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References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, 5-ACI-5E-15, 5-ACI-6A-23, 5-ACI-6A-42 North Carolina General Statutes (N.C.G.S.) 143B-704, 143B-705, 15A-1343, 90-113.40, CFR 42 Part 2

I. PURPOSE

To provide guidelines for the delivery of substance use disorder education and treatment services within the North Carolina Department of Public Safety (NCDPS), Division of Adult Correction and Juvenile Justice, Prisons system.

II. SCOPE

Applies to NCDPS Division of Adult Correction and Juvenile Justice, Prisons and Alcoholism and Chemical Dependency Programs (ACDP) Section.

III. POLICY

The NCDPS Division of Adult Correction and Juvenile Justice, Prisons shall maintain a system of substance use disorder education and treatment services. These services shall be provided to offenders incarcerated and/or on probation or parole with NCDPS and appropriately assigned to an ACDP program.

IV. PROCEDURE

(a) Clinical Program Structure and Descriptions

North Carolina General Assembly House Bill 563, established the ACDP Section which began operations in 1988. ACDP is responsible for the delivery of comprehensive substance use disorder education and treatment services for NCDPS male and female offenders assigned to an ACDP program. ACDP’s substance use disorder programs



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address the offender’s history of harmful involvement with alcohol or drug abuse and criminal thinking. The programming is based on cognitive-behavioral interventions and reflects “best practices” for intervention and treatment as established by the National Institute on Drug Abuse (NIDA).

(1) Program Structure Overview:

ACDP is inclusive of prison-based and community-based programs.

- (A) Prison-Based Programs: ACDP prison-based programs provide substance use disorder services to male and female incarcerated offenders within elected minimum and medium custody correctional facilities. G.S. § 143B-704 (d) mandated the Division to establish ACDP and G.S. § 143B-705 mandated that ACDP residential and program space be separate from the regular prison population.
- (B) Community-Based Programs: ACDP community-based programs provide substance use disorder services to male and female offenders on probation and parole. G.S. § 15A-1343(b3) mandated that participation of offenders (individuals on probation or parole) in a residential community-based program be based on a screening and assessment that indicate a chemical use disorder. After program participation eligibility has been determined by Treatment Alternatives for Safer Communities (TASC), the Probation/Parole Officer makes a recommendation to the Court or the Post-Release Supervision and Parole Commission for the offender to participate in a program. A judge or the Post-Release Supervision and Parole Commission may then order the offender’s participation in an ACDP community-based program as a condition of their probation, post-release or parole. ACDP operates two community-based facilities:
 - (i) DART Cherry: a 90-day substance use disorder residential treatment facility in Goldsboro, NC providing services to male offenders on probation, post-release and parole.



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- (ii) Black Mountain Substance Abuse Treatment Center for Women: a 90-day substance use disorder residential treatment facility in Black Mountain, NC providing services to female offenders on probation, post-release and parole.
- (2) ACDP Mission, Vision and Philosophy Program Descriptions
 - (A) Mission: To provide effective leadership, planning, administration, and coordination for correctional chemical dependency treatment, recovery, and continuing care programs and services; to meet or exceed approved and professional standards; and document client and program performance.
 - (B) Vision: We envision our organization delivering effective and comprehensive correctional chemical dependency programs and services with professionalism, honesty, and integrity to offenders with alcohol and drug problems. We see a committed, well-prepared, competent, diverse, and loyal staff that are afforded opportunities to achieve their personal and professional goals. We will collaborate with all our stakeholders to provide opportunities for successful recovery and community reintegration, which enhance citizenship and public safety.
 - (C) Philosophy:
 - (i) Alcoholism and chemical addiction are progressive diseases.
 - (ii) Offenders who suffer from these diseases deserve to be treated with the same dignity as those who suffer from any other disease.
 - (iii) Treatment is about discovery; learning about the disease and the Tools needed for recovery.
 - (iv) Offenders benefit from programs reflecting “best practices” for intervention and treatment as established by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental



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Health Services Administration (SAMHSA).

