

ARIZONA DEPARTMENT OF CORRECTIONS

Co-Occurring Residential Treatment

OPERATIONS MANUAL

March 13th, 2007



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CO-OCCURRING DISORDERS RESIDENTIAL TREATMENT

PROGRAM OVERVIEW

The Pilot Project is designed to develop, and implement an integrated program of co-occurring pre- and post-release services to adult inmates of the Arizona Department of Corrections. A primary goal of the project is to increase opportunities for successful re-entry into the community. The pilot project will reduce recidivism and increase treatment opportunities by providing a structured process for developing and implementing a formalized approach to serving persons with co-occurring disorders. Utilizing a model that recognizes the stages of change, the project consists of the following elements:

- 1. Co-Occurring Integrated Clinical Team:** Inmates participating in the pilot project will be staffed by an integrated clinical team that consists of: licensed substance abuse treatment counselor, licensed mental health counselor, case manager, correctional officer III(s), and parole/probation officer(s). They will operate as a team and will be responsible for assessments, treatment planning, transitional release planning, service delivery, referral, and coordination for those inmates participating in the pilot project.
- 2. Co-Occurring Informed Assessment:** Inmates participating in the pilot project will be assessed using instruments such as the Addiction Severity Index (ASI), the Brief Psychiatric Rating Scale (BPRS) and the Socrates. Assessments will be given at the time of entry into the project (within 30 days of program entry), within 30 days of release, and 6-months post release.
- 3. Individualized Transitional Release Planning:** An Individualized Transitional Release Plan (ITRP) that is informed by the aforementioned assessment process will be provided to each inmate. The integrated clinical team has developed an ITRP that is a strengths-based plan designed to establish measurable performance objectives and identify resource needs for each inmate upon his release and re-entry into the community. The ITRP will be completed within 90-days of program entry.
- 4. Co-Occurring Case Management:** Inmates will be receive a comprehensive continuous integrated system of care through case management support for 6 months prior to their discharge and up to 6 months post-release. Case manager caseloads will not exceed 1:40, with caseloads reflecting a mix of pre-released and post-release inmates. All inmates will have at a minimum, one face-to-face contact with their case manager per month throughout the duration of their participation.

- 5. Pre-Release Residential Co-Occurring Treatment Services:** Inmates will be provided “Co-Occurring Recovery Treatment and Education Services” for a minimum of 12-months prior to their release from the Manzanita Unit of the Arizona State Prison Complex-Tucson. This program of services will follow a manualized approach and is based upon *Working with Offenders Who Have Co-Occurring Mental and Addictive Disorders: A Treatment Curriculum for Corrections-Based Programming*, authored by Roger Peters, Ph.D. & colleagues.
- 6. Co-Occurring Subsidized Housing:** Inmates participating in the pilot project will be provided subsidized housing, if needed upon release, for a period of up to 180 days, at a residence that meets ADC standards and is approved by the case manager and parole/probation officer(s).
- 7. Re-Entry Services:** Inmates participating in the services pilot project will be provided with referral and enrollment assistance services from their ADC case manager to facilitate access to a variety of appropriate and necessary community based services, as identified in the inmates’ ITRP. Inmates will have continuing follow-up contact with the case manager for a period of up to 6-months.
- 8. Alumni/Relapse Prevention Group:** As part of post-release, participants who successfully complete the program will be encouraged to attend monthly alumni meetings. These meetings will be co-facilitated by a former inmate with co-occurring disorders and an ADC substance abuse counselor. Alumni meetings will be convened in a community location to provide recently released inmates with a social support network to aide in their community-re-entry adjustment and in the maintenance of sobriety and mental health stability.

RESIDENTIAL TREATMENT LOCATION

The services pilot project will be implemented at ASPC Tucson- Manzanita Unit beginning December 2005.

PROGRAM ENTRANCE CRITERIA

TARGET POPULATION

Offenders must meet the program and unit criteria in order to be considered for placement in residential treatment. Current criteria are as follows:

Male Inmates with:

- P/I of 3/3
- A/D of 3
- M/H of 3
- Security Score of 3 (others considered on a case by case basis through a classification over-ride allowing placement at Manzanita)
- Planned release into Tucson/Phoenix metropolitan areas
- Scheduled release not more than 18 months and not less than 12 months from date of program enrollment
- No detainers that would preclude participation in outside services on record at time of transfer into Manzanita for treatment.

APPLICATION PROCESS

Participants will be selected at random based upon mental health and substance abuse scores assigned by the Department of Corrections. Inmates with a score of 3/3 will be randomly placed in either a control group or selected for treatment. Those selected for treatment will be transferred to the Manzanita Unit for intake and orientation. The ADC professional administering intake/orientation assessment tests will ensure that an AIMS entry is made on the DT08 07 stating that the offender is approved for the residential treatment program. When the inmate is received at the treatment unit, an entry must be made on the DT 08 10 stating the offender should only be moved to Manzanita.

OFFENDER INSTITUTIONAL HOUSING

Inmates will be housed in a COSIG housing unit while participating in residential treatment. The Intake Coordinator will request that applicants be moved into the treatment-housing unit prior to starting treatment.

Approved applicants may be moved from other institutions to the treatment unit. Once an offender has been approved the Regional Administrator of Addiction Treatment will send an e-mail to the appropriate Central Classification staff requesting the offenders' movement to the treatment unit as soon as possible.

PROGRAM RULES

Institutional rules apply at all times. During orientation/intake program staff are to review the rules with new program participants. Additionally, program rules will be posted and it is the responsibility of the program participant to know and follow program rules. Non-compliance, whether intentional or not, may result in a discharge from the program and movement out of ASPC-Tucson.

VIOLENCE/THREATS OF VIOLENCE

At no time will violent acts or threats of violent acts by inmates be permitted. Inmates will be immediately removed from the program if they are involved in acts or threats of violence toward other inmates or staff.

