

RULE PROPOSALS INTERESTED PERSONS

The Department of Corrections provides notices of rule proposals in the New Jersey Register (N.J.R.), a semi-monthly official publication of the Office of Administrative Law which contains all State agency rule proposals and adoptions. The following paragraph is quoted from the Proposal section of the New Jersey Register: Interested persons may submit comments, information or arguments concerning any of the rule proposals in this issue until the date indicated in the proposal. Submissions and any inquiries about submissions should be addressed to the agency officer specified for a particular proposal. The required minimum period for comment concerning a proposal is 30 days. A proposing agency may extend the 30-day comment period to accommodate public hearings or to elicit greater public response to a proposed new rule or amendment. Most notices of proposal include a 60-day comment period, in order to qualify the notice for an exception to the rulemaking calendar requirements of N.J.S.A. 52:14B-3. An extended comment deadline will be noted in the heading of a proposal or appear in a subsequent notice in the Register. At the close of the period for comments, the proposing agency may thereafter adopt a proposal, without change, or with changes not in violation of the rulemaking procedures at N.J.A.C. 1:30-6.3. The adoption becomes effective upon publication in the Register of a notice of adoption, unless otherwise indicated in the adoption notice. Promulgation in the New Jersey Register establishes a new or amended rule as an official part of the New Jersey Administrative Code.

CORRECTIONS

THE COMMISSIONER

Substance Use Disorder Treatment Programs

Proposed Readoption with Amendments: N.J.A.C. 10A:24

Proposed Repeal and New Rule: N.J.A.C. 10A:24-1.2

Proposed Repeals: N.J.A.C. 10A:24-2.11 and 2.14

Authorized By: Victoria L. Kuhn Esq., Acting Commissioner, Department of Corrections.

Authority: N.J.S.A. 30:1B-6 and 30:1B-10.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2022-023.

Submit written comments by April 23, 2022, to:

Kathleen Cullen
Administrative Rules Unit
New Jersey Department of Corrections
PO Box 863
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or through email to ARU@doc.nj.gov

The agency proposal follows:

Summary

Pursuant to Executive Order No. 66 (1978) and N.J.S.A. 52:14B-5.1, N.J.A.C. 10A:24 was scheduled to expire on January 22, 2022. Pursuant to N.J.S.A. 52:14B-5.1.c(2), as the Department of Corrections (Department) submitted this notice of proposal to the Office of Administrative Law prior to

that date, the chapter expiration date was extended 180 days to July 21, 2022. The Department has reviewed these rules and, with the exception of the proposed amendments, has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. The rules are, therefore, proposed for readoption with amendments at this time.

The Department of Corrections has determined that the comment period for this notice of proposal shall be 60 days; therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement.

The Department strives to continually provide quality care to inmates with substance use disorders and it has replaced the Mutual Agreement Program (MAP) and the Therapeutic Community (T.C.) approach, with a treatment program consistent with the American Society of Addiction Medicine (ASAM) criteria and guidelines. The ASAM guidelines approach substance use disorder treatment in a more individualized manner and include a continuum of care to increase the likelihood of success. The proposed amendments reflect the upgraded treatment program along with some administrative updates.

Subchapter 1 sets forth the purpose and scope of the chapter, as well as the forms used in evaluations and definitions for the terms used in the chapter. The Department proposes to condense the three paragraphs into a single cohesive sentence by replacing “procedures” with “high level guidelines or a framework ” since step-by-step procedures appear in internal management procedures; adding “substance use disorder (SUD)” before “treatment programs”; and deleting existing paragraphs (a)2 and 3 and adding “including eligibility criteria for placement and treatment, education and support programs, guidance for treatment, and a continuum of care for inmates who are identified as having substance use disorders.”

At N.J.A.C. 10A:24-1.2, the Department proposes to repeal and replace the section to add a description of the levels of care using the American Society of Addiction Medicine (ASAM) criteria and guidelines for programs. These guidelines are based on the addiction treatment needs of each individual inmate as determined by formal SUD clinical screening and assessment and individually prescribed addiction treatment programs that include short-term residential treatment, long-term residential treatment, outpatient treatment, and intensive outpatient treatment.