- (v) Offenders benefit from programs based on proven Cognitive-Behavioral Interventions which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants.
 - (vi) Treatment results in the reduction of negative choices and consequences.
 - (vii) The goal of treatment is a well-adjusted, rehabilitated individual who is capable of functioning in all life areas without the use of alcohol or drugs.
- (3) Program Descriptions
- (A) Treatment Modalities
 - (i) Intensive Outpatient Programs (IOP): IOP programs deliver a daily minimum of three hours of “core curriculum” and three hours of electives such as homework assignments, four or five days per week. All IOP programs provide substance use disorder education sessions, individual and group counseling sessions and skill development sessions. This model is distinguished by a view of substance use as a disorder of the whole person, involving problems with behavior, attitudes, and management of emotion. Principles of cognitive behavioral interventions are the foundation of the core curriculum. This comprehensive approach utilizes a continuum of services and allows for individualized treatment planning in response to the needs of the persons served.
 - (ii) Modified Therapeutic Communities (MTC): MTC programs are set in a highly structured residential environment, in which the primary goals are the treatment of substance use disorders and the fostering of personal growth leading to personal accountability. In



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addition to the treatment activities outlined in the intensive outpatient section above, the MTC uses community-imposed consequences and earned privileges as part of the recovery and growth process. The program uses therapeutic duty assignments to promote community membership, social functioning, daily living skills, individual self-esteem, responsibility, vocational development, and/or employability.

- (4) Treatment Levels
 - (A) Intermediate IOP – 90 days of treatment
 - (B) Long-term IOP – 4 to 12 months of treatment
 - (C) Community Residential Treatment for Males MTC – 90 days
 - (D) Community Residential Treatment for Females – 90 days

(5) Prison-Based Program Plan and Client Handbook

Each prison-based program shall maintain a Program Plan and Client Handbook that represents an overview of the treatment program by providing an organized description of all the program components. It also identifies available resources and serves as an operating procedure for the delivery of services. Contents of the Program Plan and Client Handbook includes, but are not limited to, location, program code, capacity, contact information, days and hours of operation, treatment schedule, program nature, program rules/expectations, and staffing configuration/duties.

(6) Community-Based Facility Standard Operating Procedures and Resident Handbook

The Standard Operating Procedures and Resident Handbook represent an overview of the treatment program by providing an organized description of all the program components. It also identifies available resources and serves as an



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operating procedure for the delivery of services. Contents of the Standard Operating Procedures and Resident Handbook includes, but is not limited to, days and hours of operation and treatment schedule, program nature, program rules/expectations, staffing configuration/duties.

(b) Clinical Program Goals

ACDP understands all program participants are unique individuals and present at their own stage of change in regard to what they want to accomplish while participating in the treatment episode. As part of treatment planning, a discussion between the offender and counselor shall result in a treatment plan that includes goals that are unique to the offender. The offender-centered approach values specific goals the offender desires and specific goals identified by the counselor.

ACDP has three universal tasks, defined as the “nature and goals” of all programming:

- (1) Identification of the problem: This starts the process of treatment. Here, the offender begins to look at patterns of substance use. The focus is when, where, with whom, how much, how often, and which specific substances were used.
- (2) Understanding the consequences of using: This causes the offender to confront how use of substances has affected self, family, important relationships, and the community.
- (3) Initiating and maintaining behavioral change: This is the final stage of treatment. Here the offender begins to experiment with new ways of managing life without the use of substances. This task is characterized by demonstrating new methods, which are practiced repeatedly in order to integrate them into their new drug, alcohol, and crime-free lifestyle.

(c) Administration Organization and Management

The purpose of this section is to identify organizational structure and the responsibilities of each position.



