

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 Inter-Institutional Classification Committee (I.I.C.C.).

(i) The I.I.C.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.I.C.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)".

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 amendable 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 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.)."

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.