

**CHAPTER 24****SUBSTANCE USE DISORDER TREATMENT PROGRAMS****Authority**

N.J.S.A. 30:1B-6 and 30:1B-10; and *Carl K. Hampton v. Department of Corrections*, Superior Court of New Jersey, Appellate Division, Docket No. A-4198-99T3 (February 1, 2001).

**Source and Effective Date**

R.2007 d.268, effective July 26, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1.c(2), Chapter 24, Substance Use Disorder Treatment Programs, expires on January 22, 2015. See: 46 N.J.R. 1855(a).

**Chapter Historical Note**

Chapter 24, Substance Use Disorder Treatment Programs, was adopted as new rules by R.2002 d.99, effective April 1, 2002. See: 33 N.J.R. 4194(a), 34 N.J.R. 1426(a).

Chapter 24, Substance Use Disorder Treatment Programs, was re-adopted as R.2007 d.268, effective July 26, 2007. As a part of R.2007 d.268, Subchapter 2, Treatment Programs, was renamed Treatment Programs and Other Services, effective August 20, 2007. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 24, Substance Use Disorder Treatment Programs, was scheduled to expire on July 26, 2014. See: 43 N.J.R. 1203(a).

**CHAPTER TABLE OF CONTENTS****SUBCHAPTER 1. GENERAL PROVISIONS**

- 10A:24-1.1 Purpose
- 10A:24-1.2 Scope
- 10A:24-1.3 Definitions
- 10A:24-1.4 Authority
- 10A:24-1.5 Forms

**SUBCHAPTER 2. TREATMENT PROGRAMS AND OTHER SERVICES**

- 10A:24-2.1 Zero Tolerance Drug/Alcohol Policy, related sanctions and other prohibited substance use sanctions
- 10A:24-2.2 Clinical screening of inmates
- 10A:24-2.3 Assignment to substance use disorder continuum of care at institutional classification
- 10A:24-2.4 Continuum of care program referrals
- 10A:24-2.5 Therapeutic Community Program
- 10A:24-2.6 Mutual Agreement Program (MAP)
- 10A:24-2.7 Alternative Substance Use Disorder Program and education and support programs
- 10A:24-2.8 Ancillary services
- 10A:24-2.9 Role of the Therapeutic Community Liaison
- 10A:24-2.10 Role of the Institution Classification Committee (I.C.C.)
- 10A:24-2.11 Inmate non-acceptance of treatment assignment
- 10A:24-2.12 Role of the Office of Drug Programs, Division of Programs and Community Services
- 10A:24-2.13 Recommendations for Alternative Sanction Programs
- 10A:24-2.14 Internal management procedures

**SUBCHAPTER 1. GENERAL PROVISIONS****10A:24-1.1 Purpose**

(a) The purpose of this chapter is to establish:

1. Policies and procedures for the administration of correctional facility/unit treatment programs;
2. Policies and procedures for substance use disorder continuum of care and other substance use disorder education and support programs for inmates who are identified as having substance use disorders; and
3. Eligibility criteria and other placement guidance for treatment and substance use disorder education and support programs.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Rewrote the section.

**10A:24-1.2 Scope**

This chapter shall be applicable to all correctional facilities, administrative units and contract agencies that provide substance use disorder treatment programs and other substance use disorder educational and support programs under the jurisdiction of the New Jersey Department of Corrections.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Inserted "administrative units" and "and other substance use disorder educational and support programs".

**10A:24-1.3 Definitions**

The following terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Addiction Severity Index (A.S.I.))" means a clinical screening and assessment instrument used to identify and evaluate substance use disorders (see N.J.A.C. 10A:9-2).

"Alternative Substance Use Disorder Program" means an alternative program that includes initiatives developed and implemented to address the substance use disorder concerns of inmates.

"Ancillary services" means those supplementary programs that include initiatives to address the social service needs specific to inmates who are identified as having substance use disorders. Examples of such ancillary services include, but are not limited to, employment, parenting, housing and other agency and governmental assistance programs.