POSITIVE DRUG TESTS

Sanctions for a positive urinalysis test follow a philosophy of graduated sanctions utilizing the least punitive responses. These sanctions may include, but are not limited to, the following:

- Standard sanctions as issued by unit staff, according to policy
- Reduction of privileges
 - This may include various program benefits.
- Written Relapse Prevention Reports
 - These will be turned into the staff and will become a part of the participants file
- Discharge from the program

Positive drug tests will be addressed by the assigned substance abuse counselor through an individual counseling session with the inmate and shall be included in the next staffing session.

PROGRAM STRUCTURE

SCREENING

The Program Coordinator will ensure that a list of eligible participants is generated through the ADC Planning, Budget and Research Bureau. This list will include all inmates meeting the Arizona COSIG criteria, and eligible for transfer to the Manzanita Unit. Additionally, the Program Coordinator will check to ensure eligible participant is not currently participating in another therapeutic community or treatment program. The Program Coordinator will contact the Central Classification Manager and request that these inmates be transferred to Manzanita Unit at least 12-months prior to their release. This will allow 30 to 60 days for the actual transfer of the inmate.

INTAKE/ORIENTATION

The intake counselors shall determine the group and counselor assignment based on the inmate's current work and educational schedule. Prior to starting the program, all inmates will complete and sign the Alcohol and/or Drug Treatment Consent (917-1P) seen in Appendix IV. This form must be completed prior to any assignment. Inmates should also be oriented to the program prior to attending any groups or workshops.

Orientation will last approximately two weeks, and during this orientation the inmate will sign and receive a copy of the pilot project guidelines and receive an ITRP. Using the Motivational Interview approach both poor motivation and denial of substance abuse/mental health problems will be addressed.

ASSESSMENT

All inmates participating in the pilot project will complete the Addiction Severity Index (ASI), Brief Psychiatric Rating Scale (BPRS) and the Socrates within the first 30 days. The assigned substance abuse counselor will ensure this information will be recorded on the master report, and copies of the ASI, BPRS and Socrates are placed in the treatment file. The assigned substance abuse or mental health counselor will review the assessment, make appropriate comments in the clinician section, review the report for inconsistencies, and sign the report. This counselor will also discuss the assessment with the inmate, and determine a treatment plan based on this discussion. The inmate and counselor will sign the treatment plan, providing a copy for the inmate, and placing a copy in the treatment file.

PHASES OF TREATMENT

Treatment is separated into four phases and includes a total of 192 modules. Each module is to be used as a group session; however modules can be grouped at facilitator

discretion. The treatment is designed to allow inmates to enter at any particular phase of treatment, during any module. However, for the Pilot project, there will be designated entry points so that any therapeutic group dynamics are not disrupted.

Phase I provides a focus on engagement, assessment and identification of treatment needs. Inmate goals for Phase I include but are not limited to:

- Developing insight about their co-occurring mental health and substance abuse disorders
- Understanding importance of warning signs and precursors of relapse
- Identifying personal consequences of their disorders
- Understanding how personal beliefs, feelings and behaviors can influence commitment to change.
- Understanding specific pathways by which substance abuse affects specific mental health disorders.

Phase II focuses on intensive development of coping skills and a wide range of psychosocial skills. Inmate goals for Phase II include but are not limited to:

- Understanding how stress is related to relapse recurrence of symptoms
- Identifying personal sources of stress
- Developing stress management techniques and rehearsing those techniques
- Learning about the relationship between anger and relapse
- Understanding common “criminal thinking errors”
- Developing skills for managing cravings and urges
- Understanding parenting roles that can be played while in prison
- Practicing techniques for communication
- Learning about non-verbal communication and its effects on interpersonal situations
- Learning skills for effectively dealing with criticism from others
- Developing personal recovery networks to support goals of treatment

Phase III continues to work on skill development and focuses on building interpersonal, family and social relationships in anticipation of release. Inmate goals for Phase III include but are not limited to:

- Identifying how unhealthy relationships can undermine recovery
- Learning key skills for developing a resume and effectively managing a job interview
- Understanding how unstructured leisure time may undermine recovery efforts
- Understanding personal triggers for anger and how to deescalate situations that lead to anger
- Rehearsing active listening and other effective parenting communications
- Using stress management techniques

Phase IV focuses on post-release planning and transition services. . Inmate goals for Phase IV include but are not limited to:

- Identifying the importance of healthy peer and social support in the community and the potential sources of support
- Rehearsing cogitative skills to deal with problem emotions and social pressure
- Understanding how to use basic time management skills
- Identifying personal values related to work, personal relationships, leisure time and other areas of life
- Identifying how criminal thinking can lead to relapse and return to criminal behavior following release to the community

Phase V focuses on actual reintegration to the community. This phase consists of the first two weeks of release to the community in transitional or independent housing. The goal of this phase is to ensure that the offender actually participates in required mental health counseling and services, integrates into his new housing environment, working towards increased independence. During this phase the Case Manager will make contact with the offender twice per week, ideally once in their residential setting, and once in the parole office. The offender will participate in weekly Alumni groups during this phase.

Phase VI continues the focus of Phase V, with weekly Case Manager contact, and continued participation in the Alumni Group.

INCENTIVES/DISINCENTIVES

All incentives are made available based on Departmental resources. Effort will be made to ensure appropriate bunk assignment and job placement, however, it is important to ensure that housing and work environments are ethnically balanced, representing the diversity present within the community. Participants are encouraged to apply for Work In Prison Program (WIPP) positions outside of the pilot pending approval by department director. Participants are also encouraged to participate in vocational and educational opportunities.

As inmates may earn privileges throughout the program for demonstrating pro-social behavior, they may also lose privileges for demonstrating anti-social behaviors. These behaviors may or may not include violations of ADC disciplinary policy. An inmate may move back a phase or lose specific privileges that relate to the behavior.