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- (1) ACDP is a Section of the NCDPS Division of Adult Correction and Juvenile Justice, Prisons and reports directly to the Director of Behavioral Health within Health and Wellness.
- (2) Section Chief Responsibilities - Develop, administer, and coordinate all substance use disorder programs, grants contracts, and related functions. Development and maintain working relationships and agreements with agencies and organizations that will assist in program operations and enhancements.
- (3) Clinical Director - Responsible for the clinical integrity of ACDP programs by coordinating work efforts of the Clinical Development Team encompassing training, supervision, quality assurance and process improvement.
- (4) District Managers - Responsible for the overall daily operations of the prison-based programs through the direct supervision of the Substance Abuse Program Coordinators.
- (5) Community-Based Facility Managers - Responsible for the daily operations of the community-based residential substance use disorder facilities through the direct supervision of program director/coordinators, inclusive of the treatment programming, maintenance, medical, mental health, and food services.
- (6) Administrative Services Manager - Responsible for ACDP’s personnel, purchasing functions, and budget monitoring.
- (7) Quality Assurance Specialist - Responsible for developing processes that assist ACDP in the accomplishment of identified goals and objectives. The development and implementation of processes to collect, analyze, and evaluate data to improve treatment services; the efficiency of resource use; and to assist in determining training and operational needs.
- (8) Certified Clinical Supervisors - Responsible for providing ACDP with a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional, and best-practice standards.



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(d) Clinical Program Staffing

- (1) ACDP provides services, which require employing specialized personnel to deliver substance use disorder services. The Office of State Human Resources establishes the position descriptions and standards for each category of job classifications utilized within ACDP’s program structures.
- (2) ACDP shall identify the job classifications and the essential job functions of ACDP clinical staff.
- (3) Job Classifications
 - (A) Section Chief
 - (B) Clinical Director
 - (C) District Manager
 - (D) District Program Manager/Clinical Supervisor
 - (E) Facility Manager
 - (F) Facility Program Director/Coordinator/Clinical Supervisor
 - (G) Certified Clinical Trainer
 - (H) Program Coordinator
 - (I) Counselor-Clinical
 - (J) Clinical Social Worker (DART Cherry)
 - (K) Substance Abuse Counselor
 - (L) Substance Abuse Worker



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(e) Program Organization and Management

(1) ACDP shall identify the organizational and management structure of programs.

(2) Program Organization and Management:

(A) The community-based Substance Abuse Program Director/Coordinators and the Substance Abuse Counselor-Clinicians are responsible for the oversight of the substance use disorder program activities.

(B) The prison-based Substance Abuse Program Coordinators are responsible for the daily operation of the program including the supervision of personnel and program activities.

(C) The Substance Abuse Counselor is responsible for the delivery of all substance use disorder treatment services.

(D) The Substance Abuse Worker is responsible for monitoring the daily operations and maintaining the safety and security of the building/floor of the community-based facility as assigned by the Substance Abuse Program Coordinator.

(f) Access to Program Services

ACDP establishes the criteria by which an offender gains access to ACDP services.

(1) Prison-Based Programs Eligibility Criteria

(A) The offender shall meet one or more of the following:

(i) Court recommendation/referral for substance use disorder treatment.



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- (ii) A Substance Abuse Subtle Screening Inventory (SASSI) score of 3 or above, out of a possible score of 1 through 5.
 - (iii) A documented history of primary substance use problems.
 - (iv) A mild, moderate, or severe problem with substance use.
- (B) The offender shall meet all the following:
- (i) At least 18 years old.
 - (ii) In minimum or medium custody.
 - (iii) Have a SASSI score of 3 or above for intermediate program placement. Have a SASSI score of 4 or 5 for long-term program placement. Depending on treatment bed and offender availability, SASSI scores of 3 may be considered for long-term program placement and SASSI score of 4 or 5 may be considered for intermediate program placement.
 - (iv) Meet at least one of the criteria above.
 - (v) Have a recommended Wide Range Achievement Test (WRAT) reading level of 3.0 or above.
 - (vi) Can speak and understand English.
 - (vii) Have no active detainers.
 - (viii) Any offender who meets the eligibility criteria for the program but is also classified as developmentally disabled or handicapped shall be eligible for the program provided their limitations shall not hinder their understanding or participation in the program.
 - (ix) For long-term program placement, offenders must have a



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minimum of four months and up to a maximum of twelve months before parole eligibility or release days. However, offenders shall be identified when they have a minimum of nine months and up to a maximum of eighteen months remaining before their projected release or parole eligibility dates. This will help guarantee assignment to the program for the required minimum and maximum amount of time.