"Assessment and Treatment Center" means a Residential Community Release Agreement Program that provides eligible inmates with a comprehensive assessment of their needs and risks, an orientation to a treatment regimen, and a referral to a halfway house, substance use disorder treatment program, or Mutual Agreement Program.

“Case management” means the management of inmate cases in order to bring services, resources and individuals together within a planned framework of action for purposes of achieving established goals. Case Management services are provided by designated staff of the Office of Drug Programs.

“Continuum of care” means a multi-phase approach designed to address substance use disorders and to assist eligible inmates with their reintegration into society. Examples of the multi-phase continuum of care approach are inmate participation in the following programs:

1. Correctional facility-based therapeutic community (T.C.);
2. Community-based corrections that includes assessment and treatment centers, MAP, substance use disorder support, and work release halfway houses; and
3. Release to parole supervision.

“File review assessment” means a thorough review of the contents of material in the inmate’s classification folder. A file review assessment is conducted by trained staff of the Office of Drug Programs in order to identify indications of current or past substance use.

“Intensive Parole Drug Program (I.P.D.P.)” means a parole program utilizing specially trained parole officers to provide intensive supervision to parolees in need of substance use disorder treatment.

“Living in Balance Program (L.I.B.)” means an Alternative Substance Use Disorder Program that is research-based and designed as a practical instructional system for conducting substance use disorder education groups for inmates who have substance use disorders. The program incorporates addiction awareness and program facilitation, social and family issues, consumer issues and stress reduction techniques. L.I.B. programs utilize specifically trained facilitators and L.I.B. curricula.

“Mutual Agreement Program (MAP)” means the cooperative agreement between the New Jersey Department of Corrections and the New Jersey Department of Human Services in reference to State-licensed, residential, community-based substance use disorder treatment programs throughout New Jersey for community-based treatment of inmates under the jurisdiction of the New Jersey Department of Corrections.

“Office of Drug Programs” means the office within the Department of Corrections, Division of Programs and Community Services responsible for addressing the substance use disorders of the inmate population. The Office of Drug Programs is responsible for the proper identification of inmate treatment needs, treatment dosages and for referral to appropriate treatment programs. The Office of Drug Programs oversees, monitors, develops, and implements research-based substance use disorder programming.

“Substance use disorder” means a maladaptive pattern of substance use leading to clinically significant impairment or distress which includes substance abuse and substance dependency as indicated by results on a clinical screening and assessment instrument.

“Substance use disorder treatment” means the therapeutic process provided by trained counselors to assist inmates who have been identified and assessed, to have a moderate to extreme substance use disorder Addiction Severity Index rating.

“Therapeutic Community (T.C.)” means a self-contained treatment unit within a correctional facility. The T.C. approach uses a community model that is created within the housing unit of the T.C. as the primary method for creating social and psychological change in inmates with moderate to extreme substance use disorders.

“Therapeutic Community Liaison” means a correctional facility staff member designated by the Administrator who acts as a contact between facility staff and the Office of Drug Programs. The Therapeutic Community Liaison provides assistance in the tracking, monitoring, locating, referring and otherwise facilitating the placement of inmates in need of treatment in the Therapeutic Community Program.

“Therapeutic Community program waiting list” means a list of inmates identified as appropriate, eligible and referred for T.C. Program placement. The waiting list is maintained by the Office of Drug Programs and distributed to correctional facilities to assist in the placement of inmates in a T.C.

“Treatment dosage” means the duration of treatment time as identified through research and further established via treatment standards that provides optimal treatment outcomes.

“Zero Tolerance Drug/Alcohol Policy” See N.J.A.C. 10A:1-2.2.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Deleted definitions “Alternative Sanction Program”, “Continuum of treatment”, “Day Reporting Center” and “Treatment”; added definitions “Alternative Substance Use Disorder Program”, “Ancillary services”, “Case management”, “Continuum of care”, “File review assessment”, “Living in Balance Program (L.I.B.)”, “Substance use disorder treatment”, “Therapeutic Community Liaison”, “Therapeutic Community program waiting list”, and “Treatment dosage”; rewrote definition “Assessment and Treatment Center”; and substituted definitions “Mutual Agreement Program (MAP)” and “Office of Drug Programs” for definitions “Mutual Agreement Program (M.A.P.)” and “Office of Community and Drug Programs”, and rewrote both.