TREATMENT PROTOCOL

Inmates participating in the pilot project will receive a minimum of 15 hours of treatment time per week. These inmates will participate in an intake/orientation session, group treatment, co-occurring disorder education, living skills development workshops, recovery groups, and structured recreation time. Caseloads will be maintained at 1:40 or lower, and there will be no more than 14 inmates in any treatment session. Treatment schedule grids appear in Appendix two.

GROUP TREATMENT

Group interventions are the preferred approach for developing cognitive-behavioral skills among inmates with co-occurring disorders. Groups provide an arena in which to enhance psychosocial skills and allow inmates to provide important feedback to other group members. Inmates will participate in active, therapeutic group treatment for a minimum of one hour, five days a week. These group sessions will be co-facilitated by mental health and substance abuse professionals.

EDUCATION

Inmates will participate in educational sessions following a manualized approach and based upon *Working with Offenders Who Have Co-Occurring Mental and Addictive Disorders: A Treatment Curriculum for Corrections-Based Programming*, authored by Roger Peters, Ph.D. and colleagues. These sessions will be lead by a member of the co-occurring clinical team and inmates will participate in these educational sessions a minimum of 3 times a week.

RECOVERY GROUPS

As part of the treatment protocol, inmates will participate in recovery groups and will have the choice of attending 12-step groups or SMART recovery groups. The inmate will be responsible for following up on all the requirements of the group of their choice and will be held accountable by the case manager for completing any steps, phases, homework or assignments.

INDIVIDUALIZED COUNSELING

Inmates will participate in individual counseling sessions as needed. These sessions may be provided by mental health and/or substance abuse staff based on treatment objectives. The need for individual counseling will be established during the intake and assessment process and re-evaluated during staffing sessions.

INDIVIDUALIZED TREATMENT RELEASE PLAN

The ITRP will be developed not more than 90 days after an inmate enters the program. Participants involved in this process and required signatories to the ITRP will include:

- The inmate
- The inmate's family members/significant others as appropriate
- The assigned case manager
- The assigned parole officer (initial and 30 day prior to release)
- The COIII

- The assigned substance abuse counselor
- The assigned mental health staff
- The project coordinator
- Other individuals mutually agreeable to the inmate and his case manager.

The format for the ITRP specifies goals, objectives, and actions with deadlines and/or dates for completion of specific activities. Activities will be designed to adequately prepare the inmate for community re-entry and to assist the inmate in identifying and accessing appropriate services and supports in the community upon discharge.

STAFFING SESSIONS

In-Prison Residential Treatment Staffings

Staffings will be conducted monthly after ITRP is established per inmate. To ensure treatment objectives are being met the below listed participants will be in attendance:

- The inmate
- The assigned case manager
- The assigned substance abuse counselor
- The assigned mental health staff
- The project coordinator
- Other individuals mutually agreeable to the inmate and his case manager

Staffing topics to be covered include but are not limited to goals pre and post-release, treatment objectives are being met and reviewed as needed, updating ITRP as needed, appropriate housing placement meets needed criteria, medication needs post-release, and basically ensure inmate has increased chance for success post-incarceration.

Community Staffing Sessions

Staffing sessions with the clinical team will be held after release of the inmates as needed; the sessions may be requested by the clinical team, case manager, or parole/probation officer(s). If there are concerns about the released inmate's supervision that may result in return to custody, the parole/probation officer(s) will make contact with the case manager to schedule a staffing session as appropriate. However, the parole/probation officer(s) must follow parole/community safety protocol should the released inmate break probation/parole conditions.

THERAPEUTIC RECREATION

A separate, therapeutic recreation time will be scheduled. Integrated clinical team members will actively participate in this scheduled recreation as team members. Teams

and activities will be designed and managed to encourage demonstration of pro-social behaviors.

DAY ROOM RECREATION

Inmates may request use of the day room in the Housing Unit. Any use of the day room would have to be pre-arranged and approved by staff. The use of the day room is for approved activities only. These activities would also appear on the master pass for the inmate. Only inmates at Phase Level II, III or IV are eligible to participate in use of the day room. Additionally, all activities that are approved must be representative of the entire population of inmates in the program.

CASE MANAGEMENT

NEEDS ASSESSMENT

The case manager shall survey all inmates to determine their level of need for transitional services. They may also assess the level of services needed by review of the inmate treatment file and/or institutional file. The case manager shall ensure all contacts with inmates are documented in the treatment file under *Progress Notes*, and that a release of information is signed prior to contacting any outside agency/transitional housing program. Including transitional housing, needs assessments should include but not be limited to: checking into inmate's eligibility for AHCCCS and food stamps, transportation-including bus passes, educational needs, job training needed, mental health services (provider for medications, e.g. CPSA, Value Options).

Transitional Housing

The case manager will approve transition housing for released inmates utilizing AZ-COSIG Funds. They will maintain a list of all pending releases, providing the program manager a cost projection for each fiscal year. Based on this projection, the program manager shall determine the amount of services that may be funded for that year.

The case manager and parole officer will ensure appropriate levels of care for the inmates are met at the corresponding placements. Housing placements and services will progress from a dependent to semi-independent to fully independent setting, allowing the inmate maximum services immediately post-incarceration. As the inmate progresses and advances within the community and post-release treatment, more independence will be granted, leading to the inmate being nearly self-sufficient nearing the six month mark of community supervision.

In acceptance of inmates participating in AZ-COSIG, group space will be provided for the alumni group meetings at the corresponding transitional housing locations.

Transition housing shall be approved based on the following criteria:

Employment

Minimum Requirements:

1. Halfway house to offer referrals to an employment agency.
2. Require participant to gain employment within 1 month of entering program. Any individual not able to be employed due to disability or in the process of seeking employment will volunteer full-time to occupy time.

