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COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 651

OPR: HEALTH SERVICES

SUBSTANCE USE DISORDER TREATMENT SERVICES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the provision of substance use disorder treatment services to inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that inmates within ADOC custody are screened to identify potential substance use disorders and, where clinically indicated, referred for evidence-based Substance Use Disorder Treatment services at designated ADOC facilities.

III. DEFINITIONS AND ACRONYMS

- A. **Aftercare Program**: SUT services available to inmates within ADOC custody, who still need continuing SUT services after completing either the Crime Bill Program, the Substance Abuse Program, or the Therapeutic Community Program, that are provided for the duration of incarceration within ADOC custody.
- B. **Behavioral Interventions**: Relevant and clinically based written assignments that focus on changing actions concerning substance use disorder and at-risk behaviors.
- C. **Co-Occurring Disorder Program**: SUT services that are available to inmates, who are in need of both SUT services and mental health services, that are provided for a minimum of eight (8) weeks.

- D. **Crime Bill Program**: Intensive SUT services available to inmates within ADOC custody, who either are court-ordered or volunteer to participate, that are provided for a minimum of six (6) months.
- E. **Helping Women Recover (HWR) Program**: Less-intensive, gender-specific SUT services available to female inmates within ADOC custody, who either are court-ordered, are recommended, or volunteer to participate, that are provided for seven (7) weeks.
- F. **Medication Assisted Treatment (MAT)**: SUT services available to inmates within ADOC custody, who are diagnosed with certain substance-use disorders, that use a combination of medication with appropriate counseling and behavioral therapies provided by ADOC staff and the Vendor medical and mental health staff.
- G. **Pre-Treatment Program**: SUT services that combine the Relapse Prevention Program and the Co-Occurring Disorder Program.
- H. **Priority Code (P-Code)**: An ADOC-specific code that ADOC staff uses to identify an inmate's status for assignment to SUT services and treatments.
- I. **Relapse Prevention Program**: SUT services available to inmates within ADOC custody, who have successfully completed other SUT services but, as a result of a relapse, are in need of additional SUT services, that are provided for a minimum of eight (8) weeks.
- J. **Risk/Needs Assessment**: An assessment completed on all inmates within ADOC custody prior to admission into an SUT program that assesses the risk of reoffending or further involvement in substance-use related behaviors.
- K. **Substance Abuse Program (SAP)**: Less-intensive SUT services available to inmates within ADOC custody, who either are court-ordered, are recommended, or volunteer to participate, that are provided for a minimum of eight (8) weeks.
- L. **Substance Abuse Treatment Code (SAP Code)**: An ADOC-specific code that ADOC staff uses to identify an inmate's assignment to specific SUT services.
- M. **Substance Use Disorder (SUD)**: A cluster of cognitive, behavioral, and physiological symptoms indicating the continued use of a substance despite significant substance-related problems, such as impaired control, social impairment, risky behaviors, and pharmacological tolerance and withdrawal.

- N. **Substance Use Disorder Treatment (SUT)**: Programs for substance use disorder that emphasize the nature of addiction, eliminating substance use, and preventing levels of relapse through the implementation of evidenced-based services, including motivational interviewing, cognitive and behavioral therapy, emotion-regulation skill building, and medication management.
- O. **Therapeutic Community (TC) Program**: Intensive SUT services that are available to inmates within ADOC custody, who need assistance both eliminating substance use and maintaining a substance-free lifestyle, that are provided for a minimum of twelve (12) months.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC SUT Supervisor is responsible for oversight and monitoring the implementation of this AR.
- D. The ADOC SUT Specialist at each facility is responsible for both oversight and monitoring of the implementation and delivery of SUT services at that facility.
- E. The ADOC SUT Counselor at each facility is responsible for providing SUT services to inmates enrolled in SUT services.
- F. The ADOC Psychological Associate at each facility is responsible for conducting Reception Social History Assessments of inmates at reception into ADOC custody in accordance with AR 612, *Reception Social History Assessments*, to identify inmates for SUT services.
- G. The ADOC Classification Unit at each facility is responsible for collaborating with the SUT staff at that facility to not only assign the appropriate P-Code and SAP Code in both the ADOC module and SAP system to all inmates at that facility but also relocating inmates to the appropriate dormitory.
- H. The Warden (or designee) at each facility is responsible for ensuring both that ADOC security staff at that facility receive training on the implementation of this

AR and that designated housing, and classrooms are available for SUT staff to deliver SUT services to inmates at that facility.

V. PROCEDURES

A. Referrals for SUT Services:

1. During the Reception Mental Health Screening, the following individuals may initiate a referral for SUT services for an inmate on ADOC SUT Form-011, *Substance Use Treatment Referral Form*:
 - a. Any ADOC Psychological Associate and any Vendor staff, including Vendor nursing staff and Vendor QMHP, who identifies an inmate with a need for SUT services during the Reception Mental Health Screening in accordance with AR 610, *Reception Mental Health Screening*.
 - b. Any ADOC Psychological Associate and any Vendor QMHP who identifies an inmate with a need for SUT services during the Reception Social History Assessment in accordance with AR 612, *Reception Social History Assessment*.
 - c. The ADOC Classification Unit staff at the Reception Facility, if the SUT is court-ordered.
 - d. Any other ADOC staff or Vendor staff who identifies an inmate with a need for SUT services.
2. Following the Reception Mental Health Screening and at any time during an inmate's incarceration within ADOC custody, the following individuals may initiate a referral for SUT services for an inmate on ADOC SUT Form-011, *Substance Use Treatment Referral Form*:
 - a. Any Vendor staff.
 - b. Any ADOC Psychological Associate or ADOC Psychologist.
 - c. Any ADOC staff at the facility in which that inmate is housed.
3. An inmate may initiate a referral for SUT services at any time during that inmate's incarceration through either a:
 - a. Written referral, by completing an Inmate Request Slip and placing it into the designated SUT box at that facility.

