



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction


Index #: 513.07

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Effective Date: April 15, 2023

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Approved by: 

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

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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

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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.

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- 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.

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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



TENNESSEE DEPARTMENT OF CORRECTION
AUTHORIZATION FOR RELEASE OF
SUBSTANCE USE-TREATMENT INFORMATION

INSTITUTION / DRC

Participant's Name Please Print TDOC ID Gender

Last 4-digits of Social Security Number Date of Birth

I, (Participant's Name) authorize (Name of specific program) to disclose (Kind and amount of information to be disclosed)

to (Name of specific person, program, or organization)

for the following purpose(s): (Specify, e.g., parole referral and supervision, aftercare treatment, etc.)

Expiration:

This authorization expires twelve (12) months from the date of signature below and covers information only prior to that date. I understand that I may revoke this consent at any time. I also understand that any disclosure which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information disclosed pursuant to this authorization cannot be redisclosed by the recipient named above unless I specifically authorize such further disclosure in writing.

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

I hereby release the provider, facility, or program disclosing this information upon my authorization from any liability:

Signature of Participant

Signature of Parent/Authorized Representative & Relationship

Witness

Date

NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for 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.



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE INITIAL TREATMENT PLAN**

INSTITUTION/DRC

Participant Name

TDOC ID

____ / ____ / ____
Date

Modality: _____ TC _____ Group Therapy _____ DRC _____ Primary Counselor
DSM V Diagnostic Impression:

Problem: Participant has a need to complete the Substance Use Disorder Treatment Program based on the intake and interpretive summary and/or bio-psycho-social and risk needs assessments outcome.

Long Term Outcome/Goal: Complete all necessary requirements related to the treatment program and attend all scheduled program activities during the next thirty (30) days.

OBJECTIVES/INTERVENTIONS

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client will complete the assessment surveys: CTS, PSY, SOC, MOT.		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document (CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan (CR-3753).		

OBJECTIVE	METHODS/INTERVENTIONS(SERVICES)	FREQUENCY
1.	Counselor will provide all the necessary assessments, score them and place documentation on chart.	One Time
2.	Counselor will monitor program attendance.	On Going
3.	TDOC Staff will administer urine drug screen at intake and the counselor will document results in participant's file.	One Time
4.	Counselor will provide the participant with the group rules and expectations. Will make sure participant understands these requirements by verbal agreement between the counselor and participant as well as a signed document representing this agreement in the clinical file.	One Time
5.	Counselor will provide an individual session to develop the individual treatment plan with the participant.	One Time

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE DISORDER INDIVIDUAL TREATMENT PLAN

INSTITUTION / DRC

Participant Name: _____ TDOC ID: _____

Service Start Date: _____ Primary Counselor: _____

TC Residential SA _____ Group Therapy _____ DRC _____

DSM-V- Diagnostic Impression

CODE

DESCRIPTION

CODE	DESCRIPTION
_____	_____
_____	_____

MASTER PROBLEM LIST:

STRENGTHS:

OBSTACLES TO TREATMENT:

PROBLEM DESCRIPTION/#:

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LONG TERM OUTCOMES/GOALS:

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OBJECTIVES:

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

OBJECTIVE	METHODS/INTERVENTIONS (SERVICES)	FREQUENCY	
1.			
2.			
3.			

_____ Participant Signature

_____ Date

_____ Primary Counselor Signature

_____ Date

_____ Addiction Treatment Program Director/DRC Clinical Director Signature

_____ Date



**TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY PROGRAMMING REPORTING**

Institution/DRC:		Addiction Treatment/DRC Program Director:	
Month/Year:		Staff Submitting Report:	

I. INTAKE SUMMARY

PROGRAM TYPE	BEGINNING CENSUS	# INTAKES	RACE				# DISCHARGES	RACE				ENDING CENSUS
			W	B	H	O		W	B	H	O	
CoreCivic TC	0	0	0	0	0	0	0	0	0	0	0	0
DRC	0	0	0	0	0	0	0	0	0	0	0	0
Contractor TC	0	0	0	0	0	0	0	0	0	0	0	0
Co-Occurring TC	0	0	0	0	0	0	0	0	0	0	0	0
Transitional Program	0	0	0	0	0	0	0	0	0	0	0	0
Intensive Outpatient (IOP)	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient (OP)	0	0	0	0	0	0	0	0	0	0	0	0
Aftercare (AC)	0	0	0	0	0	0	0	0	0	0	0	0
Family Reunification (FR)	0	0	0	0	0	0	0	0	0	0	0	0
Intervention	0	0	0	0	0	0	0	0	0	0	0	0
Technical Violator Diversion Program (TVDP)	0	0	0	0	0	0	0	0	0	0	0	0
Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

