

Number: TBD
EFFECTIVE DATE: March 12, 2001

PROCEDURE STATEMENT

Policy Area: Supervision

Issue: Referral Tracking, Treatment Assessment, and Placement

Action/Guidance: Offender Substance Abuse Treatment and Referral Process

Context: CSOSA places offenders in treatment modalities within a continuum of care to address substance abuse treatment needs. To ensure that all CSOSA offenders who require or request treatment are properly screened and assessed by substance abuse treatment professionals, all referrals must proceed through the Substance Abuse and Treatment Branch (“SATB”) referral process. All treatment recommendations are supported by performance contracts that reinforce accountability and aim to reduce criminal activity.

I. Procedure

A. Pre-sentence Defendants

All offenders under community supervision who are in need of substance abuse treatment shall be identified and appropriately assessed to determine the most appropriate treatment technique that will reduce recidivism and enable those offenders to become productive members of society (i.e. drug-free, employed, and family supportive). In the interim, between conviction and sentencing in the judicial process, the presiding judge may order a substance abuse screening and/or assessment of defendants with perceived community reintegration impediments. Nevertheless, a substance abuse screening and/or assessment shall be performed on all pre-sentenced defendants. However, if the Pretrial Services Agency has performed a substance abuse assessment of a defendant and the assessment is **within the last 180 days**, the defendant will not require a re-assessment during the pre-sentence period.

1. At the point of intake, the Diagnostic Community Supervision Assistant (“Diagnostic CSA”) shall refer all defendants to a Treatment Specialist for a substance abuse screening and/or assessment. If the defendant fails to appear for the scheduled substance abuse screening and/or assessment, the Treatment Specialist shall notify the diagnostic CSO within one (1) business day of the missed appointment.
2. The Treatment Specialist shall complete the screening, **within three (3) business days of the receipt of the referral.**
3. The Treatment Specialist shall complete the assessment (including on-site jail assessments) **within five (5) business days of the receipt of the referral.** If the offender’s status changes (e.g. transfer to a different facility), Central Intervention Team (“CIT”) staff shall notify the sentencing judge of the offender’s change in status.
4. The results of all screenings/assessments shall be formalized and returned to the Diagnostic CSA/Team **within ten (10) business days** from the receipt of the referral in CIT. All information regarding offenders shall be exchanged in compliance with the Privacy Act and 42 C.F.R. Part 2.

5. CIT shall provide substance abuse screenings and assessments (if appropriate) for defendants who are the subject of a pre-sentence investigation.

B. Newly-Sentenced Probationers

1. Offenders sentenced to probation are directed by the court to report immediately after sentencing to the Probation Intake Unit located at the main building of the Superior Court of the District of Columbia (Room 1230).
2. Intake Unit staff shall assign the probationer's case to the appropriate PSA/Supervision Team in accordance with the "Case Assignment" procedure.
3. The Intake Unit shall direct the offender to report either:
 - a. **immediately** to their assigned supervision team if the Team assignment is within the same building as the Intake/Control Center and **no later than one (1) business day from the date of intake** if the offender's assigned supervision Team is located within one of the field units¹; or
 - b. directly to CIT if court-ordered treatment conditions were imposed at sentencing.
4. Upon receipt of a case containing court-ordered treatment conditions, the Intake Unit staff shall fax a copy of the court order and supervision assignment to CIT **within one (1) business day**, in order to initiate the CIT data recording process.
5. At the point of intake, Intake Unit staff shall direct **all probationers with court-ordered treatment conditions** to report to the Metropolitan Police Department Building at 300 Indiana Avenue, NW for a drug test and to CIT for the scheduling of any screenings/assessments not conducted in the pre-sentence stage. Additionally, CIT shall schedule **all probationers with court-ordered treatment conditions** for a treatment staffing ("Staffing") if a treatment assessment was completed by CIT or consulting treatment professionals, and is **not dated beyond 180 days**. If the previous treatment assessment is dated beyond 180 days, CIT shall reassess the offender in conjunction with the timelines stated in sections I.A.2-5, above.