- b. Verbal referral, by advising any ADOC staff or any Vendor staff.

B. Eligibility for Assignment to SUT Services:

- 1. An inmate referred for SUT services may only be assigned to SUT services if that inmate submits ADOC SUT Form-003, *Substance Use Treatment Consent*, to the ADOC SUT Specialist (or designee) at that facility consenting to the following:

- a. Be housed and to receive SUT services in a designated therapeutic community-style dormitory setting (or in other designated units if that inmate is not assigned to general population).

An inmate transferred to the Restrictive Housing Unit (RHU) may continue those SUT services that can be safely provided in the RHU environment.

- b. Be assigned job duties approved by the ADOC SUT Specialist (or designee) in coordination with the Warden at that facility.

An inmate may also receive institutional job assignments outside of that inmate's assigned SUT program.

- c. Attend evidence-based SUT services approved by the ADOC SUT Specialist (or designee) in coordination with the Warden at that facility.

An inmate may also attend educational and vocational classes outside of that inmate's assigned SUT program.

- d. Regular testing for continued substance uses or involvement.

- (1) An inmate will not be disqualified or terminated from the assignment to SUT services based only on evidence of continued substance use or involvement (e.g., positive urinalysis test results for substance use, etc.).

- (2) The ADOC SUT Specialist (or designee) will document efforts of continued offers of SUT services to that inmate on ADOC Form SUT-009, *Substance Use Treatment Progress Note*.

2. An inmate referred for SUT services may refuse SUT services at any time by submitting ADOC SUT Form-002, *Substance-Use Disorder Treatment Refusal Form*, to the ADOC SUT Specialist (or designee) at that facility.
 - a. The ADOC SUT Specialist (or designee) will require that inmate to sign ADOC SUT Form-002, *Substance-Use Disorder Treatment Refusal Form*.
 - b. The ADOC SUT Specialist (or designee) will request one (1) additional ADOC SUT staff to witness that inmate refusing SUT services and will sign ADOC SUT Form-002, *Substance-Use Disorder Treatment Refusal Form*, as a witness.
3. The ADOC SUT Specialist (or designee) will collaborate with ADOC security staff, and any clinically indicated Vendor medical and mental health staff, to discuss an inmate's continued assignment to SUT services if that inmate refuses, or whose behavior creates a security risk to continue, to receive the assigned SUT services.

An inmate who is disqualified or terminated from SUT services may be reconsidered for assignment to SUT services at any time during that inmate's incarceration by initiating a referral for SUT services in accordance with Section V.A.3. above.

C. Assignment to SUT Services:

1. The ADOC Reception Facility Psychological Associate will collaborate with the ADOC Reception Facility Classification Unit, and any clinically indicated Vendor Reception Facility medical and mental health staff, in determining the appropriate, evidenced-based SUT services to assign an inmate who was referred for SUT services during that Reception Facility's reception process.
 - a. The ADOC Reception Facility Psychological Associate will update that inmate's P Code and SAP Code to assignment to the Pre-Treatment Program until that inmate is transported and transferred to the Receiving Facility at which the SUT services are provided.
 - b. The Receiving Facility SUT Specialist (or designee) will update that inmate's P Code and SAP Code to assignment to the appropriate SUT program based on that inmate's assessment.

2. The ADOC Receiving Facility SUT Specialist (or designee) will collaborate with the ADOC Receiving Facility Classification Unit, and any clinically indicated Vendor Receiving Facility medical and mental health staff, in determining the appropriate, evidenced-based SUT services to assign an inmate who was not referred for SUT services during the Reception Facility's reception process.
3. The ADOC Receiving Facility SUT Specialist (or designee) may assign an inmate to any of the following structured, clinically indicated SUT services:
 - a. Pre-Treatment Program;
 - b. Crime Bill Program;
 - c. Substance Abuse Program;
 - d. Therapeutic Community Program;
 - e. Helping Women Recover Program;
 - f. Aftercare Program;
 - g. Medication Assisted Treatment.

The ADOC Receiving Facility SUT Specialist (or designee) will refer an inmate identified as a potential candidate for MAT, including Medications for Opioid Use Disorder (MOUD), to the Vendor staff for further assessment and providing any clinically indicated services in accordance with the ADOC *Medications for Opioid Use Disorder Treatment Policy*.

4. The ADOC Receiving Facility SUT Specialist (or designee) will update an inmate's P-Code and SAP Code in the appropriate ADOC designated modules to reflect that inmate's assignment to the appropriate SUT program.
5. The ADOC Receiving Facility SUT Specialist (or designee) will, within fourteen (14) days from an inmate's assignment to SUT services, both review an inmate's assignment to SUT services together with any relevant background information and complete the following documents:

- a. Risk/Needs Assessment, which assesses the risk of an inmate reoffending or becoming further involved in SUD behaviors.
- b. ADOC Form SUT-001, *Confidentiality Requirements and Informed Consent*.
- c. ADOC Form SUT-003, *Treatment Consent*.
- d. ADOC Form SUT-004, *Confidentiality – Notice and Waiver*.
- e. ADOC Form SUT-005, *Substance-Use Treatment Aftercare Consent*.
- f. ADOC Form SUT-014, *Substance Use Treatment Profile Form*.
- g. ADOC Form SUT-016, *SUT Treatment Plan*.

