



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 513.07

Page 1 of 5

Effective Date: April 15, 2023

Distribution: B

Supersedes: 513.07 (4/1/19)

Approved by: Lisa Helton

Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 33-10-407, and TCA 68-24-601, and Title 42, CRF Chapter 2, *Diagnostic and Statistical Manual of Mental Health Disorders-5 (DSM-5)*.
- II. PURPOSE: To identify and provide a continuum of cost-effective substance use treatment and programming services for convicted felons who have or have had a history of a substance use disorder.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates and institutional staff, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Addiction Treatment Program Director: A qualified licensed substance use staff member who has direct clinical oversight and administration of addiction treatment programs and recovery services.
 - B. Aftercare: The phase of treatment that begins when a participant has achieved substance use treatment goals and has successfully completed a substance use treatment program.
 - C. Criminogenic Needs: Internal and external attributes of offenders that are directly linked to criminal behavior and subsequent recidivism.
 - D. Evidence-Based Programs: Services for which systematic empirical research has provided evidence of statistically significant effectiveness of treatments for specific problems that will lead to a lower rate of return to incarceration.
 - E. Facility Treatment Team: A group of institutional personnel that should include (but is not limited to) the behavioral health administrator, health administrator, addiction treatment program director, unit manager, treatment counselors, drug testing coordinator, inmate jobs coordinator, licensed alcohol, and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT), or Assistant Warden at privately managed facilities, building security supervisor and chief counselor. This team is responsible for oversight of the substance use treatment programs at each institution and meet bi-weekly to discuss participant issues and progress.
 - F. Participant: For the purposes of this policy, any inmate who is actively enrolled in a substance use treatment program.
 - G. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified as alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's

Effective Date: April 15, 2023	Index # 513.07	Page 2 of 5
Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with a minimum of one year documented experience working with substance use disorder treatment programs).

- H. Substance Use Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have used alcohol and other drugs. These services are designed to address specific physical, mental or social issues related to the use of mood-altering substances.
- I. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM)* screening for mild to severe substance use disorders that ~~and~~ is particularly useful when determining level of intensity for substance use treatment.
- J. Treatment Counselors: All non-licensed alcohol and drug counselors who are actively pursuing licensure and working in a substance use treatment and recovery services program and who are being clinically supervised by qualified licensed substance use personnel.
- V. POLICY: The TDOC shall provide the opportunity for inmates to receive intensive and individual-based addiction treatment and recovery services that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources.
- VI. PROCEDURES:
 - A. Mission Statement/Treatment Philosophy: The mission of TDOC's addiction treatment and recovery services is to break the cycle of substance use, criminal behavior, and incarceration, in order to provide a safe and substance-free living and working environment both within state correctional facilities as well as in the local communities to which offenders return. Participants will work closely with treatment staff to develop individual treatment goals and strategies. TDOC addiction treatment programs blend evidence-based treatment interventions that focus on the inmate's criminogenic needs. Each program shall develop and maintain a philosophy of treatment and therapeutic goals for their respective programs that is approved by the Director of Addiction Treatment and Recovery Services or designee.
 - B. Addiction Treatment and Recovery Services: Treatment and recovery services shall be offered to inmates (where resources permit) who are parole mandated or have a documented need based on the risk needs assessment and the TCU Drug Screen V. Depending on the length of sentence and program availability, inmates shall be provided with the opportunity to participate in addiction treatment and recovery services prior to release from an institution.
 - 1. Intensive Residential Treatment Program: A nine-to-twelve-month substance use treatment program held in a Therapeutic Community environment focusing on alcohol and drug use and criminogenic thinking patterns. (See Policy #513.07.1)
 - 2. Intensive Outpatient Treatment Program: Intensive outpatient programs require offenders to attend very intensive and regular treatment sessions multiple times a week. (See Policy #513.07.2)
 - 3. Outpatient Treatment Program: Counseling can be provided at the individual or group level. Group counseling is often used in addition to individual counseling to provide

Effective Date: April 15, 2023	Index # 513.07	Page 3 of 5
Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

social reinforcement for pursuit of recovery. (See Policy #513.07.2)

4. Intervention Substance Use Recovery Education Program: This program is classroom based with the focus of teaching about the harmful effects of alcohol and drugs. Individuals develop knowledge, attitudes, and skill sets to make good choices or change self-defeating behavior in addition to receiving screening, brief interventions, peer recovery support, and referral for appropriate continuum of care for substance use treatment. (See Policy #513.07.3)
5. Recovery Services: Recovery support services include access to evidence-based practices such as employment training, education, and housing; community treatment collaborative; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Aftercare shall be broken down into three different components, based on how the inmate is released upon completion of the program. (See Policies #513.07.3 and #508.01)

