _____ **Sex:** _____ **Race:** _____

Present Address: _____
****

I the undersigned hereby requests and authorize that the following information be provided:

- ☐ **Assessment Results**
- ☐ **Discharge Summary**
- ☐ **Treatment Recommendations**
- ☐ **Treatment Activities Summary**
- ☐ **History of Alcohol/Drug Use/Abuse**
- ☐ **Other:** _____

Purpose of Request of Information (Must be completed), i.e. Why Information is Needed.
_____

- ☐ **Complying with special conditions of person or agency (named above)**
- ☐ **Coordinating treatment and/or aftercare**
- ☐ **Placement**
- ☐ **Other**

Except for the Following Which Expressly May Not be Disclosed: (if none, write "none"):

Conditions For Exchange of Authorized Information

This Consent Will Expire on _____.
(one year from date of signature)

Executed this day _____, 20 ___.

I understand That I May Revoke My Consent To Release Information From My Records, But Not Retroactive To Release of Information Already Made in Good Faith.

Use this space only if client withdraws consent

_____	_____
Date Consent Revoked by Client	**Signature of Client**

****

Signature of Witness **Division of Corrections** **Date: _____**	**Signature of Client** **Signature of Legal Guardian** **Date: _____**

<u>CONFIDENTIALITY:</u> If the request for information concerns a person admitted for treatment of alcohol or drug abuse, the confidentiality of this information is protected by Federal law:(42CFR Part 2). A general authorization for the release of medical information is not sufficient for this purpose.

<u>REDISCLOSURE:</u> Any individual or agency receiving Division of Corrections client information is prohibited from making further disclosure of that information which is prohibited as provided by the annotated Code of Maryland 4-303 (b) (5) (ii).

cc: file

HIV/AIDS Fact Sheet

- Please review with client

A VIRUS CALLED HUMAN IMMUNODEFIENCY VIRUS CAUSES AIDS

► When a person is infected with HIV the virus infects and can kill certain cells in the immune system called T-helper cells. This results in a weakened immune system so that other opportunistic infections can occur. The HIV infected person is diagnoses with AIDS (Acquired Immunodeficiency Syndrome) when they become sick with other specific infections **or** when the number of T-helper cells has dropped below 200.

PEOPLE AT HIGHEST RISK OF AIDS AND HIV INFECTON ARE:

► People who share needles
► Men who have sex with other men
► Babies born to mother who have HIV infection
► People who received blood transfusions or blood products before 1985

HIV IS IN BLOOD AND OTHER BODY FLUIDS

► The virus is in the blood, semen, menstrual blood, vaginal secretions and breast milk of HIV infected persons.
► The virus can be present even if the person has no symptoms of HIV-infection or AIDS. People who are infected with HIV will carry (and be able to pass on) the virus for the rest of their lives.

HIV IS SPREAD BY EXPOSURE TO HIV INFECTED BLOOD AND HIV INFECTED BODY FLUIDS

► HIV can be spread during sex, by sharing needles to inject drugs, or from moth to baby (before or during birth, or by breast-feeding). The virus is not spread by casual contact like living in the same household or working with persons who carry the HIV virus.

CERTAIN SYMPTOMS AND CONDITIONS ARE ASSOCIATED WITH HIV/AIDS

► These symptoms may include: fever, weight loss, swollen lymph glands in the neck, under arms or groin, white patches in mouth (thrush), certain cancers (Kaposi's sarcoma, certain lymphomas, certain invasive cervical cancers), and infections (Pneumocystis pneumonia, certain types of meningitis, taxoplasmosis, certain blood infections, TB etc.).

A BLOOD TEST MAY TELL IF YOU HAVE HIV INFECTION OR AIDS

► You can be referred for testing by your Counselor. You can also be tested Anonymously, at your Doctor's office, by contacting your local Health Department, at Testing Sites throughout Maryland. You may also call the AIDS Hotline (1-800-638-6252) for further information.

Appendix E (continued)

THERE IS TREATMENT FOR PEOPLE WITH HIV INFECTION AND AIDS

- Numerous drugs are now available to treat HIV, AIDS and the infections and cancers associated with AIDS.

HIV AND AIDS ARE PREVENTABLE BY:

- Abstaining from sex, monogamy (having sex with one uninfected partner who only has sex with you), and use of barrier protection (condoms) are the most protective prevention strategies.
- People who inject drugs should get treatment. Otherwise never share needles.
- People with HIV or AIDS should discuss their status with their doctors, dentists and also inform their sex and needle sharing partners.
- Women who are pregnant or planning a pregnancy are encourage to talk with their doctors about being tested for HIV. If a mother is known to be infected with HIV, treatment is available to decrease the probability that her baby will be infected.
- Practices called Universal Precautions and Standard Procedures such as use of gloves, goggles etc. by health care practitioners for prevention of transmission of any communicable disease including HIV.

☐ Reviewed with: _____ DOC#: _____
Counselor Signature/Date: _____

☐ Copy to Client

Department of Public Safety and Correctional Services
Substance Abuse Treatment Services
Client Progress Notes

Client Name: _____ DOC#: _____

Date of Service Goal/ Strategy	

DPSCS Form OTS 122-310-1

Department of Public Safety and Correctional Services
Group Note Form/Addictions

Name: _____ DOC#: _____

Session #: _____

DATA:

Attendance: ____ prompt ____ late **Absent:** ____ excused ____ unexcused
Participation: ____ shared voluntarily ____ shared with coaxing ____ invested
____ uninvested _____ disruptive _____ noncompliant **Appearance:** ____ normal
____ other (Explain) _____ **Group Process:** _____

MAIN TOPICS/CONTENT/MATERIALS:

_____
_____
_____
_____
_____
_____

Individual Response:

_____
_____
_____
_____
_____

ASSESSMENT: (Individual's progress towards goals, strengths/weakness)

_____
_____
_____
_____

PLAN:

_____
_____
_____
_____
_____

Counselor's Signature: _____ Date: _____
cc: file
DPSCS Form OTS 122-310-2

Individual Treatment Plan

Name:	DOC#:	Admission Date:	Counselor Name:

Criteria For Successful Completion of Treatment:

Strengths/Concerns:

Problem:			
Long Term Goal:			
Short Term Goal:			
Strategies	**Target Date**	**Goal Set Date**	Goals Met Update (Note date: client initials)
1.			
2.			
3.			
Problem:			
Long Term Goal:			
Short Term Goal:			
Strategies	**Target Date**	**Goal Set Date**	Goals Met Update (Note date: client initials)
1.			
2.			
3.			

Client Signature: _____ Date: _____

Counselor Signature: _____

Treatment Plan Reviews

Review Date: _____

Counselor Signature_____ Supervisor Signature: _____ _____

Date of next review: _____

Review Date: _____

Counselor Signature_____ Supervisor Signature: _____ _____

Date of next review: _____

Review Date: _____

Counselor Signature_____ Supervisor Signature: _____

Date of next review: _____

cc: file

Substance Abuse Screening and Assessment Results

Client Name: _____ ID Number: _____

TCU II Drug Screen

Date Administered: _____ Score: _____

Scored by: _____

ASI

Date Administered: _____ Scores: _____

Scored by: _____

Observations:

Recommendations:

Counselor Signature: _____

Date: _____

DPSCS Form OTS 122-520-1

Department of Public Safety and Correctional Services
Aftercare Service Plan

Client Name _____ DOC # _____

Admission Date _____ Discharge Date _____

The client has successfully completed treatment. The Provider; having consulted with the client, have agreed on the following aftercare plan:

□ Substance Abuse Treatment:_____
_____
(Specify. e.g. IOP Intensive Out-Patient)

_____

□ Peer Support Group:_____
_____
(Specify how often client will attend. e.g. NA, AA)

□ Family and Support System:_____
_____
(Specify: for example Sharing a Relapse Prevention Plan or counseling)

□ Vocational Services:_____
_____
(Career Counseling, Job Development, Life Skills)

□ Education:_____
_____
(Seeking GED Courses, Associates Degree, Bachelors Degree, Masters Degree)

□ Medical/ Mental Health Services:_____
_____
(Dental, Optical, Physical)

□ Other:_____
_____
(Specify.)

I have reviewed this aftercare service plan and I agree with the goals stated above.

_____ _____
Client's Signature Date

_____ _____
Counselor's Signature Date

_____ _____
Regional Supervisor's Signature Date

cc: file

DPSCS Form OTS 122-520-2

Department of Public Safety and Correctional Services

Division of Correction: Institution _____

Substance Abuse Treatment Services

Addiction Discharge Summary

Inmate Name: _____ DOC#: _____ DOB: _____

Admission Date: _____ Date of Discharge: _____ LOC: _____

Presenting Problem: _____

Reason for Discharge: _____

Diagnostic Impression at Discharge: Axis I: _____
_____
_____

Prognosis at Discharge: ☐Good ☐Fair ☐Guarded ☐Poor

Mental Health Problems ☐Y ☐ N Medications ☐Y ☐ N

Current Medications: _____ _____
_____ _____

<u>Treatment Progress/ Behavioral Concerns:</u> (include services delivered, frequency, duration, and any significant behavioral concerns, eg. disciplinary or negative relationships with peers/staff).

Formatted: Bullets and Numbering

II. <u>Recommendations for Aftercare:</u>

☐ Yes ☐ No ☐ Note Aftercare Services Plan

Client involved in discharge plan: ☐Y ☐N

Counselor Signature/Title: _____ Date: _____
Supervisor Signature: _____ Date: _____

cc: file

DPSCS Form OTS 122-700-1

Division of Public Safety and Correctional Services
Substance Abuse Treatment Services

Attendance Log

Date	Attendance P-present E-excused U-unexcused	Type of Contact I-individual G-group	Session #	Topic

cc: file

DPSCS Form OTS 122-800-1

Department of Public Safety and Correctional Services
Substance Abuse Treatment Services

Chart Review

Review Date: _____ **DOC#: _____**

Client's Name: _____ **Counselor: _____**

Treatment Plan:

_____

Progress Notes:

_____

General Comments:

_____

Addictions Supervisor _____ Date: _____

Primary Counselor: _____ Date: _____

Date of next review: _____ (within 60 days)

DPSCS Form OTS 122-900-1

DPSCS Substance Abuse Treatment Data

	ACT-SAP	ECIE	ECIW	ECIA	MHC	MCI-H	CHDU	HLTBC	WCI	MCIJ	MCTC		
Performance Criteria													
TCU's Completed by DPSCS staff													
ASI's Completed by DPSCS staff:													
Number participating in ATP													
Number participating in Seg													
Counselor Utilization Rate													
Number of ATP Group Sessions provided:													
Number of Seg Group Sessions provided:													
Number of Cycles currently running													
Number of Individual sessions provided:													
Number of Aftercare Group sessions provided:													
Number of Inmates participating in aftercare													
Total Number of Inmates tested during this month													
Total Number of ATP members testing positive for drugs/alcohol while in treatment:													
Total Number of Seg members testing positive for drugs/alcohol while in treatment:													
Total Number of Inmates committing Category I Institutional Infractions:													
Number of Inmates completing treatment:													
Number of Inmates discharged unsuccessfully													
Number of Filled positions													
Number of vacancies													

DPSCS Form OTS 122-900-2