D. SUT Treatment Planning:

- 1. The treatment team of an inmate assigned to SUT services will meet at regular intervals for an adequate duration to review and, if clinically appropriate (e.g., behavioral concerns, relapse occurrences, mental-health related concerns, etc.), update that inmate's ADOC Form SUT-016, *SUT Treatment Plan*.
- 2. The treatment team of an inmate assigned to SUT services may include that inmate, the ADOC Receiving Facility SUT staff, the ADOC Receiving Facility Warden, the ADOC Receiving Facility security staff, and any clinically indicated Vendor medical and mental health staff.

E. SUT Services:

- 1. The ADOC Receiving Facility SUT Specialist (or designee) will:
 - a. Create a SUT file for an inmate assigned to SUT services.
 - b. Maintain an attendance roster for an inmate assigned to SUT services.
 - c. Collaborate with Vendor Receiving Facility medical and mental health staff to provide an inmate with co-occurring disorders with clinically appropriate SUT services.

- d. Collaborate with the ADOC Receiving Facility ADA Coordinator to determining whether an inmate needs necessary reasonable accommodations for SUT services.
2. The ADOC Sending Facility SUT Specialist (or designee) will ensure the continuity of SUT services to an inmate, who is transferred to the ADOC Receiving Facility before that inmate completes the assigned SUT services at the Sending Facility, through the following communications with the ADOC Receiving Facility SUT Specialist (or designee):
 - a. Telephone contact.
 - b. E-mail contact.
 - c. Transmitting a copy of that inmate's complete SUT file.
3. The ADOC Receiving Facility SUT Specialist (or designee) will record:
 - a. The name and description of all SUT services provided to an inmate on ADOC Form SUT-009, *Substance Use Treatment Progress Note*, at minimum one (1) time each week.
 - b. The attendance and involvement of an inmate to group SUT services on ADOC Form SUT-010, *Substance Use Treatment Group Progress Note*, at minimum one (1) time each day.
 - c. Pre-Treatment program evaluations on ADOC Form SUT-006, *Pre-Treatment Evaluation*, at minimum one (1) time each month and prior to completion of that program.
 - d. All Crime Bill, SAP, and TC program evaluations on ADOC Form SUT-007, *Final Treatment Evaluation*, at minimum one (1) time each month and prior to completion of that program.
4. An inmate assigned to SUT services will complete ADOC Form SUT-012, *Treatment Programming Participant Evaluation Form*, upon completion of each SUT service.

The ADOC Receiving Facility SUT Specialist (or designee) will send all ADOC Form SUT-012, *Treatment Programming Participant Evaluation Form*, to the ADOC SUT Supervisor within five (5) calendar days from the end of each month.

F. Urinalysis Testing for SUT Services:

1. The ADOC Receiving Facility SUT Specialist (or designee) will initiate the request for an SUT urinalysis testing for an inmate assigned to SUT services on ADOC Form SUT-013, *Substance Use Treatment Urinalysis Testing Request Log*, both:
 - a. Within fourteen (14) days from that inmate's assignment to SUT services.
 - b. At minimum one (1) time every thirty (30) days while that inmate is assigned to SUT services, including Aftercare Program.
2. The ADOC Receiving Facility SUT Specialist (or designee) will utilize Behavioral Interventions to assist an inmate who receives positive urinalysis test results.
3. The ADOC Receiving Facility SUT Specialist (or designee) will initiate a referral for mental health services for an inmate who receives three (3) positive urinalysis test results for substance use in accordance with AR 609, *Referral to Mental Health Services*.

G. Discharge from SUT Services:

1. The ADOC SUT Specialist (or designee) will discharge an inmate who successfully completes assigned SUT services to an Aftercare Program.
2. An inmate's SUT Treatment Team will use clinical judgment in determining whether that inmate should continue to be assigned SUT services in excess of the minimum length of an assigned SUT service, in lieu of discharge from that assigned SUT service, to meet the goals included on that inmate's ADOC Form SUT-016, *SUT Treatment Plan*.
3. The ADOC SUT Specialist (or designee) will collaborate with community resources to ensure that an inmate scheduled for end-of-sentence (EOS) will be provided information for community service organizations for the continuity of care of SUT services in the community.

H. Training:

1. The ADOC SUT staff will complete all required and applicable ADOC and Vendor trainings.

2. The ADOC SUT Supervisor will develop, coordinate, and document staff participation in the following required training topics of SUT services to provide effective programming to stay abreast of current trends:
 - a. Motivational Interviewing;
 - b. Evidence-based curriculum expectations and guidelines;
 - c. Delivery of curriculum content;
 - d. Assessment/Screening tools;
 - e. Therapeutic Community Standards.
- I. Reporting and Monitoring of SUT Services:
1. The ADOC SUT Specialist (or designee) at each facility will complete and submit ADOC Form SUT-015, *Substance Use Treatment Monthly Report*, to the ADOC SUT Supervisor within five (5) calendar days from the end of each month.
 2. The ADOC SUT Supervisor (or designee) will audit each ADOC facility at minimum one (1) time each year to ensure that facility is effectively providing SUT services.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form SUT-001, *Confidentiality Requirements and Informed Consent*
- B. ADOC Form SUT-002, *Substance Use Treatment Refusal Form*
- C. ADOC Form SUT-003, *Treatment Consent*
- D. ADOC Form SUT-004, *Confidentiality – Notice and Waiver*
- E. ADOC Form SUT-005, *Substance-Use Treatment Program Aftercare Consent*
- F. ADOC Form SUT-006, *Substance Use Pre-Treatment Progress Evaluation*