C. Pre-release Parolees and Supervised Releasees

1. The Transitional Intervention Parole Supervision ("TIPS") CSO shall conduct an Addiction Severity Index ("ASI") assessment on **each** offender for the presence of substance abuse disorders and to ascertain the level of the offender's addiction. The ASI shall be conducted **within seven (7) days** of the offender's admission to the Community Correctional Center ("CCC").
2. The TIPS CSO shall administer the CSOSA Screener if the offender was not classified **within the past 180 days** and a copy of the CSOSA Screener is not a part of the PSI contained within the offender's institutional file.
3. The TIPS CSO shall direct the offender (through written reporting instructions prior to release) to:

¹See CSS Directive dated 1/23/01.

- report **immediately** to 300 Indiana Avenue, NW for an initial drug test following his/her release from the CCC². If the offender's assigned supervision team/officer is located at 300 Indiana Avenue, NW or 409 E Street, NW, the offender is to report to his/her assigned supervision team/officer **immediately following** the drug test. If the offender's assigned supervision team/officer is located at a field unit, the offender shall be instructed to report on **the day following** his/her initial drug test.³
 - Upon the CSO's first contact with the offender following his/her release from the CCC, the CSO is to confirm that the offender has completed the initial drug test. If the offender has not completed the initial drug test, the offender shall be directed to report to the ISCU for a drug test.
4. Upon receipt of **any** parole case with a special condition of "treatment", the TIPS CSO shall submit the following documents to CIT and the supervising CSO as a complete referral packet **no later than two (2) business days** after the offender's discharge planning conference:
- a. The SATB Treatment Referral Form;
 - b. All treatment and assessment information – including substance abuse risk assessment instruments, CSOSA Screener and any historical treatment assessments present in the inmate's CCC record;
 - c. The Pre-Sentence Investigation/FPO Evaluations/Diagnostics Data;
 - d. A copy of the United States Parole Commission ("USPC") Notice of Action;
 - e. TB test results or medical clearance;
 - f. WALES check for new arrests; and
 - g. NCIC – Warrant Status Check.

D. Role of the CSO in Offender Treatment Referrals for Offenders Under Community Supervision

1. During the first contact, all CSOs shall review the probation "Judgment and Commitment Order" or the parole "Notice of Action" and shall record any special conditions for treatment imposed on the offender by the releasing authority.
2. The CSO shall also review any treatment assessment reports present in the offender's supervision record for indications that the offender may have had a prior substance abuse disorder. Special attention is to be paid to treatment recommendations proffered by a treatment professional. If the offender has a substance abuse treatment need and was not referred for treatment by Intake, the CSO shall:
 - a. Make a direct referral to CIT for assessment and placement as per section I.D.4, below (**parole cases**).
 - b. Petition the court for the imposition of special condition for substance abuse treatment (if none exists on the court order) and refer the offender to CIT for assessment and placement per section I.D.4, below (**probation cases**).

² If the offender is released from the CCC after normal business hours, he/she is to report to 300 Indiana Avenue for an initial drug test and initial CSO contact on the following day.

³ Same as footnote 1 above.

3. If no special treatment conditions or other evidence supporting the need for treatment exists in the offender's record, the CSO shall question the offender regarding their history of drug and alcohol use and desire for treatment.
4. If the offender requests treatment intervention or either initially tests positive for illicit drug use or admits to recent use, the CSO shall complete the SATB referral process which includes the following:
 - a. Filling-out the SATB Referral Form and sending it to CIT's Referral Placement Team ("RPT") via e-mail (with a "CC" to the CSO's supervisor). This allows RPT staff to begin the treatment data tracking process prior to receiving the entire treatment referral package.
 - b. Forwarding all required referral documents to CIT **within three (3) business days**. The required referral documents for the SATB referral are as follows:
 - The SATB Treatment Referral Form;
 - All treatment and assessment information - including substance abuse risk assessment instruments, CSOSA Screener and historical treatment assessments present in the inmate's CCC record;
 - The Pre-Sentence Investigation/FPO Evaluations/Diagnostics Data;
 - A copy of the release order;
 - The offender's PSA/Supervision team assignment (if available);
 - WALES check for new arrests; and
 - NCIC – Warrant Status Check

Note: In cases where an offender on probation requests treatment, and a special condition for treatment does not exist on the probation order, the CSO shall petition the court for imposition of a special condition for substance abuse treatment while referring the offender to CIT for assessment and placement.