- (2) Community-Based Programs Eligibility Criteria
 - (A) The court may order participation in a community-based program as a condition of probation or the Post-Release Supervision and the Parole Commission may order participation as a condition of parole or post-release supervision. G.S. § 15A-1343(b3) mandates that participation of probationers in a residential program must be based on a screening and assessment that indicate a substance use disorder.
 - (B) Community Corrections targets offenders convicted of a DWI Level 1 or 2, substance use disorder offenders 18 years of age or older; or offenders required to participate in a community-based program as a result of the violation process.
 - (C) The Probation/Parole Officer submits a request to Treatment Accountability for Safer Communities (TASC) for a screening and assessment:
 - (i) Upon the receipt of a probation judgment/modification or parole/post-release conditions or modifications ordering the offender to participate in the community-based program; or
 - (ii) When a probation or post-release and parole violation staffing results in an ACDP community-based program recommendation.



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(g) Clinical Operations

(1) Screening

ACDP shall maintain a screening criterion process for determining an offender’s eligibility for admission to ACDP services, to include:

- (A) The Substance Abuse Subtle Screening Inventory (SASSI) is the primary screening tool utilized to determine eligibility and appropriateness for ACDP prison-based services.
- (B) The Addictions Severity Index is an assessment tool used by Treatment Accountability for Safer Communities (TASC) to determine eligibility and appropriateness for ACDP community-based services.

(2) Intake

ACDP shall maintain an intake process as it is an extension of the screening process and is the point at which the decision to admit an offender to an ACDP program is formalized. The intake function is designed to take place on the first day the offender presents for clinical services. During the intake process, ACDP staff shall review with the offender the documentation and forms requiring signature for admission into an ACDP program. ACDP staff ensures the offender understands any documentation/forms signed and answers the offender’s questions about the program.

(3) Orientation

ACDP shall maintain an orientation process that shall include all new admissions to programs and shall provide each participant with a program overview inclusive of program operations, schedules, and initial treatment goals.



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(4) Reports and Record Keeping

ACDP maintains a process that outlines the requirements of all ACDP documentation standards. Staff shall chart the results of the assessments, treatment plans, progress notes, ACDP aftercare plans, discharge summaries, and other related data in the client/resident record. Two separate but concurrent records are maintained on all program participants, the ACD on the Web electronic database and a hardcopy paper record:

- (A) The ACD on the Web electronic database is maintained, stored, and retained in the Department of Public Safety’s secured Management Information Services (MIS) system.
- (B) The hardcopy paper records are maintained within the program to store required treatment information. The ACD on the Web electronic database does not allow the scanning of documents into the system. For this reason, ACDP maintains a separate but concurrent hardcopy paper record to store documents that require acknowledgment signatures.
- (C) The ACD on the Web electronic database and the hardcopy paper records shall be periodically reviewed by management staff and program supervisors.

(5) Assessment

Clinical staff shall use an ACDP approved assessment to conduct client/resident assessments. The assessment is a clinical gathering of an offender’s history in most life areas. The assessment process evaluates an individual’s strengths and challenges; problems and needs; relapse and/or recidivism potential; impact on family and/or community, trauma issues; and is used to develop and produce the Master Treatment Plan. The assessment results assist the clinician and the offender in determining the primary areas of focus during the treatment episode and the areas to be deferred and addressed later. Information documented in the assessment includes, but is not limited to, legal and criminal history, education



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and employment history, family and social relationships, substance use history and diagnosis, and medical and psychiatric history.