#### 10A:24-1.4 Authority

Pursuant to N.J.S.A. 30:4-91.2, the Commissioner, New Jersey Department of Corrections, or designee may designate as a place of confinement any available, suitable and appro-

appropriate facility whether owned by the State or otherwise, and may at any time transfer an inmate from one place of confinement to another.

#### 10A:24-1.5 Forms

(a) The following forms related to correctional treatment programs shall be reproduced by each correctional facility/unit from originals that are available by contacting the Office of Drug Programs, Division of Programs and Community services:

1. A.N.-1 Clinical Screening Advisory;
2. A.N.-2 Assignment Advisory;
3. T.C.-1 Therapeutic Community Referral;
4. T.C.-2 Therapeutic Community Discharge Summary;
5. Inmate File Review Assessment Form;
6. Addiction Severity Index (A.S.I.) Form; and
7. Relapse Reassessment Form.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

In the introductory paragraph of (a), deleted "Community and" preceding "Drug"; deleted former (a)3 and recodified former (a)4 and (a)5 as new (a)3 and (a)4; in new (a)3, deleted "and" from the end; in new (a)4, substituted a semicolon for the period at the end; and added (a)5 through (a)7.

## SUBCHAPTER 2. TREATMENT PROGRAMS AND OTHER SERVICES

### 10A:24-2.1 Zero Tolerance Drug/Alcohol Policy, related sanctions and other prohibited substance use sanctions

(a) As defined in N.J.A.C. 10A:1-2.2 and established in N.J.A.C. 10A:4-12, the Department of Corrections maintains a Zero Tolerance Drug/Alcohol Policy that applies to inmates confined in correctional facilities and is intended to:

1. Provide notice to inmates that the Department maintains a zero tolerance for the possession/sale/use by State inmates of any drugs, intoxicants or narcotic paraphernalia not prescribed for the inmate by medical or dental staff; and
2. Create a safer environment for correctional facility inmates, staff, volunteers and visitors by eliminating drugs and alcohol and the violence associated with these prohibited substances.

(b) Sanctions related to finding of guilt related to the Zero Tolerance Drug/Alcohol Policy are set forth at N.J.A.C. 10A:4-5.1.

(c) Provisions for the reinstatement of contact visit privileges that were terminated as a result of a guilty finding to a prohibited act as established at N.J.A.C. 10A:4-5.1 are set forth at N.J.A.C. 10A:18-6.20.

(d) Inmates assigned to a residential community program who use prohibited substances such as drugs, intoxicants or related paraphernalia not prescribed for the inmate by the medical or dental staff or who are intoxicated while assigned to a residential community program shall be:

1. Charged with prohibited acts .204A and/or .552A and subject to a disciplinary hearing and disciplinary action;
2. Returned to the correctional facility; and
3. Scheduled for a review by the Community Corrections Classification Committee (C-4) who shall be responsible for the assignment of a custody status and the placement of the inmate. As determined by C-4, such assignment and placement shall indicate if the inmate shall remain in the correctional facility or be returned to a residential community program.

Amended by R.2006 d.398, effective November 20, 2006.  
See: 38 N.J.R. 3121(a), 38 N.J.R. 4867(a).

In (b) and (c), updated the N.J.A.C. reference.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Zero Tolerance Drug/Alcohol Policy". Rewrote the introductory paragraph of (a); and added (d).

### 10A:24-2.2 Clinical screening of inmates

(a) In accordance with provisions established in N.J.A.C. 10A:9, Classification Process, clinical screening of inmates shall be performed during the initial classification process and at any time deemed necessary by administrative staff.

