

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

**Authority**

N.J.S.A. 30:1B-6, 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).

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See: 33 N.J.R. 4194(a), 34 N.J.R. 1426(a).

**Chapter Expiration Date**

Chapter 24, Substance Use Disorder Treatment Programs, expires on April 1, 2007.

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**SUBCHAPTER 1. GENERAL PROVISIONS**

**10A:24-1.1 Purpose**

(a) The purpose of this chapter is to:

1. Establish policies and procedures for the administration of correctional facility/unit treatment programs;
2. Provide policies and procedures for substance use disorder continuum of treatment programs for inmates who are identified as having moderate to extreme substance use disorders; and
3. Establish the eligibility criteria for treatment programs.

**10A:24-1.2 Scope**

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

**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 Sanction Program” means a program utilized as an alternative to incarceration that provides supervision and support to parolees for successful parole trial and reintegration into the community while maintaining public safety. Alternative Sanction Programs include Day Reporting Centers and the Intensive Parole Drug Program.

“Assessment and Treatment Center” means a Residential Community Release Agreement Program that provides initial community-based assessment, treatment, and orientation services to eligible inmates.

“Continuum of treatment” means a process that provides for the identification, assessment, planning, treatment, and referral of inmates with substance use disorders. The A.S.I. or an equivalent clinical screening and assessment instrument is used to match appropriate levels of treatment with inmate needs. This process is characterized by a multi-stage continuum with components from treatment while incarcerated to alternative sanction programs.

“Day Reporting Center” means a parole program operated in the community by a contract agency which the parolee is required to attend in accordance with a special condition of the State Parole Board.

“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.

“Mutual Agreement Program (M.A.P.)” means a program jointly established and operated by the Department of Corrections, New Jersey State Parole Board and Department of Health and Senior Services Division of Addiction Services to provide long term inpatient residential treatment for substance use disorders.

“Office of Community and Drug Programs” means the office within the Department of Corrections, Division of Programs and Community Services responsible for oversee-

ing community work release programs and substance use disorder treatment programs and services.

“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.

“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.

“Treatment” when used in this chapter, means therapeutic intervention for inmates with moderate to extreme substance use disorders.

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

#### 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 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 Community and Drug Programs, Division of Programs and Community services:

1. A.N.-1 Clinical Screening Advisory;
2. A.N.-2 Assignment Advisory;
3. 686-II Community Program Application Checklist;
4. T.C.-1 Therapeutic Community Referral; and
5. T.C.-2 Therapeutic Community Discharge Summary.

## SUBCHAPTER 2. TREATMENT PROGRAMS

### 10A:24-2.1 Zero Tolerance Drug/Alcohol Policy

(a) As defined in N.J.A.C. 10A:1-2.2, the Zero Tolerance Drug/Alcohol Policy 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 a finding of guilt related to the Zero Tolerance Drug/Alcohol Policy are set forth at N.J.A.C. 10A:4-5.1 and 5.2.

(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 and 5.2 are set forth at N.J.A.C. 10A:18-6.20.

#### 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.

(b) The Office of Community and 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) 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” 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.

(d) Prior to 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.