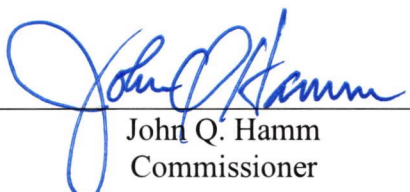
- G. ADOC Form SUT-007, *Final Treatment Evaluation*
- H. ADOC Form SUT-008, *Substance Use Treatment Aftercare Progress Evaluation*
- I. ADOC Form SUT-009, *ADOC Substance Use Treatment Progress Note*
- J. ADOC Form SUT-010, *Substance Use Treatment Group Progress Note*
- K. ADOC Form SUT-011, *Substance Use Treatment Referral Form*
- L. ADOC Form SUT-012, *Treatment Programming Participation Evaluation Form*
- M. ADOC Form SUT-013, *Substance Use Treatment Urinalysis Request Log*
- N. ADOC Form SUT-014, *Substance Use Treatment Profile Form*
- O. ADOC Form SUT-015, *Substance Use Treatment Monthly Report*
- P. ADOC Form SUT-016, *SUT Treatment Plan*

VIII. SUPERSEDES

This Administrative Regulation is new and does not supersede any other AR.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*



John Q. Hamm
Commissioner



**STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS**

Confidentiality Requirements & Informed Consent

Confidentiality Requirements

All program participants are required to maintain the confidentiality of other program participants by not discussing any part of another participant's treatment outside of the treatment setting. This includes all that is said and written in class or group settings. Failure to maintain confidentiality is grounds for immediate termination from treatment.

Voluntary Participation

All treatment programs offered by the Alabama Department of Corrections (ADOC) are voluntary. Any participant has the right to refuse treatment at any time, both before or after their treatment has begun. Participants that withdraw from treatment will be expected to sign SUT Form 002 indicating their decision to voluntarily terminate treatment, and this refusal will be noted in the inmate's institutional record.

Client and Counselor Involvement

Residents are expected to actively participate in their own treatment planning with assistance and guidance of the treatment staff. Each participant expected to take responsibility for fulfilling all program requirements. This includes participating in all treatment activities, including but not limited to classes, individual and group counseling sessions, homework assignments and self-help-meetings, and other activities as directed by staff.

Participants' progress will be evaluated on a regular basis by treatment staff and reviewed in individual counseling sessions as needed. It is the responsibility of the counselor to provide ongoing direction and guidance to participants during course of treatment and the counselor will make all decisions regarding admission, compliance with treatment regimen, successful completion of program requirements and termination.

Benefits and Risks

While participation and successful completion of drug treatment programs offered by the Alabama Department of Corrections may improve a participant's standing with the ADOC or the Board of Pardons & Paroles, no specific benefits are implied or guaranteed. Participants that successfully complete drug treatment may qualify for point reduction on their risk assessment at

the discretion of the Classification staff. Participation in treatment does not guarantee continued recovery or protection from recidivism.

Participants are expected to self-disclose information relating to personal, addiction, and criminal histories. Although compliance with confidentiality requirements is mandatory for all participants, staff cannot guarantee that other participants will comply. Participants are expected to confront and report rule violations committed by peers. Participants may experience significant stress related to the intensive pace of treatment and the level of accountability required for successful completion. Therapeutic activities may prompt painful memories and emotions from past events.

Confidentiality and Records

Treatment staff is required to keep treatment records and personal disclosures confidential. However, as a condition of treatment, participants are required to waive confidentiality requirements for communication with employees of the Alabama Department of Correction, the Board of Pardons and Paroles, court officials, and others directly involved in the participant's case. Participants may be asked to sign a release of confidentiality for other individuals or agencies as deemed necessary by treatment staff. Only information specifically relevant to the individual's treatment will be requested or released.

Counselors are required to break confidentiality in the following circumstances:

- Upon participant report of abuse of a minor or dependent adult.
- When the participant is determined to be at risk of harm to self or others,
- Court order for release of records
- Counselor requires consultation with peers and/or other professionals

Counseling Approaches and Alternatives

The Alabama Department of Corrections provides an array of substance use treatment programs that utilize a variety of counseling approaches. All the approaches are evidenced based and include a cognitive-behavioral component designed to extinguish criminal thinking. Treatment for individuals with co-occurring disorders of substance abuse and mental illness are provided when this approach is indicated. Therapeutic Communities (TC), based on social-learning theory, rely on adoption of community standards of the TC as the primary agent of change.

Admission, Length of Treatment, and Discharge

Admission into drug treatment programs provided by the Alabama Department of Corrections is triggered by level of need as determined by standardized priority codes. Waiting lists for placement into treatment are managed by Classification in collaboration with Substance Use Treatment personnel.

Length of treatment may range from 4- weeks to 12 months, dependent upon program placement.

Participants that achieve proficiency in all treatment competencies during primary treatment will receive a certificate of successful completion. Following this, individuals are expected to participate in ongoing aftercare treatment for as long as they are under the supervision of the ADOC.

Disputes and Complaints

Participants are expected to follow the chain of command in matter that are related to routine operation of the program or facility. Participants must first seek resolution of problems or complaints through their assigned Substance Use Treatment Counselor. In those cases, in which this remedy does not resolve the situation, the participant may request to seek resolution with that counselor's immediate superior.

Inmate Name & AIS #

SUT Staff

Date

ALABAMA DEPARTMENT OF CORRECTIONS

SUT REFUSAL FORM



READ CAREFULLY!

This document explains the potential benefits of the successful completion of an ADOC Substance Use Treatment program. It also advises you that **you have the right to refuse to participate in treatment.**

Participation in any drug treatment program provided by the Alabama Department of Corrections is **strictly voluntary.** Inmates who have been assessed as candidates to participate in an ADOC drug treatment program **are not required** to participate in any treatment programs offered. Participants may choose to withdraw from treatment at any time, even after treatment has begun.