(b) The Office of Drug Programs shall provide trained clinical screeners to administer the Addiction Severity Index (A.S.I.), or an equivalent clinical screening and assessment instrument, to all inmates to identify inmates in need of substance use disorder treatment (see N.J.A.C. 10A:9-2). Inmates with an A.S.I. score of five or above shall be deemed to have a moderate to extreme substance use disorder and to be in need of intensive treatment.

(c) A trained clinical screener of the Office of Drug Programs shall perform a file review assessment. All pertinent information gathered from the file review assessment shall be summarized on the "Inmate File Review Assessment Form" and placed with the corresponding A.S.I. or other addiction screening instrument in the inmate's classification folder at the reception center.

(d) Inmates found guilty of a prohibited substance use related prohibited act while assigned to a residential community program shall be screened for substance use disorder utilizing the A.S.I. or equivalent clinical screening and assessment instrument, the Addiction Severity Form; and, in relapse circumstances, utilizing the Relapse Reassessment Form.

(e) Inmates who refuse to participate in clinical screening shall receive disciplinary charge .707, failure to keep a scheduled appointment with medical, dental or other professional staff. The objective classification scoring instrument "I-1" override code shall be imposed and the inmate shall not be eligible for consideration for any custody status lower than medium custody until after clinical screening is completed. See N.J.A.C. 10A:9-2.12 and 4.6.

(f) At the clinical screening, each inmate shall be requested to sign Form A.N.-1, Clinical Screening Advisory, immediately after the following statement:

"I have been informed that if I refuse clinical screening, I shall receive disciplinary charge .707, failure to keep a scheduled appointment with medical, dental or other professional staff, and shall not be eligible for consideration for any custody status lower than medium custody until after clinical screening is completed. I understand that I may apply for clinical screening after a minimum of 30 calendar days have elapsed from the date of my refusal."

1. The printed name, title and signature of the clinical screening staff member providing the notification shall be entered on the form.

2. In the event that the inmate refuses to sign the form, the staff member shall sign the following statement on the form:

"Inmate refuses to sign \_\_\_\_\_."  
Signature of Clinical  
Screening Staff Member

3. Clinical Screening Advisory forms shall be maintained in the inmate's classification folder and a copy provided to:

- i. The Office of Drug Programs; and
- ii. The inmate.

(g) Inmates who refuse to participate in clinical screening shall be permitted to apply for the screening after a minimum of 30 calendar days have elapsed from the date of the refusal. The objective classification scoring instrument "I-1" override code shall be removed after clinical screening.

(h) The clinical screeners shall recommend a suitable treatment program for consideration by the Institutional Classification Reception Committee (I.C.R.C.).

(i) The I.C.R.C. shall inform the inmate of the custody level and correctional facility/unit assignment in accordance with:

1. The criteria for assignment of inmates (see N.J.A.C. 10A:9-6.3); and
2. The inmate's clinical screening result.

(j) The I.C.R.C. shall ensure the appropriate classification forms including the A.S.I. and Form A.N.-1 (to include any

inmate refusal to participate in the clinical screening process) are completed and placed into the inmate's classification folder and into the automated Correctional Management Information System classification notes.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

In (a), inserted "and at any time deemed necessary by administrative staff"; in (b), deleted "Community and" preceding "Drug"; added new (c) and (d); recodified former (c) through (h) as (e) through (j); in (e), substituted "I-1" for "I"; in the introductory paragraph of (f), substituted "At the" for "Prior to" and inserted commas following "A.N.-1" and "Advisory"; in (f)3i, deleted "Community and" preceding "Drug"; in (g), substituted "I-1" for "I"; and in (j), inserted "including the A.S.I and Form A.N.-1 (to include any inmate refusal to participate in the clinical screening process)".

Amended by R.2012 d.122, effective July 2, 2012.

See: 44 N.J.R. 645(a), 44 N.J.R. 1899(a).

In (h), the introductory paragraph of (i), and in (j), substituted "(I.C.R.C.)" for "(I.I.C.C.)"; and in (h), substituted "Institutional" for "Inter-Institutional" and inserted "Reception".