At N.J.A.C. 10A:24-1.3, Definitions, to reflect the evolving SUD treatment programs, the Department proposes to delete the definition for “Addiction Severity Index (A.S.I.),” as it no longer applies with use of the American Society of Addiction Medicine (ASAM) criteria and guidelines and deletion of “Alternative Substance Use Disorder Program,” “File review assessment,” “Mutual Agreement Program (MAP),” “Therapeutic Community (T.C.),” “Therapeutic Community Liaison,” and “Therapeutic Community program eligibility list,” as they no longer apply. The Department will also add definitions “psychoeducational program,” “SUD assessment,” and “SUD Treatment Eligibility List” to reflect the components of the upgraded ASAM based treatment programs. The Department proposed to amend “continuum of care” to replace facility-based therapeutic community (T.C.) with licensed substance use disorder (SUD) treatment program at paragraph 1 and delete reference to MAP at paragraph 2 because it does not apply when using ASAM criteria and guidelines.

At N.J.A.C. 10A:24-1.5, the Department proposes to remove detailed information included in the seven paragraphs containing form names related to the former treatment program and make grammatical and name changes.

Subchapter 2 sets forth information regarding the relationship of treatment programs and Zero Tolerance Drug/Alcohol Policy and references related sanctions, the clinical screening of inmates; assignment to substance use disorder continuum of care at institutional classification and by referrals; the Therapeutic Community and Mutual Agreement Program (MAP); alternative substance use disorder program and education and support programs and ancillary services; the roles of the Therapeutic Community Liaison, Institution Classification Committee (I.C.C.); inmate non-acceptance of treatment

assignment; the role of the Office of Substance Abuse Programming and Addictions Services; interactions with State Parole Board programs and internal management procedures.

N.J.A.C. 10A:24-2.1 sets forth that there is a zero tolerance drug/alcohol and prohibited substance policy (see N.J.A.C. 10A:1-2.2) and contains references to related disciplinary sanctions for related infractions. Recently, there has been a number of changes to disciplinary sanctions at N.J.A.C. 10A:4, Inmate Discipline, and the Department proposes to replace references to N.J.A.C. 10A:4-12 with N.J.A.C. 10A:4-4.1 and 5.1 at N.J.A.C. 10A:24-2.1(a) because the citation for the Zero Tolerance Drug/Alcohol Policy rule infractions sanctions was relocated in a separate rulemaking (see 52 N.J.R. 1375(a)). In addition, the proposed change includes merging paragraph (a)1 into subsection (a) and deleting paragraph (a)2, which is language better suited to internal management procedures or policy statements.

The Department proposes to delete and replace N.J.A.C. 10A:24-2.2(a) with: “clinical screening of inmates for substance use disorders (SUDs) shall take place during the initial classification process and at any time deemed necessary by administrative staff including but not limited to the disciplinary process set forth at N.J.A.C. 10A:4-4.1(a)6, for Category F infractions and the voluntary Drug Diversion Program and as a result of related Category F disciplinary sanctions set forth at N.J.A.C. 10A: 4-5.1(p).” The new language provides an example of when administrative staff may find SUD screen, necessary outside of the initial classification process by referencing the Drug Diversion Program recently added to the disciplinary rules in a separate rule action (see 52 N.J.R. 1375(a)).

At N.J.A.C. 10A:24-2.2(b), the Department proposes to replace “Office of Substance Abuse Programming and Addictions Services” with “contracted medical provider,” to replace “Addiction Severity Index (A.S.I.), or an equivalent clinical screening and assessment instrument TCU” with “clinical screening tool” and to add the word “those” in front of the word “inmates” in the first sentence and to delete and replace the second sentence to indicate that an inmate with a score of one or above shall be referred to the SUD provider for a complete SUD assessment and determination of the appropriate level of care.

Given the implementation of the ASAM guidelines, the file review assessment form noted at N.J.A.C. 10A:24-2.2(c) is no longer applicable, therefore, the Department proposes to delete N.J.A.C. 10A:24-2.2(c).