II. URINALYSIS TESTING (Substance Abuse Programs Only)

TESTING TOTALS					SUBSTANCES DETECTED							
TESTING TYPE	PARTICIPANTS TESTED	# NEGATIVE	# REFUSED	# POSITIVE	ALC	THC	AMPH	OPI	MET	COC	BENZO	OTHER
Initial Testing	0	0	0	0	0	0	0	0	0	0	0	0
Random (Program)	0	0	0	0	0	0	0	0	0	0	0	0
Random (Security)	0	0	0	0	0	0	0	0	0	0	0	0
End of Program	0	0	0	0	0	0	0	0	0	0	0	0
Parole testing	0	0	0	0	0	0	0	0	0	0	0	0
Retest/Sanction	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

III. DISCHARGE SUMMARY

TOTAL DISCHARGES:	SUCCESSFUL	0	UNSUCCESSFUL	0	TOTAL	0
SUCCESSFUL DISCHARGES	Completed Parole Mandate: Release Recommended- OX or CT (Release Upon Completion)	Completed Parole Recommendation: ZD or Other Code (Recommended to Complete Before FAD)	Completed- Expiration (Fulfilled Requirements of Program Directly Before Expiration)	Completed- Other (Released to GP, Not Fulfilling Any BOP Recommendation or Mandate)	Completed- Released on Probation / Parole	Completed - Expiration Released to Community
CoreCivic TC	0	0	0	0	0	0
DRC	0	0	0	0	0	0
Contractor TC	0	0	0	0	0	0
Co-Occurring TC	0	0	0	0	0	0
Transitional Program	0	0	0	0	0	0
Intensive Outpatient (IOP)	0	0	0	0	0	0
Outpatient (OP)	0	0	0	0	0	0
Aftercare (AC)	0	0	0	0	0	0
Family Reunification (FR)	0	0	0	0	0	0
Intervention	0	0	0	0	0	0
Technical Violator Diversion Program (TVDP)	0	0	0	0	0	0
Other (Please Specify)	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0



**TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY PROGRAMMING REPORTING**

Institution/DRC:		Addiction Treatment/DRC Program Manager:	
Month/Year:		Staff Submitting Report:	

UNSUCCESSFUL DISCHARGES	Rule Breaking (Excluding Drug Use)	Drug Use	Administrative	Transferred	Medical	Early Parole	Expired (Not Complete)	Other (Explain in Notes)
CoreCivic TC								
DRC								
Contractor TC								
Co-Occurring TC								
Transitional Program								
Intensive Outpatient (IOP)								
Outpatient (OP)								
Aftercare (AC)								
Family Reunification (FR)								
Intervention								
Technical Violator Diversion Program (TVDP)								
Other (Please Specify)								
TOTAL	0	0	0	0	0	0	0	0

IV. OTHER PROGRAM ACTIVITIES	
Total Community Services Hours Worked This Month:	
Total GEDs Received This Month:	
Other Significant Activities or Notes for This Month. e.g. employment	



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE PROGRAMMING RECOMMENDATION
FOR
PAROLE BOARD

I. **Name:** _____ **TDOC ID:** _____

II. **Facility:** _____

III. **TCUD V Score:** _____

IV. **Drug Related Offense(s):**

V. Identified problems:

A. Severity of addiction:

- None
- Mild
- Moderate
- Severe

B. Criminality errors that need to be addressed prior to release:

- Entitlement
- Justification
- Power Orientation
- Cold Heartedness
- Criminal Rationalization
- Personal Irresponsibility

C. Other Bio-Psycho-Social Problem(s)

VI. Substance Use Treatment Recommendation:

- A. None Recommended
- B. Intensive Group Therapy
- C. Therapeutic Community
- D. Aftercare

VII. Category Name:

	Limited	Moderate	Severe
A. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Family/Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Leisure and Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Healthcare (Primary and Mental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Educational/Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Recommendations:

Signature: _____ Date: _____

Email: _____ Telephone#: _____