5. The CSO shall inform the offender that his/her placement into a treatment program will take approximately **10-15 business days** from his first successful screening/assessment appointment with CIT.
6. The screening or assessing Treatment Specialist shall advise the CSO of the offender's treatment recommendations **no later than one (1) business day** after the treatment assessment is completed and formalized in accordance Privacy Act guidelines. CIT shall notify the CSO of the date and time of the offender's Staffing at which the offender, the CSO, and the Treatment Specialist shall be present. The CSO shall notify the offender of the Staffing date and time and shall ensure and enforce the presence of the offender at the same. The CSO shall also ensure that all necessary release of information forms are signed by the offender and brought to the Staffing session.
7. All offenders referred to CIT shall be classified according to their treatment needs and placed correspondingly in Pre-treatment Groups until they are placed in treatment. In addition, all offenders referred to CIT shall also be placed on an appropriate drug-testing schedule as outlined in the "Drug Testing Protocol and Administrative Sanctions" procedure.

8. In all cases where offenders fail to report for scheduled appointments, CSOs shall sanction them in accordance with Community Supervision Services (“CSS”) sanction protocols. Once an offender has been sanctioned for a missed appointment, the CSO may re-refer the offender for treatment. As part of a re-referral for treatment, the CSO must provide documentation that a sanction was imposed.

E. Role of the CIT Referral Placement Team (“RPT”) and the Office of Community Justice Programs upon Receipt of Referral

RPT is a newly created unit within the SATB designed to execute the treatment referral and placement functions for CSS. The following duties shall be performed by RPT.

1. RPT receives a complete referral packet from a referral source requesting a treatment service appointment.
 - a. RPT shall record each new referral onto the Referral and Tracking Database immediately **(within one (1) business day)** upon receiving the referral to facilitate the internal tracking and treatment monitoring process.
 - b. RPT shall schedule appointments for all offenders referred to CIT immediately **(within one (1) business day)** upon receiving the referral to facilitate the internal tracking and treatment monitoring process.
 - c. The CIT supervisor shall assign all cases to Treatment Specialists. RPT staff shall record said assignments in the Case Assignment Log. The Case Assignment Log shall be maintained in an area easily accessible to CIT staff.
 - d. Treatment Specialists conducting assessments have **five (5) business days to complete the assessment process** and shall submit all Treatment Referral Packets to RPT immediately **(within one (1) business day)**.⁴
2. The RPT shall create a folder to contain the initial required referral packet documents submitted by the CSO. The offender’s name shall be placed on the tab of the file folder, last name first and first name last. All offender treatment folders shall initially include (at least):
 - a. The SATB Treatment Referral Form;
 - b. All treatment and assessment information - including substance abuse risk assessment instruments, CSOSA Screener and historical treatment assessments present in the inmate’s CCC record;
 - c. The Pre-Sentence Investigation/FPO Evaluations/Diagnostics Data;
 - d. A copy of the release order;
 - e. The offender’s PSA/Supervision team assignment (if available);
 - f. TB test results⁵;
 - g. WALES check for new arrests; and
 - h. NCIC – Warrant Status Check

Note: Incomplete referral package documents will be returned to the referral source for completion of missing items.

⁴ In instances where a TB test is required for inpatient treatment placement, additional time may be allotted.

⁵ Same as footnote 3 (above).

3. The RPT shall ensure that all offender treatment folders remain securely filed in (or returned to) a Pending File drawer in alphabetical order before they are assigned to a Treatment Specialist or when not logged out for treatment activity.
4. Upon receipt a Treatment Referral Packet or a Halfway Back referral, CIT shall review the submission for accuracy and compliance with treatment vendor requirements and record the information in the Referral and Tracking Database⁶.
5. RPT shall confer with the Program Director of the treatment program **within two (2) business days** of receiving a complete referral package in order to identify available placement dates and determine suitability for placement.
6. **On a daily basis**, RPT shall hand deliver all obligating documents and all revised obligating documents (no-shows, unsuccessful completions) to the Office of Community Justice Programs (“CJP”) prior to all treatment placements.
7. **Within (1) business day** of receiving the obligating document, CJP shall notify RPT of the authorization for placement.

Note: No treatment packages shall be sent to a treatment provider without the necessary obligating documents and prior approval by CJP.