In order to improve the flow at recodified N.J.A.C. 10A:24-2.2(c), the Department proposes to add “prohibited act involving use of a” in front of “prohibited substance” and to remove “use related prohibited act.” The Department further proposes to remove “A.S.I or equivalent” and “the Addiction Severity Form; and, in relapse circumstances, utilizing the Relapse Reassessment Form T.C.U. or equivalent clinical screening and assessment instrument,” as they no longer apply, given the recent implementation of ASAM guidelines and standards.

At recodified N.J.A.C. 10A:24-2.2(e), the Department proposes to improve the flow and reflect removal of the forms no longer in use by deleting “Form A.N.- 1” and replacing “immediately after the following statement” with “that states.” Existing N.J.A.C. 10A:24-2.2(f)2 is proposed for deletion and merged into N.J.A.C. 10A:24-2.2(e)1 (as recodified). At recodified N.J.A.C. 10A:24-2.2(i), the Department proposes to replace “the A.S.I. and Form A.N.-1 (to include any” with “annotation of.”

At N.J.A.C. 10A:24-2.3(b), the Department proposes to replace “Form A.N.- 2 Assignment Advisory immediately after” with “an assignment advisory form containing” because the referenced form no longer applies, but a more general form included in internal management procedures will be used in a similar manner to advise the inmates of treatment program assignments. Use of the word discharge is unclear at end of the last sentence, therefore, the Department proposes to add “90 calendar days from a behavioral” in front of the words “discharge.” At N.J.A.C. 10A:24-2.3(b)2, the Department proposes to remove the requirement for a signature (only requiring a notation by the staff member).

In order to reflect the change from a Therapeutic Community (T.C.) to SUD, the following replacements and additions are proposed: at N.J.A.C. 10A:24-2.4(a)1, replace Therapeutic Community

(T.C.) with Licensed SUD Program; at N.J.A.C. 10A:24-2.4(a)2, replace Therapeutic Community (T.C.) with SUD; and at N.J.A.C. 10A:24-2.5, replace “Therapeutic Community” with “Substance use disorder (SUD)” at the section heading; at subsection (a), replace “T.C.” with “SUD,” replace “self-contained treatment unit” with “treatment program,” replace “A.S.I. or an equivalent” with “TCU,” replace “assessment instrument, to T.C. program inmates” with “full SUD assessment, to SUD program inmates,” and add “level of care determination” before “evaluation.”

To explain the SUD program more fully, proposed new N.J.A.C. 10A:24-2.5(b) states: “the licensed SUD program employed by the Department includes curricula and a treatment approach that facilitates overall lifestyle changes to remain drug-free while taking responsibility for ongoing recovery. Alternative Support is offered through education and encouragement regarding the self-help group programs of Alcoholics and Narcotics Anonymous and the 12-step approach. In addition, peer support and proactive recovery treatment alternatives are used in some instances as alternatives to the 12-step approach. Other best practice substance use disorder treatment options are used that approach SUDs holistically, weighing risks, needs, responsivity, and Trauma-Informed Care, and cognitive behavioral therapy directed at criminal and addictive behaviors.”

The Department proposes to replace existing N.J.A.C. 10A:24-2.5(b)1 with new paragraph (c)1, to indicate that a TCU screening score of one or above, or a clinical determination that SUD treatment is needed, because the processes under ASAM guidelines use clinical decision making on a more frequent basis. The Department proposes to delete existing N.J.A.C. 10A:24-2.5(b)2 because SUD treatment may be provided as clinically necessary, regardless of an inmate’s parole eligibility date or earliest release dates. Recodified N.J.A.C. 10A:24-2.5(c)2 is proposed for amendment to delete “gang minimum, or full minimum” because minimum is the lower custody status and any status higher than minimum is eligible.

The Department proposes to amend recodified subsections (d), (e), (f), and (g) to replace all references to T.C. with SUD, in keeping with the modified approach to substance use disorders. The Department also proposes to amend recodified N.J.A.C. 10A:24-2.5(e) to replace “30 calendar days” with “90 calendar days.” At recodified N.J.A.C. 10A:24-2.5(f), the Department proposes to delete references to Form T.C., replace 30 calendar days with 90 calendar days, and merge the two paragraphs into the main subsection. At recodified N.J.A.C. 10A:24-2.5(g), the Department proposes to replace the phrase “if some period of participation in the T.C. program has already been completed” with “at any point during their incarceration,” in order to reflect the current practice for inmate assignment to a SUD program.