It is important to be aware that an inmate's successful completion of drug treatment program(s) **or** refusal to participate in such treatment programs is recorded in that individual's institutional record. These institutional records are reviewed by the Board of Pardons and Parole before a parole hearing is held. Successful completion of a drug treatment program may improve an individual's chances of being paroled.

Successful completion of a drug treatment program **may** lead to eligibility for the one of the following:

- Reduced Custody
- Leaves or Passes
- Other Desirable Programs
- Supervised Re-Entry Program
- Work Release Honor Camp

Refusal to participate in drug treatment **does not automatically disqualify** an individual from participation in any of these programs. All prospects for the privileges outlined above will be given appropriate consideration as provided for by the ADOC Policies, Procedures, and Regulations.

I, _____, AIS# _____ wish to refuse the (check one) the following program:

- | | |
|--|---|
| <input type="checkbox"/> Pre-Treatment | <input type="checkbox"/> 8-Week Substance Abuse Program (SAP) |
| <input type="checkbox"/> Relapse Treatment | <input type="checkbox"/> 12-Month Therapeutic Community |
| <input type="checkbox"/> 6-Month RSAT "Crime Bill" Treatment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Aftercare | |

I have read (or have had read to me) the Inmate Refusal to Participate form, and I understand what it says. I recognize that by refusing treatment, my name will be removed from all waiting lists for drug treatment. I acknowledge that should I change my mind in the future, it is my responsibility to request (in writing) to have my name placed back on the waiting list for drug treatment. I recognize that my refusal to participate in a drug treatment program does not necessarily prevent me from being considered for other Department of Corrections programs.

Inmate Signature AIS# Date

SUT Staff Signature Date

Inmate refused to sign

Witness to inmate's refusal

ALABAMA DEPARTMENT OF CORRECTIONS

SUT CONSENT



I, _____ AIS# _____, hereby agree to enter into an agreement with the state of Alabama, Department of Corrections and _____ Correctional Facility Substance Use Treatment Programs to allow their staff to provide me with treatment services. I understand and agree to the following conditions regarding my treatment:

- I agree to sign a waiver of confidentiality to allow treatment staff to communicate with specific criminal justice agencies.
- I agree to sign any release of information required to obtain information about my behavior.
- I agree to abstain from use of any alcohol and/or other mood-altering substances.
- I agree to abstain from lying, stealing, gambling or sexual activity.
- I agree to submit to drug-testing procedures while participating in the program.
- I agree to participate in all assigned activities including homework assignments.
- I agree to attend all sessions on time. I will not sleep during treatment activities and will take notes as instructed.
- I agree to be fully dressed, while program is in session and dressed neatly by wearing State-issued clothing. I understand that my shirt must be fully buttoned and tucked into my pants. I will keep my pants at waist level and not below. I will wear a belt and keep it fastened. I will maintain good personal hygiene by shaving and showering daily.
- I agree to always wear my identification and/or program name tag. Where applicable, I will wear my dorm ID card on my person when leaving the dorm for re-entrance.
- I agree to maintain all treatment supplies and materials issued to me. I understand that no materials are to be taken from the dorm or classroom unless authorized by Substance Use Treatment staff. All library books and treatment materials must be checked in and out by dorm leader. I will not write in books unless given permission by Substance Use Treatment staff.
- I agree to abide by rules of confidentiality by not discussing other participant's history with others outside the program.
- I agree to refrain from all verbal or physical aggression toward other inmates or staff members.
- I agree to attend a structured ADOC Aftercare program upon completion of this treatment program. I recognize that I am required to attend Aftercare (where offered) for as long as I am in the custody of the Alabama Department of Corrections.
- I agree to discourage visitors from general population from entering the treatment dorm and I understand that as a participant in Substance Use Treatment, I will not visit other dorms.

ALABAMA DEPARTMENT OF CORRECTIONS

SUT CONSENT



- My participation in other groups will be approved by Drug Treatment Supervisor.

I acknowledge and agree that any violation of this contract including Behavioral Citations and infractions of institutional rules that result in a conviction may be grounds for termination from this treatment program. I also acknowledge and agree that the treatment staff may terminate me for any other problem behavior not specifically outlined previously.

House Rules

1. All participants' assigned jobs will be drug treatment, unless otherwise stated by Substance Use Treatment staff.
2. Beds will be made properly by 6:30 a.m. and maintained until 4:30 p.m., no sitting or lying on beds until after 4:30 p.m. and no items will be placed under the mattress.
3. Bed and floor areas must be kept neat and free of trash at all times, and the entire dorm will be dusted and mopped daily. No clothes lines will be hung anywhere in the dorm.
4. Do not stand on chairs, sit on tables, or misuse equipment.
5. There will be no smoking in the dorm.
6. After lights out, the dorm will be quiet.
7. Television viewing will be at the discretion of the program. Television programs will be selected by majority vote of those present in the TV viewing area. No voting and then leaving. Once a program is in progress, the channel will not be changed until the program is over. Only assigned committee members/dorm leaders will be allowed to operate the television.
8. Radios will be allowed during non-treatment hours, as determined by institutional policy.
9. Telephone privileges will be limited to a 2-hour block of time as determined by the institution.
10. A participant who is absent from treatment activities, except for medical appointments will be removed from the program roster. Excessive absences are determined by program length, as follows:

Less than 7-weeks	2 days
7-weeks	3 days
8-weeks	3 days
6-months	7 days
12-months	7 days

11. Inmates that have been removed from the program for excessive absences are not required to begin treatment from the beginning upon their return to the institution. If such return occurs during the treatment cycle from which they were removed, they will be re-enrolled but will be required to make up the days missed in the following treatment cycle. If such return occurs after the end of the treatment cycle from which they were removed, they will be re-enrolled in the next available cycle, beginning with the first day of span that resulted in their removal from their original treatment cycle.