Preferred Requirements:

1. Halfway house connected with employment services/agencies to provide job training or placement into positions to utilize developed skills.
2. Require participant to gain employment within 2 weeks of entering program. Any individual not employed or in the process of seeking employment will need to attend "Day Labor" as to not fall behind in payments to house and gain work responsibility. If an individual is unable to work due to disability, a full-time volunteer position will be required.

-OR-

The program should offer structure to fulfill 6-8 hours Monday thru Friday, groups and household chores to be included.

Social Services

1. Each house should promote independence by requiring participants to apply for AHCCCS and food stamps (if eligible) within 2 weeks of entering program.

Counseling Services

Minimum Requirements:

1. Referral to an agency that provides certified counselors.

Preferred Requirements:

1. Provide certified counselors on-site or available on-call.

Recovery Groups

Minimum Requirements

1. Offer at least 2 groups on-site or within close walking distance (at another halfway house) weekly. Attendance expected by program participants.

Preferred Requirements

1. At least 2 groups offered on-site or within close walking distance (at another halfway house) weekly. Attendance mandatory by program participants.
2. Attend at least 3 groups off-site to assist with sobriety.
3. If 12-step based program, participants should acquire a sponsor.

House Criteria

Minimum Requirements

1. No more than 3 persons per bedroom
2. Staff on-site overnights

Preferred Requirements

1. No more than 2 persons per bedroom
2. Nightly curfew

3. Staff on-site 24/7
4. U/A drops to be conducted on-site
5. If coed site, men and women must be housed separately

Structure and Facilities

1. Building needs to be free of insects
2. Water, gas, and electricity will be provided

The Case manager will be responsible for maintaining a list of approved transitional housing units in the Phoenix and Tucson Metropolitan areas.

REENTRY SERVICES

As determined by the ITRP and case manager, such assistance may include but is not limited to, establishing Arizona Health Care Cost Containment System (AHCCCS-Title IXX) eligibility, mental health services, medical services, substance abuse treatment, housing, transportation, education, food, clothing, and employment. As part of the ITRP, the inmate may be provided assistance with other community resources and provider networking and with placement in community reintegration workshops

ALUMNI/RELAPSE PREVENTION GROUP

All participants are encouraged to participate in Relapse Prevention Groups upon release. These groups will be available on a weekly basis. Participation will be coordinated through the case manager. These groups will be led by program staff and include participation by the case manager and/or parole officer.

STAFF RESPONSIBILITIES

PROGRAM COORDINATOR

Responsibilities of the Program Coordinator include but are not limited to: coordinating the integrated clinical team, monitoring the pool of inmates eligible for treatment, maintaining reporting standards to the coordinating center, providing feedback to counselors, case managers, and parole officers, monitoring on the progress of inmates in the program both inside and outside the institution, monitoring data collection, monitoring program fidelity, assisting counselors as needed in facilitation of groups, and securing space as needed for recreation, education and recovery meetings.

SUBSTANCE ABUSE COUNSELOR

Responsibilities of the Substance Abuse Counselors include but are not limited to: state wide inmate screenings for eligibility to program, group treatment session facilitation, educational session lesson planning, educational session teaching, development of treatment plans, intake/orientation, maintaining documentation in the treatment file, individual counseling sessions as needed, facilitation of alumni groups in the community, participating in staffing sessions, leading structured recreational activities with inmates.

There will be two FTE Substance Abuse counselors staffing the pilot project.

MENTAL HEALTH STAFF

Responsibilities of the Mental Health Staff include but are not limited to: group treatment session facilitation, educational session lesson planning, educational session teaching, development of ITRPs, intake/orientation, individual counseling as needed, assisting with structured recreational activities for inmates, maintaining documentation in the treatment file, and participating in staffing sessions.

There will be the equivalent of 1.5 FTE mental health staff member staffing the pilot program.

CASE MANAGER

Case manager responsibilities include but are not limited to: evaluating needs of inmates according to the needs assessment surveys, development of ITRPs, assessing transitional housing and community resource needs and seeking to meet those needs prior to release, networking with agencies as needed to ensure all services are available

upon release to ensure continuity of care; especially medication concerns, coordinating monthly staffings with all involved parties, maintaining post-release statistics, developing working relations with community supervision and the parole officer involved. The Case Manager will work as a team in conjunction with the ADC Counseling and Treatment Bureau staff, the supervising Parole Officer (PO) contacting members as needed.

Inmate contact as follows: pre-release case management conducting ITRP upon orientation to program, monthly staffings to determine inmate needs post-release, and at times case manager and/or inmate deem appropriate to ensure continuity of care. The CM will conduct an assessment six (6) months prior to release and will assist the inmate in obtaining all supportive services, to include, but not limited to: establishing Arizona Health Care Cost Containment System (AHCCCS-Title IXX) eligibility, mental health services, medical services, substance abuse treatment, housing, transportation, education, food, clothing, and employment. The CM is responsible for coordinating with the RBHA (i.e., CPSA, ValueOptions), and other outside service providers and resources, and for assisting with placement in community reintegration workshops, as he/she oversees a comprehensive continuous integrated system of care for offenders who are participating in the COSIG services pilot project. Post-release services will be provided for a period of up to six (6) months and subsidized housing, if needed, for a period of up to 90 days (3 months).

Post-release includes attendance at mental health agency staffings and as needed for meetings at parole with the inmate, minimum contact of twice weekly for first two weeks of release, then once weekly, or as needed.

There will be two FTE case managers staffing the pilot program, caseloads should not exceed 1:40.

CORRECTIONAL OFFICER III

Responsibilities of the COIII include but are not limited to: moving inmates within the yard when appropriate and completing the inmate release packet as outlined in ADOC policy. Other responsibilities shall include acting as a liaison for WIPP officer to ensure that inmate assignments are made in a timely manner, orientation of inmate to rules, regulations, and expectations of program, and working with the WIPP officer to gather needed WIPP data and forwarding that data to the program manager for the various reports. CO III will not participate in delivery of services to inmates in the program; however they will serve as an additional therapeutic resource.