At N.J.A.C. 10A:24-2.7, in addition to replacing references to T.C. with SUD in keeping with the modified treatment approach to substance use disorders, the Department proposes to relocate the example of an Alternative Substance Use Disorder Program.

At N.J.A.C. 10A:24-2.1(a), the Department proposes to replace “Therapeutic Community” with “SUD”; “A.S.I.” with “SUD assessment” (to reflect the modified approach to substance use disorders as discussed above); “the Correctional Management Information System and information” with “other custody related information” to allow for added information to be considered; and replace “gathered as part of the classification review” with “they would use for any classification review” to allow for consideration of all relevant information.

At N.J.A.C. 10A:24-2.10(b), the Department proposes to delete reference to the Form T.C.-1 and to indicate that Office of Substance Abuse Programming and Addiction Services (OSAPAS) shall maintain the SUD program eligibility list. The Department further proposes to delete the final sentence of the subsection. At N.J.A.C. 10A:24-2.10(c), (d), (e), (f), and (g), the Department proposes to replace “T.C.” with “SUD.” At subsections (c) and (g), the Department proposes to replace “A.S.I. or other clinical screening/assessment scores” with “clinical screening/assessment scores.” At N.J.A.C. 10A:24-2.10(c)3 and (g), the Department proposes to change the reference to a Form T.C.-2 discharge summary to an SUD discharge summary because the TC form no longer applies. Finally, the Department proposes to delete N.J.A.C. 10A:24-2.10(g)2 and merge paragraph (g)1 into subsection (g).

The Department proposes to repeal N.J.A.C. 10A:24-2.11, as the section is no longer applicable, with implementation of ASAM treatment standards.

The Department proposes to delete N.J.A.C. 10A:24-2.12(a)1, 4, 6, and 7, to reflect the changes in responsibilities of the Office of Substance Abuse Programming and Addictions Services staff resulting from the adoption of the ASAM guidelines. At recodified paragraph (a)1, the Department proposes to replace T.C. with SUD.

As the language at N.J.A.C. 10A:24-2.14 is included in Department policies and internal management procedures and is an internal Department function, the Department proposes to repeal this section.

Social Impact

The rules proposed for readoption with amendments, repeals, and a new rule provide valuable information to inmates and others about the availability of substance use disorder treatment programs. The Department anticipates a positive social impact as a result of the rules proposed for readoption with amendments, repeals, and a new rule.

Economic Impact

Additional funding is not necessary to implement the requirements of the rules proposed for readoption with amendments, repeals, and a new rule. The cost of meeting and maintaining the requirements of the rules proposed for readoption with amendments, repeals, and a new rule is met by the Department through the established budget with funds allocated by the State and has no external economic impact.

Federal Standards Statement

The rules proposed for readoption with amendments, repeals, and a new rule are promulgated under the authority of the rulemaking requirements of the Department of Corrections as established at N.J.S.A. 30:1B-6 and 30:1B-10. The rules proposed for readoption with amendments, repeals, and a new rule are not subject to any Federal statutes, requirements, or standards; therefore, a Federal standards analysis is not required.

Jobs Impact

The rules proposed for readoption with amendments, repeals, and a new rule will cause neither the generation nor the loss of any jobs.

Agriculture Industry Impact

The rules proposed for readoption with amendments, repeals, and a new rule will have no impact on the agriculture industry.

Regulatory Flexibility Statement

A regulatory flexibility analysis is not required because the rules proposed for readoption with amendments, repeals, and a new rule do not impose reporting, recordkeeping, or other compliance requirements on small businesses, as defined under the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The rules proposed for readoption with amendments, repeals, and a new rule affect the New Jersey Department of Corrections and governmental entities responsible for the enforcement of the rules.

