PROCEDURE NUMBER: 507.202
PROCEDURE TITLE: SUBSTANCE ABUSE PROGRAM ADMISSIONS-INSTITUTIONS
EFFECTIVE DATE: JULY 29, 2010
RESPONSIBLE AUTHORITY: OFFICE OF RE-ENTRY
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SUPERSEDES: NONE
RELEVANT DC FORMS: DC5-704, DC5-706, DC5-713, DC5-716, DC5-719, AND DC6-236

ACA/CAC STANDARDS: 4-4440
STATE/FEDERAL STATUTES: CHAPTER 397, F.S.
FLORIDA ADMINISTRATIVE CODE: CHAPTERS 33-507 AND 65D-30, F.A.C.
PURPOSE: To establish guidelines for selection and admission of inmates to in-prison substance abuse programs.

DEFINITIONS:

(1) **Alternative Substance Abuse Programs**, where used herein, refers to substance abuse programs which are non-deity based for inmates who object to participating in substance abuse services which may contain religious content (i.e., Alcoholics Anonymous/Narcotics Anonymous and other traditional substance abuse interventions).

(2) **Corrections Integrated Needs Assessment System (CINAS)** refers to the inmate needs assessment system developed to measure an inmate’s likelihood to recidivate while considering a variety of factors including criminogenic indicators. This recidivism index (RI) is then used by CINAS to determine which major programs an inmate should be targeted for including, but not limited to, substance abuse, academic education and vocation courses.

(3) **Institutional Classification Team** refers to the team consisting of the warden or assistant warden, classification supervisor, chief of security, and other members as necessary when appointed by the warden or designated by rule. The institutional classification team is responsible for making work, program, housing, and inmate status decisions at a facility and for making other recommendations to the state classification office.

(4) **Mandatory Substance Abuse Program Services**, where used herein, refers to the requirement for selected inmates to participate in substance abuse program services. These services may include non-residential or residential programs, prevention, aftercare, and alumni programs.

(5) **Offender-based Information System (OBIS)** refers to the department’s integrated offender/inmate data base system to organize and store security, classification, program and other offender/inmate data.

(6) **Priority Ranking**, where used herein, refers to the priority assigned to each inmate for placement into substance abuse program services. An inmate’s priority ranking is based on a number of factors including, but not limited to, the inmate’s screening score which is calculated based on criminal offense records, substance abuse history, severity of addiction, and substance abuse assessment at reception.

(7) **Program Director**, where used herein, refers to the designated on-site senior clinical and administrative practitioner for a residential or outpatient substance abuse services program.

(a) The program director may serve as the program’s clinical supervisor and must meet the training and education requirements of a qualified professional established in chapter 397, F.S.

(b) The program director is responsible for the management and oversight of the program function, service provision, clinical supervision of program staff, and coordination with other institutional and facility staff.
(8) **Re-entry** refers to a process embraced by the Florida Department of Corrections and other agencies to assist inmates in prison and offenders on community supervision in becoming productive citizens. Its goal is to reduce recidivism by providing treatment and training to inmates and offenders. The focus is on needs assessments and academic, vocational and substance abuse education. A sober, educated inmate is less likely to return to prison, and more likely to transition into a productive, law-abiding tax-paying citizen.

(9) **Substance Abuse Screening Score** [ote], where used herein, refers to a numerical value calculated for an individual inmate from a review and calculation of factors reflecting drug-related criminal history, substance abuse programming or treatment, results of the "Drug Simple Screening Instrument (DSSI)", a screening instrument, and other factors related to the identification of potential substance use problems.

(10) **Substance Abuse Program Score (SAPS)** refers to the inmate needs assessment system developed to measure an inmate’s likelihood to recidivate while considering a variety of factors including criminogenic indicators. This recidivism index (RI) is then used by CINAS to determine which major programs an inmate should be targeted for including, but not limited to, substance abuse, academic education and vocation courses.