PAROLE OFFICER

Parole Officer responsibilities for inmates released to community corrections in both Tucson and Phoenix, as pertaining to COSIG in specific, include but are not limited to:

attendance at the ITRP and telephonic correspondence with the Case Manager as needed. Attend a staffing with the Case Manager and offender when the offender is within 30 days of release, making appropriate recommendations as needed to ensure inmates success in the community, as well as overseeing all other ADC conditions of supervision. The Parole Officer will initiate all necessary paper work to get inmate into the system as needed as a result of the staffing prior to release. Post-release, Parole Officer shall complete an intake of the released inmate within one workday of release from confinement.

Parole Officer shall have face-to-face contact with the offender as required by the Parole Officer Technical Manual:

Intensive Supervision mandates no less than weekly face-to-face contacts and two collateral contacts per month for each offender.

Maximum Supervision mandates no less than two face-to-face contacts per month and one collateral contact per month for each offender.

Medium Supervision mandates no less than one face-to-face contact per month and one collateral contact per month for each offender.

Minimum Supervision mandates no less than one face-to-face contact per quarter and one collateral contact per month for each offender.

Parole Officers in Tucson shall supervise offenders released to Pima County and Parole Officers in Phoenix shall supervise offenders released to Maricopa County.

ADMINISTRATIVE ASSISTANT

Administrative Assistant responsibilities include but are not limited to: initial inmate screening for non clinical data, compiling and preparing weekly, monthly, and other statistical reports as needed, initial processing of applications for the program, maintaining pre-release statistical data, providing rosters and attendance sheets for counselors and group leader, in-unit movement of inmates to appropriate houses, classroom preparation, and documenting meetings between the integrated clinical team. This position will also schedule and monitor inmates completing the ASI MV. There will be one .5 FTE dedicated administrative assistant for the pilot program.

INVENTORY CONTROL

The project coordinator shall ensure that an accurate inventory of all equipment and furniture is maintained at each treatment location. The project coordinator shall notify the ADC Contract Monitor of any changes on the inventory. The ADC Contract Monitor shall conduct periodic audits of program inventories to ensure accuracy, and ensure compliance with the annual ADC inventory of capital equipment.

PURCHASING

All purchase requests shall be documented on an Order Request form. All information should be provided prior to include item description, purpose or use, source, item or model number, unit price, unit quantity, and total cost. The index section should be left blank. Orders must be approved by the program manager and forwarded to the Contract Monitor for final approval and actual purchasing. The Contract Monitor shall ensure items are ordered received and paid for after delivery. Staff receiving property and supplies shall inspect the items to ensure that all items match the purchase order, sign and fax a copy of the receipt to the Contract Monitor.

STATISTICAL REPORTING

MASTER REPORT

The program manager shall ensure that the master report is maintained at each treatment unit. This report will include demographic information on each participant, treatment start date, release date, treatment completion, drop or termination date, and follow up information as required by ADC, funding source, and evaluation source.

WEEKLY REPORT

The administrative assistant shall ensure that the weekly report is e-mailed to the coordinating center no later than Monday of each week. This report shall include statistical information on all treatment programs. To ensure accuracy in this report, the case manager shall ensure that the Master Report is up to date and the following information is forwarded to the program administrator every Friday afternoon:

- Beginning Enrollment
- Additions
- Voluntary Withdrawals
- Administrative Withdrawals
- Completions
- Number of inmates in Community Case Management
- Total Numbers of inmates in Grant-Funded housing

RECORD KEEPING

Information sharing is critical to the success of the pilot project. All files must be made accessible to all treatment staff in one centralized location.

ATTENDANCE ROSTERS

Program staff shall compile monthly statistical information utilizing the standardized attendance roster. Based on this information, the program manager shall complete all required weekly, monthly, quarterly and annual reports, and ensure that these reports are maintained in a secure filing cabinet within the program office.

TREATMENT FILES

Program staff shall ensure that treatment files are maintained on all inmates participating in addiction and mental health treatment. Files are to be secured in a designated filing cabinet within the program office clearly marked as “Confidential Treatment Files”. Access to these files is limited to treatment staff, internal auditors and evaluating agencies. The project coordinator shall review all treatment files prior to closure to ensure that all forms are accounted for and all notations are appropriate. Treatment files shall be maintained in accordance with State and Federal Guidelines.

In order to effectively ensure information sharing capabilities surrounding the dual needs of the inmates with co-occurring disorders while maintaining privacy laws and confidentiality requirements, Mental Health staff will maintain their own records. However, mental health notations must be made in a merged file housed in the Substance Abuse records.

AIMS DOCUMENTATION

The Program CO III shall ensure AIMS entries are placed on the DI83 screen as appropriate.

In order to ensure that inmates are not prematurely transferred out of Manzanita Unit, the Administrative Assistant will ensure that the following information is placed on the DT08 10 screen.