Housing Affordability Impact Analysis

The rules proposed for readoption with amendments, repeals, and a new rule shall have no impact on housing affordability and there is an extreme unlikelihood that the rules proposed for readoption with

amendments, repeals, and a new rule would evoke a change in the average costs associated with housing. The rules proposed for readoption with amendments, repeals, and a new rule concern inmates with substance use disorders and available treatment programs and the New Jersey Department of Corrections.

Smart Growth Impact Development Analysis

The rules proposed for readoption with amendments, repeals, and a new rule will have no impact on the achievement of smart growth and there is an extreme unlikelihood the rules proposed for readoption with amendments, repeals, and a new rule will evoke a change in housing production within Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan. The rules proposed for readoption with amendments concern inmates with substance use disorders and available treatment programs and the New Jersey Department of Corrections.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Department of Corrections has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10A:24.

Full text of the proposed amendments, repeals, and new rule follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 24

SUBSTANCE USE DISORDER (SUD) TREATMENT PROGRAMS

SUBCHAPTER 1. GENERAL PROVISIONS

10A:24-1.1 Purpose

[(a)] The purpose of this chapter is to [establish: 1. Policies] **set forth policies** and [procedures] **high level guidelines or a framework** for the administration of correctional facility/unit **substance use disorder (SUD) 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 disorders education and support program] **including eligibility criteria for placement and treatment; education and support programs; guidance for treatment; and a continuum of care.**

10A:24-1.2 [Scope] **Substance use disorder levels of care**

[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.]

(a) The New Jersey Department of Corrections provides several levels of care for the treatment of substance use disorders (SUDs) using contracted medical service providers. The treatment programs are based on the addiction treatment needs of each individual inmate, as determined by a formal SUD clinical screening and assessment. All SUD assessments and the related treatment programs are based on the American Society of Addiction Medicine (ASAM) criteria and guidelines that provide the foundation for individually prescribed addiction treatment programs. These

programs include short-term and long-term residential programs, as well as outpatient and intensive outpatient programs.

1. Short-term residential treatment programs address specific addiction and living skills problems through a prescribed, 24-hour-per-day activity regimen on a short-term basis. Inmates in these programs reside together and are not commingled with other inmates (for example, general population) who are not admitted to a SUD treatment program.

2. Long-term residential treatment programs foster personal growth and social skills development, with intervention focused on reintegrating the inmate into the community, with emphasis on education and vocational development. Inmates reside together and are not commingled with other inmates (for example, general population) who are not admitted to SUD treatment programming.

3. Outpatient treatment programs provide regularly scheduled individual, group, and/or family counseling for less than nine hours per week.

4. Intensive outpatient treatment programs provide a range of treatment sessions and services, including clinical intensive substance use disorder counseling and psychoeducation (didactic) sessions. Services are provided in a structured environment for a minimum of nine hours of counseling per week.

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.]

...

"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.)] **licensed substance use disorder (SUD) treatment programs;**

2. Community-based corrections that includes assessment and treatment centers, [MAP,] substance use disorder support, and work release **and** halfway houses; and

3. (No change.)

["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 Substance Abuse Programming and Addictions Services in order to identify indications of current or past substance use.]

...

["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.]

...

"Psychoeducational program" means an alternative program that includes program activities and treatment, which is developed and implemented to address the substance use disorder concerns of inmates.

...

["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 Substance Abuse Programming and Addictions Services. 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 eligibility list" means a list of inmates identified as appropriate, eligible, and referred for T.C. program placement. The eligibility list is maintained by the Office of Substance Abuse Programming and Addictions Services and distributed to correctional facilities to assist in the placement of inmates in a T.C.]

"SUD assessment" means the full assessment and the American Society of Addiction Medicine (ASAM) recommended level of care assignment following the intake screening by the Department's mental health services provider utilizing an ASAM compliant screening and assessment tool.

"SUD Treatment Eligibility List" means a list of inmates identified as appropriate, eligible, and referred for a SUD treatment program. The eligibility list is maintained to track treatment placement by the SUD treatment contract vendor, as well as to document inmates that refuse SUD placement and treatment.

...