(11) **Waiting List**, where used herein, refers to a group of inmates in the general population of a facility who have been designated for substance abuse program participation, pending availability of program slots.

**SPECIFIC PROCEDURES:**

(1) All inmates being admitted into substance abuse program services other than prevention and readiness must meet the diagnostic criteria for psychoactive substance dependence and/or psychoactive substance abuse from the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR)*, current edition.

(2) **DIAGNOSTIC CRITERIA FOR SUBSTANCE DEPENDENCE**: includes a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (3) or more of the following, occurring at any time in the same twelve (12)-month period:

(a) The inmate demonstrates tolerance, as defined by either of the following:
   1. a need for markedly increased amounts of the substance to achieve intoxication or desired effect; or
   2. markedly diminished effect with continued use of the same amount of the substance;

(b) The inmate demonstrates or has demonstrated withdrawal, as manifested by either of the following, the:
   1. characteristic withdrawal syndrome of the substance, or
   2. same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms;
(c) The substance is often taken in larger amounts or over a longer period than was intended;

(d) There is a persistent desire or unsuccessful efforts to cut down or control substance use;

(e) A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects;

(f) Important social, occupational, or recreational activities are given up or reduced because of substance use; and/or

(g) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

(3) **DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE:** includes a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (1) or more of the following, occurring at any time in the same twelve (12)-month period:

(a) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use, substance-related absences, suspensions, or expulsions from school; or neglect of children or household);

(b) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);

(c) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct);

(d) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights); and/or

(e) symptoms that have never met the criteria for substance dependence for this class of substance.

(4) For consideration for admission to a program, inmates must have been mandated for substance abuse programs in accordance with “Mandatory Participation in In-prison Substance Abuse Programs,” Procedure 507.102. In addition, inmates should be in the substance abuse program factor highest priority group (SAPS) for substance abuse program participation in CINAS and must be among the highest prioritization ranking based on the statewide prioritization ranking calculated from the “Inmate Substance Abuse Priority Screening” screen on OBIS. Inmates with a substance abuse priority of factor group of SAPS will be considered for substance abuse program participation on a space available basis. Inmates will be assigned
a CINAS substance abuse program score and a prioritization ranking in accordance with "Substance Abuse Screening at Reception Centers," Procedure 507.201.

(a) The prioritization ranking will be based on a number of factors including, but not limited to:
   1. present and past criminal offense(s);
   2. sentencing authority recommendations;
   3. if the inmate was sentenced by a drug court/drug division;
   4. severity of addiction as indicated by the inmate’s screening by the Drug Simple Screening Instrument (DSSI), age, chronicity of substance use, age at first use, frequency and duration of substance use, results of any urinalysis testing, and previous department substance abuse program services or other treatment episodes; and
   5. previous unsuccessful termination from a community-based residential substance abuse program.

(b) Inmates who do not meet the screening criteria for mandatory participation in substance abuse programs may request program participation by forwarding an “Inmate Request,” DC6-236, to the classification officer.
   1. Once an inmate volunteers for substance abuse programs s/he will be considered to meet the criterion of need based on screening and will be subject to mandatory program participation.
   2. The staff person (or designee) receiving the request will ensure the updating of the _8 which will generate a prioritization ranking for the inmate during the subsequent OBIS prioritization updating.
   3. When the inmate reaches sufficient priority ranking, s/he will be placed into the substance abuse program. If the inmate then refuses program entry, or refuses to continue once admitted to the program, s/he will be subject to disciplinary action in accordance with “Mandatory Participation in In-prison Substance Abuse Programs Services,” Procedure 507.102.

(5) For admission to intensive outpatient program services (Modality I), the inmate will have:

   (a) a psychoactive substance use disorder, and

   (b) sufficient projected time remaining on her/his sentence to enable the inmate to participate in the program for at least four (4) months.