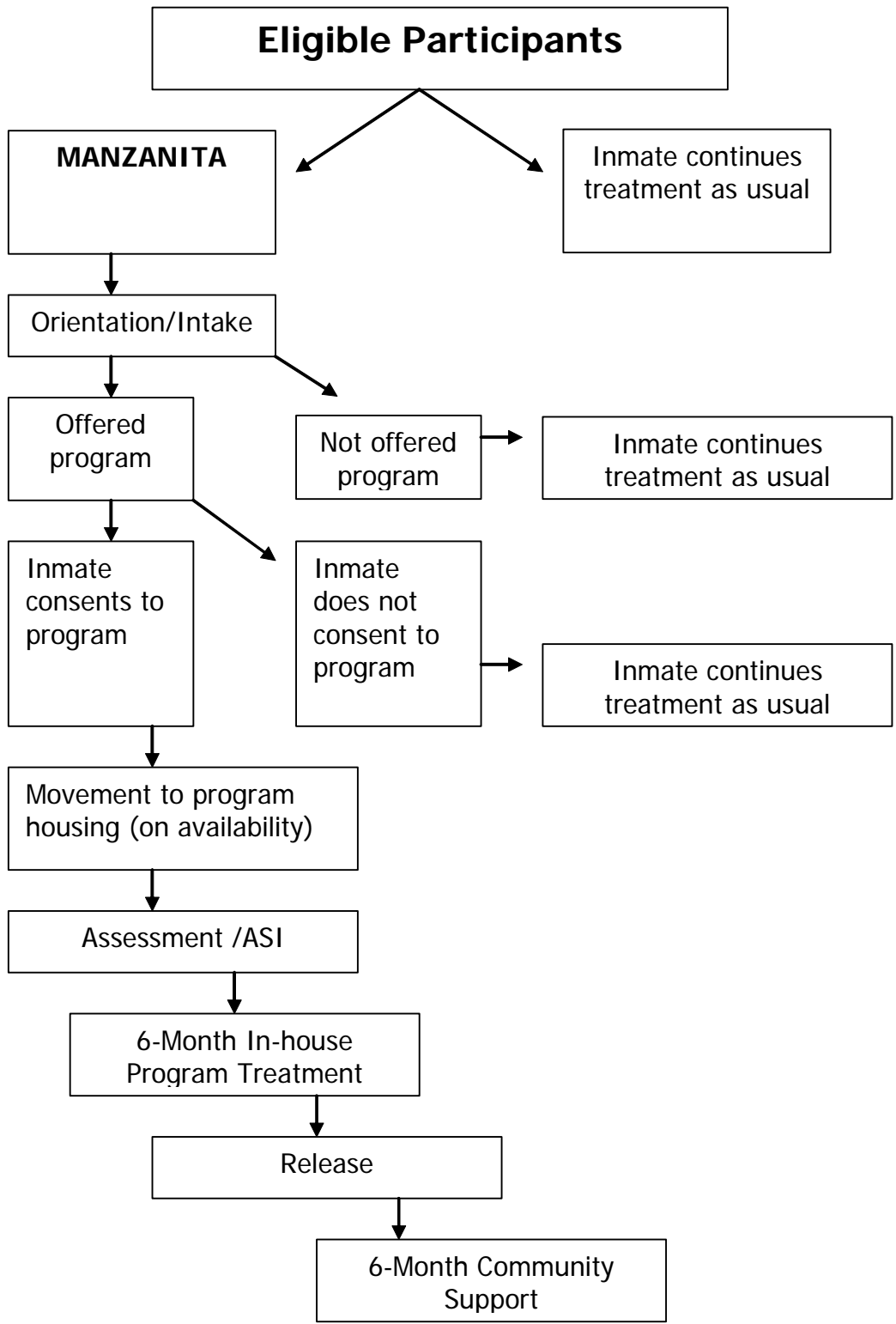
Program Start: Approved (Insert Program Acronym – i.e. WIR) 00/00/00 @ Unit Code, User ID

Voluntary Drop: Withdrew from (Program Acronym) 00/00/00 @ Unit Code, User ID

Program Termination: Removed from (Program Acronym) 00/00/00 @ Unit Code,
User ID

Program Completion: 00/00/00 Completed (Program Acronym) 00/00/00 @ Unit Code,
User ID