ALABAMA DEPARTMENT OF CORRECTIONS

SUT CONSENT



12. Mandatory waiting periods for treatment candidates prior to program participation **will no longer be enforced**. Examples of unacceptable waiting period policies include requiring a clear record for some period of time before entering a program or having to wait for a specified period of time before being reconsidered. **There will be no such waiting periods for program participation**. If an inmate is eligible to participate in a treatment program, consideration of whether the inmate has a clear record for a specific period of time will not be a factor. If an inmate is removed from a program, he/she should be considered eligible to participate in the next regularly scheduled program. **However**, if a participant has been removed due to disciplinary issues (of either ADOC rules or internal drug program rules), first preference will be given to inmates that have not yet had the opportunity to participate in a drug treatment program. No Life Without Parole (LWOP) or escape-risk inmates should participate in a program if the physical location of the program within the facility poses a security concern.

*Exception: Clinical staff in programs of 6-months duration or longer have the option of suspending (rather than terminating) participants that have received 3 behavioral checks. **These suspensions will be 30 days in length**, after which the individual will be eligible for re-enrollment, dependent on stated desire, priority code placement and seat availability.

Participant Signature/AIS

Date

Staff Signature

Date

ALABAMA DEPARTMENT OF CORRECTIONS
SUT CONFIDENTIALITY NOTICE & WAIVER



I, _____ AIS#_____ consent to communication between the Alabama Department of Corrections treatment staff, the courts, representatives of the Unified Judicial System of Alabama, the Alabama Board of Pardons and Parole, its agents, as well as other ADOC Employees including Classification Committees, Supervised Reentry Program personnel, and Prisoner Reentry Initiative Coordinators.

The purpose and need for the disclosure are to inform the criminal justice agencies listed above of my diagnosis, attendance, and progress in treatment. The extent of information disclosed includes my diagnosis, information about my attendance or lack of attendance in treatment sessions, my cooperation with the treatment program, prognosis, participation in continuing care/aftercare and compliance with my continuing recovery plan.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my sentence, release from confinement, probation, parole, or other proceeding under which I was mandated into treatment.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Inmate Signature / AIS#

SUT Counselor Signature

Date

Date

ALABAMA DEPARTMENT OF CORRECTIONS
SUT PROGRAM AFTERCARE CONSENT



I _____ AIS# _____ agree to abide by the following conditions of the aftercare contract:

I recognize that recovery from alcohol and other drug addiction is a long-term process that requires ongoing efforts on my part. I recognize that my successful completion of a substance use treatment program is not the end, but the *beginning* of a new life free of alcohol, drug use and criminal offender behaviors. I realize that continuing treatment, in the form of Aftercare, is vital to these efforts. Because of this, I acknowledge that I am expected and required to participate in ADOC Aftercare (as long as it is offered) for the duration of the time I am in the custody of the Alabama Department of Corrections, and I agree to do so.

I understand and acknowledge that the conditions agreed upon in this Aftercare Consent form are intended to assist me in remaining alcohol and drug-free while also assisting me to develop and apply a pro-social lifestyle.

CONTRACTUAL CONDITIONS:

- I will not use alcohol or any other illicit drugs.
- I will adhere to all institutional rules and regulations.
- I will comply with all Aftercare rules and program policies.
- I will attend and participate actively in Aftercare meetings.
- I will meet the standards for adequate Aftercare meeting attendance as set forth by the ADOC Aftercare program policy and the security level of the institution at which I am incarcerated.
- I will complete all exercises assigned to me as a part of my participation in Aftercare and attend other self-help support group meetings that may be available at my institution.
- I will spend at least thirty (30) minutes each day reading and studying self-help material related to my recovery process.
- I will practice daily morning meditations, alone or with other people in recovery. I will set aside time to remember who I am and what I need to do during the coming day to maintain my sobriety and recovery from offender behaviors.
- As my recovery from addiction and offender behaviors is a life-long process practiced daily, I commit to participating in self-help group meetings of my choice upon my release from prison.
- I will participate in community service as advised by my sponsor or other recovery mentor.

Inmate Name/AIS#

Date

SUT Staff

Date

ALABAMA DEPARTMENT OF CORRECTIONS

SUT PRE-TREATMENT PROGRESS EVALUATION



_____ Correctional Facility

Inmate Name: _____ AIS # _____ Date of Evaluation _____

This report aims to provide information on the above-referenced inmate's progress in the pretreatment component of his/her treatment program.

RATING: 5 = excellent; 4 = above-average; 3 = average; 2 = below-average; 1 = poor; N/A = Not Applicable

Performance Indicators Measured:	N/A	1	2	3	4	5
1. Measure of participant grooming and personal hygiene						
2. Measure of in-group participation						
3. Measure of compliance with program rules (honesty/self-control)						
4. Measure of cooperation with staff & others						
5. Measure of effort displayed, specificity, thoroughness of work on assignments						
6. Measure of ability to differentiate between beliefs, attitudes, thoughts, & feelings						
7. Measure of ability to write an objective thinking report, and find meaning in thoughts						
8. Measure of ability to identify thinking patterns that have led to trouble in the past						
9. Ability to ID risky thoughts, & replace them with non-risky, pro-social thoughts						
10. Measure of ability to self-ID criminal thinking errors & develop pro-social thinking patterns						
11. Measure of ability to self-ID "warning flags" for thinking errors						
12. Other (<i>must specify</i>):						

Narrative summary of progress:

SUT Name

SUT Specialist/Supervisor

ALABAMA DEPARTMENT OF CORRECTIONS

SUT FINAL TREATMENT EVALUATION



Inmate Name/AIS _____ Group: _____ Date Completed: _____

☐ TC ☐ 8-Week SAP ☐ 6-Month Crime Bill

The purpose of this evaluation is to confirm that the above-referenced inmate has completed the treatment selection indicated above and to measure participant progress while in treatment.