(6) Treatment Planning

(A) ACDP shall maintain a standard by which the counselor and the offender identify and rank problems, agree upon intermediate and long-term goals, and decide the treatment methods and resources to be used. All offenders shall have a written treatment plan. The treatment plan is a collaborative effort between the offender and counselor; is developed from the assessment; and embraces the importance of offender treatment matching. The treatment plan should address not only the need for rehabilitation, but also for “habilitation”. Rehabilitation emphasizes the return to a way of life previously known and forgotten or rejected; habilitation is the offender’s socialization into a productive and responsible way of life. Information documented in the Treatment Plan includes, but is not limited to, current and relevant issues; goals, objectives, and interventions to include culturally sensitive goals and objectives; and timeframes.

(B) Treatment Plan Timeframes:

- (i) Initial Treatment Plan: The initial treatment plan is incorporated into the Treatment Participant Expectations Agreement form and is completed during the intake process within one (1) working day of admission.
- (ii) Master Treatment Plan: Complete within one (1) working day of conducting the common assessment.
- (iii) Master Treatment Plan Review: Master treatment plans shall be reviewed every 30 days and the review process shall be documented in a treatment note.



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(7) Counseling

- (A) ACDP shall maintain a process of providing therapeutic guidelines for implementing the counseling skills that will assist in the exploration of a problem, its ramifications, attitudes, feelings, and alternative solutions in decision making/problem solving.
- (B) ACDP utilizes drug education, individual, group, relapse prevention, and skill building sessions, as well as other behavioral interventions to assist the offender in achieving treatment plan objectives. ACDP recognizes cognitive behavioral interventions as the counseling foundation for all ACDP counseling services.

(8) Case Management

ACDP shall maintain a central process for organizing activities that bring services, agencies, and resources together for achieving established goals. All program participants receive case management services as a collaborative effort between ACDP, NCDPS/Prisons, the Division of Community Corrections and appropriate community agencies to coordinate services for offender care.

(9) Crisis Intervention

ACDP shall maintain a process to ensure program staff adhere to NCDPS/Prisons and Community Corrections policy and established procedures when responding to treatment participant's needs during acute emotional and/or physical distress.

(10) Client/Resident Education

ACDP shall maintain a process using a variety of methods for providing the most accurate and current information to individuals and groups regarding the use and addiction process associated with alcohol and drug use. This information concerning methods, services, and resources is used to assist in the treatment of individuals with a substance use disorder.



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(11) Medication Assisted Treatment

ACDP shall maintain a process for providing the most accurate and current information to individuals and groups regarding Medication Assisted Treatment (MAT). ACDP recognizes the value of MAT and works directly with Health Services/Behavioral Health and other stakeholders in the delivery of available MAT programming.

(12) Transition/Referral/Discharge

- (A) ACDP shall maintain a transition/referral/discharge process that occurs when the offender has completed his or her treatment goals and coursework over a specified time period or when the offender is removed from the treatment program. This process ensures program compliance and integrity; the expeditious discharge of offenders; and facilitates the offender’s removal or transfer out of the program housing area.
- (B) Transition/referral/discharge planning discussions are utilized to identify aftercare needs. Prison-based program case management services are coordinated with the NCDPS/Prisons assigned case manager. Community-based program case management services are coordinated with the facility’s assigned Probation/Parole Officer.
- (C) The transition/referral/discharge process shall include pre-release and transition services, development of an ACDP Aftercare Plan, entering of the discharge reason code, entering of the discharge note, and the completion of the Discharge Summary.

(13) Consultation with Other Professionals

ACDP shall provide a framework for linking ACDP staff and other internal and external professionals to assure the delivery of comprehensive quality care for the offender. All ACDP staff shall practice within their area of professional expertise and shall communicate or consult with appropriate resources to ensure effective



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treatment. Staff shall comply with federal and state laws regarding disclosure of offender information. At no time shall ACDP staff release confidential information to anyone not working directly with the program. NCDPS staff within the facility may submit a request for specific confidential information needed in the performance of their job duties (i.e. mental health, medical, case manager, custody). ACDP staff shall attend regularly scheduled treatment team meetings to discuss the offenders need for consultative services. Treatment Team meeting attendance and discussions shall be documented and maintained.