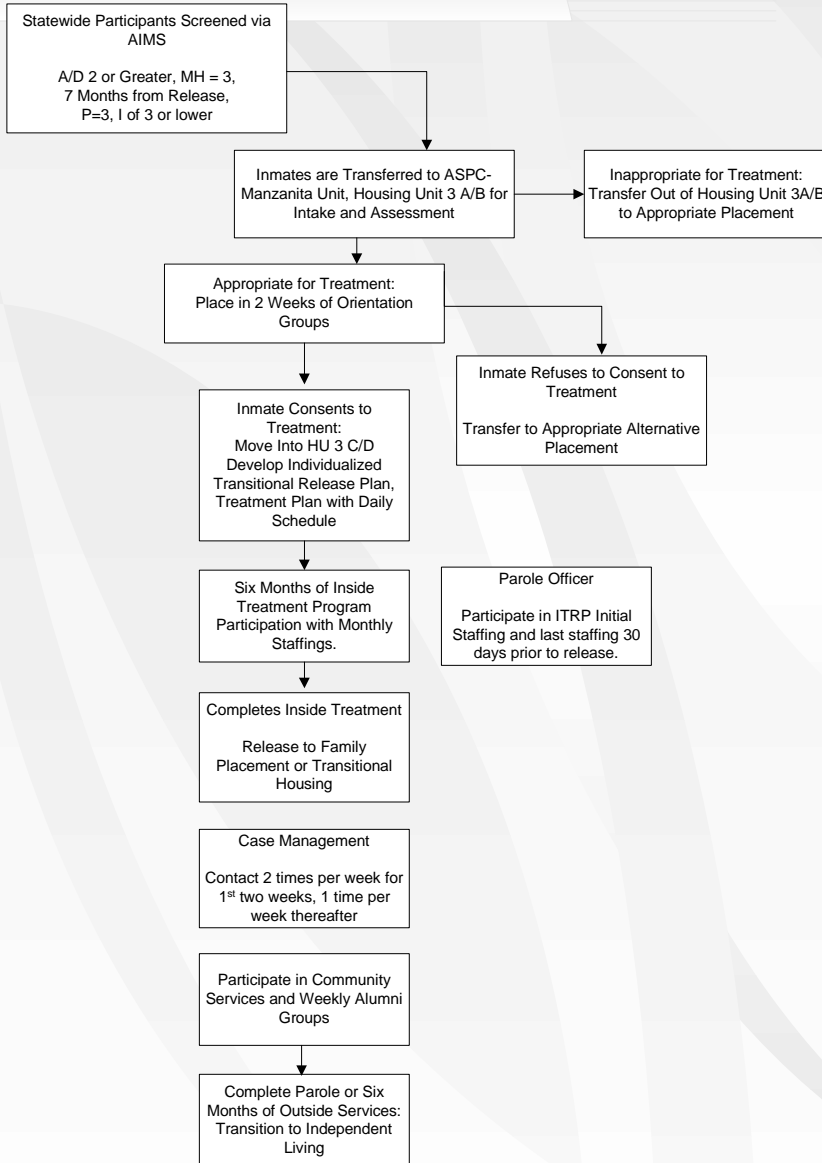
APPENDIX I: ELIGIBLE PARTICIPANTS



APPENDIX II: TREATMENT FLOW CHART

Thursday, September 01, 2005

Treatment Flow Chart



APPENDIX III: PROGRAM SCHEDULE

APPENDIX IV: FORMS

ARIZONA DEPARTMENT OF CORRECTIONS
Alcohol and/or Drug Treatment Consent

I, _____, Consent to: [Check one, or both boxes below, as appropriate.]

Participate in non-medical Alcohol and Other drug (AOD) pre-treatment activities with paraprofessional or professional Substance Abuse Staff, or

Interviewing, assessment, and/or AOD treatment with professional Department or contracted substance abuse staff.

By signing below, I hereby authorize the Department to record my participation in this program on its automated inmate records system.

The potential advantages, risks, disadvantages and the ground rules relating to my participation in this program have been explained to me. My questions have been answered to my satisfaction.

I understand that the information I provide is confidential except under the following circumstances:

I threaten someone else or myself with physical harm.

I provide information relating to the safe, secure, and orderly function of the institution, such as information about possible escapes, disturbances, drug trafficking, etc.

I provide information related to the suspected abuse, neglect, or molestation of a minor or a vulnerable or developmentally disabled adult.

I am or become involved in legal proceedings requiring that program participation documentation be open for Court inspection.

I provide information related to an unsolved capital offense, such as an unsolved murder.

I also understand that information about my participation in substance abuse pre-treatment or treatment programming may be documented in clinical files. Information in the file is protected by guidelines identified in Department Order #917 and is not subject to disclosure without this written consent. To assist the Department, Board of Executive Clemency, and prison or community-based treatment staff in effectively managing my case and any aftercare or continuing treatment for which I may be eligible, I authorize

disclosure to

N/A

(Name of person or identification of role - such as AParole

Officer, etc.)

The following information

N/A

(Nature of the information. Be as specific as possible)

for this reason(s):

N/A

(Reason for the disclosure. Be as specific as possible.)

Except to the extent that action has already been taken on the information, I may revoke this consent at any time. This consent expires automatically on my sentence expiration or on