8. **Within one (1) business day** of receiving notice of authorization from CJP, RPT shall schedule offender appointments in accordance with the placement protocols established by the treatment provider. Appointments cannot be set without consultation with the treatment provider. Various treatment providers have specific intake days for CSOSA offenders that must be observed.
9. RPT shall notify the CSO and the assigned Treatment Specialist of the offender’s treatment placement and scheduled reporting requirements **within one (1) business day** of completing the placement procedure.
10. On a monthly basis, RPT shall forward a comprehensive listing of all referrals made by RPT to CJP in order to reconcile invoices and budgetary records.
11. On a monthly basis, RPT shall forward a comprehensive statistical summary of all referrals made and any failures to report to CSS Senior Managers.

F. Special Placement Procedures for Offenders Referred from RPT to the Assessment Orientation Center (“AOC”)

1. An offender who is referred to the AOC must meet the High Intensity Drug Trafficking Area (“HIDTA”) criteria. The HIDTA criteria require that the offender:
 - a. Be a District of Columbia resident who has been adjudicated as an adult;
 - b. Be involved with the criminal justice system under the supervision of CSOSA, PSA or the DC Department of Corrections;
 - c. Have a drug related offense or a previous drug treatment experience;

⁶ For quality assurance purposes, this and all treatment databases shall be accessible to CSS and CJP management.

- d. Have a primary diagnosis of substance dependency (excluding alcohol dependency);
- e. Not have any physical, medical or psychiatric condition which would prevent the client from participating fully in the assigned treatment program;
- f. Have a minimum of 18 months of community supervision (parole or probation) to be considered for placement;
- g. Be a HIDTA Level 3 or Level 4 offender which are:

Level 3

- Two (2) or more drug related arrests;
- May have other criminal offenses;
- Dependency and detoxification are required;
- Inconsistent work pattern;
- Grade level 8.0 as established through testing (Brigantes Test Scores);
- Verifiable strong family support, but high-risk community environment

Level 4

- Two (2) or more drug related arrests of any nature and additional documented history of violence;
- Possible history of mental dysfunction;
- No marketable skills;
- No work history;
- Little or no literacy, as established through testing;
- No family support and high risk community environment

- 2. Once eligibility for admission into the AOC has been determined, RPT staff will forward (fax) the following referral documents to the AOC:
 - a. The SATB Treatment Referral Form;
 - b. Offender's criminal history which includes Presentence Report and Criminal Information System ("CIS") Summary by PDID Report
 - c. Performance Contract;
 - d. Last three (3) drug test results
 - e. Signed Release of Information Forms
 - f. All treatment and assessment information – including substance abuse risk assessments, CSOSA Screener and historical treatment assessments present in the client's record;
 - g. Any psychological, psychiatric or medical assessments (PDD results less than six (6) months old).
- 3. AOC staff shall contact RPT to schedule an intake date for the offender upon receipt of the necessary referral documents.

G. Special Procedures for Offenders Referred from the AOC to RPT for Residential Placement

- 1. The AOC case manager shall forward (fax) a pre-printed treatment request form to RPT requesting treatment services for an AOC offender **no later than five (5) working days** prior to the date on which the offender is to be discharged from the AOC and transported to the treatment vendor.

2. RPT staff shall confirm receipt of the request for treatment with the AOC **within two (2) working days** of the receiving the treatment request.

H. Special Placement Procedures for Offenders Released from Detoxification Programs or Directly from Jail

1. Offenders in Detoxification Programs Preparing for Transition to Another Program

- a. A minimum of **two (2) business days** prior to the offender's scheduled discharge date, the assigned **Treatment Specialist** must make contact with the detoxification program to coordinate the discharge treatment staffing where relevant information regarding the offender's medication, treatment plan, and any potential barriers to release from the program is discussed. In addition, the Treatment Specialist will notify the CSO of the outcome of any staffings as well as any information relating to the offender's progress in the detoxification center.
- b. After the required contact with the detoxification program has been made and the next treatment placement has been determined, RPT shall prepare and forward the necessary obligation documents to CJP for processing **within two(2) business days**.

Note: When alternative treatment arrangements must be made which are different from the original treatment recommendation, a revised obligation must be submitted to CJP which reflects the amended decision.