RATING: 5 = excellent; 4 = above-average; 3 = average; 2 = below-average; 1 = poor; N/A = Not Applicable

Performance Indicators Measured:				N/A	1	2	3	4	5
1. Measure of participant grooming and personal hygiene									
2. Measure of in-group participation									
3. Measure of compliance with program rules (honesty/self-control)									
4. Measure of cooperation with staff & others									
5. Measure of motivation displayed to fully embrace recovery									
6. Measure of effort displayed, specificity, thoroughness of work on assignments									
7. Measure of the use of pro-social values while demonstrating responsible - living choices									
8. Measure of ability to make cognitive & behavioral changes									
9. Measure of ability to internalize and apply proven principles of recovery									
10. Measure of willingness demonstrated to extend self to assist peers in recovery									
11. Measure of initiative displayed in group setting & dorm responsibilities									
12. Measure of effort & degree of specificity displayed in relapse prevention /aftercare plan									
13. Measure of improved awareness of civic responsibility									
14. Measure of overall progress as documented in participant progress notes									
15. Other (must specify):									
16. SUT staff's assessment of client's location in Stages of Change	Pre-contemplation	Contemplation	Preparation	Action	Maintenance				

Narrative summary of progress:

Recommendations for further growth & pertinent referrals:

SUT Signature / Date

Supervisor / Date

ALABAMA DEPARTMENT OF CORRECTIONS

SUT AFTERCARE PROGRESS EVALUATION



_____ Correctional Facility

Inmate Name: _____ AIS # _____ Date of Evaluation _____

The purpose of this report is to provide information on the above-referenced inmate's progress in the continuing care component of his/her treatment program.

RATING: 5 = excellent; 4 = above-average; 3 = average; 2 = below-average; 1 = poor; N/A = not applicable

Performance Indicators Measured:	N/A	1	2	3	4	5
1. Measure of participant's grooming and personal hygiene						
2. Measure of in-group participation						
3. Measure of compliance with program rules (honesty/self-control)						
4. Measure of cooperation with staff & others						
5. Measure of motivation displayed to fully embrace recovery						
6. Measure of effort displayed, specificity, thoroughness of work assignments						
7. Measure of use of pro-social values & demonstrated responsible living choices						
8. Measure of ability to make cognitive & behavioral changes						
9. Measure of ability to internalize and apply proven principles of recovery						
10. Measure of willingness demonstrated to extend self to assist peers in recovery						
11. Measure of initiative displayed in group setting & dorm						
12. Measure of effort displayed to adhere to Aftercare plan as specified						
13. Measure of overall progress as documented in participant progress						
14. Other (<i>must specify</i>):						
SUT staff's assessment of client location in Stages of Change	Pre-contemplation	Contemplation	Preparation	Action	Maintenance	

Narrative summary of progress: _____

Recommendations/Referrals: _____

 Drug Treatment Counselor

 Drug Program Specialist/Supervisor

[illegible]

NAME		DATE OF SERVICE	
AIS#		PROGRAM	
FACILITY		GROUP	

SELECTED ISSUES	YES	NO	COMMENTS
Appropriate Appearance			
Appropriate Behavior			
Appropriate Affect			
Oriented – person, place, time, situation			
Expressed Suicidal Intent			

INMATE INVOLVEMENT:	
	Attentive with Verbal Feedback
	Attentive with No Verbal Feedback
	Inattentive

COUNSELOR COMMENTS:

Counselor Signature

Date

ALABAMA DEPARTMENT OF CORRECTIONS
SUT REFERRAL FORM



INMATE/PARTICIPANT INFORMATION	
Name:	AIS#:
Facility:	Housing Unit/Bed Assignment:
Date of Referral:	Time:
Reason for Referral:	
Person Making Referral:	Title:

REFERRAL RECEIVED BY	
Name:	Title:
Date Received:	Time Received:
Drug Treatment Determination:	
<div><input type="checkbox"/> Pre- Treatment <input type="checkbox"/> Substance Abuse Program (SAP) <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Aftercare <input type="checkbox"/> External Aftercare (Pier/ Ross) <input type="checkbox"/> Therapeutic Community <input type="checkbox"/> Crime Bill <input type="checkbox"/> Medication Assisted Therapy <input type="checkbox"/> Detox <input type="checkbox"/> Co-Occurring Disorders Program <input type="checkbox"/> Matrix Stimulant- Specific Program</div>	
Comments:	

ALABAMA DEPARTMENT OF CORRECTIONS

SUT PROGRAMMING PARTICIPANT EVALUATION FORM



The Alabama Department of Corrections strives to provide the best possible treatment programming. Your feedback is essential to our ability to improve our delivery and to provide quality programs. Please take a few moments to complete this Treatment Programming Participant Evaluation Form.

Please check the program that you are evaluating (**only select one**):

- | | |
|--|--|
| <input type="checkbox"/> HWR (SAP) | <input type="checkbox"/> Active Adult Relationships |
| <input type="checkbox"/> 6-Month RSAT "Crime Bill" Program | <input type="checkbox"/> Parenting Inside Out |
| <input type="checkbox"/> Aftercare | <input type="checkbox"/> Moving On |
| <input type="checkbox"/> Beyond Trauma | <input type="checkbox"/> Getting Ahead While Getting Out |
| <input type="checkbox"/> Beyond Violence | <input type="checkbox"/> Other _____ |

Program Facilitator: _____

Days/Time Program Scheduled: _____

Was this program recommended by ADOC for you to complete? ☐ Yes ☐ No

Did you graduate from the program? ☐ Yes ☐ No

If you did not graduate from the program, how many classes did you attend? _____

If you did not graduate from the program, why did you not complete the program?