N/A

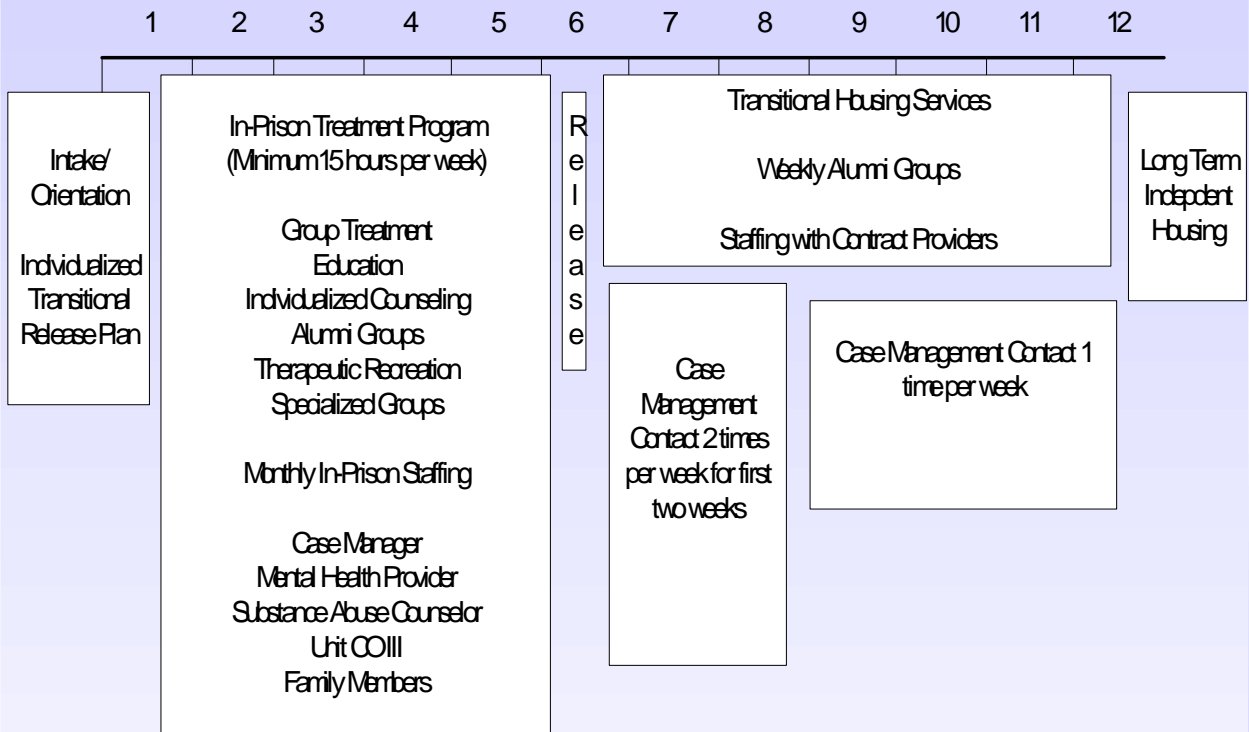
Signature of Inmate Participant

Date

APPENDIX V: TREATMENT TIMELINE

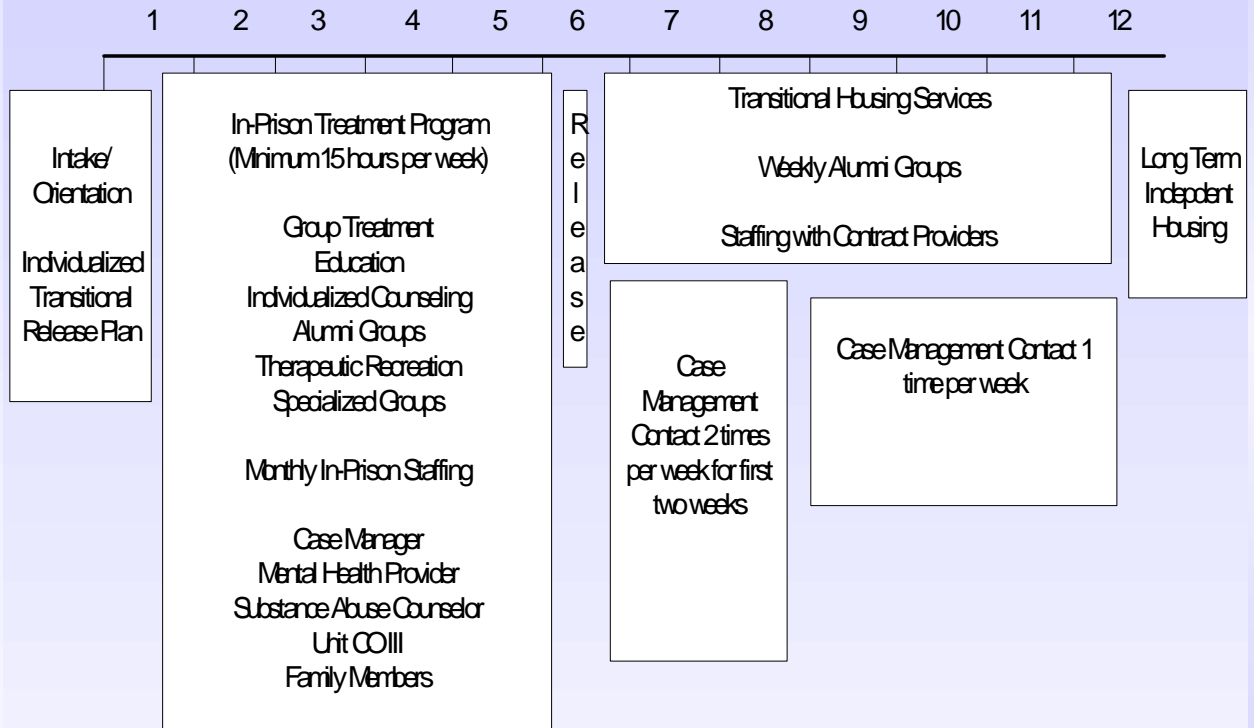
Treatment Timeline

Thursday, September 01, 2005



Treatment Timeline

Thursday, September 01, 2005



APPENDIX VI: INDIVIDUALIZED TRANSITIONAL RELEASE PLAN

Individual Transitional Release Plan (ITRP)			
Inmate Name: _____		Date of Birth: _____	Today's Date: _____
Last	First	M.	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	ADC ID # SSN #	Date of Admission: _____	Projected Release Date: _____
Name of Facility:		Name of Case Manager:	County, City of Release and Primary RBHA:

Needs in the community after release	Action taken 180 days prior to release	Action taken 90 days prior to release	Action taken 30 days prior to release	Final plan:
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Integrated Service needs: <input type="checkbox"/> (Check if needed)	___/___/____	___/___/____	___/___/____	___/___/____
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Medications- Psychotropic: <input type="checkbox"/> (Check if needed) Other: Acton completed by: _____ initial	___/___/____	___/___/____	___/___/____	___/___/____
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Housing: <input type="checkbox"/> Family <input type="checkbox"/> Transitional <input type="checkbox"/> Shelter/Halfway <input type="checkbox"/> Rental Unit <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____ _____ _____ Acton completed by: _____ initial	___/___/____	___/___/____	___/___/____	___/___/____
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<p>Medical Health Care needs: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>
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<p>Medical Health Care Benefits: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>
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<p>Income/Support Benefits: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>
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<p>Food & Clothing needs: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>	<p>__/__/____</p>
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<p>Transportation needs:</p> <p><input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____ initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Social Support needs:</p> <p><input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____ initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Family/important others:</p> <p><input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____ initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Household/ financial issues:</p> <p><input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____ initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Education needs: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Employment needs: <input type="checkbox"/> (Check if needed)</p> <p>Acton completed by: _____initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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<p>Other:</p> <p>Acton completed by: _____initial</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>	<p>____/____/____</p>
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ITRP participant's signatures

<input type="checkbox"/> Inmate: _____	Date: __/__/----
<input type="checkbox"/> Case Manager: _____	Date: __/__/----
<input type="checkbox"/> MH Counselor: _____	Date: __/__/----
<input type="checkbox"/> SA Counselor: _____	Date: __/__/----
<input type="checkbox"/> C.O III: _____	Date: __/__/----
<input type="checkbox"/> Parole Officer: _____	Date: __/__/----
<input type="checkbox"/> Project Coordinator: _____	Date: __/__/----
<input type="checkbox"/> Family/significant others: _____	Date: __/__/----
<input type="checkbox"/> Family/significant others: _____	Date: __/__/----
<input type="checkbox"/> Family/significant others: _____	Date: __/__/----
<input type="checkbox"/> Other: _____	Date: __/__/----
<input type="checkbox"/> Other: _____	Date: __/__/----