10A:24-1.5 Forms

[(a)] The [following] **clinical screening and assessment** form[s] related to correctional treatment programs shall be reproduced by each correctional facility/unit from originals that are available by contacting the Office of Substance Abuse Programming and Addictions Services, Division of Operations, within the Health Services Unit[:].

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.]

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] at N.J.A.C. 10A:1-2.2 and established [in] at N.J.A.C. 10A:4-[12]**4.1 and 5.1**, 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] **provides** 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 qualified healthcare personnel[: 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) - (d) (No change.)

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.]

(a) Clinical screening of inmates for substance use disorders (SUDs) shall take place during the initial classification process and at any time deemed necessary by administrative staff including, but not limited to, the disciplinary process (set forth at N.J.A.C. 10A:4-4.1(a)6), for Category F infractions and related sanctions that could result in voluntary inmate participation in the Drug Diversion Program. In some cases, Drug Diversion Program participation is offered instead of disciplinary sanctions as set forth at N.J.A.C. 10A:4-5.1(p).

(b)The [Office of Substance Abuse Programming and Addictions Services] **contracted medical provider** shall provide trained clinical screeners to administer the [Addiction Severity Index (A.S.I.), or an equivalent clinical screening and assessment instrument] **clinical screening tool**, to all inmates to identify **those** inmates in need of substance use disorder treatment (see N.J.A.C. 10A:9-2). Inmates with [an A.S.I.] a score of [five] **one** or above shall be [deemed to have a moderate to extreme substance use disorder and to be in need of intensive treatment] **referred to the contracted SUD provider for a complete SUD assessment and level of care determination.**

[(c) A trained clinical screener of the Office of Substance Abuse Programming and Addictions Services 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)] **(c)** Inmates found guilty of a **prohibited act involving use 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)] **(d) (No change in text)**

[(f)] **(e)** At the clinical screening, each inmate shall be requested to sign [Form A.N.- 1,] a Clinical Screening Advisory, [immediately after the following statement] **that states:** "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[.] **and the staff member shall sign the form and include the phrase "the inmate refuses to sign."**

[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.] **2.** (No change in text.)

Recodify existing (g)-(i) as **(f)-(h)** (No change in text)

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

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

(a) (No change.)

(b) Upon assignment to a treatment program, each inmate shall be requested to sign [Form A.N.- 2 Assignment Advisory immediately after] **an assignment advisory form containing** 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.] **SUD treatment** program for behavioral maladjustment or refusal to participate, it may affect my consideration for any custody status lower than medium custody. 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 **90 calendar days from a behavioral** discharge."

1. (No change.)

2. In the event that the inmate refuses to sign the form, the staff member shall sign [the following statement on] the form[:] **and add the phase "the inmate refuses to sign."**

["Inmate refuses to sign _____."

Screening Staff Member]

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

[i. The] **the inmate and the** Office of Substance Abuse Programming and Addictions Services[; and].

[ii. The inmate.]

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] **licensed SUD program**, if the eligibility criteria at N.J.A.C. 10A:24-2.5 is met;

2. An eligibility list for the [Therapeutic Community (T.C.)] **SUD treatment** program, if the eligibility criteria at N.J.A.C. 10A:24-2.5 is met; or

3. (No change.)

10A:24-2.5 [Therapeutic Community] **Substance use disorder (SUD) treatment** program

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

(b) The licensed SUD treatment program employed by the Department includes curricula and a treatment approach that facilitates overall lifestyle changes to remain drug-free while taking responsibility for ongoing recovery. Alternative support is offered through education and encouragement regarding the self-help group programs of Alcoholics and Narcotics Anonymous and the 12-step approach. In addition, peer support, proactive, smart recovery treatment alternatives are used in some instances as alternatives to the 12-step approach. The program also uses other best practice substance use disorder treatment options that approach SUDs holistically. It weighs risks, needs, responsivity, trauma-informed care, and cognitive behavioral therapy directed at criminal and addictive behaviors.