2. Offenders Being Released Directly from Jail into a Treatment Program

A minimum of **one (1) business day** prior to the offender's scheduled release date, RPT must fax a letter to DC Jail Records Department, DC Jail Medical Records Department, and the DC Jail Pharmacy indicating the following information:

- Inmate's Name
- Treatment Program Name
- Release Date and Time
- PDID Number
- DCDC Number
- CSOSA Point of Contact

I. The Role of CSO After Offender Placement in Treatment

1. The assigned CSO shall contact the treatment program **within the first five (5) days** of an offender's admission to identify the staff-person assigned as the offender's primary counselor. During this introductory call, the assigned CSO shall confirm that the treatment program has the following information:
 - a. CSO's current telephone and fax number
 - b. CSO's alternate/emergency telephone number (if CSO is out of the office)
 - c. CSO's current work site address

Note: If the offender's case is subsequently transferred to another CSO while the offender is in treatment, the CSO receiving the case must contact the treatment program to verify the information outlined in section I.G.1.

2. During the offender's enrollment in an **outpatient** treatment program, the CSO shall maintain contact with the offender consistent with the offender's CSOSA Screener supervision level **and** shall maintain contact with the treatment program staff equivalent to the contact level deemed necessary per the offender's treatment plan. For example, if an offender's supervision level/treatment plan requires one face-to-face contact per week, the CSO shall maintain documented evidence of having made contact with the offender and the **outpatient** treatment program staff once per week during the offender's enrollment in the treatment program. This contact may be via telephone; however, all contact must be documented in the offender's supervision record (see "Guidelines on Supervision Contact Standards, Collateral Contacts, and Field Contacts" procedure).
3. During the offender's enrollment in an **inpatient** treatment program, the CSO shall contact the **inpatient** treatment provider on a **weekly** basis to verify the successful adjustment in treatment. This contact may be via telephone; however, all contact must be documented in the offender's supervision

Note: The Provision of Drug Test Results for Outpatient Enrollments – In order to facilitate the timely reporting of drug test results to outpatient treatment facilities, CSO shall provide regular notification of drug test results.

- **Prior to disclosing the offender's drug test results, the CSO shall obtain the offender's written consent per "Sensitive Offender File Information Policy."**
 - **Positive drug test results shall be sent to outpatient providers within one (1) business day.**
 - **Negative drug test results shall be sent on a weekly basis.**
4. In addition to the level of contact required by the offender's treatment plan, the CSO or a CSO colleague/SCSO shall make on-site contact with the treatment program for discharge staffing before the offender is released in accordance with the "Treatment Continuum of Care" procedure. During this discharge staffing, the CSO shall establish the offender's drug testing schedule as driven by CSOSA policy; verify the offender's residence; brief the treatment program staff on any pertinent criminal justice matters related to the offender's treatment period (i.e. upcoming court appearances, sanctions warranted); and receive information on the offender's progress in treatment.
 5. For residential and inpatient enrollments, the CSO and/or Treatment Specialist must attend a discharge planning staffing on-site **thirty (30)** days prior to the offender's discharge and shall make arrangements (with the Treatment Specialist) for the next phase of treatment (i.e. transitional, outpatient). The CSO and/or Treatment Specialist shall make contact with Detoxification and Acupuncture treatment providers during the offender's enrollments via telephone or in person prior to the offender's discharge.
 6. For outpatient enrollments, the CSO and/or Treatment Specialist must attend a discharge planning staffing **fifteen (15) days** prior to the offender's discharge and shall collaborate with the Treatment Specialist to facilitate another referral to CIT if

Aftercare, Relapse Prevention (i.e. Life Skills, Anger Management, Job Readiness, Individual/Family Counseling) educational intervention, or transitional living services are required.

7. For all treatment placements, CSOs must maintain copies of treatment provider's monthly progress reports and discharge plans. Additionally, CSOs must periodically update the appropriate Treatment Specialist on the offender's admission, progress, and program extensions related to treatment.

Note: Due to confidentiality concerns, offender treatment information should be properly identified and placed in a specified area of the case file apart from the offender's supervision record.

II. Statutory Authority: Section 11233(b) & (c) of the National Capital Revitalization and Self-Government Improvement Act of 1997 ("Revitalization Act"), Pub. Law 105-33, 111 Stat. 712, D.C. Code §§ 24-1233 (b) & (c) (1996 Repl., 1999 Supp.) (CSOSA Director's authority), 42 C.F.R Part 2.

III. Procedural References/Supercedures:

- References: Continuum of Care; Drug Testing Protocol and Administrative Sanctions; Case Assignment; Sensitive Offender File Information Policy; and Guidelines on Supervision Contact Standards, Collateral Contacts, and Field Contacts.
- Superceded: Placement in Contractual Treatment Programs July 27, 1999 (Amended February 8, 2000).