What did you like best about the program?

What do you like least about the program?

What is one thing you learned in the program that you will use when you leave ADOC?

PROGRAM EVALUATION	Strongl y Agree	Agre e	Don't Kno w	Disagre e	Strongly Disagree
1. The program was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt there was enough time to learn the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I found the exercises to be helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The material was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I acquired skills and/or knowledge that I will be able to use in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITATOR EVALUATION	Strongl y Agree	Agre e	Don't Kno w	Disagre e	Strongly Disagree
6. The facilitator was knowledgeable about the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The facilitator was always prepared for group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The facilitator was courteous, professional, and respectful of all participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The facilitator explained concepts clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The facilitator encouraged group participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The facilitator effectively answered questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The facilitator did a fantastic job leading our program group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments:

ALABAMA DEPARTMENT OF CORRECTIONS
SUT URINALYSIS TESTING REQUEST LOG



PARTICIPANTS NAME	AIS#	SUT STAFF MAKING REQUEST	DATE REQUESTED	NAME OF PERSON YOU ARE MAKING REQUEST TO	RESULTS	DATE RESULTS RECEIVED

ALABAMA DEPARTMENT OF CORRECTIONS
SUT PROFILE FORM



DATE:	NAME:
AIS:	COUNTY:
EOS DATE/ PAROLE DATE (IF KNOWN):	MENTAL HEALTH CODE:
HAVE YOU PREVIOUSLY PARTICIPATED IN INPATIENT OR OUTPATIENT SUBSTANCE ABUSE TREATMENT? YES/NO	SUBSTANCE OF CHOICE:

SUT TRACKING

ENTRY DATE	PROGRAM	DATE OF COMPLETION	SUT FACILITATOR

ALABAMA DEPARTMENT OF CORRECTIONS
SUT MONTHLY REPORT



FACILITY:

NAME:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Number of new admissions for the month												
2. Number of drug tests submitted upon admissions												
3. Number of individuals that received drug tests for the month												
4. Number of positive drug tests												
5. Number of negative drug tests												
6. Number of inmates that received services from you during the month												
7. Number of inmates enrolled on the last day of the month for SAP												
8. Number of completions for SAP												
9. Number of inmates enrolled on the last day of the month for Pre-Tx												
10. Number of inmates enrolled on the last day of the month for Crime Bill												
11. Number of completions for Crime Bill												
12. Number of inmates enrolled on the last day of the month for Aftercare												
13. Number of completions for Aftercare												
14. Number of inmates enrolled on the last day of the month for Relapse Prev												
15. Number of completions for Relapse Prevention												
16. Number of inmates enrolled on the last day of the month for Co-Occurring												
17. Number of completions for 8-Week Co-Occurring Disorder												
18. Number of inmates enrolled on the last day of the month for Thera. Community												
19. Number of completions for the Therapeutic Community												
20. Number of inmates enrolled in the MAT Program												
21. Number of inmates who will EOS during the month												
22. Number of inmates referred to an external aftercare program												
23. Number of inmates released on parole												
24. Number of inmates released to Community Corrections												
25. Number of inmates released from the program due to a new charge												
26. Number of inmates released from the program due to a release												
27. Number of inmates released from the program due to a transfer to another facility												
28. Number of inmates no longer in the program due to death/ serious illness												
29. Number of inmates that voluntarily exited the program												
30. Number of inmates released from the program due to their failure to meet program requirements?												

ALABAMA DEPARTMENT OF CORRECTIONS

SUT MONTHLY REPORT



1. Number of inmates no longer in the program due to violations of institutional rules (disciplinary)													
2. Number of inmates released from the program for other reasons (medical etc.)													
3. Number of inmates who received mental health services for the month													
4. Number of ORAS assessments completed during the month													
5. Number of WRNA assessments completed during the month													
6. Number of employees that attended training this month													
7. Number of Treatment Counselors at your facility													
8. Number of Program Specialist at your facility													
9. Number of black inmates who completed treatment													
10. Number of white inmates who completed treatment													
11. Number of Hispanic inmates who completed treatment													
12. Number of Native American who completed treatment													
13. Number of non-Crime Bill participants in Crime Bill beds													
14. Number of individualized treatment plans completed													
15. Number of individuals administered urinalysis within 30 days after successfully completing your aftercare program and are still under supervision													
16. Of the number administered test in #45, how many tested positive?													

ALABAMA DEPARTMENT OF CORRECTIONS
SUT TREATMENT PLAN



FIRST NAME	LAST NAME	DATE OF BIRTH	AMS #
GENDER	PREFERRED PRONOUNS	PROGRAM:	

TREATMENT PLAN

PRESENTING PROBLEMS: (Why is he/ she in your group?)

TREATMENT GOAL: (WHAT IS NOT VISIBLE) (What problems have you noticed?)

ESTIMATED COMPLETION: _____ **MONTHS**

TREATMENT OBJECTIVES: (WHAT IS VISIBLE)

TREATMENT INTERVENTION: (WHAT CAN BE MEASURED) (What can we (DOC) offer that will assist?)

DURATION _____

RELAPSE PLAN: (Sum up the plan you and inmate devised)

INMATE'S SIGNATURE

DATE

SUT SIGNATURE