### 10A:24-2.3 Assignment to substance use disorder continuum of care at institutional classification

(a) The I.C.C. shall assign inmates to a program within the continuum of care approach that is appropriate to the severity, nature, and type of substance use disorder dependent upon availability of space in the program and in accordance with classification eligibility criteria.

(b) Upon assignment to a treatment program, each inmate shall be requested to sign Form A.N.-2 Assignment Advisory immediately after the following statement:

"I have been informed that when I refuse to accept an assignment to a treatment program or am discharged from a T.C. program for behavioral maladjustment or refusal to participate, I shall become ineligible for consideration for any custody status lower than medium custody until after a T.C. program is successfully completed. I understand that I may apply for program reconsideration after a minimum of 30 calendar days have elapsed from the date of my non-acceptance or discharge."

1. The printed name, title and signature of the staff member providing the notification shall be entered on the form.

2. In the event that the inmate refuses to sign the form, the staff member shall sign the following statement on the form:

"Inmate refuses to sign \_\_\_\_\_."  
Screening Staff Member

3. Assignment Advisory forms shall be maintained in the inmate's classification folder and a copy provided to:

- i. The Office of Drug Programs; and
- ii. The inmate.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Assignment to a treatment program at institutional classification". In (a), inserted "program within the" and substituted "care approach that is" for "treatment program"; and in (b)3i, deleted "Community and" preceding "Drug".

#### 10A:24-2.4 Continuum of care program referrals

(a) Upon institutional classification by the Institutional Classification Committee (I.C.C.), an inmate identified as being in need of treatment for a moderate to extreme substance use disorder shall be assigned to:

1. A Therapeutic Community (T.C.) Program, if the eligibility criteria at N.J.A.C. 10A:24-2.5 is met;
2. A waiting list for the Therapeutic Community (T.C.) Program, if the eligibility criteria at N.J.A.C. 10A:24-2.5 is met; or
3. A residential community program, if the eligibility criteria at N.J.A.C. 10A:20-4.5 is met.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Continuum of treatment program referrals". In (a)3, substituted "residential community program" for "Residential Community Release Agreement Program (R.C.R.A.P.)".

#### 10A:24-2.5 Therapeutic Community Program

(a) The T.C. program is a self-contained treatment unit within a correctional facility in which clinical staff shall administer the A.S.I., or an equivalent clinical screening and assessment instrument, to T.C. program inmates for evaluation and treatment planning purposes.

(b) The criteria for initial referral and/or assignment to a T.C. program requires inmates to:

1. Have an A.S.I. evaluation score of five or above, or similar results from an equivalent clinical screening and assessment instrument, or have been determined to be appropriate for placement as a result of the file review assessment process;
2. Have sufficient time, at the time of placement, to complete the T.C. program, which is a minimum of nine months to a maximum of 40 months prior to his or her parole eligibility date or earliest release date; and
3. Be currently classified as full minimum custody status or be within one year of eligibility for full minimum custody status pursuant to N.J.A.C. 10A:9-4, Eligibility criteria for reduced custody consideration.

(c) Discharge from a T.C. program for behavioral maladjustment or refusal to participate shall result in:

1. Removal from the program; and
2. Mandatory loss of reduced custody status via application of the objective classification scoring instrument "I-1" override code (see N.J.A.C. 10A:9-2.12), and the inmate shall remain ineligible for consideration for any custody status lower than medium custody until after a T.C. program is successfully completed.

(d) Inmates discharged from a T.C. program due to behavioral maladjustment or a refusal to participate shall be permitted to apply for program reconsideration after a minimum of 30 calendar days have elapsed from the date of discharge.