[(b)] (c) The criteria for initial referral and/or assignment to a [T.C.] **SUD treatment** program requires inmates to:

1. Have [an A.S.I. evaluation] **a screening** score of [five] **one** or above, or [similar results from an equivalent] **a clinical** [screening and assessment instrument, or have been determined to be appropriate for

placement as a result of the file review assessment process] **determination that SUD treatment is needed;**

[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.] **2.** Be currently classified as medium[, gang minimum, or full minimum] custody status pursuant to N.J.A.C. 10A:9-4, Eligibility criteria for reduced custody consideration.

[(c)] **(d)** Discharge from a [T.C.] **SUD treatment** program for behavioral maladjustment or refusal to participate:

1. – 2. (No change.)

[(d)] **(e)** Inmates discharged from a [T.C.] **SUD treatment** program due to behavioral maladjustment or a refusal to participate shall be permitted to apply for program reconsideration after a minimum of [30] **90** calendar days have elapsed from the date of discharge.

[(e)] **(f)** Inmates discharged from a [T.C.] **SUD treatment** program due to behavioral maladjustment or a refusal to participate shall sign a form [T.C.-2 Therapeutic Community Discharge Summary. Form T.C.-2 shall] **that** informs inmates that such discharge may affect consideration for any custody status lower than medium custody, and that application for program reconsideration is permitted after a minimum of [30] **90** 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] **The form** shall be maintained in the inmate's classification file and a copy provided to[:

1. The] **the** Office of Substance Abuse Programming and Addictions Services[;] and

[2. The] **the** inmate.

[(f)] **(g)** An inmate may be reassigned to a [T.C.] **SUD treatment** program [if some period of participation in the T.C. program has already been completed] **at any point during their incarceration.**

[(g)] **(h)** (No change in text.)

10A:24-2.7 [Alternative Substance Use Disorder Program] **Psychoeducational program** and education and support programs

An inmate who does not meet the eligibility criteria of a [Therapeutic Community Program] **SUD treatment program** or residential community release may be referred and assigned to an Alternative Substance Use Disorder [Program] **program, such as the Living In Balance 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.]

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] **SUD Liaison** in regard to monitoring the continuum of care for inmates with [an A.S.I.] **a SUD assessment** 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] **other custody related** information [gathered as part of the] **they would use for any** 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.] OSAPAS shall maintain a [T.C.] **SUD treatment** program eligibility 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.] **SUD treatment** program in consultation with the [T.C.] **SUD Liaison**, shall be responsible to perform the following in regard to the [T.C.] **SUD treatment** 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.] **SUD treatment** program assignments;

2. (No change.)

3. Review any [Form T.C.- 2 Therapeutic Community Discharge Summary] **SUD discharge summary** submitted by the [T.C.] **SUD 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.] **SUD treatment** program may recommend the referral of an inmate to a residential community program upon the inmate's successful completion of the [T.C.] **SUD treatment** program.

(e) The I.C.C. of a correctional facility with a [T.C.] **SUD treatment** program may recommend the Administrative Discharge of an inmate from the [T.C.] **SUD treatment** 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.] **SUD treatment** 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.] **SUD treatment** program due to behavioral maladjustment or a refusal to participate:

1. - 3. (No change.)

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

1. The] **the inmate and the** Office of Substance Abuse Programming and Addictions Services[; and].
- [2. The inmate.]

10A:24-2.11 [Inmate non-acceptance of treatment assignment] (**Reserved**)

[(a) Inmates who refuse to accept assignment to a MAP treatment 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 MAP treatment program non-acceptance, the inmate shall:

1. Be subject to reclassification;
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.]

10A:24-2.12 Role of the Office of Substance Abuse Programming and Addictions Services, Division of Operations, within the Health Services Unit

(a) The staff of the Office of Substance Abuse Programming and Addictions Services, Division of Operations, within the Health Services Unit 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.] **1.** Produce, monitor, update, and distribute the [T.C.] **SUD treatment** program eligibility list;

[3.] **2.** (No change in text.)

[4. Process contract treatment program referrals of inmates to a State Parole Board program;]

[5.] **3.** (No change in text.)

[6. Maintain a waiting list of inmates approved for MAP;

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

Recodify existing 8.-10. as **4.-6.** (No change in text.)

10A:24-2.14 [Internal management procedures] (**Reserved**)

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