(h) Ethical Principles of Conduct

ACDP staff shall abide by the standards set forth by the North Carolina Addiction Specialist Professional Practice Board (NCASPPB). These guidelines ensure the highest standards are followed by the credentialed substance use professionals in the delivery of substance use disorder services.

(i) Confidentiality of Treatment Records

- (1) ACDP staff shall abide by the federal law governing confidentiality of substance use disorder patient records, C.F.R. 42 Part 2, which establishes standards for maintenance, use, and disclosure of substance use disorder patient records.
- (2) It is the responsibility of each staff member who has access to and works with substance use disorder patient records to read and abide by the regulations as set forth in C.F.R. 42 Part 2. C.F.R. 42 Part 2 sets forth criminal penalties for any person who violates these regulations. Employees in violation of this policy may receive disciplinary action up to and including dismissal.

(j) Clinical Supervision

- (1) ACDP shall maintain a process of Clinical Supervision which is a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional, and best-practice standards. Clinical Supervision provides staff the opportunity to develop and improve clinical skills, thus enhancing work satisfaction, reducing work



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stress, and giving program participants the best possible treatment. Clinical Supervision promotes quality clinical practice, in addition to, ensuring the safety and welfare of program participants.

- (2) ACDP recognizes Clinical Supervision as an essential component of good quality clinical service provision and expects that all staff engaged in clinical interaction with offenders receive regular clinical supervision by suitably qualified supervisors and/or clinical supervisors approved by the North Carolina Substance Addiction Specialist Professional Practice Board (NCASPPB).

(k) **Credentialing Requirements and Maintenance**

ACDP shall maintain a process of ensuring ACDP employees pursue and maintain appropriate job-related credentialing through the combined efforts of employees, clinical supervisors, program directors/coordinators, facility/district management, and ACDP administration.

- (1) The North Carolina General Assembly passed G.S. § 90-113.40 which mandated credentialing for all substance use disorder professionals mandatory. Acting in accordance, ACDP requires all clinical employees hired be registered, certified, or licensed with the North Carolina Addiction Specialist Professional Practice Board or other commensurate credentialing body.
- (2) Credentialing as a substance use disorder professional promotes standards for practice in the substance use disorder service delivery systems. It provides a means by which credentialed individuals under specific standards may be recognized and identified as possessing the necessary competencies as professionals in the field of substance use disorder counseling. Lastly, it establishes a means by which substance use disorder may demonstrate their integrity and credibility to the general public and to other agency stakeholders.

(l) **Training**

ACDP shall maintain an effective training program to provide ongoing opportunities for professional growth and development to improve productivity, effectiveness, and



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efficiency by the development and better utilization of talents, abilities, and potential of employees. Within this process, ACDP shall provide required training related to positions credentialed through the North Carolina Addiction Specialist Professional Practice Board (NCASPPB).

(m) Offender Drug/Alcohol Testing

- (1) ACDP shall maintain a process outlining the conditions and procedures for requesting a drug screen of an offender participating in an ACDP program. ACDP has the responsibility to provide a safe environment for staff and offenders, and to enforce facility/program rules. Drug/alcohol testing is an effective means of suppressing contraband, and to the extent feasible, ensuring offenders are released from the program drug free.
- (2) When there is a documented reason to believe an offender has used or is using drugs and/or alcohol, ACDP staff shall notify the appropriate staff, listed below:
 - (A) Prison-based programs: all approving and conducting of offender drug and alcohol testing is the responsibility of the Prison’s facility staff.
 - (B) Community-based programs: all approving and conducting of offender drug and alcohol testing is the responsibility of the assigned Probation/Parole Officers.

(n) Motivational Incentives

ACDP shall maintain a process of providing motivational incentives to encourage program participation; these incentives may be universal or individualized. Each program shall document available incentives in the program’s client/resident handbook.

Examples:

- (1) Prison-based program participants qualify for Gain Time and Earned Time Credit, as outlined in NCDPS Sentence Credit policy.



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- (2) Upon successful completion of program requirements identified in the individualized treatment plan, program participants shall receive a Certificate of Completion.

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 Commissioner of Prisons

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 Date