(e) Inmates discharged from a T.C. program due to behavioral maladjustment or a refusal to participate shall sign form T.C.-2 Therapeutic Community Discharge Summary. Form T.C.-2 shall inform inmates that a mandatory loss of eligibility for consideration for any custody status lower than medium custody shall be imposed until after T.C. program treatment is successfully completed, and that application for program reconsideration is permitted after a minimum of 30 calendar days have elapsed from the date of discharge. The name, title and signature of the contact treatment program staff member providing Form T.C.-2 Therapeutic Community Discharge Summary shall be entered on the form. In the event that an inmate refuses to sign the form, the staff member shall sign a statement on Form T.C.-2 indicating the inmate's refusal to sign. Form T.C.-2 shall be maintained in the inmate's classification file and a copy provided to:

- i. The Office of Drug Programs; and
- ii. The inmate.

(f) An inmate may be reassigned to a T.C. program if some period of participation in the T.C. program has already been completed.

(g) The Institutional Classification Committee (I.C.C.) shall not be compelled by T.C. program eligibility criteria to approve every inmate who is eligible for consideration. Eligible inmates may be denied assignment to a T.C. program due to, but not limited to, the following reasons:

1. A concurrent psychiatric condition which renders the inmate not amenable to substance use disorder treatment in a T.C. program; or
2. Any circumstance which renders the T.C. program treatment inappropriate.

Amended by R.2007 d.268, effective August 20, 2007.  
See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Therapeutic Community (T.C.) Program". In (a), inserted "is a self-contained treatment unit within a correctional facility in which"; in the introductory paragraph of (b), inserted "referral and/or"; in (b)1, inserted ", or have been determined to be appropriate for placement as a result of the file review assessment process"; rewrote (b)2; in (b)3, inserted "currently classified as full minimum custody status or be"; in (c)2, substituted "application" for "imposition" and "I-1" for "I"; in the introductory paragraph of (e), inserted the last sentence; added (e)i and (e)ii; and in (f), deleted "with less than six months until his or her parole eligibility date or earliest release date" preceding "may".

#### 10A:24-2.6 Mutual Agreement Program (MAP)

(a) MAPs are licensed treatment facilities providing inmates community-based inpatient substance use disorder treatment programs.

(b) Candidate eligibility for MAP is set forth at N.J.A.C. 10A:20-4.4 and 4.5. In addition, a candidate must have:

1. An A.S.I. evaluation score of five or above or similar results from an equivalent clinical screening and assessment instrument, or have been found to be appropriate for placement as a result of the file review assessment process;

2. A demonstrated need for continued intensive addiction treatment programming as indicated on the T.C. program discharge summary for those inmates who have successfully completed a T.C. and/or as recommended by certified clinical staff; and

3. Sufficient time to complete MAP prior to parole or release.

(c) Inmate refusal to participate in a MAP shall result in:

1. Disciplinary action;

2. Return to the correctional facility for those inmates already assigned to a MAP; and

3. Review by the Community Corrections Classification Committee (C-4) for assignment of a custody status and placement.

Repeal and New Rule, R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Residential Community Release Agreement Program (R.C.R.A.P.)".

Amended by R.2012 d.122, effective July 2, 2012.

See: 44 N.J.R. 645(a), 44 N.J.R. 1899(a).

In (c)3, inserted "Classification".

#### **10A:24-2.7 Alternative Substance Use Disorder Program and education and support programs**

An inmate who does not meet the eligibility criteria of a Therapeutic Community Program or residential community release may be referred and assigned to an Alternative Substance Use Disorder Program, an education program or a support program. Placement shall be based upon availability and capacity. An example of an Alternative Substance Use Disorder Program is Living In Balance.

New Rule, R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Former N.J.A.C. 10A:24-2.7, Role of the Institution Classification Committee (I.C.C.), recodified to N.J.A.C. 10A:24-2.10.

#### **10A:24-2.8 Ancillary services**

(a) The clinical staff from the Office of Drug Programs shall identify and assign eligible inmates to ancillary service programs designed and implemented to address specific social services needs. Placement shall be based on availability and capacity. These programs include, but are not limited to:

1. Responsible parenting programs;
2. Workforce development programs; and
3. Other release-related programs.

New Rule, R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Former N.J.A.C. 10A:24-2.8, Inmate non-acceptance of treatment assignment, recodified to N.J.A.C. 10A:24-2.11.