(6) For admission to residential program services (Modality II), the inmate will have:

   (a) a psychoactive substance use disorder, and

   (b) sufficient projected time remaining on her/his sentence to enable the inmate to participate in the program for nine (9) to twelve (12) months.
(7) For admission to re-entry center substance abuse services, the inmate will:

(a) be approved through the Bureau of Classification and Central Records for placement at the facility, and

(b) be placed in the appropriate level of care depending on screening information.

(8) For admission to substance abuse programs which are partly or wholly funded by federal grant(s), in addition to the criteria specified in section (6)(a)-(b) of this procedure, inmates will meet any additional requirements which may be imposed by the funding source(s).

(9) Inmates will be considered for admission into substance abuse programs in accordance with the substance abuse program factor and prioritization ranking maintained in OBIS.

(10) The Bureau of Classification and Central Records will designate and move inmates to program locations with program slots available.

(11) The substance abuse program director, clinical supervisor, or counselor will ensure that the classification supervisor is advised of available program services slots (including Readiness and Alumni groups) in writing on a weekly basis.

(12) The institutional classification team will:

(a) assign inmates in the institution’s population into substance abuse program slots as the slots become available. Inmates will be assigned based on the priority ranking reports compiled by OBIS;

(b) ensure that inmates with the highest priority ranking on OBIS and a SAPS score of [Blank], with the highest priority given to SAPS [Blank], are placed into available program slots or maintained on waiting lists established at select facilities by the Bureau of Classification and Central Records;

(c) ensure that inmates mandated to participate in substance abuse programs are fully informed of the consequences for refusal to participate, and any such refusals are managed in accordance with the “Mandatory Participation in In-prison Substance Abuse Programs,” Procedure 507.102;

(d) ensure that inmates who object or refuse to participate in substance abuse programs based on the religious content of the traditional program(s) are offered the opportunity to participate in alternative substance abuse program services;

(e) ensure that inmates who opt for the alternative substance abuse programs complete the “Request/Consent for Alternative Programming,” DC5-713; and

(f) ensure that the program director, clinical supervisor, or counselor is notified of the inmates’ assignment into the program and the date of the inmates’ assignment to the program by ensuring that the substance abuse program director or designated counselor
receives a copy of the appropriate portions of the completed institutional classification team docket.

(13) The substance abuse program director, clinical supervisor, or counselor will ensure that all inmates considered for placement into a program slot, excluding prevention programs, meet the eligibility criteria established herein. Based on a completed (or updated) “Psychosocial Assessment,” DC5-716, in accordance with chapter 65D-30, F.A.C., timeframes, the counselor may determine that the inmate does not meet the eligibility requirements of the program or is otherwise inappropriate for the program. If so, the program director or counselor will:

(a) recommend alternate programming, or

(b) indicate no need for substance abuse programming, and

(c) provide documentation of the findings regarding programming needs to the classification supervisor by entering the status code for “Administrative Discharge” _____ with the exit reason code for “Diagnosis Impression Not Met” ____ on the “Substance Abuse Program Daily Status Change Sheet,” DC5-704.

(14) When an inmate is assigned to the program, the program director, clinical supervisor, or lead counselor will ensure that:

(a) a copy of the “Substance Abuse Reception Screening Summary,” generated using the automatic system inquiry _____ batch run, is obtained from classification’s file or a copy of the _____ and a substance abuse clinical record is created in accordance with “Substance Abuse Clinical Records,” Procedure 507.401;

(b) the inmate’s admission is documented in the substance abuse clinical record on “Client Information,” DC5-719, and the “Progress/Summary Notes,” DC5-706;

(c) the inmate’s admission to the program and other relevant data are recorded on the DC5-704;

(d) a copy of the DC5-704 is maintained in the office of the substance abuse program director, clinical supervisor, or lead counselor for auditing purposes, and

(e) the DC5-704 is forwarded to the classification supervisor by the close of the business day on which any status changes occur.

(15) The classification supervisor will ensure that the substance abuse program date are entered into OBIS within three (3) business days following receipt of the data from the substance abuse program director or designee.

/S/
Secretary

7/28/10
Date