C. Addiction Treatment and Recovery Services Personnel:

1. The TDOC Director of Addiction Treatment and Recovery Services or designee shall be responsible for:
 - a. Coordinating all substance use treatment and recovery services.
 - b. Planning for the allocation of departmental substance use and behavioral program services.
 - c. Reviewing and approving all evidence-based program criteria in accordance with Policy #513.12.
 - d. Coordinating and monitoring contractor and departmental substance use treatment related programs including related compliance/monitoring of program services and curricula.
 - e. Collecting, maintaining, and disseminating substance use treatment program statistical information monthly.
 - f. Providing technical assistance relating to inmate drug testing and substance use treatment services for departmental substance use treatment programs.
 - g. Conducting annual addiction treatment and recovery services annual reviews.
2. The Addiction Treatment Program Director shall be responsible for:
 - a. Maintaining and reporting all addiction treatment and recovery services programming activities to the Director of Addiction Treatment and Recovery Services or designee using Monthly Programming Reporting, CR-3759, by the 7th of each month.

Effective Date: April 15, 2023	Index # 513.07	Page 4 of 5
Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

- b. Ensuring that all treatment related processes, including but not limited to group and individual counseling sessions, are attended, and facilitated by treatment counselors.
- c. Assisting in developing and updating the institution's addiction treatment and recovery services delivery system.
- d. Maintaining a list of all participants who are currently assigned to substance use treatment programs.
- e. Collaborating with the facility drug testing coordinator to keep track of participant drug screens.
- f. Ensuring that addiction treatment and recovery services information is disseminated in writing to inmates during institutional and program orientation, and through posted notices and other appropriate means of communication. Addiction treatment and recovery services information shall include, but not be limited to, the following information:
 - (1) Referral procedure
 - (2) Criteria for admission to programs
 - (3) Exclusion criteria (What excludes inmates from participating)
 - (4) Available services
 - (5) Contact persons
 - (6) Description of all aspects of specific program (See Policy #505.07)
- g. Ensuring that an Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source (See Policy #511.04)
- h. TCUDS may be requested by the Board of Parole in certain instances in which the addiction treatment program director is responsible for interviewing and screening inmates who have Board Level Hearings for any substance use treatment need and make appropriate substance use treatment recommendations.
 - (1) Inmates without a TCUDS score on record shall receive the entire TCUDS screening with results entered into the offender management system (OMS) by behavioral health services at least 14 days prior to Board Level Hearing.
 - (2) A Substance Use Programming Recommendation for Parole Board, CR-3995, shall be forwarded to the institutional probation and parole officer for Board Level Hearings at least 14 working days prior to the offender's parole hearing date by the addiction treatment program director or a designated qualified licensed substance use personnel accompanied with an Authorization of Release of Substance Use Treatment Information, CR-1974.

Effective Date: April 15, 2023	Index # 513.07	Page 5 of 5
Subject: ADMINISTRATION OF ADDICTION TREATMENT AND RECOVERY SERVICES		

3. Treatment Counselors shall be responsible for:

- a. The development of the Substance Use Initial Treatment Plan, CR-3752, and the Substance Use Disorder Individual Treatment Plan, CR-3753, with input from medical, mental health, and other unit management personnel, as appropriate.
- b. Attending and facilitating all treatment related processes, including but not limited to, group and individual counseling sessions.
- c. Completing discharge summaries on the Substance Use Treatment Clinical Discharge Summary, CR-3713.

D. Addiction Treatment and Recovery Services Administrative Operating Procedures:

1. To ensure timely review of treatment goals and services, all substance use treatment programs shall establish a facility treatment team. The facility treatment team shall meet, at a minimum, bi-weekly to discuss individual treatment needs, review/modify treatment plans, discuss participant phase progression, make recommendations on program sanctions/incentives, and evaluate program services. Minutes shall be maintained documenting meeting activities.
2. Qualified licensed substance use personnel (See Section IV) shall not exceed their level of scope of practice as dictated by state regulatory boards when providing treatment services.
3. To qualify as a treatment counselor, all non-licensed alcohol and drug counselors must be actively pursuing licensure and be clinically supervised by a qualified licensed substance use personnel.
4. Each institution's Behavioral Health Administrator or designee shall ensure that substance use treatment program personnel have the qualifications to provide program services.
5. Each institution is required to have, at minimum, one qualified licensed substance use personnel as defined in Section IV to supervise the treatment process.
6. The Department shall offer annual training in behavioral, and substance use issues to appropriate treatment and security staff when and where resources permit.

VII. APPLICABLE FORMS: CR-1974 (Rev. 12/20), CR-3752 (Rev. 8/22), CR-3753 (Rev. 8/22), CR-3759 (Rev. 8/22), and CR-3995 (Rev. 8/22).

VIII. ACA STANDARDS: 5-ACI-6A-23, 5-ACI-6A-42, 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, and 5-ACI-5E-15.

IX. EXPIRATION DATE: April 15, 2026