#### **10A:24-2.9 Role of the Therapeutic Community Liaison**

(a) The Administrator of a correctional facility that maintains a T.C. shall designate a T.C. Liaison to be responsible for maintaining a liaison between the facility administrative staff, the Institutional Classification Committee (I.C.C.), the Office of Drug Programs, contract treatment program Directors, and inmates.

(b) The T.C. Liaison shall also be responsible to:

1. Identify inmates in need of treatment, conduct interviews and review eligibility;

2. Consult with the I.C.C.;

3. Monitor the T.C. program waiting list and work in conjunction with the Office of Drug Programs to maintain a current list;

4. Maintain and review Form T.C.-2 Therapeutic Community Discharge Summary and any other reports to ensure information is complete and provide same to the I.C.C. when necessary;

5. Track and monitor inmates who refused treatment placement or were discharged from the program and schedule the inmate for Institutional Classification Committee (I.C.C.) reviews.

6. Facilitate inmate treatment placement and monitor progress;

7. Coordinate and track the community release application process.

New Rule, R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Former N.J.A.C. 10A:24-2.9, Role of the Office of Community and Drug Programs, Division of Programs and Community Services, recodified to N.J.A.C. 10A:24-2.12.

#### **10A:24-2.10 Role of the Institution Classification Committee (I.C.C.)**

(a) Each I.C.C. is responsible for consulting with the Therapeutic Community Liaison in regard to monitoring the continuum of care for inmates with an A.S.I. score of five or above, or similar results from an equivalent clinical screening and assessment instrument. The I.C.C. should utilize the Correctional Management Information System and information gathered as part of the classification review to identify potential candidates as they become eligible for referral to treatment programs.

(b) Upon I.C.C. approval, the I.C.C. shall provide notice of such approval to the correctional facility Classification Department. Form T.C.-1 Therapeutic Community Referral shall be forwarded to C.R.A.F. and C.R.A.F. shall maintain a T.C. program waiting list and coordinate assignment and transportation of approved inmates. The original Form T.C.-1 shall be placed into the classification folder of the inmate.

(c) The I.C.C. of a correctional facility with a T.C. program in consultation with the T.C. Liaison, shall be responsible to perform the following in regard to the T.C. program:

1. Conduct initial inmate reviews including, but not limited to:
  - i. Review of the inmate's A.S.I. or other clinical screening/assessment scores; and
  - ii. Confirmation or denial of T.C. program assignments;
2. Monitor inmate treatment progress; and
3. Review any Form T.C.-2 Therapeutic Community Discharge Summary submitted by the T.C. Program Director and interview the inmate to make a determination as to subsequent inmate program assignments pursuant to N.J.A.C. 10A:9, Classification Process.

(d) The I.C.C. of a correctional facility with a T.C. program may recommend the referral of an inmate to a residential community program upon the inmate's successful completion of the T.C. program.

(e) The I.C.C. of a correctional facility with a T.C. program may recommend the Administrative Discharge of an inmate from the T.C. program when it has determined that the inmate shall be reassigned due to administrative reasons. An Administrative Discharge shall be considered a discharge in good standing and no disciplinary action shall be initiated against the inmate. Inmates may apply for program reconsideration when the reason for the Administrative Discharge has been resolved.

(f) The I.C.C. of a correctional facility with a T.C. program may recommend one or more of the following outcomes in addition to imposing mandatory loss of custody status lower than medium custody and removal from the program when it has determined that an inmate shall be discharged from the T.C. program due to behavioral maladjustment or a refusal to participate:

1. Transfer from the correctional facility;
2. Establishment of a future review date; and/or
3. Other actions as deemed necessary.

(g) The I.C.C. of a correctional facility with a T.C. program shall ensure that the original Form T.C.-2 Therapeutic Community Discharge Summary is filed into the inmate's classification folder and a copy is provided to:

1. The Office of Community and Drug Programs; and
2. The inmate.

Recodified from N.J.A.C. 10A:24-2.7 and amended by R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

In (a), inserted "consulting with the Therapeutic Community Liaison in regard to" and substituted "care" for "treatment"; in (c), inserted "in

consultation with the T.C. Liaison,"; and in (d), substituted "residential community program" for "R.C.R.A.P. or M.A.P.".

Former N.J.A.C. 10A:24-2.10, Recommendations for Alternative Sanction Programs, recodified to N.J.A.C. 10A:24-2.13.

#### **10A:24-2.11 Inmate non-acceptance of treatment assignment**

(a) Inmates who refuse to accept assignment to a MAP program will be subject to disciplinary action. Inmates who refuse to accept assignment to other treatment programs shall not be subject to disciplinary action. Upon review by the I.C.C. of all treatment program non-acceptance, the inmate shall:

1. Not be eligible for consideration for any custody status lower than medium custody, or if already in a lower custody status, shall lose the custody status via imposition of the objective classification scoring instrument "I" override code until after a T.C. program is successfully completed. See N.J.A.C. 10A:9-2.12 and 4.6;
2. Receive Form A.N.-2 Assignment Advisory;
3. Be subject to other actions as determined appropriate by the I.C.C.; and
4. Be permitted to reapply for program consideration after a minimum of 30 calendar days have elapsed from the date of non-acceptance.

Recodified from N.J.A.C. 10A:24-2.8 and amended by R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Rewrote (a).

Former N.J.A.C. 10A:24-2.11, Internal management procedures, recodified to N.J.A.C. 10A:24-2.14.

#### **10A:24-2.12 Role of the Office of Drug Programs, Division of Programs and Community Services**

(a) The staff of the Office of Drug Programs, Division of Programs and Community Services shall be responsible to:

1. Provide clinical screening of inmates during the initial classification process using the A.S.I., or an equivalent clinical screening and assessment instrument and conducting a thorough file review assessment;
2. Produce, monitor, update, and distribute the T.C. program waiting list;
3. Provide case management;
4. Process contract treatment program referrals of inmates to the Intensive Parole Drug Program (I.P.D.P.);
5. Develop and implement alternative and ancillary service programs to address inmate substance use disorder concerns of the inmate population;
6. Maintain a waiting list of inmates approved for MAP;

7. Coordinate inmate assignments and transportation of correctional facility inmates to a MAP;

8. Participate in the review and assignment of inmates at various classification committee meetings and make recommendations for treatment placement of inmates who are identified as having substance use disorders;

9. Review established or new substance use disorder programs and where appropriate, make recommendations and provide approval for the educational or therapeutic program to be developed and implemented; and

10. Monitor correctional facility treatment programs and community treatment programs to provide quality assurance.

Recodified from N.J.A.C. 10A:24-2.9 and amended by R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Section was "Role of the Office of Community and Drug Programs, Division of Program and Community Services". In the introductory paragraph of (a), deleted "Community and" preceding "Drug"; in (a)1, inserted "and conducting a thorough files review assessment"; rewrote (a)2, (a)3, (a)5 and (a)8; in (a)6 and (a)7, substituted "MAP" for "R.C.R.A.P. or M.A.P."; added new (a)9; and recodified former (a)9 as (a)10.

### 10A:24-2.13 Recommendations for Alternative Sanction Programs

(a) The contract treatment program Director or designee may submit recommendations for parole supervision to the New Jersey State Parole Board through the Office of Drug Programs that include the Intensive Parole Drug Program (I.P.D.P.). The I.P.D.P. is an alternative Sanction Program for parolees who have completed a correctional facility T.C. program while incarcerated.

Recodified from N.J.A.C. 10A:24-2.10 and amended by R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).

Rewrote the section.

### 10A:24-2.14 Internal management procedures

Each correctional facility shall develop written internal management policies and procedures in accordance with this subchapter.

Recodified from N.J.A.C. 10A:24-2.11 by R.2007 d.268, effective August 20, 2007.

See: 39 N.J.R. 1622(a), 39 N.J.R. 3539(a).